ORIGINAL ARTICLE

Evaluation of Undata Public Hospital Service Quality and Performance Using SERVQUAL Method: Post Multi Disaster (Earthquake, Tsunami, and Liquefaction) in Palu, Central Sulawesi, Indonesia

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ABSTRACT

Introduction: Hospital as health care provider must be prepared to manage health services including disasters. The objective of this research was to investigate the quality of service and performance of Undata Public Hospital (UPH), as the center of referral hospital in Central Sulawesi especially after multiple disasters that simultaneously include the earthquake, tsunami and liquefaction on September 28th, 2018. **Method:** This research used an explanatory research design, to test the causal relationship between service quality variables and hospital performance values on patients' satisfaction using the SERVQUAL method in order to find out the gap between the service expected by the customer and the service during the visit. Total sample was 148 inpatients. The sampling was performed using non-probability sampling, accidentally sampling. **Result:** This study found that the results of the T-test in the multiple linear regression recapitulation table showed tcount value of 6.396 and 4.776 > t_{table} (1.97635). The significance level obtained was smaller than the significance level of 5% (p=0.000 <0.05). Next, t-test results in the recapitulation of multiple linear regression showed that the value of f_{count} was 97.914> $f_{table'}$ which was 3.06 with a significance level smaller than the significance level of dimension. The overall patients' satisfaction in Undata Public Hospital was still low since there was a negative value in each dimension. The quality of hospital service and performance simultaneously and partially affect the customers' satisfaction positively and significantly, thus the quality of hospital service and performance must be constantly improved.

Keywords: Hospital Performance, Multi Disaster, Patients' Satisfaction, Service Quality

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INTRODUCTION

In the recent century, organization put their customers as their main strategy pillar in order to achieve successfulness. The essential concept of quality is not only for manufacturing organizations but also for service organizations (1). Now, it is quite known that the service quality is tightly and significantly related to the customers' satisfaction (2), customers' loyalty (3-4), budget (5-6), productivity (7), and economic presentation of the organization (8). Health sector is one of the service industries that grows fast and highly throughout the world. In the health industry, attention to patients is the focal point of service quality. Hospital as the health care provider is also required to be alert in managing services during the disaster mitigation process, starting from pre-disaster, emergency response, and post-disaster. The main factor in making decision of choosing health care provider is through the patients' satisfaction. In order to achieve the patients' satisfaction, the perceived service must be in line with the customers' expectation during their visit (9). SERVQUAL is a scale designed by Parasuraman et al commonly used to determine the service quality, including the quality of hospital service (10). The community always expects that the services of hospital, owned both by government and private, can provide good and satisfying services for each user. Patients want good facilities of the hospital, hospitality of the hospital, as well as responsiveness, ability, and sincerity of the hospital's staff. Patient-centered health care refers to the therapeutic relationship between health care providers and recipients of health services, with an emphasis on fulfilling individual patient needs to achieve patient satisfaction (11). There are many essential factors of patients' satisfaction, one of them is the quality of the perceived service. By realizing this, hospital administrators have begun to promote health service quality policies to improve the quality of health services of institutions, reduce the frequency of error due to uncareful action, and improve the efficiency of health services (12-13).

Identifying and evaluating health services are challenge for academics, practitioners, decision makers and policy makers (14). The quality of health care providers can be divided into two based on its dimension, those are technical quality and functional quality (15). The technical quality of the health care is particularly concerning what customers get from the service including the correctness of the analysis and medical technique they receive, while functional quality concerns the procedure of the service received by the customers. Technical quality in health care service is significantly related to the patients' satisfaction which is an important consideration in improving the service quality (14). However, despite its importance, most health care customers do not know how to assess the health service they received. Patients' argument is one of the forms of patients' satisfaction which is closely related to the marketing of the service. Through the perception given by the customers regarding the service they received, the hospital management can ensure the customers' satisfaction. Furthermore, their perception can also affect both the hospital and the customers themselves in which for the hospital, the customers' perception can affect the hospital's image and cost effectiveness, while for the customers, their own perception regarding the service they received can affect their loyalty and word of mouth behavior (16). The use of SERVQUAL as an instrument in determining the quality of health service facilities has been done numerously (5-6,9-10,14-15,17). To assess customer perceptions of service quality in service, the multi-item scale of SERVQUAL can be used (10). This instrument divides the definition of service quality into five categories. First, as Tangibles which are contains physical facilities, equipment, staff appearance. Second, as Reliability which means ability to perform service dependably and accurately. Third, as Responsiveness which signifies willingness to help and respond to customer need. Fourth, as Assurance which is related to the ability of staff to inspire confidence and trust. And the last as Empathy that means the extent to which caring individualized service is given. Previous studies have used SERVQUAL in the health care sector as have some experts (18–21).

This study uses the SERVQUAL model because this model has been applied in several countries to measure service quality in hospitals and health services in (for example) Romania research by (22), Turkey research by (23), Saudi Arabia research by (24), Bangladesh research by (25). In addition, the SERVQUAL model is widely used to evaluate perceptions of service quality by medical students (7) and by patients in hospitals, primary health care centers and other health centers (26-27). The same method is also used to measure service quality in Undata Public Hospital (UPH), the after the multiple natural disasters that simultaneously include the biggest earthquake, tsunami and liquefaction on September 28th, 2018.

UPH is the largest hospital owned by the Central Sulawesi Provincial Government which also becomes a referral hospital of district/city hospital. At the same time, it also has a role to serve referrals from various hospitals and health centers in the vicinity. Other than that, UPH has a disaster management team. As a government hospital that portrays government services to the general public, UPH should be the focus of attention of patients. Surely, UPH must better prepare reliable performance and services. Competition with private hospitals and complaints is often found from patients due to the lack of optimal health services requires the UPH to carry out continuous service improvements. This research aims to investigate the quality and performance of UPH service as the highest referral hospital in Central Sulawesi province after the multiple disasters.

MATERIALS AND METHODS

This study used an explanatory research design which was to examine the causal relationship between service quality variable and hospital performance values on customer satisfaction. The study was conducted in UPH in Palu with a research period started from April to July 2019. The inclusion criteria of patient respondents were all patients using inpatient services, adult patients with full awareness that respondents who answered the questionnaire were not under pressure or intervention in answering the research questionnaire questions, inpatients and a good way to pay independently (personally) or use insurance. The sample used was 148 inpatients obtained through non-probability sampling, particularly accidental sampling technique in which the samples chosen are those who accidentally met the researcher during the research. Therefore, the taken samples were patients who accidentally met the researchers and had the willingness to take the time to fill out the guestionnaire. The guestionnaire was selfmanaged random sampling method that in developing our research questionnaire questions we still take the basic questions from the SERVQUAL model, it's just that for sampling (respondents) we use the random sampling method. Assessment of each SERVQUAL dimension using a likert scale (5 scales). Each dimension was calculated by the mean score of the perception and expectation statements chosen by the patients. The SERVQUAL Score (Gap) was calculated by: Perception score - expectation score, then the ranking of the servqual dimensions gab was based on SERVQUAL score values. The data were then analyzed using IBM SPSS version 20 software. This study was approved by ethical review board from Universitas Tadaluko Palu, Number: 1505/ UN.28.1.30/KL/2019.

RESULTS

The hospital already has a disaster management team that has not been revised since 2017 followed by replacement of the Undata Hospital Director in 2018. There are some reasons behind this revision. Firstly, some members of the team have been relocated to a different area. Next, some members are moved to a different hospital. Moreover, some members have resigned. Finally, some team members who don't know if they're part of the hospital's disaster response team. Undata Hospital already has document forms of emergency response plan and special hazard plan. These plans, however, have not been adopted or revised in at least a year. The main reason is that the communication system hospital has not functioned due to a power cut after the natural disaster on 28th September 2018. It also caused by lacking fuel in the first week after the natural disaster that made the hospital have no written cooperation with local suppliers for delivering of medicines, emergency equipment and ambulances. In the first days after this natural disaster, the shortage of fuel which originating from outside Palu caused the hospital's operating vehicles were not working. The hospital's evacuation plan has never been simulated and it is not carried out routinely at least 1 year after being implemented (28).

Respondents in this study were classified through gender, age, occupation, education level, status, income, ethnicity, and type of insurance as shown in Table I. Age is one of the factors that affect customer satisfaction where customers' satisfaction is a customer evaluation (29). From the table, the characteristic of respondents based on age was known to be at most above 26-45 years old by 54%, while respondents under the age of 25 years old were 19.6%. Respondents who were over the age of 25 were expected to respond based on careful consideration because of their maturity. Meanwhile, based on Leggat et al., occupation is one of the factors that affect customers' perceptions regarding the quality of health services (30). Characteristics of respondents in the study at Undata hospital based on gender were almost the same in terms of number. Gender can affect the perception of patient satisfaction with a quality of service, because it should be clear that there are differences in perspectives and responses shown by men and women in seeing a service. The characteristics of respondents in those data were dominated by the age of above 25 whose majority occupation background are traders in the traditional market and farmers with income ranging from IDR 1,000,000 to IDR 3,000,000. Most of them are *kailinese*. Kaili is a tribe who uniquely occupies Central Sulawesi Province. The majority of

Table 1: The characteristics of respondents

Characteristics	Classification	Total	Percentage (%)
Age (years)	≤ 25	29	19,6
	26-45	80	54,0
	≥ 46	39	26,4
Genders	Male	76	51,0
	Female	72	49,0
Education level	Elementary	31	20,9
	High School	82	55,4
	Undergraduate	33	22,3
	Postgraduate	2	1,4
Marital status	married	138	93,2
	single	10	6,8
Ethnics	Kailinese	52	35,2
	Buginese	48	32,4
	Jawanese	17	11,4
	Balinese	10	6,8
	others	21	14,2
Income (in million Rupiahs)	≤ 1	18	12,2
	1 – 3	103	69,6
	3 – 5	23	15,5
	≥ 6	4	2,7
Health insurance	SSAH (BPJS Kes)	138	93,2
	others	10	6,8

respondents were married with a high school education level and using Social Security Administrator (SSA) of Health for about 93% in total.

This shows that the community has become increasingly aware of government regulations to use SSA of health programs. The results of the calculation of SERVQUAL Value (Gap) as a whole from the difference in the level of perception and expectation showed how far the Undata Public Hospital (UPH) has provided services in accordance with its patients' expectation. The overall gap role provided information on how big the importance was and how far the role of these criteria was in providing improved service quality. The results can be seen in the Table II.

Based on the results of calculation of the gap as a whole, it shows that the negative gap value means that the patient expectation was not in accordance with those perceived by the patient of UPH. Based on the results of the overall gap calculation, it shows that the value of the gap is negative, meaning that the patient's expectations are not in accordance with the perceptions of UPH patients.

Table II: The SERVQUAL (Gap) value between customer perceptions and expectations

Dimension	Perceptions (Mean)	Expectations (Mean)	Gap	Rank
Tangible	3.61	4.22	-0.61	1
Responsiveness	3.68	4.18	-0.50	2
Assurance	3.80	4.25	-0.45	3
Empathy	3.79	4.24	-0.45	3
Reliability	3.86	4.23	-0.37	4

The research questionnaire questions consisted of three variables, namely Quality of service (29 questions), patient satisfaction (8 questions), and Hospital performance (8 questions). Quality of Service is assessed from 5 aspects, namely Tangible, Reliability, Responsiveness, Assurance, Emphaty. The t-test results (Table III) in the multiple linear regression recapitulation table showed the value of tcount of 6.396 and 4.776 $>t_{table'}$ that was 1.97635 the significance level obtained by p-value (0.000 < 0.05). So, it can be stated that the variable quality of service and performance of hospital had a significant effect on patient satisfaction at the UPH. Furthermore, based on Table III as well, the F test results in the recapitulation of multiple linear regression showed the value of f_{count} of 97.914> f_{table} was 3.06 with a significance level obtained p-value (0.000 <0.05). Thus, it can be stated that together (simultaneously) the independent variable had a significant influence on the dependent variable.

Table III:. The results of multiple linear regression tests of research hypothesis

Research hypothesis	$t_{\scriptscriptstyle table}$	t _{Count}	$\boldsymbol{p}_{\text{value}}$
Quality of service significantly affects patient satisfaction	1 07625	6,396	0,000
Hospital performance has signifi- cant effect on patient satisfaction	1,97055	4,776	0,000
	F_{table}	F _{Count}	
The quality of service and hospi- tal performance simultaneously has significant effect on patient satisfaction	3,06	97,914	0,000

DISCUSSION

The results show that overall patient satisfaction in the Undata Public Hospital (UPH) was considered as low indicated by negative values. The more negative the SERVQUAL score, the more serious the gap in the perspective of the patient. Overall customer satisfaction assessment can be seen in Table II, which compared the gap between expected services and received services/perceived by customers (service gap). The low satisfaction of customer was found in the tangible dimension: the lack of hospital cleaning, the lack number of the waiting room, and the insufficient complete and modern of health equipment. This is based on the fact that many patients were referred to outside the province, for example to Java Island because of the incomplete medical devices owned by UPH. Moreover, UPH still did not have adequate waiting room to accommodate visitors and patients who visit the hospital. It can be proven by realizing that there are still many patients and visitors who stand, sit on the stairs, and sit in the chair alternately while waiting for their turn to be examined by doctor. This is very reasonable because UPH is the only highest hospital and final reference in the province of Central Sulawesi. The patient's examination room is inadequate and lack of privacy, and in line with this condition, inpatient rooms are also not tranquil. This situation is triggered by many families of patients who come to look after the patients and bring their belongings to the hospital. They have to bring many things from their home because they come from outside the city and need to stay in the hospital in order to stay close with the patients. This condition is worsened by poor behavior of some of them who hang clothes around the hospital since they also stay at the hospital. In addition, pharmacy service of the UPH takes too much time for drug service queue. The responsiveness dimension is also still low as seen from the existing Gap value which is equal to -0.50. This indicates that UPH's employees are less responsive to patient complaints, provide long administrative processes, and are not maximal in conveying information to patients. The real fact of UPH's patients shows that it takes very long time for patients who want to seek treatment in the service section. Furthermore, in order to get the health insurance services, it also needs a long time and go through many procedures. On the other side, the UPH's officer often cannot provide a clear information about when the doctor will come in such a way that the patient wait in uncertainty. Both empathy and assurance dimension have the same gap value, which was -0.45.

The service quality highly affected the customers' satisfaction, as stated by Aliman Quality has a very close relationship with customers' satisfaction, in other words quality provides an incentive for customers to undergo a strong relationship (31). Islam et al also said that the quality of service is a service that shows the level of perfection, which in one party can lead to satisfaction in each patient according to the average level of satisfaction (32). In this study, the quality of service and hospital performance had a significant effect on patient satisfaction at UPH, which means that the higher the quality of service in UPH, the higher the patient's satisfaction with the hospital services. The result obtained by this research is in line with the similar to the research conducted by Du. By the results of the study, it was found that hospital performance had a significant effect on patient satisfaction where the employee's performance should be improved so that patient satisfaction can be increased (33). The findings of this study are also in line with the result of the research performed by Abyaneh on the relationship between nurses' performance and patients' satisfaction (34). Indicators of organizational performance play a big role in patients' satisfaction and quality of care (35). These findings are supported by the research performed by Jha and Kone resulted in the statement that the performance of the hospital affects the patients' satisfaction (36-37).

CONCLUSION

Overall, patients' satisfaction of Undata Public Hospital (UPH), which was measured by the SERVQUAL method, gave results that customer satisfaction was still low indicated by negative values. This needs more attention from the management to improve customers' satisfaction starting from improving hospital facilities, maintaining the hospital hygiene, conditioning tranquil inpatient rooms and completing medical equipment. This is because UPH is the highest hospital and the final reference for patients in Central Sulawesi Province. Especially when there is a disaster, UPH has to be prepared for the many victims of natural disasters since Central Sulawesi Province has many natural disasters. Service quality and hospital performance simultaneously and partially have a positive and significant effect on customers' satisfaction. Therefore, the quality of service and hospital performance must be continuously improved in order to increase patients' satisfaction at UPH.

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REFERENCES

- 1. To, W.M.; Yu, B.T.W.; Lee, P.K.C. How Quality Management System Components Lead to Improvement in Service Organizations: A System Practitioner Perspective. Adm. Sci. 2018;8, 73. https://doi.org/10.3390/admsci8040073
- 2. Arsanam, P., & Yousapronpaiboon, K. The relationship between service quality and customer satisfaction of pharmacy departments in public hospitals. International Journal of Innovation, Management and Technology. 2014; 5(4), 261.
- 3. Mortazavi S, Kazemi M, Shirazi A, Aziz-Abadi A. The Relationships between Patient Satisfaction and Loyalty in The Private Hospital Industry. Iran J Publ Heal. 2009;38(3):60–9.
- 4. Fatima, T., Malik, S.A. and Shabbir, A. Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems, International Journal of Quality

& Reliability Management. 2018;35(6),1195-1214. https://doi.org/10.1108/IJQRM-02-2017-0031

- 5. Chang, W. K., Wei, C. C., & Huang, N. T. An approach to maximize hospital service quality under budget constraints. Total Quality Management & Business Excellence. 2006;17(6), 757-774.
- 6. Nollenberger, K., Maher, C., Beach, P. and Kevin McGee, M. Budget priorities and community perceptions of service quality and importance. Journal of Public Budgeting, Accounting & Financial Management. 2012;24(2),255-277. https://doi.org/10.1108/JPBAFM-24-02-2012-B004
- 7. Parasuraman, A., Service quality and productivity: a synergistic perspective. Managing Service Quality: An International Journal. 2002;12(1), 6-9. https://doi.org/10.1108/09604520210415344
- 8. Pakur6r M, Haddad H, Nagy J, Popp J, Ol6h J. The service quality dimensions that affect customer satisfaction in the Jordanian banking sector. Sustain. 2019;11(4):1–24.
- 9. Teas R K. Consumer Expectations and the Measurement of Perceived Service Quality, Journal of Professional Services Marketing. 1993;8(2), 33-54, DOI: 10.1300/J090v08n02_05
- 10. Parasuraman A, Zeithaml VA, Berry LL. A Conceptual Model of Service Quality and Its Implications for Future Research. J Mark [Internet]. 1985;49(4):41–50. Available from: http://journals. sagepub.com/doi/10.1177/002224298504900403
- 11. Rosa, E. M. Patient centered care di rumah sakit konsep dan implementasi (Patient centered care at hospital, concept and implementation). Yogyakarta: LP3M Universitas Muhammadiyah Yogyakarta. 2018; 1-105.
- 12. Al-Shdaifat EA. Implementation of total quality management in hospitals. J Taibah Univ Med Sci [Internet]. 2015;10(4):461–6. Available from: http://dx.doi.org/10.1016/j.jtumed.2015.05.004
- 13. Gillam S, Siriwardena AN. Frameworks for improvement: clinical audit, the plan-do-study-act cycle and significant event audit. Qual Prim Care [Internet]. 2013;21(2):123–30. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23735693
- 14. Neupane R, Devkota M. Evaluation of the Impacts of Service Quality Dimensions on Patient/Customer Satisfaction: A Study of Private Hospitals in Nepal. Int J Soc Sci Manag. 2017;4(3):165–76.
- 15. Polyakova O, Mirza M. Perceived service quality models: Are they still relevant? Mark Rev. 2015;15(1):59–82.
- 16. Arrey AE, Bilsen J, Lacor P, Deschepper R. A qualitative study of the perspectives of Sub-Saharan African migrant women with HIV/AIDS and their caregivers on treatment and care in Belgium. Cogent Med [Internet]. 2016;3(1):1–13. Available from: http://dx.doi.org/10.1080/233120 5X.2016.1236480
- 17. Kalaja R, Myshketa R, Scalera F. Service Quality

Assessment in Health Care Sector: The Case of Durres Public Hospital. Procedia - Soc Behav Sci [Internet]. 2016;235(October):557–65. Available from: http://dx.doi.org/10.1016/j. sbspro.2016.11.082

- Budi Setyawan FE, Supriyanto S, Tunjungsari F, Nurlaily Hanifaty WO, Lestari R. Medical staff services quality to patients satisfaction based on SERVQUAL dimensions. Int J Public Heal Sci. 2019;8(1):51.
- 19. Sweta D'Cunha S. The Measurement of Service Quality in Healthcare: A Study in a Selected Hospital. -. Int J Heal Sci Res. 2015;5(7):333–45.
- 20. Ko C-H, Chou C-M. Apply the SERVQUAL Instrument to Measure Service Quality for the Adaptation of ICT Technologies: A Case Study of Nursing Homes in Taiwan. Healthcare. 2020;8(2):108.
- 21. Teshnizi SH, Aghamolaei T, Kahnouji K, Teshnizi SMH, Ghani J. Assessing quality of health services with the SERVQUAL model in Iran. A systematic review and meta-analysis. Int J Qual Heal Care. 2018;30(2):82–9.
- 22. Purcărea VL, Gheorghe IR, Petrescu CM. The Assessment of Perceived Service Quality of Public Health Care Services in Romania Using the SERVQUAL Scale. Procedia Econ Financ. 2013;6(13):573–85.
- 23. Altuntas S, Dereli T, Yilmaz MK. Multi-criteria decision making methods based weighted SERVQUAL scales to measure perceived service quality in hospitals: A case study from Turkey. Total Qual Manag Bus Excell. 2012;23(11–12):1379–95.
- 24. Alghamdi FS. The impact of service quality perception on patient satisfaction in government hospitals in Southern Saudi Arabia. Saudi Med J. 2014;35(10):1271–3.
- 25. Hossain GS, Ahmed M, Haq R. "Retesting SERVQUAL Scale Items in Healthcare Service in Bangladesh : A Case study a Private Hospital ." South East Asia J Contemp Business, Econ Law. 2018;14(March):25–6.
- 26. Zarei A, Arab M, Froushani AR, Rashidian A, Tabatabaei SMG. Service quality of private hospitals: The Iranian Patients' perspective. BMC Health Serv Res. 2012;12(1).
- 27. Alzaied TAM, Alshammari A. Evaluation of Primary Healthcare Centers (PHC) Services : The Views of Users. Heal Sci J [Internet]. 2016;29(January):1–9.

Available from: https://www.hsj.gr/medicine/anevaluation-of-primary-healthcare-centers-phcservices-the-views-of-users.pdf

- 28. DwiWahyuni R, Mutiarasari D, PuspasariKiay Demak I, Rasjid M, Miranti, Muzakkar AM, et al. Analysis of Hospital Preparedness Provincial Government Post-Disaster Central Sulawesi, Indonesia. Ann Trop Med Public Heal. 2020;23(13A).
- 29. Peng H, Xia S, Ruan F, Pu B. Age differences in consumer decision making under option framing: From the motivation perspective. Front Psychol. 2016;7(NOV):1–10.
- 30. Leggat SG, Karimi L, Bartram T. Apath analysis study of factors influencing hospital staff perceptions of quality of care factors associated with patient satisfaction and patient experience. BMC Health Serv Res. 2017;17(1):1–8.
- 31. Aliman, N. K., & Mohamad, W. N. Linking service quality, patients' satisfaction and behavioral intentions: an investigation on private healthcare in Malaysia. Procedia-Social and Behavioral Sciences. 2016;224, 141-148.
- 32. Islam, R., Ahmed, S., & Tarique, K. M. (). Prioritisation of service quality dimensions for healthcare sector. International Journal of Medical Engineering and Informatics. 2016;8(2), 108-123.
- 33. Du T. Performance measurement of healthcare service and association discussion between quality and efficiency: Evidence from 31 provinces of mainland China. Sustain. 2017;10(1):1–19.
- 34. Abyaneh SK, Rezaei P. SM Gr up SM Journal of Assess patient 's satisfaction of nurse 's performance. 2017;201(1):1–5.
- 35. Heppell L. Strategies to improve patient satisfaction and organizational performance in health care. Diss Abstr Int Sect A Humanit Soc Sci. 2017;77(9-A(E)):No Pagination Specified.
- Jha D, Keller Frye A, Schlimgen J. Evaluating variables of patient experience and the correlation with design. Patient Exp J [Internet]. 2017;4(1):33– 45. Available from: http://pxjournal.org/ journalAvailableat:http://pxjournal.org/journal/ vol4/iss1/5
- 37. Koné Péfoyo AJ, Wodchis WP. Organizational performance impacting patient satisfaction in Ontario hospitals: A multilevel analysis. BMC Res Notes. 2013;6(1).