

Measuring the quality of health services in university hospitals in Saudi Arabia from the perspective of patients: A Review

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Abstract

The aim of this paper is to review the available research studies on the subject of measuring the quality of health services in university hospitals in Saudi Arabia from the perspective of patients. With rising standards of living across the world, patients today expect quality health care to be provided to them. This paper aims to review some of the research studies which have been carried out on how health service quality can be measured in university hospitals in Saudi Arabia, especially from the perspective of patients. For this paper, specific search terms were used in the Google Scholar search engine and the results were shortlisted according to the year of publication. From the review of the available studies on the subject, it was clear that university hospitals the level of quality of health services provided in university hospitals in Saudi Arabia requires improvement, specifically in areas of patient safety, clinical effectiveness and patient centeredness. It was also clear that patient satisfaction was one of the significant factors which decides the quality of service being provided in healthcare settings. The study also highlighted that private hospitals in Saudi Arabia were not able to attract high expertise because the level of incentives being paid to medical staff was insufficient. Hence, the level of patient satisfaction went down because of this.

Keywords: Health Service, University Hospitals, Saudi Arabia, Patient, Review

Introduction

The world's rising population and increasing standards of living have driven significant growth within the global healthcare services sector, as consumers have begun to demand better medical care to support their improving lifestyles. As a result, there is a demand for measuring the quality of service being provided at hospitals and health care settings throughout the world.

Saudi Arabia provides free health care to its citizens. Researchers have been interested in measuring the quality of health care being provided at its hospitals and health care settings. In this paper, we will review studies which have explored the assessment of the quality of health care service being provided at university and teaching hospitals in Saudi Arabia.

Methodology

In this paper, we will review research studies which have been carried out on the subject of measuring the quality of health services in university hospitals in Saudi Arabia from the perspective of patients. Towards this end, search terms such as 'Saudi Arabia & university hospitals', 'Saudi & hospitals & patient perspective', 'Saudi & health care & patient perspective' etc. were used in the Google Scholar search engine. The results of these searches were shortlisted as per the year of publication. For the purpose of this paper, only studies published post 2005 were used in order to correctly gauge the measurement of quality of health services in university hospitals in Saudi Arabia from patient perspective.

Results and Discussion

At present, healthcare in Saudi Arabia currently is provided free of charge to all Saudi citizens and expatriates working in the public sector, primarily through the Ministry of Health and augmented by other governmental health facilities. The government requires that expatriates working in the private sectors have some level of healthcare coverage paid by their employers. Healthcare has been seen as a “right”. According to Walston, Al-Harbi, & Al-Omar (2008), healthcare in Saudi Arabia has been funded primarily by public (75%) or out-of-pocket expenditures (about 25%).

According to Al Fraihi, & Latif (2016), healthcare management is under increasing pressure to demonstrate that their services are patient-focused and directed to providing the best possible medical care for their patients. In Saudi Arabia, many studies have been done to assess the general satisfaction of patients, and many of them were done in primary health care centers or tertiary centers (Owaidh, Atiah, Abadi, Ali, Abdullah, Abdullah, & Hassan, 2018).

Over the past few decades, the subject of service quality has been researched a lot. According to Al-Hawary (2012), the Nordic view explains hospital service quality on two dimensions – functional quality and technical quality. Technical quality in health care industry refers to the accuracy of diagnostic and therapeutic processes; whereas functional dimension refers to the manner and behavior of the health care providers during the service delivery process (Babakus and Mangold, 1992 – as cited in Al-Hawary, 2012). The American view defines service quality on five dimensions – tangibility, empathy, assurance, reliability, and responsiveness. Most of the studies only focus on the functional dimension in the health care literature (Choi et al., 2005 – as cited in Al-Hawary, 2012). According to Al Azmi, Al-Lozi, Al-Zu’bi, Dahiyat, Masa’deh (2012), service quality has been defined as “an overall judgment of service attitudes related to, but not equivalent to, customer satisfaction”. There are two dimensions to service quality - technical or outcome quality and functional or process quality. Technical quality in the healthcare sector refers to the technical accuracy of medical procedures or conformity with professional specifications. Functional quality refers to the way in which healthcare services are delivered to patients (Markovic and Raspor, 2010 – as cited in Al Azmi, Al-Lozi, Al-Zu’bi, Dahiyat, & Masa’deh, 2012).

Definition of Service Quality

Fogli (2006) defines service quality as “a global judgement or attitude relating to a particular service; the customer’s overall impression of the relative inferiority or superiority of the organization and its services” (as cited in Al-Hawary, 2012). Service quality has been defined as a form of attitude – a long-run overall evaluation (Zeithaml, 1988; Parasuraman et al., 1988 – as cited in Al-Hawary, 2012). According to Al-Hawary (2012), service quality is an elusive and distinctive construct which can be defined from several perspectives, including: i. The ability to satisfy the needs and expectations of the customer (Bergman and Klefsjo, 1994 – as cited in Al-Hawary, 2012). ii. The totality of features and characteristics of a product or service that bear on its ability to satisfy given needs (Evans and Lindsay, 1999 – as cited in Al-Hawary, 2012).

Al-Hawary (2012) says that service quality is a cognitive judgment. Gronroos (1984) separated quality constructs into technical, functional, and image categories (as cited in Al-Hawary, 2012). Health care quality can be divided into two components: technical quality and functional quality. Technical quality relates to the quality of the service. Technical quality aspects are usually

quantitative and somewhat straightforward to measure. Examples include mortality and morbidity rates, treatment errors, average length of stay, readmission rates, and infection rates (Anderson and Zwelling, 1996; Fitzsimmons and Fitzsimmons, 2000 – as cited in Al-Hawary, 2012).

According to Al-Hawary, (2012), functional quality relates to how the service is delivered and hence, it is more difficult to measure. Examples include attitude-based aspects, such as the degree of understanding and concern shown by the server and the degree of trust and confidence related to the patient by the service provider, and facility-based such as the cleanliness of the facility and the quality of the food (Fitzsimmons and Fitzsimmons, 2000 – Al-Hawary, 2012).

Health quality is defined by the Institute of Medicine 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, 1990 – Al-Hawary, 2012), suggesting a continuum of quality, clinical standards against which care can be compared, and multiple perspectives from which quality can be evaluated. From a professional and medical perspective, health service quality can be defined as “the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk” (Donabedian, 1980 – as cited in Amor, Talbi, & Almubrad, 2018). From the administrative perspective, as hospitals are institutions with social responsibility, they try to use the available resources to achieve its obligations to patients and to preserve the safety of health. The quality of health service is the “provision of care that exceeds patient expectations and achieves the highest possible clinical outcomes with the resources available” (Øvretveit, 1992 – as cited in Amor, Talbi, & Almubrad, 2018). From the point of view of the patient, the quality of health service is the way to obtain the result. Patients perceive the quality of health services depends on the interest of workers, their kindness to the patients and the skills of the physician in the diagnosis and treatment (Mosadeghrad, 2012 - as cited in Amor, Talbi, & Almubrad, 2018). The level of health service quality is affected by the gap between the service perceived and that expected.

According to Amor, Talbi, & Almubrad (2018), health service quality dimensions are important predictors of patient loyalty. Hence, the authors say that monitoring service quality should be a priority for managers and practitioners in order to retain patients. The impact of service quality dimensions on patient loyalty offers a guide to develop a model of quality management in healthcare. Public hospitals can upgrade the quality of health service with “an implementation of a modernization process, a continual training of human resources and an instauration of a communication system to gather patient feedback” (Amor, Talbi, & Almubrad, 2018).

Patient satisfaction is a significant factor when it comes to considering the quality of health care service being provided at health care facilities. According to Devereux, Jacquerye, Kittel, Elsayed, & Al-Awa (2012), patients' satisfaction is considered an important quality indicator and a basic element of any quality monitoring program in health care services. According to a study by Mahmoud (2016), “patient satisfaction is considered as a measure of the quality of care in health system”. According to Al Qahtani & Al Dahi (2015), patient satisfaction has been used as an indicator of quality of services provided by health care personnel.

Assessment of Tangibles

According to Al-Hawary (2012), private hospitals in Saudi Arabia could not attract high expertise as insufficient incentives are paid to the medical cadres; this is reflected on the

assurance of providing high-quality of health care service. In Saudi Arabia's private hospitals, tangibles, and accessibility had much higher mean rating compared to private hospitals in countries such as Jordan. The study says that this was expected, "since Saudi Arabia is one of the oil counties which has enabled it to invest huge financial resources in the buildings, medical equipment facilities, and has adequate number of equipment, medical and administrative personnel who reflected on the quality of health care service and enables patients to schedule appointment easily, and have the ability to get an appointment at a time convenient to them" (Al-Hawary, 2012).

According to Al Fraihi & Latif (2016), the hospital physical environment plays an important role in improving the service quality. The authors are of the opinion that an attractive outpatient environment and suitable outpatient services are considered one of the most important reasons for patients coming to the hospital.

University Hospitals

According to the study by Amor, Talbi, & Almubrad (2018), in Saudi Arabia, the level of quality of health services provided in university hospitals requires improvement, specifically in areas of patient safety, clinical effectiveness and patient centeredness. As per the study, problems which negatively impact the quality of health services perceived could be due to failures of leadership, a requirement for better management and a need to establish a culture of quality. Results of the study by Amor, Talbi, & Almubrad (2018), which was carried out on the patients of King Khalid University Hospital, demonstrate that the quality service dimensions can be classified by the importance of their impact on patient loyalty. The study shows that the most significant dimension is the tangibility and this result is consistent with previous studies carried out on the subject. Modern buildings and infrastructure, advanced equipment and technologies add value to the healthcare offering. Amor, Talbi, & Almubrad (2018) say that the tangibility aspect of healthcare services is the most significant factor that reinforces the perception of the quality of services provided. Hence, it improves patient loyalty. The authors say that responsiveness, assurance, empathy dimensions of quality are also important factors in building patient loyalty.

According to Devereux, Jacquerye, Kittel, Elsayed, & Al-Awa, in their 2012 study on patient satisfaction in rehabilitation services in public, private and teaching hospitals in Jeddah, patient' satisfaction with rehabilitation services is the highest in the teaching hospitals when compared to other types of health care facilities. This was followed by non-profit making and finally by the profit making healthcare facilities (Devereux, Jacquerye, Kittel, Elsayed, & Al-Awa, 2012). The authors are of the opinion that patients' satisfaction seemed to be related to the hospitals' mission and to the perception of the process of care and the therapists' input, such as the ability to reassure or the quality of information given. Rehabilitation staffs' job satisfaction was however not correlated with the patients' satisfaction about their treatment and the rehabilitation process (Devereux, Jacquerye, Kittel, Elsayed, & Al-Awa, 2012).

Nursing Care and Patient Perception

Patient satisfaction with nursing care remains an important factor in explaining patient's perceptions of service quality as well as the overall quality of healthcare (Alasad, Tabar, & AbuRuz, 2015). Other authors have also talked about the role of patient satisfaction in assessing the quality of nursing care. According to Al Momani & Al Korashy (2012), "examining the quality of nursing care from the patient's perspective is an important element in quality evaluation, since patients admitted to hospital, has high expectations of the health care system".

According to Al Qahtani & Al Dahi (2015), the most important predictor of patient's overall satisfaction with hospital care is particularly related to their satisfaction with nursing care. According to O'Connor et al., it's the patient's perspective that is increasingly being viewed as a meaningful indicator of health services quality and may, in fact, represent the most important perspective (as cited in Alasad, Tabar, & AbuRuz, 2015). The quality of nursing care significantly influences patient satisfaction.

According to Alasad, Tabar, & AbuRuz (2015), quality nursing care can be defined as "care carried out by nurses meeting the patient's expectations". Perceptions about what is quality nursing care differ between nurses and patients and across care settings. Zhang indicated that patients find satisfaction in aspects other than the technical expertise of the hospital staff, primarily the human aspect of caring (as cited in Alasad, Tabar, & AbuRuz, 2015). For hospitalized patients, satisfaction represents a balance between the patient's perception and expectation of their nursing care. Patients' satisfaction has been widely advocated as an outcome measure of quality nursing care. Measures of patient satisfaction have been found to correlate directly with treatment compliance, nursing quality, and outcome of care. In their study on the primary tertiary hospitals in Saudi Arabia, Alasad, Tabar, & AbuRuz (2015) found a high level of satisfaction by patients, in contrast to the low satisfaction reported in other Saudi hospitals. The authors say that this high level of satisfaction could be due to the quality of nursing care being provided. In the current study, there was no significant difference in satisfaction scores between patients treated on surgical wards and those on medical wards, as opposed to findings of several other studies (Alasad, Tabar, & AbuRuz, 2015). In this study, female patients were significantly more satisfied with the nursing care than males. In contrast, the study by Al Qahtani & Al Dahi (2015) claimed that male patients were more satisfied and had better experience of nursing care than female patients. The level of education in this study was not found to have significant effect on patient satisfaction as there was no significant difference among patients with different levels of education (Alasad, Tabar, & AbuRuz, 2015). In contrast, the study by Al Qahtani & Al Dahi (2015) highlighted that patients with lower levels of education had lower levels of satisfaction and experience of nursing care.

According to Al Momani & Al Korashy (2012), insight into patients' perceptions of nursing care will help nurses better understand how to address patient needs and expectations more appropriately.

Pharmacy

In his study on the pharmaceutical services at two Saudi hospitals, Mahmoud (2016) highlighted that the highest levels of patient satisfaction were given for respect and courtesy shown by the pharmacy staff, followed by convenience of pharmacy location and the competence of the pharmacist in explaining drug use instructions. The lowest rates of patient satisfaction were given for pharmacist concerns with patient's health condition and pharmacist's explanation of drug side effects.

Conclusion

In our review of measuring healthcare service quality in university hospitals in Saudi Arabia from patient perspective, it was highlighted that the quality of service being provided in university hospitals, from patients' perspective, requires improvement. Studies also showed that patient satisfaction was the key determining factor for assessing the quality of service being

provided in hospitals and health care settings. Studies also highlighted that patient satisfaction was a determinant in assessing service quality

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