A descriptive research of the first-time patients' practical experience and expectations toward medical service

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***Abstract*— Providing good medical service will stimulates patients' consumer behavior and further more raise their willingness to revisit the health care facilities. To the overall health care industry, since the implementation of National Health Insurance (NHI), the industry is facing a fiercer competition due to the limited resources from NHI. To utilize their operational efficiency, hospitals must increase the patients and their willingness to visit the hospitals by upgrading service quality and patients' satisfaction, reduce unnecessary cost and use the resources reasonably and effectively. For the reasons mentioned above, we expect using this research to collect and analyze related data, and then reach goals as below: To find out the relationship between patients' perception toward medical service quality and their willingness of revisit. The relationship between patients; personal information and their willingness of revisit. The influence of the accessibility to medical service and the willingness of revisit. And then we hope to figure out the relationship between the factors influencing first- time patients' revisit and their willingness of revisit. The findings indicate that "true feelings" and the differences between "expectation" and "true feeling" are negative impression when the questions are such as sufficient charging parking space, acceptable charging, smooth process for inspection arrangements (e.g. brain examinations), sufficient health education providing by the case managers, smooth process for blood tests, good medical service provided by the case managers, good service quality of follow-up provided by the hospitals, facilities for the disabled and etc., and some necessary improvements are needed. We suggest hospitals to do some adjustments as responses to the dissatisfaction about charging parking space and the charging, more propagation are needed for respondents are unfamiliar with the procedures of inspection arrangements and blood tests, and regarding the case managers, the respondents do not know much about this because the propagation, chance for approaching the case managers and the follow-ups of the hospitals are quite few. All of these mentioned above are in need of further discussions and improvements.**

***Keywords*—First- time visit, willingness to revisit (follow-up), revisit after the first-time visit, perceived quality, gap model.**

1. INTRODUCTION

Since 2002 July, National Health Insurance system of global budgeting, the hospital operator of becoming more competitive. Coupled with the rise of consumer awareness, rising operating costs and other factors, the hospital in order to be sustainable, we must improve health care quality, increase patient satisfaction to ensure that the wishes of patients to return to clinic. Maintain a long and good doctor-patient relationship, in order to improve the competitiveness of the hospital.

Development of health insurance is towards social insurance. According to the CEPD report, the National Health Insurance has three main objectives, namely: (1) to provide all citizens the right to health care, improve their physical and

mental health; (2) control health care costs at a reasonable range; and (3) effective use of medical Health-care resources. In order to correct the present, many people have minor illnesses to major hospitals to go to see them adopt a reasonable outpatient services, improve part of the burden, to actively promote the referral system to promote small hospitals to see sick people in a small, I'll look at major hospitals, to avoid the medical resources Waste.

Non-profit hospitals and institutions, to marketing point of view, belong to patients (consumers) to the hospital to see a doctor, only the burden of its own and some of the burden of registration fees, other costs are through the National Health Insurance Bureau received National Health Insurance Fund to cope.Therefore, the behavior of patients in terms of consumption and provide good medical services to increase their inclination to go hospitals (Chen Jinfu, 2001).To the overall health care industry, since the implementation of national health insurance, health care resources in limited circumstances, the medical industry is more fierce competition.By the medical industry must improve service quality and to increase patient satisfaction and number of patients will seek treatment and reduce unnecessary costs, reasonable and efficient use of resources to health care institutions to achieve optimal operational efficiency.

1.1 TREATMENT FACTOR

Some patients believe doctors medicine and medical services. Some patients because better medical equipment and the choice to go for medical treatment. These reasons might affect decision-making process. And what kind of patients receiving services for their own through the process, that is, patients with medical decision-making process.

According to Ming-Jui Kao 、Tang-Chen Yang (1995) proposed the most important people to choose the hospital order of five factors (1) Technology (2) physician medical ethics (3) attitude (4) modern equipment (5) design and layout of the internal environment of space . According to Chien-Ni Chen(1998) survey found that the main reason for patients to choose hospital were: Transportation, medical equipment, improves, physicians are highly skilled, family and friends recommended, and close to home and etc.

The priority factors of choosing a hospital: (1) Hospital-equipped (2) physicians are highly skilled (3) good service attitude.（Ling-Lang Tang，1999）

About patients choose hospital medical environment factors literature review table. Literature review Table 1. Medical procedures on patients to choose hospital factors literature review form, literature review in Table 2. The results on patients to choose hospital medical literature review of factors that table, literature review Table 3.

TABLE 1

PATIENTS TO CHOOSE HOSPITAL MEDICAL ENVIRONMENT FACTORS LITERATURE REVIEW TABLE

Author (year)	Factors that influence patient choice of hospital	Subjects and Methods
Stratmann（1975）	Economic factors, timing factors, convenience factors, social factors, health service quality	Rochester, NY, as a sample of 521 patients with the selection of representatives from health care investigations.
Wind（1976）	Distance, the reputation of doctors, hospitals appearance, health care costs	Discusses the potential for a new health care institutions and structure of marketing decision-making selection mode, the process of document analysis by a description of the hospital choice decision-making applications.
Yen-Liang Yin（1983）	Hospital distance, the scale of hospital equipment, hospital atmosphere and level of hospital charges, medical and time convenience, hospital services	According to the Taipei area hospitals and patients for the study sample, the sample size is 1031 copies.
Wei-Chu Chi（1990）	Need factors (perceived ill health, etc.), capacity factors (insurance factors, etc.)	Of the Andersen model of health care services architecture based on the use, select a large town clinic

TABLE 2

PATIENTS TO CHOOSE HOSPITAL CARE PROCESS FACTORS LITERATURE REVIEW TABLE

Author (year)	Factors that influence patient choice of hospital	Subjects and Methods
Fletcher （1983）	Continuity, completeness, timeliness, compassion, professionalism, coordination, cost, convenience	A U.S. medical center for the 225 ambulatory patients, understand their preferences for the quality of hospital services.
Linn （1984）	Technical quality, psychological care, courtesy and mutual participation	Behavior for the physician to find out customers to assess physician-patient may influence patient assessment dimensions.
Handelsman （1991）	Note that patient demand, the attitude of medical staff, medical personnel, effectively communicating	To a university medical center, audio interviews with 90 hospitalized patients, convenience sampling approach. Discharge follow-up to the original 90 tracks of which 10 patients were discharged 7 to 10 days in a telephone interview.
Rajshekhar（1991）	From the convenience, professional doctors, hospital reputation, modern facilities, courtesy and attitude of medical staff	Medical treatment options for early evaluation factors to the hospital based on overall satisfaction for the doctor, after a service to benefit patient assessment will in the back, Analytic Hierarchy (AHP) proposed in the preceding paragraph of the key factors in customer choice of hospital.
		visits monthly average frequency of the top 5% of the study population, patients and out patients randomly selected for the object (a total of 559 persons), visit questionnaire Investigation.
Wan-Yi Wu （1994）	Medical equipment, transport facilities (close to home, easy parking), service, relatives and friend	11 domestic outpatient, hospital patients and medical personnel conducted a questionnaire survey.
Taylor and Capella （1996）	Convenient location, equipment quality, performance unit, medical services, service price, the overall performance of modern equipment	Conducted by questionnaire survey.

TABLE 3

THE RESULTS OF PATIENTS TO CHOOSE HOSPITAL MEDICAL LITERATURE REVIEW FORM FACTORS

Author (year)	Factors that influence patient choice of hospital	Subjects and Methods
Sung-Kung Huang etc. （1994）	Medicine, medical ethics, medical equipment, medical service attitude	Eight towns in central coastal line of the mother as, mining 1.2% sampling method, taking 1200 as the total research sample questionnaire survey conducted visits to the dimensions of expected value model based framework.
Nai-Hung Wang （1995）	Medicine, medical ethics	Above three areas in central hospitals were 1,061 adults, conducted a questionnaire visit to the expectations of the value of consumer choice model as a method to evaluate.
Yu-Chang Hou、Wen-Hung Huang （1999）	Medical ethics, medicine, physician attitude	Samples were collected from Taichung 7 Chinese medicine hospitals for a total of 2072 clinic patients, Kotler and Clark refer to two of the

		proposed health care consumption patterns, questionnaire survey, a total of 1935 questionnaires were valid.
Po-Sheng Lin （2002）	Medical ethics, medicine, environmental equipment, physician presentations, medical equipment, waiting time, service attitude	Patients with a combined total of 856 outpatient centers who conducted a questionnaire survey.
Hui-Ching Weng （2004）	Effect of the attitude of physicians and clinics, hospitals, medical equipment, hardware and software, physician services other than the attitude of the staff, reasonable treatment time	Teaching hospital in Kaohsiung County 222 patients in this study the object of the questionnaire.

1.2 QUALITY OF CARE

Early in the significance of the quality of health care services are narrow, so-called qualities of medical services in the narrow sense means the patient or care physicians only focus on the technical and professional capacity. With the evolution of the times, the quality of medical services not only focus on one-sided medical care, thereby changing the concept of patient-centered, hospital patients have to take into account the ideas, the patient perspective into the quality of medical services into. The new concept of medical service quality and administrative efficiency of the hospital patient satisfaction with the quality of health care services as a part of. Therefore, Hong-en zhai (2001) that requires patients to hospitals not only the quality of medical care, the hospital's administrative services increase patient satisfaction relevant to the quality of medical care quality should be incorporated into the scope.

According to Donabedian (1989) definition: "the quality of medical service is actually perceived, but cannot be measured in the unknown". Quality of medical services covered a wide range of aspects, including the difficulty to obtain from the medical to the medical effectiveness, timeliness, appropriateness, efficiency, to protect patient privacy, respect for medical staff to patients, and medical environment, safety mused The scope of medical service quality is. Anything are may affect both the quality of medical services patient satisfaction.

Yaw-Tang Shih (1978) finds that the quality of health care services should include two aspects.

The one hand, health care technology, refers to appropriate diagnosis and treatment.

On the other hand is the art of medical services, including patient satisfaction, communication between medical staff and patients, medical staff's behavior, health care workers and patients to discuss issues, educate patients, in the process of getting long-term treatment of chronic diseases Patient cooperation.

Unilaterally from the medical staff was wrong to consider the concept of quality of care, as patients age, gender, disease categories will affect their perceived quality, while the patients and their families for medical and nursing staff attitudes and behavior, is also deeply affected patient satisfaction. Therefore, in response to national health insurance, to ensure that hospitals can continue to improve the operation of medical services should be given a broader definition - from the traditional function of a simple medical care, into Patient-focused care (PFC). Increase in staff skills and efficiency, streamlining processes and cost health care, patients can quickly receive proper medical services (Moffitt, 1933). Patient-centered, will help to strengthen the quality of health care services, improve patient satisfaction, but also to create a reasonable working environment to attract professional medical personnel engaged in medical services and thus willing to improve medical service quality.

Han Kyu (1995) that the quality of medical care to hospitals, is a part of overall service quality, including quality of medical care within the hospital service quality. Broadly speaking, that is, the quality of hospitals or hospital clinical quality with quality of service. Clinical quality refers to the physician-based medical personnel and operating standards for clinical practice code of conduct conditions. Service quality refers to the surrounding facilities and clinical work, including the hardware environment, regulations, administrative procedures, medical costs and quality of service attitude. And patient satisfaction as a criterion.

Avedis Donabedian (1984) believes that a "structure-process-Results" to assess the quality of hospital services:

1) Structure: In a better medical environment can have a better quality of care. If we can find better environmental conditions, it can provide better quality of care. These structures are occasions that some of the attributes of medical behavior, that is, the entity providing medical services and tools, including the hospital's facilities, hardware environment, seen specialty, equipment, administration and management and educational training.

2) process: health care workers in contact with the patients to clinics for the purpose of doing everything for the patient, each process, including diagnosis, prescription, friendly attitude, courtesy, communication, reaction, with empathy and the accessibility and accessibility.

3) Result: good medical care the patient is a good result. Therefore, patients treated the results of the quality of care reflect the merit and defect. Results of medical services including patient health status, satisfaction, and improve the extent of the disease.

Parasuraman, Zeithaml, and Berry (1985) service quality model(Fig. 1) proposed that service quality was the result of consumer expectations of service and perceived service, compare the gap between the two came, and then develop a service gap model .This service gap model is to investigate service quality to meet customer demand cannot be the main reason, from the generation and transmission services in all aspects of the gap between the (Gap) the existence, in order to properly meet the needs of customers, we must meet five a service gap (customer expectations and management perception gap between management perception and the gap between service quality specifications and service quality specifications and service delivery gaps, service delivery and external communication gap between customer expectations and customer perception gap.)

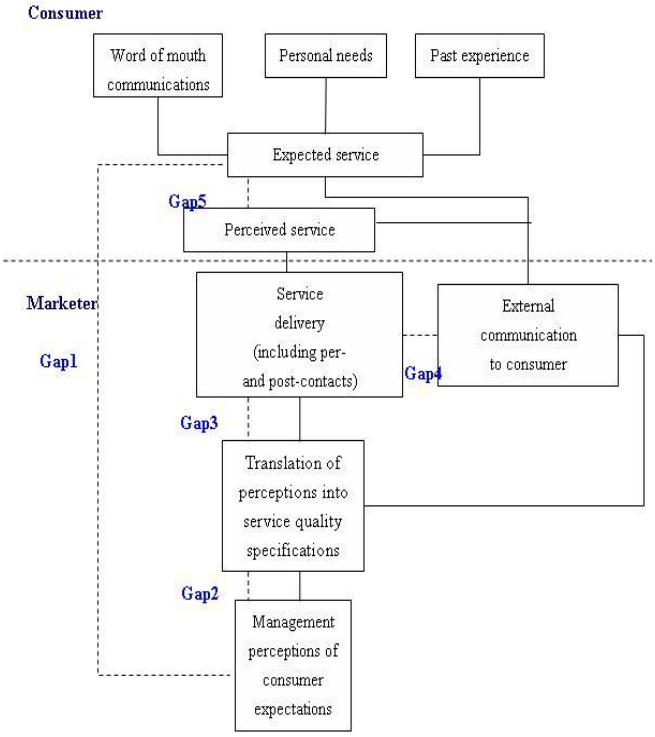

Fig. 1 Service quality gap conceptual framework

Based on the above literature review, the quality of medical services can be defined as: not only focus only on the physician or care-sided technical and professional capacity of medical care, but to the concept of patient-centered and take into account the patient's thoughts, with patient Perspectives into the process of health care and the hospital's administrative efficiency and patient satisfaction with the quality of health care services as a part of.

1.3 REVISIT FACTORS

When the internal consumer demand in the general population (medical needs) stimulation occurs, it will start the internal and external sources of information to determine the place of care, Beales (1981) and others sources of information to purchase decision-makers the information obtained from internal and external, and internal information from sources are active individuals in the past to obtain search and personal experience of the past; the initiative to obtain information from an external source is an independent body from the outside, relatives and friends personal contact, marketing contact and experience of other relatives and friends in the past, but will affect the internal and external customers in the information (for medical

treatment persons) of the purchase behavior (seeking behavior). However, in the medical profession that the use of medical services is not a "consumer behavior" on the grounds that the purpose of the use of medical services is not "consumption." Even so, patients in the process of looking for health care services, but can be obtained in general customer behavior clues and explanations.

Seeking behavior of patients in addition to induction by the treatment factors, such as hospitals equipped, physician competence, service, transportation and other factors, the patient is revisiting the original hospital characteristics may also be doctors, patients Patient characteristics and physician-patient relationship has been affected. The following characteristics of each physician, patient characteristics, physician-patient relationship to illustrate.

1) physician characteristics: a report from outside of the physician, their relatives and friends in the past to feel the experience of physicians according to technical, personal style, taste, gender, age, etc., that is, the overall image of physicians.

Fredisony (1963) factors in the demand for quality health care services mentioned in medical technology; Fisher (1986) refers to "a physician with the diagnosis and treatment" and "professional capacity"; Fletcher (1983), who refers to "professional capacity"; Kenia (1986) And other researchers refer to "doctor's attitude", "doctor communication;" Donabedian (1987) the quality of medical services defined by reference to medical services, technology and the art of communication, to the King (1990) technology, Style, communication patterns, and Wann-Yih (1994) study referred to "medical services", as well as Quint Studer (2002) study referred to "medical services side", etc. The researchers referred to the attitude of physicians, style, medical technology, medical treatment for the assessment etc. are one of the factors of medical service quality.

Patient characteristics: Xu Wencan et al (1998) pointed out that in the control of marriage patterns, family type, health insurance, mental status, depression, and severity, elderly patients are more likely to return to the original rural primary care physicians. For the elderly and non-elderly patients with psychiatric illness in newly diagnosed type compared with the recall rate, the recall rate in the geriatric group recall rate higher than non-elderly group, and the difference was statistically significant.Therefore, characteristics of the patient; age, sex, marital status, disease severity, treatment specialties and other factors will affect the patient back to the clinic.

Doctor-patient relationship: a harmonious relationship between doctor and patient cannot improve the lack of medical care in the basic elements of doctor-patient relationship is a kind of two social systems, physicians and patients have their own role, Ji each other a good relationship of Xu Jianli. In Cai Shi Zi (1991) pointed out that regardless of a variety of medical problems in clinical, medical history, promoting from the doctor's advice, health promotion counseling, and even family-oriented care, should be the establishment of good doctor-patient relationship is based. In addition, Ji-Tseng Fang (2001) in how to maintain a high quality doctor-patient relationship mentioned above, the medical doctor-patient relationship satisfaction indicators.

Therefore, regardless of physician services, units or divisions, if maintained between good and patient interaction, satisfaction with health care is shared by the most direct response, patients need treatment, we will certainly seek treatment once again rely on physicians . The face of rapid changes in today's medical environment, the relationship between physicians and patients also have interactive effects, how to play the role of both good and reached the level of coordination and cooperation is a major important issue.

2. METHODS

2.1 RESEARCH PROCEDURES AND RESEARCH FRAMEWORK

Study steps is divided into three stages, the following description of the order：

The first stage for the current status of the first to do a study, integration of related people and things and its resources, understand the current situation of out-patient services, and establish information platforms.

Then look for the quality of medical care related literature, the depth to construct the prototype of this research framework. Invited expert panel to examine and conduct interviews, edit and adjust the structure. Appropriate changes to the questionnaire and conduct pre-test. Finally, after the first visit questionnaire survey of medical customers, and further analysis and interpretation of data.

Finally, experts and scholars invited suggestions and feedback, and establish a mode of hospital services and the provision of hospital quality measures relevant recommendations.

This research study PZB service quality model and modified the basic theory of the plan structure, shown in Fig. 2. Want to take this model to identify possible effects of the five service quality gap, the gap of five to Gap5 order of Gap1: Consumer Expectation - Management Perception Gap, Management Perception - Service Quality Specification Gap, Service Quality Specification - Service Delivery Gap, Service Delivery - External Communication Gap and Expected Service - Perceived Service Gap. In addition, the amendment PZB service quality model is to dig the entire health care service quality conditions and the integration situation of hospital resources, through survey research methods in the questionnaire survey to collect data to understand the current status of medical service quality.

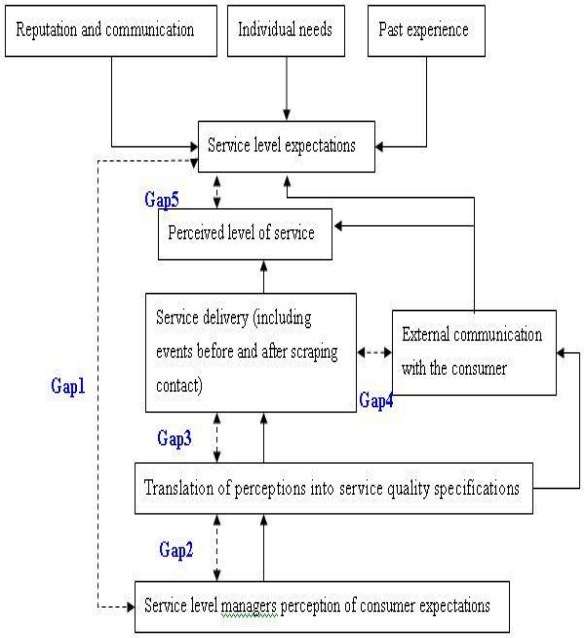

Fig. 2 Research framework

2.2 RESEARCH OBJECTIVES

The object of this study to the first visit of the patients were subjects, using questionnaire survey, released 500 copies, recovery of 134, 110 valid questionnaires were returned 26.8%.

2.3 RESEARCH TOOLS

This study is based modified PZB service quality model of the structure, trying to figure out the appropriate measure for the health care system model. And to develop a way to try to survey a complete description of the development process of the above issues, in order to facilitate data analysis exercise. This study collected primary data using SPSS 12.0 for individual variables mean and standard deviation analysis.

2.4 DATA PROCESSING AND ANALYSIS METHODS

Research methods

The research methods to evaluate and compare the characteristics of each post. Finally decided to survey method (questionnaire survey) most suitable for this study. Newly diagnosed patients to understand the knowledge gap on the perceived quality of service to the next time the impact of treatment choice.

Questionnaire Design

In this study, prior to the implementation of a formal survey has been pilot test and pre-testing to improve the validity of the questionnaire. In this study, before the official survey by the patients or their families consent, 6 patients have been solicited for pilot testing. In addition, in order to clearly understand the question of the questionnaire, answer the simple practical implementation of and compliance with the case. This study also conducted pre-testing, the draft urges the physician questionnaire content and question wording for the provision of advice to amend the reference to the questionnaire. The amendment by the pre-test, analysis, validity should be better designed and in accordance with the attitude that the questionnaire subjects.

The amendment by the pre-test, analysis, final design and perceived quality of service a total of 43 items related to ask questions, can be classified into four categories, namely "medical environment" Item 15 questions asked, "medical procedure" 22 questions to ask key , "Medical results" asked the key question 3, "back to the clinic will" ask key question 3, the questionnaire scale with six measure, were "strongly agree", "agree", "no comments", "no", "very do not agree, "" do not know "six levels, to the order of sub-way, 5 points, 4 points, 3 points, 2 points, 1, 0, which is divided into" expectation "and" perceived "two part of the "expectation" refers to heart patients or family members of patients want the hospital to provide medical services to the extent of the project, while the "perceived" is the

patient or family members of patients actually feel the medical services provided by the hospital situation.

Data collection methods

This study was collected by mail questionnaire. That is, one month after the first treatment for patients not return to clinic for the study. Collected by mail to the address, please contact patients after their return to be sent to the hospital to help fill in the manner to investigate.

3. RESULTS

3.1 DESCRIPTIVE STATISTICAL ANALYSIS

Basic information of respondents

In this study, 110 valid questionnaires were collected from September 2010 to October 2010, for a period of nearly two months. Among them, mostly women, accounting for 61% and men account for 39%, as shown in Fig. 3. The age of respondents more than 30 years of age for most, followed by 31 to 40 years old. Respondents were mostly patients have capacity, followed by children and parents. Taichung County, the majority of residence, followed by Taichung City and Taichung City West. The respondents were mostly professional services, followed by students and home management. Total monthly income to 10,001 ~ 30,000 based, followed by 30,001 to 50,000. Education to college, university most, followed by high school, the staff. Respondents were mostly married, followed by single. Select the factors to this treatment the majority of personal wishes, followed by transportation and recommend friends and relatives, as shown in Fig. 4.

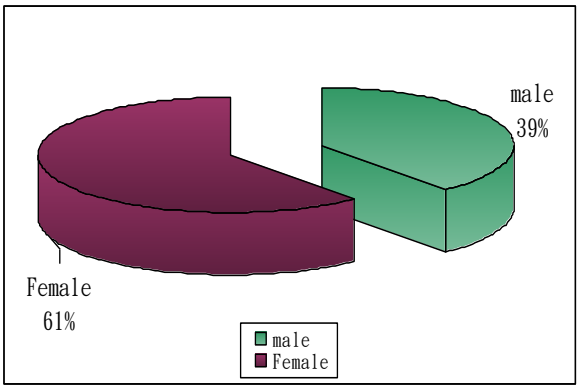

Fig. 3 Sex ratio of respondents

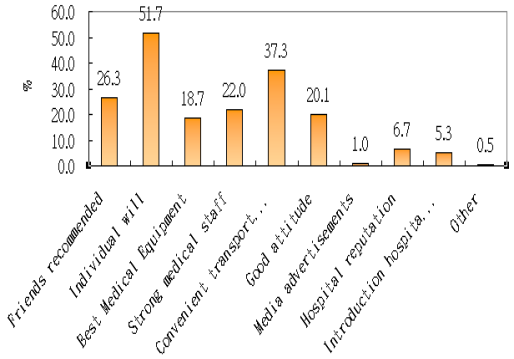

Fig. 4 Select factors to this treatment

Perceived service quality and willingness to revisit the statistical analysis of survey

With modified PZB service quality model and through expert interviews and questionnaires. In order to understand clearly the question of the questionnaire, answer the simple practical implementation of and compliance with the case. This research has urged scholars to draft the questionnaire content and question wording for the provision of advice to amend the reference to the questionnaire. The pre-testing methods, perceived service quality survey statistical analysis shown in Table 4 to Table 6. Willingness to revisit the statistical analysis of survey shown in Table 7.

TABLE 4

INVESTIGATION OF THE STATISTICAL ANALYSIS OF THE MEDICAL ENVIRONMENT

	Expectations		Real feel		E.-R.
	Avg.	SD	Avg.	SD	Avg.
Charges sufficient parking spaces, affordable	2.9	0.11	2.6	0.12	0.3
From the entrance to the outpatient clinic signage clearly	3.4	0.09	3.7	0.07	-0.2
Hospital cleanliness	3.5	0.10	4.0	0.06	-0.5
Hospital facilities accessible space	3.3	0.10	3.2	0.09	0.1
Privacy outpatient clinic environment, high	3.5	0.10	3.8	0.06	-0.3
Spacious outpatient clinic	3.5	0.09	3.7	0.06	-0.2
Out-patient clinic, line planning appropriate	3.5	0.09	3.6	0.06	-0.2
Hospital air conditioning moderate	3.5	0.09	3.9	0.05	-0.3

Waiting room quiet and comfortable	**3.4**	**0.09**	**3.6**	**0.07**	**-0.1**
When waiting to facilitate water	**3.5**	**0.09**	**3.7**	**0.07**	**-0.2**
Patient to the toilet clearly marked	**3.6**	**0.10**	**3.7**	**0.07**	**-0.1**
Toilets clean and tidy environment	**3.6**	**0.10**	**3.5**	**0.08**	**-0.4**
Improve the medical equipment	**3.5**	**0.10**	**3.7**	**0.08**	**-0.1**
Moderate light and brightness in hospitals	**3.5**	**0.10**	**3.9**	**0.05**	**-0.4**
The fire escape equipment in hospitals	**3.4**	**0.11**	**3.3**	**0.09**	**0.0**

TABLE 5

INVESTIGATION OF THE STATISTICAL ANALYSIS OF MEDICAL PROCESSES

	Expectations		**Real feel**		**E.-R.**
	Avg.	**SD**	**Avg.**	**SD**	**Avg.**
Registration desk staff efficient	**3.6**	**0.10**	**4.2**	**0.05**	**-0.6**
Smooth flow appointment to see the doctor	**3.5**	**0.10**	**3.7**	**0.09**	**-0.3**
Registration desk staff very good service attitude	**3.6**	**0.10**	**4.2**	**0.05**	**-0.6**
Volunteer their good service attitude	**3.6**	**0.10**	**4.1**	**0.07**	**-0.4**
Good staff service desk	**3.6**	**0.10**	**4.2**	**0.06**	**-0.5**
Reasonable waiting time when seeing patients	**3.3**	**0.10**	**3.7**	**0.07**	**-0.4**
Physicians seeing patients with high professional	**3.6**	**0.10**	**4.1**	**0.06**	**-0.5**
Physicians see the doctor a good service attitude	**3.7**	**0.10**	**4.2**	**0.05**	**-0.5**
The work of physicians seeing patients with high efficiency	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**
Disease that physicians seeing patients more	**3.6**	**0.10**	**4.1**	**0.06**	**-0.5**
Nursing services for patients with a good attitude	**3.7**	**0.10**	**4.2**	**0.05**	**-0.4**
Skilled nursing	**3.6**	**0.10**	**4.0**	**0.07**	**-0.4**
Nursing staff to guide and give details of patients	**3.5**	**0.10**	**4.0**	**0.06**	**-0.5**
Case manager good service attitude	**3.2**	**0.11**	**2.9**	**0.12**	**0.3**
Case manager to provide adequate health education information	**3.1**	**0.11**	**2.9**	**0.13**	**0.3**
Details of the patients that pharmacist medication	**3.4**	**0.10**	**3.6**	**0.09**	**-0.2**
Pharmacist services for patients with a good attitude	**3.5**	**0.10**	**3.8**	**0.08**	**-0.4**
Lead a reasonable waiting time music	**3.4**	**0.11**	**3.6**	**0.08**	**-0.2**
Smooth the process of blood	**3.2**	**0.11**	**2.9**	**0.13**	**0.2**
Arrangements for inspection (such as: brain examination) process smooth	**3.1**	**0.12**	**2.7**	**0.13**	**0.4**
Waiting time for a reasonable price approved	**3.4**	**0.10**	**3.7**	**0.08**	**-0.3**
Out-patient charges are reasonable	**3.4**	**0.10**	**3.6**	**0.08**	**-0.2**

TABLE 6

STATISTICAL ANALYSIS OF THE MEDICAL OUTCOMES SURVEY

	Expectations		**Real feel**		**E.-R.**
	Avg.	**SD**	**Avg.**	**SD**	**Avg.**
Physicians seeing patients with high ability to solve patient problems	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**
Good follow-up hospital services	**3.4**	**0.11**	**3.2**	**0.11**	**0.2**
Physician Clinical Pharmacy opened with good	**3.4**	**0.11**	**3.5**	**0.10**	**-0.1**

TABLE 7

BACK TO THE WILLINGNESS OF THE STATISTICAL ANALYSIS OF PATIENT

	Expectations		**Real feel**		**E.-R.**
	Avg.	**SD**	**Avg.**	**SD**	**Avg.**
The clinic, you will be to the hospital	**3.7**	**0.10**	**4.2**	**0.06**	**-0.5**
You will recommend the hospital to your friends	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**
You recommend to your friends and relatives of hospital physicians	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**

3) "Expectation" and "real feel" service several of the top survey

"Expectation" services of the top ask a few items, as shown in Table 8, physicians were asked items see the doctor's good service attitude, the attitude of nurses good patient, out-patient to the toilet clearly marked, the toilet Environment clean and tidy, registration desk staff efficient, registered the attitude of the counter staff excellent, good service attitude volunteers, help desk personnel service, good, professional doctors who see a high degree of consultation, the doctors see the doctor's High efficiency, the attending physicians to see detailed description of the disease, as well as skilled nursing care physicians seeing patients with high ability to solve patient problems.

TABLE 8

"EXPECTATION" OF ASK OF THE TOP SERVICE ITEMS

Items	Expectation	
	Avg.	SD
Physicians see the doctor a good service attitude	**3.7**	**0.10**
Nursing services for patients with a good attitude	**3.7**	**0.10**
Patient to the toilet clearly marked	**3.6**	**0.10**
Toilets clean and tidy environment	**3.6**	**0.10**
Registration desk staff efficient	**3.6**	**0.10**
Registration counter staff have a good attitude	**3.6**	**0.10**
Volunteer their good service attitude	**3.6**	**0.10**
good staff service desk	**3.6**	**0.10**
Physicians seeing patients with high professional	**3.6**	**0.10**
The work of physicians seeing patients with high efficiency	**3.6**	**0.10**
Disease that physicians seeing patients more	**3.6**	**0.10**
Skilled nursing	**3.6**	**0.10**
Physicians seeing patients with high ability to solve patient problems	**3.6**	**0.10**

Table 9 presents the content that is "real feel " of the top ask a few items, ask key registration desk staff were efficient, registered the attitude of counter staff excellent, concierge services, good attitude, physicians See the doctor's good service attitude, the attitude of nurses towards their patients well, good service attitude of volunteers, doctors see the doctor's professional level high, the attending physicians to see detailed description of the disease, hospital cleanliness, nursing care Skilled nurses to guide and give details on the patient and the attending physicians who see patients with problem solving ability of high.

TABLE 9

"REAL FEEL" OF THE ASKED THE TOP 10 ITEMS

Items	Real feel	
	Avg.	SD
Registration desk staff efficient	4.2	0.05
Physicians see the doctor a good service attitude	4.2	0.05
good staff service desk	4.2	0.06
Physicians seeing patients with high professional	4.2	0.05
Nursing services for patients with a good attitude	4.2	0.05
Volunteer their good service attitude	4.1	0.07
Disease that physicians seeing patients more	4.1	0.06
Hospital cleanliness	4.1	0.06
Hospital cleanliness	4.0	0.06
Skilled nursing	4.0	0.07
Nursing staff to guide and give details of patients	4.0	0.06
Physicians seeing patients with high ability to solve patient problems	4.0	0.06

Table 10 content presented is "expectation" service last several items of question to ask entry fee parking spaces were adequate arrangements for inspection (e.g.: brain examination) process smooth, case manager to provide adequate health education information, Blood smooth process, case manager good service attitude, the hospital facilities accessible space, see the doctor waiting time for a reasonable time, leading reasonable waiting time music, the fire escape equipment in hospitals, outpatient charges are reasonable, good hospital follow-up services , Rating a reasonable waiting time, the doctor opened the pharmaceutical efficacy of good, quiet waiting room, comfortable, pharmacists and patients detailed description of medication from the outpatient clinic entrance to the nameplate clearly.

TABLE 10

"EXPECTATION" SERVICE LAST SEVERAL ITEMS

Items	Expectation	
	Avg.	SD
Charges sufficient parking spaces, affordable	2.9	0.11
Arrangements for inspection (such as: brain examination) process smooth	3.1	0.12
Case manager to provide adequate health education information	3.1	0.11
Smooth the process of blood	3.2	0.11
Case manager good service attitude	3.2	0.11
Hospital facilities accessible space	3.3	0.10
Reasonable waiting time when seeing patients	3.3	0.10
Lead a reasonable waiting time music	3.4	0.11
The fire escape equipment in hospitals	3.4	0.11
Out-patient charges are reasonable	3.4	0.10
good follow-up hospital services	3.4	0.11
Waiting time for a reasonable price approved	3.4	0.10
Physician Clinical Pharmacy opened with good	3.4	0.11
Waiting room quiet and comfortable	3.4	0.09
Details of the patients that pharmacist medication	3.4	0.10
From the entrance to the outpatient clinic signage clearly	3.4	0.09

Table 11 showing the contents of the eleven that is "perceived" the last few items to ask, ask entry fee parking spaces were adequate arrangements for inspection (such as: brain examination) process smooth, case manager to provide adequate health education information, Blood smooth process, case manager service attitude good service, good hospital follow-up services, hospital facilities accessible space, the fire escape equipment in hospitals, doctors opened the pharmaceutical efficacy of environmental good and clean toilets.

TABLE 11

"REAL FEEL" SERVICE LAST SEVERAL ITEMS

Items	Real feel	
	Avg.	SD
Charges sufficient parking spaces, affordable	2.6	0.12
Arrangements for inspection (such as: brain examination)	2.7	0.13
Case manager to provide adequate health education information	2.9	0.13
Smooth the process of blood	2.9	0.13
Case manager good service attitude	2.9	0.12
good follow-up hospital services	3.2	0.11
Hospital facilities accessible space	3.2	0.09
The fire escape equipment in hospitals	3.3	0.09
Physician Clinical Pharmacy opened with good	3.5	0.10
Toilets clean and tidy environment	3.5	0.08

Table 12 showing the contents of the twelve was "expectation" and "real feel" gap among the worst sort, and asked test items were arranged (such as: brain examination) process smooth and charges sufficient parking spaces, affordable, case management Health education teachers to provide adequate information, case manager good service attitude, the process of blood smooth, good hospitals and hospital follow-up services, barrier-free space facilities.

TABLE 12

"EXPECTATION" AND "REAL FEEL" GAP AMONG THE WORST OF THE QUESTION ITEMS

Items	E.-R.
	Avg.
Arrangements for inspection (such as: brain examination)	0.4
Charges sufficient parking spaces, affordable	0.3
Case manager to provide adequate health education information	0.3
Case manager good service attitude	0.3
Smooth the process of blood	0.2
good follow-up hospital services	0.2
Hospital facilities accessible space	0.1

4) Service quality expectations and perceived differences between the cognitive

Service quality in receiving services from pre-service expectations and to accept the differences between the cognitive. Modified PZB service quality model to try to find the five that may affect the service quality gap (gap), this section shows the order:

Gap 1: Consumer Expectation--Management Perception

This gap (Fig. 5) produced largely as managers is not fully aware of the expectations of the subjects of service, so not fully understanding their needs is understanding, so the services provided by the hospital cannot meet customer expectations. Table 13 patients showed cognitive expectations and management related problems, of which the largest gap between the order of arrangement before the three tests (such as: brain examination) process smooth, see the doctor waiting time for a reasonable time, grant a reasonable price of waiting time, out-patient Privacy clinic environment is high, make an appointment to see the doctor smooth flow and other issues.

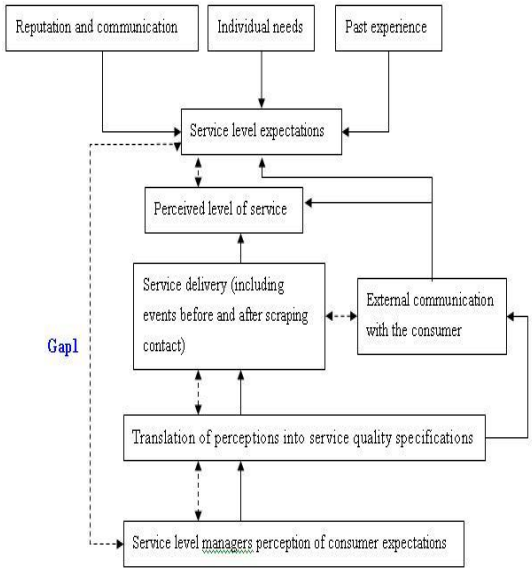

Fig. 5 Customer expectation and management perception of the gap class

TABLE 13

CUSTOMER EXPECTATIONS - MANAGEMENT OF THE GAP ANALYSIS OF COGNITIVE

Items	Expectations		Real feel		E.-R.
	avg.	SD	avg.	SD	avg.
Arrangements for inspection (such as: brain examination) process smooth	**3.1**	**0.12**	**2.7**	**0.13**	**0.4**
Reasonable waiting time when seeing patients	**3.3**	**0.10**	**3.7**	**0.07**	**-0.4**
Waiting time for a reasonable price approved	**3.4**	**0.10**	**3.7**	**0.08**	**-0.3**
Privacy outpatient clinic environment high	**3.5**	**0.10**	**3.8**	**0.06**	**-0.3**
Smooth flow appointment to see the doctor	**3.5**	**0.10**	**3.7**	**0.09**	**-0.3**
Smooth the process of blood	**3.2**	**0.11**	**2.9**	**0.13**	**0.2**
Out-patient charges are reasonable	**3.4**	**0.10**	**3.6**	**0.08**	**-0.2**
Lead a reasonable waiting time music	**3.4**	**0.11**	**3.6**	**0.08**	**-0.2**

Gap 2: Management Perception—Service Quality Specification

This gap (Figure VI) a hospital subject to resource conditions, market constraints and high-level management commitment. Even if a correct perception of the hospital to the expectations of subjects, cannot provide the required service specifications subject really. In order to further generate awareness and the gap between service quality specifications. Table fourth show management and service quality level cognitive question items relating to the specifications. Gap between the top three largest of which is hospital clean, the toilet clean and tidy environment, as well as in hospitals and other issues moderate lighting and brightness.

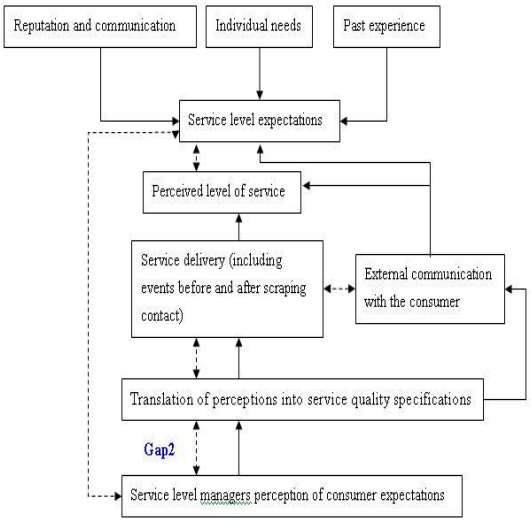

Fig. 6 Management level and service quality specifications of the cognitive gap

TABLE 14

KNOWLEDGE MANAGEMENT CLASS - SERVICE QUALITY SPECIFICATION GAP ANALYSIS

Items	Expectations		Real feel		E.-R.
	avg.	SD	avg.	SD	avg.
Hospital cleanliness	**3.5**	**0.10**	**4.0**	**0.06**	**-0.5**

Toilets clean and tidy environment	**3.6**	**0.10**	**3.5**	**0.08**	**-0.4**
Moderate light and brightness in hospitals	**3.5**	**0.10**	**3.9**	**0.05**	**-0.4**
Charges sufficient parking spaces, affordable	**2.9**	**0.11**	**2.6**	**0.12**	**0.3**
Hospital air conditioning moderate	**3.5**	**0.09**	**3.9**	**0.05**	**-0.3**
Spacious outpatient clinic	**3.5**	**0.09**	**3.7**	**0.06**	**-0.2**
Out-patient clinic, line planning appropriate	**3.5**	**0.09**	**3.6**	**0.06**	**-0.2**
When waiting to facilitate water	**3.5**	**0.09**	**3.7**	**0.07**	**-0.2**
Hospital facilities accessible space	**3.3**	**0.10**	**3.2**	**0.09**	**0.1**
Waiting room quiet and comfortable	**3.4**	**0.09**	**3.6**	**0.07**	**-0.1**
Improve the medical equipment	**3.5**	**0.10**	**3.7**	**0.08**	**-0.1**
The fire escape equipment in hospitals	**3.4**	**0.11**	**3.3**	**0.09**	**0.0**

Gap 3: Service Quality Specification--Service Delivery

This gap (Fig. 7) is the service quality in the delivery process, service by service personnel not involved in leaving the same level. Instability of the service quality, and produced a quality gap. Table 15 the actual rendering of service quality specifications and asked to send service-related items. Where the largest gap between the top three order of registration desk staff efficient, registered good service attitude of staff at the help desk personnel service, good, professional doctors who see a high degree of consultation, the attending physicians to see a good service attitude Physicians see the doctor and the nurses condition for detailed guidance and instructions to patients and other issues in detail.

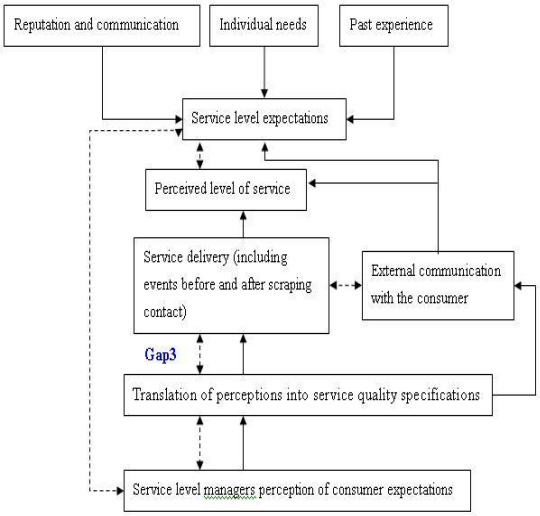

Fig. 7 Service quality specifications and actual service delivery gap

TABLE 15

SERVICE QUALITY SPECIFICATIONS - THE ACTUAL DELIVERY SERVICE GAP ANALYSIS

Items	Expectations		Real feel		E.-R.
	avg.	SD	avg.	SD	avg.
Registration desk staff efficient	**3.6**	**0.10**	**4.2**	**0.05**	**-0.6**
Registered service attitude of staff at the good	**3.6**	**0.10**	**4.2**	**0.05**	**-0.6**
good staff service desk	**3.6**	**0.10**	**4.2**	**0.06**	**-0.5**
Physicians seeing patients with high professional	**3.6**	**0.10**	**4.1**	**0.06**	**-0.5**
Physicians see the doctor a good service attitude	**3.7**	**0.10**	**4.2**	**0.05**	**-0.5**
Disease that physicians seeing patients more	**3.6**	**0.10**	**4.1**	**0.06**	**-0.5**
Nursing staff to guide and give details of patients	**3.5**	**0.10**	**4.0**	**0.06**	**-0.5**
Volunteer their good service attitude	**3.6**	**0.10**	**4.1**	**0.07**	**-0.4**
The work of physicians seeing patients with high efficiency	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**
Nursing services for patients with a good attitude	**3.7**	**0.10**	**4.2**	**0.05**	**-0.4**
Skilled nursing	**3.6**	**0.10**	**4.0**	**0.07**	**-0.4**
Pharmacist services for patients with a good attitude	**3.5**	**0.10**	**3.8**	**0.08**	**-0.4**

Physicians seeing patients with high ability to solve patient problems	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**
Case manager good service attitude	**3.2**	**0.11**	**2.9**	**0.12**	**0.3**
Details of the patients that pharmacist medication	**3.4**	**0.10**	**3.6**	**0.09**	**-0.2**
information					
From the entrance to the outpatient clinic signage clearly	**3.4**	**0.09**	**3.7**	**0.07**	**-0.2**
Patient to the toilet clearly marked	**3.6**	**0.10**	**3.7**	**0.07**	**-0.1**

Gap 4: Service Delivery--External Communication

This gap (Fig. 8) is mainly caused by advertising media used in hospitals or other communications to communicate with the subjects when they made the guarantee or promise cannot be completely fulfilled, or cannot meet the expectations of participants. Table 16 show the actual delivery service external communication related problems with the item. The order of which the largest gap between the case manager to provide adequate health education information, from the entrance to the outpatient clinic and outpatient signpost to the toilet clearly marked clearly etc.

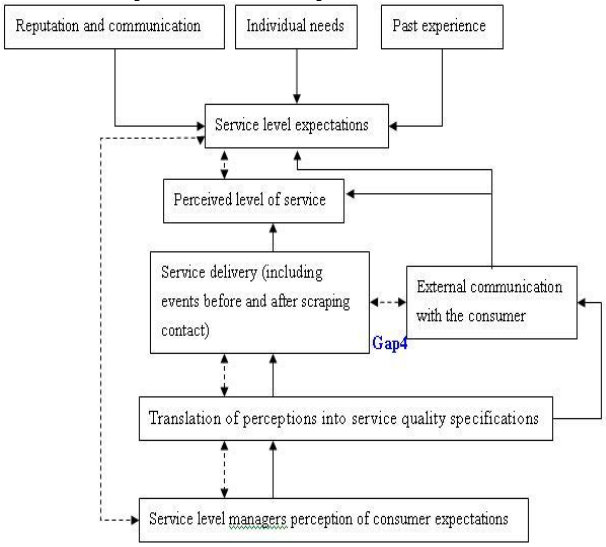

Fig. 8 The actual delivery of services and external communication gap

Gap 5: Expected Service--Perceived Service

This gap (Fig. 9) is the pre-service patients expect and receive service gap between perceptions. If later than prior expectations of the cognitive, the subjects of the industry, quality of service provided by the Hospital will be satisfied. If after less than prior expectations of cognitive, the subjects of the services provided by hospitals are not satisfied with the quality will be. Table 17 present expected service and perceived service-related question items. The largest gap between the three of them before the order will be patient-oriented views to the hospital, will recommend the hospital to friends and relatives, and friends recommend to the hospital physicians and other issues.

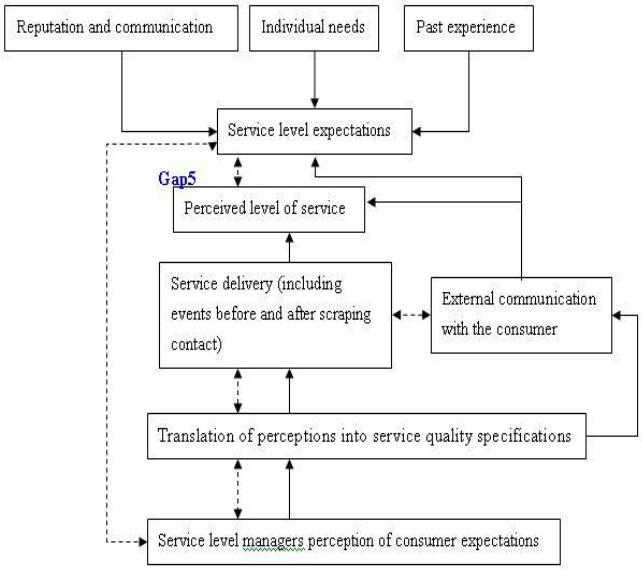

Fig. 9 The expected service and perceived service gap

TABLE 16

THE ACTUAL DELIVERY SERVICE - EXTERNAL COMMUNICATION GAP ANALYSIS

Items	Expectations		Real feel		E.-R.
	avg.	SD	avg.	SD	avg.
Case manager to provide adequate health education	**3.1**	**0.11**	**2.9**	**0.13**	**0.3**

TABLE 17

EXPECTED SERVICE - PERCEIVED SERVICE GAP ANALYSIS

Items	Expectations		Real feel		E.-R.
	avg.	SD	avg.	SD	avg.
The clinic will be to the hospital	**3.7**	**0.10**	**4.2**	**0.06**	**-0.5**
Would recommend	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**

the hospital to friends and relatives					
Court will recommend to family and friends, physicians	**3.6**	**0.10**	**4.0**	**0.06**	**-0.4**
good follow-up hospital services	**3.4**	**0.11**	**3.2**	**0.11**	**0.2**
Physician Clinical Pharmacy opened with good	**3.4**	**0.11**	**3.5**	**0.10**	**-0.1**

4. CONCLUSION AND RECOMMENDATION

From the above analysis, the "real feel" of the last few items asked were: adequate parking spaces fees, charges and reasonable arrangements for inspection (such as: brain examination) process smooth, case manager to provide adequate health education information, the process of blood smooth, case manager service attitude good service, good hospital follow-up services, hospital facilities accessible space, the fire escape equipment in hospitals, doctors opened the pharmaceutical effect of environmental good and the toilets clean and tidy. In the "expectation" and "real feel" gap sort of countdown, the countdown to ask test items were arranged (such as: brain examination) process smooth and charges sufficient parking spaces, affordable, case manager to provide adequate health education information, case the attitude of good service management division, the process of blood smooth, good hospitals and hospital follow-up services, barrier-free space facilities. Repeat the analysis from the two items mentioned in the question are: adequate parking spaces fees, charges and reasonable arrangements for inspection (such as: brain examination) process smooth, case manager to provide adequate health education information, blood smooth process, case management Normal service attitude good service, good hospital follow-up services, hospital facilities accessible space. This table in the "perceived" and "expectation" and "perceived" gap are all negative perception. A very necessary improvement to be done. Which the first of several parking spaces in the toll charges are mostly dissatisfied with some of the proposed homes be re-done for this part of the minor adjustments. Examination and blood in the process of scheduling some of the respondents no more and more understanding of this, it is recommended more emphasis on this part of the promotion. Part of the case manager, the respondents used for the promotion probability is low, and less, resulting in this portion of the respondents do not know much. Part of the hospital is not much follow-up. These are discussed further improvements must be part of.

Hospitals need to have good quality health care services the hospital will be more competitive to attract patients to come for medical treatment is an important weapon. Therefore, in order to be able to obtain highly competitive medical environment, a place to achieve the goal of sustainable management. Hospital Management should focus on service quality improvement. Not only to understand the needs and expectations of patients, while if the patient's position as a business management concept, the hospital will be able to create a better future.

Xiu-wan Zhang (2004) pointed out that the quality of medical services covered a wide range of aspects, including the difficulty to obtain from the medical to the medical effectiveness, timeliness, appropriateness, efficiency, so that the protection of patient privacy, respect for medical staff to patients, and Security mused medical environment is the scope of the quality of hospital services. Any of the patients are likely to affect the quality of hospital service satisfaction, and further consultation will affect the patient's medical treatment or referral behaviors.

Hospital is a rather special nature of services. Patients as the main customers and is the main source of income. The medical industry is related to the patient a little negligent health and life. Therefore quality of the medical industry, the importance of hard to say. Recommended that hospitals can create patient-centered team, by medical professionals responsible for the initiative to track patients with the disease recovery situation (especially medical services need to receive long-term patients). Certain periods of informed patients to the hospital referral or check Make patients feel much attention. The more of their health status are to master, but also to understand whether the results of their treatment improved.

Usually a long wait in the hospital is unavoidable; it has been criticized by patients for the treatment. Although the hospital information system has been used to provide patient appointment register voice services, but also enhance the computer's operating system to shorten the process time. But wait still seems

inevitable. Although the hospital environment through landscaping, provision of books, newspapers, television or out-patient health education, etc., to transfer the patient's attention during the long wait, so that patients do not feel to spend a lot of time in waiting on. If you could enhance physician to complete the consultation time settings. Make patients better control exactly what the consultation time and reduce unnecessary waiting time.

In this study, only respondents perceived the quality of clinical quality and service included in this research. Fail to address the practical clinical quality of the study. Suggest that future researchers may be included in the hospital's clinical quality within the study area.

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