สำนักงานวิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

CHAPTER II

LITERATURE REVIEW

CONCEPTS AND THEORIES

This chapter is comprised of two concepts that are useful in helping to understand both quality of health care services and customer satisfaction.

1. Model of Health Services Utilization

When people get sick or are concerned with a health problem, they usually do not hesitate to visit a doctor. Using the health care system involves a complex series of decisions. Different people have different circumstances, thus they have to make different decisions. The framework of this model was presented by Anderson and Newman (1973) and cited in Kaplan, Sallis, and Patterson (1993). The three major factors that determine the use of health care services are predisposing factors, enabling factors, and illness level, as described below (see Figure 2).

1.1 Predisposing factors consist of three factors as follows:

1.1.1 Demographic: age, sex, marital status, and past illness

1.1.2 Social: education, race, and other personal characteristics

1.1.3 Beliefs, which concern values, attitude, and knowledge

1.2 Enabling factors include two aspects.

1.2.1 Personal income, health insurance, access to medical care

1.2.2 Community's resources, such as, number of health care providers

1.3 Illness level is the degree of the disability, the symptoms, and general state as perceived by the patient (Kaplan and others, 1993) for their need of medical care.

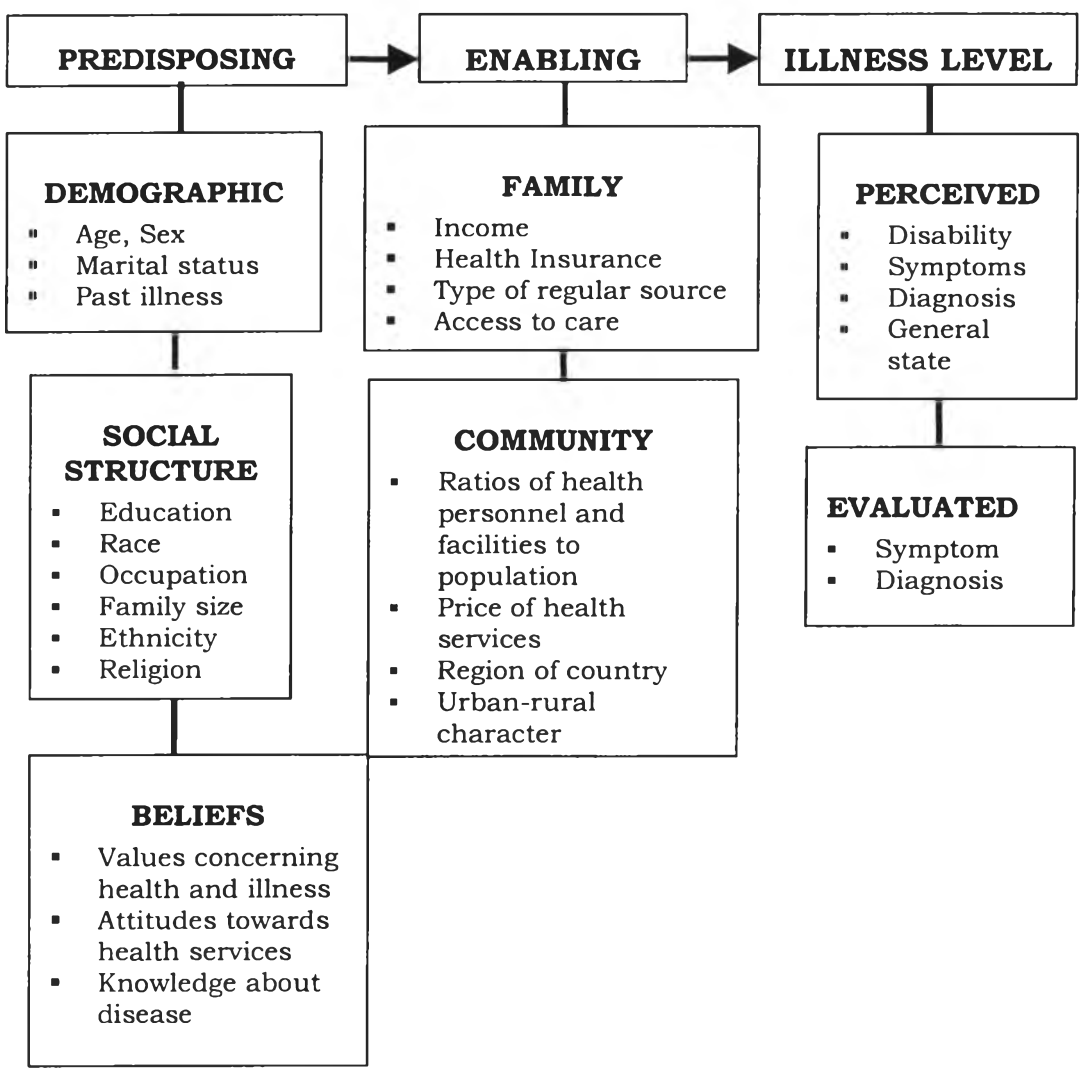

Figure 2.1 Model of individual determinants of health service utilization (Anderson & Newman, 1993 cited in Kaplan, 1993: 74)

During the current globalization, there is no doubt that health care service is rapidly changing. Competition in the health care service industry has become a serious matter facing each health organization. In terms of health care services, the purpose of health care is to move the patient from one given state of health to another (Gardner cited in Johnson and McCloskey, 1992: 44). To measure the quality of care we must first identify what the purpose of that care is. In health care services, the objective is an achievable state of health. Since health care service involves human beings, it needs to be measured by quality.

Quality is measured from the perspective of the provider, the organization, and the patient (Johnson and McCloskey, 1992). Many literature reviews mention the quality of health care services in two dimensions. The first is the professional dimension of the technical quality; that means doing the right thing and doing the thing right and the interpersonal quality of communication skills, the art of taking care to understand the patient's needs and how to meet those needs (Suphachutikul and Sriratanabunlung, 2000). The second quality is in respect to the customer's perception that the quality of care indicator has become more important. In this study, the term customer is used for the patient to whom the health care services are directed.

2. Model of The Customer Perceived Quality

The customer assesses the quality of service with respect to functional and technical quality (Edvardson and others, 1994). Technical quality is result-related and dependent on what the customer receives, such as, the expertise of the staff or the physical examination performed by the doctor. Functional is process-related and dependent on how the customer receives services such as the physical environment in the organization that the customer can easily observe: equipment,

facilities, the services' operating hours or the doctor's visiting hours. If the perceived quality corresponds to the expected quality (expectations have been met), the customer is satisfied. But, if customer expectations are too great in relation to the perceived quality, the customer will not be satisfied, even if it has good service providers. So, quality in the customer's eye is the result of a comparison between their expectations and the result of the service after delivery. If expectations have been exceeded, they are more than satisfied (Berry et al, 1985, cited in Edvardson and others, 1994), as shown in Figure 2.2.

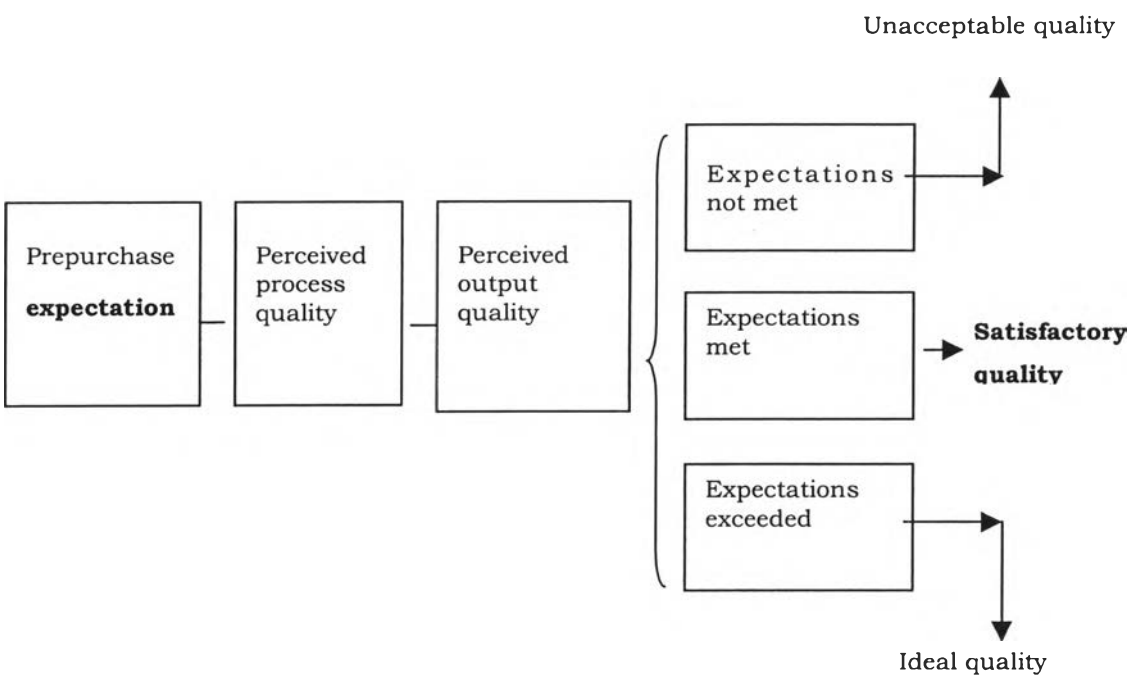

Figure 2.2 Expected and Perceived Service Quality (Adapted from: Berry et al, 1985, cited in Edvardson and others, 1994: 102).

Some empirical studies of quality of care, which were, stated in Donabedian (1980) about the clients' view of quality, such as, the study of Coser (1956, 1962). She used her own "standardized interviews" of 51 patients in the medical and surgical wards of a hospital in the USA. The replies to "good doctor" refer to the doctor who provided kindness, love and security by talking politely, taking an interest in the patient, and having a knowledgeable and professional attitude. In respect to the hospital, some of the patients saw it as a place for providing the treatment of illnesses while others said it's the place where they received care and attention- "a home away from home".

Partial support of Cosers was the study of Shiloh (1965) of two groups of patients whom he called "equalitarian" and "hierarchal" at the Hadassah Hospital in Jerusalem, the former were satisfied with the technical aspects of care, but complained about the hospital environment; noisiness and lack of cleanliness, so they wanted to go home as soon as possible. The latter were impressed by the technical apparatus of the hospital and pleased with its amenities and comforts that made them want to stay longer in the hospital.

According to the two studies, even if the times change, the view of the clients concerning quality is no different. The studies of Zeithaml, Parasuraman, and Berry (1990) found that the high and low service quality depends on the customers' expectation and perceptions. There are four factors that influenced their expectation, as follows:

- Word-of-mouth communication: what they heard from others;
- Personal needs of customers: that depend on their individual characteristics and circumstances;

- Past experience of using services: what they received from the provider, for example, friendliness and politeness or staff competence; and

- The external communications from the service providers: such as an advertisement or a television broadcast.

TWO AREAS OF THE STUDY

The study has two areas concerned with the quality of health care service in aspect to customer perception and customer satisfaction in health care services and related research studies.

1. Quality of Health Care Services in Aspect to Customer Perception and Related Research Studies.

From literature reviews, quality of health care can be categorized in three areas: medical care, hospital care, and nursing care. Quality has been measured from the perspective of the provider, the organization, and the patient. The bulk of the empirical work on measures of quality is related to medical care (Johnson and McCloskey, 1992:46). By extension, judgments of quality are often not about medical care in itself, but indirectly about the person who provide care, and about the setting or systems within which care is provided (Donabedian, 1980:4). The level of quality can be defined as the relation between expected and perceived service from the perspective of the customer (Edvardson et al, 1994:81). Judgment of low and high service quality depend on how customers perceive the actual service performance in the context of what they expected. Therefore service quality, as perceived by the customer, can be defined as the extent of discrepancy between customer expectation and their perception (Zeithamal, Parasuraman, and Berry, 1990:19). In agreement are Suphachutikul and Sriratanabunlung (2000) and those previously mentioned concerning quality, which is defined by structure (characteristics of

providers and the physical and organizational setting), process (technical competence plus interpersonal aspects), or outcome (patient results of palliation, control of illness, cure, or rehabilitation). The details are as follows:

1.1 Structure includes the adequacy of resources, environment, cleanliness, ventilation and roominess, noise level, knowledgeable staff, and the intention to provide the best services available.

1.2 Process, technical and art of services;

1.2.1 Technical services is the science of services; namely, application of the science and technology of medicine to manage the customers' health problems.

1.2.2 Art of services, namely, interpersonal relationship, health care staff are friendly, respect the customer's rights, and willingness to administer the services.

1.3 Outcomes, referring to present and future situations of the customer and how it changes, in both their physical and mental conditions.

All sufficiency of resources in structure, a process of proper system design, and outcome is probably the most important means of protecting and promoting the quality of care (Donabedian, 1980). With the same idea as Donabedian, with the shortage of health care providers we cannot maintain professional standards of care (Newbrander, 1997). Hospital management influences the efficiency and effectiveness of health service delivery and may impact on cost savings as well as improve the quality of care (the project of measuring quality of care in South African clinics and hospitals, 1993).

Definition of Quality

According to literary reviews, quality of health care has been measured from the perspective of the provider, the organization and the patient (Johnson and McCloskey, 1992). Dimensions of service quality were identified as tangible, reliability, responsiveness, competence, courtesy, credibility, security, access, communication, and understanding of the customer (Zeithaml et al. 1990). Quality of healthcare according to Maxwell (1984, cited in Parsley and Corrign, 1994: 87) has 6 dimensions; namely, access to services, relevance to need, effectiveness, equity, social acceptance, and efficiency and economy. His definition of quality of care agrees with Edvardsson and others, (1994) that is, the services that correspond to the customers' expectations and satisfies their needs and demands, is similar to the definition of Donabedian's (1980): the customers both individually and collectively contribute to the definition of quality regarding the management of the interpersonal process by using their own expectations and perceptions. An example of expectation is if they promise to do something by a certain time, they should do so. The perception is that the promise was done as well.

This study proposes to use the following concepts of quality of health care service:

1. Perception of customer regarding health care services: the clinic milieu; namely, adequate, appropriate, and clean environment, total time spent visiting and consulting, waiting time, and privacy in discussing the illness.

2. Perception of customer regarding health care providers: included two components; the first is competence, such as a knowledgeable and well-trained staff. The second is personal interest, which composed of, willingness to provide service,

taking time to listen, explain, and answer questions or provides medical information.

2. Customer satisfaction in health care services and its related research studies.

The concept of satisfaction could be grouped in many forms of motivation. One of the most well known theories is Maslow's general theory of human motivation (Thechajumreonsook, 1993). The role of motivation is to arouse and direct the behavior of consumers. This arousal component activates body energy, so that it can be used for mental and physical activity (Lovdon and Bitta, 1993). Therefore, motivation can describe why people behave in a particular way to achieve a set of objectives (Cushway and Lodge, 1993). This chapter will present two theories of motivation, Maslow's hierarchy of needs and the Expectancy theory.

2.1 Maslow's Hierarchy of Needs

Whenever individual motivation is discussed, Maslow's hierarchy of needs is inevitably mentioned. This is based on the assumption that once people have satisfied a certain level of need, they will want to move to the level above. Five levels that are included in this theory will be briefly discussed as follow.

2.1.1 Physiological needs, refers to basic need of humans to stay alive. The human needs in this level include: food, shelter, clothing, air to breathe and so on.

2.1.2 Safety needs, from the satisfaction level of physiological needs, people will need more to feel secure in both human life and their property.

2.1.3 Love or social needs, following the two levels mentioned above, the level of love or social needs is concerned more about being loved or belongs to one part of a social group.

2.1.4 Esteem needs, this concerns self-confidence and self-respectas well as the need for recognition by others. Therefore in this level, all jobs that person do leads to becoming a more valuable person.

2.1.5 Self-actualization needs, the highest of a person's needs in Maslow's motivation theory. Perfectly, all needs of the four levels will lead into self-fulfillment.

Satisfaction in health care services that are provided for all patients and their relatives may not be at the same level due to their expectations and perceptions of quality of care. Differences at any level they decide need to pay more attention to individual care, which is served by all health care providers including the organizational structure, process and its outcome.

2.2 Expectancy Theory

This theory was developed by Vroom (Cushway and Lodge, 1993), concerning belief that people will be influenced by their perception of the likely results of their actions. For example, people who want a promotion will perform well, if they consider that high performance will be recognized and rewarded by a promotion. This theory was developed based on what he described as valence, instrumentality and expectation. Valence is a person's preference for a particular outcome. This outcome might, for example, be high productivity. However, this is likely to be valued only to the extent that it might help the person achieve other outcomes, such as a salary increase or promotion. The

extent to which these second-level outcomes may be achieved is defined as instrumentality. Finally, expectancy refers to the strength of the person's belief that certain activities will lead to a certain result.

From the motivation theories that were mentioned, it may be helpful to understand the difference of a person's needs and expectations. Therefore, considering what should be done to satisfy the patient, such as comfort and the facilities of the health care department's environment, is of importance to the management.

The concept of satisfaction is one that there is presently few agreed upon definitions or approaches to measurement (Lovdon and Bitta, 1993). According to Lovdon and Bitta, the process of the consumers' expectation in products or services may include three elements. Firstly, the nature and performance of a product or service, secondly,costs and efforts to be expended before obtaining the direct product or services benefits, and finally, the social benefit or costs accruing to the consumer as a result of the purchase.

The relationship among these three elements causes satisfaction or dissatisfaction. Figure 2.3 below presents a diagram of process.

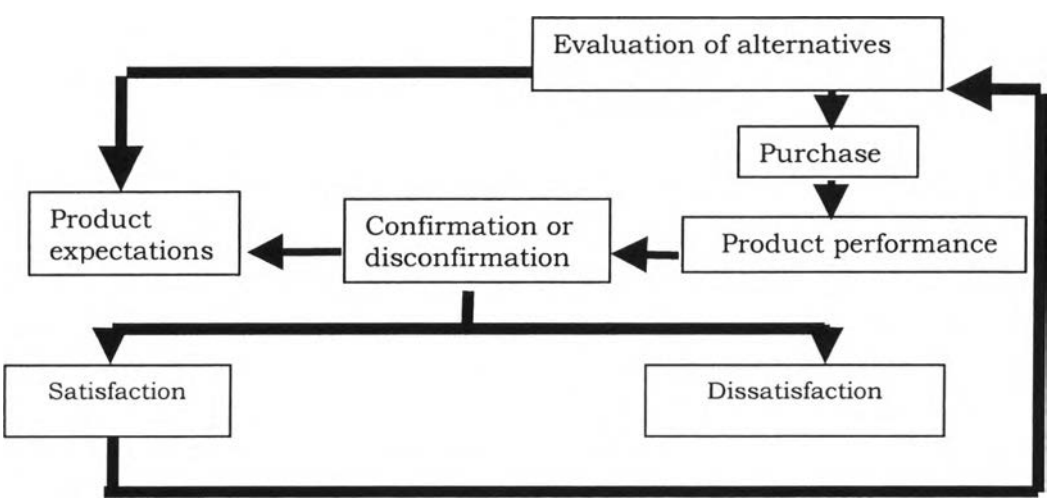

Figure 2.3 The purchase evaluation process (Source: Lovdon and Bitta, 1993)

In health care services, case management or a client-centered system of care is one strategy that puts the needs of the patient first (Kemp and Richardson, 1994).

Definition of Satisfaction

Satisfaction is an important element in the evaluation of quality of care. Many researchers defined satisfaction with a similar idea. For example, Davis's definition, 1967 (cited in Thongkumchuenwiwat, 2000) was that human satisfaction behavior is an effort to alleviate any stress, anxiety or imbalanced situation of the body. Satisfaction occurs in individuals when their basic physical and mental needs are responded to. Satisfaction is the feeling of happiness when people succeed in their goals, wants, and motivation (Walman, 1973 cited in Thechajumreonsook, 1993).

The studies of Aday and Andersen, 1978 (cited in Chaipayom, 1999) concerned people's satisfaction with medical care in the USA, in 1971. It was concluded that most dissatisfaction is inconvenient and expensive. There are six factors related to patient satisfaction in medical care, as follows:

1. Convenience: in office waiting time, availability of care when needed.

2. Co-ordination: in getting all needs met at one place, concern of doctors for overall health, and the physician's follow-up care.

3. Courtesy: That health care providers are friendly and pay attention to the client as an important person.

4. Medical information: about what was wrong and information on the treatment.

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5. Quality of care: in aspect of the clients' perception.

6. Out-of pocket cost: expenditure for health care services.

The studies of Little et al, reported that the observational effect of patient centeredness and the positive approach to outcomes of general practice consultation in 865 consecutive patients, found that satisfaction was related to communication and partnership, and a positive approach (bmj.com, 20 October 2001: 323.908-911).

In Thailand, many researchers studied customer satisfaction. Thongkumchuenwiwat (1999) studied patient satisfaction towards interpersonal communication in OPD of Rajavithi Hospital. The study found that the level of patient satisfaction was high, especially when nurses do not use technical terms. A study of client's satisfaction toward health care services in OPD, Siriraj Hospital (Chaipayom, 2000), found that variables explaining the client's satisfaction were; skills of services, explanation of information, convenience, and ability to pay. Viranant (1994) studied the patient's satisfaction of outpatient services at Petchaboon Hospital and found that the satisfaction level towards the three department: the Registration Room, the Examining Room, and the Pharmaceutical Room were moderate but low in long waiting time.

From the concepts and studies mentioned above, it can be summarized that customers will be satisfied with health care services that respond to their basic needs. These include health care staff, interpersonal communications, and so on. It can be said that, satisfaction takes important roles in many kinds of services, as it is an outcome indicator of efficiency services evaluation. Since Bamrasnaradura Institute provides health care services in the government's section; the services' costs are supported for all people at the same rate as in other hospitals. Thai people were supported by

the 30 Baht card and Bamrasnaradura did not join with this project, but if the customer has this card and wants to come to receive services, they can make their own decisions, but need to pay by themselves without using the card, therefore, this study does not need to include this variable.

From the literature reviews of this chapter, the components that need to be included as variables in the study are concerned with the following:

1. Socio-demographic characteristics of the participants, such as, age, sex, education, occupation, income, and number of health care visits.

2. Customer perception in quality of care which included; clinic milieu, staff competence, and personal interest.

3. Customer satisfaction towards various concerns in health care services; convenience, courteous manner of the staff, coordination of work, and medical information.