

Healthcare Services Quality in Malaysian Private Hospitals: A Qualitative Study

Abdullah Sarwar ^{1*}

¹ Department of Business Administration, Faculty of Economics and Management Sciences, International Islamic University, Malaysia

Abstract

Background and Objectives: Services quality has become the major concern of policy-makers in the present rapidly growing consumer-oriented health industry. However, there is a major gap in the relevant literature in Malaysia in this particular field. Thus, this research attempted to narrow this gap by conducting a qualitative study to gain insight into quality of healthcare services in the Malaysian private hospitals, as perceived by the patients.

Methods: This interview-based study was conducted between November 2013 and January 2014. A sample of 14 patients was randomly selected for interview, from three major Malaysian private hospitals including Kuala Lumpur Pantai Hospital, Prince Court Medical Centre, and KPJ Ampang Puteri Specialist Hospital. Interview data were collected using a semi-structured questionnaire designed based on the literature review. The major themes of healthcare services quality were extracted by iterative review of the interview transcripts.

Findings: Analysis of the interview data identified three important aspects of healthcare services quality as perceived by the interviewed patients, including cost and location of services delivery, quality of patient care, availability of adequate facilities.

Conclusions: By identifying major factors of patient satisfaction in the private healthcare sector, this study can guide development of effective strategies leading to a higher quality of health services in Malaysia. The study also sets a baseline for future large-scale studies aiming at improving the understanding of patients' unmet expectations from the health system.

Keywords: Service quality, Private hospital, Malaysia, Cost, Loyalty, Customer satisfaction

Background and Objectives

In current rapidly growing consumer-oriented health industry, quality has become the integral part. Quality is not the magniloquence of the today's business enterprise; rather it also occupies a towering position in every business. Without providing quality services, no business can survive. This is also the key point to the healthcare industry nowadays. Service quality works as a suspension bridge, which hangs within customer and organization, and thus, shows the valuable exchange among them [1]. According to Sohail [2], understanding of the customers' require-

ment has become a necessity as it helps the practitioners in developing new approaches to provide improved service quality. However, healthcare markets are facing challenges in defining and measuring the service quality [3].

Quality is a very important concern for patients while planning to get treatment. According to Johnson [4], rather than selecting hospital based on price, patients should select it basing on quality and services. However, hospital's overall reputation, and available facilities should be taken into consideration. Taylor [5] further suggests that a good hospital should have adequate certified and qualified physicians and friendly staffs who are competent in providing nearly all superior treatments offered these days.

Study conducted by Peterson and Wilson [6] noted that since 1980s, service quality has drawn the attention of management scholars, particularly in the

*Corresponding author: Abdullah Sarwar, Department of Business Administration, Faculty of Economics & Management Sciences, International Islamic University Malaysia, Kuala Lumpur, Malaysia. Tel/Fax: +60 166405911, E-mail: sunabdullah@gmail.com

marketing field. A huge number of empirical studies can be found on service quality [1, 7, 8, 9, 10, 11, 12]. Most of these studies were conducted in the U.S.A., U.K., Japan, India and Nigeria. However, there are very few studies conducted in Malaysia in this particular field. Moreover, most of the researches focus on the telecommunication industry, bank, supermarket and others, which are highly profit-oriented organizations. Thus, there is a major gap in the relevant literature on Malaysia, which has to be covered by research. Another important aspect of this research is that most of the studies followed quantitative approach. Thus, this research attempts to fill this gap by conducting a qualitative study through in-depth interviewing the patients to understand the actual situation of the Malaysian private hospitals in relation to service quality. Moreover, as private hospitals are more profit-oriented than the public hospitals [13], revenue generating of the firm largely depends upon the attraction of the customers and retaining them. A satisfied customer is always an asset for an organization. Therefore, every company has the objective to attract them with their service quality and make them satisfied for the long return.

Literature review

In any service organization, service quality is considered the most important aspect in determining the competitiveness [14]. Researchers have defined service quality by many indicators such as zero defects [15] or quality measured from the internal and external breakdowns [16]. Padma et al. [10] termed service quality as "perceived service quality" where the researchers mentioned service quality from the view point of patients. Such classifications are primary relevant for defining quality in manufacturing sectors where product quality is the main factor. However, the primary indicators of product quality such as sturdiness, imperfection, dependability, etc. are hard to imitate in service sectors [17]. Quality in service industry is defined in different ways. In the service sector, the balance between the customer expectation and the service provided by the company is the main measurement for quality as the customer has to face the sales person or the service provider directly in what is usually called "face-to-face communication" [14]. Parasuraman et al. [17] described service quality as "a global judgment or attitude relating to the overall excellence or superiority of the service".

Service quality has been the key discussed issue to many researchers and practitioners for its significant

contribution to business performance and customer satisfaction over the last few decades [18]. Thus it has been identified as being integral to expanding the market share by attracting customers and retaining them in the long run. Given the dynamic change of the business environment in healthcare industry, Flood and Romm [19] have emphasized that healthcare policy must be regularly redesigned, and the fulfilment of the customers' needs to be improved to maintain the patients' overall satisfaction. Many researchers have identified patients' satisfaction as their psychological or cognitive perception of the service provided by the healthcare centre [20]. For this reason, a proper balance between customer satisfaction and healthcare policy reform must be managed using consumer analysis and psychological perception to maintain both health service quality and financial value amid the intensive price of the medical industry. As a result, measurement of customer satisfaction and service quality including the responsiveness, sociability, politeness, civility, capability, communication and accessibility of doctors, nurses and other hospital staff is vital. Customer satisfaction, therefore, is about meeting the customers' expectations by delivering improved value [21]. Gronroos [22] focused on two major components of the service quality in the healthcare sector: one is technical or mechanical quality, and the other is serviceable or functional quality. In the healthcare industry, technical equipments and other related medical diagnoses systems is core for the patients' check-up and treatment, and functional quality is measured by the services offered by the healthcare centres, such as services of staffs, nurses, administrations, and most importantly the doctors towards the patients and their assistants. It has been found from different healthcare research that patients mostly give priority to the functional quality rather than the technical quality though the technical quality may not be satisfactory [23]. However, for the patients, the technical quality should be a prime object because the proper treatment of patients largely depends upon the proper diagnosis of the diseases [24, 25].

Sometimes, many patients do not have precise idea about the technical matter for the treatment. In this regard, the consciousness of the patients is a vital matter. Lam [26] found that many patients could not differentiate the performance in caring and curing provided by the medical centres' service providers. For this reason, sometime, it becomes a potential problem for collection of data, as they are the main source of judging the service quality of the industry. Support services given by the personnel are expected to be approachable, dependable, gracious, sincere

and capable by the customers. The study of Kiran [27] also revealed that the staffs' perceived quality is the core for customer satisfaction. Co-operative and helpful staffs are able to instil confidence among the customers of the industry. Staffs have to provide error free recording for the patients. The proper allocation of time toward the patients should be consistent in terms of service. Hospital facilities include the concrete features of delivery of services (e.g. machineries, physical structure, and exterior of the hospital). They also highlight the surroundings of the hospitals that are "services capes" [10].

Hospital facilities are crucial for the patients' medical treatments. Mental satisfaction is significantly related with the environment of the surroundings. Nwankwo et al. [28] found different perceptions of patients in both public and private hospitals. They investigated that public hospitals are providing most unsatisfactory services to the customers and identified the possible reasons are mentioned as the doctor's responsiveness, length of getting appointment time, etc. Therefore, individual focus should be given to the customers, and certain amount of time should be provided to the customers for their proper treatment.

Customer service providers' approach and the facilities offered by an organization are obviously key factors on which consumers should rely [29]. The authors pointed out that there is a major relationship between the patient/customer satisfaction and the quality of services provided by a healthcare centre. The focus of the healthcare centres is to give full attention to the proper treatment of the patients in the hospital with all the equipment available. On the other hand, many researchers think that the quality of service toward patients may vary as a result of physician's wrong assessments of the patients [30]. This perception will give patients a negative impression of the quality of a health centre's services, which may be disseminated to other potential patients or customers [31]. Although the service industry is growing rapidly; however, there is a lack in defining and measuring the service quality in this sector [32]. Cronin and Taylor [8] suggested that in order to evaluate the service quality, the patients' perception needs to be considered. Thus, improving service quality will increase customer satisfaction and loyalty [12, 33, 34, 35, 36, 37, 38, 39].

While numerous explanations of customer satisfaction have been offered, the most widely used expectancy disconfirmation theory is that proposed by Oliver [40]. The theory (confirmed in many studies) implies that customer expectation of purchasing or consuming any service or product is related to pre-purchase

anticipation [41, 42]. This helps in comparing the outcomes with the expectations after consumers have consumed the services. The relationship between patient satisfaction and his/her perception regarding healthcare services has been projected during last two decades. Many researchers have mentioned the significant relationship between the perception of service quality and customer satisfaction in healthcare [43, 44]. Most studies stress the importance of functional capability such as decoration, nurse behaviour, staff service, and interaction with the patient rather than a centre's technical capability for treatment [31, 45, 46]. Cronin and Taylor [8] found a significant relationship between the satisfaction gained by patients in healthcare and intention to purchase. Santouridis and Trivellas [18] mentioned that consumers' satisfaction and expectation are closely related. Thus, less the difference between service quality and customer expectation, the greater the customer satisfaction [18, 47].

The service quality in healthcare industry is a vital part for attracting customer. There are a number of health centres subsist in Malaysia. Competitive offerings are creating a centre of attention for the customers not only from within the country but also from abroad. In the healthcare industry, patients' perceptions are measured through the quality of services provided by a healthcare centre [8, 48]. Thus, delivering quality services to the customers is a must in order to meet their perception [17, 49, 50].

Methods

Case study comprehensively analyzes a single phenomenon or social unit [51], which explores a "thick description" of the phenomenon under study [52], and thus clarifies the reader's understanding of that particular social phenomenon [53]. Case study specifically focuses on a particular phenomenon that provides an in-depth understanding of one particular event under study [54]. It helps to explore things more deeply that might not have been explored through other researches [53, 54]. Many social researches have used case studies in the past mostly for small-scale research [5, 20, 27, 29, 55]. As this is a small scale research and the main purpose of this study is to explore a particular social phenomenon, which is patients' perception towards healthcare quality at private hospitals in Malaysia, the researcher has taken the case study approach as it facilitates in assessing and evaluating the particular phenomenon more intensely [56].

This study took place at three different private hospitals in Malaysia, namely Pantai Hospital Kuala Lumpur, Prince Court Medical Centre, and KPJ Ampang Puteri Specialist Hospital during November 2013 and January 2014. These three hospitals were chosen because they are among the most renowned and popular private hospitals in Malaysia. For data collection, a semi-structured interview questionnaire was used. The units of analysis for this study were the patients who have experienced the treatment at private hospitals at least one time. Convenient sampling method was adopted to identify total eight patients for this study; this was because all the patients might not be willing to participate in the interview. Interviews were conducted in person. Information about the study was clearly explained before the start of the interview. The participants were further assured that the data would not be used for any other purposes other than the research, and their particulars would not be disclosed in any circumstances. However, the researcher might contact them in the future to recheck the interpretation after data coding to avoid the researcher's biasness. Permission was taken for audio taping.

Data were collected through interviews, which were conducted over a three-month period at three private hospitals in Kuala Lumpur. Most interviews were lasted approximately 30 minutes. All interviews were audio recorded, which helped the researcher to record everything without missing any further evidence. After collecting the data, all were transcribed into text verbatim and coded for further analysis. The recorded tapes were played several times as not to miss any information recorded from the interviews. The process continued till the researcher felt that no more information was necessary for further analysis.

Results

None of the interviewees approached declined to participate in the interview (though all of them declined to disclose their identity). The characteristics of the 8 participants are presented in Table 1.

Data analysis resulted in the extraction of three themes from the. As all the participants identified similar factors, thus the collected data were combined for further analysis. The extracted three themes included cost and location, overall quality regarding the treatment, doctor's qualification and quality of the medicine, and overall services and facilities provided by the clinic.

Cost and Location

Question was asked about the patients' hospital selection criteria. All of the answers were more or less similar. From this, the researcher has found that cost and location play an important role in the selection process. Patients mainly choose this place because of the location and fees. Majority of the respondents also pointed out that insurance plays a key role in their hospital selection process. For example, question was asked why they have chosen to get treatment here rather than going to some other hospitals. Some of the key answers are provided below:

In fact, this is not a matter of choosing. I came to this hospital because it's very near to my house. Moreover, my insurance policy covers this hospital. If I go to a different hospital rather than this, I have to pay by myself.

I have Etiqa Takaful insurance through which I can get treatment from the selected panel hospitals where I need not to pay as I'm covered under this insurance....

Importance of the location and waiting time was also emerged during the interview. Most of the interviewees think that convenient location is very important:

To be honest, it's an automatic choice. Going to some other hospitals is time consuming as the location is very far from where I live. However, this hospital is very near and convenient as well.

As such, it is clear that convenient location together with the price advantage facilitates the patients in selecting a particular hospital. One interesting point emerged during the interview so that, interestingly, out of the total fourteen respondents, only nine respondents had clear idea with their health insurance policy and how it benefits them. However, the rest five respondents were not clear what are covered and what are not by their insurance policy. As such, these participants were not aware of the benefits of their insurance policy except paying for it.

Quality Regarding the Treatment

In this study, the researcher has found that treatment quality also plays an important role in the health sector. When question was asked about the treatment quality, majority of the respondents' answer were positive. However, few respondents' impression regarding this question was negative. As such, opinion regarding the treatment quality varies among the respondents. It is to be noted that among the respondents, Chinese patients were less satisfied with the treatment quality than the other races (Malay and Indian). When approached to the Chinese patients,

their opinions were direct and attacking. Another important concern was the lack of specialist doctors, which sometimes caused the patients to visit other service providers. Some of the key responses are provided below:

Very bad... They don't have adequate number of specialist doctors.... For all kind of diseases, you get the same medicine... It should be better...

It depends; if it is for immediate treatment, then it's okay or more than okay, but if it is for long term or a bit complex, then it should be improved a lot.

However, when the same question was asked from Malay and Indian patients, majority were moderately satisfied with the treatment quality though much more were told needed to be done.

It's OK for me.... The doctors are polite and nice. After they see you, they give you the medicine you need.... And within few days, when the drugs are finished, you'll be OK... So, I think, it's OK....

From my point of view, the quality of treatment is adequate and very good.

To me, it is sufficient as we get the quality treatment. I had cut my leg once, and the action was very prompt. They gave me the best treatment for which I'm confident regarding their quality.

Besides the treatment quality, patients were also asked about the quality of the drugs and medical equipments the hospitals use for treating the patients. As for better treatments, patients need better drugs; therefore, it is of vital importance for the hospitals to provide good quality drugs and medicine for their patients. In this study, we found that better drugs are expected by the patients. In most cases, the impression of the patients (respondents in this case) was much higher than their expectations:

Last year I went to a government hospital where I found the difference between the same treatment between this hospital and that government hospital. So, I easily can say that the quality of this hospital is far better.

They are providing good services and quality medicines, which seem enough for me at least.

However, some respondents also provided several negative feedbacks regarding this issue:

If you want better treatment, better go some other private hospitals where you'll get better treatment... They are very prompt and not that much expensive.

Another important aspect is the waiting time. It is obvious that the long waiting time to see the doctors, sometimes, forces the patients to visit different hospitals. Normally, many patients prefer private hospitals as the waiting time is less comparing to public hospitals. Few respondents also emphasised on this issue:

Table 1 Characteristics of Participants (n = 14)

Variable	N
Gender	
Male	9
Female	5
Age	
20-30	4
30-40	4
>=41	6
Race	
Malaya	5
Chinese	5
Indian	4
Frequency of healthcare utilization	
More than 5 times in last 6 months	4
2-4 times in last 6 months	9
Visited once only	1

And anyone goes, immediately the doctor will see and give you the medicine that you need....

Based on my experience with public hospitals, I can say that the waiting time in private hospitals is much lower. Before, I took my wife to a public hospital for dental treatment. They gave me a time, which was six month later to only see the doctor! So, I took her to this hospital, which took only 20 minutes to see the doctor.

They should increase the overall facilities, and try to reduce the waiting times. Sometimes, it is really hard to wait just to see your doctor.

The quality of the staffs' performance in the private hospitals was found to be satisfactory. However, most of the participants believe that there are still rooms for further improvement. The patients were asked to evaluate the performance of the staffs based on their personal experiences. Some of the responses are provided below:

Seniors are OK, but newcomers are not too friendly, not prompt at service providing; they should be fair in behaving to all.....

Well, their quality of treating patients isn't really bad... They are friendly and welcoming.

Young nurses should be more polite and cum. They also need to respond more quickly as the older nurses do..... Sometimes, you can feel their ignorance.... As a patient, I expect much better....

Simply above average performance... If you visit them several times, you'll also like their behaviours... In fact, they give you good smile at the beginning and treat you like they care for you. I like this hospital.

They are good in their manner but I think, in some cases, they should have more training, particularly the front desk and other staffs.

Besides these impressions, some respondents also highlighted some helpful positive points such as cleanliness of the hospital, quality of cares, lack of medical equipments, etc. A systemic procedure is very important when dealing with people who are sick. Once a patient visits a hospital, he/she knows what is required and what will happen next. Assuring such things will bring more satisfaction among the patients. Moreover, cleanliness is seen as an important factor by the patients:

Ok, first of all, they have an elaborate procedure when you visit the hospital.... They'll ask for your IC, and then look for your file.... Then take it to the doctor. Then they give you a number. When your number appears on the board, you will go to the doctor. This whole thing is like a procedure, I mean you know what is going to happen next.... It's good and you already know what they want from you because it's general for everyone. And once you go in to see the doctor, he/she'll check you and prescribe you... quality wise, it's ok, but how they treat you is important....

From my point of view, I should check several things such as the quantity of nurses and doctors, the responsibility of them, cleanliness of the clinic, quality of treatments, adequate machineries, etc. However, I found all these adequate....

Simply excellent! The way they behave is like treating their own brothers. I'm really impressed. As I mentioned earlier, during my treatment for cutting my leg, they immediately took me to the emergency room where I lied down and one sister cleaned the bloods from my leg. Sometimes, I got hurt while cleaning, where I saw a really sorry face of the sister. They are really concerned.

Well, I just went there only once. Based on that, I can say that the performance is not bad.

Overall Services and Facilities

The issues regarding the overall service quality and the facilities provided by the hospital were also identified. During the interview, the participants mentioned some limitations such as access time, emergency services, etc. Some responses to the questions regarding the facilities provided by the hospitals are as follows:

Overall it's moderate; neither good nor bad!

Facilities, right? OK... I will give 74 out of 100... so it's still B+ in terms of grading izini?

However, most respondents gave a positive feedback for this issue:

Much better than other private hospitals, as we have very limited number of patients at a time.

In the case of emergency, you don't have to wait, the doctor sees you straight way....

The facilities of this hospital are good, just in time services, one-to-one attention of the doctors, and regular checkups; I must appreciate this.

Facilities, right? So far, OK to me...

During the emergency, ambulance services were considered efficient:

Service is very prompt, within 5 min, ambulance came and took me to the hospital immediately... which was really appreciable.... After 3 days, I got cured and back to my work....

At the end of the interview session, we asked the participants if anything needs be done in improving the service quality. Most of the respondents were aware of the facilities provided by the hospitals. However, they suggested increasing the treatment facilities when major treatment was concerned. Moreover, other facilities such as reducing the waiting time to see the doctor, parking facilities and the need for more lady doctors for lady patients were also highlighted:

They need to extend the treatment facilities and increase the number of doctors, especially for the after-office hours so that they can immediately treat the patients:

It should be expanded and more specialist doctors and nurse should be deployed.

I just want to mention that they should increase the facilities. I mean they should introduce more treatments here so that we don't have to go different hospitals.

I recommend them to expand their parking facilities as sometimes it's too difficult to get one. Moreover, they should reduce the parking fees as this is very expensive.

Due to religious obligations and privacy issues, Muslim Malaysian patients also prefer that the doctor should be same gender as the patient. One patient pointed out the issue as:

I took my wife to the hospital for pregnancy treatment where I found only one lady doctor available for the said service. I would love to see more lady doctors handling such treatments as I don't prefer male doctors treating my wife.

Getting continuous feedbacks will increase the overall performance. Some respondents also suggested getting feedbacks from the patients as to minimize the short comings:

Simple recommendation; they should know how they can make continuous improvement... they

should take the consumers' feedback and take action instantly... they should value patients, and obviously should value human lives!

Honestly, I don't know what I should recommend for this. But they can take feedback from the patients, and take corrective measures to improve the treatment quality for future.

Some of the respondents also r providing commended quality drugs, which might cure the illness in much better way:

For future improvements, they should concentrate in providing good quality drugs; because for minor treatments, common medicine may work, but for major treatments, it might be dangerous.... and also for any sorts of treatment, there is a huge possibility to come back with the same medicine. So, they need to provide specialist doctors to be more specific to the treatment.

Discussion

In this study, qualitative research method was used to measure service quality in the private hospitals of Malaysia. During the analysis, the researcher identified three important points (themes) related to service quality; cost and location, quality regarding the treatment, and overall services and facilities. This case study was conducted at three different settings, which were three private hospitals in Malaysia. A semi-structured questionnaire was prepared based on the literature review. The population of this study was the patients treated in private hospitals. Totally, eight respondents were selected conveniently as samples for this study. For this small scale study, the sample size of eight is considered sufficient [5, 20, 27, 55]. All races were taken into consideration during the data collection.

The results emerged are quite identical among all races except in the treatment quality issues where Chinese patients were found more disappointed comparing to other patients. However, the similarities in most cases might be for the mixed cultural life in Malaysia.

In this study, we found that cost and location are very important elements to service quality. Majority of the patients visit the private hospitals either for insurance-covered services or the convenient location of the hospital. Thus, this finding is also similar to that of previous researches [3, 32, 34, 57].

Regarding the staffs performance, the result showed some dissatisfaction among the patients as their perception towards the expectations varied. However, this was emerged as one of the most important factors in evaluat-

ing the service quality. Similar results were found in previous studies. According to Gronroos [22], functional quality such as services given by the staffs, nurses, administrations and most importantly the doctors towards the patient and their assistants is very important. Furthermore, Bowers et al. [23] have added that patients mostly give priority to the functional quality rather than the technical quality.

Regarding the treatment quality, the result varies between the races. Chinese patients are more disappointed comparing to Malay and Indian patients. However, in general, they are satisfied with the treatment. This result is similar to what Cronin and Taylor [8] have found. According to them, in the healthcare industry, patients' perceptions are measured through the quality of services provided by the healthcare centre [8]. Thus, delivering quality services to the customers is a must in order to meet their perception [17, 49, 50].

In case of drugs, all of the participants were more or less dissatisfied as the quality of the drugs provided to them is very general. Moreover, they use the same medicine in most of the cases. Thus, management should consider this issue as to improve the service quality, which will lead to customers' satisfaction.

In terms of facilities, a lot of improvement is needed to satisfy the customers. Similar to Flood and Romm [19], who have emphasized that healthcare policy must be regularly redesigned and the fulfilment of the customer needs to be improved to maintain overall satisfaction of the patients, in this case, management should also think of increasing the facilities such as building small operation theatres to perform the emergency surgery, providing training to the new staffs, improving ambulance services, and increasing the number of specialist. This will increase the overall service quality, which will lead in turn to both customer satisfaction and customer loyalty. Moreover, building improvement policies through continuous customers' feedbacks will help in improving service facilities and hence overall quality. Andaleeb [58] has also suggested that considering patients' feedbacks would help in redesigning the healthcare service delivery processes to increase the healthcare quality. Besides, the hospitals should increase facilities such as reducing waiting time to see the doctor, increasing parking facilities, and providing lady doctors for lady patients as many patients in Malaysia consider these as needed services. Thus, ensuring these will increase customer satisfaction in the future.

This study further explored an essential communication gap, which is related to health insurance policy. Data analysis revealed that most of the respondents were not aware of their health insur-

ance policy and how to use it. However, with this policy, the patients can get treatments, which are not available at the current hospital at free of costs. They are authorized to get an insurance policy card while getting treatment in a different hospital. Involved authorities should clearly inform all the policy holders about this during their registration; this will avoid the further misunderstandings regarding the free treatments.

Conclusions

This study highlighted few of the important components of measuring service quality in the healthcare sector in Malaysia. There is an urgent need for quality improvement to retain the customers in the long run. Patients'/customers' perception in measuring service quality has been an overlooked area in the past. However, acknowledging this might create confidence with regard to choice and usage of the available healthcare facilities among the patients.

It was further found that getting quality treatments, better quality drugs, personal attention by the doctors and nurses, and facilities such as car parking, and lady doctors for lady patients will influence the customers in aspect of their satisfaction. Thus, private hospitals should be more careful in promoting health services and ensure that the customers get their needed services as the strong commitment of the hospitals is crucial in promoting health services. Additionally, customer satisfaction should reflect the need for quality healthcare requested by the customers, as direct and indirect relationships exist between service quality and customer satisfaction.

There is an urgent need for providing quality healthcare services for all citizens of the society. Therefore, understanding this need of customers is crucial for the staffs working in the hospitals. There is no alternative except meeting the customers' quality needs by any health service providers. As such, healthcare policy must be regularly redesigned to fulfil the customers' needs in order to maintain their overall satisfaction

However, the findings of this study may not perfectly represent the whole population as it has been conducted on a limited sample size; hence, they cannot be generalized [59]. Thus, future studies need to be conducted in different healthcare centres to compare the results.

Competing Interests

The author declares no competing interests.

References

- Ojo O. The relationship between service quality and customer satisfaction in the telecommunication industry: Evidence from Nigeria. *BRAND* 2010, 1(1):88-100.
- Sadiq Sohail M. Service quality in hospitals: more favourable than you might think. *Manag Serv Qual Int J* 2003, 13(3):197-206.
- Irfan S, Ijaz A. Comparison of service quality between private and public hospitals: Empirical evidences from Pakistan. *J Qual Tech Manage* 2011, 7(1):1-22.
- Johnson LA. Americans look abroad to save on health care: Medical tourism could jump tenfold in next decade. *The San Francisco Chronicle* 2008, 3:2008.
- Taylor SA. Distinguishing service quality from patient satisfaction in developing health care marketing strategies. *Hosp Health Serv Adm* 1994, 39(2):221-36.
- Peterson RA, Wilson WR. Measuring customer satisfaction: fact and artifact. *J Acad Marketing Sci* 1992, 20(1):61-71.
- Choi K-S, Cho W-H, Lee S, Lee H, Kim C. The relationships among quality, value, satisfaction and behavioral intention in health care provider choice: A South Korean study. *J Bus Res* 2004, 57(8):913-21.
- Cronin Jr JJ, Taylor SA. Measuring service quality: a re-examination and extension. *J Mark* 1992, 56(3):55-68.
- Jones MA, Suh J. Transaction-specific satisfaction and overall satisfaction: an empirical analysis. *J Serv Mark* 2000, 14(2):147-59.
- Padma P, Rajendran C, Sai LP. A conceptual framework of service quality in healthcare: perspectives of Indian patients and their attendants. *Benchmarking Int J* 2009, 16(2):157-91.
- Ranaweera C, Prabhu J. On the relative importance of customer satisfaction and trust as determinants of customer retention and positive word of mouth. *J Target Measur Anal Mark* 2003, 12(1):82-90.
- Spreng RA, Mackoy RD. An empirical examination of a model of perceived service quality and satisfaction. *J Retail* 1996, 72(2):201-14.
- Hsu J. The relative efficiency of public and private service delivery. *World Health Report Background Paper* 2010, 39:1-9.
- Lewis BR. Quality in the service sector: a review. *Int J Bank Mark* 1989, 7(5):4-12.
- Crosby PB. *Quality is free*. New York: McGraw-Hill; 1979.
- Gryna FM, Juran JM. *Quality planning and analysis: from product development through use*. New York: McGraw-Hill; 2001.
- Parasuraman A, Zeithaml V, Berry L. SERVQUAL: a multiple-item scale for measuring consumer perceptions of service quality. *J Retail* 2002, 64(1):12-40.
- Santouridis I, Trivellas P. Investigating the impact of service quality and customer satisfaction on customer loyalty in mobile telephony in Greece. *TQM Journal* 2010, 22(3):330-43.

19. Flood RL, Romm NR. Contours of diversity management and triple loop learning. *Kybernetes* 1996, 25(7/8):154-63.
20. Ross CK, Frommelt G, Hazelwood L, Chang RW. The role of expectations in patient satisfaction with medical care. *Mark Health Serv* 1987, 7(4):16.
21. Oakland JS. *Total quality management: text with cases*: Butterworth-Heinemann; 2000.
22. Gronroos C. *Service management and marketing: Managing the moments of truth in service competition*. Lexington: Lexington Books; 1990.
23. Haque A, Sarwar AA-M, Yasmin F, Anwar A. The impact of customer perceived service quality on customer satisfaction for private health centre in Malaysia: a structural equation modeling approach. *Inf Manag Bus Rev* 2012, 4(5):257-67.
24. Bowers MR, Swan JE, Koehler WF. What attributes determine quality and satisfaction with health care delivery? *Healthc Manag Rev* 1994, 19(4):49-55.
25. Sarwar AA, Manaf NA, Omar A. Medical tourist's perception in selecting their destination: a global perspective. *Ir J Pub Health* 2012, 41(8):1-7.
26. Lam SSK. SERVQUAL: A tool for measuring patient's opinions of hospital service quality in Hong Kong. *Total Qual Manage* 1997, 8(4):145-52.
27. Kiran K. Service quality and customer satisfaction in academic libraries: Perspectives from a Malaysian university. *Libr Rev* 2010, 59(4):261-73.
28. Owusu-Frimpong N, Nwankwo S, Dason B. Measuring service quality and patient satisfaction with access to public and private healthcare delivery. *Int J Public Sector Manage* 2010, 23(3):203-20.
29. Oswald SL, Turner DE, Snipes RL, Butler D. Quality determinants and hospital satisfaction. Perceptions of the facility and staff might be key influencing factors. *Mark Health Serv* 1997, 18(1):18-22.
30. Swartz TA, Brown SW. Consumer and provider expectations and experiences in evaluating professional service quality. *J Acad Mark Sci* 1989, 17(2):189-95.
31. Brown SW, Swartz TA. A gap analysis of professional service quality. *J Mark* 1989, 53(2):92-8.
32. Zamil AMA, Areiqat AY, Tailakh W. The impact of health service quality on patients' satisfaction over private and public hospitals in Jordan: a comparative study. *Int J Mark Stud* 2012, 4(1):123-7.
33. Berry LL, Bennett DR, Brown CW. *Service quality: A profit strategy for financial institutions*. Homewood: Dow Jones-Irwin; 1989.
34. Cronin JJ, Brady MK, Hult GTM. Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments. *J Retail* 2000, 76(2):193-218.
35. Sarwar A. Medical tourism in Malaysia: prospect and challenges. *Ir J Publ Health* 2013, 42(8):795-805.
36. Kang G-D, James J. Service quality dimensions: an examination of Grönroos's service quality model. *Manag Serv Qual Int J* 2004, 14(4):266-77.
37. Reichheld FP, Sasser WE. Zero defections: Quality comes to services. *Harvard Bus Rev* 1990, 68(5):105-11.
38. Rust RT, Zahorik AJ. Customer satisfaction, customer retention, and market share. *J Retail* 1993, 69(2):193-215.
39. Yoon S, Suh H. Ensuring IT consulting SERVQUAL and user satisfaction: a modified measurement tool. *Inform Syst Front* 2004, 6(4):341-51.
40. Oliver RL. A cognitive model of the antecedents and consequences of satisfaction decisions. *J Mark Res* 1980:460-69.
41. DeSarbo WS. Response determinants in satisfaction judgments. *J Consum Res* 1988, 14(4):495-507.
42. Tse DK, Wilton PC. Models of consumer satisfaction formation: An extension. *J Mark Res* 1988, 25:204-12.
43. Cronin Jr JJ, Taylor SA. SERVPERF versus SERVQUAL: reconciling performance-based and perceptions-minus-expectations measurement of service quality. *J Mark* 1994, 58(1):125-31.
44. McAlexander JH, Kaldenberg DO, Koenig HF. Service quality measurement. *J Health Care Mark* 1994, 14(3):34-40.
45. Crane FG, Lynch JE. Consumer selection of physicians and dentists: an examination. *Mark Health Serv* 1988, 8(3):16.
46. Barnes NG, Mowatt D. An examination of patient attitudes and their implications for dental service marketing. *J Healthc Mark* 1986, 6(3):60-3.
47. Hutcheson GD, Moutinho L. Measuring preferred store satisfaction using consumer choice criteria as a mediating factor. *J Mark Manag* 1998, 14(7):705-20.
48. Connor SJ, Shewchuk RM, Carney LW. The great gap. Physicians' perceptions of patient service quality expectations fall short of reality. *J Health Care Mark* 1994, 14(2):32-9.
49. Parasuraman A, Zeithaml VA, Berry LL. A conceptual model of service quality and its implications for future research. *J Mark* 1985, 49:41-50.
50. Parasuraman A, Zeithaml VA, Berry LL. *Delivering quality service: balancing customer perceptions and expectations* New York: Simon and Schuster; 1990
51. Merriam SB. *Case study research in education: A qualitative approach*. San Francisco: Jossey-Bass; 1988.
52. Guba EG, Lincoln YS. *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. San Francisco: Jossey-Bass; 1981.
53. Stake R. *Handbook of qualitative research*. Thousand Oaks: Sage Publications; 1994.
54. Stake RE. *The art of case study research*. Thousand Oaks: Sage Publications; 1995.
55. Turriss SA. Unpacking the concept of patient satisfaction: a feminist analysis. *J Adv Nurs* 2005, 50(3):293-8.
56. Gall MD, Borg WR, Gall JP. *Educational research: An introduction*. Michigan: Longman Publishing; 1996.
57. Gilbert FW, Lumpkin JR, Dant RP. Adaptation and cus-

tomer expectations of health care options. *Mark Health Serv* 1992, 12(3):46-55.

58. Andaleeb SS. Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Soc Sci Med* 2001, 52(9):1359-70.
59. Gillies JC. Remote and rural general practice. *BMJ* 1998, 317:71-66.

Please cite this article as:

Abdullah Sarwar. Healthcare Services Quality in Malaysian Private Hospitals: A Qualitative Study. *International Journal of Hospital Research* 2014, 3(3):103-112.