

CHAPTER II

LITERATURE REVIEW

This is the survey research. It studied the level of customer's satisfaction to quality of service at Kantang hospital, Kantang district, Trang province. This chapter comprises five main ideas that are used in helping to understand both quality of health care service and customer's satisfaction as follows:

1. Inpatient service provided.
2. Concept of satisfaction.
3. Concept of accessibility.
4. Concept of perception and quality of service.
5. Literature review.

1. Inpatient Service Provided

Inpatient service is the main important service of a hospital. It is the heart of hospital (Tantipalacheewa, 1982). Inpatient department consists of various wards. Ward is a unit of Inpatient department. For patient, ward is a safety place for life. It is divided into many wards by varieties of services in different hospitals. Usually, it is divided by gender or special diseases such as ward of male. For Kantang hospital, it is divided by sex such as ward of female, ward of male and ward of postpartum. The researcher collected data from three wards.

Inpatient service starts as the customer and their relatives walk in, nurses greet them and make them familiarize with the environment so as to lessen their worries that customers have when they walk into strange situation and do not know what they have to confront with. Inpatient department have four main services as follow:

1. Nursing care: health personnel have to take care of customer for different health problems and their needs cover physical, mental, emotional and social.
2. Prevention: health personnel have to advise them about preventive measures before they catch disease.
3. Health rehabilitation and health promotion: health personnel have to do these early, before patient is discharged, so that patient can have self-care at home.
4. Continuing care: health personnel have to teach patient in self-care at home, including special knowledge that is suitable for each disease.

2. Concept of Satisfaction

2.1 The meaning of satisfaction

Satisfaction means the feeling of pleasure that you have when you have done or achieved what you wanted (Thiengboranathum, 1998: 754). The feeling of satisfaction tends to decrease if the need or purpose has not met with any response (Auewattana, 1999: 38). Another mean of positive feeling to assessment service is when they receive and succeed the purpose that they have set (Chaipayom, 1999: 14).

2.2 The concept of satisfaction

Ware & et al. said that satisfaction of the customer is related to nursing services. The components are art of care, quality of service with high standard technique, the comfort of customers, ability to pay, environment of place, the promptness of provider, the continuing of service and taking care, the effectiveness and result of care that they get (Ware & et al., cite in Saranarak, 2000: 9).

Borne said that the satisfaction is related to nursing services. It refers to nursing care provided to the customers so that the customers feel the pleasure, or the nursing service that they get meet with their expectations that made them satisfied (Borne, 1992 cite in Saranarak, 2000: 9).

In the past, the customers have no opportunity to give their opinion in both planning and evaluation of services. But now the provider gives them the opportunity and customer's measure of satisfaction on service increases.

Larrabee recommended that customers should participate in planning and evaluation of services. It will make the customers get what they really need and satisfaction. The quality of service measured by the customers is a true indication of quality of service in a hospital (Larrabee, 1995 cite in Saranarak, 1999: 9).

There are some research studies to support the effectiveness of customers' satisfaction in solving the suing by studying the pattern of service in customers' perspective. The hospital wants customers to participate in the process of assessment

and measurement of quality of service and solve the problems about suing. Thus all providers have to study what the customers need and provide service according to their need (Oxler K.F., 1997: 27-34). Therefore, It is important to measure the satisfaction or dissatisfaction of the customers.

Chang found that the feedback data which the customers assess help to know the strength and weakness of nursing services (Chang.K., 1997).

Aday and Anderson studied people's satisfaction with medical care in USA in 1971. It was concluded that most satisfaction is in convenience and expense. There are six factors related to patients' satisfaction in medical care, as follows

1. Convenience: less in-office waiting time, and availability of care when needed.
2. Co-ordination: getting all needs met at one place, concern of doctors for overall health, and the physician's follow-up care.
3. Courtesy: that health care providers are friendly and pay attention to the client as important person.
4. Medical information: about what was wrong and information on the treatment.
5. Quality of care: with respect to client's perception.
6. Out-of pocket cost: expenditure for health care services.

The problem of health service system in Thailand started before economic crisis. As long as the problem of access to care, and the service process not meeting

with what customers expected are going on, and if the customers have not participated in process improvement, they will be dissatisfied, and there will be many suits against the hospital, especially the government service centers (Nittayarampong, 1999). Thus whenever we mention customers' satisfaction toward quality of service at Inpatient department we mean that of entire health service. The customer can explain and provide feedback on the behavior of provider and activities of services which made them satisfied or not.

3. Concept of Accessibility

3.1 The meaning of accessibility

Fox said that accessibility to care includes the customer being able to get service that they need and adequately (Fox, 1972: 272).

Penchansky and Thomas said that accessibility is the level of adequacy between customer's need and system service availability. By conclusion, accessibility is the customer's ability to get service from health center conveniently and adequately what they need (Penchansky and Thomas: 1981: 128).

3.2 Accessibility toward service

Brown and Lewis found that the accessibility to hospital consists of (Brown and Lewis, 1957: 267)

1. The health service centers are enough to provide suitable care.
2. The health personnel are enough to give service to all customers.
3. The revolution of health service centers is suitable.

4. The modern of revolution of health care service and development combined together.

Chulz and Johnson recommended that accessibility should consist of fives A's (Chulz and Johnson, 1992: 22)

1. Availability: adequate health workers and health service centers.
2. Accessibility: health service centers are placed for easy access.
3. Accommodation: people get service quickly with no complexity.
4. Affordability: customer can afford to pay at suitable price.
5. Acceptability: customer accepts health worker's behavior and their competence.

Penchansky and Thomas recommended accessibility to medical service and factors associated with satisfaction divided into five components as:

1. Availability: the relationships between customer's need and service availability. There are adequate health workers and facilities such as hospital, clinic, and promotion health program with various services.
2. Accessibility: relationships between hospital's location and people being able to use service within short distance and with cheaper transport.
3. Accommodation: relationships between the availability of needed resources and comfortable use of services without complications of appointments and examinations. There are other facilities such as public telephone etc.

4. Affordability: relationships between the cost of service available and the amount people can afford to pay for service. People's perception in service cost is related to all price of service.
5. Acceptability: relationships between attitude of customer and health worker.

In conclusion, accessibility is a competence with which to go to health service system, including its' suitability for customer's need and health system availability. Thus whenever customer can have access to health service comfortably, that will make customer satisfied too.

The researcher got the concept of Chulz & Johnson, Penchansky & Thomas and put it on this research. The variables are availability, accessibility, accommodation, and acceptability.

4. Concept of Perception and Quality of Service

4.1 Concept of perception

There are many situations in environment. We face many conditions associated with persons, things, animals and natural phenomena. The psychologist is convinced that persons relate with all things in environment via the perception (Juntiam, 1996:119).

Perception is a process to select, arrange and interpret the circumstances (Maungman and Suwan, 1997:6).

Perception is a process by which individual can select, collect, pick it up and interpret from situations that occur around closely (Organ and Bateman, 1986: 167).

By conclusion, perception is a process that arises within individual. Touch organs are the tools of perception for a person, and for interpretation drawing on their past experience. In this research, I wanted to study about perception in quality of service.

4.2 Concept of quality of service

Meaning of quality of service

Kunsongkeit (1994: 1-11) said that the quality is the level of the result of service with standard that they expected meeting by the standard of service available. The quality of health service refers to the best nursing service that the customer gets by professional or high competence in each situation. The health care service is no piece of product, but things which patient gets is satisfaction and worthwhile to use these service. For this reason, the quality of service is the most important (Stimon and Webb, 1978 cite in Aekbunnasingh, 1999). The quality of service in customer's perception is the service that they get meet with what they expected and worthwhile to use service. It related to the customer satisfaction.

Parasuraman (1985: 41) said that the quality of service is the competence to respond the customer's need. The quality of service is different from the quality of product or goods, because it has no body or shape. The consideration of quality of service has to look for four aspects: which the service cannot touch it, cannot keep it

and stored, cannot be separated, and it has varied itself. Therefore, the quality of service must be considered in both process and outcome under the interaction between provider and customer.

Chang (1997: 29) recommended assessing quality of service should consist of physical environment, keeping clean of place, noise control, and suitable weather temperature. Six aspects of variable to assess are as follows:

Availability: consistency of proper service to respond to the customer's need.

Technical skill: consistency of response to the customer's basic needs such as dietary, bathroom and other facilities, in addition to quality process of care such as treatment and medicine etc.

Art of care: courtesy, paying attention, open mind to listen to patient's voice, time management for cure, and respect to patient.

Explanation of care: about place, care plan and cures including result of treatment and explanation about self care at home to patient's relatives.

Continuity: continue follow up care.

Outcome of care: The result of treatment patient receives.

Overall quality: overall satisfaction to quality service.

Future intent: The patient's intention to comeback for care again. In addition, to pursue with their relatives too.

4.3 Quality of nursing service

Meaning and significant of quality of service

Quality means the characteristic of goodness, excellence or success. It is usually characteristics of person or things.

Purpose of nursing service is to respond to the customer's needs. Then we must be assessing the needs of individual. All the activities which have good quality purpose to respond to physical and mental needs make customer satisfied later (Kanjankul, 1989).

Suphachutikul and et al. (1998:81) said that the service with good quality has two parts. There are activities of service process and technicality of service or behavior service or we can say that two parts are usually pattern of relationships. Human relationships consist of courtesy, enthusiasm, sympathy, speech manner, and pleasure expression to customers. It also includes process service that customer expected which varies with customer's education. The higher level of education will have higher level of expectations. With the direct interaction during receiving service, they will observe and make decisions whether the service is well or not well, or negative or positive. Thus the assessment of service is essential to have indicators for consideration.

Sinasin (1999: 3) recommended the standard for consideration on quality of service as follows:

1. The suitability of quantity, size and type of service.
2. Acceptability of services, which the customers perceive worthwhile, by provider, customers and everyone related to them.
3. The service is provided with special aspect, continuously and usually in line with the pattern of system.
4. Coverage of services in science, technical, ethical, art of care and service management.
5. Keeping assessment record to change ideas for forward development and legal benefit.
6. The providers keep the good level of quality service available to the extent possible in each place, time and situation. The customers will tell us if our services do not meet with what they expected.

Related Literature

The related literature about customer's satisfaction and customer's opinion survey toward quality of service that they receive were collected from many sources which have the purpose of getting the results in improving the services in hospital.

Wattana rungreongkit and et al (2000) studied patients' satisfaction toward services at Taparnhin Royal Crown Prince's hospital, Pijit province. The study found that most of the customers were satisfied with every aspect. The factors of social demographics such as age, sex, education, past experience at other hospital,

accessibility and waiting time did not have effect on satisfaction. Observation at the examining room found that the customer with low level of education was more satisfied than the one with high level of education. At the dental room, the customer who had to wait long was less satisfied than the one who had short waiting time.

Eakbannasingh (1991) studied patients' satisfaction in medical care at outpatient department, Maharaj Nakhon Si Thammarat hospital, and found that patients' satisfaction was moderate. The different factors affect the satisfaction differently. At the pharmaceutical room and examining room the factors were courtesy of staff, waiting time, age, income, and distance from hospital.

Kiattisaksopon (1999) studied inpatients' satisfaction toward nursing service at Pattani hospital, and found moderate client satisfaction in service, environment, human relationships and medical information. The clients were satisfied with high level of quality of service. The difference of age, income, occupation and residence did not have much difference on satisfaction.

Sienin (1995) studied satisfaction of patients on nursing services in Saba yoi hospital, Songkhla province, and found that patient's satisfaction at high level in human relationships and quality of services, but moderate satisfaction in medical information and waiting time.

Deiwtipsukol (1997) studied the need of nursing, nursing care and satisfaction of postpartum caesarian section and factors of need in nursing at Songkhla hospital,

Songkhla province, and found that patients' satisfaction in all services and every aspect are moderate, but a low level satisfaction in the preparation for recovery.

Rattanawanich and Choosuwana (1999) studied the clients' opinion toward hospital service in Trang province under the Ministry of Public Health, and found that the important aspect of access to care in government hospital was the convenience of traveling. The opinion toward quality of service was of good level.

Chaipayom (2000) studied clients' satisfaction at OPD, Siriraj hospital, and found that the variables explaining the clients' satisfaction were: skill of services, explanation of information, convenience and ability to pay.

Plasin and Wiriyasombat (1999) studied the customers' satisfaction toward investigate service of OPD, Hatyai hospital, Songkhla province, and found that most of clients' satisfaction was of moderate level. The most satisfaction was in the standard of investigation and equipment. But clients' satisfaction was at the lowest in waiting time. The level of education was related to satisfaction.

Saranarak (2000) studied satisfaction and patients' needs in quality of nursing service of Ophthalmic Out patient Department at Kon Kaen hospital, and found that most of patients' satisfaction was in services provided under privilege announcement. The patients were satisfied in nursing service system and management in environment.

Wirojanasomreong (2001) studied patients' satisfaction towards services at emergency room at Cholpratharn hospital, Nontaburi province, and found that patients'

satisfaction in all services was of moderate level. Patients were satisfied, at high level, in medical information, co-ordination, quality of services and courtesy.

Boonjunt (2003) studied quality of service and customer satisfaction toward health care service at the medical OPD at Bamrasnaradura institute, Bangkok, and found that most of the patients' satisfaction was of moderate level in all of quality services, in convenience, courtesy, co-ordination and medical information.

From the literature reviews mentioned in this chapter, the components that need to be included as variables in the study are concerned with the following:

1. Socio-demographic characteristics of the participants such as age, sex, occupation, education and income.
2. Customer's perception in quality of service, which includes: availability, technical skill, art of care, explanation of care, continuity and outcome of care.
3. Customer accessibility includes: availability, accessibility, accommodation and acceptability.
4. Customer satisfaction towards various concerns in health care services: convenience, co-ordination of work, courtesy manner of the staff, medical information and quality of services.