

PATIENTS' SATISFACTION : A STUDY OF SPECIALIST
CLINIC QUEEN ELIZABETH HOSPITAL
KOTA KINABALU SABAH.

PIUS JAUNI © PIOUS
M 60302090001

MASTER IN MANAGEMENT
ASIA © UNIVERSITY, MALAYSIA

JANUARY, 2011

**PATIENTS' SATISFACTION: A STUDY OF SPECIALIST CLINIC
QUEEN ELIZABETH HOSPITAL KOTA KINABALU SABAH.**

**PIUS JAUNI @ PIOUS
M 60302090001**

**PRESENTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE MASTER IN MANAGEMENT
ASIA e UNIVERSITY, MALAYSIA**

JANUARY, 2011

AEU Library



00004314

ACKNOWLEDGEMENT

I wish to express my sincere gratitude and deep appreciation to my principle advisor Professor Dr. Mohd Adam Bakar for his kind guidance in conducting this research program.

I would also like to thank Dr. Wan Latifah Mohammed the supervisor for her wonderful guidance, valuable comments, great encouragement and support in the process of preparation this research paper.

I am very grateful to Hospital Administrator particularly the Hospital Director and her Deputy Hospital Director (Clinical II) for their concern, support and approval to conduct the study in this hospital.

Special thanks also go to the Head of Department and Units for consenting me to conduct this study on the five chosen specialist clinics. In addition, I would also send my appreciation to those chosen clinics namely the sisters, senior assistant medical officers and their staff who have rendered their cooperation and assistance during the process of the data collection.

I would also like to extend my sincere thanks to the staff of the Asia e University Kuala Lumpur and Kota Kinabalu Learning Centre for their kind assistance rendered throughout this program.

A word of thanks also goes to my entire colleagues especially Mr. Punil Matidis who has rendered his time in assisting the research process.

To my assistant researchers, I wish to thank them for their continuous help in one way or another to make this research a success.

Finally, I am indebted to my family for their constant encouragement during course of doing this research particularly the hard time that I have encountered.

ABSTRACT

Introduction

The patients' or customers' satisfaction has been the main issues in any service industry particularly in the health care organization. The healthcare organizations operating in the public sectors such as hospital are experiencing low quality of services leading to dissatisfaction among the users of healthcare.

Purpose of the study

The purpose of the study is to assess the satisfaction of patients who have patronized or visited at the specialist clinic provided by the government hospital and to identify factors leads to patient's satisfaction.

Methodology

The cross- sectional approach was used in this study to assess patients' satisfaction in the Specialist Clinic of the Queen Elizabeth Hospital Kota Kinabalu. The SERVQUAL or Service Quality Instruments was used as tool to measure the customers' services provided at this hospital. The sample of sixty (n=60) respondents were selected randomly in five (5) chosen clinics. The data collection was conducted for two weeks.

Finding

The analysis revealed that although majority of the respondents were satisfied with services provided but their level of satisfaction were not correlated with the respondents expectation on the service quality. Most of them expected the specialist clinic to provide service at the time promised to satisfy their level of satisfaction and the clinic to be visually appealing or better environment as found in the SERVQUAL dimension. The perception finding had put Empathy to be positively and significantly correlated in their level of satisfaction. On the Gap analysis found that all the perception dimensions were higher than the expectations. The high positive gap score of 4.65 was on Empathy. This revealed that staff of the specialist clinic must be more understanding on the parts of patients' illness. The other factors highlighted on their dissatisfaction on the service provided were long waiting, congested, many patients and poor communication between the staff and patients.

Conclusion

Thus, this study sheds light on many fields for improvement by the healthcare management. Emphasis should put more on the cause of dissatisfaction as revealed in the finding. This finding has also provided the hospital management or managers the directions to develop strategies which will meet the patients' expectation of service quality to restore their trust, confidence and satisfaction in the government hospital.

TABLE OF CONTENTS

	Pages
CHAPTER 1	
1 INTRODUCTION	1
1.0 Background of the study	1-4
1.1 Overview of Queen Elizabeth Hospital Kota Kinabalu	4-5
1.2 Problem Statement	6-8
1.3 Research Objectives	9
1.3.1 General Objective	9
1.3.2 Specific Objectives	9
1.4 Research Questions	9
1.5 Significance of the Study	10
1.6 Scope of the Study	10
1.7 Glossary	10-11
CHAPTER 2	
2.0 LITERATURE REVIEW	12
2.1 Patients' Satisfaction	12
2.2 Service Quality	13-14
2.3 Previous Studies on Patient's Satisfaction	14-24
2.4 Conceptual Framework on SERVQUAL Model	24-25

CHAPTER 3

3.0 RESEARCH METHODOLOGY	26
3.1 Conceptual Framework / Theory	26-27
3.2 Variables to Represent the Concept	28-29
3.3 Gaps in Service	30
3.4 Scope of the Study	30
3.5 Measurement of Variables	30-31
3.6 Questionnaire Development	31-33
3.7 Sampling	33
3.7.1 Study Setting	33
3.7.2 Sample Size	34
3.7.3 Inclusion and Exclusion Criteria	34
3.7.4 Study Design	34
3.7.5 Sampling Technique	35
3.7.6 Data Collection	35-36
3.7.7 Ethical Consideration	36
3.7.8 Pre –Testing of Instrument	36

CHAPTER 4

4.0 DATA ANALYSIS AND INTEPRETATION	37
4.1 Section A : Analysis of Socio- Demographic of Respondents.	37-43
4.2 Section B : Relationship between Enabling factors and Level of Satisfaction.	43-45
4.3 SECTION C : Respondents Perception on SERVQUAL Factors.	46-53

4.4 . SECTION D: The Level of satisfaction towards health at the Specialist Clinic	54-55
--	-------

CHAPTER 5

5.1	SUMMARY AND CONCLUSION	56
5.2	Introduction	56
5.2	Finding and Discussion	56-72
5.3	Conclusion	72-76
5.4	Implication	76-77
5.5	Recommendation	78-81

APPENDIXES:-

Questionnaires /Instruments

Acknowledgement letter from Asia e University Kuala Lumpur.

Letters of request and approval of the study

Letter to Unit Head of Clinic for Data Collection

Respondents Consent to participate in the Study

REFERENCES

Books and Journals

LIST OF TABLES

TABLES NO.	LIST OF TABLES	PAGE
Table 1	Five Dimension on SERVQUAL Instrument	29
Table 1.2	Selection of Respondents	34
Table 1.3	<i>Distribution of Respondents According to age group</i>	38
Table 1.4	Distribution of Respondents According to Race	39
Table 1.5	Distribution of Respondents According to Occupation	40
Table 1.6	<i>Distribution of Respondents According to Number of Visits at Specialist Clinic.</i>	41
Table 1.7	Relationship between Socio- Demographic factors and Level of Satisfaction	41
Table 1.8	Relationship between Waiting Time before Treatment and Level of Satisfaction	42
Table 1.9	Correlation with Level of Satisfaction	42
Table 1.10	Respondents Perception	42
Table 1.11	<i>Correlation on Waiting Time before Treatment</i>	43
Table 1.12	Respondents Expectation- Tangibility	43
Table 1.13	Correlation on Respondents' Expectation - Reliability	44
Table 1.14	<i>Correlation on Respondents' Expectation- Responsiveness</i>	44
Table 1.15	Correlation on Respondents' Expectation- Assurance	45
Table 1.16	Correlation on Respondents' Expectation- Empathy	45
Table 1.17	Correlation on Respondents' Perception - Tangibility	46
Table 1.18	Correlation on Respondents' Perception- Reliability	47
Table 1.19	Correlation on Respondents' Perception - Responsiveness	48
Table 1.20	Correlation on Respondents' Perception- Assurance	48

Table 1.21	Correlation on Respondents' Perception- Empathy	49
Table 1.22	Respondents Expectation on most Satisfaction Factor	50
Table 1.23	Correlation with level of Respondents Satisfaction	51
Table 1.24	Respondents Perception on most Satisfaction Factor	52
Table 1.25	Correlation with Level of Service	53
Table 1.26	SERVQUAL Gap between Respondents Expectation and Perception Levels towards Service Quality at Specialist Clinic.	53
Table 1.27	Respondents level of Satisfaction Towards Health at the Specialist Clinic.	54
Table 1.28	Frequency level of Satisfaction Towards Health at the Specialist Clinic	54
Table 1.29	Respondents Waiting Time before Receiving Treatment at the Specialist Clinics	54
Table 1.30	Respondents Main Problems Encountered at Specialist Clinic	55

LIST OF FIGURES

FIGURES NO.	LIST OF FIGURES	PAGE
Figure 1	Conceptual SERVQUAL Model	25
Figure 2	Conceptual Framework Model	27
Figure 3	Distribution of Respondents by Gender	38
Figure 4	Distribution of Respondents on Marital Status	39
Figure 5	Distribution of Respondents According to the Education Level	40

CHAPTER 1

INTRODUCTION

1.0 Background

It has been a great concern by any service organization to sustain the service quality in order to meet customer's satisfaction. Customers are everywhere, where they can judge either to give credit or denounce any organizations based on the services they have received. In the healthcare organization it is focusing more on quality standard in order to meet the basic needs and expectations of the customers. Of late, there are various approaches being implemented by the government such as extended working hours in many selected government outpatient clinics by extending its services after normal working hours. Besides that, the government has also introduced the one Malaysia Clinic concept nationwide basically to provide better services to the public. This program mooted by the government particularly the Ministry of Health (MOH) is to reduce congestion at the outpatient clinic in the hospitals where there is a high level of dissatisfaction among the public due to poor quality of service particularly long waiting time.

Margaret, Paul, Danie & John (2003) did a study on patient satisfaction among the South African Black Population where majority of them (76%) are the user of the healthcare of the public hospitals. They revealed that these facilities are overcrowded, understaffed and under resourced. This has contributed to long waiting time of more than one hour to see a health provider causing dissatisfaction among the patients. Hart, 2003; Gupta *et al.*, 1993;

McKinnon *et al.*, 1998) also revealed in their study that waiting time in the outpatient clinics has been the main source of dissatisfaction among patients. Likewise, in the hospitals where they are providing specialist clinic services are also extremely affected by the same scenario where patients perceived the general services provided as very low quality. A study done by Bleich, Ozaltin & Murray, (2009) on patient satisfaction on the health-care system related to patient experience found that factors such as patients expectation , health status, and type of care were the significant predictors of health system satisfaction. With the improvement of healthcare services it will help to enhance patients' satisfaction level on their poor services perception in the government hospital.

In this regards, the customer's satisfaction is viewed as a customers' meeting their needs of what is expected from the service provider. It is also perceived as when the customers are satisfied with the service and it meets his or her needs. Linder-Pelz (1982 a) defined patient's satisfaction as the individual's personal feeling on the health care service received. In the other hand, Ware & Davies (1998) see patients' satisfaction as a personal evaluation of health care services provided. Stamatis (1996) believes customers or patients' satisfaction is what the customers are satisfied with the service and meets their needs, wants and expectations.

Therefore, it is now a global trend in healthcare development toward integrating subjective patient satisfaction into the evaluation of medical service quality. Crosby (1979) defines quality as conformance to requirement and interchangeably as zero defects. Most countries including Malaysia are in fact focusing their attention on the cost

and access to health care because it needs to be distributed appropriately and equitably. This has been the ripple effect where consumers of healthcare's expectations have grown proportionately with the rising wealth of the population, resulting in strong societal pressure to adopt policies on satisfying consumer expectations. Medical care on the other hand, aims not only to improve health status but also to respond to patient needs and wishes and to ensure their satisfaction with care. Dansky *et al.* (1997) on his views from the management perspective that customer care is important as they maintain a consistent relationship with a specific provider and also help in identifying some of the organization system weakness. Patient satisfaction survey is one of those instruments in monitoring hospital's quality of care relation to cost and services. It is a significant indicator of quality of care. To evaluate and improve the quality of care provided, it is important to investigate the quality of care in the context of health care. Satisfaction might be influenced by socio-economic factors, accessibility to the services and the experience towards the health services. Indeed, patient satisfaction therefore has become an important measurement for monitoring health care performance in all government hospitals to continually improve the quality of services. This also helps in providing important information on the system performance that will contribute to the organization's total quality management.

The satisfied patients are more likely to follow specific medical regime and treatment plan. Many previous studies have developed and also applied customer's satisfaction as a quality improvement tool for healthcare providers. If a provider's service satisfies a patient, the provider is better able to nurture the loyalty of patient in a prescribed course

of treatment plans to achieve positive outcome. Blizzard (2004) defined patient loyalty as a patient's likelihood to return to a healthcare facility. Meanwhile, a study done by Gallup Healthcare (2003) in many hospitals on the illustration of patient loyalty as satisfaction leads to quality. He further elaborated that it is an ongoing process of building and sustaining relationships by assessing, anticipating, and fulfilling stated and implied needs on the customers.

Indeed, the Ministry of Health is not only providing patient's satisfaction but beyond towards customers' delight. This is an important because satisfying their needs or wants can ultimately delight customers. Carlson *et al.* (1998), clarifies that our customers or patients as main user of the health care today are more aware of their health needs and their expectations are higher. Therefore, patients' satisfactions are not only those expectations that have met but even exceeded (Berry, Zeithaml, & Parasuraman, 1988).

1.1 Overview of Queen Elizabeth Hospital Kota Kinabalu

Queen Elizabeth Hospital Kota Kinabalu is a state referral centre to all hospitals within the state and also the Federal Territory of Labuan and District Hospital of Lawas in the state of Sarawak. It is located at the heart of the Kota Kinabalu city and about five kilometers from Kota Kinabalu International Airport. This hospital is the largest in the state and it has capacity of about 2,700 staffs working in the various disciplines. This hospital is also a teaching hospital both for undergraduate and postgraduate professionals and paramedical staff. The hospital aims to be a regional referral centre of excellent through establishing a comprehensive range of quality medical services encompassing in

patients, outpatients and ambulatory care services with emphasize on human dignity. Therefore, maintaining service quality has been the main task of the organization to ensure patients satisfaction and having high perception towards the services received.

1.2 Problem Statement

The service quality is determined as subjective comparison that patients make between their expectations about the service and the perception on the way the service is run. As a result, customers will feel satisfied or dissatisfied with a particular service. Parasuraman, Zeithaml, & Berry (1988) define service quality in term of five dimensions namely the tangible, reliability, responsiveness, assurance and empathy.

Therefore, the study has adapted the service quality model dimensions from Parasuraman *et al.* (1988) and thus renders the Queen Elizabeth Hospital Kota Kinabalu to provide service quality based on five dimensions. This hospital is expected to provide Tangible service to the patients or customers particularly the front line or counter staff to be good personality appearance, physical facilities to be customer friendly and clean environment. In the Reliability, it involves performing the promise service dependably and accurately. It includes doing it right the first time especially on patients' diagnosis, laboratory investigations and the appropriate up to date equipment used in any procedures.

In regards to the responsiveness as one of the service quality dimensions, health care organization is required to execute prompt services to the patients such as quick service and portray their professionalism in handling customers and be apologetic. They are also required to be pro-activeness and willingness to assist patients based on the condition and their needs. In the assurance factor, the healthcare providers particularly doctors and nurses are required to provide the best assurance of care to patients with integrity and fairness. It involves their ability to convey trust and confidence including competence,

courtesy, credibility and security in term of physical security and confidentiality. Lastly, on the empathy dimension the healthcare providers have the obligation on the provision of caring and individualized attention which includes access, communication and understanding towards patients' feeling particularly their illness and suffering.

Therefore, in the case of the Queen Elizabeth Hospital Kota Kinabalu, the service quality problem can be seen through the scenario below:-

The admission rate of patients per month is about one thousand five hundred whereby twenty percents contributes to emergency cases. However, for those patients coming in for review cases are seen at the specialist clinic which is ranging from nine hundred to one thousand per month where majority attendances are by appointment basis. However, as a state referral centre, there is lot of patients being referred for further management. Some of these patients are either admitted or get reviewed in the specialist clinic and some are on appointment basis coming in for various disciplines in the specialist clinic. This specialist clinic provides services such as Surgical, Medical, Orthopedics, Otorinolaringology (Ear, Nose and Throat), Ophthalmology, Dermatology, Psychiatric and Dental. All these clinics are operating during office hours and any emergency cases pertaining to the particular discipline will be seen at the emergency department. The specialist clinic is run by various specialists in accordance to the specialty assisted by medical officers, house officers and paramedic including nurses. As expected, there is huge turn out of outpatients coming for review on every scheduled clinic session. This hospital receives about eight complaints per month. Maintaining service quality at all

time is almost impossible. It is more obvious when patients come for review especially those on wheel chair or stretcher bound.

However, in spite of the continuous quality improvement, there are patients who are dissatisfied with the services provided in the specialist Clinic of the Queen Elizabeth Hospital Kota Kinabalu. For that reason, there is a necessity to investigate the reasons on patients' dissatisfaction in government hospital particularly the Specialist Clinic namely to look at the:-

- i. Why patients' satisfaction is very Low in Government Hospital?
- ii. Why are patients unhappy in Government Hospital particularly Queen Elizabeth Hospital Kota Kinabalu Specialist Clinic?

In this regards, the current study aims to investigate the patients' satisfaction and dissatisfaction particularly the service quality in the specialist clinics provided at the Surgical, Medical, Orthopaedic, Otorinolaringology (Ear, Nose and Throat) and Ophthalmology. However, the Dermatology and Dental clinic had been left out due to less number of patients. In the Psychiatric Clinic, there is a difficulty in assessing the respondents' level of satisfaction due to their mental status.

1.3 Research Objectives

The objective of the study is divided into general and specific objectives as describe below:

1.3.1 General Objective

To assess the satisfaction of patients who have patronized or visited the Specialist Clinic provided by the Hospital Queen Elizabeth Kota Kinabalu and to identify factors leads to patients' satisfaction.

1.3.2 Specific Objectives

- i. To determine the relationship between socio-demographic factors and the level of satisfaction.
- ii. To investigate factors related to the patients' satisfaction and dissatisfaction particularly the service quality in the specialist clinics.
- iii. To examine the relationship between waiting time before getting treatment and level of satisfaction.
- iv. To investigate the relationship between enabling factors and the satisfaction level.

1.4 Research Questions

- i. What is the level of patient satisfaction towards health at the Specialist Clinic Hospital Queen Elizabeth Kota Kinabalu.
- ii. What are factors related to the patients' satisfaction and dissatisfaction with the service quality in the specialist clinics.

1.5 Significance of the Study

Results on the evaluation on patients' satisfaction provided at the specialist clinic can be used as a practical guideline for the hospital management to better serve the customer in quality manner in meeting their expectations of the services rendered. In particular, the Queen Elizabeth Hospital Specialist Clinic could better outline and later implement better operational strategy. Thereafter, could reduce patients' complaint due to low services encountered at the specialist clinic and at the same time understand why they are generally unhappy at the government hospital.

1.6 Scope of the Study

This study limits its coverage to patients' satisfaction that have patronized or visited the Specialist Clinic such as Orthopedics, Surgical, Medical, Otorinolaringology (Ear Nose and Throat) and Ophthalmology clinics provided by the Hospital Queen Elizabeth Kota Kinabalu.

1.7 Glossary

i. Patients Satisfaction

The patients who seek treatment at the specialist clinic are satisfied and meet their expectation.

ii. Healthcare providers

This refers to Doctors, Nurses and Support groups such as Clerk, Attendances who are directly involved in patients' care.

iii. Service Quality

This refers to the difference between the customer's expectation of service and their perceived service.

vii. Customer expectation

This is patient's feeling of pleasure or displeasure or the reaction of the patients in relation to the performance of the specialist clinic in satisfying or dissatisfying the services.

viii. SERVQUAL

This an instrument for measuring service quality in terms of the discrepancy between customers' expectation regarding service offered and the perception of service received. The respondents are required to answer questions about both their expectation and their perception.

CHAPTER 2

LITERATURE REVIEW

This chapter reviews the literature in four main areas: Patient Satisfaction, Service Quality, Previous Studies on Patients' Satisfaction, and Conceptual Framework on SERVQUAL Model

2.1 Patient Satisfaction

Patient satisfaction was initially perceived as being related to issues relating to medical infrastructure and nursing care. Generally, it is considered as the consumer's view of received and the result of treatment. However, Newsome *et al.* (1999) emphasized that the terms 'satisfaction' is often used interchangeably with the patient assessment. In this regards, patient satisfaction is important as a measure of service quality that has been linked to other outcome measures.

The issue of satisfaction has been studied extensively in the field of sociology, psychology, marketing and healthcare management. In healthcare management, the patient satisfaction is increasingly being used to evaluate the performance of the healthcare providers such as individual physicians, hospitals, and health plans. McKinley *et al.*, (1997) stated that the satisfaction of the legitimate demands of the patients must be the outcome of all medical care. Friedman,(1995) pointed out that patient satisfaction research depends much on patients' perception of satisfaction on what is observed such as the facility's environment aesthetics or array of services and physician's comforting bedside manner.

2.2 Service Quality

Carmen (2000) clarified that perception of service quality is an attitude which patients considers it as an attribute on the component of quality. He further claimed that attributes consist of two sets such as functional which measures the ambiance and provider attentiveness and the technical aspect that is the outcome on how the service is delivered. Thus, it is found that there is an interrelated between perceived services quality and patient satisfaction. Steiber (Press,2006) on the study on patient satisfaction revealed that there is a high correlation between patient satisfaction and the overall perceived quality of care. In case of low patient satisfaction, it can lead to poor compliance with potential wastage of resources and sub optimal clinical outcome. Therefore, the application of service quality is seen as a strategy to improve performance and effectiveness which is frequently favored particularly on patient satisfaction in the healthcare organization. In fact, there are many studies been conducted on customers' satisfaction towards service quality both in the private and public organizations such as in the hospital. Dash (1992) said that the health care quality improvement project implemented in the UK has attempted to use the quality initiative. O'Connor & Trinh (2000) who conducted a study into how different people involved in health care, rate their services using the SERVQUAL methods looking at the four dimensions such as empathy, reliability, responsiveness and assurance to determine levels of service quality. They concluded that management should be informed as to the value consumers place on service quality.

The World Health Organization (WHO) has similarly created a performance system based on five composite measures in which health system responsiveness and its