CHAPTER 1

INTRODUCTION

Background and Significance of Research Problem

Delivering quality services has become an increasingly explored topic in health care systems of both developed and developing countries. At the same time it is becoming a challenge for health care organizations to provide quality services while focusing on cost, accessibility of services along with safeguarding the integrity of high quality healthcare services (Arries & Newman, 2008). However, due to rapidly increasing health care delivering networks within the nations and at international levels, health care organizations are facing competition. Hence, it is essential for health care organizations to provide health care services that meets or exceeds consumers' expectations (Lee, Delene, Bunda & Kim, 2000). Additionally, it is important to have a better understanding of service quality perceptions from both consumers and service providers' perspective as this can be crucial in shaping health care organizations for successfully surviving in this service quality arena (Lee et al., 2000).

In health care organizations, patients are health care consumers similar to consumers of other service sectors and likewise patients perceive about service quality after they encounter with the services and their perception is influenced by their service experiences (Hiidenhovi, Nojonen & Laippala, 2002). Increasing attention has been paid

for consumers/patients in the health care organizations as they are the sole reasons for the existence of such organizations (Patwardhan & Patwardhan, 2009). In the consumerism paradigm which is commonly appearing in the health care organizations agenda, emphasis on service quality and consumer satisfaction; however it remains as a critical issue for health care providers (Choi, Cho, Lee, Lee, & Kim, 2004). This may be due to health care services being unique from other services as from the nature of the service and being highly involved in risks to the consumers (Rasid & Jusoff, 2009). However, hospitals and health service sectors need to establish close links with their consumers, strive to meet the needs and expectations of consumers to gain their satisfaction and confidence about services which are being provided.

During hospitalization, patients contact nurses more than other health care personnel (Kunaviktikul et al., 2001). Additionally, nurses accounts for largest health care workforce in hospitals (Brooten, Youngblut, Kutcher & Bobo, 2004; Stone & Tourangeau, 2003). This leads nursing service to be considered as an important component of healthcare service, as it reflects patients overall satisfaction with the other services (Valentin, Lopez & Garrido, 2005).Thus, measuring the quality of nursing services from patients perspective and nurses perspective can provide valuable information for improving nursing service quality. Moreover, in the nursing service, inpatient services are significant area of their work as the nurses contact patients more frequently and on continual basis, nurses assess patients condition, identify problems and implement care to meet the patients' needs. According to O'Guinn and Faber (as cited in Koerner, 2000), inpatient nursing is believed to increase service quality as in the inpatient caring process the emotional intensity of patients experience will increase as well as it can facilitate for building strong

interpersonal relationship between nurses and patients. It has been shown that patients satisfaction with inpatient nursing services contributed more significantly than any other services in the hospitals to overall perception of a hospital's service quality (Carman; Woodside, Frey & Daly as cited in Koerner, 2000). Hence, examining nursing service quality from patients' perspective is important and when professional view about service quality is combined, it can add additional insights for improving the service delivery system (Quader, 2009). Similarly, comparing nurses and patients perception about nursing service quality can help to identify the gap of perception and thus, can facilitate to reduce the gap. It is a way which can facilitate nurses to understand how to provide patient centered services for provision of a better and more focused service for patients (Lynn & McMillen, 1999; Wisniewski & Wisniewski, 2005).

The concept of perceived service quality was well researched and defined by Parasuraman, Zeithaml and Berry (1985), as the result of consumer's comparison of expected service with perception of actual performance of the service. Expectations are wants or desires of the consumers that they feel should be offered to them by service providers, whereas perception of actual performance is consumers evaluation regarding a service which is performed (Parasuraman, Zeithaml & Berry, 1988). A conceptual model of service quality developed by Parasuraman et al. (1985) for measuring service quality indicated five gaps. The gap 5, identified in the service quality model is known as the perceived service quality gap. This gap indicates difference between consumer expectations from service and perception about service performance (Parasuraman et al., 1985). This gap is linked with the four other gaps which are from the service providers side (Rashid & Jusoff, 2009). Perceived service

quality gap occurs as a result of negatively confirmed quality and from a quality problem in the organization (Gronroos, 2000). Several studies from health care settings assessed the gap 5 which is perceived service quality gap, for exploring service quality from consumers' perspective or from consumers and service providers' perspective (Andaleeb, 2001; Chou, Chen, Woodard & Yen, 2005; Clark, & Clark, 2007; Duffy, Duffy & Kilbourne, 1997; Kilbourne, Duffy, Duffy & Giarchi, 2004; Lee & Yom, 2007; Lim & Tang, 2000; Sohail, 2003;Wisniewski & Wisniewski, 2005).

Service quality occurs when expectations are met and a service gap occurs when perceived or experienced service is not consistent with expected service (Parasuraman, Zeithaml and Berry, 1988). A gap score for the gap 5 indicated in the conceptual model of service quality can be calculated as perception of performance score minus the expectation score (Parasuraman et al., 1988). A good service quality is considered when the perceived performance score is higher than expectation score and if reverse occurs it indicates poor service quality (Lee & Yom, 2007). To measure perceived service quality or the gap 5, SERVQUAL scale was developed by Parasuraman, Zeithaml and Berry in 1985 and it was refined in 1988. The five dimensions of SERVQUAL scale are tangibles, reliability, responsiveness, assurance and empathy (Parasuraman et al., 1988).

Service quality studies which were conducted in the health care settings over the past years had focused on several aspects. However, service quality studies which were conducted focusing on nursing service are not as extensive as studies on service quality of health care. Studies which focused on nursing service quality assessed patients and nurses perception of nursing service quality (Kim & Lee, 2004; Lee &

Yom, 2007), examined nursing service quality of Scottish colposcopy clinic from patients perspective (Wisniewski & Wisniewski, 2005), used qualitative method to assess nursing service quality as expected by patients (Damapong, 2007). Additionally a study, determined extent of disconfirmation of perceived nursing service quality by patients and its relationship to patient satisfaction, intent to return and intent to recommend the service to others (Chou et al., 2005).

Studies have shown that perceived service quality have relationship with patients satisfaction (Lim & Tang, 2000; Andaleeb, 2001) and both service quality and consumer satisfaction have been found to be related to intention to revisit hospitals (Chou et al., 2005; Lee & Yom, 2007). Service quality influences customers behavioral intentions as word of mouth referrals, stating about the defects in the service to others (Choi, et al., 2004; Zeithaml, Berry & Parasuraman, 1990) and retaining customers can facilitate to gain profit (Lim & Tang, 2000). According to Lee and Yom (2007) measuring nursing service quality can enhance provision of nursing care, will identify changes that need to brought to hospital environment related to nursing service and can facilitate to identify differences in expectations and performance in both patients and nurses in order to reduce the gap of expectation and performance. Furthermore, measuring service quality enables service providers to benchmark services with their competitors and add value for their own service productivity (Padma, Rajendran & Sai, 2009). However, failure in service provision can lead to consumers perceive the service as "bad service" (Padma et al., 2009). If organizations respond to service failures it can restore customer satisfaction and reinforce loyalty thereby preventing customer defection and customers switching behavior to other similar service organizations (Smith, Bolton & Wagner, 1999).

In the Maldives Indira Gandhi Memorial Hospital (IGMH) which is situated in the capital, Male' serves as the major tertiary referral hospital of the country. The hospital consists of 275 beds and its mission is to provide modern state of health care by delivering quality and sustainable services (IGMH, 2009). The workforce of IGMH consist of 549 nurses, 349 administrative staff, 213 supporting staff, 154 doctors and 81 paramedical staff. Nursing staff consists of 41% of the IGMH workforce and among the nurses 44% are permanent nurses (local nurses) and 56% are temporary nurses (expatriate nurses) (IGMH, 2010).

According to IGMH Deputy Director of Nursing, there are several challenges for the nursing workforce in IGMH. Such challenges are, as most nurses are temporary staff from other countries and since systematic recruitment is not yet established for nurses the hospital often get low qualified temporary nurses who are from other countries and this causes difficulty for maintaining quality in nursing services. In addition, most temporary nurses come to IGMH job as a transit point, which makes them easy for accessing to nursing jobs in developed countries and usually the staff resign after staying in IGMH service for average of 2 to 3 years (H. Mohamed, personal communication, May 16, 2010).

Total number of 341 nurses works in the inpatient departments of the hospital (IGMH Nursing Department, 2010). Over the past years, nurses in the inpatient departments have been encountering challenges due to shortage of beds in the wards and from the inadequacy of daily consumables and medical equipments. According to a Senior Nurse Manager, the shortage of beds had caused nurses to provide nursing service to patients with variety of medical/surgical/gynecological conditions in one ward setting as patients were not distributed according to the disease

or patients' medical condition (N. Adam, personal communication, May 23, 2010). Additionally, the increased number of inpatients and high dependency cases for critical care is leading for insufficiency of medical equipment in the ward levels, in those instances nursing staff have to borrow medical equipment from other departments for delivering patient care (N. Adam, personal communication, May 23, 2010).

Moreover, due to influence of Maldivian culture, doctors have superior social status than nurses and are well respected by people (N. Adam, personal communication, May 23, 2010). During hospital stay patients pay more attention to medical services and obtain doctors advice whenever they need to clear their worries about disease condition, queries about treatment plan and home care. In the view of hospital managers nursing service includes administering injections, medications and performing basic nursing tasks (N. Adam, personal communication, May 23, 2010). Situation of such had led nurses to receive less opportunity in obtaining job training and attending conferences outside the country. Due to scarcity of continuing education opportunities, nurses' job promotions are mostly based on duration of working experience.

Although there are shortcomings in providing nursing services several measures have been implemented by the nurse administrators of the hospital for providing quality nursing service. As such, to improve nurses' knowledge, competency, leadership and management skills, in-service education sessions are planned and conducted under the coordination of two Clinical Nurses (IGMH Nursing Department, 2010). To encourage staff attendance to the sessions the Nursing Departments requires each nurse to attend minimum ten classes per year, and nurses

are informed that attendance to the sessions will be counted for renewing contract to temporary nurses and counted for staff appraisal of all nurses (IGMH Nursing Department, 2010). Apart from in-service sessions, the IGMH Annual Report (2009) had shown that in the year 2009, 37 permanent nurses participated in different workshops and seminars conducted in Maldives. In addition in the year 2009, nine permanent nurses participated in different short course trainings which were conducted in various countries (IGMH Annual Report, 2009).

In addition to the trainings, new nurses who join IGMH are assigned to preceptors to assess and improve their knowledge and competency in providing nursing care. For this purpose IGMH Nursing Department developed assessment tool for monitoring new nurses. The assessment tool has components as knowledge of procedures, competency in performing procedures, knowledge of medications, competency in administering medication, knowledge of condition of patients, competency in managing patients, organization and management of work and a component for assessing new nurses problem solving and decision making skills (IGMH Nursing Department, 2007). To standardize nursing practices and to maintain consistency of nursing performances in the IGMH, procedure manuals were developed by IGMH Nursing Department (Firag, 2007). Moreover, all nursing staff are required to follow rules and regulations established from Nursing Department, which states about staff appearance in uniform, attendance, maintaining patients confidentiality, being courteous to patients, their relatives, colleagues and visitors of the hospital (IGMH Nursing Department, 2009).

Despite that fact that hospital management and nursing administrators have been upgrading their services to improve quality of the hospitals services, the

analysis of five months consumer feedback data (December 2009 to April 2010) which were monitored by the IGMH Customer Relation Department had shown that more than half of IGMH nursing service consumers revealed that they received poor nursing service (IGMH Customer Relation Department, 2010). This result was from the analysis of consumer feedback forms which were completed by 1950 consumers who gave feedback about nursing service.

The result had shown that 56% consumers stated that the service was very poor, 20% stated they received neither good service nor poor service, 13% stated they received good service and only 11% stated that they received excellent nursing service (IGMH Customer Relation Department, 2010). Service variables that were integrated in the customer feedback forms under nursing service are opinion of consumers about nursing service given, nurses communication, timeliness of nursing service, friendliness and assistance shown by nurses. Among the service variables 65% of consumers stated timeliness of service was very poor, which indicated that nurses were not able to respond to consumer related issues promptly. For the variable that indicated nurses' friendliness and assistance, 56% of consumers graded very poor, this can be due to nurses not being reliable in their service as such by inability to fulfill their promises and lack of reassurance and sympathy when the consumers encountered problems during the hospitalization. In addition, 54% of consumers stated very poor for nurses' communication and 49% consumers stated very poor for the nursing service given. These feedback results indicated that quality of nursing service in the hospital need to be improved to meet consumers' expectations.

Though several strategies have been implemented by IGMH to overcome challenges and to improve standards of services being provided, no comprehensive

study has yet been conducted neither to assess service quality of the hospital nor nursing service quality. Therefore, in this study the researcher aimed to examine perception of nurses and patients regarding nursing service quality, in order to provide information and evidence for nurse administrators to enable in planning effective and efficient strategies for maintaining and improving nursing service quality.

Objectives of the Study

    1.   To study nurses expectation and patients expectation regarding nursing service quality in the tertiary care hospital, Maldives.

    2.   To study nurses perception of performance of nursing service quality and patients perception regarding nursing service quality performed by nurses in the tertiary care hospital, Maldives.

    3.   To compare nursing service quality as perceived by nurses and patients in the tertiary care hospital, Maldives.

Research Questions

    1.   What are nurses' expectation and patients' expectation from nursing service quality in the tertiary care hospital, Maldives?

    2.   What are nurses' perception and patients' perception regarding nursing service quality performed by nurses in the tertiary care hospital, Maldives?

    3.   Is there any difference between nursing service quality as perceived by nurses and patients in the tertiary care hospital, Maldives?

Definition of Terms

Nursing service quality refers to the result of difference between expected nursing service quality and perception of performance of nursing service quality by nurses and patients in five dimensions including tangibility, reliability, responsiveness, assurance and empathy. It was measured by SERVQUAL scale modified from SERVQUAL scale developed by Parasuraman, Zeithaml and Berry (1988).

Nurses' expectation refers to preferred way which nurses' wants nursing services to be provided to patients.

Nurses' performance refers to nurses' interpretation of services they are actually providing to patients.

Patients' expectation refers to what patients wish/wants to get from nursing services.

Patients' perception of nursing performance refers to evaluation of nursing services after patient receives nursing services.

Nurses refer to persons either temporary or permanent nurses who are in the position of Clinical Nurse, Senior Registered Nurse, Registered Nurse and Enrolled Nurse. They are staff of IGMH who holds nursing license issued by Maldives Nursing Council of the Ministry of Health and Family. They are the personnel who do not work in an administrative position.

Patients refer to individuals who are admitted in IGMH with minimum of two days hospitalization, able to read and write Maldivian language, age above 18 years, in stable condition without mental health problems.