The Customer Expectations of Service Provided in a Banpaew Hospital Samutsakorn

Chanpen Meenakorn

Abstract— This research aimed to examine the relationships between customer expectations and service quality management of Banpaew Hospital Samutsakorn in Thailand. The study sample consisted of 360 customer in patient unit. Data were collected using self-administered questionnaire. Descriptive statistics used were percentage, mean, and standard deviation. The analytical statistics comprised Pearson's product moment correlation coefficient analysis. The result showed that service quality of nurses was very good with sustainable development trend. Physical evidence was at a high level and the process and personal were rated in a high level. Additional the study suggested that head nurse should be encouraged to improve service quality management, management training. Nurse administrators should create an appropriate nursing department climate, and provide necessary resources in the department. In addition, the nurse administrators should continuously follow up the results of customer expectations and focus on patients/customers, process management, information and knowledge management, and evaluation of service quality also.

Keywords— Banpaew Hospital, customer expectations, service provided, Samutsakorn

I. Introduction

IN Thailand government has spent more on healthcare than on education and defense combined, while the average Thailand family has spent about 10% of their yearly budget on healthcare. "As the American healthcare crisis has grown, hospitals have come to assume even greater importance, for they arc major contributors -- if not the major contributor — to health cost inflation". Efforts initiated over the past decade to control costs of hospitalization have been fruitless. In 1990, hospitals garnered 38% of national health expenditures (twice as much as doctors) and collectively earned a profit of $7 billion. In 1990, the expenditure on healthcare in Thailand totaled S666 Bath. Thirty-three percent of the funding for this expenditure came from private health insurance; 20% from the consumer; 17% from Medicare (federally funded); 14% from federal and state programs; 11% from Medicaid (federal and state funding); and 5% from private funding.[1] The total Thailand healthcare budget was spent in the following areas: 5% was spent on administrative expenses in private insurance companies; 7% was spent for such areas as public health spending, medical research and construction; 8% on nursing homes; 19% on physicians; and 23% on other personal healthcare which included dental and other professional services, prescription drugs, and in-home healthcare services. The largest percentage, 38%, was paid to hospitals. From 1965 to 1985, a hospital-industry "golden age" ensued. In 1986, the federal government initiated a "reality check" throughout the hospital industry by introducing Medicare reform that moved from cost-plus reimbursement to prospective payment for a catalog which lists 477 specific treatments and the set rate of reimbursement for each ailment. Medicare's fixed-fee payment (D R G s) impacted hospitals in two ways. First, hospitals were no longer eager to admit Medicare patients, and second, once admitted, Medicare patients stayed a shorter period of time. Subsequently, two classes of patients emerged: the "right" kind of patient, i.e., the patient who had private health insurance and is not very sick, and the "wrong" kind of patient, or the patient who had inadequate coverage, is poor, frail, and sick. If hospitals deliver a service then the more service they deliver, the more money they make. Statistics show that every 24 hours American consumers spend more than a billion dollars on healthcare. To attract the well-insured population, hospitals also provide amenities, including cable TV, private rooms and baths, and Gourdet menus. Hospitals have also become very concerned with projecting an image that will attract an affluent clientele.[2] The hospitals spent a record S687 million on advertising and another S853 million on other marketing projects — this figure was up 15% from the previous year., in his 7-year qualitative study of hospitals, Marketplace Medicine, recounts talc's of numerous hospitals that (besides attracting new patients through various media to promote new revenues) have generated a repertoire of tactics aimed at the medically indigent to keep hospital expenses to a minimum. These tactics include sending patients who are uninsured or partially insured home early and "dump ping" poor patients onto publicly owned hospitals. As the nation begins to grapple with the m any problems facing the healthcare system, for customer in patient unit in Banpaew Hospital Samutsakorn, this study addressed.[3]

II. Literature Review

A. Customer Expectations

Service failure is a service enactment that does not meet a customer's expectations. Customer expectations are a fundamental feature of consumer behavior and underpin the

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disconfirmation paradigms used in both the customer satisfaction and service quality literature.

The customer satisfaction literature uses predicted expectations as the comparator and describes expectations as "predictions made by customers about what is likely to happen during an impending transaction or exchange".[6] By comparing predictive expectations with the customer's perceived performance of the service, the customer forms evaluations of satisfaction. Because expectations are the reference point for evaluating service performance, they can influence or bias the customer's post failure evaluations and responses.

The service failure literature tests the role of expectations on post failure responses and, more commonly, on service recovery evaluations. Consumers perceive service fail when the service performance fails to meet their expectations. Customers with high expectations of the firm's service are more tolerant of service failures. This buffering effect is noted in other works where quality of past performance, a firm's reputation, and relationship-based customers have a greater tolerance to service failure helping to protect the firm from the negative impact of service-failure incidents. Based on these findings, this research predicts high service expectations to have a protective influence on customers' negative responses post service failure and proposes the following.[4]

Service Attribution

Attribution of blame is a process documented in the consumer behavior literature since the mid-1980s and robustly tested in the marketing literature since that time. Attribution theory deals with explanation as to why a particular event or outcome has come about (causality), and the consequent behaviors associated with this phenomenon. Attributions occur after consumption when the outcome of a product or service performance is known and usually in situations where there is resultant dissatisfaction following a service/product outcome failure. In the context of consumer behavior, following a service failure, if the consumer does not perceive the failure as too trivial, the customer typically undertakes attribution search. The result of this process impacts on the various post failure responses exhibited by the consumer. The paper describes the phenomena of attribution as having three properties, which are of relevance to consumer behavior: stability, locus of control, and controllability. First, stability is related to a customer assessing a service failure and identifying whether the cause of the failure is attributable to something that is likely to continue over time (a stable cause) or to something that is more temporary (an unstable cause). If the customer attributes a stable cause to the failure, they will view the service failure as typical of the service performance of the firm and anticipate this same outcome to be durable and to recur into the future. If alternatively, the customer assesses the cause to be temporary (unstable), the customer will view the failure as a one-off incident and anticipate future services to be different from the service failure they have just received. Customers will have increased levels of dissatisfaction and increased likelihood of avoidance and switching behaviors following a service failure, if they perceive the failure to be stable and be characteristic of the firm and likely to happen again. Second, the characteristic of the locus of control (causal) of attribution is offered. In this instance, the customer assesses whether the cause was external to them, was self-ascribed, or was unknown. The customer can attribute causality of the service failure to either the organization; something unknown or outside the control of the firm; or partly to himself or herself. Customers who perceive the cause of the service failure to be external to themselves demonstrate increased levels of negative post failure responses compared to when they felt partly responsible or if the cause is unknown.

In essence, if they feel themselves to be partly to blame they will share some of the ownership of the cause of the failure. The third and final characteristic of attribution search is the assessment of controllability. This characteristic is the focus of this research. The customer evaluates whether the cause of the failure was uncontrollable or controllable by the service provider. They assign blame and a measure of whether they thought the provider was responsible and could control the event and the outcome. The describes the perception of controllability as "the very heart of social behavior" because it implies concepts such as moral judgments, personal responsibilities, and includes the outcome emotions such as anger and moral outrage. Controllability as an attribution can therefore produce highly negative responses by the customer, if the customer feels the firm had control over the service failure but did nothing to prevent its occurrence. Research demonstrates increased negative postfailure responses such as increased overall dissatisfaction levels, anger and revenge, negative word-of-mouth, and switching behaviors associates with attribution controllability. Conversely, for events and practices the that the consumer perceives to be out of the control of the firm, the provider and the contact person, the consumer is more forgiving and has a lesser reaction to the failure with the zone of tolerance being higher. Interestingly, when consumers hold the organization at a higher standard than the contact personal they may empathize with the employee as victims of a system and feel they had no control to prevent the event. This is often seen when the consumers believe the contact person is under resourced by the firm. Moreover, in on other occasions in a hospital setting the patients blame the funding body such as the government for service failure events rather than the hospital and staff, if their perception is the hospital and system are underfunded and under resourced. These notions have been under researched in current research and this research will advance our knowledge in this area.[5]

III. Methodology

Sample

The process of this research the sample for each phase consisted of adults who were receiving in-patient healthcare services at a Connecticut hospital. Hospital in-patients were chosen as subjects 360 customer in patient unit in Banpaew Hospital Samutsakorn were asked to complete instruments concerning their present hospital stay during their hospital stay.

This method was employed to decrease as much as possible the subjects.

Data Collection

Subjects who participated in the study with the intention of completing the instrument themselves were required to have the skills to read and to write Thai language. Subjects who were critically ill and/or elderly and wished to participate but needed assistance with the logistics of answering the survey were provided with the option of a non-biascd volunteer to assist them in completing the instrument.

Data Analysis

In the Primary study descriptive statistics (frequencies and correlations) were run for all of the variables in the study. A factor analysis and Cronbach's alpha reliability were run with the data from the Primary study on the Perceptions of Quality Hospital service instrument. These analyses provided the answer to research question.[6]

The research conceptual framework is shown in Fig. 1.

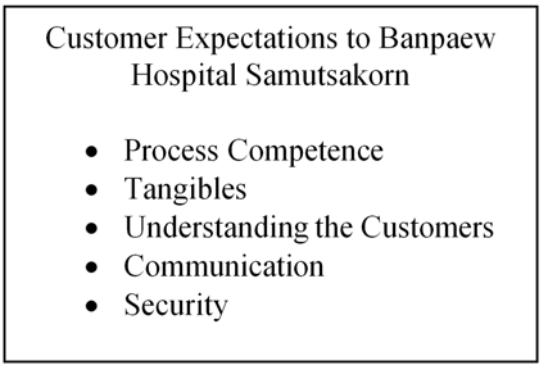

Fig. 1 Research Conceptual Framework

IV. Findings

As outlined in 79 participants (54%) were females and 61 participants (43%) were males. Subjects ranged in age from 22 years to 92 years with an average age of 56 years (SD = 17.93). Years of education ranged from 4 to 23 years with an average of 13 years of education (SD = 3.09). About 131 (92%) of all of the subjects in the study reported having health insurance while 9 (6%) reported having no health insurance. Of those subjects who reported having health insurance, 80 (58%) reported that their health insurance would pay for all of their hospital bills; 52 (36%) reported that their health insurance would pay for part of their hospital bills and 8 (6%) reported that their health insurance would pay for none of their hospital bills. Finally, subjects reported their employment status as follows: 56 (42%) were retired, 37 (28%) were employed, 10 (8%) were part-time, 19 (13%) were unemployed, and 12 (8%) were disabled or on workers' compensation.

Table I
Perception of Quality Hospital Service

Names of Items	Loading	Internal Reliability
Nurses provide Appropriate Answer	.80	r = .90
Nurses Listen Carefully	.78	
Deal With pain and Anxiety	.73	
Receive Prompt Service	.70	
Provide Proper Environment	.70	
Carry Out Doctors' order	.70	
Nurses Treat Me With Respect	.65	
Specialized Care	.63	
Encourage Me	.63	
Doctors Listen carefully	.62	
Doctors Provide Appropriate Answer	.60	
Doctors Treat Me With Respect	.55	
Feel safe	.54	
Convenient Visiting Hours	.44	

In order to answer a customer expectations factor analysis with an oblique rotation along with Cronbach's alpha reliability were run. The factor analysis revealed customer expectations structure whereby 2 of the items, item 1 and item 12, loading at .34 and .37 respectively, did not make the .50 cut-off point. In factor analysis, items that cannot account for at least 17% of the variance arc not considered to be meaningful loadings". Because items 2 and 10 do not share a substantial am ount of the variance with the factor being measured, they have been deemed not meaningful in the scheme of factor analysis and arc removed. Next, Cronbach's alpha reliability was run on the 7 remaining items and revealed an alpha internal consistency reliability of .90. Based on this analysis, the Perceptions of customer expectations is a 14-item instrument with a one-factor structure whereby all 10 items have adequate internal consistency reliability. The Perceptions of communication, security, understanding/Knowing the customers, tangibles instrument was developed and process competence to measure patients' perceptions of quality service or the degree to which patients' are satisfied with the service they have received during their hospital stay.

V. Conclusion

The major contributors to the explanation of customer expectations of hospital service, gleaned from were subjects' expectations of hospital service and perceptions of Communication, security, understanding/Knowing the customers, tangibles and process competence also social support from family and friends that accounted for 40% of the variance with the dependent variable. This finding suggests that the subjects who participated in this study were influenced by past experiences that customer expectations of hospital service and perceptions of social support from family and friends, and in turn, during their hospital stays shaped their perceptions of hospital service. It should be noted here that subjects' demographic variables that were included in the two sets of independent variables are Communication, security, understanding/Knowing the customers, tangibles, process competence (categorical and continuous) arc part of subjects' past experience and may collectively affect subjects'

expectations of hospital service. Nevertheless, in isolation in this study there is no relationship between the aforementioned independent categorical and continuous variables with the dependent variable. The results of this customer expectations mean that when the subjects in this study entered the hospital they were influenced greatly by their past experiences that in turn influenced their expectations of hospital service. Subjects' perceptions of social support received from family and friends also influenced their perceptions of hospital service. Therefore, the subjects' expectations of hospital service that they carried with them to the hospital (along with their overnight bags) affected the way subjects perceived their present hospital experience. [7]

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