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The Impact of Attitudes towards Healthcare Service Quality on Organisational Performance: Evidence from the Saudi Arabia

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Abstract

This research aims to investigate the effect of attitudes towards healthcare service quality on organisational performance among Saudi Arabian hospitals. The sample size comprises of 154 hospitals randomly chosen from 259 government hospitals in Saudi Arabia. For data analysis, the Partial Least Squares (PLS) structural equation modeling was used. In addition, this study found a positive and significant association between attitudes towards healthcare service quality and organisational performance. Eventually, this study provides some limitations and suggestions for future researchers.

Keywords: Attitudes towards Healthcare Service Quality, Organisational Performance and Saudi Arabia.

1. Introduction

All over the world and in most countries whether developed countries or emerging countries, health care represented mainly by hospitals remains an important sector providing basic and advanced health services to patients (Al-Adham, 2004). Hospitals comprise the largest expenditure category of the health system in developing or emerging countries. Therefore,

despite the idea that their roles are seen as integral part in the health system and these roles are very well-recognized, hospitals are often the target of improvement and reform in terms of quality, efficiency, equity and their service delivery to people (Alexander, Preker, & Harding, 2003). These factors led to an increased concern about the services delivered by the hospitals and more importantly the quality of the services offered.

A number of researchers reported that public hospitals, particularly those in emerging and developing countries, are perceived to be not performing well and also are characterised by low quality and trust compared to the quality of private hospitals although public hospitals are funded from the governments. In this context, the organizational factors and its impact on hospital performance, found that funded health services were frequently of poor organisational performance and this poor performance is a direct result of the low service quality provided by these hospitals. The study found that the services provided by private hospitals were better than the services provided by public hospitals. The authors attributed this low level of performance to the fact that the culture of the hospitals is more competitive in private hospitals while on the other hand there is no competition in the government funded hospitals.

Healthcare organizations operating in the public sector are experiencing increasingly low trust on the part of the patients in terms of the quality of care provided. Today people hoping to receive high service quality tend to prefer private hospitals or even travel abroad (Karassavidou, Glaveli, & Papadopoulos, 2008; Alharbi, 2014). Thus, National Health System Hospitals are undergoing pressure from governments and the general public to improve their quality and compete effectively. Furthermore, many research studies reported that public healthcare sector was perceived to have lower service quality compared to the service quality provided by the private healthcare sector. This idea was supported by other researchers who conducted studies on healthcare service quality. Moreover, the organizational factors and their impact on hospital quality of services, found that the governmental funded health services were frequently reported to have poor quality. The study found that the services provided by private health hospitals were better than the services provided by the public hospitals. The authors attributed this to the fact that hospitals in the private sector are more competitive than those in the public ones and also to funding issues in the government sector, especially in hospitals in the developing countries. In Saudi Arabia, there does not seem to be a funding problem in the public healthcare sector taking into account the huge budget allocated to this sector in particular and also taking into consideration that Saudi Arabia is one of the richest countries in the region. This means that the poor quality of services provided by the Saudi public hospitals could be attributed to non-financial factors.

Saudi Arabia is regarded as one of the wealthiest and fastest developing countries in the Middle East and the MENA region (Middle East and North Africa). It is the world's biggest producer and exporter of oil, which constitutes the significant segment of the nation's incomes (Ministry of Finance report, 2010). During the past few decades, the country has expanded its economy, and today it delivers and fares a mixture of modern products to nations everywhere throughout the world. Apart from oil, major sources of revenue were pilgrims, trade, agriculture, foreign direct investment (FDI), and custom duties as suggested by Alghamdi (2014).

The country has embarked on paying attention to the quality of health provided by the healthcare providers, particularly those services provided by the Saudi public hospitals. The country realised that preparing management staff who are capable of understanding the essence of quality of services, and who are capable of creating databases and information

systems, and also capable of abandoning cultural challenges that hinder the improvement of health services is a necessity in today's highly competitive market (Aljunid, 1996). The researcher further states that quality of life in any country largely depends upon an effective and efficient health system and that the success of health care providers in achieving their objectives overwhelmingly depends upon the effectiveness of their technical and professional staff as well as on other key stakeholders.

Based on the above discussion, this study aims to fill the gap up in the extant literature in the emerging countries, particularly Saudi Arabia by examining the relationship between attitudes towards healthcare service quality and organisational performance among the Saudi Arabian Hospitals in order to enhance the knowledge and give a clear picture about the current situation.

2. Literature Review and Hypotheses Development

2.1 Attitudes Towards Healthcare Service Quality And Organisational Performance

Attitudes is a construct that is generally defined as a predisposition or a tendency to respond positively or negatively towards a certain idea, object, person, or situation as (Rao & Narayan, 1998). Schneider (1988, p. 179) gives a similar definition stating that attitudes are "evaluative reactions to persons, objects, and events. This includes your beliefs and positive and negative feelings about the attitude object.' He also added that attitude can guide our experiences and decide the effects of experience on our behaviours. Attitude influences an individual's choice of action, and responses to challenges, incentives, and rewards (together called stimuli). In brief, it could be said that, attitude is a positive or negative evaluations or feelings that people have towards other people, objects, issues or events. Three major components of attitude are (1) Affective: emotions or feelings. (2) Cognitive: belief or opinions held consciously. (3) Evaluative: positive or negative response to stimuli in the form of evaluation. Attitude can also be viewed as the way you look at things and interpret around you depending on the knowledge you have about them.

Affective attitudes refer to individuals' feelings and emotions linked to an attitude object or idea and when individuals have or develop negative feelings towards an object or an idea, they tend to avoid the object or idea. In the context of this study, when employees develop negative feelings towards service quality, this will lead to avoiding it as they might not feel it is important. On the other hand, cognitive attitudes refer to the beliefs, thoughts, and attributes that individuals would associate with an object or an idea. In other words, while affective attitudes are feelings, cognitive attitudes are beliefs and thoughts. Finally, evaluative attitudes refer to past behaviours or experiences regarding an attitude object or an idea. This is because many individuals are guided by their previous experiences that might have a great deal of influence on accepting or rejecting an attitude object or idea (Schneider, (1988).

Chaiklin (2011) states that attitudes is a construct that has been frequently studied in different fields in general and in the fields related to social science in particular. However, the researcher goes on to say that there is no universally accepted convention where definition and measurement are integrated as the concept could differ according to the objectives of different studies and different fields. In addition, two main categories of attitudes have emerged, namely psychological attitude and sociological attitude. The difference between the two categories is that the earlier one identifies a verbal expression as behaviour while the latter one looks at verbal expression as an intention to act. In considering the difference between the two approaches, a practical question concerns the order of change in working with people to handle what life brings them. Is it necessary to change attitudes before behaviour can change, is it enough just to change behaviour, or must one deal with both

simultaneously? This discrepancy has been a central methodological problem in the social sciences research (Chaiklin, 2011).

Despite this discrepancy between attitudes and behaviour, there has been a consensus among researchers that attitude is highly associated with behaviour or that attitude is indeed a reflection of behaviour. In this context, Geller (1992) argues that changing attitudes may be a way to change behaviour. Furthermore, a laboratory experiment was conducted by Holland, Verplanken, and Van Knippenberg (2002) who looked at the strength of the attitude. The researchers had people who were asked both their attitude and the strength of the attitude toward Greenpeace and were later asked if they would contribute. The findings of this experiment revealed that those who had the strongest positive attitudes were the most likely to contribute.

As far as service quality is concerned, a number of researchers look at service quality as an attitude related concept. In this context, Hoffman and Bateson (2001) defines service quality as an attitude "formed by a long-term, overall evaluation of a performance". Viewing service quality as "an attitude" is consistent with the views of Parasuraman et al. (1988), Cronin and Taylor (1992) who stated that service quality is a reflection of the attitudes of employees or customers in a service encounter. Sureshchandar et al. (2002) support his view about service quality and attitudes stating that "As perceived service quality portrays a general, overall appraisal of service i.e. a global value judgment on the superiority of the overall service, it is viewed as similar to attitude" (p. 364). Thus and in the context of this research, the researcher argues that for healthcare service quality to be carried out and implemented effectively, it is important that employees in the hospitals and healthcare professionals possess positive attitudes towards service quality.

In general terms, Wallace et al. (2005) state that early discussions of the construct of attitudes was followed by contradicting assessments of the extent to which attitudes predict behavior. However, the researchers further state that more recent research seems to have established a consensus on the relationship between the two constructs of attitudes and behaviour in which some positive relationship was reported. This means that if an individual has a positive attitude towards a particular behaviour, he or she is more likely to adopt this behaviour.

As far as healthcare service quality is concerned, Bergman and Klefsjö (2010) argue that long-term success in quality improvement requires changes in attitude as well as behavior but attitudes comes first considering the well-established link between the two constructs of attitudes and behaviour. In support of this view about the relationship between attitudes and behaviour, Siverbo, Eriksson and Raharjo (2014) conducted a study that attempted to examine the attitudes toward quality improvement among healthcare professionals. The findings of the study revealed that the construct of attitudes is significantly associated with the change of the behaviour toward quality improvement in the targeted hospitals. Thus and based on these arguments, the following hypothesis is proposed for further examination in this study.

Hypothesis: *There is a relationship between attitudes towards healthcare service quality and organisational performance in the Saudi public healthcare sector.*

3. Research Method and the Study Model

In any research, the research design represents the route through which research questions are answered and objectives are achieved. In other words, the research design is the considered to be the primary plan of the research and this includes all steps and procedures of the study as suggested by Creswell (1998). Marczyk, DeMatteo and Festinger (2005) believe that among the most critical steps of conducting any research study is the choice of a suitable research

design that would be appropriate for the content of the research. The researchers further elaborate that the content of the research itself including its objectives lead to the selection of the research design, and not vice versa. In the present study, the quantitative approach was employed through using a set of survey questionnaires that cover the variables of the study. In relation to literature review, most of the studies that have been conducted on the field of service quality and the factors that influence its provision utilized quantitative research designs for the purpose of collecting related data (Alharbi, 2014).

In this study, a survey research technique was employed in which a set of questionnaires are utilised as the instrument. In describing the research instrument, Creswell (1998). states that a research questionnaire is a research tool in which "all techniques of data collection in which each person is asked to respond to the same set of questions in a predetermined order". In terms of administration of a questionnaire, a number of techniques have been utilised in the literature. The first and most common technique is the self-administered questionnaires whereby the researcher him/herself or the numerators carry out the process of administration of the questionnaire to the participants. Another technique by which questionnaires are administered is done by sending the questionnaire through post or email as suggested by (Simmons, 2003).

Both ways (self-administered and emailed) have their advantages and disadvantages in which for example postal or emailed questionnaires are less costly as compared to self-administered questionnaires. However, the response rate of self-administered questionnaire is normally higher and the researcher gets to collect the questionnaires on the spot which is in turn more efficient. As far as research in Saudi Arabia is concerned, which is the setting of this study, Alotaibi (2013) who used a self-administered questionnaire justified his choice by arguing that the Saudi culture is well-known for procrastination and putting matters off intending to do them later. Taking this into account, the researcher of the present study believes that self-administration of the questionnaire would generate better and more efficient findings and more importantly it would generate higher response rate. Furthermore, a number of research enumerators helped the researcher to administer the questionnaire to the sample respondents. These enumerators are friends and colleagues of the researcher himself and have also conducted research studies before either in their Master or PhD Degrees. This means that they are familiar with the techniques of administering the questionnaire together with the ethical considerations of the research. Apart from that, briefing about the nature of this research and its objectives was provided to these enumerators accordingly as to ensure the accuracy of the process of administration.

Moreover, this study constituted the directors of the public hospitals in Saudi Arabia. The total number of these directors is 259 directors. Based on Sekaran (2003), if the population is more than 259, a recommended sample of 154 respondents would be regarded as representative of the whole population. Thus and based on this argument, 154 directors of public hospitals in Saudi Arabia constituted the sample of this study.

The attitudes towards healthcare service quality was measured by using a short measure of transformational leadership of 5 items (Siverbo, Eriksson, & Raharjo., 2014) as provided in the Table 1 as follows:

To measure Organisational Performance, 33 items were adapted from Balance Score Card (BSC) has been used in recent studies in the Saudi public sector when the scale was utilised in Bin Omira (2014) study who attempted to examine the impact of a number of organisational factors on organisational performance in the Saudi public sector represented by a number of Saudi ministries as provided in Table 2 as follows:

Table1 1. Measurement of Attitudes towards Healthcare Service Quality

No.	Item
Affective Attitudes	
1.	The improvement work of quality in this hospital is fun and provides good opportunities for the future.
2.	Ideas for change that are believed to lead to improvement of service quality in our hospital are received with enthusiasm at our hospital.
3.	The general feeling at our hospital is that we need to work differently since the resource availability is decreasing.
4.	Employees who think in new ways are encouraged by management and they are considered as valuable assets for the hospital.
Evaluative Attitudes	
5.	Improvement ideas regarding service quality are often discussed at our hospital.
6.	The results of the improvement work of service quality performed are well-known.
7.	At our hospital there are clear criteria for determining if a change is an improvement.
8.	At our hospital, enough time is set aside for improvement work of service quality.

Table 2. Balance Score Card (BSC)

No.	Item
1.	Our hospital is able to meet the demands of our patients.
2.	Most our patients are satisfied.
3.	Most our patients are loyal to the hospital.
4.	The time taken to deliver services in this hospital is quite acceptable.
5.	The number of staff assigned to service patients' requirements is sufficient.
6.	Feedback from our patients is taken seriously.
7.	Our hospital offers quality service to patients.
8.	Delivery performance to our patients is good.
9.	Quality skills and expertise are available in our hospital.
10.	The number of staff leaving our hospital is small.
11.	Staff have the chance to participate in training and development programs.
12.	Our hospital adopts new technology regularly.
13.	Innovation is encouraged in our hospital.
14.	Communication flows easily throughout our hospital.
15.	Programs are implemented speedily here in this hospital.
16.	Divisions are not overloaded with activities in this hospital.
17.	Resources are managed efficiently in this hospital.
18.	The funds that are allocated to in this hospital are sufficient
19.	Effective financial control measures are in place in this hospital.
20.	The level of corruption in in our hospital is low.
21.	Our hospital has programs that support the community (Sustainability Policy).
22.	Our hospital relates well with other hospitals.
23.	Staff are motivated on their job.
24.	Our hospital implements effective strategies.
25.	The policies and procedures in our hospital are good.
26.	The level of wastage in our hospital is low.
27.	There is good teamwork in our hospital.
28.	Staff in this hospital have ample opportunities to make independent decisions.
29.	Our hospital promotes good corporate values.
30.	The culture in our hospital is effective.
31.	Our hospital promotes good corporate ethics.

4. Statistical Analysis and Results

The reliability and validity of the outer model was confirmed with the help of the Partial Least Squares (PLS3), with both reliability and validity considered as initial tests prior to the testing of hypotheses. The study model comprises of attitudes towards healthcare service quality and organisational performance. The relationships between the above variables were investigated through Chin's (1998) 2-step approach.

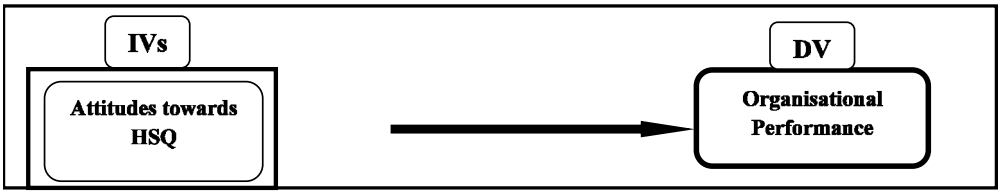

Figure 1. The Research Framework

Literature dedicated to the Structural Equation Modeling (SEM) establishes the importance of the confirmation of both validity and reliability prior to testing of hypotheses.

4.1 The Outer Model (Measurement)

In the following sub-sections, the constructs validity and reliability are tested prior to establishing the model's goodness of measure. Both validity and reliability was examined using content validity, discriminant validity and convergent validity as detailed in the coming sub-sections.

4.1.1 The Content Validity

Literature concerning multivariate analysis states that a construct's content validity is tested by comparing it with the other constructs in the model. Specifically, Chin (1998) and Hair et al. (2010) established that the factor loading reflects the constructs content validity in that items are dropped if they load higher on other constructs compared to their own. All the constructs loaded higher on their variables as presented in Table 3, indicating that the measurement model has content validity.

Table 3. Cross Loadings of the Items

Construct	Items	ATTD	ORG PER
Attitudes towards HSQ	ATTD1	0.798	
	ATTD2	0.749	
	ATTD3	0.819	
	ATTD5	0.751	
	ATTD6	0.884	
	ATTD7	0.833	
	ATTD8	0.672	
Organisational Performance	ORG_PER13		0.679
	ORG_PER17		0.725
	ORG_PER20		0.662
	ORG_PER24		0.78
	ORG_PER25		0.779
	ORG_PER26		0.655
	ORG_PER27		0.732
	ORG_PER28		0.688
	ORG_PER29		0.776
	ORG_PER30		0.671
	ORG_PER31		0.65
	ORG_PER7		0.714
	ORG_PER8		0.715

4.1.2 The Convergent Validity

The convergent validity refers to the level of a group of items converging to gauge a certain variable (Hair et al., 2010). In the literature dedicated to SEM, convergent validity is tested through composite reliability, loading, and average variance extracted (AVE). The items are deemed highly loaded when their loadings are at least 0.7, AVE is at least 0.5 and composite reliability 0.7. All these conditions are satisfied as presented in Table 4. In other words, the outer model (measurement model) has appropriate convergent validity (Bagozzi & Yi, 1988).

Table 4. The Convergent Validity Analysis

Construct	Items	Loadings	Cronbach's Alpha	Composite Reliability [a]	AVE [b]
Attitudes towards HSQ	ATTD1	0.798	0.893	0.916	0.58
	ATTD2	0.749			
	ATTD3	0.819			
	ATTD5	0.751			
	ATTD6	0.884			
	ATTD7	0.833			
	ATTD8	0.672			
Organisational Performance	ORG_PER13	0.679	0.944	0.949	0.51
	ORG_PER17	0.725			
	ORG_PER20	0.662			
	ORG_PER24	0.78			
	ORG_PER25	0.779			
	ORG_PER26	0.655			
	ORG_PER27	0.732			
	ORG_PER28	0.688			
	ORG_PER29	0.776			
	ORG_PER30	0.671			
	ORG_PER31	0.65			
	ORG_PER7	0.714			
	ORG_PER8	0.715			

a: CR = (Σ factor loading) 2 / {(Σ factor loading) 2) + Σ (variance of error)}

b: AVE = Σ (factor loading) 2 / (Σ (factor loading) 2 + Σ (variance of error)}

4.1.3 The Discriminant Validity

SEM literature refers to discriminant validity as the level of items that can differentiate a construct from other constructs in the model. In this regard, Compeau et al. (1999) stated that the construct items should differ from those of other constructs in the model. The diagonal line of values containing the square root of AVE, along with the constructs correlations are presented in Table 5. The descriminant validity is established by comparing the values of the diagonal line to other diagonal ones and ensuring that they are higher than the latter in their respective columns and rows. Based on the criterion laid down by Fornell and Larcker (1981), the model's discriminant validity is confirmed.

Table 5. Correlation and discriminant validity

Construct	**Attitudes towards HSQ**	**Organisational Performance**
Attitudes towards HSQ	**0.58**	
Organisational Performance	0.39	**0.51**

4.2 The Inner Model (Structural Model), and Hypotheses Testing

Following the confirmation of the construct's validity and reliability, the inner model was examined to test the hypotheses and for this, the Algorithm and Bootstrapping in PLS (See Figure 2 and Table 6) were employed.

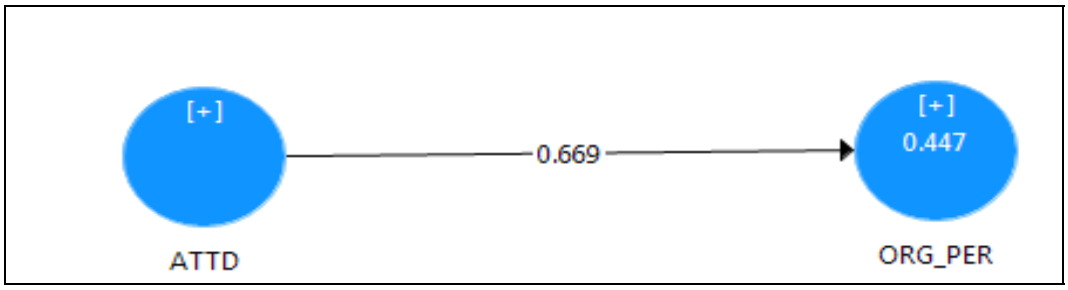

Figure 2. Hypotheses testing results

Table 6. Relationship between Attitudes and Organisational Performance

Hypothesis	estimate	t-Value	P	Supported?
ATTD → ORG_PER	0.669	10.801	***	Supported

From Figure 2 and Table 6, it is evident that the entire hypotheses were revealed to be positive and significant at the level of significance of 0.01. Therefore, the hypotheses (H) proposed in the study are supported.

5. Discussion of Results

The results of the study revealed that this hypothesis was accepted at a substantial level. The relationship shows how that the employee attitudes variable can be linked together with healthcare service quality. The attitudes experienced by the employees would of course directly associate to how they perceive healthcare service quality and act upon it. This finding makes sense as individual attitudes would affect the quality of the healthcare depending on past experiences or current procedures that the hospital management would implement. The attitudes portrayed by employees would then have a negative or positive influence on the organisational performance.

The intricacy of outlining healthcare service quality has been addressed by a number of researchers. In relation to attitudes also, there are many different concepts and definitions of what would constitute an attitude. An attitude to one person may be a value to another person depending on the context and situation, especially in healthcare. The organisation would need to address any issues as these attitudes would relate to the performance and eventual development/progression of the healthcare system. In reference to the literature section; Grönroos and Ojasalo (2004) argue that as far is the healthcare service quality is concerned; quality measurement involves high complexity as the healthcare sector is highly regulated.

This means that comparing e.g. value for money of the service rendered might not be an appropriate signal for quality (Tirole, 1988). The problem is that the concept of HSQ is an idiosyncratic term and open for clarification; the quality of the healthcare would of course concentrate on the training, the support from senior management, the availability of resources, and management of those resources. However the quality of these resources and training sessions may be open to clarification and opinion across the different hospitals in the different Saudi regions as in the focus of this study.

6. Conclusion, Limitations and Suggestions for Future Research

On the whole, this study contributes to the body of knowledge regarding the relationships between attitudes towards healthcare service quality and organisational performance among Saudi Arabian hospitals. The sample size comprises of 154 hospitals randomly chosen from 259 government hospitals in Saudi Arabia. The study made use of PLS to examine the relationship between independent variables and dependent variable. Finally, this study revealed that there is a positive and significant association between attitudes towards healthcare service quality and organisational performance. Based on the above discussions and results, this research like previous studies, has some limitations. First, this study examined the relationship between attitudes towards healthcare service quality and organisational performance and thus, future research can focus on other variables that can improve the level of the companies' performance. Second, this study just explored the direct association between attitudes towards healthcare service quality and organisational performance so it is recommended that future research take into account a third variable in order to give consistent results. Finally, this study was applied in the Saudi Arabian context, so future research could consider to examine this relationship in other countries and to make a comparison between Saudi and other countries of the same level.

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