Research Article

A Comparative Study of Hospital Service Quality in Western and Islamic Health System

Mahdi Esnaashari[1], Amin Nikpour[2*], Yaser Salari[3], Saeed Sayadi[4]

[1]Department of Management, Kerman Branch, Islamic Azad University, Kerman, Iran
[2]Department of Management, Kerman Branch, Islamic Azad University, Kerman, Iran
[3]Department of Theology and Islamic Studies, Faculty of Humanities, Kerman Branch, Islamic Azad University, Kerman, Iran
[4]Faculty of Literature and Humanities, Department of Management, Kerman Branch, Islamic Azad University, Kerman, Iran

Abstract

Background and Objective: This study has been conducted for a comparative analysis of service quality models in the Western and Islamic Health System. Accordingly, the researcher sought the similarities and differences between these two different ideologies and perspectives in terms of service quality in the health and hygiene sector. Thus, a qualitative design has been selected and a review of national and international studies has been made.

Method: after identifying the dimensions and factors of service quality in the health sector and Islamic and western hygiene (considering the relevant models being used) and Islamic perspective based on Islamic resources, research dimensions and factors have been defined. Then, these dimensions and factors have been provided to experts in the same field to express their opinions regarding the significance of each concept. Then, both perspectives have been compared together in terms of the quality of services in the health sector.

Results: the results suggested that models based on Islamic and western administration viewpoints were different from each other in terms of the intention and motivation behind the provision of services, consideration for justice in service provision, different attitudes toward clients, and different views toward ethical concepts. Besides, these two perspectives are similar in terms of concepts such as responsibility, supervision on the provision of quality services, cooperation with organizational stakeholders, being conscious toward opportunities and threats, and emphasis on training and education.

Conclusion: considering the similarities and differences between Islamic and western perspectives in the health sector, it seems that service provider organizations in Iran must reconsider the quality of their services. They mustn't solely imitate the western quality models; rather, they must pay more attention to Islamic values in the same field.

Keywords: service quality; hospital performance; health sector; comparative study; Islamic ideology; western ideology

Background and Objectives

Nowadays, service industries have occupied a huge portion of markets throughout the world. Thus, the increased number of service businesses as well as the increased significance of this category of the industry in national Gross Domestic production (GDP), adds to the significance of providing quality services[1]. Regarding the significance of service quality in the health sector and its impacts in the contemporary era, many justifications can be put forward (e.g. the positive impact of service quality on business performance, costs, customer satisfaction, customer loyalty, and organizational profitability)[2]. Besides, factors influencing the achievement of organizational strategic benefits include preserving the rate of customers, enhancing efficacy, and obtaining operational benefit[3]. Moreover, the impact of services provided by Islamic and western health care organizations on increased customer expectations, competitors' activity, nature of the services, intra-organizational factors[4], increased customer loyalty and satisfaction, increased profitability and reduced costs[5], ways to achieve success in the service industry, and maintaining a close relationship with customer satisfaction is noteworthy [6]. It must be noted that despite a lifelong history of quality control and analysis in the manufacturing and production industry, but it has been underestimated in the service industry. The complexities involved in the identification

*Corresponding Author: Amin Nikpour, Department of Management, Kerman Branch, Islamic Azad University, Kerman, Iran, Email: nikpour2003@yahoo.com

of key features or parameters affecting the quality of service processes in comparison with production processes are considered as the main cause of delay in the development of service quality measurement instruments[7]. However, in recent years, various approaches and models have been proposed by authors in this field for quality evaluation purposes within service organizations because they are well aware of the fact that a good recognition of service quality assessment models in Islamic and Western health sectors helps the owners of service processes to better identify improvement opportunities and take advantage of their competitive advantages in a competitive environment.

On the other hand, the concepts of service, service provision, and considerations for service quality are valued in Islam religion. Servicing and provision of quality services is an ethical and invaluable activity and there are many related ayahs and anecdotes in Islam religion. From the perspective of Islam religion, serving people have been associated from the past with many material and spiritual benefits in this world and hereafter. Moreover, it has been associated with many educational and ethical consequences. Accordingly, Amini & Farjam[8] argue that serving people and provision of quality of services is considered as the best kind of worship when all attempts are solely directed at attracting God's satisfaction. They even consider this kind of service as the most transcendental form of worship and consider other kinds of worship as only instrumental to this main one. As religious leaders put it, in case one desires to achieve divine closeness and find a good position in God's court, i.e. Khalilollah and Kalimollah, must seek the public's satisfaction. From another viewpoint, serving public needs is one of the concepts which has been given significant weight in Imams' words[9]. Meanwhile, the review on the related literature suggests that most of the national and international studies have been exclusively focused on service quality from a western ideological standpoint and they rarely studied service quality from an Islamic viewpoint and

didn't compare it with western models. That's while considering the differences between these two sets of ideologies may reveal a lot. Accordingly, the main purpose this study is to conduct a comparative analysis of service quality models in the health care system from the western and Islamic viewpoint and seeks to answer the following two questions:

1. What's the difference between service quality management from the viewpoint of Islam values and western schools?
2. What are the similarities between Islamic service quality management and quality models in western schools?

Method

Theoretical foundations:
Interpretation of the service quality concept from a western standpoint.
Since when the role of services in daily life has been clarified, the subject of service quality has been brought under attention as the main characteristic of inter-organizational competition, such that more consideration for service quality will make an organization distinguished from another and will result in the achievement of competitive advantages. The definition put forward for service quality is the gap between the customer's perception regarding the received services and his/her expectations from services[10]. Ekinci & Riley[11] suggested that service quality is a judgment made by the customer regarding the difference between his expectations and what he receives as a service in reality. Service quality is the result of comparing customers' expectations and perceived efficiency of corporate services and thus it can be argued that the basis of service quality definition is customers' expectations from and perceptions of the service being provided. Expected service is the same as ideal and favorable service illustrating a degree of service that the customer is willing to receive and the customer's perception defines his interpretation from the quality of services he has received. According to Parasuraman et al[12] high-quality services are considered inevitable for the success of the

business and commercial companies and high-quality services will bring about customer satisfaction and loyalty, higher profitability, and reduction in costs. From their perspective, service quality involves three different dimensions including physical, situational, and behavioral. In his idea, service quality is equivalent to concentration on what s delivered to the customers; the situation in which services are delivered, and the manner through which such services are to be delivered. Oh[13] define service quality as the organizational potential to fulfill customers' requirements and expectations. Brogowic[14] argue that most of the service quality assessment studies, judge service quality from either a professional o public standpoint. In the former viewpoint, favorable quality is realized when the services are compatible with professional standards and in the latter one, customers play a key role in the evaluation of service quality.

Regarding service quality assessment, different models have been discussed by western scholars and researchers. Frost[15] included five dimensions in their models, namely, 1) physical and tangible dimensions (e.g. the existence of work facilities and equipment, and communicational goods. All these dimensions provide the customers with an image required for quality evaluation, such as welfare equipment in the organization's physical environment); 2) credit (including the existence of work facilities and equipment as well as communicational goods. All these dimensions offer customers an image required for quality evaluation, such as welfare equipment in the organization's physical environment); 3) responsibility and accountability (this dimension refers to the intention to cooperate with the customer and help him. This dimension of service quality emphasizes upon sensitivity and consciousness toward customers; requirements, questions, and complaints); 4) guarantee (guarantee indicates employees' capability and qualifications in incurring a sense of trust and confidence toward the organization within customers' minds); 5) empathy (personal

attention and specification of proper working time for the customers. This dimension means that each of the customers requires a particular kind of behavior based on their own particular personal characteristics; thus, employees may behave in a manner that customers perceive that organization has understood them and they are valuable assets for the organization). Mattsson[16] assert their combined model of service quality that any gap in service quality may have existed even before the customer experiences the services himself. In other words, word of mouth advertisement, and other advertisements in other kinds of communication media play a significant role in attracting customers toward an organizational brand. Therefore, it is required to orient customers' potential perceptions from the quality of ordered services and their real perception from experienced service quality. This combined model of service quality considered three factors influencing technical and operational service expectations including corporate image, external impacts, and traditional marketing initiatives. Holy Qur'an[17] developed a national service quality model in Islamic and western models of health care systems based on the "Gap Model". This model attempts to study the service quality dimensions and the relationship between them, such that it considers the service quality among internal customers (line employees) and internal suppliers (headquarters employees) within a large service organization. Harani & Hasanzadeh[18] developed a model for service quality, customer value, and customer satisfaction. This model is concentrated on the purchase decision-making process. This model includes key variables such as perceptions, service quality, customer satisfaction, consumer value, and repurchase intentions. Finally, the intention for the word of mouth communication has been conceptualized as a direct combined function of perceptions, value, and repurchase intentions. This model provides evidence playing a significant role in the decision-making process before making the purchase. Mattsson[16] analyzed the Servqual model and

identified its shortcomings. He suggested that further dimensions must be added to the Servqual model. Accordingly, he added new dimensions (e.g. effectiveness, guarantee, accessibility, price, physical dimensions, variety of services, and reliability) through a review of service quality dimensions based on marketing concepts.

(Table 1) includes the dimensions and factors of service quality in the health sector from a Western viewpoint based on a review of the related literature.

Table 1. Dimensions and factor of the service quality model from a western viewpoint

No.	Dimensions	Index	Researcher(s)/authors(s)
1	Credit	Provision of reliable and trustworthy services	Ref [3]
2		Adherence to commitments toward customers	Ref [3]
3		Inducing a sense of confidence in the customer	Ref [3]
4		Security or support against the risk	Ref [4]
5		Guarantee for customers	Ref [7]
6	Responsibility & accountability	Cooperation and helping the customer	Ref [2]
7		Showing sensitivity and consciousness toward customer requirements	Ref [2]
8		Continuous accessibility for provision of services	Ref [9]
9		Clarity of service provision procedure	Ref [12]
10		Prompt response and action	Ref [14]
11	Empathy	Specification of a right deal of working time for customers	Ref [17]
12		Regards to different spirits of customers	Ref [17]
13		Induction of a feeling of understanding by the organization	Ref [17]
14		Understanding and perceiving customer requirements	Ref [3]
15		Good manners and behavior of employees	Ref [19]
16		Considerations for finished cost	Ref [1]
17	Emphasis on learning perspective	Helping to form an ideal standard in a service process	Ref [6]
18		Helping to stabilize a standard procedure in a service process	Ref [6]
19		Consideration for opinions of those receiving services	Ref [5]
20		Learning from experiences of successful companies	Ref [8]
21	Communications	Cooperation with suppliers	Ref [13]
22		Considerations for face to face communications	Ref [3]
23		Accessibility	Ref [15]
24		Variety of services	Ref [17]
25		Cooperation with stakeholders	Ref [16]
26	environment	Consideration for social macro-rules and regulations	Ref [11]
27		Being aware of customers and service receivers needs	Ref [10]
28		Being conscious of competitors' activities	Ref [2]
29		Consideration for social value systems	Ref [3]
30		Using expert's ideas and advice	Ref [6]

Service quality in health sector from the viewpoint of prevalent values in Islamic management.

Serving public needs and offering optimal and desirable services is an ethical and value-laden act. Besides, there are different anecdotes and sayings in the Islam religion referring to the same statement. From Islam's standpoint, despite material and spiritual impacts and blessings, serving public needs is associated with different ethical and educational impacts in the social domain, namely spread of public ethics and spirituality, imparting the spirit of hope, increased Islamic confidence, elimination of many social corruptions, excitement of a sense of thankfulness, unity, and solidarity, and nurturing a sense of martyrdom. For instance, different ayahs of the Holy Qur'an referred to serving people as value, measure, scale, justness, share, and best deed. Concerning underselling and selling low-quality goods it says:

"Oh, my people, do just measuring and weighing goods and give them the fullest and don't attempt underselling and don't act corruptly on the earth."

Moreover, in terms of serving people and relieving public pain, it says:

"These donations are for those poor people who have been doing right and they can't travel on earth to supply their living costs. The non-cognizant individual considers them as rich because of their high continence. Their poverty is apparent from their faces. They don't insist on their requests from others. You must give them from whatever you have; definitely, God is aware of what you do [4].

Another significant factor in serving people is due consideration for individuals' behavior and actions. Accordingly, it has been said by God that "Oh, Muslims, why don't you act.

whatever you've put faith in it? Why do you say something which is in contrast to your behavior? When you say something and do something else, God will get angry at you." 16. Besides, preserving human confidence and respecting people is another important factor to be considered in the provision of services from Islam's standpoint[17].

On the other hand, balance and moderation are considered as the most fundamental maxims of Islam and Islam warns Muslims from any excess or waste of resources. Thus, this factor can be considered as another factor contributing to the health care sector's service quality. "Good manners don't mean neither being stingy nor being too generous; besides, it doesn't mean not spending, rather it means spending property but not wasting them"[18,19].

Now, based on the review of the Islamic resources, (Table 2) includes the dimensions and factors of service quality in the health sector from an Islamic standpoint. Service quality is evaluated by perceptions only without expectations and without importance weights.

Table 2. Comparing Organizational Performance Assessment Models

No.	Dimensions	Factor
1	Divine motivations and closeness to God	Considerations for God's satisfaction
2		Consideration for the intention behind the service being offered
3		Valuing public services and considering them as a way to get closer to God
4		Praying for being successful in serving the public
5		Consideration for the conscience
6	Kindness and compassion	Consideration for affection and kindness in the provision of services
7		Consideration for right behavior in the provision of services to people
8		The priority of others to one's self
9		Encouraging others to provide honest and quality services
10		Kindness and good behavior in serving people
11		Being patient against criticisms from service receivers
12	Consideration for cooperation and collaboration	Consultation and getting advice from experts
13		Cooperation with other stakeholders in the provision of services
14		Consideration for extended communication
15		Persistence in using successful experiences of others in providing good services
16	Public relations	Valuing benefitting others
17		Persistence in fulfilling other's needs and solving their problems
18		Being beneficial to other people
19		Benevolence and behaving well toward others
20		Respect for others' rights
21		Commitment and loyalty
22		Attempt in overtaking others in serving people
23		Perseverance in fulfilling public needs and requirements
24		Attracting service receivers' satisfaction
25		Attempts to continue services
26		Avoiding show off in serving people
27		Being open toward criticisms
27		Motivated for providing good and quality services to people
29		Speeding up service provision process
30		Consideration for comments received from those who have been served
31	Growth and reverence	Consideration for human dignity in serving people
32		Avoiding underestimation of providing good services to people
33		Avoiding making people beholden for offering them services
34		Humility toward those who have been served
35		Employment of good behavior and speech in communicating with people
36		Empathy with those receiving services
37		Consideration for generosity in serving the public
38		Honesty and clarity in serving the public

No.	Dimensions	Factor
39		Having a high/good opinion toward those who have been served
40		Being polite and respectful in behaving the service receivers
41		Identification of future threats and opportunities in providing the right services
42		Doing things right
43		Acting quickly in serving people
44		Planning and thinking about service provision
45	Plans for future and foresight	Provision of required advice and consultation to those being served
46		Farseeing in serving people
47		Avoiding false and deceptive advertisement about services
48		Learning from others (e.. customer, competitors, etc.) for improving future services
49		Accessibility for provision of favorable and persistent services
50		Observance of moderation and balance in everything
		Being insightful and conscious toward service receivers
52		Applying thoughts and tactics suggested by experts in serving people
53		Justice-centered services
54	The ruling of	consideration for lack of discrimination in serving people
56		Being just and impartial in serving people
57	Justice	Being just and moderate and avoiding excess and extremism in serving the public
58		Consideration for continuous supervision and control in serving people
59		Responsibility
60		Continuity of services
61	Evaluation and supervision	Accountability
62		Precise evaluation of services to discover possible errors and shortcomings
63		Rule-governed services and following rules and conventions of the society
64		Consideration for faith and society's value system in serving the public
65		Attempts to identify shortcomings and weaknesses in serving people

The research was done during 2019-2020 and method employed in this study is based on a integrated quantitative - qualitative approach design which attempts to provide an answer to the research questions through a review of relevant national and international papers (Library research). In this study, after identification of dimensions and indices for the service quality health sector (Tables 1-2), the researcher included them in a five Likert Scale questionnaire (from totally disagree to agree). Then, the questionnaire has been given to expert faculty members and clergy (N=14) who were well familiar with the topic under study to give their opinions regarding these

factors and dimensions. After gathering experts' ideas and studying them, which have been discussed in the results section of the study, the researcher compares dimensions and factors of two western and Islamic viewpoints regarding service quality in health sector to find out the similarities and differences of these two worldviews.

Results

Evaluation of the significance of discovered dimensions and factors influencing service quality in the health sector from experts' viewpoint.

This section elaborates on the dimensions and factors influencing service quality in the health sector under western and Islamic ideologies and their degree of significance from experts' viewpoint is elaborated on Tables 3-4.

Table 3. Comparing Models to Evaluate Educational Assessment in Universities of Medical Sciences

No.	Dimension	Index	Totally disagree	Disagree	No idea	Agree	Totally agree	The conclusion of the survey
1	Creditability	Implementation of services in the most reliable manner	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
2		Commitment toward customers	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
3		Reassuring the customer	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (27.5%)	6 (41%)	Significant
4		Security or support against risk	-	2 (14%)	-	7 (50%)	5 (36%)	Significant
5		Provision of guarantee for the customer	-	-	2 (14%)	2 (14%)	10 (72%)	Significant
6	Accountability and responsibility	Cooperation with customers and helping them	-	1 (7%)	-	4 (28.5%)	9 (64.5%)	Significant
7		Showing sensitivity and consciousness toward customer requirements	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
8		Continuous accessibility of services	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
9		Transparency of service provision process	-	-	-	5 (36%)	9 (64%)	Significant
10		Speed of action	-	2 (14%)	2 (14%)	2 (14%)	8 (58%)	Significant
11	Empathy	Specification of proper working time for customers	-	1 (7%)	3 (21.5%)	4 (28.5%)	6 (43%)	Significant
12		Consideration for customers' mood and spirits	-	-	2 (14.3%)	2 (14.3%)	10 (71.3%)	Significant
13		Induction of a sense of being understood by the organization in the customer	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
14		Understanding customers' needs	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (27.5%)	6 (41%)	Significant

No.	Dimension	Index	Totally disagree	Disagree	No idea	Agree	Totally agree	The conclusion of the survey
15	Emphasis on learning perspective	Good behavior of the employees	-	--	-	5 (36%)	9 (64%)	Significant
16		Consideration for the finished cost	-	2 (14%)	-	7 (50%)	5 (36%)	Significant
17		Development of an ideal standard throughout a service process	-	-	1 (7%)	5 (36%)	8 (57%)	Not significant
18		Stabilizing the standard of service process	5 (36%)	3 (21%)	-	5 (36%)	1 (7%)	Not significant
19		Consideration for service receivers' comments and ideas	-	-	2 (14.3%)	2 (14.3%)	10 (71.3%)	Significant
20		Application of successful experiences of premier companies	-	2 (14%)	2 (14%)	2 (14%)	8 (58%)	Significant
21	Communication	Cooperation with suppliers	-	2 (14%)	-	7 (50%)	5 (36%)	Significant
22		Consideration for face to face relations	-	-	-	5 (36%)	9 (64%)	Significant
23		Accessibility	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (27.5%)	6 (41%)	Significant
24		Variety of services	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
25		Cooperation with stakeholders	-	2 (14%)	-	7 (50%)	5 (36%)	Significant
26	Environment	Consideration for rules and conventions of the society	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
27		Being aware of the needs of customers and service receivers	-	2 (14%)	2 (14%)	2 (14%)	8 (58%)	Significant
28		Being conscious toward competitors' activities	1 (7.7%)	-	1 (7.7%)	2 (15.2%)	9 (69.4%)	Significant
29		Consideration for social value systems	-	-	-	5	9	Significant

No.	Dimension	Index	Totally disagree	Disagree	No idea	Agree	Totally agree	The conclusion of the survey
						(36%)	(64%)	
30		Using experts' ideas and getting help from specialist consolers	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant

Table 4. Evaluation of significance level associated with dimensions and factors influencing the service quality in health sector from Islamic viewpoint based on experts' ideas

No.	Dimensions	Factors	Totally disagree	Disagree	No idea	Agree	Totally agree	Significance level
1	Motivation and closeness to God	Consideration for God's satisfaction	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
2		Consideration for the intention behind the services being provided (purity of action)	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (26.5%)	6 (42%)	Significant
3		Valuing serving the public	-	-	3 (21%)	5 (36%)	6 (43%)	Significant
4		Success in serving people	1 (7%)	1 (7%)	2 (14%)	2 (14%)	8 (58%)	Significant
5		Consideration for conscience	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
6	Kindness and compassion	Consideration or affects and kindness in serving the public	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
7		Consideration for god manners in serving people	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (26.5%)	6 (42%)	Significant
8		Prioritizing others to one's self-	-		1 (7%)	2 (14%)	3 (21.5%)	8 (57.5%)	Significant
9		Encouraging others to provision of honest and quality services	-	-	-	5 (36%)	9 (64%)	Significant

No.	Dimensions	Factors	Totally disagree	Disagree	No idea	Agree	Totally agree	Significance level
10		Kindness in serving the public	1 (7%)	1 (7%)	2 (14%)	2 (14%)	8 (58%)	Significant
11		Being patient against criticisms made by service receivers	-	2 (14%)	2 (14%)	6 (43%)	4 (29%)	Significant
12	Consideration for cooperation and collaboration	Consultation with experts	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
13		Cooperation with other stakeholders in serving public	2 (14%)	2 (14%)	-	4 (28%)	6 (44%)	Significant
14		Consideration for expanded communications	-	-	3 (19%)	5 (31%)	8 (50%)	Significant
15		Seriousness in using others' success experiences in provision of good services	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
16	Respecting the public and their needs	Valuing benefitting the people	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (26.5%)	6 (40%)	Significant
17		Attempts towards fulfilling others' needs and solving their problems	-	-	3 (20%)	5 (33.5%)	6 (46.5%)	Significant
18		Being beneficial for the people	-	2 (14%)	2 (14%)	6 (43%)	4 (29%)	Significant
19		Benevolence and being kind to the public	-	2 (14%)	1 (7%)	4 (29%)	7 (50%)	Significant
20		Respecting people's rights	1 (6.26%)	1 (6.25%)	2 (12.5%)	2 (12.5%)	8 (50%)	Significant
21		Being committed	-	-	-	5 (36%)	9 (64%)	Significant
22		Attempting toward provision of good services to the pubic	-	1 (7%)	2 (14%)	3 (21%)	8 (57%)	Significant

No.	Dimensions	Factors	Totally disagree	Disagree	No idea	Agree	Totally agree	Significance level
23		Continuous attempts in fulfilling public needs and requirements	2 (12.5%)	1 (6.5%)	2 (12.5%)	4 (26.5%)	6 (40%)	Significant
24		Attracting service receivers' satisfaction	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
25		Attempting towards improving the services continuously	2 (14%)	2 (14%)	-	4 (29%)	6 (43%)	Significant
26		Avoiding show off in serving the public	-	2 (14%)	1 (7%)	4 (29%)	7 (50%)	Significant
27		Being receptive to the criticisms	-	2 (14%)	2 (14%)	6 (43%)	4 (29%)	Significant
28		Being motivated for providing favorable services to the public	-	-	-	5 (36%)	9 (64%)	Significant
29		Accelerating the process of service provision	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
30		Consideration for favorable opinions of those who have been served	-	-	3 (21%)	5 (36%)	6 (43%)	Significant
31	Growth and reverence	Consideration for human value in provision of services	-	2 (12%)	4 (23%)	4 (23%)	7 (42%)	Significant
32		Avoiding underestimating of providing good services to people	-	2 (14%)	-	7 (50%)	5 (36%)	Significant
33		Avoiding making other beholden for services	-	1 (8%)	2 (15%)	4 (31%)	6 (46%)	Significant
34		Humiliation toward those receiving services	-	1 (7%)	2 (14%)	3 (21%)	8 (57%)	Significant
35		Application of good speech and manners in responding those	2 (14%)	-	-	4 (29%)	8 (57%)	Significant

No.	Dimensions	Factors	Totally disagree	Disagree	No idea	Agree	Totally agree	Significance level
		being served						
36		Sympathy and empathy in behaving the people	-	1 (7%)	-	4 (29%)	9 (64%)	Significant
37		Consideration for forgiveness in serving the public	--	-	-	5 (36%)	9 (64%)	Significant
38		Honesty and transparency in serving the public	-	-	3 (21%)	5 (36%)	6 (43%)	Significant
39		Having good and favorable opinion toward those being served	-	-	3 (21%)	5 (36%)	6 (43%)	Significant
40		Respecting the public while serving them	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
41	Planning for future and foresight	Identification of future opportunities and threats in provision of quality services	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
42		Doing things rightly	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
43		Speed of action in serving the public	-	2 (14%)	2 (14%)	6 (43%)	4 (29%)	Significant
44		Planning and thinking before serving the people	-	1 (7%)	2 (14%)	3 (21%)	8 (57%)	Significant
45		Provision of required consultations and advice to those being served	-	1 (7%)	2 (14%)	4 (29%)	6 (43%)	Significant
46		Thinking about the consequences of actions in serving people	-	-	-	5 (36%)	9 (64%)	Significant
47		Avoiding false and attractive advertisement for services	-	-	3 (21%)	5 (36%)	6 (43%)	Significant

No.	Dimensions	Factors	Totally disagree	Disagree	No idea	Agree	Totally agree	Significance level
48		Learning from others (including customer, competitors etc.) for improving future services	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
49		Accessibility for provision of continuous services	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
50		Consideration of justice and moderation	-	2 (14%)	1 (7%)	4 (29%)	7 (50%)	Significant
51		Awareness and insight toward requirements of those who have been served	-	1 (7%)	2 (14%)	3 (21%)	8 (57%)	Significant
52		Application of approaches and thoughts recommended by experts in provision of quality services	-	-	1 (7%)	5 (36%)	8 (57%)	Significant
53	Governance of justice	Justice-centeredness	-	-	3 (21%)	5 (36%)	6 (43%)	Significant
54		Consideration for indiscrimination in serving the public	2 (14%)	2 (14%)	-	4 (29%)	6 (43%)	Significant
56		Equity in serving the public	1 (7%)	1 (7%)	2 (14%)	5 (36%)	5 (36%)	Significant
57		Being just to people and avoiding extremism in serving them	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
58	Supervision and monitoring	Consideration for continuous supervision and control on services	2 (14%)	1 (7%)	-	4 (29%)	7 (50%)	Significant
59		Responsibility	-	2 (14%)	1 (7%)	4 (29%)	7 (50%)	Significant
60		Continuity of service provision	-	-	1	5	8	Significant

No.	Dimensions	Factors	Totally disagree	Disagree	No idea	Agree	Totally agree	Significance level
					(7%)	(36%)	(57%)	
61		Accountability	-	2 (14%)	2 (14%)	6 (43%)	4 (29%)	Significant
62		Precise evaluation of the services to discover possible shortcomings	-	-	-	5 (36%)	9 (64%)	Significant
63		Rule-based service provision and complying with social conventions	2 (14%)	2 (14%)	-	4 (29%)	6 (43%)	Significant
64		Consideration for social belief and value system in provision of services	1 (7%)	-	1 (7%)	7 (50%)	5 (36%)	Significant
65		Attempts at identification of inherent problems and weaknesses in service provision	-	1 (7%)	2 (14%)	3 (21%)	8 (57%)	Significant

The results displayed in (Table 4) suggests that all the factors involved in this study were significant.

Now, considering the dimensions and factors contributing to service quality in health sector from Islamic and western viewpoint, we can conduct the comparison between these two perspectives with regard to research questions. Similar results have been reported for the quality score in other parts of the world[4-23].

The difference between service quality models based on values involved in Islamic administration and western ideologies

Motivation and intention for serving the people: generally, due to different nature of western and Islamic value system, one of the significant differences in provision of services between these two perspectives lie within intention and motivation. From Islamic standpoint, the first and foremost motivation in provision of services is considering God's satisfaction and getting closer to him. Imams even advised their followers to pray for being given an opportunity to serve people. On the contrary, from western standpoint i which benefits is the main criteria, attracting customers' consent through provision of high quality services gains significance.

Consideration of justice in serving people: although the main emphasis in Islamic perspective is on justice and indiscrimination in serving people, it seems that justice hasn't been valued in western viewpoint and has not been investigated by the researches. The western oriented papers only considered the variety of services for achieving public satisfaction for fulfilling their needs; however indiscrimination has not been included among influential factors on service quality in western-oriented studied.

Difference in paying reverence to clients: Islamic and western perspectives are so much different with regard to their view toward customers and clients. In fact, according to Islamic values, customer is regarded as a human and considering the numerous ayahs and anecdotes regarding human value and integrity, service receiver is considered as a person whose position is valuable as the God's representative on the earth and thus all the services must be delivered considering respect, politeness, humility, good manners, and avoiding making people beholden. On the contrast, the only thing which matters in western perspective is attracting customers' satisfaction and understanding their needs in order to achieve higher profitability for the organization both in short- and long run and it's not solely because he's a human and is invaluable.

Difference between two perspectives in terms of ethical values: both Islamic and western viewpoints are way different in terms of ethical values and affects. Despite the fact that ethics-centered organizations play a significant role in provision of quality services in heath sector, and playing a significant role in enhancing customer satisfaction, but Islamic values put a high emphasis on human affects. Numerous ayahs exist in Qur'an and there are many anecdotes and sayings from Imams which emphasize upon being kind and compassionate, being patient in accepting criticisms, consideration for good manners, prioritizing others, praying for achieving success in provision of quality services, and benefit of the provided services. That's while customer-centeredness in western perspective is merely for gaining more financial benefits and discussion of factors such as good employees' behavior, understanding customers, intimacy and empathy, commitment toward the customers, and specification f sufficient time and effort for customers are all directed at achieving customer satisfaction such that organization would be successful in competing with others.

Similarities between service quality model based on values in Islamic and western administration approaches.

Responsibility: in both Islamic and western perspectives, service quality has been emphasized from a responsibility viewpoint, such that both perspectives have put emphasis

on accessibility, cooperation and helping the service receivers, and consideration for human rights to attract customers' satisfaction.

Consideration for quality of the serviced being provided: since the continuity of services also matter in serving the people, both Islamic and western viewpoints emphasize on control and monitoring in serving people and therefore both of them do their best provide services complying with social value system, social rules and conventions and to be more accountable toward the service receivers.

Cooperation with organizational stakeholders: in both Islamic and western perspectives, cooperation with stakeholders for improving services has been emphasized, such that cooperation with suppliers, attracting customer satisfaction, using experts, counterparts and other stakeholders' opinions has been generally values to expand organizational communication such that customer requirements will be better identified and attempts will be made to eliminate problems.

Being conscious toward opportunities and challenges: in both western and Islamic perspectives, identification of threats and opportunities has been valued in provision of optimal services. Thus, customer requirements must be identified to plan better services for the customers.

Emphasis on learning: one of the ley points emphasized in both western and Islamic perspectives for provision of quality services is learning and acquisition of proper feedback for identification and eliminating errors and weaknesses for better serving the people. Identification of possible errors and shortcomings may occur through gathering service receivers; ideas, using intra- and inter-organizational expert opinions, and lose cooperation with organizational stakeholders. They can also orient the organization toward improving their services and formation of an ideal standard for serving their customers which can bring about significant benefits for the organization.

Now, considering the similarities and differences between the two perspectives in terms of service quality pattern in health sector from Islamic and western perspectives, the schematic design of this comparison can be made. The synthesized model of service quality in figure 1, compares three factors, viz. company image, external influences and traditional marketing activities as the factors influencing technical and functional quality expectations. In study of Abu-Nahel et al[21] these three dimensions were converted into one dimension named reliability/confidence and in in study of Kamselem et al[22] the three dimensions were converted into one dimension named responsiveness. Therefore, the patients in private hospitals of Iran define the quality of services in three dimensions: tangibles, reliability/responsiveness, and empathy. There are few scientific reports on this topic, and, as such, we had to design the theoretical framework and concept. This might have created some uncertainties for the experts. There may be limited external validity to our findings because of specific features of the Islamic and Western systems.
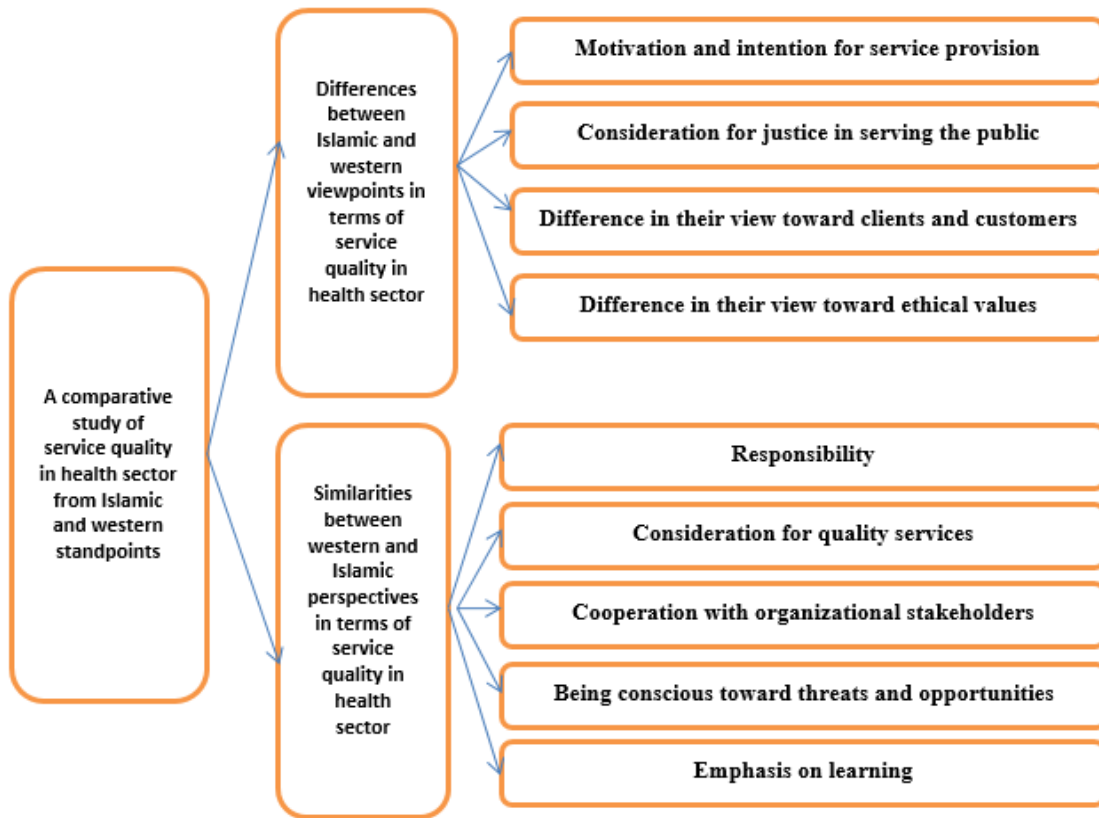
Figure 1. A comparative analysis of service quality in health sector from western and Islamic standpoints

Conclusion

This study has been conducted to compare and contrast service quality models in health sector from western and Islamic standpoints. In other words, the researcher seeks to conduct a quality analysis (based on revision of relevant national and international studied) of service quality in health sector based on western viewpoint (considering the popular models) and Islamic perspective (by seeking experts' opinion). The results of this comparative analysis was a set of factors which have been presented to experts in the same filed to express their opinions about these dimensions and factors. The results suggest that all the identified dimensions and factors contributing to the quality of services in health sector from a western standpoint were significant except for establishment of service standards. On the other hand, all the discovered dimensions and factors have been confirmed Islamic

perspective. Then, comparative analyses have been conducted for comparing these two perspectives in terms of service quality in health sector. Considering the results, it seems that active organizations worldwide must discarded the benefit-oriented western perspective and take on Islamic values, discussed in Qur'an and Imams; sayings to deliver services to their customers. This would be impossible without the establishment of relevant policies in macro level such that one would be hopeful for the establishment of service quality models in health sector based on Islamic values throughout national organizations.

Contribution of authors
All authors read and approved the final manuscript.

Conflict of interest

The authors declare that they have no conflict of interest.

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