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رئيس هيئة التحرير:

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مدير التحرير:

د. محمد عبد الكريم علي عطية

أعضاء هيئة التحرير:

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Service Quality Perception and Patients Satisfaction a Case Study of King Fahd Hospital Al-Baha, Saudi Arabia

Dr. Ziad Mishaal Al-Zaydi

Assistant Professor, Department of Business Administration
Faculty of Business Administration at Al-Baha University

Abstract:

The role of service quality is widely recognized as being a critical determinant for the success and survival of any organization in today's competitive environment. Grönroos (1984) has concluded that perceived service quality is a process in which the consumer compares his service expectation with his perception. In the hospital environment, experience of patient provides a unique and valid information as it is, he who receives the service (Cho et al., 2004). The health service quality is one of the most important sectors to which, government and householders are concerned. Many authors have done research on this topic, there has been very little work on service quality perception and patient satisfaction in King Fahad Hospital of Albaha region. Since service quality perception and satisfaction are considered very important in management, this study attempts to fill the gap by examining the relationship between the health service quality and patient's satisfaction among the inpatient, outpatient and emergency departments using Rust & Olivier (1994) approach. In this study, impact of health service quality on the patient's satisfaction at King Fahad Hospital (KFH), Data were collected with the closed ended questionnaire in the waiting area of the different departments after consultation. Mostly the patients themselves filed the questionnaire with the help of their attendants, the research concluded that there is a significant difference in satisfaction among the patients of different departments of Albaha Hospital. The study also found that there is significant difference between realizations and expectations for all three dimensions, namely the product service, the delivery service and the environment service.

Keywords: Service Quality, Patient satisfaction, KFH Albaha.

تقييم جودة الخدمة ورضا المرضى في مستشفى الملك فهد بالباحة بالمملكة العربية السعودية

د. زياد مشعل الزايدي

الأستاذ المساعد بقسم إدارة الأعمال

كلية إدارة الأعمال في جامعة الباحة

الملخص:

الغرض: تعد جودة الخدمات الصحية واحدة من أهم القطاعات التي تهتم بها الحكومة والأسر. أداء المستشفيات السعودية خاصة المستشفيات العامة تجاه رضا المرضى. في هذا الصدد، تحاول هذه الدراسة سد الفجوة من خلال فحص العلاقة بين جودة الخدمة الصحية ورضا المرضى بين أقسام المرضى الداخليين والعيادات الخارجية والطوارئ في مستشفى عام في منطقة جنوبية بالمملكة، التصميم/ المنهجية/ المنهج: تحدد الورقة البحثية دراسة تجريبية حول تأثير جودة الخدمات الصحية على رضا المرضى في مستشفى الملك فهد في الباحة. يستخدم المؤلف طرقاً وصفية وتحليلية لجمع وتحليل البيانات. الدراسة مقطعية بطبيعتها تقارن رضا المرضى بجودة الخدمة، تم جمع البيانات من خلال الاستبيان. لتقليل التحيز اللغوي، تم ترجمة الاستبيان إلى اللغة العربية. تم أخذ عينات غير الاحتمالية. تم الاتصال بالمرضى في وقت الخروج من جميع أقسام المستشفى الثلاثة، وتم شرح الغرض من هذا البحث. ثم تم إعطائهم استبيان مع استمارة الموافقة. تم الحصول على موافقة مسبقة لإجراء هذه الدراسة من لجنة الأخلاقيات في المستشفى، النتائج: توصل الي البحث الى وجود إختلافات جوهرية في الرضا لدى مرضى الأقسام المختلفة بمستشفى الباحة. كما استنتجت الدراسة البحثية أيضاً أن هناك إختلافاً جذرياً بين التوقعات وواقع الخدمات المقدمة في المستشفى لجميع الأبعاد الثلاثة وهي خدمة المنتج، وخدمة تقديم الخدمة وأخيراً خدمة البيئة.

الكلمات المفتاحية: جودة الخدمة، رضا المرضى، المملكة العربية السعودية، المستشفيات.

INTRODUCTION:

The role of service quality is widely recognized as being a critical determinant for the success and survival of any organization in today's competitive environment. Grönroos (1984) has concluded that perceived service quality is a process in which the consumer compares his service expectation with his perception. In the hospital environment, experience of patient provides a unique and valid information as it is, he who receives the service (Cho et al., 2004).

The health service quality is one of the most important sectors to which, government and householders are concerned. Many authors have previously done research on this topic. Selim Ahmed, Kazi Md. Tarique & Ishtiaque Arif (2017), Mitropoulos. P; Vasileiou. K & Mitropoulos. I. (2018), Appalayya Meesala, Justin Paul (2018). Likewise, a few studies have investigated this issue in the Saudi Arabian context (Khalid J. Al Fraihi, Shahid A. Latif (2016), Aljuaid M, Mannan F, Chaudhry Z, Rawaf S and Majeed A (2016), Haya Al-Abbad (2015)). These studies have laid considerable emphasis on patient's perspective as he is at the center of all the healthcare services. There has been very little work on service quality perception and patient satisfaction in King Fahad Hospital of Albaha region. Since service quality perception and satisfaction are considered very important in management, this study attempts to fill the gap by examining the relationship between the health service quality and patient's satisfaction among the inpatient, outpatient and emergency departments using Rust & Olivier (1994) approach. In this study, impact of health service quality on the patient's satisfaction at King Fahad Hospital (KFH) is assessed.

1. The Problem Statment

In King Fahad Hospital (KFH), it has been observed that patient arrival rate is very high in the two departments namely Outpatient Department (OPD), Inpatient Department (IPD). There is a huge waiting line in OPD as well as IPD. Due to the huge arrival rate of patient and greater doctor patient ratio waiting time in all three departments is very high, this might lead to the dissatisfaction of patient.

In this study, the problem is to determine the impact of health service quality on the patient's satisfaction at KFH. We are required to answer the following questions:

- 1) What is the impact of health service quality provided by the OPD on patient satisfaction?
- 2) What is the impact of health service quality provided by the Inpatient Department on patient satisfaction?
- 3) What is the impact of health service quality provided by the Emergency Department on patient satisfaction?
- 4) Is there a difference between the 4) OPD, the IPD and Emergency Departments on patient satisfaction?

2. Literature Review

Mitropoulos. P ; Vasileiou. K & Mitropoulos. I. (2018) believe that Patients' perceptions with respect to the quality of services provided by the health care system suffer from subjectivity given that, inter alia, patients' scientific and technical knowledge of medical care issues is rather limited, and the perceived healthcare quality is subject to the patients' physical and psychological situation and their socio demographic characteristics. The authors use the Factor Analysis. The exploratory factor analysis was conducted to explore latent factors within the questionnaire items and to verify the reliability and validity of the service dimensions. The Principal Component Analysis method and orthogonal (varimax) rotation were employed to extract the factors that would improve the interpretation of the participants' answers with respect to the core part of the questionnaire which contains 11 services attributes. In addition, an ordinal regression analysis was employed to identify the determinants that have the most significant impact on inpatient satisfaction.

The survey asked from inpatients to rate their general degrees of satisfaction or otherwise from their hospital services on a 10- point scale from very low to very high. The survey was administered by the Greek Ministry of Health. Data was selected by 42 hospitals. The survey contains 5467 inpatients. The study stressed the importance of communication between patients and hospital staff, as the communication with nurses was found to be the most salient predictor of overall satisfaction followed by the communication with doctors. Although, to a less extent, both the physical environment and the information about discharge were also found to play a significant role in patients' perceived satisfaction.

On the other way, the study of Appalayya Meesala, Justin Paul (2018) was conducted on 180 respondents who have undergone treatments in 40 different hospitals in Hyderabad during 2014.

Respondents were selected on a random basis. To ensure randomization, only the first encountered patients with odd identification numbers were chosen in one hospital but in the next hospital, only those with even numbers selected. The SERVQUAL instrument formulated by Parasuraman et al (1985, 1988) is the most widely cited framework in the services marketing literature. SERVQUAL scale was slightly modified to suit local perceptions. Path analysis was run with SPSS AMOS 20. Five dimensions of service quality, namely, tangibility, responsiveness, reliability, assurance, and empathy were taken as exogenous variables while patient satisfaction was taken as an endogenous variable. Patient's Loyalty to Hospital was taken as the second endogenous variable. Findings show that Reliability and responsiveness (not empathy, tangibility, and assurance) impact patients' satisfaction. Patient's satisfaction is directly related to patients' loyalty to the hospital. Marital status and age have no impact on the regression weights of the variables analyzed; however, it was found that to some extent gender does.

The more satisfied customers are the greater the customer retention willingness to recommend (Zeithaml et al., 1996). If the perceived performance matches customer expectations of services, they are satisfied. If it does not, they are dissatisfied. (Zeithaml and Bitner, 2000). In addition, the consumer's experience of a service can be expected to influence the evaluation of the service quality experienced (Gronroos, 1984)

Selim Ahmed, Kazi Md. Tarique & Ishtiaque Arif (2017) while analysing the service quality, patient satisfaction and loyalty in the healthcare sector of Bangladesh found that patient satisfaction, quality conformance and loyalty are dependent on factors such as gender, age and marital status. They delved into the differences between private and public healthcare sectors pertaining to service quality, patient satisfaction and loyalty. The authors shared self-administered questionnaires to 450 hospital patients and received 204 useful responses (45.3 per cent response rate). They analyzed the data using SPSS version 23 where the data was analyzed based on reliability analysis, exploratory factor analysis, independent samples t-tests, ANOVA and discriminant analysis. They concluded that Young patients (≤ 20 years) have a higher tangible, empathy and loyalty scores compared to other age groups. Single patients perceive tangibles, reliability, empathy and loyalty is higher as compared to married patients.

Aljuaid M, Mannan F, Chaudhry Z, Rawaf S and Majeed A (2016) conducted a study on "Quality of care in university hospitals in Saudi Arabia: a systematic review" with the objective to identify the key issues, problems, barriers and challenges particularly in relation to the quality of care in university hospitals in Saudi Arabia and to provide recommendations for improvement. To do so, they have conducted systematic search using five data bases for article published during the period 2004 – 2015.

More importantly the study found that there is a need for further improvement in the quality of healthcare in university hospitals in KSA. Some problems identified in this review could be addressed by establishing an independent body in KSA, which could monitor healthcare services and push for improvements in efficiency and quality of care.

Khalid J. Al Fraihi, Shahid A. Latif (2016) examined outpatient service quality in eastern Saudi Arabia by using service quality gap model and factors influencing such gap. To do so, they used cross sectional study design and selected 306 patients from eastern province of Saudi Arabia by using convenience sampling techniques. Data was collected using SERVQUAL model questionnaire in Arabic only. The study found that the empathy dimension contributed most patients' expectations (4.7 ± 0.5) and perceptions (3.7 ± 0.8) scores, and responsiveness contributed least to expectations (4.5 ± 0.6) and perceptions (3.2 ± 0.8) scores. Ease of use showed highest service quality gap, while observation of privacy showed the smallest service quality gap in the statements. They have concluded that there is significant association between gender, age, education, multiple visits, and service quality dimensions.

Haya Al-Abbad (2015) examined Gender Differences in Consultation Time and its Relation to Patient's Satisfaction at Primary Health Care Clinics in Riyadh, Saudi Arabia. The objective of the study was to establish relationship between consultation time and patient satisfaction of male and female patients. They used descriptive cross-sectional study design; sample size was 400 patients more than 18 years of age.

Data were collected with the closed ended questionnaire in the waiting area after consultation. It was found the average consultation time among females was 16.28 minutes while among males was 17.68 minutes and the difference between the two groups is not statistically significant. Mean satisfaction of female was higher than the male patient. Study highlighted that the improvement in consultation time

would reflect the improvement in the health care system. Among males, consultation time didn't show an association with the level of satisfaction; other correlates such as marital status, waiting time in waiting area and sociodemographic factors such as (level of education, occupation or residency) didn't show any correlation with patients' satisfaction although previous studies showed less satisfaction.

Waleed Samy, Khaled A. Alswat, Abdel Hamid Serwah and Moustafa Abdel-Wahab (2015) evaluated Patient Satisfaction from Medical Service Provided by University Outpatient Clinic, Taif University, Saudi Arabia. The aim of this study was to determine patients' satisfaction regarding the quality of medical care. They applied SERVQUAL model and drafted questionnaire in Arabic and English. Cross sectional study design was used, and random sampling techniques were applied in the study. Total of 383 patients were included those who have visited at health care Centre during the study. Finding of the study highlighted that patients were satisfied with the patient-physician interaction, technical competency, administrative efficiency and environment of clinic set up.

Augustine Awuah Peparah, Bede Akorige Atarah (2014) examined patient's satisfaction using SERVQUAL model in regional hospital Ghana. The patient visited to the hospital during the study were considered the target patient, sample were selected by using simple random techniques. SERVQUAL Parameters was used to capture relevant data. They have distributed 345 questionnaires while received 214 completed questionnaires. Study found that the overall satisfaction of patients concerning the service quality of the hospital was good. Patients were less satisfied in Reliability, Communication/interpersonal relationship, Assurance, and Responsiveness while highly satisfied in Tangibility and Empathy dimensions. The study concluded that it is necessary to capture information on patient needs, expectations and perceptions to assess their satisfaction about the service they receive.

Alia Almoajel, Ebtisam Fetohi and Amani Alshamrani (2014) explored patient's satisfaction with primary health care in Jubail city of Saudi Arabia. Cross sectional descriptive study was conducted with the help of 47 questions and some questions on sociodemographic background on 200 patients visited in primary healthcare center in SWCC compound in Jubail. Their study used all the five dimensions of SERVQUAL scale. The study found that the patient's satisfaction and sociodemographic variables significantly related. The patients are satisfied with the health care service, but some aspects of clinical behavior and organizational setting need to be improved.

(Cho et al., 2004) believes that experience of patient provides a unique and valid information as he is the person who receives the service.

In another study Grönroos (1984) has concluded that perceived service quality is a process in which the consumer compares his service expectation with his perception. These studies have laid considerable emphasis on patient's perspective as he is at the center of all the healthcare services.

Christo Bisschoff, Hannes Clapton (2014) measured customer service in a private hospital in South Africa. They used convenience sampling techniques and included 53 patients in the final analysis. Data were collected physically by distributing the questionnaire to the patients at the point of discharge. They used all five-service quality dimension i.e. reliability, responsiveness, empathy, assurance and tangible of SERVQUAL model

(Lam, 1997) found that the patient was satisfied with the quality of services by the hospital while satisfaction differed on all the 5 parameters of SERVQUAL scale as they have identified that tangibles and responsiveness as contributing to the main discrepancy between the expectation and perception of the patients. Study concluded that hospitals need to constantly analyze the level of satisfaction their patients experience with the service quality and implement corrective actions to address concerns to improve patient's satisfaction as well as the intention of the patient to refer the institution to others. The study also suggested that hospitals should also pay more attention to the overall service quality provided by the institution and this can only be done if the hospital is aware of the possible shortcomings in the current level of service quality offering.

Zohreh Anbari, Yaser Tabaraie (2013) examined quality of hospital and patient satisfaction using SERVQUAL Model in Iran. In their contribution, they determined the different dimension of service quality in hospital of Iran and evaluated the service quality from patient's perspective. They have used cross sectional study design and their target population was the patient admitted in the three-university hospitals of Iran during the period of study. Sample size for their study was 385 patients. They have divided total sample to the three-university hospital equally. Permission has been taken from the hospital

to conduct survey from patient. They have collected data with structured closed ended questionnaire with a 22-point SERVQUAL scale. Their findings suggest that low expectation in reliability of services, low perceptions related to staff responsiveness to patients' needs and there was significant difference in overall SERVQUAL score among three hospitals.

Parasuraman et al. (1991) addressed the issues raised by vindicating the use of gap scores for measuring service quality. Parasuraman et al. (1994) responded to some concerns and revised their original instrument but disagreed on replacing their model entirely.

Carman (1990) arrived at a different dimensional structure while using SERVQUAL scale in a study pertaining to hospitals. More importantly, five factors of SERVQUAL model are different statistically between expectation and perception.

Bamidele AR, Hoque ME, Van der Heever H (2011) examined patient satisfaction in primary healthcare setting in Botswana with the objective to identify factors contributing to patient satisfaction. To do so, they used cross sectional study design, self-administered questionnaire and sample size as 360 patients from different department of hospital. They found that the patients were quite satisfied with the service (average score = 3.75), quality of care was good (average score =3.45) and pharmacy received the highest satisfaction level with a mean rating of 4.1 out of 5. The study suggested that there is a need for interventions in terms of time spent at the facility, which would promote good customer-focused service delivery.

Halil Zaim, Nizamettin Bayyurt and Selim Zaim (2010) researched on Service quality and determinants of customer satisfaction in Turkish Hospital. They used SERVQUAL model to measure perceived quality of services. Data were collected from 265 patients from 12 hospitals in turkey. They used 7-point Likert scale for both perception and expectation questionnaire separately. Gap has been calculated by P – E, Relationship between customer satisfaction and SERVQUAL measures investigated. They have used six criteria of SERVQUAL model i.e. tangibility, reliability, responsiveness, assurance, courtesy, and empathy. Ordinal logistic regression technique was used for testing the framework of the relationship among the variables. The finding of the study differs from other prominent researcher in this field because responsiveness and assurance factors were not identified as direct determinants of service quality.

Although numerous studies have been conducted to assess the patient's satisfaction in and outside the Saudi Arabia using SERVQUAL scale, but to the best of the researcher's knowledge there is no study found in the Albaha region on patient satisfaction either at primary healthcare or at central hospital. The proposed study sets out to explore patients' satisfaction towards service quality at Albaha region of southern Saudi Arabia.

3. Conceptual Framework

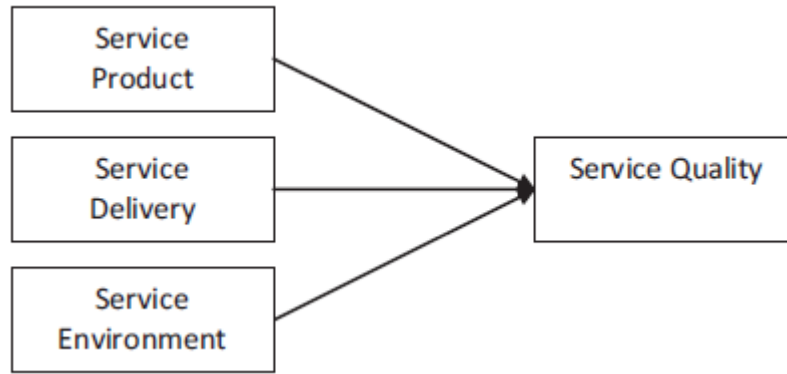
The SERVQUAL model in some fields displays limits which authors believe is a continuous debate and SERVQUAL has been criticized by many authors for varied reasons. Reynoso and Moore (1995) have proposed that researchers while applying SERVQUAL models should resort to more generic forms of SERVQUAL dimensions and should apply constrain before adding any dimension for a situation. Using this principle and idea put forward by Rust and Oliver (1994) regarding service quality and its three dimensions' researcher has arrived on three dimensions which affect service quality at hospitals. These dimensions are as below:

- (1) Service product;
- (2) Service delivery; and
- (3) Service environment.

In this model, Service Product, Service delivery and service environment are the three factors which would be identified.

Service delivery is defined as those aspects of the service experience that involve direct interaction between the customer and the service provider. The service environment refers to the appearance and condition of the facilities and ambiance that are part of the service encounter.

Figure.1: Service quality components

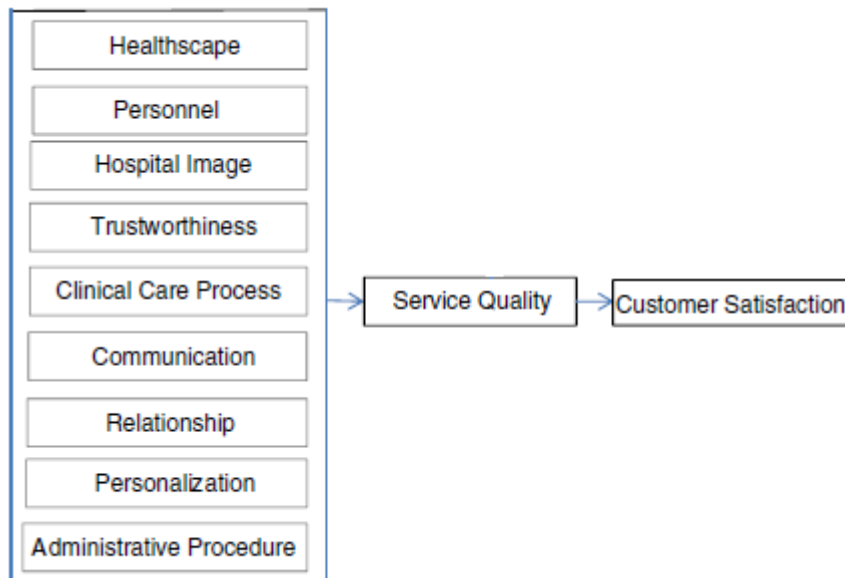


Source: Rust & Olivier (1994)

We join Yogesh & Satyanarayana (2016) and Kandampully (2007) in considering this model as of interest to the hospitality industry because the service environment plays such an important part in the delivery of service products in this industry.

Based upon the model theorized by Rust and Oliver (1994) and coupled with, the work of Yogesh & Satyanarayana (2016), it is hypothesized that a three-factor model will be revealed in the present research. Following Yogesh & Satyanarayana (2016), we use nine factors of service product which are healthscape, personnel, hospital image, trustworthiness, clinical care process, communication, relationship, personalization, and administrative procedure.

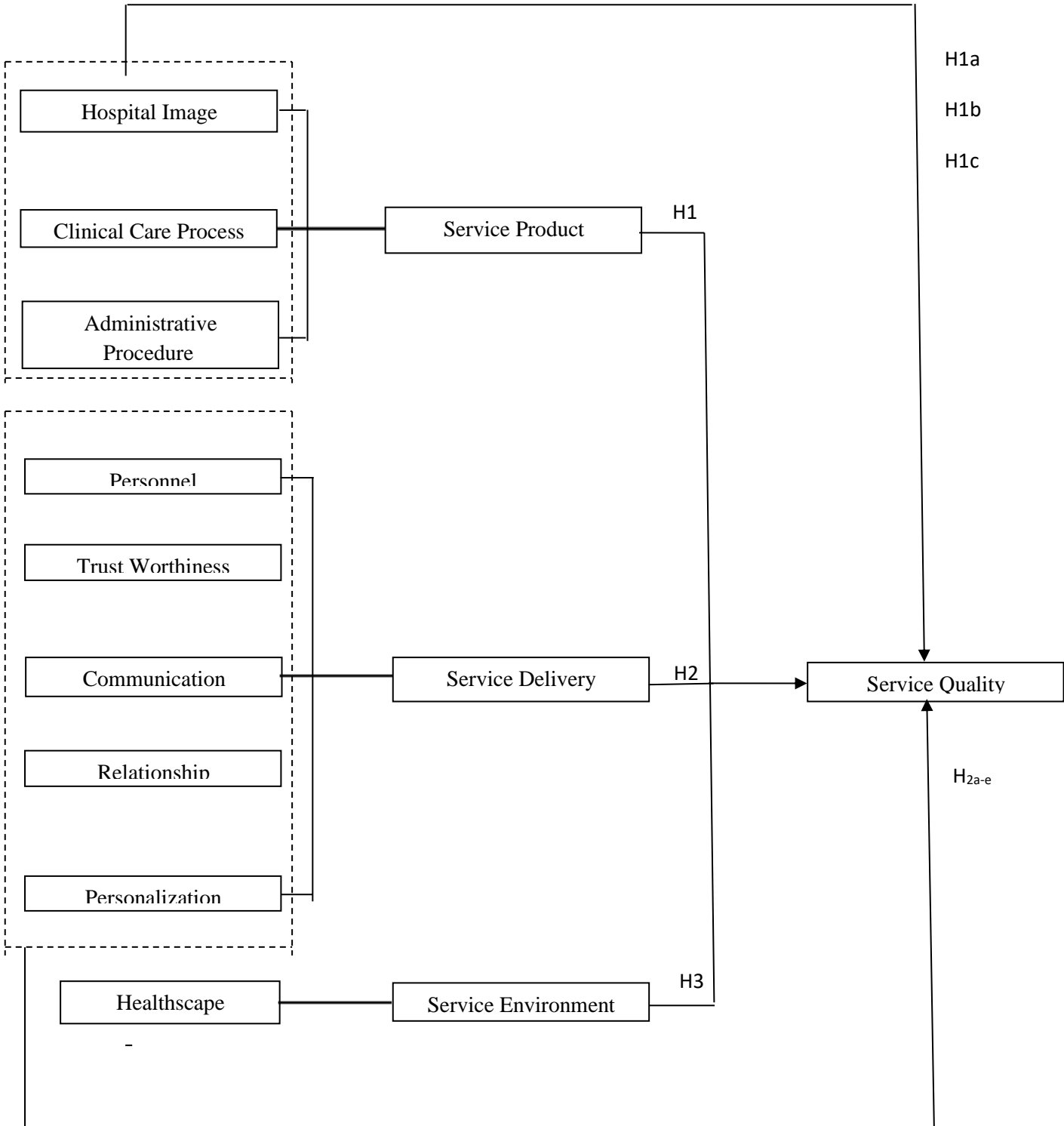
Figure.2: Service quality and customer satisfaction model



Source: Yogesh & Satyanarayana (2016)

The conceptual framework in this research is to consider the nine factors discussed previously as components of the three major dimensions of the service product, namely the service product, the service delivery and the service environment. Under the service product dimension, we include the hospital image, the clinical care process and the administrative procedure factors. The service delivery includes the personnel, trustworthiness, communication, relationship and personalization factors. Finally, the service environment includes healthscape. Figure 3 illustrates the conceptual framework.

Figure. 3: The conceptual framework



Source: The author

4. Hypotheses:

The following hypotheses were formulated:

H1: Service quality is positively related to service product where service product includes Hospital image, Clinical care process, Administrative procedure.

H1a: Service quality is positively related to Hospital image.

H1b: Service quality is positively related to clinical care process

H1c: Service quality is positively related to Administrative procedures

H2: Service quality is positively related to service delivery where service delivery is represented by Personnel, Trustworthiness, communication, relationship, Personalization

H2a: Service quality is positively related to Personnel

H2b: Service quality is positively related to trustworthiness

H2c: Service quality is positively related to communication

H2d: Service quality is positively related to relationship

H2e: Service quality is positively related to personalization

H3: Service quality is positively related to Service environment where service environment is defined by Healthscape.

5. Methodology and Scope

The study compares the satisfaction of patient with service quality at the different sections of King Fahd Hospital Albaha. We considered three different departments namely the inpatient department, the outpatient department and the emergency department. The target population was the patient who visited in any of the department of hospital during the study period. The study included the patients who were more than 18 years of age and visited during the stipulated time frame. Non-probability convenience sampling was used. Random sampling techniques were considered difficult due to the time frame, availability of patient, Readiness to response and more particularly effort needed. Patient were contacted at the time of discharge at all the three department of hospital, purpose was explained to the patients and if they were willing to participate then only, they were given questionnaire with the consent form. Approval was taken in advance to conduct this study from the ethics committee of the hospital.

6. Data Collection

The sample size for the study was 236 patients from various departments of KFH. Data was collected through structured close ended questionnaire using Rust and Oliver (1994) & Yogesh & Satyanarayana (2016) parameters. Questionnaire was distributed to the patients when they finished their consultation and response was taken at the same time. Back translation technique has been used for the arabic questionnaire. The original (English) version was translated into Arabic. The Arabic was translated back into English, independent of the first English version. Any changes in meaning were corrected. Then, the second English version was translated into Arabic to make a second Arabic version. This process was continued until any differences of meaning were corrected. The back translations were accomplished by a panel of experts in English and Arabic to validate the questionnaires. The Arabic questionnaire was intended for those managers and employee, who were Saudis. The English version was intended for those who were English speakers. Data was analyzed using SPSS v.23.

7. Results

From 300 questionnaires distributed, 236 complete documents were analyzed (response rate 78.6 percent). Of the respondents, 57.2 percent were males and 42.8 percent are females. Most of the respondents were Saudi with 81.8 percent against 18.2 percent. Only 28 percent are single, 53.4 are married and 18.6 are divorced. More than 60 percent are over 30 years, and more than 60 percent earn less than 10000 SR. (Table 1).

Table 1 Sample Demographics

Measure	Item	Frequency	percentage
Department	Inpatient	78	33.1
	Outpatient	78	33.1
	Emergency	80	33.9
Nationality	Saudi	193	81.8
	Non-Saudi	43	18.2
Gender	Male	135	57.2
	Female	101	42.8
Marital Status	Married	126	53.4
	Single	66	28
	Divorced	44	18.6
Education	Doctoral	24	10.2
	Master	29	12.3
	Bachelor	91	38.6

Measure	Item	Frequency	percentage
Age	High School	60	25.4
	Less than high school	32	13.6
	Less than 20	24	10.2
	20-30	58	24.6
	31-40	74	31.4
	41-50	72	30.5
Monthly income	More than 50	8	3.4
	Less than 6000	50	21.2
	6000-10000	98	41.5
	10001-20000	63	26.7
	20001-30000	25	10.6

Source: The authors

The reliability of instruments was tested with well-known and widely accepted Cronbach's alpha. The coefficients for each construct are shown in Table 2. It was found that all scales have reliability coefficients in the range of 0.6 to 0.8 which exceed the cut off level of 0.6 (Nunnally, 1978), which leads us to conclude that all the alpha values of the instrument are reliable.

The validity of used questionnaire (Pallant, 2010), can be assessed by measuring the correlation between the variables. On the other hand, criterion validity is quantified by the correlation coefficients between sets of scales and that proves the external validity. In our present study we have used the existing theories and scales. According to Hair et al, 2006 Criterion validity is checked by using the correlation matrix among factors and if the correlation between the subscales constructs is significant, we can accept the validity to be approved. In our study we found that correlations between most of the variables were positive and were significant at the level of 0.01 and 0.05 and it was ranged between 0.52 and 0.81. It was found that most significant result was the correlation between independent variables and dependent variables. It was high and positive and ranged between .56 and .76.

Table 2 Correlation

	Mean	SD	α	HI	CCP	AP	PL	TW	CM	RP	PN	HE	SQ
HI	2.39	0.49	0.67	1.00									
CCP	2.19	0.56	0.78	.38**	1.00								
AP	3.04	0.55	0.78	.37**	.26**	1.00							
PL	2.28	0.50	0.86	.42**	.25**	.21**	1.00						
TW	2.86	0.64	0.62	.53**	.51**	.35**	.26**	1.00					
CM	2.69	0.47	0.81	.42**	.35**	.39**	.51**	.49**	1.00				
RP	2.93	0.87	0.87	<u>0.12</u>	<u>0.11</u>	.22**	.50**	<u>0.02</u>	.39**	1.00			
PN	3.14	0.84	0.60	.25**	.26**	.23**	.39**	.19**	.42**	.72**	1.00		
HE	2.89	0.54	0.81	.45**	.47**	.31**	.23**	.77**	.46**	<u>-0.04</u>	.16*	1.00	
SQ	3.05	0.45	0.82	.63**	.59**	.56**	.65**	.67**	.76**	.615**	.73**	.60**	1.00

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

We used linear regression to test the effect of the independent variable (HI) on the service quality (SQ) as shown in table. The total variance was 68% $F = 50.59$, $P < 0.05$. The result between Hospital image and service quality indicates that the standardized regression weight OC was significant ($\beta = 0.249$, $t = 4.916$, $p < 0.01$). This result confirm that the path was confirmed as positive, and thus H1a is supported. The result between Personnel and service quality indicates that the standardized regression weight OC was significant ($\beta = 0.243$, $t = 4.686$, $p < 0.01$). This result confirm that the path was confirmed as positive, and thus H2a is supported. The result between Trustworthiness and service quality indicates that the standardized regression weight OC was significant ($\beta = .453$, $t = 6.739$, $p < 0.01$). This result confirm that the path was confirmed as positive, and thus H2b is supported. The result between Relationship and service quality indicates that the standardized regression weight OC was significant ($\beta = 0.197$, $t = 2.976$, $p < 0.01$). This result confirm that the path was confirmed as positive, and thus H2d is supported. Finally, the result

between Personalization and service quality indicates that the standardized regression weight OC was significant ($\beta=0.134$, $t=2.102$, $p<0.05$). This result confirm that the path was confirmed as positive, and thus H2e is supported.

Table 3 Regression Analysis Results

	Adjusted R ² =0.66		Sig =0.000	F = 50.59		
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Mark
	B	Std. Error	Beta			
Constant	.744	.229		3.251	.001	
HI	.391	.079	.249	4.916	.000	Supported
CCP	.023	.064	.017	.354	.724	Unsupported
AP	.056	.061	.040	-.912	.363	Unsupported
PL	.376	.080	.243	4.686	.000	Supported
TW	.548	.081	.453	6.739	.000	Supported
CM	.174	.091	.104	1.913	.057	Unsupported
RP	.173	.058	.197	2.976	.003	Supported
PN	.126	.060	.134	2.102	.037	Supported
HE	.228	.092	.157	2.485	.014	Supported

Dependent Variable: SQ

8. Limitations

No research is free from shortcomings so is ours. The study was restricted to one multi-specialty public hospital in Albaha, Saudi Arabia. Thus, study findings need to be confirmed in other hospitals operating in other regions. The study was constrained by time and other resources. Ideally, all 20 regions as defined by the Ministry of Health should have been included. Also, owing to resource limitations, the study did not include other key variables that are related to service quality, like leadership and organizational design. The survey difficulties were aggravated by a lack of cooperation from the hospital managers, notably their reluctance to distribute the questionnaires to patients. Finally, information obtained from patients may not be free from subjectivity. Respondents might not have given truthful information about service quality and their responses might be different if they answered the questionnaire in hospital.

9. Conclusion and Recommendations

Service managers can augment and improve the service quality at hospitals by using the service quality and patient satisfaction data. This study will help them to understand how different dimensions and components impact the overall service quality. The stakeholders can enhance their service quality after analysing the strength and weaknesses which will ultimately help them in allocation of resources in optimum way. The research has concluded that there is a significant difference among the different departments of Albaha Hospital. The study also found that there is significant difference between realizations and expectations for all three dimensions, namely the product service, the delivery service and the environment service.

From the multiple linear regression analysis of the impact of health service quality provided by Albaha hospital on patient satisfaction, we prove that there is no significant difference between the departments, while the emergency department has got the small percentage contribution to satisfy the hospital patients. According to the health service quality provided by inpatient department has an impact on patient satisfaction. The health service quality has got positive impact in the patient satisfaction according to its product service and delivery service dimensions. The environment service dimension doesn't impact health service quality. This study suggests dealing with serious problems in conducting the product service in the outpatient department that requires a deep research on how to improve product service to better satisfy patients.

The identification of areas that require immediate improvement in public hospitals would provide valuable guidance to the policy makers who can devise suitable strategies to make King Fahd Hospital more sensitive and responsive to the needs of the local patients and this may subsequently contribute to the increase in service quality and patient satisfaction. Finally, emergency department, findings

demonstrate no statistically significant effect of the quality of health services provided by the Emergency Department on patient satisfaction.

To improve healthcare service quality and patient satisfaction public healthcare providers should design service standards that promote reliable consistent services and not promise more than what they can deliver. King Fahd Hospital managers need to focus on the inpatients and their service quality perceptions. They need well-planned strategies to strengthen service quality that improves their patients' perceptions. Our findings provide insights for the managers of the King Fahd Hospital in Albaha region, which will help to improve service quality towards patient satisfaction.

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