

National Cheng Kung University

Institute of International Management

This report is very varied and lacks the energy that brings focus.

You have a viable RQ but where is the literature to support this direction.

You have an interesting structure for your interview -- that covers the patient experience -- but it needs explaining

You have some unknown method of analysis -- the citation is not in the reference list. So it is not clear how your findings emerge. Nor is it clear how you have used secondary data (I gave this option **UNDERSTANDING SERVICE QUALITY IN TAIWAN**

to make it easier for you). Your Table suggests an analytical direction - linking data to

HEALTHCARE: PERSPECTIVES OF OUTPATIENTS

categories. The conclusion is well, a disaster. Reread any research paper to see how they write

Qualitative Research Methods

conclusions. Conclusions conclude something - what is something, something is your research questions.

Final Report

This project feels a bit like a car that is running rough - occasionally it burst into life, running smooth on four cylinders and then goes back to running rough on two cylinders.

74%

From presentation

Table of contents = agenda

Thanks for the focus on time

QU Literature - what is the search term you have used?

Qu - reliability v. validity

Qu bonus question - but it is not a lottery! :D

Qu Sampling profile - focus on sampling strategy

Qu - Mohammed paper - I'm lost /

Qu - what are the findings?

Qu - flow - interview - cover all aspects. Code through the data.

Qu - our statistics - what is this?

Purposive - good direction -

Students:

Suan Hawm Cin

RA6117145

Eaura Hsu

RA7101082

Steve Y. Jheng

RA7081266

Instructor: Professor James Stanworth

Spring Semester

June, 2022

Table of content

I. INTRODUCTION.....	1
1.1 Research Background and motivation.....	1
1.2 Research Objectives.....	1
1.3 Research Questions.....	2
1.4 Expenses and Cost.....	2
1.5 Timescale.....	3
1.6 Confidentiality:.....	4
II. LITERATURE BACKGROUND.....	4
III. RESEARCH METHODOLOGY.....	5
3.1 Method.....	5
3.2 Research Design.....	5
3.3 Interview question design.....	6
3.4 Sampling.....	6
3.5 Data collection.....	6
3.6 Data analysis.....	9
3.7 Transcription process.....	9
IV. FINDING.....	10
4.1 Participant Demography.....	10
4.2 Satisfying Outpatient Consultation Journey.....	11
4.3 Satisfying and Dissatisfying Actions, Procedure Optimizing and Expectations	12
V. CONCLUSION.....	14
REFERENCES.....	16

I. INTRODUCTION

1.1 Research Background and motivation

The Ilha Formosa is ranked 5th for its health care system in the world by health index score in 2021. But when it comes to the patients' happiness and satisfaction rank, are they on level with the above score? Patient satisfaction is an important and commonly used indicator for measuring the quality in health care (Bhanu Prakash, 2010). With the inclusion of patients' views on satisfaction, the feedback provided by them are generally considered to be vital for quality assessment and quality assurance in health care system.

In a report published by Taiwan Health and Welfare, "the overall patients' satisfaction rate in Taiwan has reached its climax in 2021" (MOHW 2021, *p3*). To have a thorough understanding of patients' satisfaction in Taiwan, this research has been conducted. In this study, we anticipate to identify both negative and positive service qualities and the fulfillment of expectations from the perspectives of outpatients. Hospital service varies from a clinic, a consultation, an emergency or an hospitalization, we focused on the factors which matters the most for a patient to enter a clinic and study their satisfying experiences.

Need to motivate this by showing a gap.

What is known about patient satisfaction in a Chinese situation?

1.2 Research Objectives

To understand the satisfaction and dissatisfaction of outpatients in Chinese hospitals and clinics.

Western or Chinese medical care

Perhaps narrow to hospitals?

1.3 Research Questions

Confusing heading

Based on our research objectives we decided to interview patients who had past encounters with Chinese service at hospitals and clinics. We focused on their past experiences and perceived relationships with the hospital. An important challenge for hospitals is to build and maintain a healthy relationship with patients (Li, 2004). The questions were centered to highlight the gaps and satisfactions. Here are our questions:

- a. Experience: Using open-ended questions with why, how, what. For instance, how did the doctor treat you? Describe your pleasant and negative experience.
- b. Holistic Intervention: A good and caring hospital will give a holistic intervention treatment and not just the physical injury (Khatami, 2018).

Considering this concept, we also looked for the treatment they received. Whether they received psychological support or not and how they contribute to the role of satisfaction and dissatisfaction.

1.4 Expenses and Cost

No high amount of monetary expenses were incurred. A total amount of \$240 NTD was spent for the consumption of two cups of Starbucks coffee. Due to the availability of many suitable interview locations in NCKU campus and personal owned electronic devices required for recording, we did not spend extra budget on this. However, we did face a number of appointment cancellations due to the no shows and reschedules, two weeks of time was lost.

1.5 Timescale

Task	March	April				May				June	
	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2
Proposal											
Proposal Revision											
Questionnaire drafting											
Questionnaire revision											
Data collection											
Data Analysis											
Preparatory review of final draft											
Final Report											

Key dates:

Research Proposal: *26 February 2022*

Data collection: *29 April 2022*

Final Report: *15 June 15, 2022*

1.6 Confidentiality:

Our respondents are from different walks of life and sharing their identities and information in any form is strictly confidential as they seek for protection of identity. The respondents were informed in advance about the confidentiality policy.

We hereby agree to not disclose, publish or otherwise reveal data received. This study is conducted to fulfill the requirement of Qualitative Research Method course at Institute of International Management program in National Cheng Kung University. This report as required will be given a copy to professor James Stanworth.

II. LITERATURE BACKGROUND

The foundation of the service industry is the relationship between two parties: the consumer and service provider (Hu, D.Q and Jin, 2007). In this study the patients are considered consumers and doctors are the service providers. Some scholars studied and identified the factors affecting patients and doctors relationships as well as their satisfaction (Charata, 2001: Wilson and Jantrania, 1996) and shown the importance of service quality in hospitals. Doctor-patient relationships are also considered to evaluate the overall satisfaction and dissatisfaction in the earlier days.

Patient satisfaction is the perception of the end results from post-treatment of medical service performance and comparing it to the expectations (Oliver, 1993: Phillips and Baumgartner, 2002). However, this comparison of perceptions and expectations alone will not give adequate understanding of the overall patients' satisfaction. Therefore the need to consider other medical service factors are vital part to understand better.

Peng and Xu (2006) found that the main influential factor was the affordability, therapeutic effect and convenience.

There is a reasonable literature on Chinese patient satisfaction none of which you have picked up. If you search chinese + patient + satisfaction in Scholar you will get some useful hits.

III. RESEARCH METHODOLOGY

3.1 Method

In accordance to the objective of this study, we looked into various suitable approach for this research. We started by setting semi-structured interview as part of our exploratory study for collecting primary data and referring to Google reviews and feedback as our secondary data. The semi-structured interviews were conducted with interview guidelines by recording the audio and the process of note-taking using memo for asking additional questions depending on the flow of the conversation.. The secondary data were drawn from internet sources, where anyone can post their positive or negative experiences.

3.2 Research Design

This study is based on reflective investigation, which indicates that each individual (participant) views the environment or service uniquely (Mantzoukas, 2004). This naturalistic technique entails observing individuals' genuine behavior in naturalistic setting. We also adopt the open-ended survey questions and replies.

Observation? No

Open-ended survey questions - I don't follow

3.3 Interview question design **confused - interview guideline**

There were no standard questionnaires for our study. Therefore, we designed the interview questions ourselves in view of our study purpose. Our semi-structured questions were drawn upon ideas, to find the satisfying (dissatisfying) experiences and treatment from both the staffs of the hospitals and the environment (facilities, medical equipment etc.).

Need citation!

3.4 Sampling

We followed the method of purposive sampling. This is due to its cost-effectiveness nature even though the total number of our samples is small. Our judgment criteria for selecting potential respondents have to be an outpatient who at least has or had four visits to Chinese clinics or outpatient hospitals. We believed that the more visits, the higher possibility of well-informed (data richness) respondents will be. Based on this, we conducted one on one interviews in a selected location and appointment.

In the initial stage, preparatory letters about the interview goals and study were sent out to the respondents, as well as a word of mouth reference to find suitable candidate was made.

What is purposive sampling

Ok - see something on the criteria here

3.5 Data collection

Things getting back on track. Explain the theory

Due to the sensitive nature of our interview, we carefully chose an environment where the respondents feel safe, protected and least interrupted for the conversation. The purpose of this interview was to explore and understand the views, experiences and belief of their satisfying encounters when receiving treatment or visiting clinics. The average interview length was a fifteen minute duration. A total of six respondents were gathered for the study at different dates. The basic protocols such as: asking permission

Perhaps a few more interviews would have worked

well?

to record the interview, a memo, a printed material (in case there was a misunderstanding between the interviewer and interviewee), asking questions for specific information related to the aims of a study (Patton, 2015) were followed. The interview started with the easy and common questions to break the ice and ease up the situation since some respondents really looked tensed.

ok - yes

During the interview probing was an important action for the interviewees. The nature of open ended questions can sometimes vague the respondents ability to answer the specific question. Post interview probing was another method we implemented. This was due to the opacity of the answers when processing data and transcribing. The respondents were friendly and kind enough to clarify for us again.

As for our secondary data collection we looked into the internet reviews. The convenience was high for us since, the Google reviews were based on a five star rating, indicating the positive or negative experience. However, the credibility of such data are questionable, therefore we carefully selected authentic users' comments by following the 'Spot Fake Google Review' article, published on *Quora*.

cite!

Data were collected through 6 separate interviews of acquaintances, whom are currently are the resident in Taiwan, also being served by the hospital, clinic service in from 2021 to June 2022. Semi-structured in-depth interviews with field notes were employed as data collecting procedures, as adopted from (Yen, Cappellini, Yang, & Gupta, 2021). Then, purposeful sampling was continued until saturation, which meant that no further data on the areas of interest were gathered (Naderifar et al., 2017). The interviews ranged in length from 10 to 40 minutes (average of fifteen minutes). We transcribed these interviews keeping in mind that we made an agreement with the participants before all interviews were videotaped or recorded prior to the analysis.

No - not with this number

A pseudonym for each participant was allocated to protect their privacy and identity. All data was anonymized, and sensitive data or information was deleted as needed. The interview focused on the experiences for a hospital, clinic service in the past year and some specific questions (See Table 1). This study aimed to look into the resident in Taiwan and how they think of the hospital service quality and what satisfy the interviewee during the process.

Table 1: Interview Questions

Warm-up	Basic Information <ul style="list-style-type: none"> - Gender - Age group - Nationality - Education - Diagnosis category - Treatment procedure duration - Hospital / Clinic location
Location	Factors to choose the medical service area <ul style="list-style-type: none"> - The reason you go to see the doctor? - The reason you chose the hospital / clinic?
Treatment & Reception	How do the hospital / Clinic serve their patient <ul style="list-style-type: none"> - How do the registration staff treat you? Any suggestions? - How does the doctor treat you? Any suggestions? - How does the pharmacist treat you? Any suggestions? - How does the nurse treat you? Any suggestions?
Overall Environment	Other factors influence the satisfaction and dissatisfaction <ul style="list-style-type: none"> - How is the sanitary of the hospital from indoor to exterior? - How is the registration experience?

Holistic Experience Comment in general perspective

- The pleasant experience you had during the treatment?
 - The negative experience you had during the treatment
 - Are you satisfied with the results? Why?
 - Will you recommend your acquaintance to the hospital/ clinic?
-

Try to keep questions as open and neutral as possible

3.6 Data analysis

What framework

We followed a Framework analysis technique by Komori, 2019, to transcribe our data and further analyze them. To highlight the concepts, representative quotes were included in the findings. Each transcript was examined by identifying important features and developing code with themes that emerged and sub-themes, following the completion of all interviews.

I want to check Komori. How do I do this when this citation is not in your reference list. Use Zotero to become professional in your approach to your work.

3.7 Transcription process

During the interview we recorded the conversation in the form of audio and video for online interview. With these materials we were able to recall and transcribe the interviews. Transcripts may contain only the verbal data, on the other hand videos gave us non-verbal expressions as well (such as smile, shocked, disturbed etc.). Transcriptions were done soon after the interview to better recall the whole situation accurately.

As recommended by professor, we saved the audio files and transcripts from the interview both on disks and on i-cloud where they are secured and easily accessible when required.

IV. FINDING

4.1 Participant Demography

In total, 6 resident in Taiwan participated in our research, including different age group, background and nationality. The participants were from the following countries: Cambodia, France and Taiwan. The study was consisted of two females and four males in total. The age range of participants is from twenty to fifty-five years old. Respondents come from different occupations, including student, IT engineer, equipment engineer, aircraft engineer. Table 2 provides a detailed summary of the participant profiles.

Interviewee basic information						
Category	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Age group	35-40	30-35	24-27	27-31	20-25	50-55
Gender	male	female	Male	Male	female	male
Occupation	equipment Engineer	student / homemaker	Graduate	IT engineer	Chemical Engineer	Aircraft Technician
Nationality	Taiwan	Taiwan	Cambodia	France	Taiwan	Taiwan
Education	master degree	bachelor degree	Master degree	Master degree	master degree	bachelor degree
Diagnosis	ophthalmology (eyes)	Obstetrics and Gynecology	Ophthalmology (eye sore)	Lung cancer	Sore throat& running nose	Toothache
Treatment duration	3.5 hrs	2 hrs	20 minutes min	7 days	1.5 hrs	2 hrs
Hospital Clinic location	Southern Taiwan	Northern Taiwan	Southern Taiwan	Southeaster n Taiwan	Southern Taiwan	Southern Taiwan

Table 2: Participant Demography

4.2 Satisfying Outpatient Consultation Journey

4.2.1 Treatment and Reception

In the context of service delivery, satisfaction has been conceptualized as a consumers' positive effective response resulting from an evaluation about the quality of the services provided. (Oliver, 1980; Spreng and MacKoy, 1996; Westbrook and Oliver, 1991). This concept implies that satisfaction is an emotional reaction to a service experience which occurs as a consequence of an evaluation process.

[“...Nurses don't make people feel oppressed. Their explanation is very clear before and after. They also cooperated very well with the doctor, which made people feel very caring before and after the consultation with the doctor. ...”], [“...The tempo was not busy or rush, and even in his computer, there were recorded some memo of my previous issues, and some notes he typed down by himself before. It makes people feel very caring....”]

4.2.2 Hygiene and Sanitary Conditions

Behaviors and practices that promote disease prevention and contamination were highly appreciated by the patients. Frequent hand washing, sanitation behaviors, are mandatory practices to reduce the spread of COVID-19 pandemic, hand hygiene and medical safety is the pillar to protect both health care workers and patients.

[“...It's great that you can see that there are cleaning staff at all times in the stairwell or in public places. There is also the smell of disinfectant, but you can feel it is very clean.,...”]

4.2.3 Holistic Experience

It can be said that only through the quality of service delivery and enhanced satisfied patients together can contribute more loyal health care consumers. (P.Suhail, 2021)

[“... Very satisfied. ...],[“... If they have no time constraint, this is a very a fair choice. Even though the cost is high, you can get the best service and treatment. ...”],[“The overall process of seeking medical treatment is not bad”]

4.3 Satisfying and Dissatisfying Actions, Procedure Optimizing and Expectations

Researchers have stated that the emphasis should move to dissatisfaction with health care" (Mulcahy & Tritter 1994, Annadale & Hunt1998). Dissatisfaction is viewed as significant as satisfaction due to the long-term influence it has on the lay-practitioner relationship and on health-related behavior. (Tuckett et al.1985).

Table 3 provides the details of how resident in Taiwan feel about the satisfying treatment and actions taken by health care staff. We found that there are three main themes, including: Satisfying Actions, Dissatisfying Actions, Process Optimizing and Expectations.

Let's treat this as the findings

Table 3: Customer perception in health care scenario

I don't really know how you coded things (open / axial coding. . .)

Aggregated dimensions	Coding theme However, some of the codes here appear to be valid in the context of literature	Participant response
Satisfying Actions	clear guidance & detailed explanation	<ul style="list-style-type: none"> - guided my son to through the whole process - doctor also slowly guided my son to go through some eyeball examinations. - help to do some psychological construction, explain that the middle course of treatment needs to be full For a long time, the precautions in the middle are explained in detail.

	Fine Teamwork of Medical Treatment Staff	<ul style="list-style-type: none"> - surprised that my son could cooperate so well with them in doing these eye examination, because it took a long time - Their explanation is very clear before and after. They also cooperated very well with the doctor, which made people feel very caring before and after the consultation with the doctor.
	consideration	<ul style="list-style-type: none"> - Doctor himself will continue to ask some questions about my recent situation, so people will not feel nervous at all. - Very attentive listening to the patient's physical discomfort and recommend treatment
Dissatisfying Actions	Lack of medical ethics	<ul style="list-style-type: none"> - saying that my mother did not understand the situation at all, and the words such as going back to the ward - Some nurses are very clueless. - has neither medical skills nor medical ethics.
	Rude verbal and physical behavior	<ul style="list-style-type: none"> - they used a wooden door as weapons, always use the door to push family members away
	Indifferent Attitude & Arrogant	<ul style="list-style-type: none"> - the doctor and the patient chatting happily for a long time. - she chat and touch my belly then Just say "you may have stomach cancer - whether they can respond with empathy and understand the patient's nervousness and fear, instead of constantly using words to beat the patient
Process Optimizing and Expectation	Traffic flow optimization	<ul style="list-style-type: none"> - Obviously it was full and forced me to let me in. Seeing me looking for a parking space inside and going around in and out and collecting parking fees, the service staff were still gazing, your parking lot has a peculiar traffic flow

V. CONCLUSION

Huh? Technologies?

In the digital age the Technologies are always improving, as of now the era of Artificial Intelligence is popular but the service management is more important than the one. The media continues to promote skill retraining as a skill, and there is a large amount of information from different sources such as social media or magazines. Regarding the research thesis, due to the service quality components shall be taken into serious consideration. Hence the importance of the topic wants to emphasize and understand how the results speak louder than everything, the service flow and structure also count! Customer perception also matters to satisfaction.

From the start of semester to the present, we got more ideas from our discussion regarding the Satisfaction and dissatisfaction related to the hospital in Chinese Service. At the beginning we got more ideas from each of us that which one is important to be researched, and which one topic is popular. Till to now we focused on the inclusion of patients' views on satisfaction, the feedback provided by them are generally considered to be vital for quality assessment and quality assurance in the health care system.

After our discussion that we made some questions regarding to the following, that includes using open-ended questions with why, how, what. For instance, how did the doctor treat you? Describe your pleasant and negative experience. Considering this concept, we saw the treatment they received as well. Whether they received psychological support or not and how they contribute to the role of satisfaction and dissatisfaction. However, there were no standard questionnaires for our studies. Hence, we designed the interview questions ourselves after our conclusion of discussing in view of our study purpose. Our semi-structured questions were drew upon ideas, to find the

satisfying and dissatisfying experiences, and the medical treatment from all of them staff of the hospitals and the environment includes facilities, and medical equipment or something about that.

We recorded the conversation in the form, and took audio and video through virtual during the interview . Regarding these materials we were able to recall and transcribe the interviews. Hence, insteading of providing the finest medical surgery and advanced equipment, all the service quality components shall be taken into serious consideration. Such as procedure flow being announced to each patient, sanitary conditions, living up to expectations, reliability, empathy and all sorts of humanity careness. Service FlowThe results of Service Flow speak louder than everything, but the service flow and structure also count! Customer perception also matters to satisfaction. Overall sanitary conditions: This is also the concern for the patience, which means the service environment is one of the main topics to look into.

This Service Quality directly leads to patient satisfaction, even though they are lack of medical knowledge background. They do care how they are being treated during the whole diagnosis procedure. Patience usually comes to the hospital with different result expectations.

This conclusion is not concluding anything - it starts with something about technology!

Conclusion is about answering your research questions.

What have you found in relation to your RQ?

How does this relate to literature?

REFERENCES

Incomplete

- Charata, F. (2001) 'Doctors say they are not influenced by drug company's promotion', *British Medical Journal*, Vol. 32, No. 7294, pp.1081–1082.
- Hu, D.Q. and Jin, X.Z. (2007) 'Study on satisfaction degree in outpatient of Luoping hospital in Yunnan province', *Chinese Health Quality Management*, Vol. 14, No. 4, pp.19–22
- Mohammad Abdallah Aladwan. (2021). The relationship among service quality, patient satisfaction and patient loyalty: case study in Jordan Mafraq hospital. VOL. 5 NO. S3LINGCURE. <https://doi.org/10.21744/lingcure.v5nS3.1368>.
- Oliver, R.L. (1980), "A cognitive model of the antecedents and consequences of satisfaction decision", *Journal of Marketing Research*, Vol. 17 No. 4, pp. 460-9.
- Spreng, R.A. and MacKoy, R.D. (1996), "An empirical examination of a model of perceived service quality and satisfaction", *Journal of Retailing*, Vol. 72 No.2, pp. 201-14.
- Westbrook, R.A. and Oliver, R.L. (1991), "The dimensionality of consumption emotion patterns and consumer satisfaction", *Journal of consumer research*, Vol.18 No. 1, pp. 84-91.
- Erasmus, V., Daha, T. J., Brug, H., Richardus, J. H., Behrendt, M. D., Vos, M. C., & van Beeck, E. F. (2010). Systematic review of studies on compliance with hand hygiene guidelines in hospital care. *Infection Control and Hospital Epidemiology*, 31(3), 283–294. <https://doi.org/10.1086/650451>.
- P.SuhailY.Srinivasulu. (2021), Perception of service quality, satisfaction, and behavioral intentions in Ayurveda healthcare. *Journal of Ayurveda and Integrative Medicine* Volume 12, Issue 1, January–March 2021, Pages 93-101. <https://doi.org/10.1016/j.jaim.2020.10.011>.
- Joanne Coyle. (1999), Understanding dissatisfied users: developing a framework for comprehending criticisms of health care work. *Journal of Advanced Nursing*, 1999,30(3).

文件檢視工具

Turnitin 原創性報告

已處理到: 17-6月-2022 17:46 CST

代碼: 1858369804

字數: 3794

已提交: 3

UNDERSTANDING SERVICE QUALITY IN
TAIWAN HEALT... 經由 SUAN HAWM CIN

Rather high

相似度指標


15%

依來源標示相似度

Internet Sources:	12%
出版物:	12%
學生文稿:	9%

[排除引用](#)[排除參考書目](#)[不含小型相符結果](#)

模式:

快速觀看(典型的)報告 

Change mode

[列印](#)[下載](#)

2% match (從 2016年05月15日 來的網絡)

<http://www.inderscience.com>

1% match (從 2022年01月10日 來的網絡)

<https://www.diva-portal.org/smash/get/diva2:1575625/FULLTEXT01.pdf>

1% match (從 2022年01月27日 來的網絡)

<https://docplayer.net/13929858-Identification-and-analysis-of-combined-quality-assurance-approaches.html>

1% match (從 2020年08月31日 來的網絡)

https://www.hba.gr/5Ekdosis/UplPDFs/deltia/1_2003/12.pdf

1% match (從 2021年07月23日 來的學生文稿)

[Submitted to South Bank University on 2021-07-23](#)

1% match (從 2022年06月10日 來的學生文稿)

[Submitted to London School of Science & Technology on 2022-06-10](#)

1% match (出版物)

[Purnima Pandey, Mei-Kuei Yu. "Experiences of foreign residents during COVID-19 pandemic in Taiwan", Journal of Migration and Health, 2022](#)

1% match (從 2019年02月28日 來的網絡)

<http://www.ponzoa.com>