

# Al-Azhār

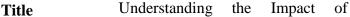
Volume 6, Issue 1 (Jan-June, 2020)

ISSN (Print): 2519-6707

Issue: http://al-azhaar.org/ojs/index.php/rj/issue/view/12

URL: <a href="http://al-azhaar.org/ojs/index.php/rj/article/view/99/17">http://al-azhaar.org/ojs/index.php/rj/article/view/99/17</a>

Article DOI: https://doi.org/10.46896/arj.v6i01.99



Health Service Quality on Patient's Satisfaction: An Islamic

Perspective

**Author (s):** Dr. Khalil ur Rahman, Dr. Syed

Naeem Badshah and Ashfaq Ali

**Received on:** 29 June, 2019 **Accepted on:** 29 May, 2020 **Published on:** 25 June, 2020

Citation: Dr. Khalil ur Rahman, Dr. Syed

Naeem Badshah and Dr.Ashfaq Ali, "Construction: Understanding the Impact of Health Service Quality on Patient's Satisfaction: An Islamic Perspective," Al-

Azhār: 6 no, 1 (2020): 52-64

Publisher: The University of Agriculture

Peshawar





















Click here for more

# Understanding the Impact of Health Service Quality on Patient's Satisfaction: An Islamic Perspective

Dr. Khalil ur Rahman\* Dr. Syed Naeem Badshah \*\* Dr.Ashfaq Ali\*\*\*

#### Abstract

Many studies have investigated the interplay between the quality of health services and patient's satisfaction however very little or no evidence is available regarding the issue from an Islamic perspective in Pakistan. This study was planned to explore how the quality of health services affect the level of patient's satisfaction while using Islamic perspective. For this purpose, patient's satisfaction was taken as independent variable and health service quality was selected as dependent variable. Health service quality was operationalized with six aspects including technical service quality, communication, interpersonal aspect, time spent aspect, financial and accessibility aspect. Data was collected from 258 randomly and conveniently selected patients in Ayub Teaching Hospital Abbottabad of Pakistan through questionnaire with three point Likert type scale ranging as 1-agree, 2-uncertain, 3-disagree. Data was analysed through frequency and percentage distribution at uni-variate level while regression analysis and correlation was performed at bi-variate level. Regression test that patient's satisfaction was found positively associated with all the constituent variables such as technical quality, communication, interpersonal, time spent, financial and accessibility aspects. Correlation analysis suggests that all the selected aspects of health services were positively and significantly correlated with one another. It is concluded from the study that patients were found highly satisfied with available health services in the hospital. Moreover, patient's satisfaction is positively and significantly attributed to the high quality within hospital.

Keywords: Patients, Satisfaction, Communication, Health, Services

<sup>\*</sup>Assistant Professor in Sociology, Department of Sociology, Hazara University Mansehra

<sup>\*\*</sup>Associate Professor in Islamic Studies, Agriculture University Peshawar
\*\*\* Lecturer, Islamic Theology Deptt, Islamia collage University, Peshawar

# **Introduction and Background**

In the past few years, quality of health services especially in the government hospitals has remained a topic of immense debate in Pakistan. It has been observed that majority of the population has begun to rely on the private health services and the outflow of patients to privately run health institutes are still on the rise. The increasing dependence of people on private health care system is attributed to the lack and absence of quality health care system within the public hospitals in Pakistan. However, poor and working class people still rely on the available health services in these hospitals. In order to ensure the availability of quality health services, government has paid special attention to improve the quality of existing physical and financial resources and also to increase work performance of medical staff in the public sector hospitals especially in the Khyber Pakhtunkhwa province of Pakistan. In this context, special emphasise was given to the idea that the health services will be provided abruptly, efficiently, equally and responsibly to all the patients in the hospitals. The government has also claimed that a substantial improvement has been ensured in the quality of health services within government hospitals<sup>1</sup>. In this connection, few studies have been carried out to assess the quality of health services in different private and public sector hospitals. Some studies have embarked upon reviewing improvement in the health care system while some have assessed the quality of health services from the perspective of the patients within the hospitals.

We reviewed that the best possible way to evaluate the quality of health services is to take patient's views regarding the available services within the hospital. Keeping this point in view, we planned to carry out this study to evaluate quality of health services in one of the largest public sector hospitals i.e. Ayub Teaching Hospital (ATH) Abbottabad situated in the northern area of Khyber Pakhtunkhwa Province of Pakistan. The selected hospital is serving as a largest teaching hospital of Ayub Medical College. Total number of staff at the hospital is approximately 3500 in which 800 doctors are employed at the hospital, including senior doctors, interns and trainees and house job holders. The staffs also include paramedics, nurses, and other associated health professionals. Total number of departments in the hospital is above 30.

This study involves some major research constructs which include services, quality and patient's satisfaction. It is pertinent to firstly present definitions and explanation of these concepts before proceeding to other steps involving in this paper.

## **Quality and Service Defined**

The term quality has been used variously by researchers and there is no universally agreed upon definition of the term is available. Different uses of quality include excellence<sup>2</sup>, conformity to qualifications<sup>3</sup>, need redresses<sup>4</sup>, suitability for use<sup>5</sup>, the required qualities of the product<sup>6</sup>, and satisfying customer's expectations<sup>7</sup>. Researchers have also used this definition because of its comprehensiveness and allencompassing nature<sup>8</sup>.

The other subjective constructs involving this study is service which can be defined as acts, efforts, or performance<sup>9</sup>. The word "service" may also refer to "a social act that happens directly between the consumers and representatives of the service concerned". Another definition relevant to this study is, "any motion or benefit that one party offers to the other party which is principally insubstantial and does not result in the ownership of anything. The production of a rendered may be or may not be involving any tangible product" <sup>10</sup>.

# Service Quality, Its Dimensions and Satisfaction

In a modern industrialized world, service quality has become one of the important areas within service industry<sup>11</sup>. Service quality has been defined by various researchers in diverse ways. For example, Bitner, Booms and Mohr<sup>12</sup> define service quality as the consumer's judgement of inferiority and superiority of an organization and its services. Cronin and Taylor (1994)<sup>13</sup> stated that service quality is a form of attitude showing an all-encompassing evaluation of provided service. Being a multidimensional construct, service quality has been operationalized with the help of certain allied dimensions including responsiveness, tangibility, reliability, assuring and empathy. Moreover, the services should be provided with accuracy, precision and promptness to such an extent that the trust and confidence of the customers may be obtained. Besides, direct care with an individualized attention of the service providers is also considered as a significant factor in service quality<sup>14</sup>. Furthermore, some important conceptual model has also shared the above dimensions with addition of few more areas which includes reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding, and tangibles 15. In conclusion, service quality is the result of assessment regarding a rendered service in which the customers calculate the differences and gap between their perceived and obtained services<sup>16</sup>. Likewise, satisfaction is defined as evaluative, affective, or emotional responses regarding a particular object or thing <sup>17</sup>. A customer may evaluate the object or thing only after he/she interprets the object. Therefore, satisfaction is the post-purchase evaluation of a product or service by individuals or groups 18.

# Service Quality: An Islamic Perspective

From the individual and organizational perspective, quality is defined according to its classification, attributes, characteristics and views based on the measurement of the expected quality.

From the Islamic perspective, service quality means that the service provider will be held responsible, accountable and he will be liable to provide the services with great care, sensibility and respect. Every individual, firms and organization under Islamic Law is responsible to fulfil all the obligations they promised to their customers. Quran says that contravention in the promises made is sin. Allah says in the Holy Quran.

Those who accomplish their promises and protect themselves against evil - Allah loves those individuals who guard (against the evil). Those individuals who used to take a small amount for the promise of Allah and their own oaths - then they will have no rewards in the life hereafter, and Allah will not speak to them, nor will He look upon them on the Day of judgement nor will He refine them, and they will have to bear a painful punishment"

Al-Imran 3: 76-77.

Likewise, Allah says in the Holy Quran

"Surely the terrible of animals in the sight of Allah's (SWT) are the persons who don't believe. These are the individual with whom you agree, then they break away their promises each time and they do not guard (against punishment)." Al-Anfāl 8:55-56.

Similarly, in Surah al-Bagarah, Allah says

"And those performers (individuals) of their promises when they make promises..." Al-Bagarah 2:177.

From Quranic perspective, it is the prime obligations of every individual to accomplish the promises towards their fellow being. It is highly advised that fulfill the promises and the attributes of the Muslim is to take care of their promises because they think that they will be asked regarding the promises they made.

Allah says that

"And accomplish your promises, assuredly (every) promise (made) will be asked about." Al-'Isrā', 17:34.

In other place, Allah says in the Holy Quran "O, Believers! Fulfil your obligations." Al-Mā'ida 5:1.

It is clear from the above verses of the Holy Quran that every individual, organizational and institutional act and performance is subjected to accountability and responsibility and no one shall be spared in this regard. Every action will be rewarded according to the Quranic scheme. Every individual shall be asked about the action, responsibility and performance for which he/she is being given the responsibility.

#### **Ouality of Services: Outcomes and Benefits for the Customers**

Islam is a complete code of life and want to see a successful, beautiful, contended and satisfied life for human beings. It encompasses all occupations including providing injunctions and instructions to manage, behave and act in the time of war, crises and peace. Keeping in view the general message given in the Holy Quran regarding the provision of quality and promised services, customers and buyers of the services and goods have every right to be provided quality services. The underlying philosophy behind the provision of better services is to ensure a peaceful, progressive and satisfied life in this world and the life hereinafter. As reviewed in the literature section, customers, patients and buyers feel satisfied when the expected services is provided with care, respect dignity which Allah wants us to fulfil this prime obligation. For a Muslim, it is not only his/her professional obligation to fulfil the promised services but also moral, ethical and Islamic obligation to fulfil the command of Allah and to ensure quality of life.

#### Literature Review

Health or medical service quality refers to the quality of a service provided by health organization and health professionals. The personnel who directly deal with patients are doctors, nurses and other staff at the hospitals. Researchers have described that the attributes of the staff and physical quality and deliverance of the services are the important feature of health service quality. They presented five factors that are significantly affecting the perceptions of patients regarding health service quality. These factors include the image, personal quality, trustworthiness, support and process of clinical care. Moreover, communication, relationship, personalization, administrative procedures, and physical infrastructure have also been adopted in various studies<sup>19</sup>. The trustworthiness and support aspect of service quality means that the medical care must be provided with equality, confidentiality and privacy. Likewise, it may also be based on the notion that the poor and needy must be provided with free medical care. Furthermore, personal quality of health services also include the personality attributes such as courtesy, competence, friendliness and

caring attitude of professional staff which can be also termed as staff professionalism and human aspect of service quality<sup>20</sup>.

A review of literature also highlights the importance of key components including tangibility, responsiveness, reliability, assurance and empathy to measure the degree of service quality in banking<sup>21</sup>, and retailing sector<sup>22</sup>. Likewise, the importance of these dimensions has also been reported by other researchers in the field of logistics<sup>23</sup>, hotel and hospitality<sup>24</sup> and health sector<sup>25</sup>. Likewise, earlier research studies have specifically focused on the relationships and association between service quality and consumer's level of satisfaction.

A thorough analysis within service focused organizations reveals that when the services are delivered with reliability, responsiveness, assurance and empathy may have a significant impact on customer satisfaction<sup>26</sup>.<sup>27</sup>.<sup>28</sup>. Furthermore, a review of literature from the studies conducted on the relationships between health service quality and patient's satisfaction in different medical settings. Researchers have highlighted that the patient's views are important in evaluating quality of health services. Qualities of health services have been examined mostly from the inward looking lenses and include communication, empathy and interaction of medical staff with patients<sup>29</sup>.<sup>30</sup>.

Findings of other systematic reviews shows that patient's satisfaction regarding health services are positively associated with safety, effectiveness, and other important dimensions of health services<sup>31</sup>. Besides, as the increase was witnessed in the quality of services in the area of responsiveness, assurance and tangibility so does the level of patient's trust and satisfaction regarding hospital<sup>32</sup>. When the received quality of the services is in line with the expected quality of the services, the satisfaction of patients will be likely increasing. According to Lin et al. (2009)<sup>33</sup>, doctors need to increase consultation with patients. Previous study from Aldana et al. (2001)<sup>34</sup> have identified long waiting time and insufficient consultation time as factors contributing to patient's satisfaction or dissatisfaction.

.ManaryMP,BouldingW,StaelinR,etal:Thepatientexperienceand healthoutcomes.N Engl J Med2013;368:201–203 .ManaryMP,BouldingW,StaelinR,etal:Thepatientexperienceand healthoutcomes.N Engl J Med2013;368:201–20

#### **Research Method and Materials**

This study was planned to know the level of patient's satisfaction and the quality of available health services in one of the public sector hospitals i.e. Ayub Medical Hospital Abbottabad, Khyber Pakhtunkhwa of Pakistan. Besides, we also planned to underscore how the quality of health services in the hospital increase or decrease patient's satisfaction and to what extent these services are interrelated. The data was collected through three point Likert type scale from a total 258 conveniently selected respondents in the targeted locale. The selected respondents included in the study sample were those admitted patients who have spent at least one night in the hospital. Furthermore, due to ethical consideration, we selected only those patients for interview who were capable and willing to respond to our questions. Data was analysed through descriptive statistics in which frequency and percentage distribution of the loaded responses of all the selected variables. Likewise, regression and correlational analysis were also carried out to explore association and correlations between out study variables.

# **Data Analysis and Findings**

Basic features of the study participants were including gender, age, marital status, education, and marital type, place of origin and duration of stay in the hospital. Majority being 68% of the study participants were male. Furthermore, majority of the study participants were from 34-41 while majority being 79% participants were married and majority being 32% participants were educated only up to 8th grade. Out of the total, 72% study participants were from joint family system while majority of all the participants came from the rural areas.

Table: 1 Frequency Distribution of Satisfaction and Aspects of Service Quality (N=258)

S. No	Response items	Agree	Uncertain	Disag ree
Overal	Patient's Satisfaction (Depo	endent Variable	e)	
1	I am satisfied with overall medical facilities	165 (64.0)	35(13.6)	58(22. 5)
2	Facilities are excellent above my expectations	153(59.3)	48(18.6)	57(22. 1)
3	I recommend this hospital to other patients	161(62.4)	57(22.1)	40(15. 5)
. Technic	cal Quality		•	
1	The doctor carefully performed my checking	153(59.3)	69(26.7)	36(14)
2	Doctors need to be more thorough	174(67.4)	34(13.2)	50(19. 4)
3	The ward/Unit has everything needed	160(62.0)	28(10.9)	70(27. 1)
4	I am satisfied the way my disease is diagnosed	134(51.9)	69(26.7)	55(21. 3)
5	Doctors are aware about the medical development	167(64.7)	41(15.9)	50(19. 4)
6	All the staff are competent and well trained	163(63.2)	46(17.8)	49(19. 0)
7	In the hospital, I was never exposed to any risk	172(66.7)	23(8.9)	63(24. 4)
8	The doctors have given enough advice on my care	147(57.0)	61(23.6)	50(19. 4)
. Interpe	ersonal Aspect	•	•	•
1	The doctor has done well to keep me from worrying	153(59.3)	69(26.7)	36(14)
2	The doctor has fully kept my privacy	126(48.8)	60(23.5)	72(27. 9)
3	The doctor has taken	121(46.9)	69(26.7)	68(26.

				-
	full interest in my problem			4)
4	The doctor has not made me feel fool	129(50.0)	71(27.5)	58(22. 5)
5	The doctor and staff were very friendly	128(49.6)	71(27.5)	59(22. 9)
6	The staff should have given me more respect	138(53.5)	57(22.1)	63(24. 4)
Commi	inication Aspect		I	1 -7
1	The doctor has explained the reason for test	118(45.7)	90(34.90	50(19. 4)
2	The doctors use difficult words without explaining	102(39.5)	81(31.4)	75(29. 1)
3	I was given opportunity to explain my problem	170(65.9)	48(18.6)	40(15. 5)
4	Doctor listened to me carefully	121(46.9)	95(36.8)	42(16. 3)
. Financi	al Aspect			
1	I was worried about paying bills for my treatment	123(47.7)	89(34.5)	46(17. 8)
2	The hospital cut off some charges on my treatment	154(59.7)	58(22.5)	46(17. 8)
3	I paid less than that I was able to afford	122(47.3)	67(26.0)	69(26. 7)
4	I think the amount I paid was reasonable	191(74.0)	28(10.9)	39(15. 1)
. Time S	pent Aspect			
1	Doctor spend plenty of time	171(66.3)	29(11.2)	58(22. 5)
2	The doctor hurried too much when treat me	147(57.0)	43(16.7)	68(26. 4)
. Accessi				
1	I got to the concern unit easily	129(50.0)	80(31.0)	49(19. 0)
2	I hardly got care on short notice	155(60.1)	53(20.5)	50(19. 4)
3	It is easy to get care in emergency situation	165(64.0)	34(13.2)	59(22. 9)
4	The units are opened for more hours	131(50.8)	73(28.3)	54(20. 9)
5	The facilities are conveniently located	146(56.6)	47(18.2)	65(25. 2)
6	I had not to wait too long in painful condition	155(60.1)	33(12.8)	70(27. 1)

The above table shows overall satisfaction of the study participants regarding the quality of health services in which majority being 64% were satisfied with medical facilities while 59.3% have stated that the facilities were beyond their expectation. Majority being 62.4% were agreed that they will recommend this hospital to other patients. The table further shows about the responses on technical aspect of the service quality. Out of the total 258 responses, we obtained maximum agreed responses ranging from 134-172 on all the loaded items on the technical service quality. Likewise, majority agreed responses ranging from 121-153 were also reported on the interpersonal aspect of service quality which suggests that the participants were having positive perception about the interpersonal aspect of health services. The table further indicates that majority responses were also being obtained on all the four loaded items on the communication aspect and the responses were ranging as 102-170.

Table: 2 Regression Analyses of Patient's satisfaction, Technical Quality, Interpersonal

Patient's satisfaction	В	SE	В	T	R2
Technical Quality Aspect	0.884	0.48	0.752**	18.44	0.565
Interpersonal Aspect	0.624	0.50	0.617**	12.55	0.381
Communication Aspect	0.754	0.48	0.699**	15.642	0.489

Table-2 shows the relationships between patient's satisfaction and the selected constituent variables of health service quality including technical quality, interpersonal aspect and communication. It has been shown that overall patient's satisfaction is positively and significantly related with all the constituent variables. It is evident from the data that patient's satisfaction is significantly related with technical quality aspect ( $\beta$ =0.884, p<0.05), interpersonal aspect ( $\beta$ =0.624, p<0.05), and communication aspect ( $\beta$ =0.795, p<0.05) of service quality.

Table: 3 Regression Analysis of Patient's Satisfaction, Financial, Accessibility, Time

Patient's satisfaction	В	SE	В	T	R2
Financial Aspect	0.059	0.087	0.046**	0.682	0.432
Time Spent Aspect	0.032	0.063	0.28**	0.532	0.510
Accessibility Aspect	0.650	0.070	0.611**	9.333	0.373

Table-3 indicates the relationships between patient's satisfaction and the selected constituent variables of health service quality including financial aspect, time spent and accessibility aspects. It is shown that patient's satisfaction is positively and significantly related with the selected constituent variables. The given data reveals that patient's satisfaction is significantly related with financial aspect ( $\beta$ =0.059, p<0.05), time spent aspect ( $\beta$ =0.032, p<0.05), and accessibility ( $\beta$ =0.795, p<0.650) aspect of service quality.

**Table-4 Correlation Matrix** 

U	Inc	lerstan	ding	the	Impact		Islamic	Pers	nective
---	-----	---------	------	-----	--------	--	---------	------	---------

S.	Study	1	2	3	4	5	6	7
N	Variab							
0	les							
1	Satisfac	1						
	tion							
2	Technic	0.75	1					
	al	2**						
	Quality							
3	Interper	0.61	0.66	1				
	sonal	7**	9**					
4	Commu	0.69	0.71	0.68	1			
	nication	9**	5**	6**				
5	Financi	0.47	0.61	0.60	0.55	1		
	al	5**	3**	7**	0**			
	Aspect							
6	Time	0.32	0.41	0.47	0.44	0.5	1	
	Spent	9**	9**	1**	4**	02		
						*		
7	Accessi	0.65	0.63	0.68	0.67	0.6	0.6	1
	bility	5**	5**	2**	2*	79	55	
						*	*	

Table-4 shows the inter-correlations between all the dependent and independent variables of the study. It is evident from the data that all the selected variables of the study are significantly and positively correlated with one another. It is shown that highly significant correlations were obtained between patient's satisfaction and technical service quality (0.752\*\*) which is followed by correlations between communication and technical service quality aspect (0.715\*\*). Furthermore, high correlations were also obtained between communication aspect (0.699\*\*) and patient's level of satisfaction which is also followed by correlation between interpersonal aspect with communication (0.686\*\*) and accessibility (0.682\*\*) respectively. It was found that the most weakly correlated variables were time spent and patient's satisfaction (0.329\*\*) and time spent and technical quality (0.471\*\*).

#### Discussions

We found that majority of the study participants were satisfied with overall medical facilities in which majority participants reported that the available health services were beyond their expectations. It is generally viewed that when the quality of services are matching the expectations of the customers then the customers are likely to be satisfied but when the quality of the services are beyond the perceived limits of the customers, it can leads towards greater satisfaction of the customers. We also found that majority of the study participants have reported that they recommend the same hospital to other patients which suggest their higher level of satisfaction about the available health services in the hospital. It is deduced from the discussions that when individuals firms and organizations perform efficiently and act with responsibility, the outcomes will be a contended and satisfied life by the end users. The basic teaching of Allah in the Holy Quran aims to nourish such norms, values and traits in the individuals to promote progress and ensure justice on earth. The ultimate advantage of such values are satisfaction, contentment, happiness and peace in this life and the life hereinafter

Furthermore, we also obtained positive responses on almost all aspects of health service quality which indicates that the health services were provided to the best level of patient's expectations. Based on the findings of this study, technical quality, interpersonal relations, and communication are central in measuring health service quality and its significance in patient's satisfaction. Effective communication includes the proper transmission of information between service providers/doctors and clients/patients. Positive communication is not only important between patients and doctors but equally significant between physicians and other family members of the patients. The dimensions of communication comprised of quick and accurate information about treatments and ailment, level of feeling about interaction with doctors and nurses, family members are kept updated on the status of patient.

Financial problem is considered as one of the critical issues especially for the patients having no health insurance policy. Patients often feel hesitation to report their illness because of the fear of financial cost of the disease. When the health services in any given hospital are less costly, it leads towards patients trust and belief on the health care system. On the contrary, expensive health services may reduce the overall level of satisfaction of the patients. Likewise, accessibility was found to having enormous impact on the perceived level of patient's satisfaction because easy availability of health services is a positive predictor of patient's satisfaction. It is clear from the discussion that in any given system, when individuals are provided equal access to the promised services can leads toward higher level of satisfaction. In any given state or society, it is the right of every individual to have equal access towards state facility and to get better treatment and response when they needed. Such equality and justice in the provision of services is the bedrock of Islamic state and society.

Furthermore, certain life conditions of an individual needs abrupt and urgent response, for example emergency situation in the hospital needs abrupt and instant response from the medical staff, and if these are provided urgently can build trust of the patients regarding health services in the hospital. Considering results from the entire model used in this study, it is deduced that the respondents of this study were satisfied with the availability of health services because all the services were being provided well in time with utmost interpersonal care. Furthermore, attitude of the doctors and other staff' especially careful listening and positive communication were found as highly satisfactory among the patients. Generally, it was found that increase in the increase of health services raises the overall level of patient's satisfaction within the hospital especially when the interpersonal, technical, communication and financial aspects are of highly quality.

# Conclusions

It is concluded from this study that patient's views in measuring health service quality occupies a central position because patients are the direct recipients of health services. No health service quality related study will be considered as completed and reliable when the patient's experience of the services quality is not included in the study. The greater ratio of our study respondents was satisfied especially with interpersonal, communication and financial aspects of health services. We also concluded that other aspects were also important in considering patient's satisfaction however the psychosocial aspects especially the attitude of the doctors towards patients especially when they are given opportunities to explain their health issues. On the contrary, indifferent attitude and neglecting the patient's view in the diagnosing of disease leads towards discontentment and dissatisfaction which further trigger discomfort and mistrust in patients. Moreover, we found that not only quality health services rises the patient's level of satisfaction but some aspects of services quality also complementing other aspect of the services as we found that communication, financial aspects and

accessibility are interconnected aspects which also increases the quality of health services. It is recommended that if health care professional plan to attain patient's satisfaction, they must embark upon improving the technical service quality, build strong interpersonal ties with patients, build up effective and positive communication system, and increase the accessibility aspect within the health care system.

# **Implications and Future Research Direction**

This research will have some significant implications on the theoretical and applied aspects of service quality research in private and public sector organization in Pakistan. This study may be theoretically useful because it explores patient's satisfaction regarding the available health services in a public sector hospital of Pakistan from an Islamic perspective. It is generally concluded from the study that the permanent value system mentioned in the Holy Quran by Allah has a significant bearing on the modern management and administrative system especially in the hospital and health care system in Pakistan. It is concluded that value system especially care, justice, equality, assistance, and respect in the hospital led towards greater satisfaction which are mentioned in the Holy Quran. The conclusion of the study is in line with the findings of the studies conducted in advanced industrial countries by outlining that quality of the rendered services also having a paramount impact on the public at large in the less developed countries. This research is also unique in the sense that this is giving voice to the valuable opinion of patients in measuring the quality of health services in Pakistan. The research will be also proven as a guide for policy makers in the health sectors in Pakistan. Furthermore, it is generally concluded that the Islamic value system and Quranic injunctions may become a part of the modern health care, management and administrative system so that the efficiency in the health care system may be ensured

#### References

1 Kurji Z, Premani ZS, Mithani Y. Analysis of the Health Care System of Pakistan: Lessons Learnt and Way Forward. Journal of Ayub Medical College Abbottabad 2016; 28(3): 601-604.

2 Tuchman BW. The decline of quality. New York: Times Magazine, 2 November, pp. 38-47. 1980.

3 Tuchman BW. The decline of quality. New York: Times Magazine, 2 November, pp. 38-47. 1980.

4 Crosby PB. Quality Is Free: The Art of Making Quality Certain. New York: McGraw-Hill. 1979.

5 Juran JM. Quality Control Handbook. New York: McGraw-Hill. 1974.

6 Leffler KB. Ambiguous Changes in Product Quality. The American Economic Review 1982; 72(5): 956.

7 Ryall J, Kruithof J. The Quality Systems Handbook. Australia: Consensus Books. 2001

8 Zu X, Douglas TJ, Fredendall LD. The evolving theory of quality management: The role of Six Sigma, Journal of Operations Management 2008; 26(1): 630-650.

9 Berry-Leonard L. Services Marketing Is Different, Business 1980; 30(2): 24–29.

10 Kotler Philipp, Dubois Bernard (2003), "Marketing Management", Pearson Education, 11th Ed. (1977), Paris.

- 11 Fotaki M.. Why and how is compassion necessary to provide good quality healthcare? Int J Health Policy Manag 2015; 4(44): 199-201.
- 12 Bitner MJ, Booms BH, Mohr LA. "Critical Service Encounters: The Employee Viewpoint", Journal of Marketing 1994; 58(4): 95–106.
- 13 Cronin JJ, Taylor SA. "SERVPERF versus SERVQUAL: reconciling performance based and perceptions-minus-expectations measurement of service quality", Journal of Mktg 1994; 58(1): 125–131.
- 14 Wan Edura WW, Jusoff HK. Service Quality in Health Care Setting. International Journal of Health Care Quality Assurance 2009; 22(5): 471-482.
- 15 Parasuraman A, Valerie A, Zeithaml, Berry, LL., op. cit., (1990) pp. 15-36.
- 16 Grönroos C. A Service Quality Model and Its Marketing Implications, European Journal of Marketing 1984; 18(4): 36–44.
- 17Oliver L, Richard L. Processing of the Satisfaction Response in Consumption: A Suggested Framework and Research Propositions. Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior 1989; 2: 1-16.
- 18 Kotler P. Marketing Management: Analysis, Planning, Implementation and Control, Englewood Cliffs, NJ, CA: Prentice-Hall, 1991.
- 19 Yogesh Pai P, Satyanarayana Chary T. Measuring Hospital Service Quality: A conceptual Framework. International Conference on Humanities, Economics and Geography (ICHEG'2012) March 17-18, 2012 Bangkok 192-195.
- 20 Karassavidou E, Niki G, Chrissoleon PT. Quality in NHS hospitals: no one knows better than patients, Measuring Business Excellence 2009; 13(1): 34-46.
- 21 Kranias A, Bourlessa M. Investigating the Relationship Between Service Quality and Loyalty in Greek Banking Sector. Procedia Economics and Finance 2013 5(13): 453-458.
- 22 Ahmad FS, Ihtiyar A, Omar R. A Comparative Study on Service Quality in the Grocery Retailing: Evidence from Malaysia and Turkey. Procedia Social and Behavioral Sciences 2014; 109(1): 763-767.
- 23 Yeo GT, Thai VV, Roh SY. An Analysis of Port Service Quality and Customer Satisfaction: The Case of Korean Container Ports. Asian Journal of Shipping and Logistics 2015; 31(4): 437-447.
- 24 Akbar S, Mat Som AP, Wadood F, Jamil Alzaidiyeen N. Revitalization of Service Quality to Gain Customer Satisfaction and Loyalty. International Journal of Business and Management 2010; 5(6), 113-121.
- 25 Ismail A, Zaki HO, Rose IR. Interlinkages between service quality, customer satisfaction and customer loyalty in Malaysia? A case study of Armed Forces. Medical Organizations 2016; 7(7): 47-59.
- 26 Azman I, Hafizah OZ, Ilyani RR. Interlinkages between service quality, customer satisfaction and customer loyalty in Malaysia? A case study of Armed Forces. Medical Organizations 2016; 7(7): 47-59.
- 27 Hussain R, Al Nasser A, Hussain YK. Service quality and customer satisfaction of a UAE-based airline: An empirical investigation. Journal of Air Transport Management 2014; 42: 167-175.
- 28 Rao Kondasani RK, Panda RK. Customer perceived service quality, satisfaction and loyalty in Indian private healthcare. International Journal of Health Care Quality Assurance 2015; 28(5): 452-467.

- 29 Manary MP, Boulding W, Staelin R, Glickman SW. The patient's experience and health outcomes. N Engl J Med. 2013; 368(1): 201–203. 30Schoenfelder T, Klewer J, Kugler J. Determinants of patient's satisfaction: a study among 39 hospitals in an in-patient setting in Germany. T J Qual Health Care. 2011; 23(5): 503-509
- 31 Garcia-Gutierrez S, Quintana JM, Aguire U, Barrio I, Hayas CL, Gonzalez N. Impact of clinical and patient-reported outcomes on patient's satisfaction with cataract extraction. Health Expect 2014; 17(1): 765–775.
- 32 Andaleeb SS, Siddiqui N, Khandakar S. Patient satisfaction with health services in Bangladesh. Health Policy and Planning 2007; 22(1): 263–273.
- 33 Lin DJ, Sheu IC, Pai JY, Bair A, Hung CY, Yeh YH, Chou MJ. Measuring Patient's Expectation and the Perception of Quality in LASIK Services. Health and Quality of Life Outcomes, 2009; 7(63).
- 34 Aldana MJ, Piechulek H, Sabir AA. Client satisfaction and quality of health care in rural Bangladesh. Bulletin of World Health Organization 2001; 79(1): 512–516.

Al Qurn Sura Al-Imran 3: 76-77

Holy Qurn (Surah al-Anfāl 8:55-56)

Al-Quran (Surah al-Mā'ida 5:1)

Al Quran (Surah al-'Isrā', 17:34)

Al Quran (Surah al-Mā'ida 5:1)

Alguran (Surah al-Anfāl 8:55-56)

Al Quran (Surah al-Baqarah 2:177)