

THE ANALYSIS OF SERVICE QUALITY WITH SERVICE QUALITY (SERVQUAL) APPROACH AND ITS EFFECT TO CUSTOMER SATISFACTION AT THE HOSPITAL BUSINESS

Neuneung Ratna Hayati,
Faculty of Business and Management, Widyatama University,
Cikutra 204A, Bandung City, 40125, West-Java, Indonesia
neuneung.ratna@widyatama.ac.id
neuneung.ratna@gmail.com

ABSTRACT

Internal marketing is important strategy to boost a service that will make customer satisfy. This research use service quality (servqual) approach which analyze the gap between perceptions and expectations of the customer (patient), concerning with the service at Hospital "X". The satisfaction level is evaluated based on the different between those two points. There are five dimensions in service quality (servqual), they are tangible, reliability, responsiveness, empathy, and assurance (Parasuraman, Zeithaml, & Berry, 1985). General purpose of this research to know some factors that impact patient satisfaction to Hospital "X" in Bandung, West Java. The purpose are (1) to describe applied of service quality (servqual) dimension in Hospital Business (2) to know service quality (servqual) dimension that make patient satisfaction, and (3) to know service quality (servqual) dimension that dominant impact patient satisfaction in Hospital "X". The research methodology was carried out in a survey cross-sectional applied to 78 respondents. The data obtained was analyzed by using reliability method, correlation and regression. Result of research showed that hospital service attributes have positive impact and significant to build customer (patient) satisfaction. The result of this research expected to give more knowledge about the importance of service quality (servqual), so that it can be a suggestion substance for management in evaluate their service.

Keywords : Service Quality (Servqual) Dimention, Customer Satisfaction

1. INTRODUCTION

Internal marketing is important strategy to boost a service that will make customer satisfy. Relationship between service quality and customer satisfaction still have relevant significant and became a strategic concern of any business in every line (e.g. Bolton and Drew, 1991; Cronin and Taylor, 1992) as it was said by Alamgir & Samsusodha. Managing government and private hospitals with other organization needs knowledge management. But in practice, hospital management are the things that is different from other business areas due to emphasizes on social values - ethics in addition to its economic aspects. Growth in the number of hospitals - particularly private hospitals endorse the intense competition among these enterprises.

Hospital is a building in which the sick, injured, or infirm are received and treated; a public or private institution founded for reception and cure, or for the refuge, of

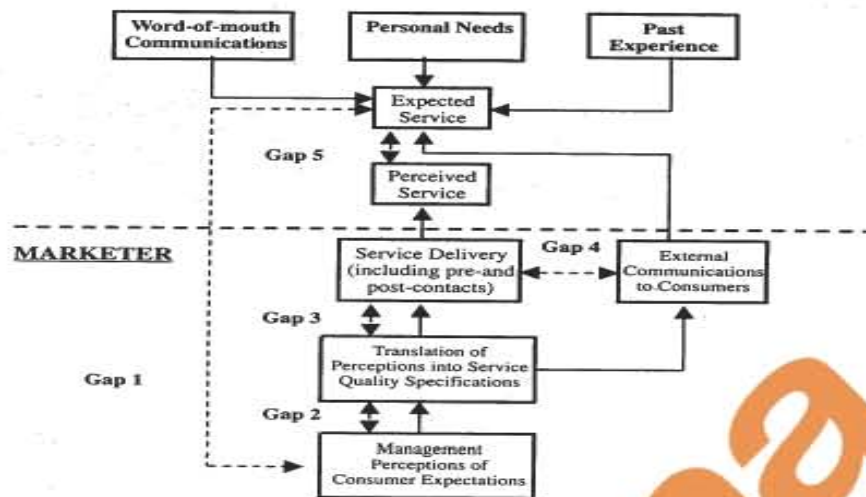
persons diseased in body or mind, or disabled, infirm, or dependent, and in which they are treated either at their own expense, or more often by charity in whole or in part; a tent, building, or other place where the sick or wounded of an army cared for. (<http://ardictionary.com>). Press et al. (1991) indicate that improved customer satisfaction can help hospitals in cost reduction by resulting in fewer complaints. In addition, “*patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services*” (Gilbert, Lumpkin et al. 1992; Andaleeb 2001; Pakdil and Harwood 2005) as it was said by Selcen. Consumer’s satisfaction, choice of service provider and service quality evaluation are influenced by the expectations of the consumer (O’Connor, Trinh et al. 2000)

2. LITERATURE REVIEW

Ducker (1991) defines service quality as “*what the customer gets out and is willing to pay for*” rather than “*what the supplier (of the service) puts in*”. Hence, service quality is often “*conceptualized as the comparison of service expectations with actual performance perceptions*” (Bloemer, Ruyter et al. 1999). Service science literature often relies on servqual as an instrument to measure quality of service provided.

Every gap in servqual has a unique role as follows: Gap 1: difference between consumer expectations and management perceptions of consumer expectations; Gap 2: difference between management perceptions of consumer expectations and service quality specifications; Gap 3: difference between service quality specifications and the service actually delivered; Gap 4: difference between service delivery and what is communicated about the service to the consumer; Gap 5: difference between consumer expectations and perceptions.

CONSUMER



Source: Parasuraman, A., Zeithaml V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implication for future research. *Journal of Marketing*, 49 (Fall), 47-50.

Parasuraman *et al.* (1985) identified ten dimensions of service quality (e.g. credibility, security, accessibility, communication, understanding the consumer, tangibles, reliability, responsiveness, competence and courtesy). In subsequent research, however, Parasuraman *et al.* (1988) consolidated the above ten dimensions into five broad dimensions that are shown along with their definitions in table 1

Table 1: Five Broad Dimensions of Service Quality

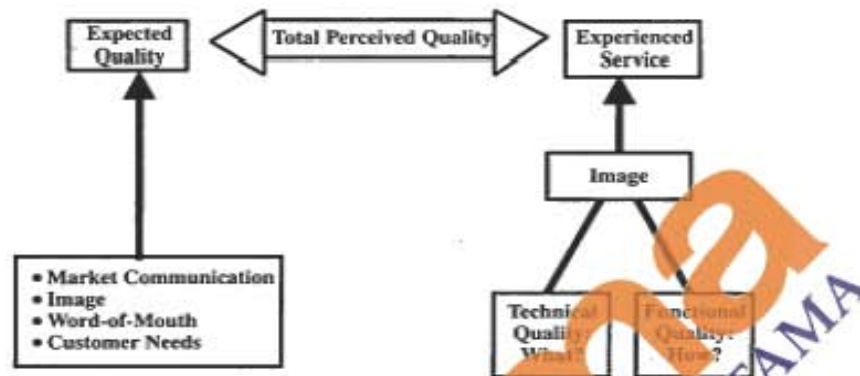
Dimension	Definition
Tangibles	Appearance of physical facilities, equipment, personnel and written materials
Reliability	Ability to perform the promised service dependably and accurately
Responsiveness	Willingness to help customers and provide prompt service
Assurance	Employees' knowledge and courtesy and their ability to inspire trust and confidence
Empathy	Caring, easy access, good /communication, customer understanding and individualized attention given to customers

Source: Adapted from Zeithaml *et al.* (1990)

Gronroos (1988) said if customer expectations are unrealistic, the total perceived quality will be low, even if they experienced acceptable quality factors such as

market communication, corporate or local image and positive word of mouth communication (Figure 2).

The Total Perceived Quality Model



Source: Grönroos, C. (1988). Service quality: The six criteria of good service quality. *Review of Business*, 8 (3), p. 10-12.

Figure 2

Gronroos (1998) states that customer satisfaction or dissatisfaction is the customer response to the evaluation of discrepancy perceived between previous expectations with actual performance of the perceived product. Engel, et al (1990), reveals that customers satisfaction are evaluating alternative after sales selected where at least gives the result equal or exceed customer expectations, while dissatisfaction arises when the results do not meet customer expectations. Meanwhile, according to Kotler (1994), customer satisfaction is level of one's feelings after comparing the performance or results that he felt compared with expectations.

3. RESEARCH OBJECTIVES

The principal objective is to evaluate the impact on service quality to customer satisfaction, especially at the hospital business. To accomplish this, the study has covered the following specific objectives:

1. Describe applied of *service quality (servqual)* dimension in Hospital Business
2. Knowing *service quality (servqual)* dimension that make patient satisfaction, and
3. Knowing *service quality (servqual)* dimension that dominant impact patient satisfaction in Hospital "X"

Problems that will be examined are as follows:

1. How the Patient Expectation to the Quality of Health Care Services in Hospital “X”
2. How the Patient Perceived to the Quality of Health Care Services in Hospital “X”
3. How the Impact of Quality Health Care Services in Hospital “X”

4. HYPOTHESIS

The hypothesis is : “Service Quality of Health Care Services have Positive Impact on Patient (Customer) Satisfaction at Hospital X”

The statistical hypothesis is :

Ho : $r_s \leq 0$, “Service Quality of Health Care Services have negative or not have Impact on Patient (Customer) Satisfaction at Hospital X”

Ha : $r_s > 0$, “Service Quality of Health Care Services have Positive Impact on Patient (Customer) Satisfaction at Hospital X”

5. METHODOLOGY

Research methodologies used in this study are descriptive method and historical method. Descriptive method is a method that describes the study systematically, factual and accurate concerning facts, behaviors and relationship between the phenomenon being study that can give suggestions for the future (Sumadi Suryabrata, 2003).

Analysis methods used:

1. Pearson Product Moment Correlation Analysis; To calculate the coefficient that shows the degree of closeness between variable service quality (x) and variable customer satisfaction (y). Correlation coefficient calculation (Davis: 2005):

$$r = \frac{n \left(\sum_{i=1}^n xy \right) - \left(\sum_{i=1}^n x \right) \left(\sum_{i=1}^n y \right)}{\sqrt{\left[n \sum_{i=1}^n x^2 - \left(\sum_{i=1}^n x \right)^2 \right] \left[n \sum_{i=1}^n y^2 - \left(\sum_{i=1}^n y \right)^2 \right]}}$$

2. Determination Coefficient Analysis; To calculate the influence variable service quality (x) to variable customer satisfaction (y).

$$Kp = r^2 \times 100\%$$

Table 1 show operationalization variable used in this research.

TABLE 1.
OPERATIONALIZATION VARIABLE

VARIABLE	CONCEPT	SUB VARIABELE	INDICATOR	SCALE
Service Quality	<i>conceptualized as the comparison of service expectations with actual performance perceptions</i>	1. Reliability	<ul style="list-style-type: none"> • Speed of Service • Accuracy of Treatment • Speed of Services Registration 	Ordinal
		2. Responsiveness	<ul style="list-style-type: none"> • Speed of Response to Complaints • Concern and Desire for Helping 	
		3. Assurance	<ul style="list-style-type: none"> • Doctor concern to patients • Nurse attitude to patients • Room security 	
		4. Empathy	<ul style="list-style-type: none"> • Ease of Communication • Attention and Patience of the Nurses 	
		5. Tangible	<ul style="list-style-type: none"> • Availability of Medical Devices • Cleanliness, and Tranquility of Patient Room • Choices of Menu and Portion • Employee Performance 	
Variable Y : Customer (Patient) Satisfaction	conformance between the expectations of patients with perceived performance		<ul style="list-style-type: none"> • Expectations of Services • Perceived of Performance 	Ordinal

6. RESULTS

Questionnaires distributed to 120 patient, but the amount who returned and completely are 78.

6.1 Patient Expectation to the Quality of Health Care Services in Hospital “X”

Based on questionnaires distributed, patient expectation for quality health care services provided by the Hospital are as follow:

No	Statement	5	4	3	2	1	Total	Average
1	Speed of Service	63	15				375	4.81
2	Accuracy of Treatment	65	13				377	4.83
3	Speed of Services Registration	45	33				357	4.58
4	Speed of Response to Complaints	54	24				356	4.59
5	Concern and Desire for Helping	54	24				365	4.69
6	Doctor concern to patients	59	19				371	4.76
7	Nurse attitude to patients	62	16				374	4.79
8	Room security	24	47	7			321	4.22
9	Ease of Communication	39	39				351	4.50
10	Attention and Patience of the Nurses	55	23				367	4.71
11	Availability of Medical Devices	41	37				353	4.53
12	Cleanliness, and Tranquility of Patient Room	21	42	15			273	3.50
13	Choices of Menu and Portion	24	41	13			284	3.64
14	Employee Performance	22	43	13			282	3.62
Average								4.42

From the table above, on average, patient expectations are at 4.42 level (from the range 1 (not important) to 5 (very important)).

6.2 Patient Perceived to the Quality of Health Care Services in Hospital “X”

No	Statement	5	4	3	2	1	Total	Average
1	Speed of Service	21	48	9			324	4.15
2	Accuracy of Treatment	18	53	7			323	4.14
3	Speed of Services Registration	19	43	16			315	4.04
4	Speed of Response to Complaints	22	42	14			320	4.10
5	Concern and Desire for Helping	18	44	16			314	4.03
6	Doctor concern to patients	18	45	15			315	4.04
7	Nurse attitude to patients	17	46	15			314	4.03
8	Room security	21	43	11	3		316	4.05
9	Ease of Communication	20	43	15			317	4.08
10	Attention and Patience of the Nurses	19	44	15			316	4.05
11	Availability of Medical Devices	18	44	16			314	4.03
12	Cleanliness, and Tranquility of Patient Room	21	42	12	3		315	4.04
13	Choices of Menu and Portion	20	46	12			320	4.10
14	Employee Performance	21	45	12			321	4.12
Average								4.07

From the table above, on average, patient perceived are at 4.07 level (from the range 1 (not good) to 5 (very good)).

6.3 The Impact of Quality Health Care Services in Hospital “X”

The relation between service quality and customer satisfaction / correlation coefficient (r) is 0.677 or 67.7% (middle up relation) and has positive relation.

Correlations

		X	Y
Pearson Correlation	X	1.000	0.677
	Y	0.677	1.000
Sig. (1-tailed)	X		0.021
	Y	0.021	
N	X	78	78
	Y	78	78

Determination Coefficient is used to measure the influence of independent variable x (service quality) to the dependent variable y (customer satisfaction). The result shows that the service quality has influenced of 45.84% to the customer satisfaction, while the rest of 54.16% is influenced by other factors

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.677 ^a	0.458	0.315	0.22181

Regression Linear equation defined from table 4 is $Y = 1.365 + 0.23X$

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	5% Confidence Interval for	
	B	Std. Error	Beta			Lower Bound	Upper Bound
1 (Constant)	1.365	0.655		2.011	0.044	-0.055	3.022
	X	0.230	0.545	2.122	0.051	0.021	0.811

a. Dependent Variable: Y

7. RECOMMENDATION

1. Based on the results obtained by researcher, the following conclusion are:
 - a. The highest expectations of patients are speed of service and accuracy of treatment; whereas the lowest expectation are cleanliness and tranquility of patient room and employee performance.
 - b. The highest satisfaction are speed of service and accuracy of treatment; whereas the lowest are concern and desire of helping and availability of medical devices.
2. Hospital “X” have been able to well perform service quality. Attention and improvement of deficiencies and complaints filed by patient should be priority to be solve by management.
3. Improvements that can be done by management are:

- a. Improving communication between doctors / nurses / employees with the patient. Since many complaints from patients about the difficulty on communicating / meeting with the attending doctors
- b. Always remain nurses / employees to help each other, working together in serving the patients. Please do not have some “chit chat” at working hour.
- c. Physical development such as : toilet because queue often occurs.
- d. The availability of health equipment necessary inform to customer (patient) as criteria for availability of the process.

8. REFERENCES

- Alamgir Mohammed & Mohammad Samsuddhoha, *Service Quality Dimenstions: A Conceptual Analysis*, University of Chittagong.
- Andaleeb, S. S. (2001). "Service quality perceptions and patient satisfaction: a study of hospitals in a developing country." *Social Science & Medicine* 52(9): 1359-1370.
- Bloemer, J., K. Ruyter, et al. (1999). "Linking perceived service quality and service loyalty: a multi-dimensional perspective." *European Journal of Marketing* 33(11/12): 1082-1106.
- Duane Davis, “Business Research for Decision Making”, 6th ed., Thomson South-Western, 2005
- Drucker, P. (1991). *Innovation and entrepreneurship: Practice and Principles*. Louisiana, Louisiana State University Press.
- Grönroos, C (1988). *Service Quality : The Six Criteria of Good Service Quality Review of Business* 3, New York : St. John’s University Press.
- Gilbert, F. W., J. R. Lumpkin, et al. (1992). "Adaptation and customer expectation of health care options." *Journal of Health Care Marketing* 12(3): 46-55.
- Kara, A., S. Donial, et al. (2005). "A paradox of service quality in Turkey: The seemingly contradictory relative importance of tangible and intangible determinants of service quality." *European Business Review* 17 (1)
- Kotler, *Marketing Management: Analysis, Planning, Implementation, And Control (the Prentice-hall Series In Marketing)*, 1994.
- [Http://aredictionary.com](http://aredictionary.com)
- O’Connor, S., H. Q. Trinh, et al. (2000). "Perceptual gaps in understanding patient expectations for health care service quality." *Health Care Management Review* 25: 7-23.
- Pakdil, F. and T. N. Harwood (2005). "Patient Satisfaction in a Preoperative Assessment

Clinic: An Analysis Using SERVQUAL Dimensions." *Total Quality Management* 16(1): 15-30.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985), "*A conceptual model of service quality and its implications for future research*", *Journal of Marketing*, 49, 41-50.

Press, I., R. F. Ganey, et al. (1991). "Satisfied patients can spell financial well-being." *Healthcare Financial Management* 45: 34-36.

Selcen Ö.Aykaç, Serkan Aydın, Metin Ates, Ayse Tansel Çetin. "Effect s of Service Quality on Customer Satisfaction and Customer Loyalty : Marmara University Hospital

Sumardi Suryabrata, *Metodologi Penelitian*, 2003.

