

Check the Quality of Primary Health Care Services Provided at the Health Centers Covered by the Health Centers in Baharestan City-2015

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Abstract: This study aimed to evaluate the quality of health services in health centers based on the perception and expectations of the Baharestan City service users and informing policymakers of the strengths and weaknesses of the quality of primary health care services from the consumers' point of view is the starting point to improve the quality of services. This study is cross-sectional in 2015 on 500 people between consumers' health centers, City Health Center of Baharestan City were selected by random sampling. Data were collected using a questionnaire developed by SERVQUAL means that the quality gap in five services was not measured. The data using SPSS software and statistical methods were analyzed. Overall, there are five dimensions of service quality and gap (beyond expectations, perceptions), respectively. In sum, based on scores from the difference between the perceptions and expectations (the quality gap) observed that 24.65% of respondents considered their service offerings than expected, 31.26% of the quality of services in health centers considered their expectations and 44.09% of the quality of services in health centers was their lower than expected. The results showed that after service reliability (ability to provide correct and timely service) is the most important issue facing the Baharestan City. Expectations of service users in relation to this aspect of service are high. The next meeting of the point of view of consumers' confidence in service to factors such as health services at the first referral, correct maintenance and accurate records and files and service delivery at the appointed time and commitment depends. Tool Service Quality (SERVQUAL) can serve health centers in important dimensions and areas in need of reform help the recipients of services.

Key words: Quality of service, understanding, expectations, health services, Baharestan City

INTRODUCTION

In the competitive environment in which organizations compete with each other to attract customers, customer satisfaction is a key element in business excellence and a key factor for the success of the organization because it profitability and customer loyalty to the organization. The concept of quality is complex and has many dimensions and is difficult to define it according to implied criticism (Sharma and Gadenne, 2001). The definitions and different perspectives on quality, customer centric product and service definition are useful. Compare what the customer feels that the service quality should be) expectations (with what is received) are perceptions. If expectations are too perceptions from the perspective of customer satisfaction and service quality received less follow him. Measure and

manage the quality of service is critical for health care organizations. Providing sufficient information on the content of the customer's perception of service quality, organizations can identify the dimensions that affect the organization's competitive advantage, help and the other hand to prevent the waste of resources. One of the sub-sectors of the services sector health services among different types of services is an important issue. The main purpose service centers provide satisfactory service, cost-effective, in accordance with scientific standards and a good way and in the shortest time possible. One of the factors affects the success of the organization's quality. It provides quality services leads to increased productivity and customer satisfaction and reduces the costs. The entire world is a customer-oriented strategy. (Sahney *et al.*, 2006) Quality of service is the biggest problem facing the organization. Providing

sufficient information about the content of the customer's perception of service quality can be stacked in identifying the dimensions that affect the competitive advantage of their condition.

Measure and manage the quality of service is critical for health care organizations. Providing sufficient information on the content of the customer's perception of service quality can help organizations identify areas and measures which affect the organization's competitive advantage, help and the other hand to prevent the waste of resources (Lim and Tang, 2000). The subdivision of providing-health care, health centers have a special place why, these departments communicate with vast live importantly, the health and care of the life of society on the important mission of this section. Unfortunately, despite the great importance that health care is provided by this study in a manner that there is a lot of dissatisfaction with society because the services sector is important, very small errors, large losses and compensation management followed. Customer perception of service quality, the health sector has a key role in shaping the market (Mohammadi and Shoghli, 2009) and the existence of reliable information about the perceptions and expectations of the customer, this study leaves an indelible mark on improving the quality of services (Anderson and Zwelling, 2006).

A measure of effectiveness of the healthcare organization is a high level of consumer satisfaction with the service provided. The level of customer satisfaction pleasant reaction product features and services by the organization provided. After speaking, customer satisfaction, an important criterion in determining the quality of services provided and is a source of competitive advantage. SERVQUAL as a technique for measuring the quality of service is one of the most versatile tools and can be a challenging problems in the field offices and provide services to help them develop quality performance. Servqual is a customer models, trying to measure service quality. Through analysis of the gap between expectations and perceptions SERVQUAL was developed by Parasuraman, Zeithaml (Gholami *et al.*, 2011). The model "gap analysis" is also known. Servqual is a standard component that is used to measure people's expectations and perceptions about the quality of public services can be used. Expectations suggest that serves as a standard reference to the term "customer opinions on the service provider's performance are what it should be". And to the perception that the customer how to evaluate the service received from another perspective. Excellent customer perceived quality as a judge of a superior nature or defined which contains a structural

aspect or objective and subjective quality of a thing or occurrence is different and reflects the attitudes related to satisfaction. In this model, perceived quality is equal to minus expectations. The difference between customer expectations and perceptions of service quality to the quality of services means that service can be defined (Tabibi *et al.*, 2009).

MATERIALS AND METHODS

This study is a cross-sectional study was conducted in the first quarter 2015. The study population consisted of all women referred to health-therapy centers-in the first quarter of 2015 to health-therapy centers of Baharestan City visited the during the quarter, a questionnaire was distributed among them only 500 miles to meet, respectively. To collect data, a questionnaire quality of service (servqual) was used. The questionnaire consists of two parts. The first part is related to individual characteristics and demographic recipient of the service (moral values was observed in the preservation of personal data) the second part contains questions about their perceptions and expectations of service quality is the quality of services as below measures. Questionnaire SERVQUAL has 22 pairs of statements or questions that half the evaluation of quality of service (ideal situation) and subsequent 22 items matched the other to measure the perceptions of the current level of services provided by the health-therapy centers Baharestan City (status quo). After a review of studies and research library for the same was the first native Servqual questionnaire validity and reliability using Alpha 0.96 Cronbach was confirmed by a number of professors and experts. SPSS 18.0 software for data analysis and descriptive analysis (mean±SD) and Wilcoxon tests were used for analysis.

RESULTS AND DISCUSSION

The findings ave been presented in two parts: descriptive and inferential.

Descriptive findings

Distribution of respondents by marital status: As Fig. 1 the marital status of respondents also measured in nominal scale and located on 2 floors. About 64.40 and 35.60%, equivalent to married more respondents are single (Table 1).

Distribution of respondents by age: According to Table 2 can be seen that the largest number of respondents (42%) aged between 40 and 50 year and the lowest number with 14.2% aged <30 year (Fig. 2).

Table 1: Distribution of respondent's frequency according to marital status

Status	Frequencies	Percentage
Single	178	35.60
Married	322	64.40
Total	500	100.00

Table 2: Distribution of respondents by age

Age (years)	Frequencies	Percentage
<30	71	14.2
30-40	107	21.4
40-50	210	42.0
>50	112	22.4
Total	500	100.0

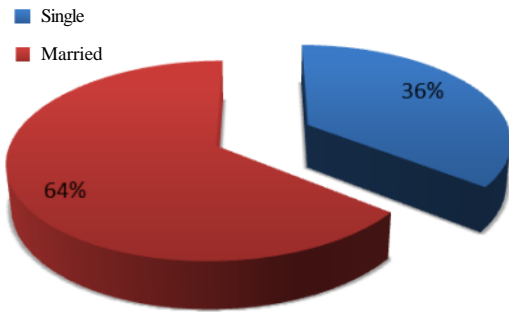


Fig. 1: Respondents rate according to marital status

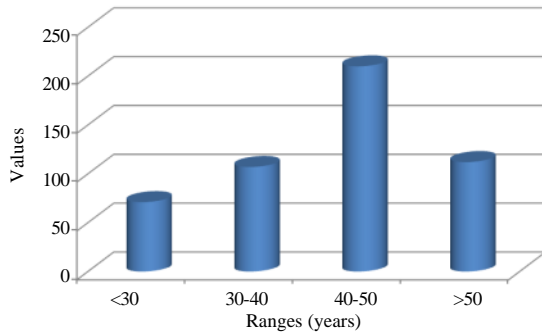


Fig. 2: Frequency distribution of respondents by age

Distribution of respondents according to education: According to Table 3 can be seen that the largest number of respondents, with 34% of high school graduates and postgraduates are the lowest with 2.8% (Fig. 3).

The inferential findings: Scores expectations, perceptions and gaps in the quality of health care provided in health centers in the parliament in Table 4 are shown. Accordingly, expectations of clients in all aspects of their perceptions were higher. The highest average score in the expectations related to the reliability and the lowest score was related to the dimensions of accountability. The perceptions are the highest score on the reliability and the lowest scores on the empathy. After calculating the difference between

Table 3: Distribution of respondents according to education

Age (years)	Frequencies	Percentage
Under diploma	1551	30.20
Diploma	173	34.00
Associate	110	22.00
BS	52	10.40
MA	14	2.80
Total	500	100.00

Table 4: Average scores expectations, perceptions and quality of health care gap in medical centers Baharestan City

Dimension	Average score			Wilcoxon test results (Z-value)
	Perception	Expectation	Gap	
Tangibility	4.325	4.895	-0.254	-15.25
Reliability	4.120	4.789	-0.325	-16.25
Accountability	4.250	4.985	-0.125	-15.54
Assurance	4.650	4.922	-0.287	-14.26
Empathy	4.547	4.783	-0.358	-15.32
Overall quality	4.250	4.871	-0.247	-14.25

Table 5: Percentage of expected health centers Baharestan

The expected size	More than expected	As expected	Less than expected
Tangibility	12.50	19.25	68.25
Reliability	23.25	17.29	60.46
Accountability	14.65	25.32	59.30
Assurance	17.65	18.65	63.70
Empathy	21.25	17.67	61.08
Overall quality	24.65	31.26	44.09

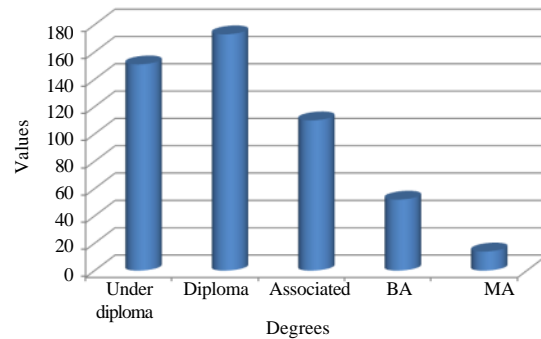


Fig. 3: Distribution of respondent's frequency according to education

the average scores of expectations and perceptions, there was a gap in all aspects of quality. The highest average score negative gap of empathy and the lowest since reliability (Table 4).

In sum, based on scores from the difference between the perceptions and expectations (The quality gap) observed that 24.65% of respondents considered their service offerings than expected, 31.26% of the quality of services in health centers considered their expectations and 44.09% of the quality of services in health centers was their lower than expected (Table 5).

There was a quality gap in the study of individual phrases that include "feedback to staff on issues and

Table 6: Average scores expectations, perceptions and gaps in each of the items in the quality of health services

Dimension	Items	Average score		
		Perception	Expectation	Gap
Tangibility	The physical environment is attractive and signs good	4.200	4.952	-0.752
	Clean and uncluttered appearance doctors and staff	4.100	4.621	-0.521
	Appropriate and up to date facilities and equipment	4.130	4.896	-0.766
Reliability	Appropriate and up to date facilities and equipment	4.370	4.899	-0.529
	Comfortable and clean waiting room	4.152	4.783	-0.631
	Comfortable and clean waiting room	3.870	4.456	-0.586
	Professional and competent physicians and staff	4.410	4.741	-0.331
Accountability	Provides detailed information about the process and the provision of services to clients by staff	4.110	4.695	-0.585
	Creating trust and confidence	-	-	-
	In the treatment of patients by staff and physicians	4.100	4.850	-0.750
	The desire to help patients by staff	4.120	4.960	-0.840
	Short waiting period for service	4.350	4.790	-0.440
Assurance	Provide guidance required by the receptionist	4.400	4.710	-0.310
	Modest and friendly staff and doctors deal with patients	4.270	4.670	-0.400
	Adequate knowledge and expertise of doctors in the treatment of patients	4.320	4.691	-0.641
	Treated with respect and observance of human affairs with clients	4.350	4.796	-0.446
	Respect for patient privacy by physicians and staff	4.610	4.789	-0.179
Empathy	The perfect answer to the questions referred staff	4.240	4.840	-0.600
	Staff attention to the ideas and opinions of patients	3.850	4.400	-0.620
	Feedback to employees about issues and outcomes of patients	3.320	4.672	-1.352
	The availability of services during office hours	4.350	4.831	-0.481
	Enthusiastic staff and physicians to patients	4.290	4.820	-0.530
	We understand and respect the special needs of patients by staff	4.280	44.920	-0.640

outcomes of patients” from empathy, it most and “provide guidance required by the receptionist” of the response, it has the lowest average gap their quality (Table 6).

CONCLUSION

The research in the quality of health services related to measurement, there was a quality gap in all dimensions of service quality average scores had higher expectations than the average scores of perceptions. Negative gap indicates that the expectations of clients beyond their perceptions of the situation and far to the satisfaction of the people to health centers and achieve optimal situation. The gap between the perceptions and expectations of the quality of health services more shows less attention has been paid to this dimension of service quality and this requires that planning is more focused on aspects and the largest gap exists in them due to the lack of resources and equipment, identification of customer expectations and perceptions help managers to modify organizational processes, increase service quality.

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