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Evaluation of the quality of family planning services from the perspective of service users using the SERVQUAL model in Sanandaj comprehensive health centers in 2018

Rahil Gholipour (MSc)[1]*, Roonak Shahoei (PhD)[1], Golbahar Ghader Khani(MSc)[1]

[1]*Faculty of Nursing and Midwifery, Kurdistan University of Medical Sciences, Sanandaj, Iran.*

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ABSTRACT

Introduction: Family planning is aimed at improving the health and well-being of women, children and the family and affecting the quality of life and sexual health. Today, the quality of services has a profound effect on the economic situation. Knowing the expectations of service providers and checking the status of existing weaknesses and strength is revealed. The purpose of this study was to determine the quality of family planning services from the viewpoint of service recipients using the SERVQUAL model in Sanandaj comprehensive health centers in 2018.

Materials and Methods: In this descriptive-analytical study, 384 women who received family planning services in Sanandaj comprehensive health centers were evaluated. Sampling was done by stratified random sampling. The data was collected by a SERVQUAL Questionnaire 22 pair questions with five dimensions. Data were analyzed by SPSS-23 software and descriptive statistics, t-test and ANOVA. P <0.05 was considered significant.

Results: The results of the study showed a negative gap in all aspects of quality. The highest gap was in the dimension of empathy (-1.84) and the lowest gap in the responsiveness dimension (-1.61). There was also no significant relationship between quality gap and demographic characteristics.

Conclusion: The existence of a gap in the five dimensions of service quality suggests that at all levels, average expectations exceeded perceptions, requiring serious efforts to improve the quality of service gap.

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Introduction

According to the World Health Organization (WHO), "family planning is the ability of couples to anticipate and achieve the desired number of offspring that are obtained through the use of contraceptive methods" (1). Family planning is being implemented to improve the health and well-being of its members. Pregnancy prevention is a key factor for a life of personal, social and economic value, both for women and for men, and, on the other hand, is a guarantor of women's health and the well-being of their children (2). Family planning is more effective than contraception in reducing maternal mortality, insecure abortion, and reducing infant mortality and morbidity by increasing the spacing between pregnancies and delaying the first pregnancy (3). The women's personal experience and their understanding of how contraceptive methods affect quality of life, sexual health, and their decision to choose a contraceptive device (4). The World Health Organization has identified the quality of family planning services as an essential principle in health, human rights and health outcomes (5).

* ***Correspondence Author:*** Faculty of Nursing and Midwifery, Kurdistan University of Medical Sciences, Sanandaj, Iran.
Email: rahil.gholipour1372@gmail.com

Quality of service is a key and strategic factor for service providers and a competitive advantage. It is a key strategy for the success and survival of an organization providing quality services (6). Parasurman finds the quality of services by comparing customer expectations of their performance and understanding of providing services in the organization. The perception of consumer assessment is from the service provider (7).
Today, the quality of services has become increasingly important, and the quality of service has become a challenge to fulfild the expectations of service providers and their satisfaction (8).
Paying attention to clients' viewpoints can facilitate the provision of health care services and increase the quality of services provided and increase client satisfaction (9). In fact, by exposing the gap between clients' expectations and perceptions can easily explore the existing vacuum and take steps to meet the needs of clients (enhancing service quality). Thus, the best way to reduce the gap between the current and the desired situation is to pay attention to the quality of different services from the perspective of the recipients (10). With the increasing complexity of health care, monitoring and evaluating the quality of health services has become critical (11). So far, several models have been presented for evaluating quality (12). One of these service quality measurement methods is the SERVQUAL model that invented by Parasouraman and et al. (13). The SERVQUAL model is a tool for assessing and analyzing the quality of service gap based on the expectations and perceptions of service recipients that has five dimensions of tangibility, reliability, responsiveness, assurance and empathy (14,15).Researches that focus on measuring service quality using the SERVQUAL model examines the gap in expectations and perceptions. For example, can be mentioned to Ganbari et al. study with title “the quality of family planning services in health centers in Tehran”. The results of this study showed that there was a significant difference between the expected service and perceived service by the clients in all aspects of quality (16). Also, in uzun and kilbourne et al. study (17,18), none of the five components of service quality have been able to respond to the expectations of service providers and the perceived quality of the expected quality has always been lower.
Considering that the assessment of the quality of health care services has an important impact on the economic situation of the society (19). Family planning services play an important role in the health of women, the family and the population. Therefore, awareness of the expectations of service recipients and existing status causes the strengths and weaknesses of the services provided are revealed and the results are used to improve the quality. The purpose of this study was to determine the quality of family planning services from the viewpoint of service recipients using the SERVQUAL model in Sanandaj comprehensive health centers in 2018.

Materials and Methods

This cross-sectional descriptive-analytic study was conducted on women eligible for family planning services in Sanandaj comprehensive health centers in 2018. The inclusion criteria included residency in Sanandaj, under the care of comprehensive health centers and willingness to participate in the study, and if all the items in the questionnaire were not completed, the individual was excluded from the study. Sampling was done stratified and random. The city was classified into five sections (north, south, east, west, and center) and three health centers were randomly selected from each section. The sample size was estimated as 384 by considering about 50% of the negative quality differences, 95% confidence level, and an accuracy of 5%. In addition to explaining the purpose of the research, the researcher assured the clients that their information would be kept confidential. Participants entered the study after signing the consent form for participation in the study. A two-partly questionnaire was used to collect information. The first part was demographic characteristics and part 2 of the standard SERVQUAL questionnaire. The SERVQUAL questionnaire contains 22 pairs question and five dimensions. Dimensions of tangibility, assurance and responsiveness Each of 4 questions and two dimensions of reliability and empathy each have 5 questions. The

questionnaire was completed in two stages. Respondents initially raised their expectations of services that they think should be presented then they expressed their perceptions of the services provided. Each question contained seven options that were scored from No. 1 (totally opposite) to No. 7 (fully agree). In each dimension, the score of the questions was summed up and their total was divided into the number of questions in that dimension. The overall quality score of the services was also calculated so that the score of all questions, aggregated together and their total, were divided into the total number of questions in the questionnaire and the total score of the service quality was obtained. The service quality gap was achieved by differentiating the scores of the level of perceptions and the level of service expectations. In this questionnaire, a positive quality of service indicates that the service provided exceeds the expectations of the service recipient, and the negative quality score indicates that there is a quality gap, and if the score is equal to zero it means that there is no quality gap. The SERVQUAL questionnaire has been evaluated in health care settings in different countries of the world including Iran and its validity and reliability have been confirmed in these collections and reported that SERVQUAL has good validity for health service quality assessment. This questionnaire has been used for several studies in Iran and has validity and reliability for use in Iran (20-22). Content validity was used to validate the questionnaire. The tool was provided to 10 midwifery professors and experts and a final questionnaire was prepared after applying their corrections. The reliability of the questionnaire has been previously investigated by other researchers (23).

In the present study, the internal consistency of the scale using Cronbach's alpha was 0.86. Data were analyzed by SPSS-23 software and descriptive statistics, t-test and ANOVA. T-tests were used to compare the mean score of perceptions and expectations in different dimensions of quality. ANOVA and independent t-test were used to correlate the quality gap and demographic characteristics of the studied samples.

Results

The demographic findings of this study showed that a total of 384 participants had the highest number of participants (167) in the age group of 20-30 years**.** In terms of education, 46.9% (180 people) had a high school degrees. In terms of job, 86.7% (333 people) were hommaker. Also, 43.8% (168) of the recipient had 2-4 children. The mean scores of expectations, perceptions and quality gaps in family planning services in Sanandaj comprehensive health centers are shown in Table 1. Accordingly, in all five dimensions of service quality, there was a negative quality gap. The average perceptions and expectations of the provided services were 5.4 and 6.77, respectively, and the overall quality gap was 1.72. The highest quality gap in the dimension of empathy and the lowest quality gap were obtained in the responsiveness dimension. Also, there was a significant difference between perceptions and expectations about the quality of services provided (P= 0.000).

Table 1: Mean scores of perception, expectation, and gap in the five dimensions of quality of family planning

Tangibility	5.20	6.85	-1.64
Reliability	5.05	6.86	-1.81
Responsiveness	5.01	6.63	-1.61
Assurance	5.12	6.80	-1.67
Empathy	4.86	6.70	-1.84
Overall Quality	5.04	6.77	-1.72
Tangibility	5.20	6.85	-1.64

According to the data presented in Table 2, the highest mean of perceptions in terms of the tangibility dimension and the lowest score of perceptions was observed in the dimension of empathy. In the expectations section, the highest score was in the reliability and lowest score in the responsiveness dimension. Also, there was no significant relationship between demographic characteristics (age, education, occupation and number of children) and quality of services (P<0.05).

Table 2: The mean scores of perception, expectation, and quality gaps in each aspect of the quality of services

	The quality items	perception	expectation	gap
Tangibility	Modern and updated equipment	5.61	6.84	-1.23
	Fascinating and attractive physical equipment	5.15	6.84	-1.68
	Well-dressed staffs	5.13	6.86	-1.73
	Appropriateness of the physical environment and services	4.91	6.84	-1.92
Reliability	Provision of services at the time promised by the staff	5.06	6.86	-1.80
	Interested in solving client problems	5.10	6.86	-1.76
	Reliability of the center	5.14	6.91	-1.76
	Provision of services in conformity with the obligations given	5.08	6.86	-1.77
	Maintaining and registering the documents of clients	4.87	6.83	-1.95
Responsiveness	Announcement of the exact time of serving the clients	5.19	6.54	-1.34
	Fast and uninterrupted serving	5.08	6.61	-1.52
	The willingness of employees to help clients	5.00	6.70	-1.70
	Availability of staff when needed	4.78	6.66	-1.88
Assurance	Creating a sense of confidence in clients	4.98	6.75	-1.76
	The feeling of safety and relaxation in dealing with staffs	5.18	6.79	-1.60
	The polite and friendly behavior of the staff	5.30	6.84	-1.53
	The staff support by the center in carrying out their job	5.03	6.83	-1.80
Empathy	Specific and individual attention to each one of the clients	4.92	6.68	-1.76
	The interest of the staffs towards the clients	5.00	6.72	-1.72
	Understanding the special needs of clients by staffs	5.04	6.72	-1.67
	Considering the best interests for the clients	5.02	6.68	-1.65
	The suitability of the working time and the time of referral to the center	4.30	6.69	-2.38

Discussion

According to the results of this study, in all dimensions of service quality there was a negative gap and in all aspects of quality, the mean of expectation scores was higher than the average perceptual scores. In other words, expectations service recipients service are beyond the perceptions of the existing status, and there is a large gap between expectations and perceptions of service providers. The results of this study were similar to the studies of Aghmalayee et al. in Bandar Abbas (20), Gholami et al. in Urmia (22), Simbar et al. in Tehran (24), Butt et al. in Malaysia and Kebriaei and Roudbari in Zahedan (25,26). In the results of the above studies, there was negative gap in all aspects of the quality of services which indicates that in all aspects of customer expectations has not been fulfilled. In this study, the highest quality of service gap was observed in empathy dimension. The purpose of empathy is the special encounter with each client according to their spirits So that service recipients are convinced that the service provider has understood them (27). In Tarrahi et al. study with title " evaluation of the quality of health services provided in health centers in Khorramabad " Also, the highest quality gap was observed in the dimension of empathy that is consistent with the present study. The higher negative gap indicates that this aspect of attention has been diminished meaning that clients have not received much attention or are not understood by the staff of the center (23).

In the study of Roohi et al. in Gorgan, Aghamolai et al. in Bandar Abbas and Bahadori et al. in Hamedan (20,28,29), the highest quality gap was obtained in empathy dimension which was similar to our results. In Safi et al. study in Tehran, the lowest quality gap was observed in the dimension of empathy. In other words, the patients had more satisfaction in the dimension of empathy than other dimensions, which contradicts the present study. The reason for this discrepancy can be due to the amount of

attention and understanding of the clients by the employees. (30). In the present study, the lowest quality gap was observed in the responsiveness dimension. Responsiveness refers to the willingness of the staff of the centers to cooperate and respond promptly to the clients. In the study of Bahadori et al. the lowest quality gap was found in the responsiveness dimension that is consistent with the present study meaning that service recipients have the highest degree of satisfaction with responsiveness dimension (29), at the time of referral, They were attracted by the employeesStaff and their problems were atentioned. In the study of Bastani et al. (31) and Haghshenas et al. (32), the highest quality gap was found in the responsiveness dimension, which contradicts the present study. In other words, in the present study, employees tended to have more interest in responding to clients, while in the above studies, staff did not have the necessary assistance with the recipients and were not available when needed.

In the present study, reliability dimension after empathy dimension has the highest quality gap. In the study of Mohammadi and Shoghli in Zanjan and Tabatabaei et al. in Zahedan had the highest quality gap in reliability dimension (14,33). The purpose of releability is the level of commitment and skill of the staff (27). Meaning that bad faith, lack of coordination and insufficient knowledge of service providers in this dimension have caused customer dissatisfaction. In the study of Shafiq et al. in Pakistan (34), the lowest quality gap was found in the reliability dimension. The results of this study are not consistent with the present study. The reason for mismatches can be the difference in how employees function in commitments and planning of managers.In the assurance dimension, as well as other dimensions, there was a negative quality gap that took third place. The purpose of assurance dimension is creating a sense of security and safety in client (27). This means that the centers in creating a sense of securit in clients did not fulfilled their expectations. In Karami Matin et al. (35) study, the highest quality gap was observed in the assurance dimension. In the research of Hekmatpo et al. (7) and Abolghasem Gorji et al. (10) and Tabibi et al. (36), the lowest quality gap was observed in the assurance dimension. The results of the above studies are not consistent with the present study. The reason for mismatch can be due to the level of knowledge and awareness of the employees and the creation of a sense of trust in the recipients of services.In the present study, in the tangibility dimension as well as other dimensions, there was a negative quality gap. In the tangibility dimension, the fields of modernity of the equipment, the physical features, the appearance of the staff, the environment of service provision, and the regularity and cleanliness were examined (27). In this study, centers have not been able fulfilled the demands and expectations of service recipients. In Kazemnezhad et al. study (37) in Qom, with title “Assessing the quality of maternal and child health services” showed the highest gap in the tangibility dimension. In Safi et al. study (30) also had the greatest gap in the tangibility dimension. In Khaki et al. study (38) in Shiraz, and also in the study of Roohi et al. (28), the lowest quality gap was observed in the tangibility dimension. In other words, these centers had modern equipment and the appearance of the staff has been appropriate. The results of these studies are not consistent with the present study.In the present study, there was no significant relationship between service quality gap and demographic characteristics. In the study of Safi et al. (30), the quality gap was not significantly correlated with the age of the patients and was related only to their educational level which was not consistent with the present study. In the study of Abolghasem Gorgji et al. (10), there was no significant correlation between the quality gap and the demographic characteristics, which was consistent with the present study. In Gholami et al. study (39), there was a significant difference between the quality of the gap and the educational level of the patients which was not consistent the present study.

From the results of this study, it can be concluded that there is a significant difference between the desirable service and the services provided at the centers, which may be due to the personality cultural

differences, and various equipment of the centers. The quality gap enables authorities to work to improve quality, planning, decision making and resource allocation.

It is recommended that pay attention to the comments, criticisms and suggestions of the customers and be used to solve the problems. Provide services must be at all hours of the office, pay attention to the emotional needs, physical and mental conditions of service recipients. The centers must be equipped with modern equipment. Workshops must be held for the promotion and updating of employee knowledge and staff must be justify for more appropriate treatment.

Conclusion

From the viewpoint of the service recipients of comprehensive health center, there were negative gap of the quality in different dimensions, and in all dimensions.

There was a long gap between the level of customer expectations and their perceptions. Therefore, it is recommended that the authorities of these centers be aware of the expectations and needs of clients and try to improve the provision of services.

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