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Perceived Service Quality And Health Outcome

Abstract:
Understanding patient satisfaction and service quality have, for some considerable time, been recognised as critical to developing health service improvement strategies. Patient satisfaction has been studied and measured extensively as a stand alone construct focusing on assessing satisfaction as a part of outcome quality (Heidegger and Saal 2006), and studies seeking to evaluate the consumer components of the quality of care in health services have predominately measured patient satisfaction (Lee et al 2006, Sofaer and Firminger 2005, Jaipaul and Rosenthal 2003, and Draper, Cohen and Buchan 2001).

Recent meta analyses of patient satisfaction studies have mostly been critical of its use, with these reviews evidencing there is rarely any theoretical or conceptual development of the patient satisfaction concept, and point out that the construct has little standardisation, low reliability and uncertain validity (Pascoe 1983, van Campen et al 1995, Sitzia 1999, Crowe et al 2002, and Hawthorne 2006).

Quality in the health sector cannot be achieved through a focus solely on the clinician, clinical practice and conformity to clinical guidelines as this ignores the significant co-contribution that the consumer makes to the service delivery process (Lengnick-Hall 1995). A number of studies have shown that the consumer side of quality, perceived service quality, is directly linked to compliance with medical advice and treatment regimes (O'Connor, Shewchuk and Carney 1994, Irving and Dickson 2004 and Sandoval, Brown, Sullivan and Green 2006), which relate directly to achieving better health outcomes.

The literature also shows significant reductions in the total cost of care when the quality of the service improves, with the dynamics of poor service often involving wasted effort, repetition, and misuse of skilled employees (Kenagy, Berwick and Shore 1999).

Further, Kenagy, Berwick and Shore (1999) point out that an increase in service quality results in improved outcomes generally in medical illness and specifically in controlled studies of diabetes, hypertension, asthma and rheumatoid arthritis. Surgical outcomes show similar effects with fewer complications and shorter hospital stays.

The results of the early qualitative research to identify the key determinants of perceived service quality of elderly patients receiving transition care services will be presented. A conceptual framework and methodology for measuring perceived service quality will also be outlined.