

Perceived Service Quality in the Urgent Care Industry

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Abstract

Patient perceptions of health care quality are critical to the success of a healthcare organization because of their influence on patient satisfaction and hospital profitability (Donabedian, 1996; Williams and Calnan, 1991). Previous studies have reported that perceived healthcare quality significantly affects patient behaviors such as loyalty and word-of-mouth (Andaleeb, 2001). Moreover, perceptions of service quality enable healthcare providers to identify the activities that require improvement. Additionally, satisfying patients can save hospitals time and money on resolving patient complaints (Pakdil and Harwood, 2005).

Patient satisfaction and service quality is becoming a critical objective in the strategic planning process. Patients demand more information than ever and do not hesitate to switch to another health care provider if they don't obtain satisfaction (Ramsaran-Fowdar, 2008). As a result, the provision of quality service and improving patient satisfaction are key strategies and are crucial to the long-run success and profitability of health care providers (Gilbert, Lumpkin, and Dant, 1992).

Urgent care centers provide both emergent care and primary care services and are important components of health care systems (Wellstood, Wilson, and Eyles, 2005). They are considered a unique health care provider that fills the gap between hospital emergency departments and primary care physicians' offices (Weinick and Betancourt, 2007). They treat illnesses that are not acute enough for a hospital's emergency department and require treatment that can't wait for a scheduled appointment with the primary care physician (Stern, 2005).

The urgent care industry, an integral part of the U.S. health care system, has experienced rapid growth. Urgent care provides a wide range of medical services for a large base of patients. However, examination of current health care research indicates that there is a paucity of research on urgent care providers. With the growing presence of urgent care centers in the health care marketplace and the increasing demand for such care, it is essential to understand patient perceptions about urgent care providers and what factors influence patient satisfaction and retention.

This research fills a gap in the healthcare service literature by developing a new urgent care service quality instrument. The results of this research will contribute to urgent care center management and quality improvement. Specifically, this research addresses three areas relevant to these issues: (1) development of an instrument to measure perceived service quality in the urgent care industry; (2) establishment of a research model examining the dimensions of perceived service quality, and determinants of patient satisfaction; and (3) examination of the relationship between service quality and satisfaction in the context of urgent care.

The SERVQUAL instrument is widely applied in the healthcare industry. Some studies employed the original 22-item instrument and adjusted it for specific settings such as private hospitals and walk-in clinics. A few studies incorporate other dimensions not addressed in the SERVQUAL instrument. Although there are many theoretical and empirical criticisms, the majority of service quality studies in the healthcare literature have reported that SERVQUAL is a reliable and valid measurement of perceived service quality (Babakus and Mangold, 1992; Lam, 1997; Kilbourne, Duffy, Duffy, and Giarchi, 2004; Reidenbach and Sandifer-Smallwood, 1990; Scardina, 1994; Taylor and Cronin, 1994; Vandamme and Leunis, 1993; Wong, 2002). As a result, for the purpose of this research, we argue that SERVQUAL is reliable and that all the five dimensions of service quality in the SERVQUAL instrument are significant in the setting of urgent care.

Hypothesis 1a: Reliability is a significant dimension of urgent care quality.

Hypothesis 1b: Responsiveness is a significant dimension of urgent care quality.

Hypothesis 1c: Assurance is a significant dimension of urgent care quality.

Hypothesis 1d: Empathy is a significant dimension of urgent care quality.

Hypothesis 1e: Tangibles is a significant dimension of urgent care quality.

In addition to the five dimensions above, technical quality is also examined and empirically validated in the health care context by previous studies. As a result, we propose that technical quality is a significant dimension of urgent care quality as well:

Hypothesis 1f: Technical quality is a significant dimension of urgent care quality.

The interaction between the technical dimension and the functional dimension was tested in previous studies (Ruyter and Wetzels 1998). Specifically, Ruyter and Wetzels show that a favorable process can increase the positive evaluation of service encounters. Additionally in a medical visit aimed at tangible aspects, the outcome has a stronger impact on patient perceptions of the service encounters; whereas in a medical visit aimed at intangible aspects, the process has a stronger impact. However, Carman (2000) finds that no significance is revealed within or among these two dimensions. Hence, consumers appear able to differentiate the technical dimension of a service from the functional dimension. Therefore, in this current research, the interaction of these two dimensions is not examined.

Patient satisfaction is widely discussed in health care industry. Some studies support the disconfirmation of expectations paradigm (e.g. Oilver, 1980; Ruyter et al., 1997; Carson et al., 1998). Liljander and Strandvik (1995) describe satisfaction based on the product or service value. Customers evaluate the service provided based on their own experience and perception of the value that they received. This definition and the corresponding measurement are used extensively in the health care industry (Wicks, 2004), and will be applied in this research.

There is a consensus in the literature that perceived service quality and customer satisfaction should be uniquely conceptualized and operationalized (Taylor, 1994). Perceived service quality is a comparatively long-term attitude; whereas patient satisfaction is a short-term judgment about a service encounter (Taylor, 1994). Differentiating these two constructs is important in the health care industry. It contributes to the development of both long-term health care attitudes and short-term patient satisfaction decisions (Taylor and Cronin, 1994).

A controversy is ongoing regarding their sequential order - whether customer satisfaction is an antecedent or a consequence of service quality (Andaleeb and Conway, 2006; Bitner, 1990). One group of researchers refers to service quality as a global evaluation of a particular service setting or organization and, consistent with this theory, service quality is the consequence of satisfaction perceptions over time (Parasuraman, Zeithaml, and Berry, 1985, 1988). Another school of thought argues that service quality is one of the components of satisfaction. Bagozzi (1992) proposes that the service quality evaluation of a product or a service encounter leads to an emotive satisfaction assessment that in turn drives behavioral intentions. Service quality is

viewed as a cognitive construct; whereas satisfaction is an affective construct, i.e. the former is an antecedent of the latter.

Although there is no consensus in the literature related to the causal order of these two constructs, the dominant view on this issue is that satisfaction is a super-ordinate construct. Therefore, perceived service quality is an antecedent of satisfaction (Cronin, Brady, and Hult 2000; Oliver, 1993; Cronin and Taylor, 1992; Taylor, 1994). Some empirical studies in health care quality support this causal link between patient perceptions of health care quality and satisfaction (Woodside et al., 1989; Choi et al., 2004). Scotti, Harmon, and Behson (2007) investigate how a high-performance work system and customer orientation influence employee and patient perceptions of service quality and patient satisfaction in ambulatory care centers. Their research supports the argument that perceived service quality is one of the determinants of patient satisfaction.

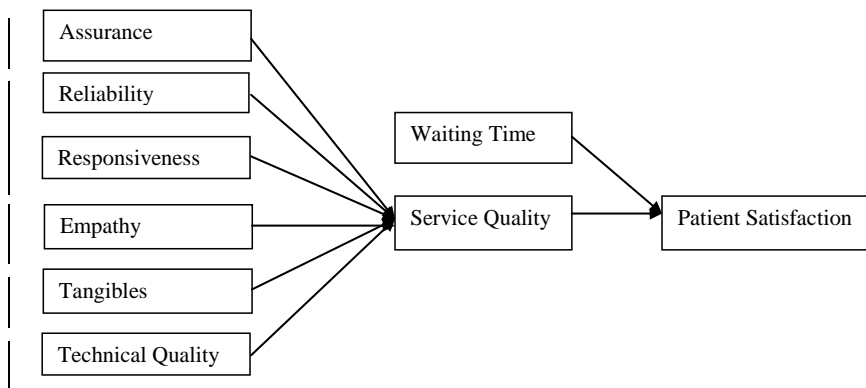
As a result, the next hypothesis in this research relates to the causal link between service quality and patient satisfaction. Based on the above discussion, it is hypothesized that:

H2a: Service quality directly and positively influences patient satisfaction.

Another antecedent of patient satisfaction examined by previous studies is waiting time. Boudreaux and O'Hea (2004) find that perceived waiting time is a strong predictor of patient satisfaction. If waiting time is longer than what is expected or considered inappropriate, dissatisfaction will arise no matter how long the actual waiting time. Dansky and Miles (1997) report that the total time waiting for physicians is the most significant predictor of satisfaction in the ambulatory care industry; patients expect to be informed about how long their wait should be. Wellstood, Wilson, and Eyles (2005. p. 2364) also identify perceived and actual waiting time as determinants of patient satisfaction. As a result, we propose perceived waiting time and actual waiting time are both antecedents of patient satisfaction.

Hypothesis2b: Perceived and actual waiting time has an effect on satisfaction.

Integrating the concepts and hypotheses discussed above allow us to posit the research model below:



It is essential to acknowledge some limitations of this research. This work is limited to the urgent care industry, and the findings should be used cautiously in attempting to make generalizations about other industries. Second, this research doesn't provide measurement of the constructs associated with the research model. Third, it develops a theoretical framework of perceived service quality in the urgent care industry; an empirical validation of the posited research model is not provided in this current paper. In spite of the limitations mentioned above, we contend that this research contributes to the health care satisfaction literature by positing a framework of perceived service quality and patient satisfaction in the urgent care industry and examining the applicability of the modified SERVQUAL instrument. Our future researchers will focus on the empirical validation of the proposed research model.

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