



# Analysis of the Policy-Making Gap in the Hoteling Quality Promotion of the Health System Development Plan in Providing Laboratory Services in Hospitals Affiliated with the Golestan University of Medical Sciences, Iran

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## ABSTRACT

**Background and objectives:** The hoteling quality promotion is part of the health system development plan, based on which the physical appearance of laboratories of public hospitals are improved and renovated. The present study aimed to evaluate the policy-making gap in the hoteling quality promotion of the health system development plan in providing laboratory services in public hospitals in the Golestan Province, Iran.

**Methods:** This descriptive-analytical and cross-sectional study was performed on 384 medical staff and physicians working in laboratories of public hospitals affiliated with the Golestan University of Medical Sciences, Golestan Province, Iran. Data were collected using a 35-item researcher-made questionnaire that was distributed and collected over a period of six months. We examined the extent of the gap between the current and expected status based on the two components: the alignment of key stakeholders with health system development policies and stakeholders' opposition to health system development policies, as well as the extent of the gap

**Results:** The hoteling quality promotion was about -0.05 in providing laboratory services in public hospitals of the Golestan Province, indicating a low gap between the current and favorable status in the fifth axis of the health system development plan in terms of supervision.

**Conclusion:** The implementation of the hoteling quality promotion plan in providing laboratory services in public hospitals of the province is not consistent with the expected goals of the fifth axis of the health system development plan. Therefore, there is a need to examine and eliminate effective factors contributing to this gap.

**Keywords:** [Clinical Laboratory Services](#), [Policy-making](#), Iran.

**INTRODUCTION**

In recent years, the health system has evolved from a service-oriented approach to a satisfaction-oriented and hospitable approach that engages people emotionally. This ultimately leads to overall improvement of quality of care and increased customer loyalty (1). Hoteling (accommodation services) refers to hospital diagnostic laboratories, hospitality, services, and non-medical factors related to the patients' stay at hospitals, which starts from the time of arrival until discharge (2). An emotional experience for laboratory service recipients goes beyond the traditional model of service delivery, and this includes the analysis of data obtained by all five senses (3, 4). A satisfactory experience increases the chance of revisit and even recommendation of the center to others (5). Hospitality, hygiene, and friendly laboratory staff are factors that every patient is looking for in a medical laboratory (6, 7). The expectations of patients and their families caused the principles of hoteling to reach health centers over time (8). In recent years, laboratories and medical facilities considered higher customer satisfaction, fulfilling patients' expectations, and financial factors in the design of physical space. These non-medical factors require careful planning and principled thinking (9, 10). Research indicated that physical, functional, and human factors significantly affect the level of hoteling services, and successful laboratories provide high-quality services through regular management of these factors (11). Any factor that affects clients' image of the laboratory is a functional factor. Physical factors include inanimate factors such as

smell, noise, and image (12, 13). Facilities, patterns, lighting, and other sensory factors communicate with clients non-verbally. Human factors consist of behavior and appearance of laboratory service providers, such as speech, tone, self-esteem, and clothing. Functional factors refer primarily to the nature of services, while human and physical elements refer to the method of providing these services (14, 15). Given the importance of hoteling, the fifth axis of the health system development plan refers to the way of promoting the hoteling quality in the diagnostic laboratories of public hospitals. However, some shortcomings lead to a gap between the current and desired status in this regard. Therefore, the present study aimed to determine the gap between the current and expected status in promoting the hoteling quality according to the health system development plan for providing laboratory services in public hospitals of the Golestan Province, Iran.

**MATERIALS AND METHODS**

This descriptive-analytical and cross-sectional study was performed on all medical staff and physicians working in laboratories of public hospitals affiliated with the Golestan University of Medical Sciences, Golestan Province, Iran. Given the large study population, using simple random sampling and the Morgan table, 384 individuals were considered as the study subjects. Demographic information of the subjects were recorded. Data collection tool was a 35-item researcher-made questionnaire that was distributed and collected over a period of six months.

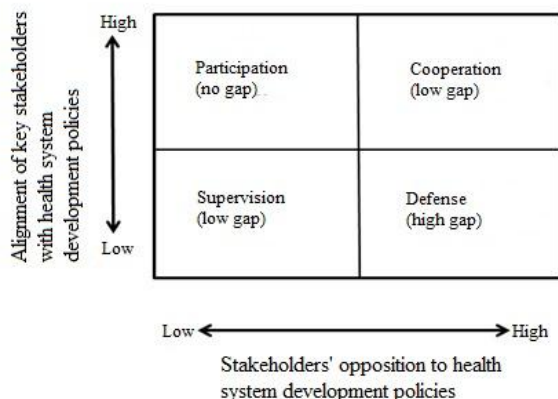


Figure 1- Conceptual model of research

Necessary approvals were taken from the authorities and written consent was taken from all subjects. We utilized the proposed framework of the Public Issue Management Book (2014) to study the gap between the current and expected favorable status in the fifth axis. In the model, we examined the extent of the gap between the current and expected status based on the two components: the alignment of key stakeholders with health system development policies and stakeholders'

opposition to health system development policies, as well as the extent of the gap (low gap, no gap, high or low gap)(16) (Figure 1). Data were analyzed with SPSS 22 using the Kolmogorov-Smirnov test, Cronbach's alpha test, and one-sample t-test. All analyses were performed at significance of 0.05.

## RESULTS

Table 1 shows the demographic characteristics of subjects.

Table 1-The demographic characteristics of subjects

Variable		Percent
Gender	Male	22.92%
	Female	77.08%
Age (years)	20-30	17.18%
	31-40	48.69%
	41-50	30.22%
	50 and over	3.91%
Education level	Bachelor's degree	80.99%
	Master's degree	16.41%
	Specialist	2.60%
Working group	Medical group	67.71%
	Administrative	27.08%
	Educational/medical	1.83%

Given the normality of data distribution, we first classified the questions about the fifth axis of the health system development plan (hoteling quality promotion in providing laboratory services at public hospitals of Golestan Province) into two groups, namely the perceptions (current status) and expectations (favorable status) to review and answer the main research question. Then, we examined the research questions.

As shown in table 2, the axis of the hoteling quality promotion in the laboratories of public hospitals is equal to -0.05 in the health system development plan, indicating a low gap between the current and favorable status. Given the sum of the mean obtained in the current and favorable status, the intersection point of these two points on the gap matrix (Figure 2) shows a low gap between the current and favorable status related to supervision.

There was a significant difference between the

current and favorable status of the fifth axis of the health system development plan i.e. hoteling quality promotion in providing laboratory services in public hospitals of the province (mean difference: -0.448, standard deviation: 0.790,  $p=0.000$ ). The results indicated a small gap between the current and favorable status in the fifth axis of the health system development plan from the participants' points of view.

## DISCUSSION

In the highly competitive healthcare market where patient satisfaction and loyalty are paramount, a hospital cannot be successful only by relying on the quality of clinical and laboratory services. In fact, the main competition is in providing hoteling services and facilities designed for patients' satisfaction. The laboratory is of great importance in terms of timely diagnosis and hence treatment of diseases, which ultimately

prevents\* the loss of manpower and reduces medical costs. Therefore, a larger investment in equipment and modernization of diagnostic devices and improvement of hoteling quality in laboratories of public hospitals ensures better services, higher patient satisfaction, localization of laboratory services, and prevention of patients from traveling to other provinces.

As mentioned, the present study aimed to evaluate the hoteling quality promotion in providing laboratory services in public hospitals of the Golestan Province based on the fifth axis of the health system development plan. The results showed a significant difference between the current and favorable status in the fifth axis of the health system development plan. This finding was predictable according to the data and the novelty of hoteling in the management of laboratories in public hospitals of Iran. The results of the present study were consistent with previous studies in Iran (15, 17, 18-20) and other countries (21). In a previous study, the development of public policies (six components), policy implementers (four components), managerial obstacles (six components), structural obstacles (eight components), financial, information, and technological resources (four components), and environmental obstacles (seven components) were the most important obstacles to the implementation of public health policy in Iran (15). The indices, namely the inappropriate interaction between management and execution, lack of an appropriate theoretical basis for policy, poor information technology, personal characteristics of executors, improper execution tools, inadequate monitoring system, and inadequate coordination in implementation were the most important factors in this regard. The recent implementation of the health

system development plan in the field of hoteling resulted in a significant increase in patient satisfaction (17). It can be concluded that the promotion of hoteling services in diagnostic laboratories of public hospitals can play a key role in the satisfaction of patients and their families. It has been reported that the implementation of public policies rely on the need to establish a centrality in the responsibility and purposefulness of political leaders in governance chains (federal government, state government, and local government) and the emergence of an honest bureaucratic leadership as the head of public organizations or public bureaucracies. In addition, the government needs to start a program to improve the working conditions of all bureaucrats, thereby helping build morale and commitment to the implementation of policies. Moreover, there is a need for efforts by the government leadership to reduce the scope of political influence in bureaucratic activities.

It should be noted that the policy does not depend on changes that cast doubt on the governance or leadership of the organization in terms of culture (21).

In a previous study, the five dimensions of hoteling quality at hospitals, including quality of human resources, quality of hospital welfare services, quality of administrative affairs, workflow, quality of cleaning services, and the quality of building and facilities at hospitals had positive effects on patient loyalty according to the patients' point of view. However, the other two dimensions, namely the quality of hospital equipment and facilities and the quality of hospital nutrition services did not have any significant effect on patient loyalty (18). In another study, satisfaction due to the hoteling quality promotion was increased with a gentle slope in the health system development plan (20).

Table 2-The gap in hoteling quality promotion in laboratories of public hospitals in the Golestan Province

Status	Item	Mean	Mean of total	Gap
Current	To what extent are conditions and equipment of the laboratories of the public hospitals consistent with policies and programs of the health system development plan in Iran?	2.53	2.57	-0.05
	To what extent have you received appropriate hoteling services after implementing the health system development plan in Iran by visiting the laboratories of public hospitals in the province?	2.62		
Favorable	To what extent have the changes made in the laboratories of public hospitals in the province been according to the implementation of the health system development plan to improve quality of services?	2.53	2.52	
	To what extent is the level of satisfaction with the quality of services in the laboratories of public hospitals of the province?	2.52		

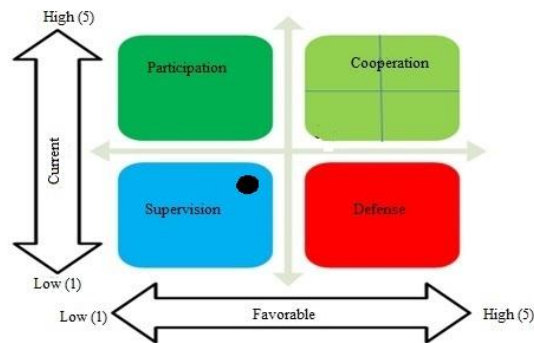


Figure 2- The gap between the current and favorable status in the hoteling quality promotion in laboratories

## CONCLUSION

The results indicated a small gap between the current and favorable status in the fifth axis of the health system development plan in terms of supervision. There is a need for more effective measures to achieve goals of the fifth axis for supporting and providing necessary facilities for laboratories of public hospitals, supervision of work, and identification of determinants of the gap in the Golestan Province.

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## DECLARATIONS

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### Ethics approvals and consent to participate.

Necessary approvals were taken from the authorities and written consent was taken from all subjects.

### Conflict of interest

The authors declare that there is no conflict of interest regarding publication of this article.

## REFERENCES

1. Parasuraman A., Zeithaml VA., Berry LL. *SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality*. Journal of Retailing 1988; 64(1): 12-40.
2. Devlin AS, Andrade CC. *Quality of the hospital experience: Impact of the physical environment*. In: Fleury-Bahi G, Pol E, Navarro O, Editors. *Handbook of environmental psychology and quality of life research*. Berlin, Germany: Springer; 2016: 421-40. [View at Publisher] [DOI:10.1007/978-3-319-31416-7\_23] [Google Scholar]

3. Sacouche DA, Morrone LC, Silva JS Jr. *Impact of ergonomics risk among workers in clothes central distribution service in a hospital*. Work 2012; 41(Suppl 1): 1836-40. [DOI:10.3233/WOR-2012-0394-1836] [PubMed] [Google Scholar]
4. Bone SL. *Patients' emotional needs*. Radiol Technol. 2016; 87(6): 716-7. [View at Publisher]
5. Kerfoot KM. *Hospitality and service: Leading real change*. Medsurg Nurs. 2009; 18(5): 319-20, 318. [PubMed] [Google Scholar]
6. Miller C. *Meeting responsibility: A safety program for housekeeping*. Exec Housekeep Today. 1983; 4(8): 6. [View at Publisher] [Google Scholar]
7. Adams A. *Medicine by design: The architect and the modern hospital, 1893-1943*. Minneapolis, MN: University of Minnesota Press; 2008. [View at Publisher] [Google Scholar]
8. Nzuve S, Mwarey DC. *Human resource planning in faith-based hospitals in Kenya* [Online]. [cited 2013]; Available from: [View at Publisher] [DOI:10.2139/ssrn.2223924] [Google Scholar]
9. Smith AK. *Total quality management in the public sector*. Part 1. Quality Progress. 1993; 26(6): 45-8. [View at Publisher]
10. Hyatt A. *Patients, not customers*. Br Dent J 2003; 194(11): 584-5. [View at Publisher] [DOI:10.1038/sj.bdj.4810236]
11. Chapman AL, Zachary Rosenthal M. *Managing Therapy-interfering Behavior: Strategies from Dialectical Behavior Therapy*. [View at Publisher] [Google Scholar]
12. Washington, DC: *American Psychological Association*; 2015.
13. Berry LL, Seltman KD. *Management lessons from mayo clinic: Inside one of the world's most admired service organizations*. New York, NY: McGraw Hill Professional; 2008. [PubMed]
14. Moghadamnia A, Jahani M, Bijani A, Yaminfirooz M, Naghshineh A, Mohammadnia K. *Evaluation of performance indicators and frequency of patient referrals in the hospitals affiliated with Babol University of Medical Sciences in 2013*. J Babol Univ Med Sci 2016; 18(5): 61-9. [In Persian]. [View at Publisher] [Google Scholar]

15. Rafiee N, Bahrami MA, Zare V, Mohammadi M. *Organizational climate and work addiction in Shahid Sadoughi University of Medical Sciences, 2014: A Case Study*. *Electron Physician*. 2015; 7(8): 1602-8. [In Persian] [[DOI:10.19082/1602](https://doi.org/10.19082/1602)] [[PubMed](#)] [[Google Scholar](#)]
16. Alvani SM, Shalvir M. *Public issues management*. 2014.
17. Sarvaran B, Eslami A, Nikan F, Narimani MR. *Upgrading hospital hotel services is a step towards increasing the satisfaction of service recipients. Fifth Specialized Congress on Hospital Construction and Resource and Equipment Management, Tehran*. [In Persian].
18. Jafar Tajrishi M, Tabibi S J, hajinabi K. *The Effect of Hoteling Services Quality on Patient Loyalty from Patients' Viewpoint in Private Hospitals of Tehran*. *Journal of Payavard Health*. 2018; 12 (4): 239-248. [[View at Publisher](#)] [[Google Scholar](#)]
19. Seyed Majid Shirzadi, Poursan Raeissi, Amir Ashkan Nasiripour, Seyed Jamaledin Tabibi: *Hoteling Services' Quality in Public Hospitals of Iran*. *Journal of Health Information Management*. 2016. [[View at Publisher](#)] [[Google Scholar](#)]
20. Maher A, Aghajani M, Ghotbi M, Barazandeh S, Safaei A, Anbari L, et al. *Managing and Improving the Quality of Hotel Services Through a Program to Improve the Quality of Hoteling in Government Hospitals in the Health Transformation Plan: Implementation Process, Results, and Challenges*. *Hakim Health Sys Res*. 2017; 20(2): 99-109.
21. Bartholomew U, Chukwuemeka E, E.O. *The Obstacles to Effective Policy Implementation by the Public Bureaucracy in Developing Nations: The Case of Nigeria/Singaporean*. *Journal of Business Economics and Management Studies*. 2013; 1(8): 34-43. [[View at Publisher](#)] [[DOI:10.12816/0003788](https://doi.org/10.12816/0003788)] [[Google Scholar](#)]

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