Dear Editor, we have read with great interest the publication entitled “Quality of the ophthalmological service to outpatients of the public and private healthcare systems”¹. Hercos and Berezovsky noted that “Satisfaction with the public healthcare system was significantly greater than that with the private healthcare system in terms of the tangibles, reliability, responsiveness, and assurance determinants of the SERVQUAL scale.” We agree that quality management is important for any medical service, including that related to ophthalmology. Nevertheless, one cannot focus solely on patient satisfaction, which is usually a subjective determinant. In some situations, necessary clinical management might cause patient dissatisfaction. More important focal points in the quality management of services should have been error reduction, patient safety, and effectiveness of clinical management²⁻³. Finally, although the use of any criteria for the accreditation of service could be considered a good idea, it still requires maintenance after quality approval. It should be noted that accredited medical services, such as accredited medical laboratories, can still experience problems related to clinical service errors⁴.

REFERENCES
Dear Editor, we appreciate the interest shown by Yasri and Wiwanitkit regarding our study. In response to their letter, we would like to explain that marketing is the set of human activities designed to meet the desires and needs of consumers through exchange processes, using specific tools like advertising, sales promotion, and marketing research, among others(1). Planning and management in marketing requires information on the market situation(1). In recent years, studies on customer satisfaction have absorbed part of marketing researchers, research institutes, government agencies, and companies interested in implementing full quality programs(2). The service sector, of which the health sector is a part, has some peculiarities related to industry and commerce. Accordingly, the provision of services includes customer expectations and is much more subjective and variable than product manufacturing given that it deals with feelings like empathy and sensitivity(3), as well as aspects of quality that are more difficult to achieve, i.e., intangible aspects(3,4). Information about the quality of a service requires previous research. Some authors recommend the use of a catalog of research techniques known as the quality of service information system(5). Among the several approaches within this system, our study utilized total market research using the service quality research instrument (SERVQUAL) scale, a widely used scale that evaluates quality(6). This scale allows the evaluation of all the five dimensions of service quality: Tangibility, Reliability, Responsiveness, Security, and Empathy(6,7). The SERVQUAL scale is a worldwide marketing research technique used to evaluate the quality of service through the determination of patient expectations and perceptions(8). The application of the SERVQUAL scale in the evaluation of healthcare service quality has already been well-documented considering that it is the standard instrument for this purpose(9,10). We had also confirmed the reliability of the SERVQUAL questionnaire in our 2006 study(11). Within this questionnaire, the dimension of reliability provides the manager information that would enable the adoption of actions that seek to reduce errors mainly in relation to the following reliability items: The eye care provider (in our study, HEO) must (a) perform services and procedures correctly the first time without the need for work to be redone; (b) provide services within the established timeline; and (c) provide error-free reports, documents, and information regarding the patients. In the dimension of Security, the eye care provider (HEO) provides the manager with information that would enable the adoption of actions that seek to improve safety with respect to the patients’ items. In this regard, the eye care team must (a) convey confidence to the patients, (b) make the patients feel assured when using its services, and (c) be polite and courteous toward the patients and have adequate knowledge when answering their questions. With regard to the effectiveness of clinical management, the questionnaire allows the evaluation of service quality as a whole. Apart from evaluating all five dimensions of quality, the questionnaire also allows the evaluation of overall ophthalmological service quality: (a) at the HEO, the overall quality of ophthalmological treatment must be satisfactory. Questionnaire administration can provide information that would enable managers to make more effective administrative decisions given that such
information would allow them to detect weaknesses in clinical service quality and plan actions aiming to improve such. When periodically administered, these questionnaires help monitor the effectiveness of actions taken to improve the quality of service. In other words, after reaching the desired level of service quality, the periodic administration of this questionnaire would be necessary to monitor the quality of service and obtain information that would allow the planning of actions needed to maintain high service quality. In our opinion, the application of the SERVQUAL scale could contribute to the improvement of clinical service quality as a whole. Although our study did not evaluate the quality of service in a medical laboratory, we believe that the SERVQUAL scale could be a good instrument for evaluating the quality of such services while contributing to the reduction of possible errors in clinical service.

Best regards,
Dr. Benigno Vicente Santos Hercos
Prof. Dra. Adriana Berezovsky

REFERENCES