

Quality of service and satisfaction of users of the pediatric service in Hassan II hospital. Agadir Morocco

^[1] Jaouad El Kaissouni, ^[2] Karim Leyoussi, ^[3] Sattar Mehdi, ^[4] L. Aboudrar

^[1] PhD student Faculty of Legal, Economic and Social Sciences of Agadir IBN ZOHR University Laboratory for Research Studies in Economics and Management Morocco

^[2] PhD student Faculty of Legal, Economic and Social Sciences of Agadir IBN ZOHR University Laboratory for Research Studies in Economics and Management Morocco

^[3] Assistant Professor, Faculty of Economic and Social Legal Sciences of Agadir IBN ZOHR University Laboratory for Research Studies in Economics and Management Morocco

^[4] Higher Education Teacher, Coordinator Laboratory of Research Studies in Economics and Applied Management UIZ Morocco

Email: ^[1] jaouad18@hotmail.com, ^[2] kar.leyoussi@gmail.com, ^[3] sattar.mehdi@gmail.com, ^[4] l.aboudrar@uiz.ac.ma

Abstract— *The aim of this research was to determine the relationship between the quality of service and the satisfaction of mothers in the field of pediatrics at the Hassan II Agadir hospital. The research approach was quantitative. The study population was made up of users treated in the field of paediatrics and the sample was made up of 152 mothers, a number obtained by probability sampling. The instrument used for data collection was the service quality and user satisfaction questionnaire. The results found indicate that 65.1% of users indicate that the quality of the service they receive is average, 45.4% of users are partially satisfied and it has been statistically found that there is a moderate, direct and significant correlation between service quality and user satisfaction. Spearman's correlation coefficient is 0.590 with a p-value below the significance level ($p=0.000<0.05$). Finally, it is concluded that as long as there is a better quality of service, users will feel more satisfied.*

Index Terms— *Quality of Service, User Satisfaction, Health*

INTRODUCTION

Currently, in Morocco, there are different types of health institutions that perform tasks aimed at preventive and curative assistance to babies. It is therefore necessary that they provide a service that meets their expectations. In the field of pediatrics at Hassan II Agadir Hospital, many users perceive that quality service is not provided due to inadequate treatment by hospital staff, lack of courtesy and a lack of skill and sensitivity in deciding their ailments, which causes unease and discomfort.

Service quality is defined as the gap between the service that the user expects and that which is specifically perceived (Parasuraman, Zeithaml and Berry, 1993), so the greater the gap or deference, the lower the level of quality is high.

In the field of health services, Ortiz (2016) argues that the perception of quality is the result of the interaction between the service provider entity and the users. In this sense, quality is not limited only to the scientific training of health professionals, but also to the care of users.

Canzio (2019) asserts that healthcare with adequate quality standards is characterized by an excellent level of professional competence, the efficient use of resources, guaranteeing the minimum risk for patients and guaranteeing favorable outcomes on their health. In this survey, the

SERVQUAL model was taken as a reference to establish the dimensions of service quality: reliability, responsiveness, security, empathy and tangible aspects.

With regard to user satisfaction, it can be said that it is one of the factors which are gaining in importance in the evaluation of health services (Seclén and Darras, 2005). In this understanding, satisfaction is conditioned by expectations, personal needs and values. For this reason, the level of satisfaction achieved by each user is different even when treated in the same place.

According to the Ministry of Health (2018), external user satisfaction is the level of compliance of the entity providing the health service, in terms of expectations and perceptions that users express, taking into account the services that the offering entity.

Finally, Kotler and Keller (2006) define it as “a feeling of pleasure or disappointment that results from the comparison of the experience of the product (or the expected results) with the expectations of previous benefits”.

For these reasons, the objective of this research was to determine the relationship between service quality and user satisfaction in the pediatric department of Hassan II Hospital, Agadir.

METHODOLOGY

The research approach was quantitative, the design was non-experimental since study variables were not deliberately manipulated, but phenomena were observed as they occurred in their environment and were then analyzed (Hernández, Fernández and Baptista, 2014). The research was correlational since it sought to know the relationship that exists between the two variables studied and it was estimated by the use of coefficients that showed us its intensity and direction (Bisquerra, 2009). The research plan is presented below with a sample of 152.



Where, Ox = Variable 1: Quality of service OY= Variable 2: User satisfaction r = Relationship between variables

To measure the study variables, the survey technique was used since, as mentioned by Carrasco (2006), it is a social research technique par excellence thanks to its usefulness, versatility, simplicity and the objectivity that is obtained from its use. Regarding the data collection instruments, the quality of service as an independent variable is structured in 5 dimensions: reliability, responsiveness, security, empathy and tangible aspects, consists of 26 items on a Likert scale (strongly disagree, disagree, neither agree nor disagree, agree and totally agree).

On the other hand, Satisfaction as a dependent variable is structured in 2 dimensions: effectiveness and accessibility, composed of 11 items on a Likert scale (strongly disagree, disagree, neither agree nor disagree, agree and totally Okay).

Data processing was performed using SPSS version 22 software. For descriptive analysis, frequency tables and percentages were used and for hypothesis testing, Spearman's non-parametric test was used. because the variables are ordinal and do not have a normal.

Finally, in order to guarantee the confidentiality of the data collected, each participant was given an informed consent letter in which they were made aware of the purpose of the research in order to obtain their voluntary consent.

RESULTS ANALYSIS

According to Table 1, most users of the pediatric specialty of the Hassan II regional hospital (65.1%) indicate that the quality of the service they receive is regular, 16.4% indicate that it is poor. , 11.2% say it's good, 6.6% say it's ugly, and 0.7% say it's great.

Table 1: Descriptive results of the quality of service variable

| Categories | ni | fi |
|------------|-----|-------|
| Very bad | 10 | 6.6 |
| Bad | 25 | 16.4 |
| medium | 99 | 65.1 |
| good | 17 | 11.2 |
| excellent | 1 | 0.7 |
| | 152 | 100.0 |

According to Table 2, 45.4% of users of the specialty of pediatrics are satisfied with the services they receive, 33.6% feel unsatisfied, 15.1% feel dissatisfied and 5.9% feel very satisfied with the services provided. by the establishment.

Table 2 : Résultats descriptives de la variable satisfaction.

| Categories | ni | fi |
|----------------|-----|-------|
| dissatisfied | 23 | 15.1 |
| Unsatisfied | 51 | 33.6 |
| satisfied | 69 | 45.4 |
| Very satisfied | 9 | 5.6 |
| | 152 | 100.0 |

Table 3 shows us that the Spearman rank correlation coefficient between the quality of service and user satisfaction variables is 0.590 with a p-value below the significance level (p=0.000<0.05).

Based on the above, it is concluded that there is a moderate, direct and significant correlation between the analyzed variables. Finally, it is concluded that as long as there is a better quality of service, users will feel more satisfied.

Table 3: Correlation between quality of service and satisfaction of mothers with babies.

| | | | Quality of service | Satisfaction |
|-----------------|--------------------|-------------------------|--------------------|--------------|
| Rho of spearman | Quality of service | Correlation coefficient | 1.000 | 0.59* |
| | | Sig (bilateral) | | 0.000 |
| | | N | 152 | 152 |
| | Satisfaction | Correlation coefficient | 0.59* | 1.000 |
| | | Sig (bilateral) | 0.000 | |
| | | N | 152 | 152 |

*the correlation is significant at the 0.01 level

As shown in Table 3, there is a moderate, direct and significant correlation between the user satisfaction variable and the reliability (rs= 0.406; p<0.05), responsiveness (rs= 0.439; p<0.05) dimensions. , safety (rs= 0.444; p<0.05), empathy (rs= 0.438; p<0.05) and tangible aspects (rs= 0.543; p<0.05).

DISCUSSION

According to the first results, most users of the pediatric specialty of Hassan II Hospital (65.1%) indicate that the quality of service they receive is average. Considering the results presented, we can say that users mention that they are partially satisfied with the services they received in paediatrics, which is worrying because it indicates that there are points to improve so that the population completely satisfied with the service and efficiency. These results are corroborated by Quispe (2015) who finds that the majority of

users declare that the quality of service is at an average level; de Ñahuirima (2015) who concluded that the majority of customers consider that the level of service quality needs improvement; from Redhead (2015) who also found that the quality of services is average and from Távora (2016) who showed that the quality of care is partially adequate.

The Hassan II Regional Hospital has an obligation to recognize user satisfaction through the provision of practical, acceptable and pleasant services. In this sense, it is necessary for the management team to take corrective measures to adapt the performance of professionals to relevant and quality levels.

Similarly, it was found that 45.4% of pediatric specialty users are partially satisfied with the services they receive. This means that a considerable percentage of users believe that the degree of compliance of the hospital, in terms of the expectations and perceptions they have, is partial, in relation to the services it offers. These results are corroborated by the surveys of Morillo (2009), Nahuirima (2015), Redhead (2015) and Távora (2016) which found that the level of satisfaction of the external user was at a steady level.

In Table 3, the contrast of hypotheses has been made, concluding that there is a moderate, direct and significant correlation between quality of service and user satisfaction ($r_s=590$; $p<0.05$). These results corroborate the research of Vergara, Quesada and Blanco (2011), Morillo (2009), González and Brea (2006), Quispe (2015), Santana, Bauer, Minamisava, Queiroz and Gómez (2014).), Ñahuirima (2015), Loli et al. (2014), Arrascue and Segura (2016), Redhead (2015), Távora (2016), Ticlla (2016) and Gutiérrez (2016), who also found that service quality is a determining variable of satisfaction, on which it is clearly and significantly influences; This means that establishment managers should place more importance on perceived quality because it will improve customer satisfaction and therefore establishment results.

Finally, it was found that there is a moderate, direct and significant correlation between the variable user satisfaction and the dimensions reliability ($r_s= 0.406$; $p<0.05$), responsiveness ($r_s= 0.439$; $p<0.05$), safety ($r_s= 0.444$; $p<0.05$), empathy ($r_s= 0.438$; $p<0.05$) and tangible aspects ($r_s= 0.543$; $p<0.05$). In this sense, these are factors that determine the level of satisfaction that users can have, it is therefore necessary that the authorities put in place the necessary conditions to improve them and provide a quality service that fully meets their expectations.

Patients' overall perception on the tangible dimension was seen with less satisfaction, where they rated the level of cleanliness, lack of medication, inadequate equipment and staff is the worst among all tangible factors, qualifying it very low in public hospitals. These results confirm Odaga (2004) who found that the problem with public hospitals was drugs, equipment, insufficient staff and low level of cleanliness.

Any ambiguity about the tangibility of services is dispelled when considering this in the context of health care. Material

goods should not be seen as peripheral to clinical interventions and sight should not lose its importance, as cleanliness, equipment, food and, in the case of hospitalized patients, the general environment (including the decor, light and sound) are all key elements.

In recent years, there has been much concern about nosocomial infections, which have called into question the cleanliness of hospital environments. Cleanliness is not only paramount to speed of recovery, but increases the risk of patients becoming more seriously ill than before admission and, in the most severe cases, vulnerable patients may die. Although there is debate about the cause of these infections (that they are not simply the result of unsanitary environments), there is no doubt that this tangible element is essential. Indeed, the questionnaire data showed that cleanliness was one of the highest rated items in terms of priority for the public. While this might more easily be seen as an integral part of the security or insurance related dimensions, in this case it is clearly also relevant to the tangible aspects of the service.

Another important tangible aspect of the clinician's job is equipment, and as one physical therapist pointed out, this can be difficult for patients to judge. What looks sleek and modern is not necessarily the most appropriate.

The general environment is seen as a contributory factor to the universal concept of quality of service, where it is seen as representing the professionalism of an organization. In healthcare, it's more complex, especially for hospitalized patients who may be confined to a ward for a period of time. While general ambience and decor do not affect clinical outcomes – although there is some evidence to suggest they may have an effect on recovery rates, they certainly contribute to comfort.

This finding is in agreement with Nwabueze et al. (2010) who found that patients' rating of satisfaction with hospital structure and physical environment was perceived higher in clinics compared to government hospitals in Nigeria where they perceived negatively. The results support the World Bank (2005) report in Bangladesh which shows that public providers were ranked lower than private providers in surveys based on scales in which patients rated the cleanliness of facilities, capacity building and the availability of certain medical inputs.

The results of this study show that among all reliability factors, patients are perceived with low satisfaction. The average rating is 2.77 and suggests that all values are below 3.0, hence the perceptions are negative (t-value, -3.853) showing a negative perception of service quality regarding the reliability dimension .. This finding is also consistent with a study by Babikako et al. (2011) who concluded that the observed differences in satisfaction with health care delivery, and that this may be the result of care in clinics being more “patient-centred” than in health facilities public.

The results of this study show that the perception of patients on the responsiveness dimension was perceived with

less satisfaction among all the responsiveness factors, where the patients of the public establishment were unhappy at not having received prompt service, doctors did not give enough time to tell the illness, long wait, delay in admission where the highest score on the responsiveness dimension was 5.8%.

The finding is also consistent with another study in Uganda by Lindelow et al. (2003) who showed that patients are dissatisfied in areas such as friendly service, illness information, prompt attention, and fee information. These results are also supported by Nwabueze et al. (2010) in Nigeria who noted that patient satisfaction with waiting time, confidentiality and doctor consultation time was higher.

The dimension of insurance received the weakest perception among all the factors, with the exception of the attitude of the doctors which obtained the highest score of 48.3%. A study conducted by Muhammed and Mohammed (2015) in Bangladesh on patient satisfaction which found that the perceived quality of doctors in public hospitals was good. The results also show that in the public hospitals, the patients were not satisfied with the service provided, they could not trust the hospital employees, the behavior of the nursing staff was not good because most of the nurses had an attitude negative and interpersonal relationships were not pleasant.

The results of this study reveal that the overall perception of patients on the empathy dimension was perceived as being less satisfaction. Patients said in public that doctors did not pay enough attention, staff services and standard of care were poor, providers were not concerned with their needs, and patients were not satisfied with the completeness of the information provided on their problem. This finding confirms Lindelow et al. (2003) who conducted a baseline survey in Uganda reported that satisfaction was higher in private hospitals than in public facilities in areas such as friendly service, information about illnesses, prompt attention and fee information.

CONCLUSION

It was found that there is a moderate, direct and significant correlation between service quality and user satisfaction in the pediatric ward of the hospital. In the same way, it was identified that users are characterized by the perception that the quality of service is at an average level and that they are partially satisfied with the services they receive. Finally, the existence of a moderate, direct and significant correlation between the dimension's reliability, responsiveness, safety, empathy and tangible aspects and the variable satisfaction was determined.

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