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Impact of Perceived Financial Service Quality and Water Management on
Patients' Satisfaction in Libyan Public Hospitals

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ABSTRACT

Even though much has been done to facilitate knowledge of technology exchange through emerging and developed countries, it is the way that financial is managed that continues to be an issue in developing countries such as Libya. This research will endeavour to discuss how perceived financial interest, fineness and water management concerning patients' satisfaction. Its main objective is to examine the impact of perceived financial service and water management in Libyan public hospitals are related to patients' satisfaction, the study aims to study patient's expectations and satisfaction for SERVQUAL dimensions. A quantitative descriptive research approach has been employed by this study. Data collected from 350 patients, using questionnaire in Libyan public hospitals in Tripoli and Benghazi states. The findings from this study will benefit the financial providers and the government and in enriching their knowledge and idea. This will help in understanding in greater depth the effect of perceived financial service fineness and water management on patients' satisfaction. It will help both the hospital industry and the government to develop new policies to attract more patients to undergo treatments in the local hospitals. Moreover, this will help the public hospitals from other countries.

1. Introduction

The financial sector plays a vital part in people's lives today more than any other time. It is very known that most people in developed countries are not happy with the quality of financial services that are provided and desire for an action to be taken. All Libyan citizens have access to financial services. The evidence has approved that many difficulties and challenges are currently facing the financial sector. The types and level of health provision vary around the world. Almost all developed nations provide universal financial. Health provision is challenging due to the costs involved as well as various social, cultural, political, and economic factors. One of the main financial services providers in the country is the health service sector.

Hospital water safety is a main priority and constant challenge for financial epidemiologists, safety officers, engineers, and administrators (Capolongo et al., 2013). Waterborne infections incur huge morbidity and mortality, and some are preventable. As with other financial associated infections, occurrence of nosocomial waterborne infections corrodes public trust in financial facilities (Nusca et al., 2019). Pathogens such as Legionella and nontuberculous mycobacteria can settle in the deep infrastructure or outlets of hospital water or allocation systems, whereas other Gram-negative bacteria and moulds head for involving for biofilms at or near the distal points of use (Decker & Palmore, 2020). Thus, there is also a need for appropriate water management (WM) in the Libyan hospitals that may help to identify and ease the repeated routes of transit, categories of waterborne organisms, future directions in discussion of waterborne outbreaks, and considerations for prevention and management of waterborne transmission to patients.

The deterioration in the provision of financial services is mostly the thing that Libyans have been suffering from. While as financial services available and accessible, its exploitation is still limited. From here, the public's confidence in the financial service is at its lowest in Libya. To re-engineer the Libyan financial system and assess water management in both public and private hospitals in Libya, several efforts have been made after the Libyan revolution in 2011.,and with the availability of advanced technology at affordable prices, there are ample opportunities for improving information exchange and other aspects related to financial that will boost the quality of financial in the Libyan context. This research aims to examine the impact of perceived financial service fineness and water management on patients' satisfaction.

2. Literature Review

Financial Service Quality Dimensions

As a result of the evaluation of the comparison of consumer expectations with the service that they have received, perceived FSQ is stated (Gronroos,

1984). This means that perceived FSQ expectation of the real service available. Gronroos (1984) suggested that FSQ encompasses two distinctive elements. The first is known as the technical aspect which defines WHAT is provided, the second is known as the functional aspect which defines HOW the service is provided. This form of attitude is not the same as satisfaction, but almost related to, and the results are obtained by comparing the two issues of performance; both expectations and perceptions to each other. Two to four dimensions were used in 46% of studies, and five or more dimensions were included in the other studies. Considering the possibility of shortcomings of multi-dimensional measures of patients' perceptions.

Socio-Demographic Factors as Moderator

Extant literature reveals that perception of FSQ differs from patient to patient depending on their demographic background, while on the other hand, there are also findings that do not indicate consumers' demographics as crucial in their perception of FSQ. Others have found no connection between satisfaction and age. For example, Boudreaux et al. (2019) declared that those with Medicare who are younger than age of 65, and those who are without insurance were also more likely to report a high level of satisfaction. Health status and education are included in individual factors positively related to patient satisfaction. While those who are younger, less educated, lower ranked, married, worse health and high-service use were found to be attached to less satisfaction. Angelopoulou et al. (2018) found that in private hospitals, patients experienced greater satisfaction compared to those who are in public hospitals. In contrast, Jabnoun and Chaker, (2017) revealed that higher overall financial quality was provided by public hospitals compared to private hospitals.

3. Research Framework

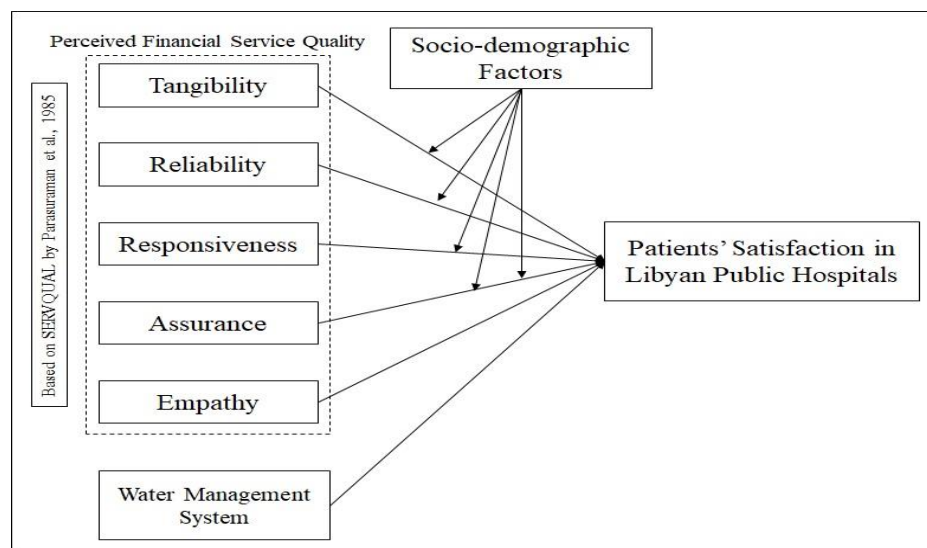


Figure1: Proposed Research Framework

4. Methodology

This research adopts a quantitative research method by operationalising concepts and embracing large samples as it depends on deductive research logic (Erickson & Kovaleinen, 2018), Non-probability sampling method used for data collection using convenience sampling, a representative sample of 350 individuals collected 185 from Benghazi hospitals and 165 collected from Tripoli hospitals. Data collected using questionnaire, and analysed using descriptive, inferential statistics, regression analysis Pearson Correlation test and Cronbach Alpha (Mugenda and Mugenda, 2017).

5. Data Analysis and Discussion

Reliability Test

Table 1 Cronbach's Alpha

| Constructs | Cronbach's Alpha |
|------------------------|------------------|
| Tangibility | .908 |
| Reliability | .901 |
| Responsiveness | .901 |
| Assurance | .904 |
| Empathy | .905 |
| Service Environment | .957 |
| Patient's Satisfaction | .958 |

Regarding the reliability, the results showed that data was reliable and above 0.700.

Correlation Analysis

The Correlation Analysis are shown in Table 2.

Table 2 Pearson Correlation Public Hospital

| | | Mean Inter-Item Correlation | | | | | | |
|------|----------------|-----------------------------|---------|---------|---------|---------|-------|---|
| S. N | Particulars | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | Tangibility | 1.000 | | | | | | |
| 2 | Reliability | 0.665** | 1.000 | | | | | |
| 3 | Responsiveness | 0.726** | 0.612** | 1.000 | | | | |
| 4 | Assurance | 0.761** | 0.691** | 0.811** | 1.000 | | | |
| 5 | Empathy | 0.699** | 0.569** | 0.721** | 0.795** | 1.000 | | |
| 6 | Service | 0.518** | 0.683** | 0.635** | 0.616** | 0.525** | 1.000 | |

| Environment | | | | | | | | |
|-------------|------------------------|---------|---------|---------|---------|---------|---------|-------|
| 7 | Patient's Satisfaction | 0.608** | 0.531** | 0.777** | 0.569** | 0.614** | 0.650** | 1.000 |
| | Mean | -1.014 | -0.913 | -1.179 | -1.281 | -0.951 | 6.926 | 5.007 |
| | S. D | 1.670 | 1.179 | 1.067 | 1.150 | 1.284 | 1.650 | 1.086 |

** $p < 0.01$ (two-tailed)

Correlation matrices of public hospitals indicated that there is a positive association among all studied dimensions and variables. From Table 4 above we can state that, the inter-correlation between FSQ dimensions is relatively high in public hospital ranging from $r(350) = 0.518$ to $r(350) = 0.811$ respectively. The inter-correlation between service environment and WMS on FSQ dimension is good, with most of the correlation coefficients having a strong effect and the correlation relationship having a significant $p < 0.01$.

Regression Analysis

Table 3 explain the regression analysis.

Table 3 Regression Analysis

| Independent Variables | Public | | |
|-----------------------|----------|-------|-----------|
| Dimensions | B | SE B | \hat{a} |
| Constant | 8.307 | 0.130 | |
| Tangibility | 0.563** | 0.114 | 0.193** |
| Reliability | 0.584 ** | 0.137 | 0.112** |
| Responsiveness | 0.495*** | 0.073 | 0.285*** |
| Assurance | 0.664*** | 0.131 | 0.447*** |
| Empathy | 0.709** | 0.146 | 0.227** |
| R2 Value | 0.540*** | | |
| Adjusted R2 | 0.628*** | | |
| F | 85.182 | | |

The results were statistically significant for public Hospitals ($R^2 = 0.540$, $F = 85.182$, $p < 0.01$) suggesting that 79.2% and 62.8% of variance in overall FSQ rating can be estimated from accuracy, tangibility, realization, empathy, and assurance.

Mediating Analysis

The procedure in testing the mediating effect of service environment on FSQ and WMS involves the calculation of the regression equations which comprise, The regression of the DV (patient’s satisfaction) on the IV (FSQ) and lastly, the regression of the DV (WMS) on both the IV (FSQ) and the mediator (service environment) (Carina, 2002).

Table 4 Regression Analysis

| Variables | Public | | |
|-------------------|----------|----------|----------|
| Parameters | SE | FSQ | WMS |
| R2 Value | 0.677 | 0.709 | 0.508 |
| Adjusted R2 Value | 0.573 | 0.696 | 0.605 |
| F | 409.593* | 401.674* | 238.445* |
| Beta – FSQ | 0.641* | 0.632* | 0.601* |
| Beta - CS | | | 0.703* |

In summing up that service environment’s mediation effects. Hospitals. The results of the first regression equation showed that they had statistical significance for Public hospital (R2=0.677, F = 409.593, p<0.001).

Gap Analysis

Both perceptions and expectations component of FSQ were evaluated employing the Likert scale.

Table 5 Gap Analysis in Public hospitals

| Service Quality Dimension | Perception | | | Expectation | | | Gap Score | | |
|---------------------------|------------|-------|-------|-------------|-------|-------|-----------|------------|-------|
| | Rank | Mean | σX | Rank | Mean | σX | Rank | Mean | σX |
| Tangibility | 2 | 5.220 | 1.030 | 2 | 6.234 | 0.591 | 3 | - 1.014 | 1.067 |
| Reliability | 1 | 5.303 | 1.538 | 3 | 6.216 | 0.673 | 5 | - 0.913 | 1.690 |
| Responsiveness | 5 | 4.975 | 1.108 | 1 | 6.256 | 0.677 | 1 | - 1.281 | 1.179 |
| Assurance | 4 | 4.990 | 1.175 | 5 | 6.169 | 0.708 | 2 | - 1.179 | 1.285 |
| Empathy | 3 | 5.219 | 1.280 | 4 | 6.170 | 0.760 | 4 | - 0.951 | 1.286 |

In the case of Libyan Public hospitals, it suggests a lack of trust and in the ability or willingness of Libyan public hospitals to provide services to meet patient expectations. In the case of gap scores, the responsiveness dimension to WMS the (M = - 1.281; SD = 1.179) and the lowest rated dimension is reliability (M = -0.913; SD = 1.690). From this, the conclusion is that responsiveness is true of reliability.

Hypothesis Testing

The results from SEM in table 6 below.

Table 6 The results of SEM

| | | | Standardised coefficient | P |
|---------------------------|------|------------------------|-----------------------------|-----|
| Tangibility | <--- | SQ | 0.898 | *** |
| Reliability | <--- | SQ | 0.850 | *** |
| Responsiveness | <--- | SQ | 0.684 | *** |
| Assurance | <--- | SQ | 0.837 | *** |
| Empathy | <--- | SQ | 0.910 | *** |
| Service Environment | <--- | SQ | 0.896 | *** |
| Patient's Satisfaction | <--- | Service Environment | 0.778 | *** |

Hypothesis 1: Financial service quality is connected with the service environment positively

The recession analysis cleared that all five financial service quality dimensions have significant positive Relationships with the mediating variable of the service environment.

Hypothesis 2: Financial service quality is connected with WMS positively.

The second hypothesis supported in the literature review (Al-Neyadi, Abdallah, & Malik, 2016; Izogo, & Ogba, 2015; Kitapci, Akdogan, & Dortyol, 2014; Mosahab, Mahamad, & Ramayah, 2018; Baumann C., Burton, Elliott, & Kehr, 2017; Bloemer, Ruyter, & Peeters, 1998; McDougall & Lévesque, 1994; Cronin & Taylor, 1992; Churchill & Surprenant, 1982). The most powerful relationship was found out between the reliability dimension with WMS for Libyan assurance dimension with WMS for Libyan Public hospital Al-Hawary et al. (2011) finding.

Hypothesis 3: Service environment is positively associated with WMS.

The third hypothesis is exceedingly supported in the literature review (Fatima, T., Malik, & Shabbir, 2018; Al-Neyadi, Abdallah, & Malik, 2016; Izogo, & Ogba, 2015; Kitapci, Akdogan, & Dortyol, 2014; Yee, Yeung, &

Ma, 2019). Service environment has a positive relationship with WMS. The regression analysis showed service environment positively affects WMS which is consistent with findings in several studies (Fatima, Malik, & Shabbir, 2018; Al-Neyadi, Abdallah, & Malik, 2016; Izogo, & Ogba, 2015; Kitapci, Akdogan, & Dortyol, 2014; Yee, Yeung, & Ma, (2019).

Hypothesis 4: Service environment has a mediating effect on the relationship between FSQ and WMS.

Customer friendly service environment is an important factor in customer satisfaction of a hospital provides a friendly service environment (Fatima, Malik, & Shabbir, 2018; Al-Neyadi, Abdallah, & Malik, 2016; Izogo, & Ogba, 2015; Kitapci, Akdogan, & Dortyol, 2014). The service environment is proportionately related to the water management as the service environment plays a vital role in mediating the effect on water management. With the R-value of more than 0.7 in public hospitals, it can be concluded that the service environment mediates the water management positively and has a significant effect.

6. Conclusion

The findings of this study have enlightened hospital managements require identifying the critical financial service quality dimensions which participate to develop financial service quality, service environment and WMS (Ladhari, Ladhari, & Morales, 2011). The findings of this study add that, the eventual success of a hospital depends on the WMS via financial service quality. Hospital management in both Libyan public hospitals in identifying the dimensions of financial service quality that influence service environment and WMS. Priority of the hospitals is to draw attention to the dimension depending on the origin type of hospital. In Libyan Public hospitals empathy and assurance is the most important dimension in determining service environment and WMS, respectively. Libyan Public hospitals could achieve better WMS by emphasising these two dimensions. Hospital management in public hospitals must concentrate on the most important dimensions in their overall financial service quality. The Public hospitals should push tangibility and reliability during boosting the most important dimension, which is empathy. Given that reliability, assurance and empathy are at most human interaction, both kinds of hospitals should invest financial resource in training programmes to raise staff awareness on the importance of these dimensions in achieving better WMS and implant a culture of service excellence in the hospital's vision and mission.

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