# SERVICE QUALITY IN PUBLIC HOSPITALS IN ALBANIA

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*"Access to basic quality health care is one of the most important domestic issues facing our nation. We should make health care a right not a privilege"*

Ed Pastor, 2005

**Abstract**

Health sector has always been one of the priorities of Albanian governments in years, which is accompanied with high levels of financing mainly for tangiblesand also in higher salaries for the medical staff. However, no specific studies are undertaken from official institutions to assess service quality in public hospitals in the country that could have improved policymakers' decision to allocate funds in a better and proper way, especially when the private health sector is developing very fast. In this context through this article, it is measured service quality in public hospitals in Albania in its main dimension as per the literature suggestions, in order to find out what patients really appraise when taking health care services. This way, this study can serve as a ground base for further improvements in hospital care services in Albania.

**Keywords:** *health quality, health care, public hospitals,dimensions, SERVQUAL*

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**I. Quality Health Care and its key components**

Literature on the assessment of health care quality is vast and difficult to accommodate as a unique approach. Donabedian (1998) stated that the first step of quality service estimation starts with its definitions, which also vary from the context of use and type of analysis performed. Consequently, different definitions may be acceptable depending on the purpose and objective of the study that deals with health care quality, and moreover all the definitions are constantly evolving. Thus according to him health care quality is the type of care that is expected to maximize patients welfare in all its aspects, after taking into considerations losses and benefits expectedfrom the entire process. While as per IOM (1990) service quality is the degree to which health services for individuals increase their possibilities to obtain the desired health outcomes, and is compatible with their level of knowledge. Later on UK Department of Health in 1997 would define health quality as doing the right thing to the right people at the right time since the first time, whereas EU (1998) would define health quality as the degree to which treatments increase the chances of patients to achieve the desired results and reduce the chances of undesirable effects as per their level of knowledge.

Furthermore,various authors have defined health care quality as a concept related to a certain set of dimensions. Dimensions used most often include: (i) effectiveness, (ii) efficiency, (iii) ease of getting service, (iv) assurance , (v) justice, (vi) appropriateness, (vii) time service delivery, (viii) eligibility, (ix) focus on the patient, (x) patient satisfaction, (xi) health improvement, (xii) continuity of care. Smith and Houston (1982) stated that there are two types of service quality; technical quality which includes what the customer actually receives and the functional service quality that includes the way the servicesare provided. While as per Lehtinenet.al (1982) service quality is produced as an interaction between consumer service and organizational elements. This way they determine three dimensions of quality: (i) physical characteristics comprising physical aspects of the service such as equipment, buildings, (ii) corporation characteristics comprising company's goodwill and (iii) interactive characteristics which are a result of interaction of personnel with the patients and patients between them.

The main purpose of assessing service quality is closely linked with its result improvements. The perceived service quality is a concept that deals with the discrepancies between expectations and actual perceptions of patients for a particular service (Parasuraman, 1985). Expectations are

reflected in the requirements of customers that believe that services should be provided in a particular way. Thus, once patient's expectations are determined, it can be easily compared with the service offered and what he expected for (Lovelock and Wright, 2000; Zeithaml et al, 1993). On the other hand, perceptions refer to patients assessment on the service received, as a result of combination between what is offered and how it is offered (Lim and Tang, 2000). Besides this is nowadays service quality assessment is a worldwide concept related with serviceexcellency; or also known as the "seal of success" (Parasuraman et al. 1988; Zeithaml et al. 1990). That is why SERVQUAL instrument became the most widely used method accepted from the respective literature to measure service quality (Ladhari, 2009), for the following reasons:[1]: (i) to understand the current quality of service, (ii) to compare the performance between different groups of customers, (iii) to compare the performance between different parts of services provided, (iv) to understand internal "stakeholders", (v) to compare the performance between different services, (vi) to assess the impact of efforts for improvements.

Satisfaction is a psychological concept defined in different ways starting from the demarcation as an individual judgement for objects or situation experienced, to a cognitive effort, and emotional bond of individuals.It also considered as the result of consumer perceptions on the value of the service received; where the value is equal to the perceived service quality in terms of price (Hallowell, 1996). That is why Fornell et.al (1996) had considered perceived quality as the main determinant of satisfaction, and the perceived value as the second contributing factor.While according to Heidegger (2006) the concept of satisfaction is complicated and multifaceted, difficult to define as it is part of a complex model that can be filled in time (Hawthorne, 2006). Literature also highlight that there is no consensus on finding the best concept that better defines the relation between patient satisfaction and their perception on service quality.

O'Connor and Shewchuch (2003) pointed out that assessments on patient satisfaction are based on simple descriptive data and correlation analysis rather than concrete theoretical framework. That is why theyalso concluded that high attention should be paid to health services where the focus should be directed to measure technical and functional quality and not on patient satisfaction.Smith and Swnehart (2001) noted a strong correlation between service quality

[1]Accounts Commission for Scotland (1999)

andsatisfaction, where positive perceptions of consumers on service quality create the idea of satisfaction.

## II. Methodology

For the purposes of this study that measure hospitalized patient opinion on service quality, a ground survey was conducted in main public hospital institutions in biggest cities in Albania. The number of patients is considerable to get accurate and representative results as per the methodology used. Thus the study population consists of 800 random hospitalized patients of different ages; gender and level of incomes. Cities selected are Tirana (the capital) with 350 patients, followed by Durres with 150 patients and cities like Vlora, Fieri, Shkodra, Lezha, Kavaja, and Kruja with 50 patients each. Data gathered for a two month period from July – September 2015, are elaborated with a confidence level of 95 % and 3 % margin error. As survey methodology collect data based on the questionnaire, when drafting the survey attention was paid in two main elements such as reliability and validity(Saunders et al. 2009). According to the American Psychological Association (1985) and Hinkin(1995) the content of questionnaire should indicate validity regarding it entire contents, criteria's chosen, composition and also internal consistency. All these elements measure survey's capability to measure what the researcher intends to (Saunders et al. 2009) besides the extent to which the questionnaire provides adequate coverage to the investigative questions. While regarding survey's reliability Cronbach Alpha coefficient is 0.968 higher than 0.7 (allowed value) indicating for the survey consistency. Question asked were closed-ended, assuring for realistic answers in order to obtain the necessary information. The survey consists of four sections where section A contains general information questions such as city, sex and age of patients along with their level both of education and incomes. Section B and C contains questions that deals respectively with the assessment of expectations and of the real expectations about health care services. At the end section D addresses general and direct questions such as: (i)if the patients were satisfied with the service quality of the hospitals, (ii) if they would recommend it to others and (iii) if they would return again in this hospital.Data gathered were elaborated through SPSS 17.0 and Excel, in a descriptive and analytical analysis through cross tabulations, independence tests between correlated variables, factor analysis and/or analysis of variance (ANOVA).

For quality care assessment purposes survey's items are grouped in dependent and independent variables. Independent variables related to hospital care services are five dimensions such as:Responsibility (measured through 4 questions); reliability (measured through 5 questions); assurance (measured through 9 questions);Tangibles (measured through 8 questions); empathy (measured through 5 questions). While dependentvariable is the overall satisfaction of patients toward health care and it is measured through only one question. All questions are measured by Likert scale (1- very bad to very good 5). The analysis comprises also control variables including age, sex, level of education and of incomes.

**III. Hospital care service assessment in Albania**

In order to assess hospital care services it is important to start testing the relations between all dependent variables to independents ones separately and through the suggested statistical test it can be estimate their impacts on each other. Thus, hypothesis should be tested for each dimension as below.

***$H_o$- There is no link between hospital staff responsibility and overall patient satisfaction.***

***$H_1$- There is a link between hospital staff responsibility and overall patient satisfaction***

Based on the Chi Square independence test the value of asymp.sig value (2-sided) test between responsibility and satisfaction is 0.000 < than 0.05 (5%) meaning that the null hypothesis is rejected. Furthermore the test shows that variables are strongly and positively correlated to each other where $r_{xy}$= 0.718, indicating that an increased responsibility of the hospital staff it is a sign of higher satisfaction of service quality for the hospitalized patients.

***$H_o$- There is no link between hospital staff reliability and overall patient satisfaction.***

***$H_1$- There is a link between hospital staff reliability and overall patient satisfaction***

Based on the Chi Square independence test the value of asymp.sig value (2-sided) test between variables is 0.000 < than 0.05 (5%) meaning that the null hypothesis is rejected. Furthermore, the test shows that the variables are strongly and positively correlated to each other because $r_{xy}$= 0.663.

***$H_o$- There is no link between hospital staff assurance and overall patient satisfaction.***

***$H_1$- There is a link between hospital staff assurance and overall patient satisfaction***

Based on the Chi Square independence test the value of asymp.sig value (2-sided) test between variables is 0.000 < than 0.05 (5%) meaning that the null hypothesis is rejected. Furthermore, the

test shows that the variables are strongly and positively correlated to each other because $r_{xy}$= 0.611.

***$H_o$-*** *There is no link between the use of modern tangibles and overall patient satisfaction.*

***$H_1$-*** *There is a link between the use of modern tangibles and overall patient satisfaction.*

Based on the Chi Square independence test the value of asymp.sig value (2-sided) test between variables is 0.000 < than 0.05 (5%) meaning that the null hypothesis is rejected. Furthermore, the test shows that the variables are positively correlated to each other where $r_{xy}$= 0.492.

***$H_o$-*** *There is no link between medical staff empathy and overall patient satisfaction.*

***$H_1$-*** *There is a link between medical staff empathy and overall patient satisfaction.*

Even in this case the test confirms the rejection of the null hypothesis because test's value is asymp.sig value (2-sided) test between variables is 0.000 < than 0.05 (5%) and between variables there is a strong positive correlation because $r_{xy}$= 0.787.

After all correlations between dimensions are estimated, it can be continue with the main research questions of the analysis that deals with the main factors that contribute to patient satisfactions.

***Research Questions:*** *What are the factors that measure health quality that affect the overall satisfaction of patients who received medical care in hospitals?*

In order to analyze the hypothesis, it is used the multiple linear regression analysis (Field, 2005) that has the following form: $Y_i=b_0 +b_1X_1 +b_2X_2 +.....b_nX_n +\varepsilon_i$.

One of the problems encounteredduring the use of regression analysis is multicollinearity. As a result, before starting the analysis it is necessary to assess multicollinearity between independent variables, which occurs when an independent variable has a strong correlation with a set other independent variables (Geralis&Terziovski, 2003).

Multicollinearity presence could lead to invalid conclusions on which of the independent variables is statistically significant (Lind et al. 2002). Below is shown correlation table built to asses' independent variables multicollinearity, which are not at worrying level to proceed further.

**Table 1:** Correlations factor between dependent and independent variables

| Dimensions | Responsibility | Reliability | Assurance | Tangibles | Empathy |
|---|---|---|---|---|---|
| Responsibility | 1 | | | | |
| Reliability | .609** | 1 | | | |
| Assurance | .662** | .642** | 1 | | |
| Tangibles | .388** | .410** | .407** | 1 | |
| Empathy | .647** | .681** | .641** | .448** | 1 |

*Source: Authors, 2015*

As stated previouslythe dependent variable is patient satisfaction on service care and independent variables are five dimensions of quality of services, therefore the form of the equation of multiple linear regressions is:

"*(Satisfaction of patients about the quality of service in public hospitals) = -0.746+ 0143 (responsibility) + 0153 (reliability) + 0.209 (assurance) + 0258 (tangibles) +0393 (empathy of medical staff)* $r^{2}$".

According to the table below the regression explains 71.1% of the variance values of satisfaction, which as at high level considering that the maximum value of the coefficient of determination ($R^2$) is 1 or 100%.

**Table 2:** Multiregression analysis results between patient satisfaction as dependent variables and independent ones

| Model | $R^2$ | $R^2$ adjusted | t | Sig |
|---|---|---|---|---|
| **Constant** | **.713** | **.711** | | |
| Responsibility | | | 4.251 | .000 |
| Reliability | | | 3.462 | .001 |
| Assurance | | | 4.660 | .000 |
| Tangibles | | | 8.403 | .000 |
| Empathy | | | 9.347 | .000 |

*Source: Authors, 2015*

## V. Concluding Remarks

As the respective literature suggests even in Albania there is a clear evidence that the overall patient satisfaction is closely linked with the dimension of responsibility, reliability, feeling of assurance, tangiblesand also sensibility. Moreover, from the survey results it is noted that all these dimensions influence patient's satisfaction, but the greatest impact is linked with the dimension of empathy as the coefficient β = 0.393 is higher comparing to all of other coefficients. Then the list is followed by the dimensions of equipment & technology where βcoefficient = 0258, followed by assurance, reliability and responsibility with βcoefficient = 0.153 and 0.143 respectively. From the analysis is also noted that independent variables are positive values meaning that if each of the independent variables (dimensions) units are increased by 1 unit, patient satisfaction is increased respectively at βi levels.

To conclude this study can be used for decision purposes that deals with the health services quality in public and private institutions to guarantee higher performance and to make patients feeling more satisfied and being only concerned only for health problems.

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