Quality of Services in the Comprehensive Rehabilitation Centers for Individuals with ID: A Descriptive Study using SERVQUAL Model

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Abstract: This study aimed to investigate the quality of services in the comprehensive rehabilitation centers for individuals with ID using the SERVQUAL model. 128 parents of people with disabilities who benefited from comprehensive rehabilitation centers. An online questionnaire was used to collect data from the target parents. For this study, quantitative survey research was employed. The independent variable is the quality of services, while the dependent variable is the SERVQUAL model. According to the evaluation of parents, results indicated a gap between what was perceived and what was expected quality of services in the comprehensive rehabilitation centers (in all dimensions) in light of the SERVQUAL model for persons with intellectual disabilities. It is concluded that the SERVQUAL model to investigate the quality of services in the comprehensive rehabilitation centers for individuals with ID.

Keywords: Quality of services, comprehensive rehabilitation centers, individuals with ID, SERVQUAL model.

INTRODUCTION

Volunteer work and services in comprehensive rehabilitation centers are considered necessary pillars. That aims to raise the country, develop societies, spread the values of cooperation and interdependence between people, and be a unique human behavior that indicates devotion and love of good for all humanity [1]. It is the effort that an individual or a group of individuals makes on their own, not by compulsion or coercion, and without waiting for a financial return from it, whether the effort is intellectual, physical, material, or social [2]. Quality of Voluntary Services is defined as "the comprehensive evaluation of specific services provided by an organization, which results from comparing the performance of that organization with the general expectations of service recipients about how the organization performs in a certain field" [2].

Strategic Objective Number (2, 3, 6: Enabling nonprofit organizations to achieve a more profound impact) refers to achieving sustainability and the deep social impact of non-profit organizations, enhancing their role in innovation, and providing high-quality services by building an advanced system to support. Its development [3] was also launched, and the Quality of Life Program was launched, which is one of the programs to achieve the "Kingdom's Vision 2030", and is concerned with improving the lifestyle of the individual and family and building a society whose members enjoy a balanced lifestyle [4].

Saudi Arabia 2030 Vision for People with Disabilities

It included the "Kingdom's Vision 2030" approved by the Council of Ministers by its Resolution No. (308) dated 7/18/1437 AH, corresponding to (April 25, 2016 AD). It enables persons with disabilities to obtain suitable job opportunities and education that guarantees their independence and integration as active members of society and provides all facilities and tools that help them achieve success. The National Transformation Program has also been launched to build the capacities and capabilities necessary to achieve the ambitious goals of this vision. It included many initiatives to promote and protect the rights of persons with disabilities. It should be noted that the establishment of the Authority for the Care of Persons with Disabilities referred to in paragraph (2) of this memorandum came in implementation of one of the initiatives of this program, and the Quality of Life Program was launched, which is One of the programs to achieve "Vision 2030", which is concerned with improving the lifestyle of the individual and the family and building a society whose members enjoy a balanced lifestyle [5].

With regard to supporting associations concerned with persons with disabilities, the system of civil associations and institutions promulgated by Royal Decree No. (M/8) dated 2/19/1437 AH corresponding to December 1, 2015 CE included the provision of government subsidies to associations and the establishment of a fund called "Associations Support Fund" It is concerned with supporting and developing the programs of associations to ensure the continuity of

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their work. The government support provided to civil associations and institutions, including associations concerned with the rights of persons with disabilities, in 2017 amounted to more than (700) million Saudi riyals [6].

SERVQUAL Model

Service quality results from customers comparing their expectations of the service and their perception of how well the service is performed [7]. The most common form of service quality assessment is SERVQUAL. It has five dimensions:

- 1. *Tangibility*: It includes all the tangible physical components of the institutions for people with disabilities that provide the service, such as tools, machines, buildings, the appearance of the workers, and the tangible parts that are part of the service itself. It refers to the appearance of facilities, physical and human equipment, communication equipment and buildings, the technology used, the internal facilities of the buildings, the equipment necessary to provide the service, the external appearance of the personnel, and the design and internal organization [8].
- 2. Reliability: It means relying on institutions for people with disabilities in their ability to provide a certain level of quality whenever they are asked to do so, or in other words, providing the right service, which is the ability to provide services on time and with the required accuracy, the extent to which they fulfill obligations, and the service provider's ability to perform the service which is promised dependably, with a high degree of accuracy [9].
- Responsiveness: It is the ability to deal with 3. complaints, suggestions, and initiatives openly effectively. It measures the organization's interest in informing its customers of the time of service performance, the keenness of its employees to provide immediate services to them, the constant desire of its employees to assist them, and the employees' lack of concern about responding immediately to their requests. That response means the ability of the service provider and the speed of its response to be seen in responding to the beneficiaries' requests and inquiries. Response in the field of services means the extent of the service provider's ability, desire, and willingness to permanently provide

the service to the beneficiaries when they need them [7].

- 4. Assurance: It is about the beneficiary's comfort, reassurance about the simple way of information that he takes instead of using terms/words that are not understandable. Moreover, his feeling of safety from risks he might expose to due to poor service and his feeling of confidence and security [10].
- 5. *Empathy*: It is showing the spirit of friendship, concern for the customer, notifying him of his importance and the desire to provide services according to his needs, and his desires related to the personal interest in customers and their understanding of their needs, the suitability of the organization's working hours to suit all customers, the organization's concern for their higher interest, and sufficient knowledge of their needs. And that the customer feels that he is the focus of the employee's attention and that his interest is the basis [11].

Problem Statement

The services in the comprehensive rehabilitation centers for individuals with ID should aim to efficiently meet the needs of those individuals to maintain a satisfactory performance on providing service quality. Despite the confirmed success of the SERVQUAL model in other industries [10], there is a lack of studies that dealt with it, whether at the level of the services sector, comprehensive rehabilitation centers, or people with disabilities in the Kingdom of Saudi Arabia.

Purpose of the Study

This study aimed to investigate the quality of services in the comprehensive rehabilitation centers for individuals with ID using the SERVQUAL model.

Significance of the Study

This study could contribute to the literature on the quality of services in comprehensive rehabilitation centers for individuals with ID. This may provide guidelines for policymakers to use the SERVQUAL model to identify the gap between perceived and expected services in the comprehensive rehabilitation centers for individuals with ID.

Hypotheses

1. There is a gap between the perceived and expected quality of services in comprehensive rehabilitation centers (tangible dimension).

- 2. There is a gap between the perceived and expected quality of services in comprehensive rehabilitation centers (reliability dimension).
- 3. There is a gap between the perceived and expected quality of services in comprehensive rehabilitation centers (responsiveness dimension).
- There is a gap between the perceived and expected quality of services in comprehensive rehabilitation centers (assurance dimension).
- 5. There is a gap between the perceived and desired quality of services in comprehensive rehabilitation centers (empathy dimension).

METHOD

Design

For this study, quantitative survey research was employed by calculating means, standard deviations, and T-value of the differences (the gap) between the perceived and expected quality of services in comprehensive rehabilitation centers. The independent variable is the quality of services, while the dependent variable is the SERVQUAL model.

Sample and Data Collection

128 parents of people with disabilities who benefited from the services of comprehensive rehabilitation centers. An online questionnaire was used to collect data from the target parents. I shared with students an online link via Facebook and WhatsApp groups to reach most of the University students to fill up the online questionnaire. A total of 128 questionnaire responses were used for data analysis.

Instrument

Twenty-two items, five-dimensional 5-point Likert scale from 5 (strongly agree) to 1 (strongly disagree). These dimensions are Tangibility, reliability, responsiveness. assurance. and empathy. The intention was to assess the quality of service in comprehensive rehabilitation centers in the light of the SERVQUAL model for people with intellectual disabilities in the Kingdom of Saudi Arabia. The internal consistency of the scale was measured through Cronbach's alpha, estimated at 0.93. A group of 10 experts examined the content validity of the scale. They assessed the relevance of each item using a fourpoint Likert scale (where 1 represents "irrelevant" and

four represents "highly relevant"). They provided suggestions and comments. In this study, 22 items were judged to be quite or highly relevant. A content validity index was calculated at the item level (I-CVI = 0.90).

Procedures

Prior to administering the survey, parents were informed about the purpose of the study and voluntarily stated that they accepted to participate. To ensure that the respondents responded to the items honestly and sincerely, they were told not to identify themselves in any way on the scale paper. They were also informed that they should not be concerned about their participation in the study. Their responses are for research purposes only and would be kept confidential. All data were entered in an SPSS file.

Data Analysis

To address the study questions, averages, standard deviations, and t value of the differences (the gap) between the perceived and expected quality of services in the comprehensive rehabilitation centers were used in the light of the SERVQUAL model for individuals with intellectual disabilities, using the statistical packages in the social sciences (SPSS).

RESULTS

In order to give answers to the research questions, Means, standard deviations, and T-value of the differences (the gap) between the perceived and expected quality of services in comprehensive rehabilitation centers (the five dimensions) in the light of the SERVQUAL model for people with intellectual disabilities were used. As shown in Table 1, for tangibility dimension, it is clear that the average expected amounted to 4.33, while the average perceived reached 4.02, and the value of the gap degree was -0.31, the relative importance index was 10.4%, and the "t" value of the differences was -7.20, which is a significant value at the 0.01 level. As for the reliability dimension, it is clear that the average expected amounted to 5.22, while the average perceived reached 5.01, and the value of the gap degree was -0.21, the relative importance index was 9.4%, and the "t" value of the differences was -6.08, which is a significant value at the level of 0.01.

As for the responsiveness dimension, it is clear that the average expected amounted to 4.11, while the average perceived reached 3.35, and the value of the

 Table 1: Means, Standard Deviations, and T-Value of the Differences (the Gap) between the Perceived and Expected Quality of Services in Comprehensive Rehabilitation Centers

Dimension		м	St Dev.	Gap	relative importance index	T. Value	Ρ.
tangibility	perceived	4.02	0.987	-0.31	10.4%	-7.20	0.01
	expected	4.33	0.665				
reliability	perceived	5.01	0.871	-0.21	9.4%	-6.08	0.01
	expected	5.22	0.691				
responsiveness	perceived	3.35	0.746	-0.77	15.2%	-13.43	0.01
	expected	4.11	0.798				
assurance	perceived	3.52	0.924	-0.62	12.4%	-10.28	0.01
	expected	4.14	0.933				
empathy	perceived	3.23	0.694	-0.71	14.0%	-13.06	0.01
	expected	3.93	0.844				



Figure 1: The differences (the gap) between the perceived and expected quality of services in comprehensive rehabilitation centers.

gap degree was -0.77, the relative importance index was 15.2%, and the "t" value of the differences was -13.43, which is a significant value at the level of 0.01. As for the assurance dimension, it is clear that the average expected amounted to 4.14, while the average perceived reached 3.52, and the value of the gap degree was -0.62, the relative importance index was 12.4%, and the "t" value of the differences was -10.28, which is a significant value at the level of 0.01. Concerning the final dimension, empathy, it is clear that the average perceived amount was 3.23, and the value of the gap degree is -0.71, the relative importance index is 14.0%, and the "t" value of the differences is -13.06,

which is a significant value at the level of 0.01 (See Figure **1**. For more details).

DISCUSSION

As for the tangibility dimension, based on the statistical analysis, users' expectations are found to exceed their perception, as evidenced by the users' perception of low service quality in the tangibility dimension. This result supports the view that SERVQUAL as a tool can attract the attention of service providers [12] due to its ability to identify gaps in service quality. Compared to other studies, clients'

expectations in this study for the dimension of tangibility appear to be rather high, but the actual gaps are smaller compared to other studies [13-16].

As for the reliability dimension, based on the statistical analysis, users' expectations were found to exceed their perceptions, as evidenced by the users' perceptions of low quality of service in the reliability dimension. While customers' expectations in this study for the reliability dimension appear to be relatively high, the actual gaps are smaller.

As a dimension of service quality, reliability is an important factor in enhancing customer loyalty by providing accurate services, as Egeland [17] indicates that customers expect accuracy from employees while providing the service, and if the service is not received as expected, the customer is skeptical that The workers are meticulous. This indicates, in agreement with [18], the need to identify the gaps that require improvement and provide high-quality services to satisfy customers.

As for the responsiveness dimension, Stevi'c *et al.* [8] indicate that the customer or the person providing the service will feel more comfortable and satisfied with the service provided if the service provider responds quickly and does not delay or hesitate to provide the service. According to Liu *et al.* [19], willingness to help is "the extent to which workers provide assistance to a customer and demonstrate a desire to serve." This result was in agreement with the results of another study [20] regarding the gap between the perceived and what is expected with regard to the response dimension.

As for the assurance dimension, Hizam & Ahmed [21] indicate that this dimension represents the extent to which the customer or service provider gains trust from the service provider and the institution's trust about providing the required service safely and efficiently. Moreover, assurance helps enhance customer loyalty to the organization, which can be achieved even during the customer's first contact with employees by showing courtesy, friendliness, and honesty [22].

As for the empathy dimension, Auka, Bosire, and Matern [23] see that empathy appears through the institution's facilitating (comprehensive rehabilitation centers in the current study) the client's access to the various services provided by the center as well as facilitating communication and understanding the client. Thus, empathy is a behavior carried out by the service provider through which the customer is given a satisfactory experience, meaning that the customer is satisfied with the [23].

Parasuraman *et al.* [24] suggested that when perceived service quality is high, it will increase customer satisfaction. They are in the same line with the fact that service quality leads to customer satisfaction. This means that dimensions with higher perception scores depict higher satisfaction on the part of customers, and lower perception scores depict lower satisfaction.

CONCLUSION

To conclude, service quality is the result of customers comparing their expectations of the service and their perception of how well the service is performed. SERVQUAL as a tool can attract the attention of service providers due to its ability to identify gaps in service quality.

Evidence from the study shows that those working in the comprehensive rehabilitation centers for individuals with ID have to improve performance on all the dimensions of service quality to increase their customer satisfaction since consumers expect more than what has been offered by these comprehensive rehabilitation centers. This will enable them to offer services with acceptable levels of quality.

LIMITATIONS

There are some limitations. First, this study was limited to 128 parents of people with disabilities who benefited from the services of comprehensive rehabilitation centers, which limited the generalization of the findings. Second, self-report questionnaires were used to collect data from respondents. Third, quantitative survey research was employed. It is recommended that future researchers use different methods such as personal interviews or telephone interviews to collect data.

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