

Measurement of Quality in Jordanian Private and Public Hospitals from Patients Perspectives

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Abstract: This study aims to measure the factors that affect the quality in Jordanian Private and Public Hospitals, and to compare between the two sectors regarding adhered to quality dimension which include (Reliability, Responsiveness, Assurance, Empathy, Tangibles) from patient perspectives. The population study consist of all the patients admitted to private and public hospital in middle region which consist of four governorates (Amman, Zarka, Madaba, Salt.. The estimation numbers of these organization is around (40) Hospitals. simple random sampling technique was used to select respondents from the various Hospitals , (500) respondent was randomly selected from the study population from both private and public hospital . The total number of population that the questionnaires were administered was five hundred, of which four hundred and sixty two (462) was retrieved shaped .92% of total study population. The result of this study from patient perspectives shows that Private Hospital adhered to quality dimension which include (Reliability, Responsiveness, Assurance, Empathy, Tangibles) more the public Hospitals. So there is significant differences between the Patient in both Private Hospitals and Public Hospitals, These differences for the benefit of Private Hospitals, This may be logic because the private Hospitals have more capabilities and resources comparing with Public Hospitals, In addition to instructions and rules which consider the patient the most important element in the Private Hospital.

Keywords: Amman, Zarka, Madaba, Salt, Hospitals, (Reliability, (462)

I. INTRODUCTION

Quality health care is easily defined as doing the right thing (getting the health care services you need), at the right time (when you need it), in the right way (using the appropriate test or procedure), to achieve the best possible results. The Institute of Health Care Organizations also defined quality of health care as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Institute of Medicine (2001) A primary objective of Health Organizations is to provide the combination of health services that optimizes the Patient health; efforts to improve the quality of health services are key to reaching this goal. Mc Glynn EA (2001) So to improve the quality of health care, it is important to measure it. One must be able to pinpoint problematic areas and know their scope in order to design interventions, assess progress, and make plans for additional improvements. Measuring the quality of health care, however, is not an easy task,

Another challenge to measuring the quality of health care is the complexity of establishing accountability (i.e., which level of the health care system is responsible for achieving certain measurement goals, and what individuals within each level should be held accountable). McGlynn EA (1997). There are certain significant developments which have taken place in the health care systems in recent times regarding the quality of health services including the **followings:**

A-The establishment of corporate hospitals equipped with the latest facilities.

B-the advent of third-party payers (insurance companies, governments, companies, etc.); increasing awareness among patients.

C-availability of information through the internet, and higher expectations of patient care, and finally

D-the increasing litigations for unsatisfying results.

All these factors have resulted in a challenging profile for the health care industry - away from the traditional concept of a noble profession toward a health service industry. It's true that there must be an incentive for quality, providing higher quality care with supporting and reinforcing amenities improves the patient's perception of the care receiving.

II. STATEMENT OF THE PROBLEM

This study aims to answer the followings questions :

1-Is there any difference between Jordanian private Hospital and Public Hospital regarding applying Health quality standard?

2- Are the patients really satisfied from the health services quality in booth sectors?

Important of the study:

No one can deny that quality of health care services consider the most important element in Health Care Organizations , 'Quality' & 'Best Practice' can be considered in terms of being 'Fit for Purpose 'and achieving Health Care Organizations goals and objectives especially with the exits of strong competitions between Health Care Organizations . In additional to that quality play essential role in marketing the Health Care organizations and attracting the patient to select the best Health Care Organizations. So all Health Care Organizations try as much as possible to satisfy the patient's wants and needs according to best quality standard. This of course will increase patient satisfaction and reduce the cost for booth Health Care Organizations and patients , and also maximize the Health Care Organizations profit in the same time.

In additional to that The Health Care Organizations also will lose it is productivity when there is and deviation in applying health quality standards.

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III. OBJECTIVE OF THE STUDY

The Objectives of this study is to determined the extent of adhered to health quality standards by both Jordanian private and public hospitals, and also to determined the extent of patients satisfaction regarding these standards in both sectors , these standards include five standards as followings :

1-Reliability: This dimension deals with the ability to perform the promised Service dependably and accurately by the organization.

2-Responsiveness: This dimension focuses on the willingness to help customers and provide prompt service

3-Assurance: This dimension explains how knowledge and courtesy of employees and their ability to inspire trust and confidence.

4-Empathy: This dimension mean the ability to be approachable, empathy is, at its simplest, awareness of the feelings and emotions of patients.

5-Tangibles: This dimension consist of physical facilities, equipment, and appearance of personnel of an organization

Hypothesis of the study:

There are statistical significant difference between Jordanian public and private hospital regarding adhered to quality standard (Reliability, Responsiveness, Assurance, Empathy, Tangibles) , (significant level $\leq 5\%$).

IV. REVIEW OF LITERATURE

Quality of care can theoretically be measured by outcomes (a healthcare outcome is the change in the health status of the patient that is a direct result of care provided) or process (what providers do to and for patients. Underlying nearly every identified problem in the hospital setting is the problem of reliable process. In evaluating highly reliable organizations, five principles have been found to be universal. They are command and control, risk appreciation, a specific quality component of the industry, metrics driving management, and reward. Bigley(2001). Individuals in hospitals, as in many other organizations, find it hard to believe that “change is the only constant.”Cohen(1995), But other industries have gone further than healthcare in recognizing that “individuals and organizations that are good react quickly to change. Individuals and organizations that are great create change.”South(1999).

The process of achieving consistently high quality of care in a reliable way consists of “doing the right thing right.”To do the right thing requires that physicians, nurses, and all healthcare providers make the right decisions about appropriateness of services and care for each patient (high-quality decision making), and to do it right requires skill, judgment, and timeliness of execution (high-quality performance). Palmer 1999). Quality is an important component in several areas: from the basic business model of healthcare and the financial impact on the industry (practitioners, facilities, and customers) to the public opinion driving decisions for treatment plans and treatment locations. For the industry to adopt changes, institutions must realize a financial return on investment in a reasonable time frame, using a reasonable rate of discounting. This may be realized as bankable dollars’(profit), a reduction in losses for a given program or population, or avoided costs. In

addition, a business case may exist if the investing entity believes that a positive indirect effect on organizational function and sustainability will accrue within a reasonable time frame.”Leatherman (2003) Healthcare has had a difficult time demonstrating the business case for quality because of the complexity of care and difficulty in capturing the real fixed and variable costs of caring for patients. Other industries have long accepted the heory first described by Deming that improvement in quality leads directly to a decrease in cost. Better quality results in less rework, fewer mistakes and delays, and a better use of time. Productivity improves as a result. By improving quality,

The industry captures the market with better quality and lower price, is able to innovate in the business and clinical practice of medicine, and so can provide more jobs. Deming (1994). payment system influence quality? How does the performance compare with that of other countries with similar circumstances? The purpose of this stage of the process is not to overanalyze the health system in a country, but rather simply to obtain a general description of health-system performance. Those who wish to investigate further the current performance of their health system may wish to use a set of both process and outcome measures that are designed to compare the quality of various health systems. Kelley E (2006).

In literature, there are various definitions of service quality in general and the healthcare service quality in particular. Zeithaml (1988) defined service quality as the evaluation of the customer on the results of the service provided to them. According to Parasuraman et al. (1985, 1988), consumers evaluate service quality by comparing their expectation of service to be received with their perceptions of actually received service. However, it has been suggested in literature that service quality may be more accurately assessed by measuring only consumer perceptions of service quality .Ladhari, (2008). Many public hospitals, instead of paying attention to providing good services, now pay more attention to maintaining targeted revenues through various ways such as earning money from outpatients and unnecessary services. Minh Hung(2011). service quality in the healthcare system in general and in the public hospitals particularly have still received much concern from the society and pressingly requires for improving patients” satisfaction. Phung and Tran (2012).

Service quality is evaluated through patients” perceptions. Our qualitative findings, similar to those from the study by Choi et al. (2005) in the context of Korean healthcare system, suggest that in the public hospitals environment Vietnamese patients are mainly concerned with how the medical services are provided. Specifically, three main dimensions of service quality have emerged including tangibles, accessibility to healthcare services”, and „attitude and medical ethics“. These dimensions are discussed subsequently.

In marketing, consumer satisfaction is very important that can bring about better firm performance. The construct of consumer satisfaction refers to consumers” fulfillment response or emotional feelings about a specific consumption experience. Oliver (1997).

It has been noted that while perceived service quality is a cognitive construct, consumer satisfaction is an affective one, and this suggests a causal relationship between these two constructs, in which service quality plays the role of an antecedent of consumer satisfaction (Choi et al., 2005).

The impact of service quality perceptions on consumer satisfaction has been extensively investigated in literature. In healthcare sector, empirical evidence has also been found to support the perceived service quality – patient satisfaction relationship. Patient satisfaction has emerged as an increasingly important health outcome. Satisfaction is believed to be an attitudinal response to value judgments that patients make about their clinical encounter. Kane et al (1997). Satisfaction is either implicitly or explicitly defined as an evaluation based on the fulfillment of expectations. Williams(1995). Patient satisfaction regarding health care is a multidimensional concept that now becomes a very crucial health care outcome. A meta-analysis of satisfaction with medical care revealed the following aspects for patient satisfaction and overall performance of an organization: overall quality, trust, reputation, continuity, competence, information, organization, facilities, attention to psychosocial problems, humaneness and outcome of care. Hall & Dorman(1988). All of these factors have high influence on service quality of health care organizations and at the same time can influence the satisfaction level. Due to technological advancement in the recent years, health care service provider's practices have also changed dramatically. Health care system is now a challenge for every government, state, political parties and insurance agencies due to high competition in field. The health care system that was dominated by nonprofit/public hospitals is now provided increasingly by private sector. This competition results in satisfying patient through improvement in service quality dimensions, building trust and getting positive reputation. Some questions were raised while achieving these valuable goals in health care organizations, need to be addressed. For example, who want to improve health care service quality? Who is changing and innovating new techniques? Who is functionally and technically well sound? Whose organizational atmosphere is frankly and friendly? Is Feedback, communication, interaction and trust which is the most important factor are incorporated in organization? The organizations who emphasizes and respond to above questions lead the organization towards positive reputation in the society. Rubin(1990). Another factor that can lead a patient to satisfaction is trust. Trust is especially important in health care service organizations. Many definitions of trust have been proposed, however a core concept is that trust is the acceptance of a vulnerable situation in which the truster's believes that the trustee will act in the truster's best interests. Trust is the basic and fundamental aspect to measure, physician attributes identified by patients as engendering trust may be grouped into domains of technical competency, interpersonal competency, and agency (also called fidelity, loyalty, or fiduciary duty).

Thom (2004). Organizations with high reputation maintain long life and have more customer/patients due to

high satisfaction level based on credibility, quality and service. Strong relationship can be found between reputation and customer/patient satisfaction from practical as well as from theoretical point of view. Rogerson(1983). The idea of satisfaction is similar to the themes such as happiness, contentment and good quality of life. Satisfaction is not the phenomenon waiting to be measured by people but is a judgment of people from over a period of time as they reflect from their experience. Irish society for quality and safety in health care (2003).

Quality of work includes investigation that map out the patient satisfaction with several factors .Johansson (2002), Patient satisfaction is used as performance of measurement by different hospitals, principally on instrumental grounds such as adhering to treatment, recommendations and maintaining continuity of care .Thom (2004). Customer reaches the organization and benefit at the same time through services. Service can be defined in many ways depending on which area the term is being used.

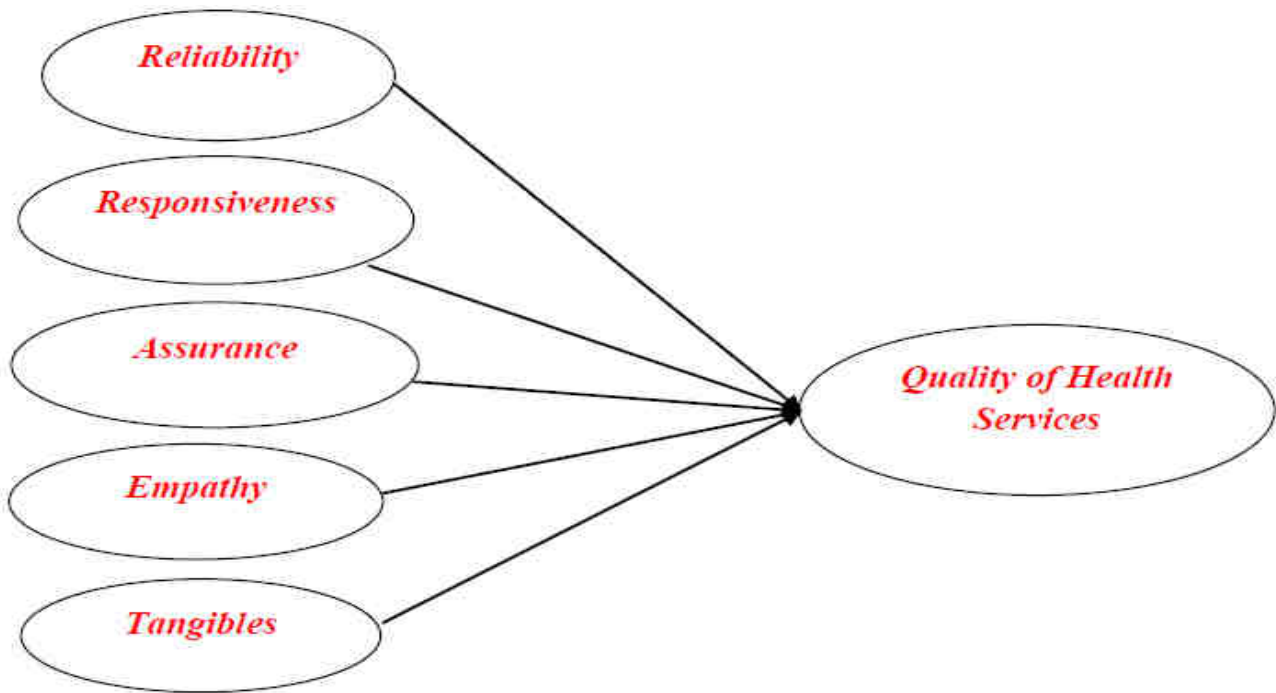
Kotler & Keller (2009) defines service as “any intangible act or performance that one party offers to another that does not result in the ownership of anything”. Service can also be defined as an intangible offer by one party to another with mutual consideration for pleasure. Consumers mostly attracted towards a service by focusing on quality .Solomon(2009). Another definition of quality is the total features and characteristics of a product or services that bear on its ability to satisfy stated or implied needs. Kotler et al (2002). According to Mayer et al, (1995) trust is when one party willingly puts itself vulnerable to the other party and first one expect that the other party will do better in his favor, irrespective of the ability to monitor or control the other party. Trust creates the environment in which patient disclosures and cooperates in treatment, making easier to adjust unhealthy behavior as well as minimize the chance of complaints, disputes and lawsuits. Trust and openness of communication not only increases the human sensibilities of both patient and doctors, however increases the quality of interactions as well. For important personal relationship trust is the investment for the continuing possibilities of human learning and growth. Mechanic (1998).

V. METHODOLOGY OF THE STUDY

The methodology of this study consists of the followings:

A- Study Model:

The study model was built according to literatures and previous studies, The model consist of quality dimensions which include (Reliability, Responsiveness, Assurance, Empathy, Tangibles) and it is effect on quality of health services according to the following model:



B- Population of study:

The population study consist of all the patients admitted to private and public hospital in middle region which consist of four governorates (Amman, Zarka, Madaba, Salt. The estimation numbers of these organization is around (40) Hospitals.

C-Sample of the study:

The simple random sampling technique was used to select respondents from the various Hospitals , (500) respondent was randomly selected from the study population from both private and public hospital .

The total number of population that the questionnaires were administered was five hundred, of which four hundred and sixty two (462) was retrieved shaped .92% of total study population, Table (1) below overview of respondents characteristics.

Table (1) below overview of respondent’s characteristics.

Detail	Frequency	Percentage (%)
Gender		
Male	253	55
Female	209	45
Total	462	100
18 - 28	41	9
29 - 39	112	24
40 - 45	211	46
50 - 69	98	21
Total	462	100
Educational Background:		
Secondary school	106	23
Diploma	127	27
Higher education	142	31
Other	87	19
Total	462	100
Work Experience		
Below 5 Years	175	38
5 – 10 Years	161	35
11 – 15 Years	74	16
15 and Above	52	11
Total	462	100

D-Study instrument:

Questionnaire was designed to collect data for this study, it contain personal characteristics of the respondent and group of Questions related to the hypothesis, Likert measurement was used to evaluate the respondent Questionnaire.

E-Validity and Reliability of study :

Validity: There is positive respondent from concerned qualified persons regarding the Questionnaire components.

Reliability: Reliability was tested through cronbach test alpha, the value test was 82%.

F-Data analysis: (SPSS) was used to analyze data and test the four mentioned hypothesis.

Test Hypothesis: There are statistical significant difference between Jordanian public and private hospital regarding adhered to quality dimensions (Reliability, Responsiveness, Assurance, Empathy, Tangibles) , (significant level ≤5%).

Table(2) means and standard deviations for quality dimensions

Dimension	Means (private Hospital)	standard deviations (private Hospital)	Means (Public Hospital)	standard deviations (Public Hospital)	T- Test (significant level ≤5%)
Reliability	4.31	.78	3.13	.58	.002
Responsiveness	4.53	.82	3.21	.61	.001
Assurance	4.71	.56	3.32	.71	.000
Empathy	4.82	.62	3.11	.59	.001
Tangibles	4.41	.71	3.52	.64	.003
Total dimensions	4.56	.56	3.3	.53	.000

Table (2) describe the means and standard deviation and the independent T-test for the five dimensions of the quality of health services in both private and public hospitals. For that Independent Sample T- test was used to test the significant of the above health care quality dimensions.

The result of the first dimension Reliability refers that there is significant differences between reliability in private

hospital and public hospital at significant level ($\leq 0.05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The reliability mean for private hospitals was (4.31 out of 5) comparing with the reliability mean of public hospitals which was (3.13 out of 5) according to likert scale. The result of the second dimension Responsiveness refers that there is significant differences between Responsiveness in private hospital and public hospital at significant level ($\leq 0.05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Responsiveness mean for private hospitals was (4.53 out of 5) comparing with the Responsiveness mean of public hospitals which was (3.21 out of 5) according to likert scale.

The result of the third dimension Assurance refers that there is significant differences between Assurance in private hospital and public hospital at significant level ($\leq 0.05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Assurance mean for private hospitals was (4.71 out of 5) comparing with the Assurance mean of public hospitals which was (3.32 out of 5) according to likert scale.

The result of the fourth dimension Empathy refers that there is significant differences between Empathy in private hospital and public hospital at significant level ($\leq 0.05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Empathy mean for private hospitals was (4.82 out of 5) comparing with the Empathy mean of public hospitals which was (3.11 out of 5) according to likert scale. The result of the fifth dimension Tangibles refers that there is significant differences between Tangibles in private hospital and public hospital at significant level, ($\leq 0.05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The Tangibles mean for private hospitals was (4.41 out of 5) comparing with the Tangibles mean of public hospitals which was (3.52 out of 5) according to likert scale. Finally the result of the total quality dimension which include (Reliability, Responsiveness, Assurance, Empathy, Tangibles) refers that there is significant differences between the total quality dimension in private hospital and public hospital at significant level, ($\leq 0.05\%$), The independent T- test value was(.000),These differences for the benefit of private hospital comparing with public hospital. The total quality dimension mean for private hospitals was (4.56 out of 5) comparing with the total quality dimension mean of public hospitals which was (3.00 out of 5) according to likert scale.

VI. CONCUSSION

Quality is main important element factor in Health Care Organizations, This study show that the health care quality in Public Hospital was low comparing with the Hospital in Private Sector in all quality dimensions which consist of (Reliability, Responsiveness, Assurance, Empathy, Tangibles),So it is very important for public Hospital to improve all the quality dimension in their Hospitals to

increase the patients satisfaction in the public Hospitals and to increase the patient perspectives regarding the quality in this sector. Private Hospital should be also continued in developing quality to maintain or increase the patient satisfaction level in this sector.

RECOMMENDATIONS

We strongly recommended The Hospital administration in public Hospital should enhance the quality through quality committee to improve the quality dimension which consist of (Reliability, Responsiveness, Assurance, and Empathy, Tangibles) to increase patient satisfaction and strength the competition abilities for public Hospitals. Also we strongly recommended The Hospital administration in private Hospital to continue in developing and improvement of quality dimensions in this sector which consist of (Reliability, Responsiveness, Assurance, and Empathy, Tangibles) to increase patient satisfaction and strength the competition abilities for public Hospitals, This of course will enhance the competition position of private Hospitals, In addition to increase the loyalty and satisfaction of private sectors patients.

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