BABEŞ - BOLYAI UNIVERSITY OF CLUJ NAPOCA
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-ABSTRACT-

STUDY REGARDING THE MEASUREMENT OF CONSUMER SATISFACTION IN HEALTHCARE SERVICES

Coordonator ştiinţific:
Prof.univ.dr. PLĂIAŞ Ioan

Doctorand:
RADOVICIU (LAZEA) Ruxandra

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KEYWORDS

Consumer satisfaction, patient, measurement model, correlations, consumer behavior, patient rights, medical system principles;

Introduction

Given that digital technology allows us access to a wealth of medical information it is not surprising that consumer awareness of medical services is more complex and therefore their expectations about the accessed healthcare services are higher.

The motivation for choosing the theme was based on the fact that currently satisfaction / dissatisfaction of consumers of healthcare services represent an important point for the development/improvement of the state health system. Thus in the paper "Study on measuring consumer satisfaction with healthcare services" it is presented a multidimensional research model used to measure consumer satisfaction with healthcare services, resulted from the literature review and was applied in three medical facilities. The study was applied only in state-medical facilities because, in them, there is an insufficient use of the marketing methods and techniques. Although these methods and techniques are considered useful in the study of consumer behavior of healthcare services, they are applied mostly by private healthcare units, due to competition between them.

The present thesis was aimed mainly at measuring consumer satisfaction of medical services in state hospitals from Romania. To achieve this goal, the thesis was structured in four chapters.

The first chapter presents legislation in Romania and healthcare consumer rights. In this chapter the Romanian medical system, patients' rights and responsibilities in Romania and obligations of consumers of medical services are presented.

The second chapter is assigned for healthcare consumer behavior. In this chapter are presented theoretical considerations regarding the concepts and basic concepts that define consumer behavior, and the main factors that influence it.

The influencing factors analyzed in chapter two are structured in internal and external influencing factors. External factors that influence consumer behavior presented in this chapter are belonging and reference groups. Internal factors of influence consumer behavior, treated in this chapter are: perception, learning, motivation, attitude and personality.

Chapter three presents a literature review in the field of consumer satisfaction and consumer healthcare satisfaction. Thus in this chapter are presented the following: definition of satisfaction; reasons for studying consumer satisfaction in healthcare services; factors influencing customer satisfaction of medical and identified models that can be used to study consumer satisfaction of healthcare services.

Chapter Four presents the practical study realized on measuring consumer satisfaction with healthcare. In this chapter are presented the concept of methodology of scientific research, research methodology used in conducting the research, the proposed research model, sampling method, target population and data collection, research objectives and hypotheses.

The chapter contains the presentation of results from analyzing questions from the opening part of the questionnaire; research analysis over the dimensions of the model; the results between the correlations of different dimensions of the research model; fidelity analysis on the measuring model; exploratory factor analysis on the research model; confirmatory analysis. Confirmatory analysis showed that the model research realized to measure consumer satisfaction with medical services is a valid one. The last part of chapter four is dedicated to conclusions, implications, limitations of research and future research directions.

CHAPTER 1. LEGISLATION IN ROMANIA AND THE RIGHTS OF HEALTHCARE CONSUMER

"The health system consists of all health organizations that compose it. They are different in terms of organizational structures, logistics, the purpose, organizational culture, but their common denominator is the patient" (Popa F. et al, 2007, p. 54).

1.1. Presentation of the Romanian medical system

"The health system in Romania has in many aspects the same operating modes unchanged in the last 30 years. First, the system is built around the central administration and in the alternative, around patients, staff or its representatives is virtually powerless to influence which they finance and accesses the system. The only major change was the introduction of health insurance, which aimed at clarifying and strengthening organizational accountability principal purchaser of health services - the National Health Insurance House (CNAS), the direct election of local leadership structures. Such local structures, benefiting from broad autonomy in collecting and managing health insurance funds had both legitimacy and direct accountability to the public. This paradigm was not politically accepted and subsequent approval in Parliament, the law was amended significantly, reaching and if CNAS a centralized, controlled practically by the Ministry of Public Health and Ministry of Finance, with a low degree of autonomy, and unclear and overlapping of roles with other institutions"
(http://www.presidency.ro/static/ordine/COMISIASANATATE/UN_SISTEM_SANITAR_CENTRAT_PE_NEVOILE_CETATEANULUI.pdf).

1.1.1. Principles of the medical system from Romania

The principles that govern medical system in Romania are regulated by law number 95/2006 on healthcare reform, Chapter 2, Article 7 and are (http://www.ms.ro/documente/Legea%2095 % 202006_12548_11878.pdf):

a) "society responsibility to public health";

b) "focus on primary prevention and population groups";

c) "concern for health determinants: social, environmental, and behavioral healthcare services";

d) "multidisciplinary and intersectoral approach";

e) "active partnership with the public and with local and public authorities";

f) "decisions based on the best scientific evidence available at the time (evidence-based public health)";

g) "under certain conditions, decisions based on the precautionary principle";

h) "decentralization of public health system";

i) "the existence of an integrated informational system for management and public health".

1.1.2. Forms of the medical state system

State medical system is present in Romania according to Order no. 1764 of 22/12/2006, published in the Official Gazette, Part I no. 63 of 26/01/2007 (http://www.smurd.ro/multimedia/pdf/legislatie/31-03-2010-ordin-1764-2006.pdf) through the following forms:

- "regional hospital emergency proficiency level I A – Clinical Hospital (Universitary) ensuring the receiving, investigating and definitive treatment of all categories of critical emergencies traumatic, surgical, cardiovascular, neurological, neonatology, including burns. In addition to providing emergency assistance at the regional level, this hospital serves as a Clinical Emergency Hospital where is located in the county and in Bucharest such a hospital has the role of a municipal emergency hospital. Hospitals in this category are usually hospitals receiving patients are in critical condition, exceptionally the necessary transfer of patients to another health facility for making the definitive treatment";

- "regional hospital emergency proficiency level IB – Clinical Hospital institute/center or specialized clinic hospital that provide receiving, investigating and definitive treatment of one or more categories of critical emergencies, cannot fully cover all categories are usually necessary to transfer the patients to other regional hospitals because it cannot possible receive certain categories of emergencies due to lack of needed human resources or materials. In addition, along with providing emergency assistance at the regional level, such a clinical hospital, institute or center may act as a county emergency clinical hospital or emergency clinical departments in its field of competence, in the county where it is located. In Bucharest, such a clinical hospital, institute or center may be part of a municipal emergency hospital or a clinical emergency departments in its field of competence";

- "hospital emergency with level II of competence - county or municipal hospital that can provide for the incoming, investigation and definitive treatment on most critical emergency cases. If these hospitals need emergency transfer of certain categories of cases to other hospitals with high level of proficiency, usually after granting emergency assistance or, where appropriate, following the investigation appropriately without delay and after establishing, if possible, an emergency diagnosis. This transfer is necessary due to lack of material resources or human resources with adequate experience in patient care";

- "specialty hospital emergency proficiency level II B - county or municipal specialized hospital that can provide the incoming, investigation and definitive treatment of certain categories of critical cases other than trauma, depending on the specialty. In some cases in these categories a transfer to hospital regional clinical may be required, usually after emergency assistance or, where appropriate, after appropriate investigation to establish without delay and if possible, an emergency diagnosis. This transfer is necessary due to lack of material resources or human resources with adequate experience in patient care";

- "hospital emergency proficiency level III - Hospital county, municipal or townlike that can ensure the income, investigation and definitive treatment of limited categories of critical emergency cases. In these hospitals is necessary to transfer critical cases to most categories of regional emergency hospitals proficiency level I or II, usually after emergency assistance, with or without a diagnosis based on emergency investigation. This transfer is necessary due to lack of material resources or human resources with adequate experience in patient care";

- "hospital emergency proficiency level IV - municipal or townlike level hospital that can provide emergency assistance in stabilizing the critical cases for transfer. In these hospitals compulsory transfer critical cases to a hospital with higher proficiency level usually or at least regional competence level II is needed";

- "basic specialty - specialty without the existence of a particular health unit cannot be classified to a certain level of competence. Such a specialist should be represented in the health unit and 24 hours from 24, 7 days out of 7, throughout the year, providing emergency assistance in the field, in the shortest time possible, given the human resources available and materials necessary for the treatment of a patient in accordance with the level of competence of the institution works. This ensures at least definitive treatment or emergency investigation and treatment to patient transfer to another health facility level superior competence";

- "specialized support - Specialty without the existence of a particular health unit cannot be classified to a certain level of competence, professional must be represented in the health unit that at least through a guard at home 24 hours 24, 7 days from 7, providing emergency assistance in the field in the shortest possible time not exceeding 30 minutes of calling, having all the human and material resources necessary for the treatment of a patient in accordance with the institution works, thus providing definitive treatment or at least emergency investigation and treatment to patient transfer to another health facility with higher competence level";

- "specialized advisory - specialty not necessarily have to be represented in the structure of the unit on duty in order to classify a certain level of competence, if necessary, and must be addressed, by specialties that are on call. Representatives' of consultative specialties will provide consultations during normal working hours or if the situation requires, will provide advice by telephone, telemedical system, or physical consultations as appropriate".

1.1.3. State Hospital funding

According to GD. 303 / 23.03.2011 "on the financing of the health system, the hospital sector in Romania constantly consumes over 50% of the FNUASS (Unique National Fund of Health Insurance), plus funds from the Ministry of Health Investment infrastructure, facilities with medical equipment and national health programs. These funds go to a percentage well above the average of 40% of health spending allocated to hospitals in the EU. For most hospitals, FNUASS continues to be the sole or predominant source of funding, although since 2002 it created the legal basis by which local authorities could help support the expenses for materials and services and capital"(http: // arhiva.gov.ro/nota-de-fundamentare-hg-nr-303-23-03-2011__l1a112929.html).

1.2. Patients' rights in Romania

According to Law no. 46/2003, Law on patient rights, the basic principles of patient rights are (http://www.ms.ro/?pag=19&id=9398):

- "the right to be respected as a human person, without discrimination, which was taken from the Universal Declaration of Human Rights (1948)";
- "right to medical information";
- "confidentiality is guaranteed by the health care providers throughout the professional secrecy";
- "Consent to medical intervention." With the following forms: "implied consent, resulting from the implicit presence of the healthcare consumer"; "Agreeing for compulsory by express permission of the patient to be treated; consent is expressed in writing prior to any medical act"; "Fully informed consent involves informing the patients about all aspects of medical / surgical, which will be performed during surgery and all the complications that may occur and how to solve them. This type of consent is written and can be transferred to another person if the patient is a minor, unconscious, mentally ill, or in situations where capacity, but also rational judgment of the patient is affected";
- "right access a high quality healthcare service";
- "the reproductive rights of the patient - a woman's right to life shall prevail where pregnancy consists in a major risk to the mother's life";
- "patient rights towards treatment and healthcare services - the medical interventions made on the patient can only be performed if there is necessary equipment and certified personnel". These are the medical criteria developed by the Ministry of Health.

1.3. Responsibilities and obligations of consumers of the medical services

- to adopt healthy habits such as gymnastics and to quit smoking and drinking alcohol;
- to become involved in decisions about their health by disclosing relevant information and request information as clear, the methods of treatment and the treatment that must comply;
- to recognize the reality of risks and limits of medical science at the time the patient receives medical care;
- to be aware of the obligations of physicians to be reasonably efficient and equitable in providing medical services to other patients and to adopt a civilized behavior towards medical staff;
- to notify urgently if their illness is a danger to other citizens;
- to communicate important medical information to the doctor to relieve the consumption of financial and medical resources by conducting unnecessary tests;
- to communicate properly causes that led to the manifestation of certain medical conditions to benefit in the shortest time for the optimal treatment;
- must respect the medical staff and other patients;
- must meet financial obligations by accredited institutions and periodically check if the employer makes the payments;
- to report a medical negligence at the legal authorities in order to be solved by them;

- to belong to a family doctor, through its inclusion in the lists for health monitoring;

- to notify the family doctor of any change in health status;

- to submit, at the request of medical personnel or admission / discharge, or accessing any service medical certificate which proves that the patient is medical insured;

- to comply with the hospital program, the cleanliness and quiet, to show concern for goods present in the facilities;

- to respect personal and collective hygiene.

CHAPTER 2. CONSUMER BEHAVIOR OF HEALTHCARE SERVICES

2.1. Consumer behavior of healthcare services - basic notions and concepts

"Consumer behavior can be defined in a holistic approach, as the totality of decisional acts made on an individual or group directly linked to obtaining and using goods and services in order to meet current and future needs, including decision-making processes that precede and determine these acts "(Cătoiu, Teodorescu, 1997, p.15).

As a term used in healthcare, "the consumer refers to a category of people that can become a consumer of healthcare services" (Thomas, 2005 p.167).

According to author Thomas RK (2005), consumers of medical services are defined as follows (Thomas, 2005, pp. 87-88):

"potential consumers - refers to any individual or organization who is a potential buyer of a medical service. Theoretically, everyone is a potential consumer of medical services and medical researches, for example, are addressed the public in general";

"Client - is considered by the medical system, as purchaser of a product or service. While a patient may be a customer of a particular product or service, it is common to find that the customer is the final consumer. For example, someone else can pick the treatment schedule in the patient's name (these conditions may be encountered if the patients are minors, are in a coma or not of sound mind). Customer Identification in the medical system is more complicated than in other areas";

"Consumers - are the kind of" clients "which consume services rather than goods. The relationship with the consumer is one that involves personal interaction and an ongoing relationship. Consumers have a more symmetrical relationship with the service provider than the patient who is dependent and powerless in the face of the provider. Many believe that the term "client" implies more respect than the word "patient"";

"The patient - although the term is rarely used in informal discussions, a patient is a person who has been diagnosed as being ill by a doctor. He remains a patient until the person is no longer under medical care".

2.2. The main factors influencing consumer behavior of healthcare services

In the present thesis the influence of the internal and external factors on consumer behavior of healthcare services are:

- External factors of influence: culture, reference groups;

- Internal factors of influence: perception, learning, motivation, attitude, personality.

2.2.1. External influences on consumer behavior regarding healthcare services

Culture - factor of influence on consumer behavior in healthcare services

"Culture is a unique model of shared meanings that characterizes a society and distinguishes it from other societies" (Plăiaş 1997, p.111). Culture is generally passed from generation to generation and keeps the norms and values that govern a country.

According to Arnold, Thompson (2005) "Culture consists in a common set of behavioral patterns that are transmitted and maintained by members of a society through various means".

The culture of a particular society influences the perception of the quality and differentiation of products/medical services in consumer perception of healthcare services and is primarily aimed at attitude towards the doctor, qualitative assessment of conditions in which the medical process is exercised, behavior and attitude of healthcare professionals that participate in this service. The perception of medical service quality is subjective, because consumer behavior is often influenced by his mentality, "the doctor lived up to my expectations" or "good doctor, but other clinic's devices are more performance." Also, as a qualitative perception of the healthcare service is considered the possibility of carrying out the treatment prescribed by the doctor, in the same place or even at the patient's home, but also conducting other investigations/analysis required by the physician. Certainly, to the quality of medical service and medical staff behavior it contributes the non-medical personnel (sisters and maintenance staff).

Reference groups influence on consumer behavior

The reference groups are "an important component in the study of consumer behavior" (Schulz, 2015). "The reference group is a real or imaginary group that significantly affects a person's behavior" (Beordon, Etzel, 1982).

"Reference groups provide models for motivations, perceptions, learning, training attitudes, and preparing decisions of consumers and influences the steps used by consumers to make the purchase by offering hints on how to apply the behavior on these activities" (Plăiaş I, 1997, p. 147).

"Reference groups are entities that are regarded as landmarks, standards for self-evaluation in shaping opinions, attitudes, norms and manifested behavior" (Cătoiu, Teodorescu, 2004, p. 82).

A special role in the reference groups has the belonging groups.

Belonging groups are the groups to which the individuals belong due to common characteristics, eg friends, colleagues, ethnic groups etc. Party affiliation directly influence consumer behavior and can impact their lifestyle (Kotler, Armstrong, 2008).

"Any group of belonging has certain characteristics that influence social behavior, economic, and consumer habits of its members" (Radulescu, 2008).

The most important belonging group is represented by the family. "Family has the most important influence on the consumers behavior in the way that it shapes the manifested behavior by their members" (Plăiaş I., 1997, p. 165).

2.2.2. Internal influences on consumer behavior

Decisions and actions of consumers of healthcare services are matched to their needs, perceptions / experiences as well towards their attitude and personality. So, healthcare consumer behavior can be explained by studying the influence of different psychological variables that define the consumer. These variables are known as endogenous variables. In the literature most commonly treated are the following: perception, learning, motivation, attitude and personality (Plăiaş, 1997; Cătoiu, Teodorescu, 2004; Hawkins, Mothersbaugh, 2010).

2.2.2.1. Influence of perception on consumer behavior

Perception is defined as: "what we perceive at any given time will depend on the nature of the stimulus real and the background or context in which it exists - of our previous sensory experiences, our feelings at that moment, the prejudgments in general, desires, attitudes and our goals"(Baker, 1997).

Chahal and Kumari (2010) suggest that patients form their perception of quality on the healthcare services based on three dimensions: the physical environment (which includes state of the environment, the social factor and the tangible elements), interaction quality (including attitudes and behavior, diagnosis and quality of medical), and quality of results (including waiting times, patient satisfaction and loyalty).

2.2.2.2. Learning influence on consumer behavior

A number of definitions of the concept of learning have been formulated by experts in the field. Thus, we highlight the following definitions:

- "Learning is the process by which individuals acquire knowledge and experience about buying and consumption which will be applied to future conduct" (Plăiaş, 1997, p. 211);
- "Learning is an observable or unobservable change in the behavior of a consumer due to the effects of experience, which increase the likelihood that a behavioral act will be repeated" (Cătoiu, Teodorescu, 2004, p. 69);
- "Learning in a broad sense, it is the process of acquiring individual experience after buying or directly from personal experience or by observing and assimilate the experience of others" (Radulescu, 2008, p. 106);
- "Learning is the process by which individuals learn the behavior, information in order to become more efficient" (Hawkins, Mothersbaugh, 2010, p. 335);

2.2.2.3. Motivation influence on consumer behavior

The reasons underlying the manifestation of a certain behavior are determined by a complex of biological, social and physical factors underlying consumer purchasing behavior and consumption of a service (Cătoiu, Teodorescu, 2004).

2.2.2.4. Attitudes influence on consumer behavior

Attitudes are "learned predisposition to respond consistently to an object or class of objects in a favorable or unfavorable way, GW Allport (1935)" cited by Cătoiu, Teodorescu (2004, pp. 74-75). Thus, we can say that when consumer attitudes are taken into account in healthcare services it usually refers to attitudes that influence preferences, expectations and behaviors of consumers of medical services. Thus, consumer attitudes about the health system in general, the doctors, the facilities, the possibility of following certain treatments are considered important in making decisions about a certain medical unit.

2.2.2.5. The influence of personality on consumer behavior

According to the author Plăiaş I. (1997), "personality is defined as those shaped by innate psychological traits that determine and reflect how a person responds to its environment."

According to the authors D. I. Hawkins, Mothersbaugh D. L. (2010, p. 360), "personality reflects relatively stable behavior trends showing individuals in a variety of situations. It helps to answer the question "what" behaviors choose the consumers in order to achieve their goals. "

The personality is manifested in various forms presented by Zlate M. (2004, pp. 51-56) as follows:

- "real personality - all elements, biological, social and related integrated with each other";
- "self-assessed personality - all ideas and beliefs about their individual personality";
- "ideal personality - is what the individual wants to obtain";
- "perceived personality - all representations of ideas, assessments, on the other";
- "projected personality - thoughts, feelings, likes that an individual believes that others have on him;"
- "manifested personality – how an individual manifests".

CHAPTER 3. CONSUMER SATISFACTION ON HEALTHCARE SERVICES

3.1. The notion of satisfaction

As a concept, satisfaction was defined as "consumer sentiment on the lessons learned from consumption" (Oliver, 1997; Spreng et al, 1996). Thus' "satisfaction is an emotional reaction to the experience gained from consuming a service, as a result of an evaluation process "(Choi et al, 2005). In healthcare services the process satisfaction starts from the moment the consumer accesses the health services and include how it is approached by health professionals, the treatment scheme, physical comfort experienced during treatment and until the medical process completed.

Consumer satisfaction, "according to a comprehensive review conducted by Yi (1993), quoted by Vavra (1997, p. 4) has been defined in two main directions, namely: either as a result or as a process. Results-based definitions characterized as being the final goal satisfaction based on consumer experience. As process, satisfaction emphasizes perceptual processes, and psychological evaluation made by the consumer that contribute to satisfaction "(Vavra, 1997, p. 4).

3.2. Reasons for studying healthcare consumer satisfaction

Patient satisfaction is a crucial aspect in improving the quality of healthcare. The earliest studies on patient satisfaction dating from the mid-1950s, made by: Souel (1955 quoted by Alrubaiee, Alkaa'ida, 2011) and Klopfer (1956 quoted by Alrubaiee, Alkaa'ida, 2011). Satisfaction can be considered as one of the desired results from the medical process. Obtaining information on patient satisfaction should be indispensable for qualitative assessment and design, improvement and management of healthcare process (Turner, Pol, 1995 quoted by Naidu, 2009).

Studying consumer satisfaction is an important goal for healthcare providers. Moreover, studying the reasons that generate satisfaction with a health care provider will reduce the deductions and patients' fears and creating ways to loyalty their patient, satisfaction influencing the compliance of the medical advice, and the treatment scheme (Calnan, 1988; Roter et al, 1987 cited by Choi et al, 2005).

3.3. Factors influencing customer satisfaction of healthcare services

An important factor influencing customer satisfaction of medical services is bound by the medical personnel. The influence of medical personnel can be grouped into three categories: the first concerns the degree of information of the medical personnel on new treatment schemes, new appearances in the medical technologies of investigation and diagnosis, leading to effective medical process, making it faster and thus generating higher levels of satisfaction for the consumer of medical services.

The second category refers to the behavior and attitude of medical staff, which could be considered very important in the communication process and establishing a diagnosis quickly and accurately.

A third category that could influence the consumer satisfaction of healthcare services could be communication process carried out by medical personnel.

According to Syed Saad Andaleeb (1998), the factors in which the healthcare consumer studies satisfaction are: communication with patients, medical staff skills and their attitude, quality of the facilities, the perceived costs (Andaleeb, 1998).

3.4. Models for measuring consumer satisfaction of healthcare services

An important task for researchers is to accurately measure customer satisfaction in order to improve the experience of future consumers of medical services. This is often accomplished by the use of satisfaction surveys; however, the usage of such studies on consumer satisfaction is not

beneficial for an organization if they do not produce accurate results (Powers, Valentine, 2009). To accurately measure the studied phenomenon, researchers need to reduce non-response rates, as when individuals in the sample did not answer all the questions in the survey, or do not respond to the key elements concerned, the results show a raised margin of error (Olson, 2006).

The authors Parasuraman, A., Zeithaml, VA, Berry, LL (1985) developed the GAP model (model discrepancies) that can be used in studying consumer satisfaction.

Another possible model that can be used in studying consumer satisfaction with medical service is the SERVQUAL model developed by Parasuraman, A., Zeithaml, VA, Berry, LL (1988).

SERVPERF model developed by Cronin and Taylor (1992) is based on measuring satisfaction from the performance of the product, not the customer expectations.

Zeithaml et al. (1993) showed a model of tolerance zones consisting of influence on consumer satisfaction evaluation factors taken into consideration.

According to the author Vavra G.T. (1997), a study model is the ideal way for consumer satisfaction.

Conway and Wilcocks (1997) propose a model that attempted to clarify the relationships between perceived quality of healthcare and patient expectations, consumer healthcare experience and satisfaction felt.

The European Study of Satisfaction Index (ECSI) is another model used for measuring consumer satisfaction.

CHAPTER 4. STUDY REGARDING THE SATISFACTION OF HEALTHCARE SERVICES CONSUMERS

4.1. Research methodology

The research methodology is defined as "the systematic analysis, theoretical methods applied to a field of study or theoretical analysis of the body of methods and principles associated with a branch of knowledge. It usually includes concepts like paradigm, model theory, quantitative or qualitative phases and techniques" (Irny, Rose, 2005).

"Methodological choices are reflected in a research strategy that is intended to be suitable problems themselves, set goals and objectives, or assumed by the research" (Zait D., A. Zait, 2009, p. 2).

The main objective of this thesis is to identify and measure the degree of consumer satisfaction of medical services that accessed these services provided by state hospitals.

Secondary objectives of the research:

1. to identify the importance of each factor taken into consideration (doctors, nurses, ambience, and facilities) in determining the level of satisfaction perceived by the consumers of medical services.

2. to establish the degree to which respondents believe that a high degree of satisfaction entails a better image of the medical units.

3. identification of satisfaction felt regarding the accessed healthcare services.

4. identification of satisfaction felt on each dimension of the research model.

5. to identify the influence over the degree of satisfaction felt after correlating the different dimensions of the model.

6. validation of the research model that measures consumer satisfaction of medical services.

4.2. The research method

The main aim of the research process is to produce important information on the researched topic. "Choosing the best research methods to be used to achieve the goal is dependent on the objectives established, the research methods are nothing but the mode of action which seek answers to the questions about the investigated subject" (Plăiaş et al., 2008, p. 130).

After analyzing research methods, we concluded that presented study fits as a conclusive research.

From the point of view of achieving time, this research is constructed as descriptive research.

Depending on the type of information resulting from the research, research methods are divided into two categories: quantitative and qualitative. The present study is constructed as a quantitative research.

4.3. The research model

In order to measure the degree of consumer satisfaction regarding medical services the model created by Parasuraman (Parasuraman et al. 1988) will be used. This model is developed as s multi-element measurement of service quality dimensions (SERVQUAL). These dimensions are tangibility, reliability, responsiveness, assurance, and empathy.

In order to measure customer satisfaction of medical services the SERVQUAL model will be used with the dimensions adapted to measure the degree of consumer satisfaction of medical services provided by state hospitals to provide the highest possible degree of accuracy.

4.4. The target population, sampling and data collection

In the present study, the target population consists in the people that accessed the medical services provided by medical units taken into consideration in 2012-2015. This population was chosen because it was the most suitable to provide feedback on the satisfaction felt from accessing the services offered by these units.

Because the author has not had access to a list of personal data of patients could not use a probabilistic sampling method, using instead a non-probability sampling method, namely the rational selection method. This is a sampling method by which "the population is intentionally selected based on the judgment of the researcher" (Malhotra, Birks, 2006, p. 364).

4.5. Research hypotheses

Based on the purpose of research we formulated the following hypotheses to be tested in the present study.

H1. Most respondents find that doctors are the most important element in determining the satisfaction.

H2. Over 80% of respondents said that the satisfaction felt from accessing the medical service influences directly and favorable the image of the health facility.

H3. Over 50% of respondents are satisfied about the emergency service.

H4. Most respondents are satisfied with the service of collecting medical tests.

H5. Most respondents are satisfied with the admission service.

H6. Over 40% of respondents say that they are at least satisfied with the specialty services.

H7. Most respondents believe that there is a direct link between the dimension "efficiency" and satisfaction.

H8. Most respondents believe that between dimension "responsiveness" and satisfaction there is a direct and powerful connection.

H9. Over 40% of respondents believe that the dimension "empathy" had a strong influence on the satisfaction felt;

H10. Most respondents find that the dimension "safety" does not influence the degree of satisfaction;

H11. Over 40% of respondents believe dimension "tangibility" registered a strong influence on satisfaction.

H12. Correlations model size has an impact on at least intermediate level of consumer satisfaction of medical services.

H13 All dimensions model which studies consumer satisfaction of medical services are validated.

4.6. Summary of the main results obtained

Doctors are considered the most important category in determining satisfaction with an obtained percentage of 65.5%, followed by nurses with a percentage of 64.5%, the hospital facilities with a percentage of 56.5%, and the last place the hospital environment is found with a rate of 51.5%.

After analyzing the level of satisfaction felt by consumers of health services through variables that make up the dimensions of "efficiency" we conclude that the result of most variables afforded a degree of satisfaction satisfactory, except variable waiting time that drew a dissatisfaction felt by consumers of medical services.

The analysis of correlations between model dimensions can conclude the following:

The dimension "efficiency" with the dimension "responsive" significantly influences the level of satisfaction felt by consumers of medical services.

Dimension "responsiveness" with the dimension "empathy" has a significant impact on the felt satisfaction.

Dimension "empathy" with the dimension "efficiency" has an average influence on the satisfaction felt by consumers of medical services.

The results obtained after analyzing the fidelity of the scales are:

- Cronbach's Alpha index obtained from the constituents of the dimension "efficiency" has a fidelity score of 0.859 which demonstrates that it accurately measures the degree of satisfaction felt by the consumers of medical services.

- Cronbach's Alpha index obtained from the constituents of the dimension "responsiveness" has a score of fidelity of 0.938 which shows that the scale has a very good level of fidelity, this measures accurately the satisfaction felt by consumers of medical services.

- Cronbach's Alpha index obtained from the constituents of small dimension "doctors efficiency" has a score of fidelity of 0.921 which shows that the scale has a very good level of fidelity.

- Cronbach's Alpha index obtained from the constituents of the small dimension "nurses efficiency" has a score of fidelity of 0.931 which demonstrates that it measures appropriate the satisfaction.

- Cronbach's Alpha index obtained from the constituents of small dimension "auxiliary staff efficiency", fidelity has a score of 0.905 which demonstrates that the scale is measured in an appropriate manner the satisfaction felt by the consumers of medical services.

- Cronbach's Alpha index obtained from the constituents of the dimension "empathy" has a score of fidelity of 0.948 f which shows that the scale has a very good level of reliability adequately measuring consumer satisfaction with healthcare services.

- Cronbach's Alpha index obtained from the constituents of the dimension "security" has a score of 0.823 on the fidelity scale which shows that the scale has a good level of fidelity.

- Cronbach's Alpha index obtained from the constituents of the dimension "tangibility", fidelity has a score of 0.891 which shows that the scale has a good level of fidelity.

Exploratory factor analysis performed in the present research was conducted to analyze the main components of the model. The first test result is obtained by the "KMO and Bartlett's Test". After analyzing the results of this test, we see that the index "KMO" has a value of 0.894 that shows us that we have a very good set of variables for the factorial analysis. The index Sig. obtained a value of 0.001 which shows that the variables that measure satisfaction consumers of medical services are statistically significant.

The following result obtained during the exploratory analysis refers to "communalities" Variables recorded a high communality, the lowest being held by variable "doctors efficiency - doctors behavior when communicating the diagnosis", that scored 0.68, while the highest value is held by variable "language used when notifying the doctors diagnosis was clear", which has the score of 0.88.

The results of the analysis "total variance explained" shows that six of the extracted factors are important and exerts an influence on the pattern which measures customer satisfaction of medical services. Their importance is seen by the fact that they have recorded values over "1".

The following result obtained in the factor analysis refers to "rotated component matrix". From the results obtained are extracted only those variables having close values, leading to the formation of a certain factor. Thus we see the following:

- Variables: the efficiency of nurses, nurses' behavior throughout the administration of medication; nurses' behavior on collecting the sampling for analysis; effectiveness of the cleaning staff; language used by the nurses, result in the formation of factor-1;

- Variables: the clarity of the language used when notifying medical treatment; tone of voice was calm when communicating the diagnosis; the language used by physician diagnosis at that time was clear; communication was clear and did not raise additional concerns, resulting in the formation of factor 2;

- Variables: fixed medical equipment; portable medical equipment; non-medical equipment for physical comfort; hospital furniture, result in the formation of factor 3;

- Variables: medical staff skills; waiting time since arriving in the medical unit until taking over for consultation; the time during the consultation until communicating a diagnosis, with the consequent formation of factor 4;

- Variables: the level of sterility of medical devices in the healthcare facility where you receive medical services; the level of cleanliness in the hospital where you receive medical services, resulting in the formation factor 5;

- Variable the influence of the efficiency of medical personnel on satisfaction regarding health services results in the formation of factor 6.

After analyzing the results obtained after running the exploratory factor analysis, we conclude that the model variables that measure the level of satisfaction of consumers of medical services are adequate and confirmatory factor analysis can be done on the research model.

Confirmatory analysis of proposed research model for measuring consumer satisfaction with medical services showed the following:

In the process of confirming the model that studies the consumer satisfaction with healthcare services indicators of creditworthiness were used. From the obtained results two of the indicators taken into consideration does not fall within the acceptable limits respectively RMSEA and AGFI. Since the maximum permissible value of the indicator is 0.08 and the resulted RMSEA of the model is 0.09 we can say that the deviation is minimal and the indicator does not have to be improved. The result registered by the indicator AGFI 0.72, is very close to the threshold value of acceptability, it is "≥0,8" so we can say that there is no need to improve the indicator. The remaining indicators considered in the analysis, GFI, $\chi 2$ / df, NFI, TLI, CFI fall in the upper limits of ambition which indicates that the model developed for measuring consumer satisfaction with health care is a good one.

After analyzing all the values obtained by the indicators taken into consideration we can conclude that consumer satisfaction measurement model is validated.

Based on the measurement model were evaluated the obtained composite reliability, convergent and discriminant validity of the measurement variables. The reliability of the resulting composite of all model sizes recorded values above the threshold of 0.7 for reliability composite values between 0.86 for the dimension "efficiency" and 0.94 for the dimension "empathy". Also we observed that for convergent validity was exceeded the threshold of 0.5 by all model sizes, the lowest recorded value of 0.61 for the dimension "safety" and the highest value holds 0.81 for the dimension "empathy".

In conclusion, based on the information presented above, the structure of each dimension established the model for measuring consumer satisfaction with healthcare services is an appropriate one.

In order to determine the causal relationships standardized regression coefficients were determined for each of the model variables and the significance degree recorded by them. The four dimensions of the model, namely, "tangibility" "efficiency," "safety," "responsiveness" directly influences the satisfaction felt by the consumers of medical services, the obtained values of this size being more positive. The fifth dimension of the model, namely, "empathy" has obtained a negative value, which means that satisfaction is influencing this size. This may be because the question aimed at getting answers on this dimension identified the level of satisfaction felt in the process of communicating the diagnosis and treatment scheme carried out by medical personnel.

Predictors of the satisfaction, meaning the dimensions of the model, explain 73% of variation in model research.

We conclude that the model which measures satisfaction of consumers of medical services has been confirmed and validated.

4.7. Implications

Theoretical Implications

The present paper, by its purpose and results contribute to a synthesis of the literature in the field of consumer behavior in the field of medical and health services consumer satisfaction.

In Romania studying consumer satisfaction of medical services is still in its infancy, probably due to the fact that consumers are not considered as constituting a category that could be investigated to provide an image into the medical units of the state, so this study is one of the few that examines customer satisfaction of healthcare services.

This research confirms that satisfaction is central in forming an image on a medical process. The results provide information on the influence of various dimensions in the formulation of perceived satisfaction.

This research provides a model suitable for studying consumer satisfaction in healthcare services. This model is based on the model developed by Parasuraman SERVQUAL (Parasuraman et al. 1988).

Considering the results of this research we can say that it provides an appropriate and valid model that can be used to study the degree of consumer satisfaction of medical services.

Managerial Implications

The results of this research provide important support for hospital managers in making managerial decisions. It is very important for the managers of state hospitals to recognize that a high degree of consumer satisfaction of health services entails a degree of access of healthcare services. The high degree of access toward medical services entail an additional cash resources that could be used to improve the image of the hospital by making renewal actions (inside and outside), the purchase of medical equipment performance, changing the furniture hospital equipping saloons with climate and TV equipment.

The results of this research show the key factors in determining the degree of consumer satisfaction of medical services. Given the fact that today the speed information is very fast and sources of information that can be accessed by consumers of medical services are varied, they can

compare various medical facilities, managers of medical units should be concentrated towards providing a high degree of satisfaction by continuously investigating the expectations of consumers of medical services and quality standards to be achieved for offering this degree.

Knowledge of patient dissatisfaction, how doctors and nurses communicate with patients, how patients are satisfied with the care provided by the hospital consists to managers as a vital information and can make a real difference in image formation and maintenance of the medical unit on the market.

With the help of the research model on consumer satisfaction in healthcare services, validated in this research, managers of medical units can know the level of satisfaction perceived by the consumers of medical services after analyzing the medical process, equipment present in the health facility, the cleanliness of the medical unit and reduce the gap between consumer expectations of the medical service and the provided medical service.

Research limitations

They can be considered as limitations of this research the following:

- A first limitation of the research is related to the sampling. Due to the lack of lists of patient data probabilistic sampling method couldn't be used, using instead a non-probability sampling method, namely rational selection method.

- A second limitation of the research is due to the fact that analyzing only three medical units we can't say that satisfaction is identified as for all state health hospitals in Romania.

- Another limitation is due to the fact that currently model does not divide the investigated dimensions on more detailed sub-dimensions.

Future research directions

Based on the present research we have identified the following areas of research:

- the study is intended to be extended on more state hospitals.

- conducting a comparative research of consumer satisfaction between the medical services provided by the state and private healthcare providers.

- realizing a deepening of the sub-dimensions of the model.

- identify the consequences that a low degree of satisfaction has on the consumers of medical services.

- conducting qualitative research to see if improvements are proposed in the model that measures the satisfaction of consumers of medical services.

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