A Structural Model to Investigate Factors Affect Patient Satisfaction and Revisit Intention in Jordanian Hospitals

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ABSTRACT

By measuring to what extent hospitals meet or exceed patient’s expectations, hospital managers can determine the needed service design and delivery improvements that contribute to patient satisfaction and revisit intention. It is necessary to evaluate quality of health care services from patient perspective. This research investigates the factors, including hospital performance, hospital stay, hospital facilities, interaction with patients, service quality, and patient security culture, that affect significantly patient satisfaction and revisit intention in Jordanian hospitals using structural equation modeling. Data were collected from five main hospitals. The results showed that hospital performance has no significant effect on patient satisfaction and revisit intention. This result indicates that the patients are facing troubles in admission, registration, waiting time, and response time for results of medical tests. Also, the hospital stay, hospital facilities, service quality, and patient security culture are found significantly important in achieving patient satisfaction and revisit intention. Further, the interaction with patients’ requirements and needs significantly related to service quality and hospital stay. These results shall provide policy and planning manager a great assistance in determining the factors that improve hospital performance, maintain quality medical services, and plan future improvements in the design and development of medical health care services in Jordan.

Keywords: Hospital Performance, Patient Satisfaction, Revisit Intention, Service Quality, Structural Equation Modeling

1. INTRODUCTION

Following the increases in the number of hospitals in Jordan, the quality of health care services provided to patients affects hospital performance under severe competition. Customer defines how a firm determines requirements, expectations and customer performance and investigates the procedures undertaken by the firm to acquire information about current and future customers (Lee et al., 2003). ISO 9000 certification enforces firms to meet or exceed customer expectations and have activities designed to increase customer focus (Al-Refaie et al., 2011). Patient satisfaction is considered an important measure of the quality of health care services and a key determinant of patients’
behavioral intention. By including the patient perspective as to how well the health care services meet or exceed patient’s expectations, managers can identify the service design and delivery improvements that contribute to patient satisfaction and revisit intention. For this purpose, it is necessary to evaluate quality of health care services from patient perspective.

Recently, several studies have been conducted to investigate the factors affecting patient satisfaction and revisit intention in health care services. For example, Carden and DelliFraine (2004) examined the factors that predict overall hospital satisfaction with blood suppliers. A total of 1325 blood-utilizing hospitals were included in the final study database. The measurement of hospital satisfaction with its blood supplier encompasses the five composites of service quality, including tangibles, reliability, responsiveness, assurance, and empathy. Significant predictors of hospital satisfaction with blood suppliers are satisfaction with medical and clinical support provided by the blood center, satisfaction with the routine delivery schedule, and price (service fee) of red cells. Chang et al. (2006) proposed a mathematical model for evaluating the quality of hospital services from the customers’ satisfaction perspective. The model was able to determine how much budget must be allocated to each quality element in order to maximize the customer satisfaction under budget constraint. Donini (2008) examined the course of the quality of the institutional catering service over a five year period to verify the effectiveness of the quality improvement process used by objective and subjective quality control. Objective quality control was measured by meal order accuracy, proper distribution of food in trolleys, route time from the kitchen to the ward and time of food distribution, food weight and temperature, waste assessment. While, subjective quality control was measured by giving the patients a questionnaire after meals. A significant amount of qualitative errors, such as lack of respect for patient preferences or at the moment of supplying the food trolley, have been found. Also, results showed that patient satisfaction with menu variability, portion size, temperature and cooking quality were improved over time. Kim et al. (2008) explored the factors affecting the value of care and patient satisfaction, and tested the correlations among the value of care, patient satisfaction and intention to revisit in large-sized hospitals located in Seoul, Korea with approximately 1000 hospital beds. Their study revealed that the value of care had a significant influence on patient satisfaction and revisit intention. Kucukarslan (2008) determined the relationship between disconfirmation of expectations with medication-related services and patient satisfaction with medical care. Satisfaction with medical care and the likelihood of positive word of mouth regarding the medical care were measured. Patient satisfaction and the behavioral intentions measures were significantly related. It was concluded that the disconfirmation of expectations had a role in a post service experience response expressed by the patient, but not as a direct antecedent to patient satisfaction. Chang and Chang (2008) implemented the service encounters evaluation model and concluded that: (1) technology-based service encounters had a positive impact on service quality, but not patient satisfaction, (2) after experiencing technology-based service encounters, the cognition of the service quality was positively related to patient satisfaction; and (3) network security contributed a positive moderating effect on service quality and patient satisfaction. McFadden (2009) investigated the existence of a patient safety chain for hospitals and developed a model for improving patient safety using data from a nationwide survey of over 200 hospitals. The proposed patient’s safety chain model would enhance operations in hospital settings. Hsiao (2009) assessed the outsourcing situation in Taiwanese hospitals and compared the differences in hospital ownership and in accreditation levels. The results for non-medical items showed medical waste and common trash both have the highest rate of being outsourced, while the lowest rate of outsourcing is in utility maintenance. For medical items, the highest rate of outsourcing corresponds to the ambulance units, whereas the outsourcing...
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