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# Quality Gap in Child Care under One Year Using the Servqual Model in Sanandaj Comprehensive Health Centers

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**Abstract**

**Introduction:** Childhood has a significant impact on human growth and development. So that children who receive inappropriate care during the first years of life have lower intelligence and less compelling power, become sicker and prolong their illness. To this end, the provision, maintenance and promotion of the health of children under one year is a special status as a vulnerable group in health services. The aim of this study was to determine the quality of care for children under one year using the SERVQUAL model in Sanandaj comprehensive health centers in 2018.

**Methods:** In this descriptive-analytical study, 384 children under one year old who referred to Sanandaj comprehensive health centers were selected by stratified random sampling. Data collection was done using SERVQUAL questionnaire (service quality). Data were analyzed by SPSS-23 software using descriptive statistics, t-test and ANOVA.

**Results:** The results of this study showed that in all aspects of service quality there was a negative gap, then the responsiveness dimension had the highest quality gap and then the assurance dimension had the least quality gap and in all dimensions the average customer expectations were higher than their average perceptions.

**Conclusions:** Given the negative gap in the five dimensions of service quality and high expectations of perception in all dimensions, the needs and expectations of service recipients need to be taken into account in order to reduce the service quality gap.

## INTRODUCTION

Childhood and adolescence is an unrepeatable, affective and sensitive period in human development and any failure in this period will cause irreparable damage to the child [1]. Children's health is one of the key issues in any country's health system because they are more sensitive and vulnerable than adults and need special attention and any developmental and nutritional and health disorders will make them suffering, ill and disabled. Children who are deprived of proper care and adequate nutrition in their first years of life, the IQs are lower and have less learning ability and competition, they become more ill, and their disease progresses longer. These conditions will not be reversible in later years despite adequate nutrition or care, improved living conditions and education [2]. Providing, maintaining and promoting the health level of children under one year of age as a vulnerable group in health care has a special place [3]. Children with good care are ahead of other children in education and other social services And they are more powerful so future spending on education, health and social spending will be reduced [4].

One of the concerns of health system managers is the difference in the quality and quantity of services provided, especially to vulnerable groups. This can be a challenging issue given the fact that most people tend to use higher-level services directly [5]. Quality of service is considered as the degree of compliance with defined standards [6]. The main goal of the health care system is

also to achieve full physical, mental and social health and to improve the quality of society [7]. Lower-than-expected services always make service users less trustworthy than service providers [8]. What is considered as quality care today is the provision of services according to the wishes of clients, which is provided by health care providers for individuals, regardless of their characteristics and features [9].

Without a valid evaluation method, it is impossible to determine and implement the strategies necessary for quality service management [10]. One of the most well-known and widely used tools is the SERVQUAL questionnaire designed and presented for the first time by Parasurman et al [11]. This model assesses the quality of service provided through the five dimensions of tangibility, reliability, responsibility, assurance, and empathy. In this questionnaire, quality means the difference between the expectations and perceptions of service recipients. Expectations mean the services that clients are willing to provide and perceptions of the care that is provided to them [12].

In the last few decades, research based on the SERVQUAL model has been used to measure service quality. For example, Mohammadi and Shoghli Studies in Zanjan, showed that the reliability dimension constitutes the most serious problem facing district health centers. It is recommended that responsible employees and physicians should provide the promised services on time accurately and keep the records of services provided to clients without mistake. It further confirmed that the SERVQUAL elements can help health centers for defining the important areas of services and improving them. We can also mention the studies of Gholami et al. [13] in urmia, Anderson et al. [14] in Texas and Padma et al. [15] in India. In a study conducted by Kazemnezhad et al to "the quality of maternal and child health care services with SERVQUAL mode" in Qom, the quality of expectation score was higher than perceptions in all dimensions and the quality gap score was negative and the largest gap in the tangible dimension and the smallest gap in the assurance dimension. [16].

Correct assessment of care is as important to the success of health care organizations as it is to achieve the right process for delivering services [9] this is done by knowing the perceptions of service providers and their expectations to identify better service quality gaps. Considering that the most important period of a child's physical and brain development is in the first two years of life, which has an important role on physical and mental performance in the following years. The aim of this study was to determine the quality gap of child care under one year by using SERVQUAL model in Sanandaj comprehensive health centers in 2018.

## METHODS

In this descriptive-analytical study, the quality of services provided to children under one year in Sanandaj comprehensive health centers was evaluated. Inclusion criteria for mothers were having a child under one year of service, living in Sanandaj, and willingness to participate in the study and the exclusion criteria were non-completion of all sections of the questionnaire. Sample size was estimated to be 384 with study of similar studies, considering about 50% negative quality, 95% confidence and 5% accuracy. Sampling method was stratified and random. Three centers were randomly selected from each of the north, south, east and west centers. The study data were collected using standard SERVQUAL questionnaire. In this study, the researcher distributed a questionnaire in the health service centers among the clients who referred for care and met the inclusion criteria. If the participants were literate, they would fill in the questionnaire. Otherwise, the questionnaire was read by the researcher and the participants' answers were recorded.

The questionnaire consisted of 22 questions, tangibilty, assurance and responsiveness dimensions each yielded 4 questions and two dimensions of reliability and empathy each yielded 5 questions. Questionnaire questions were based on a 5-point scale and each answer was assigned a score of 1 to 5. Service quality gap was obtained by subtracting the level of perception level and expected level of service. A positive quality score indicates that the service provided is above expectations and a negative quality score indicates that a quality gap exists and if the result is zero represents the expected level of service provided to clients. The validity and reliability of the SERVQUAL questionnaire has been confirmed in many studies in Iran and abroad. Reliability of this questionnaire was 90% in Lin et al study [17] and 89% in Tarrahi et al study [18]. The validity of the questionnaire was re-validated despite being standard. Its content validity was confirmed by experts. Observing the rights, respecting and obtaining permission of the respondents were the ethical considerations of this study. The code of ethics of the present study is (IR.MUK.REC.1396.325). Data were analyzed using SPSS-23 software, descriptive statistics, t-test, and analysis of variance.

## RESULTS

The results of the present study showed that the majority of the studied samples were 155 people (40.4%) in the age group of 21-30 years. The highest number of participants in the study was 144 people (37.5%) with a diploma and in terms of occupational

status 296 people (77.1%) were homemaker. Also, 204 people (53.1%) of the units of research had 2-4 children. The results of paired t-test showed that there was a statistically significant relationship between patients' expectations and perceptions of the quality of services provided (p = 0.001). Also, in measuring the servqual dimensions of the gap, all dimensions were negative. Responsiveness with gap rate (-1.76) had the highest service quality gap and then assurance gap (-1.69) had the lowest service quality gap (Table 1).

In the present study, the empathy dimension had the lowest perception and the tangibility dimension had the highest perception score. The highest score of expectations was observed in the tangibility dimension and the lowest in the reliability dimension (Table 2). The results also showed no significant relationship between quality gap and age (P = 0.058), education level (P = 0.281), job (P = 0.164) and number of children (P = 0.443).

**Table 1.** Mean Scores of Perception, Expectation, and Gap in the Five Dimensions of Quality in Child Care under One Year Services

| Dimensions | Perceptions | Expectations | Gap | P-Value |
|---|---|---|---|---|
| **Tangibility** | 5.16 | 6.89 | -1.72 | 0.001 |
| **Reliability** | 5.03 | 6.76 | -1.73 | 0.001 |
| **Responsibility** | 5.05 | 6.81 | -1.76 | 0.001 |
| **Assurance** | 5.14 | 6.84 | -1.69 | 0.001 |
| **Empathy** | 5.00 | 6.74 | -1.74 | 0.001 |
| **Overall Quality** | 5.07 | 6.80 | -1.73 | 0.001 |

**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 | 5.37 | 6.91 | -1.53 |
| Fascinating and attractive physical equipment | 5.07 | 6.88 | -1.80 |
| Well-dressed staffs | 5.25 | 6.89 | -1.64 |
| Appropriateness of the physical environment and services | 4.95 | 6.88 | -1.92 |
| **Reliability** | | | |
| Provision of services at the time promised by the staff | 5.02 | 6.86 | -1.84 |
| Interested in solving client problems | 5.02 | 6.83 | -1.80 |
| Reliability of the center | 5.17 | 6.83 | -1.65 |
| Provision of services in conformity with the obligations given | 5.04 | 6.67 | -1.63 |
| Maintaining and registering the documents of clients | 4.88 | 6.59 | -1.71 |
| **Responsibility** | | | |
| Announcement of the exact time of serving the clients | 5.02 | 6.80 | -1.77 |
| Fast and uninterrupted serving | 5.09 | 6.79 | -1.69 |
| The willingness of employees to help clients | 5.13 | 6.83 | -1.70 |
| Availability of staff when needed | 4.97 | 6.85 | -1.88 |
| **Assurance** | | | |
| Creating a sense of confidence in clients | 5.07 | 6.81 | -1.74 |
| The feeling of safety and relaxation in dealing with staffs | 5.18 | 6.82 | -1.64 |
| The polite and friendly behavior of the staff | 5.30 | 6.82 | -1.52 |
| The staff support by the center in carrying out their job | 5.02 | 6.89 | -1.86 |
| **Empathy** | | | |
| Specific and individual attention to each one of the clients | 5.11 | 6.68 | -1.57 |
| The interest of the staffs towards the clients | 5.11 | 6.73 | -1.61 |
| Understanding the special needs of clients by staffs | 4.98 | 6.78 | -1.80 |
| Considering the best interests for the clients | 4.95 | 6.77 | -1.82 |
| The suitability of the working time and the time of referral to the center | 4.84 | 6.75 | -1.90 |

## DISCUSSION

The results showed that the quality gap in all five dimensions of service quality was negative. This means that there was a gap between the expectations of the clients and their perceptions of the services and in all dimensions the average expectations were higher than the perceptions. Similar to the results of this study in the study of Baker et al [19] in Turkey, Jebraeily et al [20] in Urmia, Huseyin et al [21] in Cyprus and Aghamollaie et al [12] in Bandar Abbas there were differences between expectations and perceptions.

In the present study, the highest quality gap was observed in the dimension of responsibility. In terms of responsibility, it is the willingness to cooperate and help the recipients of services Employee availability when needed was the biggest gap. In the study of Haghshenas et al [22] in Tehran, Razmjoee et al [23] in Shiraz, as in the present study, had the highest quality gap in the dimension of responsibility. This means that service recipients are not satisfied with the sensitivity and responsiveness of service providers to their requests and questions, as well as expressing a lack of responsiveness and reluctance on the part of staff. Lack of responsiveness and reluctance on the part of health

care staff can lead to wasted time, resources and energy for service recipients and may lead to physical, mental and psychological distress and ultimately unsatisfaction [24]. In the study of Mohebbifar et al [25] in Qazvin, Bahmei et al [26] in Shiraz, the lowest quality gap was observed in the dimension of responsibility. The results of these studies are inconsistent with the present study. The reason for the inconsistency may be in the way staff collaborate in answering questions and paying attention to clients who have been relatively successful in the two studies mentioned above.

In this study, the lowest quality gap was observed in the assurance dimension. The purpose of the assurance is knowledge and competence of employees and their ability to instilling the trust. In the study of Abolghasem Gorji et al [27] in Tehran, Hekmat Pou et al [28] in Arak, Oliaee and et al [29] in Isfahan and Ameryoun et al [30] in Tehran, as in the present study, the lowest quality gap was observed in the assurance dimension. This means that service providers with their skills, knowledge and abilities were able to create a relative sense of trust and confidence in service recipients.

The assurance dimension includes all the rules and activities necessary to maintain and enhance the quality. Centers should employ capable people who have the knowledge and expertise needed to provide services [31]. In Shafiq et al [32] study in Pakistan and Karami Matin et al [33] in Kermanshah, unlike the present study, the highest quality gap was observed in the assurance dimension. This indicates that service providers were not sufficiently skilled in creating a sense of security and comfort and that customer expectations were not met.

In the study of Moghadam et al [34] in Tehran, Ghobadi et al [35] in Ardebil, Alijanzadeh and et al [36] in Qazvin, the highest quality gap was found in empathy dimension. In the present study, empathy was ranked second in the quality gap. Empathy means dealing with each client according to their moods. In the study of Safi et al [37] in Tehran and Gholami et al [38] in Neyshabour, the lowest quality gap was observed in the empathy dimension. The results of these studies are not in line with the present study. The reason for the inconsistency can be due to the attention and understanding of the clients by the staff. In other words, the proper treatment of client and understanding and supporting them will improve the quality of service.

In Mohammadi and Shoghli study [39] in Zanjan and Tabatabaei et al [40] in Zahedan the highest quality gap was found in reliability dimension. Reliability means the ability to deliver the services promised truly and reliably, in other words, the employees did not fulfill their obligations at the time promised. In Tarrahi study et al [18] in Khoram Abad and Jena Abadi et al in Zahedan [41] the lowest quality gap was observed in reliability dimension. The results of these studies are not in line with the present study. This reflects the efforts of staff to create a sense of trust and confidence in clients. Because the timely delivery of services, the commitment of the staff and the willingness to provide the services have created the least gap in this dimension.

In the study of Kazemnezhad et al [16] in Qom, Gholami et al [38] in Neyshabour and Zarei et al [42] in Tehran, the highest quality gap was observed in the tangibility dimension. The concept of tangibility dimension is the environment, facilities, equipment, and appearance of the staff. The more negative gap in this dimension indicates that the physical environment and equipment can be effective in providing staff service and satisfying more clients. In the study of Jebraeily et al [20] in Uromia, Sharifi Rad et al [43] in Isfahan and Roohi et al [44] in Gorgan, the lowest quality gap was found in the tangibility dimension. The results of these studies are not in line with the present study. In other words, the reason of the difference results is the modern equipment and facilities and the proper appearance of the staff. Up-to-date facilities, regular service delivery and staff training reduce the quality gap in the tangibility dimension.

Findings of this study showed that there was a negative gap in all dimensions of service quality and in all dimensions the average expectations were higher than perceptions. Since the purpose of such research is to exploit their results to improve quality, reduce costs and solve problems. Concerning the results of this study, the authorities can plan to reduce this gap, as quality improvement is definitely beneficial for the health of the community.

It is recommended that managers and authorities pay attention to the wishes and needs of clients and strive to beautify the views and modernize the equipment, training courses to update staff knowledge and skills, service providers to be polite and friendly to clients and be available when needed, understand the emotions and values of clients, and provide services in the shortest possible time.

One of the limitations of this study is the lack of cooperation of a number of clients, the lack of research on the quality of child services and possibly the incorrect answer to some of the questionnaire questions.

## CONCLUSION

The results of this study showed that there was a quality gap in the five dimensions of quality of service provided. This gap was higher in some dimensions and lower in others and the level of customer expectations was higher

in all aspects of their perceptions. Therefore, addressing the needs and expectations of service providers can be a guide to reducing existing gaps, enhancing productivity and proper planning, making strategic decisions and correcting disruptions.

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## ETHICAL CONSIDERATIONS

This study was approved by the Ethics of Kurdistan University of Medical Sciences.

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## AUTHORES CONTRIBUTIONS

All authors contributed equally in preparing all parts of the research.

## CONFLICTS OF INTEREST

The authors declared no conflict of interest.

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