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Presenting a Quality Model for Hygienic and Health Services Based on the Values of Islamic Management in the Health Industry

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Abstract

Objective and Background: Discussing and reviewing the quality model for hygienic and health services from Islamic viewpoint is of importance, because as the value of providing services is proven, its necessity and importance become more transparent. Therefore, the aim of this paper is to provide a quality model for hygienic and health services based on Islamic values in the health insurance industry.

Method: Considering the purpose, the current research study is applied, and in terms of nature, it is descriptive of correlation type, and the method used is of survey. The statistical population includes two groups; 1) 14 experts who were selected among academic and seminary elites familiar with the subject of research by the snowball sampling method. 2) Managers, supervisors and experts of different departments of the Social Security Organization (390 people) and health insurance (226 people) in southeastern Iran were selected by stratified random sampling, and based on Morgan's table, the sample size was 118 and 59 people; respectively.

Result: Components in the field of service quality in the health system from Islamic viewpoint (relying on the source of the Quran and hadiths) were identified, and a questionnaire consisting of 8 dimensions (divine motivation and intimacy, compassion and kindness, attention to participation and collaboration, public relations, growth and reverence, prudence and foresight, rule of justice and evaluation and observation) and 65 components was prepared. The face and content validity of the questionnaire was evaluated using the opinion of experts (academic and seminary experts). Cronbach's alpha coefficient of the questionnaire was also estimated to be higher than 0.7, which indicated the internal consistency of the items and the reliability was confirmed. Data analysis was done using structural equation modeling in PLS software. Based on the results, all paths between the research variables were approved from the perspective of both the Social Security Organization and the Health Insurance of Southeastern Iran at 95% confidence level.

Conclusion: According the analysis of the research model from the perspective of the Social Security Organization of Southeastern Iran, the highest path coefficient was obtained for the dimension of public relations and then for evaluation and observation; and from the point of view of health insurance in southeastern Iran, the highest path coefficient was obtained for the rule of justice and then public relations.

Keywords: quality of hygienic and health services, Islamic management, health and hygienic system, insurance industry.

Objective and Background

Nowadays, the issue of quality of health services has become an important factor for the growth and success of organizations more than ever, and it has been known as a strategic, effective and comprehensive issue on the agenda of management of organizations. The quality of hygienic and health services has received serious attention as one of the most important factors determining the success of service organizations in today's competitive environment. Any decrease in customer satisfaction due to low quality of service is worrisome for service organizations. Customers have become more sensitive to service standards, and along with competitive trends, their expectations of the quality of health services have also increased[1]. In fact, although the quality of goods can be measured by objective criteria such as durability or the number of defects in the goods, the quality of services has an abstract and ambiguous structure, while, improving the quality of hygienic and health services is of great importance[2].

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On the other hand, in recent years, special attention has been paid by researchers to the concept and quality models of hygienic and health services. Because of the effect of contextual differences on the number of indicators or the number and concept of dimensions of service quality, numerous researchers have emphasized on designing models for measuring the quality of health services which are localized and specific to various services considering the culture and value system of different countries[3].

The importance of discussing and analyzing the quality model of hygienic and health services from an Islamic perspective is of importance, because, according to the researchers [4], by proving the value of the service provision, its necessity and importance will undoubtedly become more transparent, and it will cause the service providers to give more and better services, with the motivations of pleasing the Almighty God, self-improvement, self-purification and divine intimacy. In fact, the concept of service provision is one of the concepts about which the highest interpretations have been presented in the words of the Innocents [5]. About the importance of service from the Islamic point of view, Rezvantalab and Mohammad [6] also state that the highest worship and the ultimate servitude is sincere service to God's folk for the sake of God. The religious approach to the management in the public sector can be summarized in this sentence: Management in Islam is a service raiment, not a power garment[6, 7].

According to Shakil Ahmad[8] and Dehkordi and Foroughinia [9] Islamic anthropology considers the objective of human life as achieving perfection and divine intimacy, and consequently, the organizational value system in Islamic societies also considers the ultimate goal of the organization beyond achieving profit and material welfare. Considering the different views of these two systems, the dissimilarities in different dimensions of management and the value system of the organizations of the societies following these two schools are observable. Considering that the insurance industry has a vital role in the growth and prosperity of the economies of countries, and as said by researchers, the need for it is inevitable and accepting that the indicators of insurance development that indicate growth and progress in this industry in our country are not in an acceptable state in comparison with other leading countries[10] in the current study, the researcher has tried to present the quality model of health services in the Social Security Organization and Health Insurance Organization of southeastern Iran (as a case study), based on the indicators and components proposed in Islamic management according to verses and authentic narrations received from the Imams.

In Khalilipour et al[11] conducted a study entitled "Identifying the dimensions and indicators of the quality of hygienic and health services (Case study: Holy Mosque of Jamkaran)". The output of the interviews was calculated in the form of six dimensions (security-health dimension; physical environment dimension; spiritual-religious dimension; communication dimension; educational dimension and social dimension) and 65 indicators to assess the quality of hygienic and health services of Jamkaran Holy Mosque. In Research of Goldahan et al[12] conducted a study entitled "Components of customer-oriented culture based on interpretations of the Holy Quran and Nahj al-Balaghah in education." In their research, 366 themes were identified using thematic analysis method (inductively) by reviewing the theoretical literature. In conclusion, 2 categories of comprehensive topics were identified under the following titles: 1- Customer service management with organizing themes: criteria for selecting employees, approval (seeking to do the right thing), being discipline-oriented, managers' performance, being right-oriented, accountability and justice, 2- Satisfying customers with organizing themes: ethics, cherishing customers, skills training,

persuasion and keeping the covenant; and a total of 60 basic themes and 12 organizing themes were extracted.

In research of Hakkak et al[13] a study has "assessed the factors affecting the quality of hygienic and health services of executive units in the insurance branches of the Social Security Organization." The results indicated that employee satisfaction has a positive and significant effect on their commitment; and the capability of the manager has a positive and significant effect on the division of tasks, interaction and coordination between units and the employee performance appraisal system. Finally, new relationships were formed that displayed the positive and significant effect of task division variable on employee satisfaction and the positive effect of the variables of performance evaluation system, interaction and coordination between units and the capability of the unit manager on employee satisfaction.

In Study of Movahedimanesh[14] a study entitled "The effect of health service quality on customer satisfaction and customer loyalty" declare that the desire to provide quality services plays an essential role in service industries such as banking and insurance and other financial institutions, because the quality of services is counted as critical to the survival and profitability of the organization and is also a profitable strategy for the organization. In fact, nowadays, customer satisfaction and service quality are vital issues in most service industries. According to marketing theory and practical experience, companies need to progress their performance to keep customers satisfied so that they can achieve a sustainable competitive advantage in a highly competitive business environment. Because the main result of customer satisfaction is customer loyalty, companies benefit from a large share of loyal customers due to increased repurchase rates, high potential buyers, tendency to higher prices, positive recommendation behavior and low replacement costs[15]. According to a study conducted by Goodman[16], which was about "providing health services to insurance companies", agents and insurance companies should be honest and candid with their customers because otherwise the trust of customers will be lost. Because increasing trust can lead to increased customer loyalty. As said by the researchers, trust has been the main factor in choosing insurance companies under study. In study of Cronin and Brady[17] an article entitled "Study of the relationship between quality of hygienic and health services and customer satisfaction and comparing different branches of insurance companies", tested the cause and effect relationship between the quality of hygienic and health services and customer satisfaction. Finally, based on their analysis, they reported that the quality of services received leads to the customer satisfaction, and they then compared the quality of health services provided in different places, and found out some differences in understanding customers' expectations of service quality.

In their research, Anderson[18] stated that efforts to improve the quality of hygienic and health services should focus on the priorities of the insured people and their expectations. Meanwhile, SERVQUAL is a reliable tool for evaluating quality with advantages such as high reliability and credibility, the possibility of adapting its dimensions to different service environments, the relative importance of its five dimensions in perceiving the quality of hygienic and health services and the ability to analyze based on demographic characteristics, psychology and other fields. Therefore, all organizations can specifically use this model to make appropriate changes according to their different characteristics and needs.

Method

Based on the literature review of the study, the following conceptual model was drawn (Figure 1):
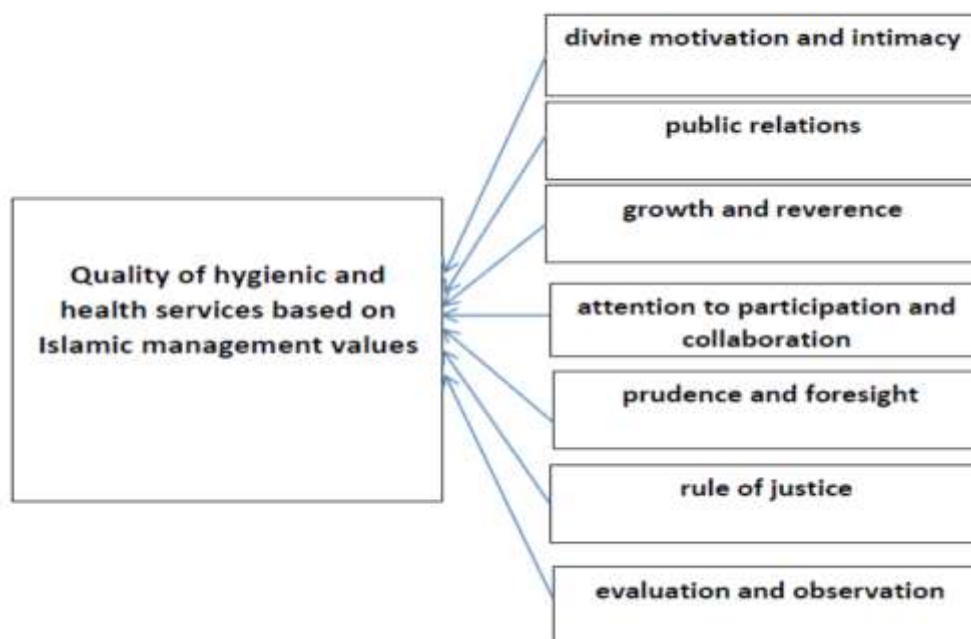
Figure 1. Conceptual model of research

Considering the purpose, the current research study is applied, and in terms of nature, it is descriptive of correlation type, and the method used is of survey. The statistical population includes two groups; 1) Academic and seminary elites familiar with the subject of research. The sampling method considered in this section is non-probable and snowball sampling method, which after examination, the researcher was finally able to access 14 experts. 2) Managers, supervisors and experts of different departments of the Social Security Organization (390 people) and health insurance (226 people) in southeastern Iran, and according to Morgan's table, the sample size for the Social Security Organization of

Southeastern Iran was 118 people and for health insurance in the southeast of Iran, the sample size was 59 people, in which the stratified random sampling method was selected to be used. A researcher-made questionnaire was used to collect information. The considered dimensions and components in the field of quality of hygienic and health services in the health system were identified based on Islamic viewpoint (according to the Quran and hadiths) and a questionnaire consisting of 8 dimensions and 65 components associated with the dimensions and 161 indicators were prepared. The face and content validity of the questionnaire was evaluated through using the opinion of experts (academic and seminary experts) and was presented in (Table 1).

Table 1. Dimensions and indicators presented in the field of quality of hygienic and health services in the health system according to Islamic viewpoint

Dimensions	Component
divine motivation and intimacy	Considering God's satisfaction, paying attention to the intention of the service provided (sincerity in action), honoring and being close to providing service to the people, praying for the success in serving the people
compassion and kindness	Paying attention to moral emotions and compassion in providing services, paying attention to the appropriate attitude in providing services to people, prioritizing others over oneself, encouraging others to provide honest and quality services, gentleness and kindness in providing services to people, being broad - minded to endure criticism from service recipients

Dimensions	Component
attention to participation and collaboration	Consultation and consensus with experts, cooperation with other stakeholders in service provision, paying attention to the extent of communication, seriousness in using the successful experiences of others in providing good service
public relations	Cherishing the benefit of others, striving to solve the problems and needs of others, being useful to the people, altruism and kindness to the people, respecting the rights of the people, not breaking promises, trying to excel in providing valuable and good services to the people, continuous pursuit in meeting the requirements and needs of the people, satisfying the customers, trying to continuously improve the services, avoiding hypocrisy and showing off in providing services, accepting criticisms, having the motivation to provide desirable services to people, accelerating and hastening the provision of desirable services, paying attention to the appropriate comments and suggestions of the clients
growth and reverence	Paying attention to human dignity in providing services, not underestimating the value of good services to people, avoiding smugness in providing services, humility and humbleness towards service recipients, using appropriate speech and words in dealing with service recipients, empathy and cooperation in dealing with service receivers, paying attention to generosity and openhandedness in providing services to the people, honesty and transparency in providing services to the people, having good thoughts towards service receivers, observing politeness and sobriety in relation to the employees
prudence and foresight	Identifying future threats and opportunities in providing the desired services, doing the right thing, being fast in providing the services, deliberation in providing the services, providing the necessary advice and guidance to the clients, and farseeing about providing the services to the people, avoiding false and seductive advertisements about the service provided, learning from others (including customers, competitors, etc.) in order to improve future services, being available to provide desirable and continuous services, observing moderation and balance, insight and awareness of the needs of customers, application of measures and ideas suggested by experts about providing better services
rule of justice	Being justice-oriented, paying attention to non-discrimination in service provision, observance of fairness, observance of moderation and avoiding extremes in providing services
evaluation and observation	Paying attention to continuous monitoring and control in service provision, accountability, continuity and steadiness in service provision, accountability, accurate evaluation of hygienic and health services provided to detect possible errors and negligence, legality and compliance with the laws governing society in service delivery, attention to the issues of belief and value system of society in service provision, trying to identify and eliminate errors and weaknesses in service provision

Cronbach's alpha coefficient of the questionnaire variables was also estimated to be higher than 0.7, which indicated the internal consistency of the items, and the reliability was confirmed. Data analysis was performed using structural equation modeling by PLS software.

Results

Assessing Divergent Validity

Divergent validity test in this study was investigated using Fornell-Larcker test [6]. The results of this test, as shown in (Table 2), indicate that all values obtained in the main diameter are greater than the corresponding row and column values. Therefore, each variable is explained by itself more than others, and the variables are significantly different from each other.

Table 2. Results divergent validity assessment

Row	quality of services	compassion and kindness	public relations	growth and reverence	rule of justice	attention to participation and collaboration	prudence and foresight	divine motivation and intimacy	evaluation and observation
evaluation and observation									0.83
divine motivation and intimacy								0.74	0.28
prudence and foresight							0.76	0.31	0.33
attention to participation and collaboration						0.84	0.47	0.56	0.71
rule of justice					0.80	0.59	0.58	0.21	0.56
growth and reverence				0.76	0.34	0.63	0.32	0.40	0.58
public relations			0.77	0.55	0.64	0.42	0.68	0.29	0.17
compassion and kindness		0.69	0.67	0.35	0.59	0.65	0.61	0.57	0.42
quality of services	0.71	0.56	0.64	0.65	0.48	0.41	0.38	0.31	0.64

Assessing Convergent Validity

In this section, in order to assess the validity of the dimensions of the questionnaire, the average variance extracted (AVE) test has been used. The results of this test in terms of dimensions related to the variables proposed in the research model are as follows (Table 3):

Table 3. Results of Convergent Validity Assessment

Dimensions	Average Variance Extracted (AVE)
divine motivation and intimacy	0.69
compassion and kindness	0.55
attention to participation and collaboration	0.58
public relations	0.70
growth and reverence	0.64
prudence and foresight	0.58
rule of justice	0.59
evaluation and observation	0.57

Testing the research model from the viewpoint of the Social Security Organization of Southeastern Iran (Figure 2) and (Figure 3).
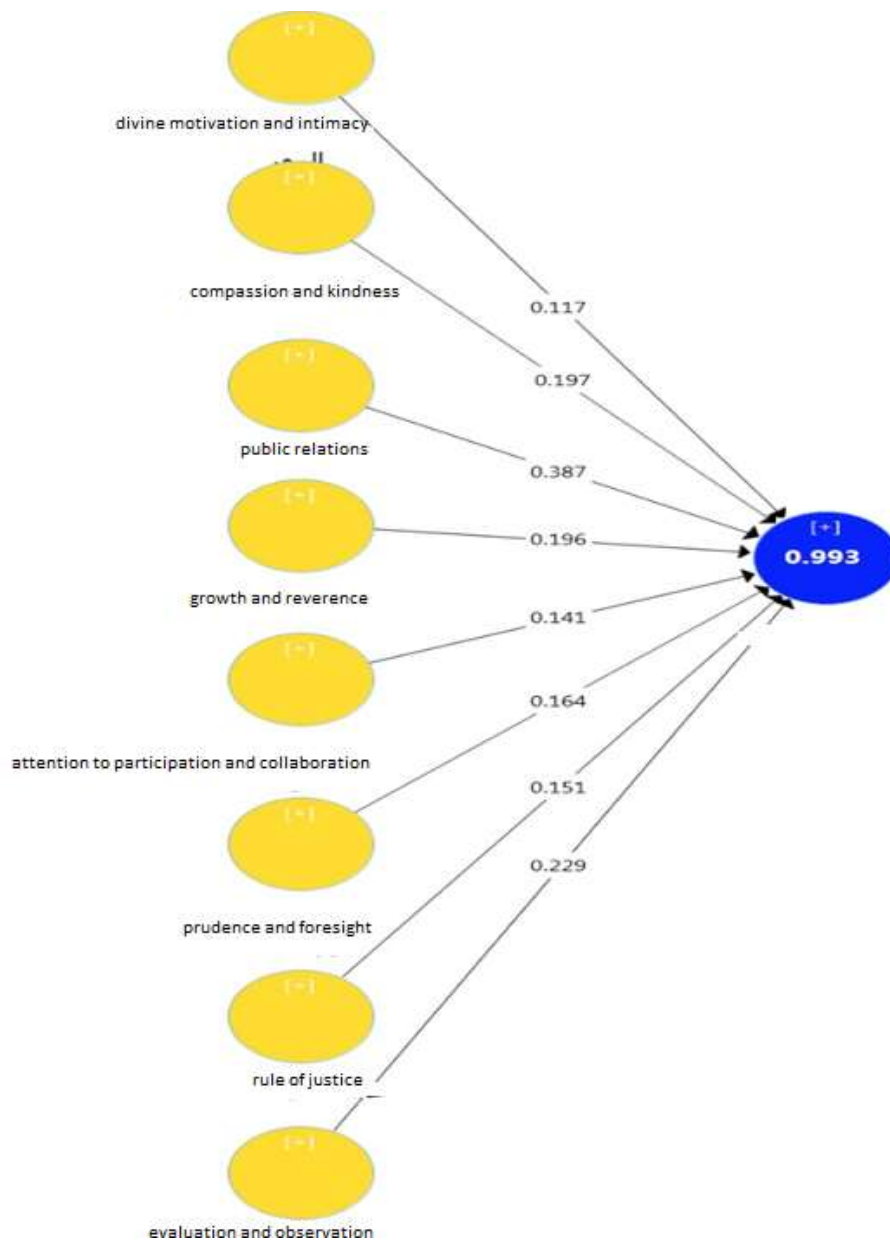
Figure 2. Diagram of path coefficients of the research model from the viewpoint of the Social Security Organization of Southeastern Iran
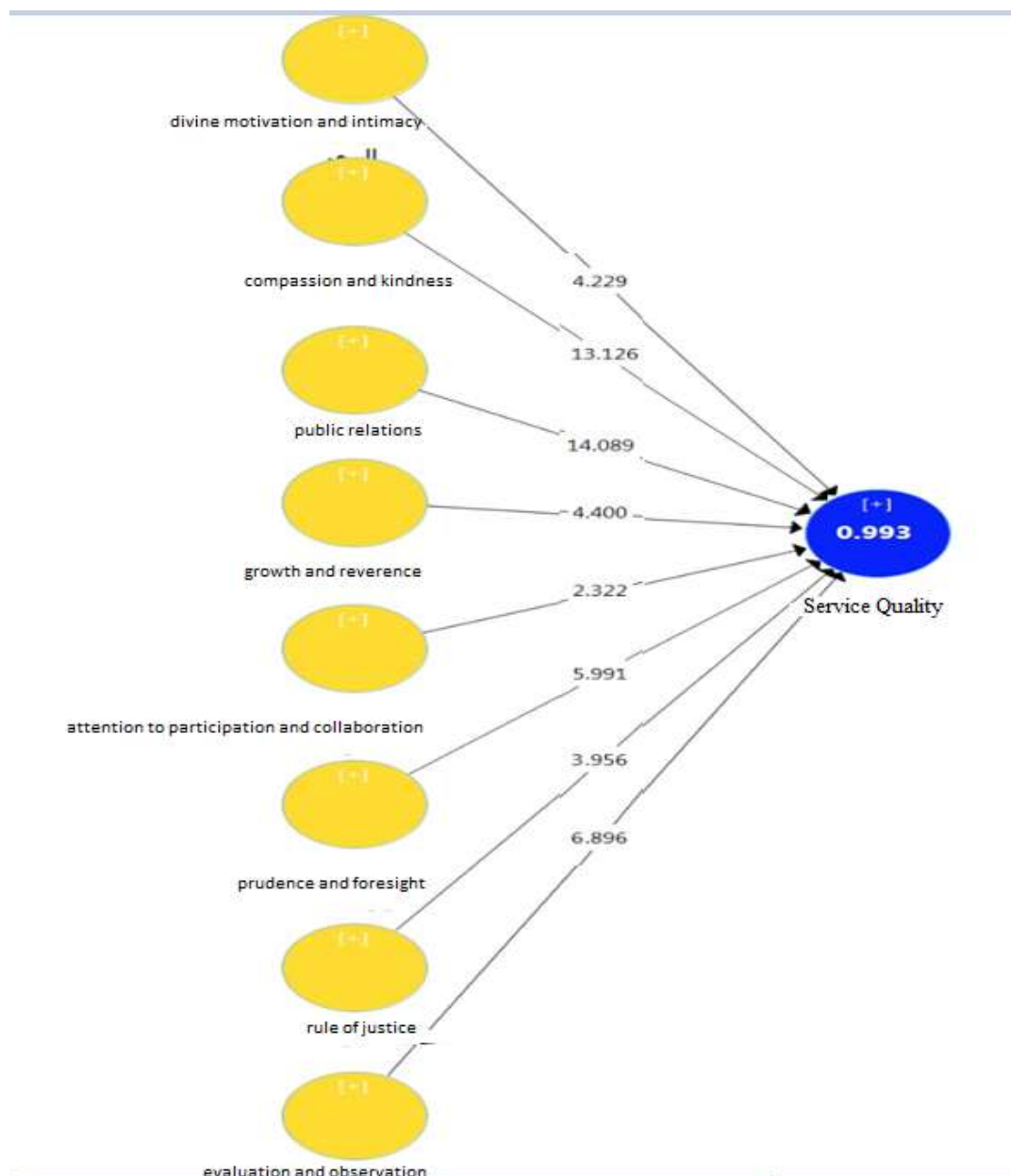
Figure 3. T-diagram of the research model from the viewpoint of the Social Security Organization of Southeastern Iran

Table 4. Results of path test of the research model from the viewpoint of the Social Security Organization of Southeastern Iran

	Path coefficient	standard error	T Statistics	P Values
Evaluation and monitoring -> Service Quality	0.23	0.03	6.90	0.00
Divine motivation and intimacy-> Service Quality	0.12	0.03	4.23	0.00
Prudence and foresight -> Service Quality	0.16	0.03	5.99	0.00
Paying attention to participation -> Service quality	0.14	0.02	2.32	0.00
Rule of Justice -> Service Quality	0.15	0.03	3.96	0.00
Growth and respect -> Service Quality	0.20	0.02	4.40	0.00
Public relations -> Service Quality	0.39	0.03	14.09	0.00
Kindness and compassion -> Service Quality	0.20	0.02	13.13	0.00

According to the results of (Table 4), it should be noted that considering the values of t-statistic which is greater than 1.96 (at 95% confidence level), all paths between the research variables are confirmed, and also considering the significant values obtained (less than 0.05), they are significant, therefore, it can be stated that all the proposed paths in the proposed research model are confirmed at a 95% confidence level. On the other hand, in this model, the highest path coefficient from the viewpoint of the Social Security Organization of Southeastern Iran is of public relations, followed by evaluation and monitoring.

The fitness indices of the model are also described in (Table 5), which indicate the appropriateness of the research model fit.

Table 5. Results of fitness test of research model

Indicator	Indicator Description	Standard	The obtained value
(Normed Fit Index) NFI	Normed fit index	Greater than 0.9	0.92
SRMR	Standardized Root Mean Square Residual	Less than 0.1 or 0.8	0.77
RMS THETA	root mean squared residual covariance matrix of the outer model residuals	Less than 0.12	0.11

Testing the research model from the viewpoint of health insurance in southeastern Iran (Figure 4) and (Figure 5).
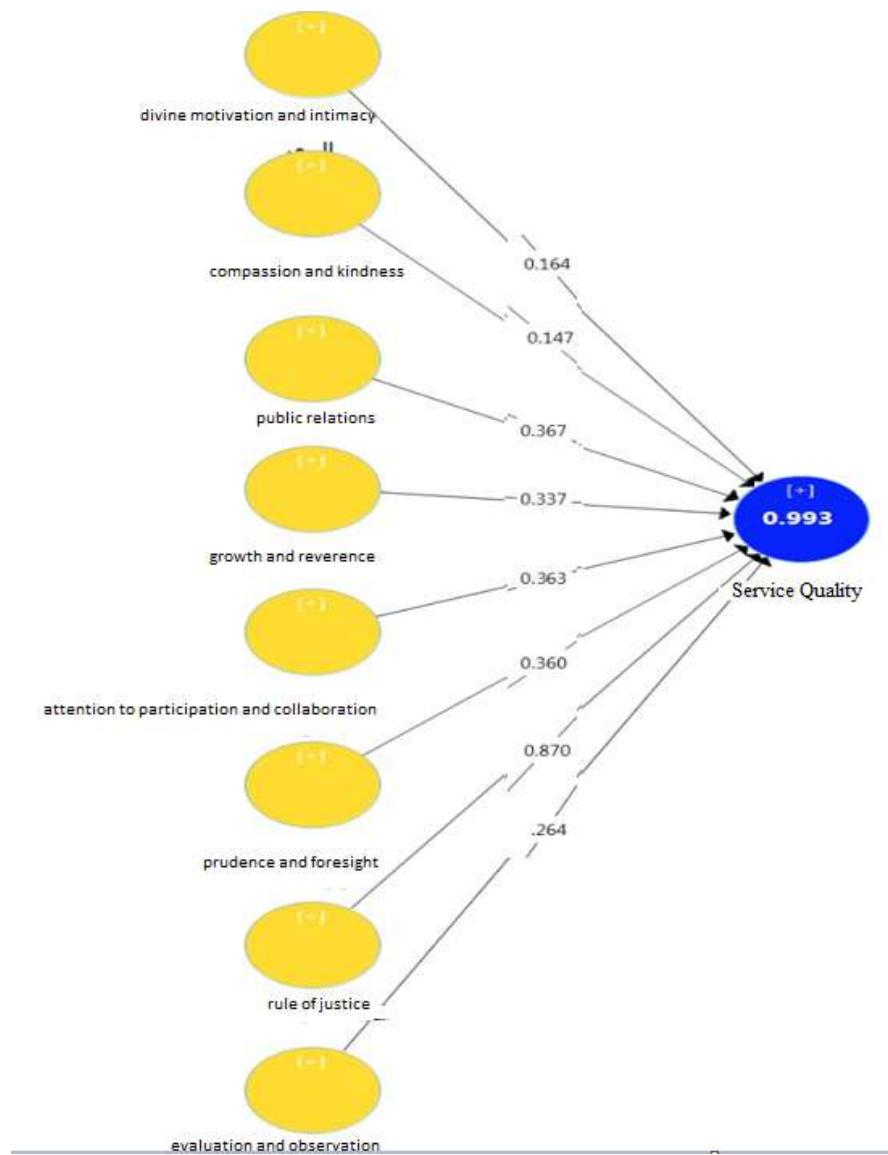
Figure 4. Diagram of path coefficients of the research model from the viewpoint of health insurance in southeastern Iran
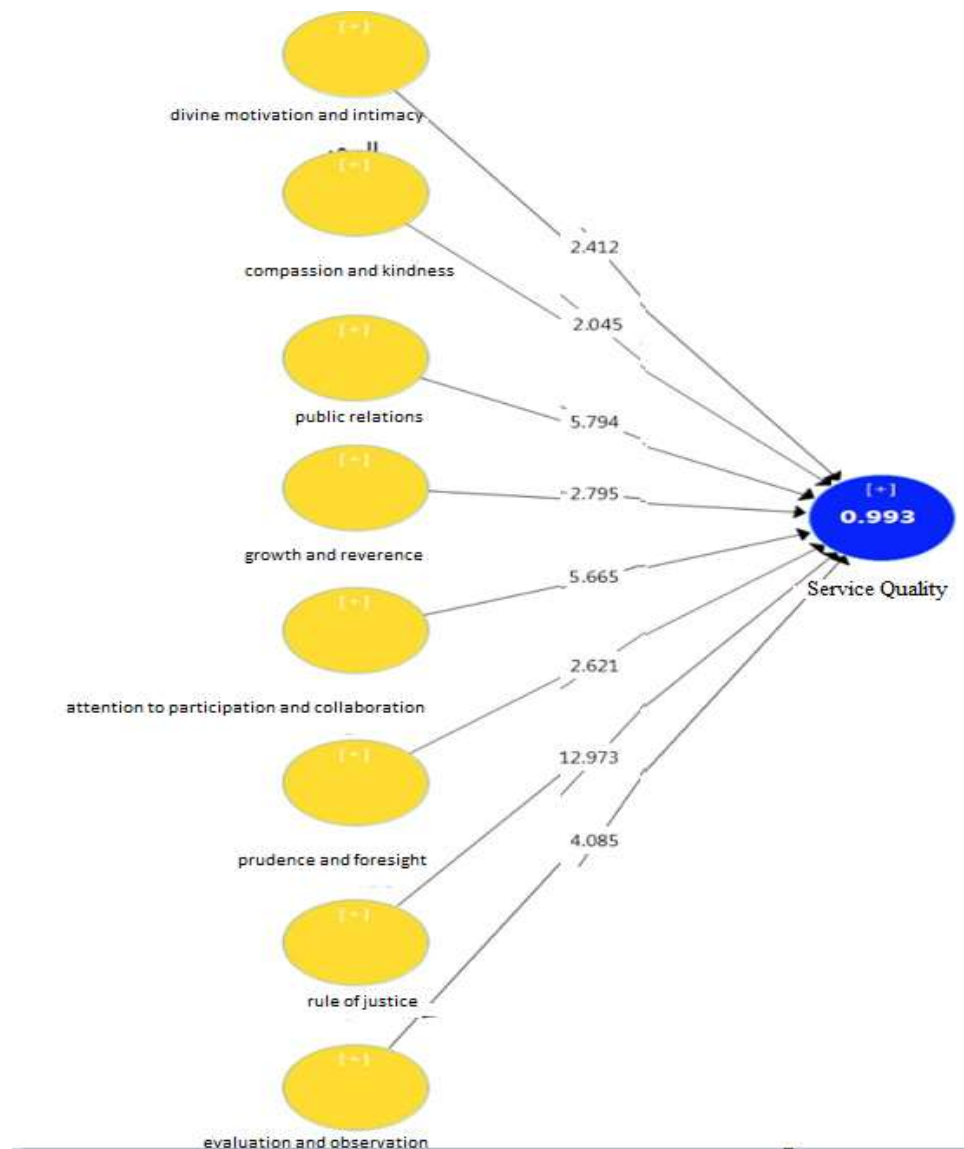
Figure 5. T-diagram of the research model from the viewpoint of health insurance in southeastern Iran

Considering the above diagrams, the following (Table 6) also summarizes the results of this section:

Table 6. Results of path test of the research model from the viewpoint of health insurance in southeastern Iran

	Path coefficient	standard error	T Statistics	P Values
Evaluation and monitoring -> Service Quality	0.26	0.26	4.09	0.00
Divine motivation and intimacy-> Service Quality	0.16	0.07	2.41	0.00
Prudence and foresight -> Service Quality	0.36	0.14	2.62	0.00
Paying attention to participation -> Service quality	0.36	0.09	5.66	0.00
Rule of Justice -> Service Quality	0.87	0.29	12.97	0.00
Growth and respect -> Service Quality	0.34	0.12	2.79	0.00
Public relations -> Service Quality	0.37	0.06	5.79	0.00
Kindness and compassion -> Service Quality	0.14	0.10	2.05	0.00

In general, the findings obtained in this study are consistent with the dimensions and indicators proposed in research studies[19-23]. According to the results of (Table 7), it should be noted that considering the values of t-statistic which is greater than 1.96 (at 95% confidence level), all the paths between the research variables are confirmed, and also considering the significant values obtained (less than 0.05), they are significant, therefore, it can be stated that all the proposed paths in the proposed research model are confirmed at a 95% confidence level. On the other hand, in this model, the highest path coefficient from the viewpoint of the Health insurance of Southeastern Iran is of rule of justice, followed by public relations.

Table 7. Results of fitness test of research model

Indicator	Indicator Description	Standard	The obtained value
(Normed Fit Index) NFI	Normed fit index	Greater than 0.9	0.91
SRMR	Standardized Root Mean Square Residual	Less than 0.1 or 0.8	0.094
RMS THETA	root mean squared residual covariance matrix of the outer model residuals	Less than 0.12	0.119

Conclusion

After reviewing the theoretical foundations of the research, the effective dimensions of designing a quality model for hygienic and health services based on Islamic management values including 8 dimensions of divine motivation and intimacy, compassion and kindness, attention to participation and collaboration, public relations, growth and reverence, prudence and foresight, rule of justice and evaluation and observation were identified. Quantitatively, from the viewpoint of the two communities of the Social Security Organization and Health Insurance of Southeast Iran, the model test indicated that at a 95% confidence level, all paths between the research variables were confirmed, and also based on the significant values obtained (smaller than 0.05), they are significant. Meanwhile, according to the analysis of this model from the viewpoint of the Social Security Organization of Southeastern Iran, the highest coefficient was obtained for the dimension of public relations and then evaluation and monitoring, and according to the analysis of the research model from the viewpoint of health insurance in southeastern Iran, the highest coefficient was obtained for the rule of justice and then, public relations.

Competing Interests
The authors declare no competing interests

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The authors are the same

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