越南醫院病患服務滿意度的決定因素
Determinants of patient satisfaction of hospital service in Vietnam

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ABSTARCT

In modern time, people tents to be more attentive to prevention and promoting health awareness thus their visits to hospitals are not just to receive quality treatment but expect more services that would ensure total quality healthcare experience. This study aims to examine and analyze the factor affecting Vietnamse customer's perception of satisfaction with hospital service. This paper use Statistical Package for the the Social Sciences (SPSS), the data collect from 196 patients through important steps, evaluations were obtained from patients on several dimensions of percieved service quality including responsiveness, assurance, communication and discipline. To achive the best result so regression equation were use between four dimensions and customer satisfaction.

Keywords: Perception of satisfaction, Hospital service, Service Quality, Quality Dimensions.

1. Introduction

The health care system in Vietnam faces many challenges: reducing cost, improving quality and increasing customer satisfaction. In recent decades, patients have become increasingly knowledgeable about health care. As a result, they have begun to require higher standards of medical effectiveness, health-staff services, expenditure and so on, Sahin (2007)[1]. So they need to meet the customer satisfaction as well as indicating fewer complaints and medical disputes, better patient recovery and increased hospital assessment that it is essential to conduct studies related to patient satisfaction. I strongly believe that patient satisfaction should also find its way into the design of services in developing countries. Earlier studies found direct relationship between service quality and satisfaction, Cronin and Taylor (1992)[2]; Cronin and Taylor (1994)[3]. In the past, people would go to hospital when they have illnesses/disease or cases of emergency, but in modern time, people tents to be more attentive to prevention and promoting health awareness thus their visits to hospitals are not just to receive quality treatment but expect more services that would ensure total quality healthcare experience.

Customer satisfaction is one of the most important marketing issues and concerns all types of business organizations. Customer satisfaction has long been recognised in marketing thought and practice as a central concept as well as an important goal of all business activities, Eugene, Claes and Donald (1994)[4]. Satisfaction is a major outcome of marketing activities and serves to link the processes of decision-making and consumption with post-purchase phenomena such as attitude change, complaining behavior, word of mouth, repeat purchase, and brand loyalty, Bearden and Teel (1983)[5]. Customer satisfaction can be regarded as a valid indicator of an organization's financial viability. The study carried out by Musa (2012)[6], Homburg and Hoyer (2005)[7] showed a strong, positive influence of customer satisfaction on the customer's willingness to pay. Customer who has been satisfied with a service in the past will not only seek out that service provider in the future, but also will be willing to pay a premium price for that service, Ganiyu *et al.*, (2012)[8]. Previous research suggested that service quality is an important indicator of customer satisfaction and service quality is one of the most important research topics on a large scale in services, Gallifa and Batalle (2010)[9]. The concept of service quality can assist the managers by providing them with general understanding of how consumers are likely to evaluate the quality of their business, Aydin, Ozer and Arasil (2005)[10]; Howat *et al.,* (2008)[11]. In addition, due to the growing number of customer with fact that the customer's

satisfaction is an important element for consideration by the administration, the purpose of this research is to examine the relationship between four dimensions of service quality (Assurance, Communication, Responsiveness and Discipline) and Customer's Satisfaction.

2. Literature riew

2.1. The relationship between price and customer satisfaction.

Meanwhile influence of price in customer satisfaction gets little attention of researchers compared to other factors, Voss (1998)[12]. Zeithaml and Bitner (2000)[13] suggested that price can be a great influence on the perception of services/products quality, value and customer satisfaction. Service is invisible so that it is difficult to evaluate before purchasing, price is viewed as alternative tools that affect on customer satisfaction with services they use. Some researchers have found that there is significant relationship between price and customer satisfaction.

In is in accordance with the result study of Berthoz *et al.,* (2005)[14] that states low-social economy status will influence patients' satisfaction and ability to buy care service is influenced by patients' income. Someone with high income is likely to be outspoken to question additional treatment to be conducted for sake of health improvement and the disease suffered, in constract someone with not question much and tends to accept well whatever treatment to be implemented.

2.2. The relationship between customer satisfaction and technical quality

Technical quality include skill, capacity, and actual performance of health providers, managements and support staff. It includes clinical skills related to preventive care, diagnosis, treatment and health counseling. Rashid and Jusoff (2009)[15] noted that technical quality in health care services is defined primarily on the basis of technical accuracy of diagnoses or procedures as well as on compliance with professional specifications. They further noted that technical quality is mainly a function of competence of the personnel providing the service.

According to Ware, technical quality pertain the provider's conduct, competence and adherence to high standards of diagnosis and treatment Ware, Davies-Avery and Stewart, A.L. (1978)[16]. The patients assess skills and the abilities of the providers and technical soundness and moderness of equipment and facilities. The positive end of the continuum is assessment to physical environment done on the bases of accuracy, experience, thoroughness and training of the providers as well as the extent, to which the providers pay attention to details, avoid mistakes, give good examination, clearly explain what expected to their patients. The negative continuum is also defined in terms of the defect equipment and facilities, outdated regimes and tendency to take unnecessary risks.

Customer satisfaction is the emotional state for products and services after using Spreng (1996)[17]. Customer satisfaction is the extent of emotional state of a person derived from a comparison between the results obtained from the consumption of the products/ services and his expectations Kotler, Saunders & Wong (1996)[18]. In general, the researchers consider the satisfaction as comfortable feeling when customers were met their expectations about products and services. The overall satisfaction of service is considered as a separate variable in relation to components of the service quality Zarei (2012)[19].

2.3. The relationship between the hospital medical facilities and customer satisfaction.

Anjaryani (2009)[20] state that the demand for additional treatment will influence patients' satisfaction so that someone with high income is likely to be unsatisfied with condition of care and type of service given by the hospital. The result of the study is supported by Khuong and Anh (2003)[21] that someone with high income is likely to have higher needs to effectively improve the service capacity which is needed and meets the patient's expectation to improve patient's satisfaction. A good and integrated service is expected to give output in a form of patients' satisfaction for the performance of healthcare service providers in this term is hospitals. In reality, the fulfillment of service for the sake of patients' recovery is not met by the hospital thus leads to dissatisfaction out of patients' expectation (Deng *et al.,* 2009)[22]. It is in accordance with Kawachi,

Adler and Dow (2010)[23] who states that income, wealth is used to attain better health or for health improvement. People with low income are likely to have limited options in the quality of healthcare service. Meanwhile those with high income will choose class with good standard of quality Braveman, Egeter and William (2011)[24].

3. Methodology
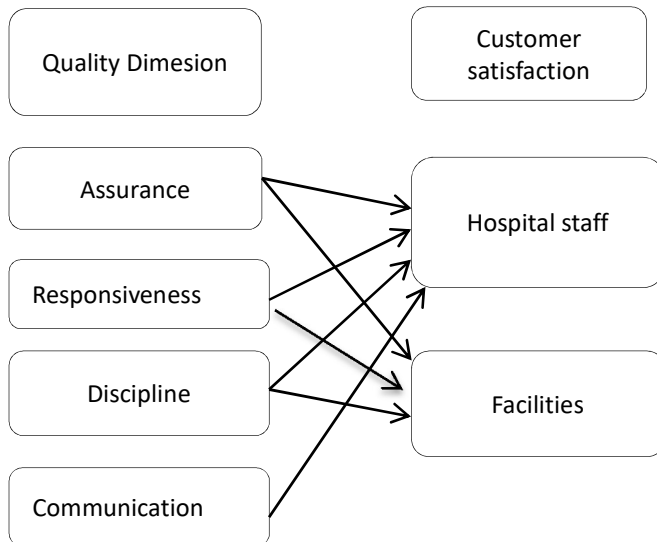
3.1. Research hypothesis

Figure 1: Research hypothesis

Hypothesis 1: There is a positive and significant relationship between Assurance and Hospital staff.

Hypothesis 2: There is a positive and significant relationship between Assurance and Facilities.

Hypothesis 3: There is a positive and significant relationsip between Responsiveness and Hospital staff.

Hypothesis 4: There is a positive and significant relationship between Responsiveness and Facilities.

Hypothesis 5: There is a positive and significant relationship between Discipline and Hospital staff.

Hypothesis 6: there is a positive and significant relationship between Discipline and Facilities.

Hypothesis 7: There is a positive and significant relationship between Communication and Hospital staff.

3.2. Data collection

A quota-sampling method was adopted for data collection. The study has totally 24 questions. The questionnaire surveys were distributed to Vietnamese, who living in Vietnam or Taiwan by online survey. The questionnaires were sent to the total of 250 respondents. In the total of 250 questionnaires retrieved, 54 questionnaires were discarded, thus 196 questionnaires were deemed good to be analyzed, which represented a response rate of 78.4 %.

3.3. Data analysis method

Part 1: this part gets personal information and then the research uses percentage and frenquency to present the demographic characteristic of respondent including education level, age, marital status, gender, occupation, monthly income level, location living and kind of hospital.

Part 2: this is the key part the main content is to refer effective factor to assess factor effecting customer's level of satisfaction with hospital services in Viet Nam.

There are twenty-four questions that connected to items of the study. The items on scale consist on statements with the respondents. Five points Likert scale as below:

1= strongly disagree

2= disagree

3= average

4= agree

5= strongly agree

For quantitative data analysis, statistics tools of Microsoft Excel and SPSS are used for data input and analysis.

Table 1: : Encoding System for Part 1 of the Questionnaire

Question	Variable	Response	Encoding
1	Education level	High school	1
		Bachelor	2
		Master	3
		PhD	4
2	Age	Under 18	1
		18-25	2
		25-40	3
		41-60	4
3	Marital status	Married	1
		Single	2
		Divorced	3
4	Gender	Male	1
		Female	2
5	Occupation	Business leader	1
		Clerk	2
		Farmer	3
		Government worker	4
		Professor	5
		Retired	6
		Social work	7
		Student	8
		Unemployed	9
		Other	10
6	Monthly income level (VNĐ)	<5.000.000	1
		5.000.000-10.000.000	2
		10.000.000-15.000.000	3
		15.000.000-20.000.000	4
7	Location living	Taiwan	1
		Vietnam	2
		Other	3
8	Kind of hospital	Public hospital	1
		Private hospital	2
		Both	3

Part 2 of the questionnaire includes 24 questions and is divided into   small sections. Section 1 about questions related to dimension responsive, section 2 is about assurance, part 3 is communication, part 4 is discipline and part 5 is hospital staff and part 6 is facilities

Table 1: Encoding system for Part 2 of the Questionnaire

No	Statement	Encoding
I	**Responsiveness**	
1	Hospital staff was helpful	RPS1
2	The staff was responsive to patient needs	RPS2
3	The staff responded immediately when called	RPS3
4	Services provided was prompt	RPS4
II	**Assurance**	
5	The hospital had skilled staff	ASR1
6	The staff was professional	ASR2
7	Medical procedures were performed correctly the first time	ASR3
8	Hospital keeps treatment records confidential*	ASR4
III	**Communication**	
9	I received adequate explanation of any tests I had undergo	CMT1

10	The doctors were willing to answer any questions	CMT2
11	I was given adequate information on my health condition	CMT3
12	My health condition was monitored regularly	CMT4
IV	**Discipline**	
13	Toilet facilities were clean	DCL1
14	The staff had a clean appearance	DCL2
15	Cleanliness was maintained through-out the facility	DCL3
16	Rules and regulations were strictly maintained	DCL4
17	Faster in admission and discharge procedures	DCL5
V	**Hospital staff**	
18	Overall how were satisfied you received with the staff at the hospital?	HPS1
19	How willing would you be to recommend the hospital to a friend?	HPS2
20	How willing would you be to return to the hospital in future if needed	HPS3
VI	**Facilities**	
21	I was satisfied with the facilities this hospital.	FCL1
22	The overall quality of facilities you received from this hospital was	FCL2
24	I believe this hospital is have the best facilities	FCL3

4. Empirical result and analysis

4.1. Demographic analysis

Table 3: Statistics of the sample Respondents's Characteristics

	Category	Frequency	(%)
Gender	Male	110	56.1
	Female	86	43.9
Education	High school	73	37.2
	Bachelor	54	27.6
	Master	45	23
	PhD	24	12.2
Age	Under 18	47	24
	18-25	70	35.7
	25-40	43	21.9
	41-60	36	18.4
Marital status	Married	118	60.2
	Single	57	29.1
	Divorced	21	10.7
Occupation	Business leader	13	6.6
	Clerk	30	15.3
	Farmer	27	13.8
	Government worker	11	5.6
	Professor	29	14.8
	Retired	22	11.2
	Social work	24	12.2
	Student	17	8.7
	Unemployed	15	7.7
	Other	8	4.1
Monthly income level	<5.000.000	67	34.2
	5.000.000-10.000.000	75	38.3
	10.000.000-15.000.000	31	15.8
	>20.000.000	23	11.7
Location	Taiwan	92	46.9
	Vietnam	60	30.6
	Other	44	22.4
	Public hospital	93	47.4
Kind of hospital	Private hospital	53	27.0
	Both of them	50	25.5
Total		196	100.0%

4.2. The result between every factor with kind of hospital

Table 4: The result between every factor with kind of hospital

	Sum of square	df	Mean Square	F	Sig
ASR					
Between Group	.624	2	.312	.488	**.615**
Within Group	123.371	193	.639		
Total	123.995	195			
CMT					
Between Groups	.768	2	.384	.527	**.591**
Within Groups	140.762	193	.729		
Total	141.531	195			
DCL					
Between Groups	.078	2	.039	.060	**.941**
Within Groups	124.922	193	.647		
Total	125.000	195			
RPS					
Between Groups	.492	2	.246	.281	**.756**
Within Groups	169.088	193	.876		
Total	169.580	195			
HPS					
Between Groups	.224	2	.112	.124	**.883**
Within Groups	173.406	193	.898		
Total	173.630	195			
FCL					
Between Groups	.364	2	.182	.266	**.767**
Within Groups	132.379	193	.686		
Total	132.744	195			

One Way ANOVA was used to test whether there is a significant difference in inpatient service quality between private and public hospitals. The ANOVA results are shown in table 4.2. It is clear from this table that there is no difference significant between private and public hospitals in overall service quality. This is unexpected, given the fact that people, the world over, go to private hospitals in order to recieve higher service quality (Angelopolou *et al.,* 1998)[25].

4.3. Exploratory factor analysis (EFA)

Table 5: KMO and Bartlet's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.882
Bartlett's Test of Sphericity	Approx. Chi-Square	1838.569
	Df	136
	Sig.	.000

The table showed that KMO value is 0.882 > 0.5 and the significant is lower than 0.01. Hence, Factor Analysis can be conducted with the data. Then it can be concluded that the 24 – subject questionnaire is suitable for factor analysis.

4.4. Reliability analysis for measurement scale

Table 6: Reliability Test Analysis

Factor	Code	N	Corrected Item-total Correlation	Cronbach's Alpha
Assurance	ASR1	4	.683	.838
	ASR2		.677	
	ASR3		.665	
	ASR4		.656	
Communication	CMT1	4	.684	.859
	CMT2		.739	
	CMT3		.656	
	CMT4		.742	

Discipline	DCL1	5	.674	.868
	DCL2		.736	
	DCL3		.644	
	DCL4		.698	
	DCL5		.713	
Responsive	RPS1	4	.840	.887
	RPS2		.807	
	RPS3		.684	
	RPS4		.684	
Hospital staff	HPS1	3	.857	.891
	HPS2		.675	
	HPS3		.836	
Facilities	FCL1	3	.677	.818
	FCL2		.676	
	FCL3		.616	

4.5. Correlation Analysis

The main purpose of this analysis is to see the relationship between all research factors. A high correlation coefficient between variables indicates strong relationship between variables while low correlation coefficient indicates the opposite meaning.

Table 7: Correlation analysis results

Dependent Variable: Hospital Staff

Factor	Pearson Correlation	Sig	N
Assurance	.462**	.000	196
Responsiveness	.666**	.000	196
Discipline	.460**	.000	196
Communication	.503**	.000	196

**. Correlation is significant at the 0.01 level (2-tailed).

The result in table 6 indicated that:

The Pearson correlation of Assurance Dimension, Responsiveness dimension, Discipline dimension, communication dimension all of sig. < 0.01, therefore we can conclude that there is a positive and significant relationship between all of dimension and hospital staff.

Table 8: Correlation analysis results

Dependent Variable: Facilities

Factor	Pearson Correlation	Sig	N
Assurance	.423**	.000	196
Responsiveness	.541**	.000	196
Discipline	.438**	.000	196

**. Correlation is significant at the 0.01 level (2-tailed).

The result in table 7 indicated that:

The Pearson correlation of Assurance Dimension, Responsiveness Dimension, Discipline Dimension all of sig. < 0.01, therefore we can conclude that there is a positive and significant relationship between all of dimension and facilities.

4.6. Multiple Linear Regressions

Proposition 1: Among these dimensions as follow: Assurance, Communication, Responsiveness and Discipline, which ones have correlation and the strongest impact on Hospital staff .

Table 9: Multiple Linear Regression Result for proposition 1

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.723ᵃ	.523	.513	.65844	.523	52.372	4	191	.000

a. Predictors: (Constant), RPS, DCL, ASR, CMT

ANOVAᵃ

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	90.823	4	22.706	52.372	.000ᵇ
	Residual	82.807	191	.434		
	Total	173.630	195			

a. Dependent Variable: HPS

b. Predictors: (Constant), RPS, DCL, ASR, CMT

Coefficientsᵃ

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	-.016	.261		-.063	.950	-.532	.499		
	ASR	.171	.070	.145	2.461	.015	.034	.308	.723	1.384
	CMT	.144	.069	.130	2.090	.038	.008	.280	.646	1.549
	DCL	.187	.068	.158	2.731	.007	.052	.321	.743	1.346
	RPS	.483	.062	.477	7.845	.000	.362	.604	.674	1.483

a. Dependent Variable: HPS

Result from the table 7 showed:

R value was 0.723, which represented the simple correlation and indicated a high degree of correlation.

R^2 is the percentage of the response variable variation that is explained by a linear model. In this case 0.523, which means 52.3 percent can be explained.

The significance of regression model from ANOVA was 0.000 < 0.05 (P value < 5%), which indicated that applied model is good enough in predicting outcome variable.

All three explanatory variables, they are Assurance, Responsiveness, Discipline, Communicationarre startistically significant (sig. < 0.05)

Standardized coefficient of Assurance, Communication, Discipline and Responsiveness are 0.145, 0.130, 0.158 and 0.477 respectively, which indicates that Responsiveness has the strongest impact on Hospital staff in customer's satisfaction. Besides that the Discipline has the second impact, Assurance and Communication factor occupied the third and fourth importane role in making customers satisfied.

Collinearity Statistics of Assurance, Communication, Discipline and Responsiveness are 1.384, 1.549, 1.346 and 1.483 with VIF < 10 showed that multicollinearity does exist among all independent variables. Thus multicollinearity was not a problem in this study.

The regression equation can be written as follow:

$$\text{Hospital staff} = 0.145\ \text{Assurance} + 0.130\ \text{Communication} + 0.158\ \text{Discipline} + 0.477\ \text{Responsiveness} \quad (1)$$

Proposition 2: among these factors as follow: Assurance, Discipline and Responsiveness, which ones have the strongest impact on Facilities of customer's statisfaction.

Table 10: Multiple Linear Regression Results for Proposition 4 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.614ᵃ	.376	.367	.65659	.376	38.637	3	192	.000

a. Predictors: (Constant), RPS, DCL, ASR

ANOVAᵃ

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	49.970	3	16.657	38.637	.000ᵇ
	Residual	82.773	192	.431		
	Total	132.744	195			

a. Dependent Variable: FCL

b. Predictors: (Constant), RPS, DCL, ASR

Coefficientsᵃ

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	.817	.254		3.216	.002	.316	1.319		
	ASR	.188	.067	.181	2.788	.006	.055	.321	.767	1.304
	DCL	.223	.067	.216	3.344	.001	.091	.354	.779	1.284
	RPS	.336	.058	.379	5.812	.000	.222	.449	.762	1.312

a. Dependent Variable: FCL

The result of the regression in the table 4.10 showed that:

R value value 0.614, which represented the simple correlation and indicated a high degree of correlation.

R^2 is the percentage of the response variable variation that is explained by a linear model. In this case, R^2 value was 0.376, which means 37.6 percent can be explained.

The significance of the regression model from ANOVA was 0.000 < 0.05 (P value <5%), which indicated that applied model is goof enough in predicting outcome variable.

All three explanatory variables, they are Assurance, Discipline and Responsiveness are statistically significant (sig. <0.05)

Standardized Coefficient of Assurance, Discipline and Responsiveness are 0.181, 0.216 and 0.379 respectively, which indicates that Responsiveness has the strongest impact on Facilities in Customer's satisfaction. Besides that the factor Discipline and Assuarnce occupied the second and the third important role in making customers satisfied.

Collinearity Statistics of Assurance, Discipline and Responsiveness are 1.304, 1.284, 1.312 with VIF < 10 so they have no problem with multicollinearity.

The regression equation can be written as follow:

$$\text{Facilites} = 0.181 \text{ Assurance} + 0.216 \text{ Discipline} + 0.379 \text{ Responsiveness}$$ (2)

Table 11: Shows the summary of hypothesis testing

	Research hypothesis	Supported
H1	There is a positive and significant relationship between Assurance and Hospital staff	✓
H2	There is a positive and significant relationship between Assurance and Facilities	✓
H3	There is a positive and significant relationship between Responsiveness and Hospital staff	✓
H4	There is a positive and significant relationship between Responsiveness and Facilities	✓
H5	There is a positive and significant relationship between Discipline and Hospital staff	✓
H6	There is a positive and significant relationship between Discipline and Facilities	✓
H7	There is a positive and significant relationship between Communication and Hospital staff	✓

5. Conclusion

5.1. Discusion and Finding

The research was aimed at examining the quality dimension factor affect onsumer's perception of satisfaction in health care service, the case of Vietnam. With this purpose, this study conducted quantitive methods with who have ever examinated and treated in Vietnam to obtain the level perception of customer' satisfaction for each factor.

There were 24 questions which built to measure 6 factor in the framework. After distributing questionnaire and collecting response from 196 respondents, data was analyzed. Date analysis process has gone through 6 steps in total which were descriptive statistics for Demographic analysis, One-way ANOVA analysis, Exploratory Factor Analysis, Reliability Analysis, Correlation Analysis and Multiple Linear Regressions. In our study we find out some result. There will be helpful for managerial implication on the health care service in Vietnam.

5.2. Academic Contribution

The research did an empirical research of customer's satisfaction about hospital staff and facilities, the case of Vietnam. The result of this study may contribute toward healthcare service in improving customer's satisfaction which factor can effect customer's satisfaction and which maybe can contribute toward the development of healthcare service in Vietnam. In addition, this study also contributes to other future researchers in this field and carried practical impilications.

5.3. Limitation and Future Research

With the limit of time and capability, the potential limitations of this study were completely difficult to avoid and were described by the following:

Fristly, this research was designed to test hypothesis of only four quality factors in a relationship with customers' satisfaction and loyalty, the case of Vietnam. Howerver. There may be other quality factor that can have impact on customer satisfaction. Future research should consider other factors in the research area.

Secondly, the scope of the study is small, measuring only performed with online survey. If conditional execution, we will expand the research not only online survey, but also a empirical in Vietnam. This is the developmet direction for duture themes.

Third, due to resources are limited so the sample is quite small, only 196 subjects.

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