Moderating Effects of Gender Equality on Responsiveness and Patients' Satisfaction

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Abstract

When a patient is satisfied with the services of the healthcare providers, he or she would recommend such healthcare outfit to others for patronage. This would certainly improve the revenue base of the organization. The intent of the study was to look at the moderating effect of gender equity on responsiveness as well as patient's satisfaction in the healthcare institution. A prearranged questionnaire was adapted for this research and used to solicit information from the participants of this study. Furthermore, survey and cross-sectional research design was employed. Likewise, probability sampling method was adopted. Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM), and SmartPLS 3.0. Outcome of the study shows a considerable correlation involving responsiveness as well as patients' satisfaction. Similarly, the finding shows that gender did not significantly moderate the correlation involving responsiveness as well as patients' fulfillment in Federal Medical Centre, Keffi, Nasarawa State. The article play an important role as well as contribution's that may be helpful in the course of decision making concerning service quality, customer happiness, among others working in FMC, Keffi, Nasarawa State. The researchers concluded that the variable used to assess patients' satisfaction would make great impact on the patients if properly cared for by the management. We recommended that the management should employ gender differences between males and their feminine counterpart patients to improve on responsiveness and customers' satisfaction.

Keywords: Moderating effects, Gender equality, Responsiveness and patients' satisfaction, Healthcare institution.

JEL Classification Codes: J16, J17, J18, J10.

1. Introduction

Clients otherwise refers to as patients in this study are critical aspect of any functional system as their existence create demand for the organization's while their absence renders any organization ineffective. Gender equality remains a basic human right as well as indispensable basis designed for a purposeful, successful as well as sustainable organization, as legislation are being renewed to press forward gender equality. Regardless of these benefits, biased laws as well as societal norms remain persistent.

According to Ridhwan, Aziz, Shukor & Abdullah (2014), the desire by clients particularly, in healthcare segment; in support of enhanced excellence performance have shaped the spirited surroundings globally. Excellence performance represents the extent through which organization caries out their duties that meet clients' desires (Chao, Wu & Yen, 2015). O'Neill (2000) stresses that, there is concern about the dimension of performance excellence that is reasonably high, while measuring the superiority of performance experience is now an essential part of good number managers' tasks. However, the dispute is to discover as well as put into practice the most suitable indicators to improve customers' satisfaction in organizations.

Excellent service organizations consider it essential in tracking consumer satisfaction as an important strategic success indicator and customers' satisfaction (patients' satisfaction) has been identified as critical to improving corporate image in a global market arena (Shostack, 1985; Siddiqi, 2010; Stiglingh, 2013). Thus, Abdul Aziz (2016) maintain that customers' contentment is the measurement of how performance provided by an organization is in line with customers' desires or prospect. Therefore, the extent to which clients see hospitals' offering deserved careful consideration. Scholars such as Parasuraman, Zeithaml & Berry (1990) consider customers as the only moderator of performance excellence. Based on the extent to which clients really evaluate performance quality, they postulate that they compare expectations earlier to, in receipt of the performance by means of their definite occurrence of performance. Thus, when consumers' needs are accomplished, performance excellence is professed to be acceptable; if otherwise or contrary to the expectations, they are alleged to be below the acceptable level and if it exceed, they are professed to be more than acceptable.

Ibok & Etuk (2013) suggest that there are rare empirical studies, investigating Nigerians' attitude towards service quality on consumers' satisfaction in service industry specifically healthcare sector. Nevertheless, the decisive goals of institutions remain the provision of modern, superior goods or services immediately in response to client expectation (Omale, 2016). Likewise, Kim & Lee (2012) examine connection among service excellence as well as client support services as the key drivers that establish and maintain customers to the healthcare providers. Similarly, Palaniammal, Jayalakshmi, & Saravanam (2015) argues that performance

excellence have a positive effect on clients' happiness. Nevertheless, none of these studies used gender equity as moderator between responsiveness and customers' satisfaction. This is the motivation for this research as it intends to broaden the horizon on gender equity moderating the correlation among responsiveness as well as customers' fulfillment with specific reference to Federal Medical Centre, Keffi (FMC), Nasarawa State in Nigeria.

Furthermore, Iliyasu, Abubakar, Lawan, & Gajida, (2010) study public healthcare hospital in Nigeria, and their finding depict that there is inconsequential correlation connecting service excellence as well as customers' happiness. Similarly, the study of Iloh et al. (2012) explore Nigerian public healthcare institution; the result illustrates that there is considerable as well as affirmative connection among service quality as well as customers' fulfillment in healthcare sector. However, they failed to incorporate moderator in their study because the findings of these studies reported contradictory findings in relationships between variables of interests. To this effect, Baron & Kenny (1986) suggest that, for studies that empirically shown inconsistency in the findings should apply moderator. Thus, this study used moderator and it serves as a gap to the literature.

Against this backdrop, it becomes very pertinent to investigate the extent to which gender equity moderate the connection involving responsiveness as well as consumers' satisfaction in FMC, Keffi, Nasarawa State. The study therefore examines one research objective that links responsiveness with patients' satisfaction using gender equality as moderator. To find out the extent to which responsiveness affect patients' satisfaction in the FMC, Keffi, Nasarawa State. To find out the degree to which gender equity moderates the correlation among responsiveness as well as patients' satisfaction in the FMC, Keffi, Nasarawa State. The article is separated into five sections. The opening part is related to the introduction. The subsequent part is concerned with the literature review. Methodology covers the third part of the paper; results and discussion of findings is the fourth section. Lastly, the fifth segment is the conclusion in addition to suggestions for the paper.

2. Literature review

Client contentment can be viewed as attaining the desired expectations of clients in as regard to the parameters linked with satisfaction (Sabir et al., 2013). It is argued that consumer fulfillment is the way that leads to lasting client retention since displeased customer has extremely high tendency for changing rate (Sabir et al. 2013). Zairi (2000) opined that the emotion of achievement of internal needs is called fulfillment. Service quality has straight impact on consumer satisfaction (Oliver, 1998; Mittal & Lassar, 1998). If performance meets the desires as well as the demands of the customers, there is tendency to be satisfied and be converted to satisfied customer of the firm. Sabir et al. (2013) opined that client fulfillment is

the hub idea of marketing tactic of any firm as it plays a vital part in the accomplishment of any given organization. Thus, consumer contentment is the cardinal principle of modern marketing tool applies by marketers to attract and retain customers. Similarly, consumer contentment refers to individual emotion of happiness or dissatisfaction ensuing based on the appraisal of performance rendered by an institution to a person in connection to expectation (Loke, Taiwo, Salim, & Downe, 2011).

Those that render services often put a higher precedence on consumer contentment since it has been seen as a condition for customer patronage. Omale & Dauda (2021) maintain that satisfaction requires deliberate policy which signifies organizational broad arrangement between employees as well as stakeholders concerning what denote success and how it can be achieved. As an affirmative result of marketing actions, elevated client fulfillment leads to replicate visitation to stores, replicate service purchases as well as statement of encouragement to associates (Loke et al. 2011). Meanwhile, little consumer contentment has been connected with complaints, a pleased client frequently stays connected and they are prone to utilize the organization in future (Kotler & Armstrong, 2006). The more an organization provides superior services to the customers the more satisfaction occurs. Though, securing as well as growing client satisfaction is hinge to numerous business strategies since obtaining novel clients is expensive as well as client happiness is associated to lasting service superiority. Therefore, Kuei (1998) argues that service superiority might be engaged as a tactical tool to put together a distinguishing benefit for organizations in the market.

Receptiveness is connected with the interaction with patients in the span of moment that needs to stay for help, answers to questions, or pay interest to challenges. Responsiveness captures the idea of flexibility as well as capability to modify the service to clients' needs. In the counsel of Zeithaml, Bitner, & Gremler (2009), in order to do extremely well on the breadth of receptiveness, a firm has to sight procedure of discharging service as well as the management of needs related to clients' position of things instead of organizations' point of view. Moderating variable is a self-determining variable which affects ways or the potency of connection among self-determining as well as dependent variable (Thompson, 2006).

2.1 Empirical review

Perceived service quality is optimistically linked to customer's fulfillment in short terms; however predictable performance was certainly connected in mutually short as well as long terms (Ahmed, Nawaz, Usman, Shaukat, Ahmad & Iqbal (2010). Lai (2004) find affirmative bond linking tangibility, empathy, assurance as well as customer's satisfaction. Similar finding was specified by Cronin & Taylor (1992) in their study. The study conducted by Arslan, Iftikhar & Zaman (2015) which sought to establish the consequence of performance excellence

proportions on Customers' happiness shows that empathy as well as assurance have positive significant effects on consumers' satisfaction in hospitals.

Similarly, the study conducted by Lin & Vassar (2004) identifies customers' attitudes toward satisfaction on mobile healthcare services. The finding depicted that performance quality have connection with the client satisfaction. Baumann, Burton, Elliot & Kehr (2007) find out that emotional attitude, empathy as well as consumer fulfillment lead the clients towards additional suggestion to extra users. Responsiveness leads to short term preservation at the same time, affective attitude as well as empathy have protracted impact on client's contentment as well as retention.

2.2 Theoretical framework

The Gap Model is used for this study:

Gap 1: The gap represents client desires - administrator perceptions gap. This hole presents itself as the disparity in hope as well as views concerning safety as well as solitude. Deficiency in communication among decision-making executive as well as patients leading to confusion of mutually the demands as well as desires necessary to be satisfied to advance patient contentment ratings. The hypothetical analysis which preside over this gap comprise: market study direction, growing communiquéas well as the amount of administration which client contact workers desire to work through (Zeithaml et al., 2009).

Gap 2: Healthcare amenities as well enchanter troubles while commenting on the services anticipated from patients. This gap is the disparity among the executive view of patient hope as well as service quality stipulation. The constructs which rule this gap comprise aspects of management dedication to service quality, goal-setting, job reliability and opinion of possibility (Zeithaml et al., 2009; Zeithaml, 2010).

Gap 3: Is the disparity among service quality stipulation as well as the real service delivered. This is a particularly hard part owing to the discrepancy of patients' conduct.

Gap 4: This entails service delivery as it were as well as outside interactions gap. Healthcare amenities do not all the time do well in notifying patients of their activities to get together with their anticipation as well as fulfills on the promises. Consequently, client's hopes are not associated to the objectives as well as tactic of the facility. However, patients that know what they are entitled to, will experience a lesser amount of disagreement in the expectations against opinion gap.

Gap 5: This gap is explained the intensity of service anticipated from the donor against the apparent service. Potential are regarded as the principles the patient applies to the service

knowledge, whereas perceptions are the biased examination of the real information. Declining this gap is very vital for healthcare services to guarantee fulfilled patients.

Likewise, responsiveness is the readiness of service providers to present timely service as well as assist clients. This aspect according to Zeithaml, Bitner, & Gremler (2009)) emphasizes attention as well as swiftness in dealing with patient's questions, desires, challenges as well as complaints. Clients are informed of receptiveness via the span of period they are required to stay for help, provides solutions to questions, or attention to challenges. Zeithaml et al., (2009) posit that service excellence might improve via openness, for instance, if employees react properly to a patients' demand for timely service. This encouraged the stated hypothesis formulation below:

H01: There is no considerable correlation linking responsiveness as well as patients' fulfilment in FMC, Keffi, Nasarawa State.

The five quality service model was described by Parasuraman, Zeithaml & Berry (1985) as an extension on the SERVQUAL instrument and it is ruled by the belief of constant development of five traits; excellence of thing; superiority of procedure; excellence of infrastructure; excellence of communication; excellence of environment with stress on relationship building. This article is based on the idea that using Gap viewpoint method is most suitable in the evaluation of service superiority opinion as well as satisfaction correlation. This engenders the formulation of this proposition:

H02: Gender equality does not significantly moderate the correlation among responsiveness as well as patients' satisfaction in FMC, Keffi, Nasarawa State.

Figure 1: Research Model
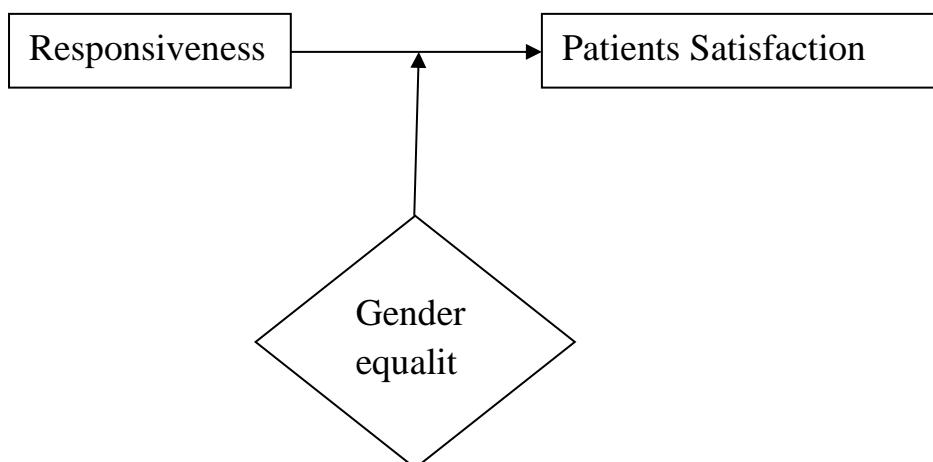
Source: Researchers' conceptualization, 2022.

3. Methodology

This research used statistical tool such as Partial Least Square and Structural Equation Modeling (PLS-SEM) using SmartPLS 3.0 version to examine the postulated hypothesis in this study. The use of PLS-SEM in this research becomes imperative since predictive accuracy is paramount as compared to other methodologies of SEM such as: Covariance Based-SEM (CB-SEM); Generalized Structural Component Analysis (GSCA), and others. The method of measuring unobservable construct for this study is reflective measurement. As a result, SmartPLS assume all indicators to be reflective. Similarly, Microsoft version 22.0 was used to process data for this article.

The staff strength for this research is made up of all the in-patients of the hospital who are adults, and are living in Federal Capital Territory, Abuja (FCTA). The choice of the FCTA is necessitated by the fact that patients from the FCTA reflected the whole ethnic groups and cultures in Nigeria. Thus, the result of this study could be generalised to the entire healthcare sector in Nigeria. Probability sampling technique was adopted in the assortment of population for this paper. The method provided each person (patient) the same chance or opportunity of being chosen as the sample object (Sekaran, 2003). Thus, a total of two hundred and twenty (220) respondents participated in this study. Twenty (20) of the opinion polls were removed because it constituted unreturned values and two hundred (200) were returned and used for this study.

Bootstrap method is followed for statistical testing of hypothesis for this study. Therefore, while the dimension of the resultant experimental t-value is above 1.96 level of confidence it could be said that the pathway coefficient is significant at the level of probability of 0.05 percent. Hence, the lower bound of bootstrap confidence interval is -1.96 and upper bound +1.96. This means that a null hypothesis (Ho) that is less than 1.96 confidence is rejected and otherwise, supported.

4.1. Measurement and instrument

The tool adopted or designed for the research is prearranged questionnaire. The opinion poll designed for this paper is modified on the basis of previous study such as (Boshoff & Gray, 2004). Thus, prearranged opinion poll is the basis for information gathering for this paper. 5 point Likert-scale ranking ranging from Strongly Agree (SA); Agree (A); Undecided (U); Disagree (DA); as well as Strongly Disagree (DA). The prearranged opinion poll comprises of two major components: part A as well as B. Special data of employees and patient like sexual characteristics, age, marital status, as well as level of education. Part B includes questions concerned to the construct of this study that is responsiveness.

4.2. Internal consistency reliability

Sarstedt, Ringle, Smith, Reams, & Hair (2014) argue that composite dependability should be above 0.70 although they suggest that a composite dependability of 0.60 to 0.70 is satisfactory in investigative study. The standard PLS algorithm result for this study indicates that the latent variable in the model has composite reliability of not less than the estimation of 0.6 to 0.70 (Sarstedt et al., 2014). Thus, responsiveness 0.825 and customer satisfaction is 0.824.

Table 1: Summary of Measurement Model Results

Construct	Items	Loadings	Composite Reliability	AVE
Responsiveness	RP1	0.883	0.825	0.617
	RP2	0.833		
	RP3	0.675		
Customer Satisfaction	CS1	0.882	0.824	0.612
	CS2	0.769		
	CS3	0.683		

Note: AVE = Average variance extracted, CR= Composite Reliability
Source: SmartPLS Version 3.0 Output, 2021.

4.3. Convergent validity and discriminant validity

Convergent legitimacy can be regarded or referred to the degree of an agreement among several indicators in measuring the same construct (Sarstedt et al., 2014). The Average Variance Extracted (AVE) remains the total average of the squared loadings of the indicators connected with the latent variable (Sarstedt et al., 2014). Customer satisfaction has an AVE of 0.612 and responsiveness AVE is 0.617 (see table 1).Tables 2 and 3 output are used to assess discriminant validity for this study. As a result, discriminant validity implies the degree of indicators differentiated the construct it is associated with from other constructs in the model (Sarstedt et al., 2014). The earliest technique is by examining the indicators cross-loadings. The cross-loading criterion is considered a more open-minded technique of assessing discriminate legitimacy (Hair, Ringle & Sarstedt, 2011). Chin (1988) argues that the indicators of external load on the construct it represents must be superior to all its loadings on other constructs. Next criterion for assessing discriminant validity is through the Fornell & Larcker (1981) criteria. The principle suggested that for discriminant legitimacy to be confirmed the square root of

AVE for a particular construct must be superior to its relationship with any other construct in the model.

Thus, the Fornel & Larcker criterion for this study recommends that the constructs discriminant is fit, since the square root of the AVE of each thoughtful construct is bigger than the correlations with the residual constructs in the model. Thus, (0.782) customer satisfaction; (785) responsiveness (see table 3).

Table 2: Discriminate Validity using Fornell & Larcker Criterion

	Customer Satisfaction	Responsiveness
Cust. Sat	**0.782**	
Responsiveness	0.682	**0.785**

Source: SmartPLS version 3.0 Output, 2021.

Table 3: Cross-Loading of items

Items	Customer Satisfaction	Responsiveness
CS1	**0.882**	0.651
CS2	**0.769**	0.504
CS3	**0.683**	0.414
RP1	0.673	**0.883**
RP2	0.551	**0.833**
RP3	0.286	**0.675**

Source: SmartPLS 3.0 Output, 2021.

The structural model with interacting term below shows how gender moderates the connection among responsiveness as well as customers' contentment (patients' satisfaction) for this study.

Figure 2: Structural model with interacting term
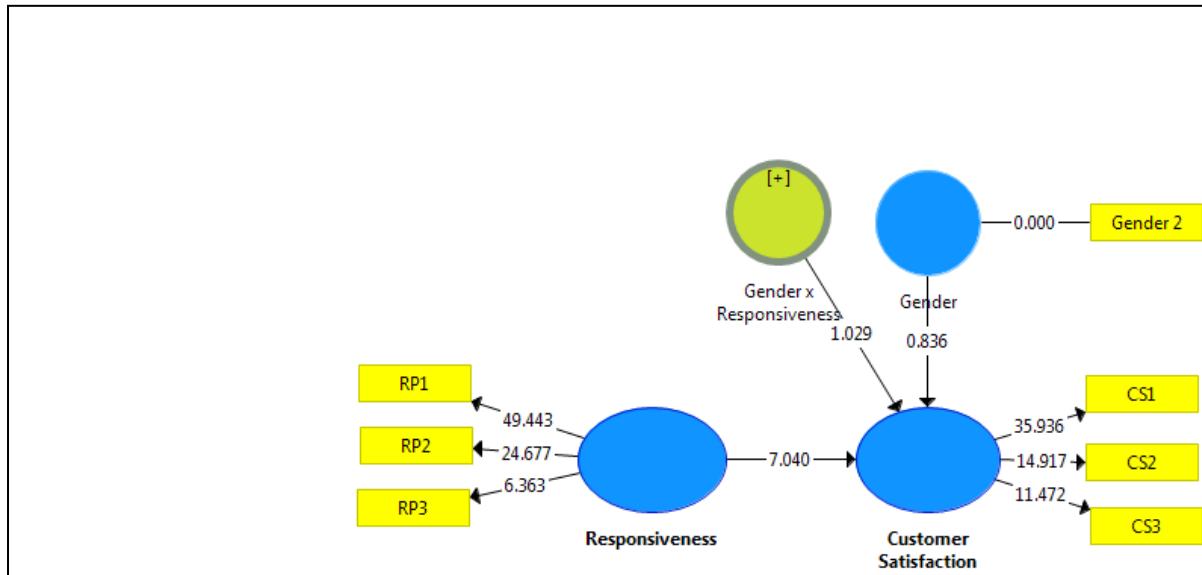
Source: SmartPLS-SEM version 3.0 Output, 2021.

4.4. Indicator reliability

The indicator reliability is calculated on the basis of indicators' external variables, and it is referred to the level of association between the indicators. Hulland (1999) offered 0.4 as a lower limit and suggested that anything among external loading of < 0.40 ought to be deleted from the measurement scale. The exogenous latent variable recorded indicators above the minimum threshold of 0.4 and close to maximum value of 0.7 and above. Thus, responsiveness recorded (RP1 0.883, RP2 0.833, RP3 0.675) and patient satisfaction recorded (CS1 0.882, CS2 0.769, CS3 0.683).

4.5. Results and discussion of findings

The finding of this study provides that, there is no considerable correlation linking responsiveness as well as patients' satisfaction in FMC, Keffi, Nasarawa State. Gender norms do not manifest in the relationship between responsiveness and patients' satisfaction in the healthcare system and thus, does not strengthen gender inequalities as well as satisfaction of patients. The R^2 for this paper model was established to be 0.465. Therefore, match with (Hair et al., 2011; Henseler, Ringle, & Sincovics, 2009) criteria it was moderate. Based on R^2 showed with the value of 0.465 implies that the exogenous variable like responsiveness moderately explained 46 percent of the variation in endogenous variable (client fulfillment). The remaining

54 percent of the inconsistency is evaluated via other variables not mentioned in the scope of this paper.

Besides, the outcome of the SmartPLS analysis for the first hypothesis (Ho$_1$) analysis also provides that, there is no considerable correlation linking responsiveness as well as patients' satisfaction in FMC, Keffi, Nasarawa State. Gender norms do not manifest in the relationship between responsiveness and patients' satisfaction in the healthcare system and thus, does not strengthen gender inequalities as well as satisfaction of patients. The t-value of 1.948 is < 1.96 confidence and p-value of 0.052 which is > 0.05% level of significance. Responsiveness is not found to considerably affect patients' satisfaction in the hospital (β= 0.157, t= 1.948, p> 0.052) yet with strong positive coefficient (β). The outcome does not concur with previous discovery of Ehsan, et al., (2015) that evaluated the impact of service excellence on patient happiness in private hospital in Iran.

Outcome from the SmartPLS analysis for (Ho$_2$) test also show that gender equity in-significantly moderate the correlation linking responsiveness and patients' satisfaction in FMC, Keffi, Nasarawa State. Therefore, gender-friendly healthcare services affect patients' faithfulness as well as readiness to pay. The t-value of 1.029 is less than 1.96 level of confidence (β= 0.524, t= 1.029) with a strong positive coefficient (β). The result is not consistent with prior result of (Alisadar & Rahim, 2017). This non-significant relationship is such that the effect of responsiveness is the same for the gender in the hospital. This implies that the gender show the same level of clients' dissatisfaction in the hospital.

5. Conclusion and recommendations

It is observed that gender equity do not considerably moderate the correlation involving responsiveness and patients' happiness in the hospital. The level of main concern dedicated into the above service quality indicator translated into lack of patients' happiness in the hospital. This, by inference implies patients' satisfaction in the hospital over the period studied. Healthcare institutions and their managements are considerably accountable in addressing responsiveness, gender inequalities as well as patients' satisfaction. Given the perseverance of restraining gender norms inside systems, with a progressive programmes and policies, one can certainly conclude that sustaining existing programmes as well as novel approaches are desired for responsiveness and patient satisfaction in the healthcare sector of Nigeria economy. Dale, Van Der Wiele & Van Iwaarden (2007) describe responsiveness as the readiness to help clients as well as provide appropriate service on a steady basis. This component focused on attention as well as readiness to relate as well as deal with customers' wishes, inquiry in addition to timely grievance resolution. In the counsel of Zeithaml et al. (2009), to do extremely well on

the dimension of receptiveness, an organization should see procedure of delivering service as well as management of wishes from the clients' position of things instead of the organization point of view. Also, responsiveness showed in-significant with patients' satisfaction in the hospital. Consequently, the management has to stimulate responsiveness and/or be sensitive to patients' satisfaction in the hospital while formulating policies relating to patients' satisfaction. Similarly, they should be deliberate efforts to encourage the executives in putting more effort into enhancing the professional training of physicians, rather than developing policies programmes. The study further recommended that management should not employ gender equity as it had no positive relationship between gender and responsiveness to improve patients' satisfaction in the hospital.

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Conflicts of Interest

There is no conflict of interest before, during and after the course of this investigation.

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