

# INVESTIGATING THE PATIENT SATISFACTION WITHIN ROMANIAN PUBLIC AND PRIVATE HOSPITALS

**Popa Adela Laura**

*University of Oradea, Faculty of Economics, Oradea, Romania*

**Roșca Remus Dorel**

*University of Oradea, Faculty of Economics, Oradea, Romania*

**Mihoc Florin**

*Emanuel University of Oradea, Management Faculty*

*Although it is not commonly accepted within healthcare services industry, the importance of marketing is more and more recognized nowadays by the organizations activating in the field. Current perception resides in a series of factors as: ethical aspects involved in the delivery process; special characteristics of the market; particular profile and behavior of the consumers of healthcare services and probably because of the inadequate understanding of the marketing role in the life of an organization. A deep analysis in the field of healthcare services will emphasize not only its complexity, but also its interdisciplinary feature under many aspects, as it is an area where many fields of interest are intersecting, both economic and social. It also reveals a particular field of study with many particular features - considered a sensitive field (Popa and Vladoi 2010: 232). Generated using the SERVQUAL model, the data presented in the paper are the result of a quantitative research designed to measure and compare the patient/client satisfaction degree for public and private medical services provided by the Romanian hospitals. The aim of the research is to identify and to measure the gap that appears between the patient/client' expectations and perceptions regarding the delivered services; to identify the potential profile of the private Romanian hospitals' clients regarding the demographic features and also to pin-point correlations between the image created in the mind of the Romanian patients/clients and the type of medical services (public or private) they were using. We consider that the results of this research are valuable for the managers of the medical units in order to initiate series of actions aiming to improve the quality of their services and, as a result the patient/clients' satisfaction degree. Later being one of the most important performance indicators of an organization that activates in a highly competitive business environment. We also consider this research may be useful in the process of improving the quality of the medical services in Romania, which must be a priority for any medical units' management and for the society as a whole. Present paper intends to lay foundation for future research, tailored to correlate the quality culture for the Romanian hospitals and the satisfaction degree of their patients/clients.*

*Keywords: relationship marketing, patients' satisfaction, public and private medical services, Oradea, Romania.*

*JEL Classification: M31, I11*

## **1. Introduction**

The present paper is mainly focusing on presenting the results of a research whose aim started from the idea that satisfaction represents a major vector that leads to customer retention and loyalty (Chiou and Droge 2006: 613). Details regarding the research aim and methodology were the subject of article entitled *Measuring Patient Satisfaction within Romanian Healthcare*

*Services – a Relationship Marketing Approach*, included in the program of the 15th IBIMA Conference Cairo, Egypt 6-7 November 2010. Below is the summarized essential features of the research methodology of the above paper.

The purpose of this research was concentrated on analyzing the satisfaction degree as perceived by patients within public and private medical systems from Oradea, Romania; on analyzing discrepancies between levels of expectations and perceptions on the 5 dimensions which were taken into account to measure satisfaction level, and on identifying a potential customer profile for private medical services, starting from key demographic characteristics (Popa et al 2010: 842-846).

The paper objectives are:

- Quantify discrepancy between expectations and perceptions regarding patients' satisfaction;
- Identify customer's profile for private medical services starting from key demographic characteristics;

Referring to the research methodology, in order to measure patients' satisfaction degree regarding quality of medical services, we use SERVQUAL model, developed by Parasuraman et al. in 1985. The five dimensions of the SERVQUAL model, exhibited on a double 22 scale items, are the followings (Parasuraman, Zeithaml and Berry 1988; Parasuraman, Berry and Zeithaml 1991; Bruhn 2001: 82-83): **Tangibles** – physical/tangible environment acceptability: physical facilities, equipment, image/personnel posture; **Reliability** – reliability/trust/honesty: capacity to deliver promised service in a consistent and correct manner; **Responsiveness** - availability/receptivity: willingness to support and offer a prompt service; **Assurance** – competence/certainty: personnel knowledge and skills, degree of inspiring trust and responsibility; **Empathy**: involvement, dedication, care, capacity of giving attention individually to each patient.

By comparing *the ideal profile* – that describes the ideal situations and *the real profile* – that describes the real situations (Bruhn 2001: 83) we will measure discrepancy between expectation and perception levels.

Present research is descriptive and cross-sectional one and has been conducted in May 2010, was focusing on inhabitants of city of Oradea and surrounding areas that have accessed medical services, whether public or private in the last 3 years (during 2007-2010). The research was conducted online using a nonprobability sampling technique, the snowball sampling. From a total of 141 questionnaires applied, 128 were used in final analysis.

This quantitative research has the survey as research method, supported by a structured questionnaire consisting of 57 questions, of which 22 evaluated on a double scale.

## 2. Data analysis and interpretation

Table 1 exhibits the demographic characteristics of the group of respondents, as follows:

	Number of respondents	%
<b>Gender (n=128)</b>		
- Female	84	65,6%
- Male	44	34,4%
<b>Age groups (n=127)</b>		
- under 25	35	27,6%
- between 25 and 34 years	40	31,5%
- between 34 and 44 years	28	22,0%

	Number of respondents	%
- over 45 years	24	18,9%
MissingSystem	1	
<b>Income (n=128)</b>		
- < 1000 Ron (< 230 Euros)	48	37,5%
- Ron 1001 - 2000 (Euros 230-470)	41	32,0%
- Ron 2001 - 3000 (Euros 470-700)	14	10,9%
- > 3001 Ron (>700 Euros)	11	8,6%
- Do not know	11	8,6%
- Decline to answer	3	2,3%
<b>Studies (n=128)</b>		
- Undergraduate Studies	59	46,1%
- University degree	39	30,5%
- Postgraduate Studies	30	23,4%
<b>Type of medical services (n=128)</b>		
- Private	68	53,1%
- Public	60	46,9%

Source: own research

Overall aim was to identify a possible profile for the people who turn to the private medical services. By correlating the variable **Type of medical services (public/private)** with each of the variables **Gender, Age groups, Income, Studies**, conclusion reached was that out of those who required private medical services:

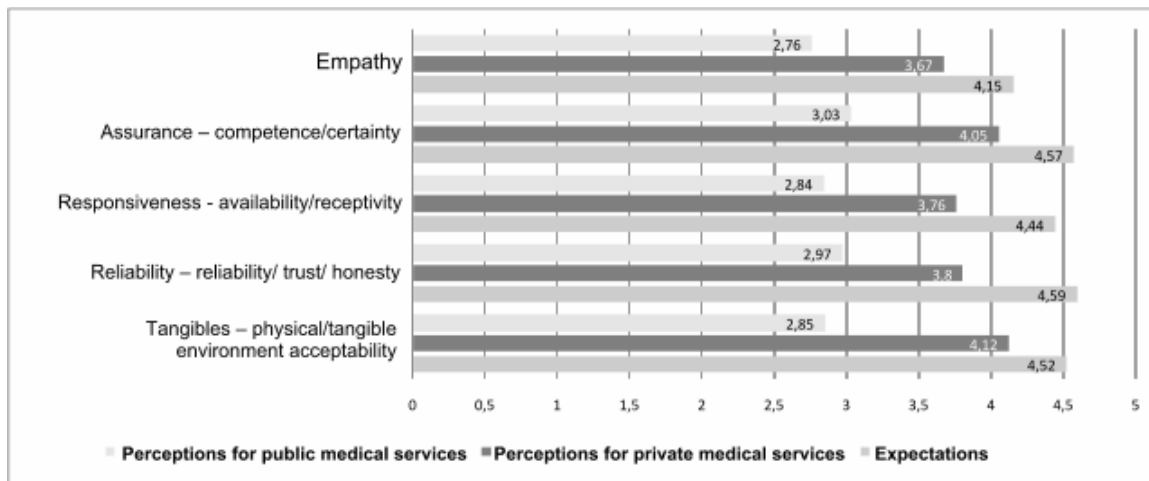
- 73,5% are women;
- 38,8% are between 25 and 34 years old;
- 45,6% have highschool education;
- 49,1% have the income under 1000RON (about 230Euros).

It is important to mention that there is a significant correlation (Pearson coefficient value being 0,034 <0,05) only when we have it between *Type of services* and *Gender* variables. Still, the intensity of the link is weak, Cramer coefficient value being of 0,177. From a standpoint of these characteristics, there is not resulting a profile of the private medical services customer, at least at Oradea level.

*H1: The discrepancy between expectations and perceptions is bigger in the case of public medical services than in the private ones.*

In order to check this hypothesis, for each of the 5 dimensions involved in the satisfaction level calculations we determined the average results both at expectation and perception levels. The discrepancy is calculated as difference between the results on these 2 levels.

Based on the resulted data, it can be concluded that the level of discrepancies between expectations and perceptions related to medical services is a lot less for private services (the values are between 0,40 and 0,79 for private medical services, while they have values between 1,39 and 1,67 for public medical services).



**Figure 1: Comparison expectations vs. perceptions for medical services (public vs. private)**

*Source: own research*

According to the above data we can remark that the highest level of expectations from the medical services aims at Reliability followed by that of Assurance. The smallest score regarding expectations refers to Empathy.

Interestingly enough regarding perceptions is that the highest calculated score for the public medical services is lower than the lowest score for the private medical services. It is also worth mentioning that the smallest calculated results concern empathy, for both public and private medical services. Also, even if there is a difference between the scores calculated for the perception of dimensions in the case of private medical services compared with the public ones, the hierarchy is almost the same. The only difference is that the perception of the physical elements has the highest result for the private medical services (see Tables 2 and 3).

**Table 2**

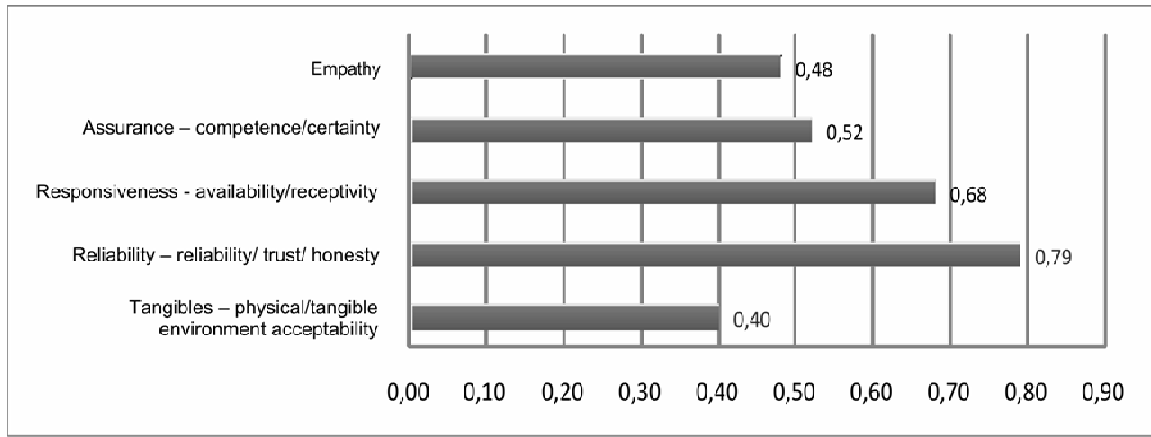
Hierarchy perception scores for public medical services	
Empathy	2,76
Responsiveness - availability/receptivity	2,84
<b><i>Tangibles – physical/tangible environment acceptability</i></b>	<b>2,85</b>
Reliability – reliability/ trust/ honesty	2,97
Assurance – competence/certainty	3,03

Source: own research

**Table 3**

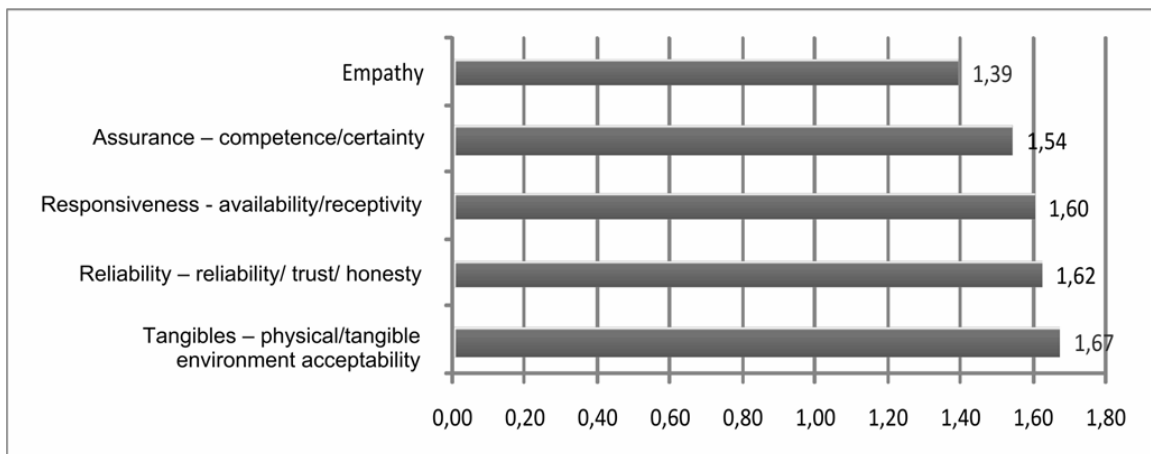
Hierarchy perception scores for private medical services	
Empathy	3,67
Responsiveness - availability/receptivity	3,76
Reliability – reliability/ trust/ honesty	3,8
Assurance – competence/certainty	4,05
<b><i>Tangibles – physical/tangible environment acceptability</i></b>	<b>4,12</b>

Source: own research



**Figure 2: Discrepancy between expectations and perceptions for private medical services**  
*Source: own research*

It can be noticed that for the private hospitals, the greatest discrepancy is in Reliability/Trust/Honesty, a dimension that has actually the highest level of expectations. The smallest discrepancy concerns the physical environment, the tangibles. A pretty low value can be noticed for the empathy, this one having also the smallest value regarding expectations.



**Figure 3: Discrepancy between expectations and perceptions for public medical services**  
*Source: own research*

The dimension which reflects the quality of endowment is the one with the biggest value referring the discrepancies between expectations and perceptions for the public medical services. Although the values are close enough, we see that the smallest discrepancy aims at empathy.

### 3. Conclusions and future research approach

- The hypothesis according to which the discrepancy between expectations and perceptions is bigger for the public medical services than for the private ones is confirmed. The scores calculated for the way in which the 5 analyzed dimensions are perceived from the quality point of view (of the offered satisfaction) are between 2,76-3,03 for the public medical services and between 3,67-4,12 for the private ones, 5 being the maximum value to give.

- The highest score calculated for the public medical services is smaller than the smallest score calculated for the private medical services.
- Another interesting aspect refers to empathy. This has the smallest score for both expectations and perceptions in both private and public medical services. An explanation of the low score regarding the expectations of this dimension could be the way in which it has been perceived in the course of time. The empathy here refers to the involvement, dedication, care, capacity of offering/giving attention to each customer/patient individually.
- There is solid argument, at least for Oradea surveyed area, from the point of view of these characteristics, that a profile of the private medical services customer is still vague and undefined.
- Even if there are discrepancies between the private medical services and the public ones for the calculated scores of the 5 dimensions, the hierarchy is almost the same: Empathy, Responsiveness, Reliability/Trust/Honesty, Competence/Certainty, except for the dimension aiming at the Physical/tangible environment acceptability. This one has the highest score for the private medical services and the third place for the public ones.
- As future research, we intend to measure (using a structured questionnaire) the intensity of the quality culture for the Romanian hospitals. As a consequence of all these results, we seek to validate there is a correlation between quality culture for the Romanian hospitals and the satisfaction degree of their patients/clients.

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