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RELATIONSHIP BETWEEN HEALTH EXAMINATION SERVICE AND SATISFACTION: THE CASE OF XYZ HOSPITAL AT HO CHI MINH CITY (VIETNAM)

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ABSTRACT

Based on the quantitative method of the sample of 240 patients, hypotheses of the study are developed and tested. The finding confirms that there is a significant relationship between patient's satisfaction and procedure, empathy and reliability. This result is a good reference for hospitals who must think its self how to improve customer satisfaction through a good service, in which procedure at the hospital, empathy of doctors and staffs, and reliability services play an important role.

KEYWORDS: Health examination, patient, satisfaction, Vietnam.

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INTRODUCTION

According to World Bank, Vietnam's health sector in 2020 will grow three times since 2010 and surpass other countries such as Malaysia, Thailand and Indonesia. This is convinced, because the government of Vietnam has been promoting socialization, public-private cooperation in the health sector and tries to attract more investments. Although the quick develop of the sector is presented, changes are not avoided. The productivity of beds is overloaded, because of more problems to people's health. This is a consequence of quick changes in socio-economics, damage of climate change, air pollution and environmental degradation.

In recent years, although the quality of health services has improved significantly, but it still has not met the customer's expectation, whose complaints are constantly increasing. The medical staffs still think that "patients need their help" instead of "they have to serve patients". That makes mistakes in the behavior of medical staff towards patients.

Nowadays, thanks to the growing people's knowledge, the need for physical and mental health of people is increasing. Every aspect of life must be improved to meet the need to improve quality of life. The habit of "only treating when getting disease" of Vietnamese is gradually being replaced by

new ideas that are more proactive and positive; they learn how to live healthier and more scientific. In addition to regular checkups, customers also have other personal health needs such as getting a job, getting a driver's license test, etc.

One of the criteria for evaluating hospital quality is in accordance with customer's satisfaction. That will promote quality hospital services to customers based on their actual requirements. The outpatient department is one of the first environments to which the patients introduced upon their arrival in the hospital. The outpatient departments are most important sources of patient flow to the inpatient departments of the hospital, and the method of service provisioning in these areas plays a crucial part in the overall perception of patients about hospital services and their decision in choosing a certain hospital for hospitalization. For this reason, the outpatient department plays an important role in profitability of the hospital, and the hospital's ability to provide high-quality services in this department shall be vital for its survival in the long term.

Overall, the hospital needs to improve customer's satisfaction to ensure the development of the organization; and in the frontline to avoid losing the customers as well as to attract the new ones. Why do the patients turn to other hospitals? How to attract the new customers? What are their needs? Are they satisfied with the service of our hospital? What factors are the main problems that influence their satisfaction? In order to produce the right solution to this problem, this paper needs to dig into deeper details on those issues, which can be called "customer's satisfaction".

LITERATURE REVIEW

Customer satisfaction

As argued by Hoyer et al. (2010), customer satisfaction is the result of the customer's good rating or decision-making. Here it can be understood that when a customer purchases or uses a product or service, he feels his needs met, it means he is satisfied with it. Particularly for the health sector, the patient's satisfaction is an integral component of the consistency of hospital medical care outcomes; such satisfaction can be compared to a structured multi-dimensional questionnaire that includes all related hospital parts. Accordingly (Zaim, Bayyurt, & Zaim, 2013), satisfaction calculation is significant for three basic reasons: (1) Elevated levels of patient satisfaction with medical care services cut down the expense related with new customer securing; (2) Satisfied patients are all the more easily held and the value of an existing customer normally increments with residency. Therefore, patient satisfaction is an energizing pointer of future business performance; (3) Quality of patient care can only be enhanced when the medical staff who directly care for the patient are familiar with the level of their behavior on the patient's primary needs.

Service quality

According to (Zaim et al., 2013), quality of service comprises two factors: (i) technical quality and (ii) functional quality. Technical quality is what is served, while functional quality that shows how it is served. (Çaha, 2007) therefore maintain that the results of the service are decided by both the result of the service and the cycle leading to the result. The result of this study is a GAP service quality model that understands the company's satisfaction with the customer. In the service industry, the GAP model is widely used to understand the different deviations that occur during the

time that the service is transmitted to potential customers. The model states that there are five loopholes that can lead to a failure to deliver the customer service:

- GAP 1: the gap between perception of management and customer expectations. This gap emerges if the organization or supply does not investigate exactly what the customer wants or needs. It also emerges due to insufficient communication between contact personnel and owners of organizations. This gap is caused by insufficient statistical surveys and analysis of the market.
- GAP 2: gap between service quality specification and perception of management. This gap arises if the company can understand effectively what the customer needs, but does not define standards for implementing this desire. It tends to be due to a helpless service plan, inadequate physical evidence and development measure.
- GAP 3: gap between the specification of the service quality and the provision of services. This gap may arise under existing circumstances. It may occur due to improper preparation, ineptitude or reluctance to meet service standards. It may be due to improper evaluation and compensation frameworks. The root cause of this gap is incompetent recruitment.
- GAP 4: the gap between external communication and the delivery of services. This gap occurs when there is a discrepancy between the delivery of services and customer communication. The customer expectations of the service ads are affected. If these ads are not correct, customer expectations of service quality will be affected.
- GAP 5: Gap between the service experienced and the service expected. This gap occurs when the customer misjudges the quality of service.

Regarding the medical service quality, certain concepts like (Choi, Cho, Lee, Lee, & Kim, 2004) are described as "consistently satisfying patients by providing health services effectively in accordance with the most advanced medical directives and standards, in accordance with the needs of the patient." Quality of medical services is defined collectively by all stakeholders involved in effective care that contributes to patient satisfaction and happiness.

Service quality and Customer satisfaction

Researchers have discussed the relationship between service quality and customer satisfaction with service over the past decades. Many researchers have carried out in customer satisfaction in the service industries and generally conclude that both concepts are quality and satisfaction (Meesala & Paul, 2018). The satisfaction of the customer that customers are understood as recipients of service is a general concept that expresses satisfaction in consuming a service and the quality of the service concerns the specific components of that service (Zaim et al., 2013).

Linimol & Nair (2016) employed SERVQUAL toward an assessment of service quality and patient satisfaction in healthcare services. Accordingly, five factors such as visibility, reliability, response, assurance and empathy are enclosed in the model to measure the relationship between patients perceive quality of service and satisfaction. Similarly, Chakraborty & Majumdar (2011) employed an approach to predict the quality of healthcare and patient. However, the limitation of this study is to focus on changing patient satisfaction in just one time period. Therefore, the use of this research result may not be appropriate to suggest long-term policy.

New Empirical Industrial Organization (NEIO) methods

The principal idea behind this method is to infer competitiveness by observing the behavior of companies, such as prices and quantities. Gaynor M. & Vogt (2003) calculate the demand equation with patient level data, some demand equation data as well as hospital level data in the supply equation. Studies such as (Jabnoun & Chaker, 2003) estimate the demand supply system on hospital services and private physician markets.

Panzar-Rosse method is another popular NEIO technique in relation to Bresnahan-Lau. Both methods are derived from the problem of profit maximization by firms and examine the ability of firms to use higher mark-ups above their marginal costs from slightly different angles. As a result, those studies focus on the market for hospital services for patients. Although costs per occurrence tend to be considerably higher for the hospital than for ambulatory services, there is a steady trend of shifting from hospital to ambulatory services. This is due to incentives provided by the value-driven reimbursement system and advances in medical technology that allows more outpatient procedures to be performed.

Based on arguments mentioned, to measure patient's satisfaction, five factors of accessibility, procedures, infrastructure, empathy, and reliability are employed. The proposed research model is depicted in figure 1.

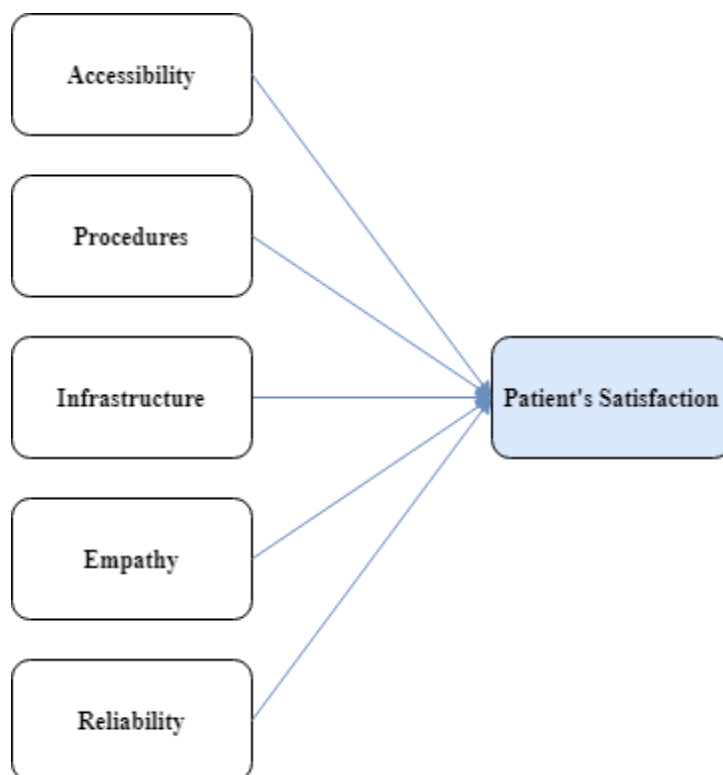


Figure 1: Proposed research model

Accessibility can be defined as the opportunity or ease which consumer or communities are able to use services in proportion to their need.

Procedures consist of the registration process, admission, and the discharge procedure during the patient's stay in the hospital. Moreover, Zaim et al. (2013) stated that patients would feel less inconvenienced by their treatment if access to the health care services were improved. While providing services, the administrative delay is deemed an important aspect during the patient's stay in the hospital at different stages.

Jabnoun & Chaker (2003) indicated that unreasonable delays in service provision are the cause of anger and provoke patients to react badly. Additionally, Zaim et al. (2013) argued that organizations should learn from patient satisfaction to improve clinical services, collect information about staff performance, and generate ideas for the improvement and enhancement of administrative procedures and services.

The infrastructure here includes tangible equipment that customers feel comfortable creating a medical service. According to Kitapci, Akdogan, & Dortyol (2014), the tangible is the external image of the physical facilities, equipment, machinery and demeanor of the staff, documents, manuals and information systems of the business. In general, all that customers see directly with the eyes and the senses can affect this factor.

Empathy: According to Parasuraman, Zeithaml, & Berry (2010), empathy expresses a caring interest in individual customers. Empathy can also be understood as sharing, understanding and deeply caring for everyone around. Empathy is expressed in always loving customers, understanding the specific needs of each customer and paying special attention to customers. Because the customers themselves play an important role in the development of the hospital. Accordingly, the hospital will support and create favorable conditions for customers in the process of performing health examination services, promptly solve arising problems.

Dimension of empathy correlated to the company ability to understand the customers' problem and to act friendly towards customer. The hospital would have a dimension of empathy if they were concerned about the patient complaints and needs, acted indiscriminately, and put sympathy on patients.

Reliability: According to Zaim et al. (2013), reliability indicates the ability to provide accurate, punctual and prestigious service. This requires consistency in service delivery and respect for commitments and promises to customers. A good service needs the credibility of its customers to the service provider.

As result of arguments on research model, five hypotheses are considered to test, hypothesis statements of these five ones are as below.

Hypothesis 1: There is a significant impact of Accessibility on outpatient satisfaction

Hypothesis 2: There is a significant impact of Procedures on outpatient satisfaction.

Hypothesis 3: There is a significant impact of Infrastructure on outpatient satisfaction.

Hypothesis 4: There is a significant impact of Empathy on outpatient satisfaction.

Hypothesis 5: There is a significant impact of Reliability on outpatient satisfaction

RESEARCH METHODOLOGY

The quantitative is concerned in this study, which the research is conducted on 300 customers, who are coming to the hospital for the health examination. The sampling is convenient, that means the interview only conducted on the customer taking the service and accepts the interviewing. The final qualified sample is 240 respondents sufficient for the study.

Research process is derived from objectives of study. Because confidential information is asked, the name of hospital to serve the research is hidden. From now the hospital XYZ is named to meet the leader's requirement to keep the secret information to serve the competition. Questions in the questionnaire concern on five factors mentioned in the proposed model. Each factor has observed variables/items depicted in table 1: accessibility with four items; procedure with 4 items; infrastructure with 3 items; empathy with 4 items; reliability with 5 items. Items measure enclosed are based on previous studies

Table 1: Factors and its items

Factors	Code	Statements	Source
I	AC	Accessibility	
1	AC1	The hospital has a suitable working days and hours.	(Choi et al., 2004)
2	AC2	Easy access to the hospital all parts of the city.	(Zaim et al., 2013)
3	AC3	There are many doctors and rights that I can choose from.	
4	AC4	It was easy to find care facilities (e.g., lab, doctor's office, etc.)	
II	PR	Procedures	
5	PR1	The process for setting up the arrangement was simple and easy.	(Choi et al., 2004)
6	PR2	The payment procedure was speedy and simple.	
7	PR3	The procedure to get the lab test was advantageous.	
8	PR4	The lab test was done in a brief manner.	
III	IN	Infrastructure	
9	IN1	Hospital has visually appealing facilities.	(Choi et al., 2004)
10	IN2	Hospital has up-to-date equipment.	
11	IN3	The waiting areas for doctors and medication were very clean, comfortable.	

IV	EM	Empathy	
12	EM1	The staffs were polite to me.	(Zaim et al., 2013)
13	EM2	The staffs appeared interested in me.	
14	EM3	The staffs comprehend my particular needs.	
15	EM4	The staffs react promptly to my requirement.	
V	RE	Reliability	
16	RE1	Hospital was accurate in their billing	(Kitapci et al., 2014)
17	RE2	Medical records have no errors.	
18	RE3	Hospital able to handle my problems.	
19	RE4	Hospital provides services on time as committed.	
20	RE5	Doctors are happy to inform me about the outcomes or questions related to my sickness.	
	OS	Overall Satisfaction	
1	OS1	I am satisfied with the quality of medical services at the hospital.	(Kitapci et al., 2014)
2	OS2	I will continue to use the hospital's medical services when needed.	
3	OS3	I will recommend the hospital to my friends and relatives when they need it.	

EMPIRICAL ANALYSIS

Through the process of cleaning data, the final sample of 240 questionnaires are qualified and used in the quantitative model. The respondent's profile can be seen in table 3. Accordingly, the male respondents account for 55% (132 respondents) and that of female accounting for 45% (108 respondents). The most age range distribution is 25-34 years old accounting for 30.8%, 35-44 years old with 29.2%. Majority of customers use health insurance (61.7%).

The highest rate of customers' education level is college (29.2%) and the lowest with 0.8% on post-university. There was 39.2% customer having monthly income less than 7 million VND. This rate in decreasing to 45% with over 17 million VND but the level between 12 and 17 million VND elevated 5%.

Table 3: Descriptive statistics of customer demographic characteristics

Characteristic variable	Group	Frequency	Percentage (%)
Gender			
	Male	132	55.0
	Female	108	45.0
Age			
	16 - 24 years old	34	14.2
	25 - 34 years old	74	30.8
	35 - 44 years old	70	29.2
	45 - 54 years old	30	12.5
	55 - 64 years old	22	9.2
	Over 65 years old	10	4.2
Education level			
	Less than high school	12	5.0
	High school	46	19.2
	Professional intermediate	60	25.0
	College	70	29.2
	University	50	20.8
	Post-university	2	0.8
Monthly income			
	Less than 7 million VND	94	39.2
	7 - less than 12 million VND	26	10.8
	12 - less than 17 million VND	12	5.0
	More than 17 million VND	108	45.0
Place of residence			
	Urban	136	56.7
	Rural	104	43.3

Health insurance			
	Using	148	61.7
	Not using	92	38.3

Source: Own survey

As presented in table, factors are reliable, due to its Cronbach's Alpha larger than 0.7 (Hair, et al., 2016). Accordingly the exploratory factor analysis (EFA) is applied toward to test the research mode. There are 20 items are employed in the EFA and its method is significant, because factor loading coefficient are greater than 0.5. KMO coefficient = 0.717 is significant at 1% level. Continuously, testing reliability of factors is concerned. Accordingly, Cronbach's Alpha of accessibility (0.788), procedure (0.825), infrastructure (0.823), empathy (0.862), reliability (0.894), and overall satisfaction (0.814) are reliability (table 4).

Table 4: Summary of factors after EFA

Factors	Code	Item(s)		Cronbach's Alpha	% of Variance	Assessment
Accessibility	AC	AC1, AC2, AC4	3	0.803	73.828	Qualified
Procedure	PR	PR1, PR2, PR3, PR4	4	0.825		
Infrastructure	IN	IN1, IN2, IN3	3	0.823		
Empathy	EM	EM1, EM2, EM3, EM4	4	0.862		
Reliability	RE	RE1, RE2, RE3, RE4, RE5	5	0.894		
Overall Satisfaction	OS	OS1, OS2, OS3	3	0.814	73.895	Qualified

Testing model and hypothesis

As resulted, five factors in table 5 are qualified are played as independent variables, while the dependent variable is the measure of overall satisfaction. Accordingly, the regression model is employed and its estimated result is table 6.

Table 5: Estimated result of regression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	.939	.224		4.188	.000		
AC	-.006	.050	-.007	-.115	.909	.591	1.692
PR	.497	.062	.511	7.975	.000	.508	1.970
IN	-.062	.047	-.073	-1.325	.186	.693	1.443
EM	.177	.050	.198	3.558	.000	.670	1.493
RE	.178	.060	.188	2.961	.003	.518	1.930

Note: AC = Accessibility; PR = Procedure; IN = Infrastructure; EM = Empathy; RE = Reliability; OS = Overall satisfaction

As resulted in table 5, the confirmation of hypotheses mentioned previously is derived. As a result, the hypothesis of H1 “There is a significant impact of Accessibility on outpatient satisfaction” and the hypothesis of H3 “There is a significant impact of Infrastructure on outpatient satisfaction), are not supported, while others three of H2, H3, H4 are supported (table 6). This means that once one of three factors of procedure, empathy, and reliability increases, it causes a rise in patient’s satisfaction.

Table 6: Result of testing hypothesis

Hypothesis	Relationship	Standardized Coefficients Beta	Sig.	Testing Hypothesis
H1	Accessibility → Satisfaction	-.007	.909	not supported
H2	Procedure → Satisfaction	.511	.000	supported
H3	Infrastructure → Satisfaction	-.073	.186	not supported
H4	Empathy → Satisfaction	.198	.000	supported
H5	Reliability → Satisfaction	.188	.003	supported

CONCLUSION

Research has systematized the theoretical basis of medical services. The study brings an evidence significant impact of procedure, empathy and reliability on satisfaction of patient. This finding is a good reference for a hospital who must think its self how to improve customer satisfaction through good services, in which procedure at the hospital, empathy of doctors and staffs, and reliability services play an important role.

Based on findings some suggestions can be concerned as below to improve the patient's satisfaction.

To the reliability

- *For medical staffs:*

- Doctors need to understand the psychology of patients when they come to the hospital; they are keen to tell their doctors about their symptoms because they think it will help doctors diagnose their disease more accurately. Besides, it is important that, apart from knowing the medical examination results, they really want to be instructed on how to treat the disease (including nutrition) by doctors. If there is a high sense of responsibility at work, doctors always want good treatment results, so doctors should be willing to listen to their patients talk about their illnesses and give patient advice on how to treat their illnesses.
- Doctors need to clearly explain why patients need to perform blood tests or diagnostic imaging so that they can feel more secure during medical examination and treatment at the hospital.
- Cashiers should be courteous and amiable attitude when dealing with patients, respond enthusiastically when patients have questions regarding hospital fees or their bills.

- *For the hospital:*

- Limit hospital overcrowding to increase the time spent on a patient's examination, so that doctors and patients have more time to talk.
- Regularly taking care of the lives of all hospital staff, creating a stable income for them to feel secure in their work.
- The hospital should establish a policy of rewarding and commending outstanding examples in medical examination and treatment for patients.
- Assign tasks to the right of the doctors' capabilities so that they can bring into full play their capabilities and forte, and at the same time contribute to improving their professional capacity.
- Hospitals need to pay attention and create conditions for the medical staff to learn to improve their professional qualifications and skills. To effectively do this, the hospital must develop a specific plan for the training and retraining of the existing medical staff.
- Hospitals need to recruit enough doctors to ensure that they have good qualifications, capabilities and ethical qualities. The hospital also needed remuneration policies doctors to restrict to a minimum the doctors were attracted by the rival hospital, especially doctors with high qualifications and expertise. When there are a sufficient number of highly qualified doctors to meet medical examination and treatment needs and limit hospital overcrowding, then the experience of the medical examination and treatment process will improve and the patient will be more satisfied.
- Hospitals need to post their hospital fees in easy-to-see places and on the hospital's online portal so that patients can easily look up the cost of the medical treatment they will pay.
- The billing needs to be more detailed so patients can understand what services they have paid for.

To empathy

Empathy is important for a hospital to engage with patients and may also be more convincing than advanced expertise in health care. Indeed, the close link between having a successful patient-hospital relationship and a positive treatment result is the most reason for empathy in the healthcare industry.

- For the hospital:

- Hospitals should organize medical examinations outside office hours to create favorable conditions for patients to come for medical examination and treatment.
- Hospitals also need interest not to happen overload for doctors to serve patients.
- Hospitals need to actively create a happy, friendly working environment, and adequate remuneration for all staff.
- Organize training sessions, soft skills classes for medical staff and staff of the hospital in general and the outpatient department in particular, to improve communication skills with customers and their family member. When customers come to use the hospital's services, they will be guided enthusiastically and received a full set of instructions to perform the services. Every day, at the hospital, medical staff and hospital staff will regularly communicate with customers, not only sharing information (about work, illness, treatment ...) but also emotions (sympathy, happiness, or sadness) towards the main goal of health care and healing.
- Hospital should develop their own set of "guidelines for communication and behavior of medical staff and hospital staff". Adoption of circulars and decrees on the communication and treatment of patients and their family members are issued by the Ministry of Health of Vietnam. This is also the basis for examining the emulation of medical staff and hospital staff on a monthly, quarterly and yearly.
- Survey organizations evaluate customer satisfaction with medical services in particular and other services in general, thereby giving appropriate policies to meet the requirements of customers, creating convenient for medical examination and treatment activities.
- Developing a forum of Questions and Answers on the web portal and setting up an online support team, set up a 24-hour hotline to receive and answer questions for customers.
- Offers interactive communication programs that provide useful information to patients about their condition.

- For medical staffs:

- Doctors need to understand the patient's psychology when going to the hospital; they want to know information about their medical condition (what disease? Is it serious?). Therefore, doctors must inform patients about examination results clearly and convincingly. Then the patient will appreciate the doctors' empathy for them and they will be more satisfied.
- Medical staff should show emotional concern toward their patient's needs so that they feel comfortable using hospital services.
- Doctors must comply with good codes of conduct and communication skills with patients. Doctors need to be aware that in addition to professional capacity, the communication capacity is also very important.

To procedure

- Drawbacks overcrowding of hospitals by:

- First of all, the appropriate outpatient departments must be arranged. Increasing material and human resources to serve customers during peak hours with many customers at the same time, able to serve outside working hours. Arranging a dedicated medical insurance area in a convenient location, suitable for a large number of people using health insurance, but still ensuring the quality of medical examination and treatment.

- In the long run, overloaded departments should expand, recruiting more doctors.
- Improve the medical examination and treatment process, specifically as follows:
- Regularly organize internal assessment to find the non-conformities to improve service process. Continue to review and propose abolishing procedures that are no longer suitable and unnecessary, simplifying current procedures, creating all advantages, reducing time and costs for customers when they register and use medical services at the hospital.
- Current medical examination and treatment process:

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