"An Analysis of Service Quality Dimensions in the Healthcare Sector"

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ABSTRACT:

Over the past two decades, India has made significant progress in various areas, including social, political, and economic fields. Medical science has also seen considerable advancements during this period. However, hospital administration and patient management have not kept pace with these developments. The healthcare industry has undergone major transformations in recent years, creating new challenges for payers, providers, and medical product manufacturers. In today's highly competitive and ever-changing business landscape, the concept of Service Quality has become central. Service Quality is a strategic approach to understanding customer needs and behaviors, with the aim of building stronger relationships, which is key to a business's success. Patients' perceptions of service quality are shaped by their expectations and the services they receive from healthcare institutions. Therefore, this study aims to explore patients' expectations and perceptions regarding the service quality dimensions of multispecialty hospitals.

KEYWORDS: Quality, Perception, Satisfaction, Service

INTRODUCTION

The past fifty years, India's healthcare sector has experienced rapid growth, with hospitals evolving to meet the demands of an increasingly specialized industry. Regardless of size, hospitals—large or small—have come to recognize that their survival depends heavily on effective patient management. Additionally, the level of competition in the private healthcare market has been intensifying. Indian multispecialty hospitals face a number of challenges in this highly competitive environment, including rising customer expectations, complex relationships with patients, emerging trends and innovations, greater patient mobility, faster introduction of new services, the need to adapt to evolving technologies, and the constant drive to meet customer satisfaction in the face of modern management practices. Healthcare is a patient-oriented service industry where the patient or the service users are in focus and patient service is the differentiated factor. Success and survival of healthcare organization depend upon the effectiveness and efficiency of the services rendered to its patients.

REVIEW OF LITERATURE

Faisal, Mohammed, and Zillur (2016) conducted an extensive and systematic review of the literature on healthcare quality and service quality, focusing on the development and application of SERVQUAL. Their study aimed to explore the connection between service quality and patient satisfaction. Additionally, the paper highlights various dimensions of healthcare quality and models for understanding healthcare expectations. The authors concluded that further research is needed to develop conceptual foundations and analytical models, particularly through quantitative studies. The findings of this research are expected to assist healthcare practitioners and quality experts in India by guiding the implementation of service quality dimensions in hospitals and offering a potential framework to improve organizational performance. Loyalty.

Sodani and Sharma (2014) conducted an analysis of patient satisfaction across various quality dimensions in a hospital setting. Data were gathered from inpatients using a structured questionnaire that covered eight key aspects of care: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctors, accessibility and convenience, and hospital services. A total of 100 inpatients from three departments with the highest patient inflow—medicine, gynecology, and surgery—participated in the study. The majority of respondents were male, primarily within the 31-45 age group. The results revealed that the highest levels of satisfaction were reported for interpersonal manner (86.3%), communication (85.4%), general satisfaction (79.3%), and technical quality (77.3%). In contrast, the lowest levels of satisfaction were observed in financial aspects (61.6%), followed by hospital services (68%), accessibility and convenience (73.5%), and time spent with doctors (76.9%).

Sasikala and Tamilchelvi (2014) conducted a study to assess the service quality of healthcare centers as perceived by patients in Coimbatore city. A total of 1,012 respondents were selected using a convenience sampling method for this analysis. The study utilized the SERVQUAL model to evaluate various dimensions of service quality. The findings revealed that, out of the five service quality dimensions, there was no significant gap in the dimension of reliability. However, dimensions such as assurance, tangibility, responsiveness, and empathy showed considerable gaps. Based on these

results, the researchers recommended that healthcare centers focus on improving these four dimensions to enhance patient satisfaction to the highest possible level.

Rupa, Pallavi, and Isha (2016) conducted an analysis based on five service quality dimensions: tangibility, reliability, assurance, responsiveness, and empathy. They utilized the 22-item SERVQUAL scale derived from the gap model introduced by Parasuraman, Zeithaml, and Berry. A sample of 200 participants was selected using quota sampling. Confirmatory Factor Analysis was employed to assess the model's fit, and a comparison of expectations and perceptions between government and private hospitals was made using mean values, with the analysis conducted through SPSS and AMOS software. The results indicated that the SERVQUAL model was appropriate for the study. Furthermore, the analysis showed that participants had higher expectations for private hospitals.

Yadav and Mangwana (2014) conducted an analysis of patient satisfaction in multispecialty hospitals in their article. The study was based on data collected through a concise and easy-to-complete questionnaire, designed specifically for a hospital setting. The Woodward scale was used as the baseline for the assessment. Feedback was gathered from a total of 26,991 patients between January 2011 and December 2013, evaluating 11 different parameters on a 3-point scale to measure patient satisfaction. The study found a statistically significant increase in both the number of responses and the response rate in 2012 and 2013 compared to the previous years ($p<0.001$), which was attributed to the heightened awareness among hospital staff about the importance of patient feedback during the accreditation process. Among the 11 aspects evaluated, nursing care received the highest ratings, followed by medical care. In contrast, the cafeteria and the discharge process received the lowest ratings.

OBJECTIVES OF THE STUDY

To assess the patients' perception of multi-specialty hospitals in the study area.
To assess whether the expectations of patients across various aspects of multi-specialty hospitals are met

SCOPE OF THE STUDY

India's healthcare sector has seen significant progress in recent years, leading to heightened expectations among the public. As healthcare services have expanded, patients now demand better quality and timely care from hospitals. This growing need for high-quality hospital services underscores the importance of evaluating patient perceptions. Such evaluations help identify areas of strength and areas for improvement within hospitals, providing valuable insights that can drive innovation and enhance service delivery.

FRAME WORK OF ANALYSIS

The data gathered from the patients through the interview schedule has been compiled, organized into tables, and analyzed using suitable statistical methods. For this study, the researcher employed various tools with the assistance of SPSS version 16.0 (Statistical Package for Social Sciences), including Chi-Square Analysis.

Chi-Square Test - Relationship Between Demographic Variables of Respondents and Their Satisfaction Levels Towards General Factors

Personal factors	Value	df	Asymp. Sig. (2-sided)	Sig or Not sig
Age	257.386	80	.000	Sig
Gender	91.238	20	.000	Sig
Marital status	51.372	20	.000	Sig
Educational Qualification	206.193	80	.000	Sig
Occupational Status	214.296	80	.000	Sig
Family monthly income	116.430	60	.000	Sig
Area of residence	106.046	40	.000	Sig

Ho: "There is no meaningful connection between the demographic characteristics of the respondents and their satisfaction levels regarding general factors."

The table clearly shows that the p-values for demographic variables such as age, gender, marital status, educational qualification, occupational status, family monthly income, and area of residence are all less than 0.05. Since these p-values are below the 0.05 threshold, the null hypothesis is rejected. This indicates a significant relationship between these demographic factors and the respondents' satisfaction levels with the general factors provided by the multi-specialty hospital.=

Chi-Square Test: Association Between Respondents' Demographic Variables and Their Satisfaction Levels with Supportive Services

Ho: "There is no meaningful correlation between the demographic characteristics of the respondents and their level of satisfaction with the supportive services."

Personal factors	Value	df	Asymp. Sig.	Sig or

			(2-sided)	Not sig
Age	294.023	124	.000	Sig
Gender	51.789	31	.009	Sig
Marital status	58.2121	31	.003	Sig
Educational Qualification	268.388	124	.000	Sig
Occupational Status	310.152	124	.000	Sig
Family monthly income	168.951	93	.000	Sig
Area of residence	157.505	62	.000	Sig

The table clearly indicates that the p-values for demographic variables such as age, gender, marital status, educational qualification, occupational status, family monthly income, and area of residence are 0.000, 0.009, and 0.003, respectively. Since these p-values are less than 0.05, the null hypothesis is rejected. This suggests that there is a significant relationship between these demographic variables and the respondents' satisfaction levels with the supportive services provided at the multi-specialty hospital.

FINDINGS

The p-values for the demographic variables such as age, gender, marital status, educational qualification, occupational status, family monthly income, and area of residence are .000, .009, and .003, respectively. Since these values are all below the threshold of .05, the null hypothesis is rejected. This indicates a significant relationship between these demographic variables and the respondents' satisfaction levels with both the general factors and supportive services offered at the multi-specialty hospital.

SUGGESTIONS

Hospital management is encouraged to promote employee involvement in areas such as medical services, supporting services, and patient satisfaction. One effective way to do this is through employee performance appraisals. Additionally, it is recommended that management develop clear and distinct job descriptions for each department. These job descriptions should outline employees' required skills, qualifications, duties, responsibilities, direct supervisors, and available training programs. Furthermore, they should also specify the types and nature of potential disciplinary actions.

CONCLUSION OF THE STUDY

The philosophy discussed above was validated in the current study through the observed discrepancies between patients' perceptions and expectations of service quality. This concept was further supported by the patients' satisfaction levels regarding the various services provided by multispecialty hospitals. The overall findings of this study will assist hospital management in narrowing the service gaps between patients' expectations and perceptions of service quality across different dimensions, ultimately enhancing patient satisfaction with the services offered.

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