

## **A SURVEY ON SERVICE QUALITY IN HEALTH CARE CENTERS**

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### **Abstract**

In today's vastly competitive circumstances, hospitals are gradually more realizing the necessity to focus on service quality as a gauge to perk up their competitive position. In this research, it presents a service quality acuity study undertaken in selected private & public hospitals in Chhattisgarh. In the study the survey will be used for measurement of Gaps like, difference between management's perception of patient's outlook & actual patient's expectations. An analysis covering a number of patients and doctors revealed that a gap between management's perception about patient's expectations and patient's expectations of service quality truly exists. Service quality and patients satisfaction are significant concepts to health care centers. It is therefore vital for hospitals to know how to measure the patient's satisfaction and more critical of the quality of service they experience. The service excellence accessible by private & public hospitals on various extents is discussed in this study and how it can be applied in the context of various other hospitals.

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**Keywords:**

Health care;

Service quality

Management;

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## 1. Introduction

Patient satisfaction is one of the important objectives of any health system, but it is complicated to determine the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction (Agrawal D.. 2006).

The quality of service in health means an economical type of service with least side effects that can heal or relieve the health troubles of the patients. Patient satisfaction depends upon numerous factors such as Quality of clinical services provided, accessibility of medicine, deeds of doctors and other health squads, cost of services, hospital infrastructure, corporeal comfort, emotional support, and value for patient preferences (Galhotra A. et al, 2013).

### Service Quality in Hospitals

A hospital is an organization of health care providing treatment with expert personnel and equipment, but not always as long as for long-term patient stay. These day's hospitals are centers of proficient health care provided by physicians and nurses. There are numerous kinds of hospitals. The eminent of all kind of healthcare centre is the all-purpose hospital known as multi-specialist hospital, which is configure to cure numerous kinds of diseases, infections, and injuries, and usually has an emergency zone to cope up with immediate threats to health and the ability to hand on emergency curative services. A common healthcare is typically the foremost health care provision in its province, with a huge number of beds for meticulous and long-standing care, resources and convenience for surgical treatment as well as child delivery treatments, bio diagnosis laboratory, and so onwards. Upgraded areas might have numerous diverse health care centers of varying extent and facilities. Patient just come for analysis and/or cures and then leaves (outpatients), but diverse others (relatives) stay at night or the other time. Keeping the patient most important is a challenge that necessitates not just a gigantic modernize in the outlook of all the stakeholders in health care section, but also the aspects by which to determine the levels of accomplishment of patients, and to realize what matters to them prior, throughout their appointments to any hospital. Patient eminence initiatives, with their polite, practical focus towards medical assessment, with its specific and technical routines of aspects, insist for unique measurement practices.

Patients will sense services in terms of quality of service and how pleased they are with their whole experience. These oblique terms by consumers regarding quality, values, and satisfaction have been the focus of attentiveness for researchers and their studies alike over the few decade. It is identified by Health care centers these days that they can battle more efficiently by differentiate themselves with regard to quality of services and enhanced customer contentment. QoS i.e. Quality of service is a decisive factor of patient cognition. If talking about pure services, QoS will be the leading factor in customer's assessment. QoS may also be very judgmental in ascertaining customer satisfaction where QoS are presented in blend with physical aspects.

### Types of Quality Measures

TYPE	DESCRIPTION	EXAMPLE
configuration	Review the features of care surroundings, together with services, human resources, with policies associated to care deliverance.	Does an emergency unit possess a critical care expert on personnel at all times?
Process	Establish if the resources offered to patients are reliable with schedule clinical care.	Does a doctor ensure that his or her patients get suggested treatments?
Outcome	Analyze patient health condition as an effect of the cure received.	What is the survival rate for patients who experience a heart attack?
Patient Experience	Provides response and opinions on patient's experience of cure.	Whether patients' feedbacks the report on their queries regarding treatment options in ways that are easy to comprehend by provider?

## **2. Literature Review**

### **2.1 Service Quality Concept & Health Defined**

Medical management specifically means health and health care must eminent from each other for no superior reason than that the previous is often erroneously seen as a direct meaning of the latter. Fitness is obviously not the sheer dearth of disease. Fine health grants the human being or crowd's autonomy from poor health and the capability to comprehend the potential. So one can identify that health is the essential root for defining a human being's sense of welfare. The health of populace is a separate key matter in public guidelines discourse in every established society often shaping the deployment of massive culture.

Researcher Mosadeghrad (2011) describe eminence healthcare as “consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patient's needs and satisfies providers”. For the reason of this study healthcare QoS (Quality of services) can be defined as healthcare services provided in public and private hospitals whose distinctiveness and features meet or surpass patient's requirements and expectations.

### **2.2 Patient's Satisfaction**

Health care sector have constantly a lay of cure with care that offer the populace with absolute healthcare, both remedial and protective. In the health care sectors care quality is deliberated with two aspects: patients heal and their satisfaction. Satisfaction can be defined as an individual's outlook of pleasure or dissatisfaction consequential from comparing an outcome in regarding their expectations (Kotler, 2000). It is originate that patient fulfillment enhance patient withholding, eagerness to suggest, develop the rate of patient conformity with general practitioner recommendation and requests. It picks up trust, reliability and reduces the number of grievances. QoS is often observed as the ancestor of patient contentment (Irfan (2012), Speight (2005), Zarei et al. (2012), Shan et al., (2016)). Because of these patient fulfillment review is an efficient tool that offers information and insight on patients' vision of the services they get. Due to this study on the whole patient satisfaction was defined as “the extent to which outpatient is content with the healthcare services which they received from Hospital”.

### 2.3 SERVQUAL Model

In the medical field, diverse aspects for healthcare QoS have been evolved. QoS aspects in health care developed in instance based on the framework of SERVQUAL. Regardless of all restrictions concerning SERVQUAL showed to be a flourishing environment in health care. The service quality model "SERVQUAL" lines as the most vital of service quality models and amongst the broadly used models to compute QoS aspects due to its richness and realistic applicability (lee and kim,2017). Few researchers originate that SERVQUAL tools appropriate to evaluate the perceptual gap in considerate patient belief among health care stakeholders, a functional model to determine the disparity between patients' priority and their real experiences and five dimensions of the QoS in SERVQUAL tool are noteworthy and trustworthy in a health care management (Chakraborty and Majumdar, 2011).

It incorporates five service quality dimensions: Reliability, Assurance, Tangibles, Empathy and Responsiveness. The hypothesis on which it is based on is that QoS is a utility of space between patient outlook and insights along five quality aspects: reliability, responsiveness, assurance, tangibles, and empathy:-

- Reliability: imitates the potential to accomplish the predefined service consistently and precisely.
- Responsiveness: specifies the enthusiasm to assist patients and their relatives to provide timely quality service.
- Assurance: involves the information and politeness of health care persons and their skill to transmit belief and assurance.
- Tangibles: illustrates the form of physical conveniences, surgical equipment and apparatus, human resources and communication resources.
- Empathy: the stipulation of concerned, personal consideration to patients

### 2.4 Previous Studies

Some of the previous studies on this field are as follows –

Zarei et al. (2012) researched QoS in the private health care of Iran from the patients' perception. Outcomes specify that tangible has the uppermost potential, and empathy view has the lowest expectations.

Irfan et al. (2012) observed that public health care sectors are not building any noticeable efforts to fulfill patient's requirements and desires. The deliberate QoS does not have a momentous impact on patient contentment excluding assurance.

Essiam (2013) scrutinize the quality aspect and patient satisfaction in a public health care center in Ghana. Resultants discovered gaps across all the SERVQUAL aspects. It was best elucidate by comprehend responsiveness, followed by perceived empathy, perceived assurance, perceived tangibility, and perceived reliability.

Yousapronpaiboon & Johnson (2013) analyzed Out-patient QoS acuity in private Thai hospitals, end result found that promise was the aspect most powerfully related with overall PSQ, track by empathy, tangibles, responsiveness, and reliability.

Mosadeghrad (2014) accomplish an analytic in-depth entity and focus faction interview with 222 stakeholders with related occupations as healthcare providers, policy-makers, managers, and payers to spot factors affecting the QoS of health care provided in Iranian hospitals. Outcomes shows that delicate factors associated with contributor and patient, factors relevance to the health care association, health care structure and broader background affected health care QoS.

Özlü and Uzun (2015) analyzed that there were disparities in patient contentment with nursing concern in surgical treatment in diverse health care centers in turkey associated with educational environment, the center in which the patients reside and prior hospital experience.

Researcher Shan (2016) analyzed in the study that reason behind patient disappointment is lack of reliance with hospital inpatient care in Heilongjiang in China. Belaid et al (2015) researched the impact of health care QoS and its impact on patient's contentment, issues in a public hospital in Bechar. Outcomes specify that there was a connection among overall QoS.

Devi and Muthuswamy (2016) explore QoS view in multipurpose health care centers in India. Outcomes show that responsiveness, reliability, and tangibility were the three primary aspects of hospital QoS comprehend by patients.

Researcher Jaswal et al. (2017) offered an exclusive aspect by giving thought to the comparative significance or weightage of each aspect of "QoS" and additional inspect the gaps in "QoS" on each aspect among the sort of hospitals and subdivision of hospitals. The analysis disclosed that amongst all of the aspects 'reliability', was positioned the top most after that 'responsiveness', 'assurance' and 'empathy' is being ranked. The aspect 'tangibility', was supposed to be least significant amongst the entire QoS aspects.

### **3. Statement of the Problem**

Healthcare quality services play a vital role among all other services because of the exceedingly concerning and uncertain nature of service. Despite the fact that a huge number of public and private health care centers are exist all over the region, it is observed that lots of hospitals are not capable to offer quality services to patients. Moreover the private health care centers also are not capable to accomplish the necessities of the patients to a certain degree. The major crisis of hospital management is that they are unable to provide quality service on the basis of the requirements and expectations of the patients.

The major problems are lack of ample and appropriate medical healing to patients. The additional problems are non-availability of remedial facility, insufficient experienced doctors, nurses and other medical staff, etc. The greater part of the populace in India exists in the rural region, which are not attentive of the diseases produced by bad atmosphere water, bad sanitation and foodstuff.

Most of the people are affected by toxic waste. In Delhi, about 12% of children in between 5 – 16 years were suffering from bronchitis (Rashtriya Sahara et. al., 1998). In Kolkata, approx ten thousand of people undergo early death due to air pollution. Also in Mumbai it is experienced the air toxic. The inhalable pollution in the air has crossed dangerous mark beyond limits approved by the WHO and National Air Quality Standards.

Medical cure and treatments has not become reasonable, not only for the 26% of the Indian populace who survive below poverty line, also for the lower middle income group. (Abdul Kalam A.P.J. et. al., 2004) A key hitch in the Indian health care rescue system is observed as lack of apparatus and analytical tools which must be imported from other countries. The hospitals are found that they are not able to accomplish the health care necessities of the people and the rural health care centers have virtually become fictional. Hospital premises, equipments and patients are there, but the doctors are there only on records but in reality they are busy in their personal treatment centers. The patients' faces lots of problems as they do not acquire medical assist since main surgical substance are not found only in the provisions. The building has a filthy appearance and the ecological circumstances are prone to disease. The further serious scenario is observed in rural region since inferior segments of the social order fall short in getting the services of rural health care centers. That's why private health care have come into reality in order to pass up the deprived QoS in Public hospitals. But yet in private health care centers, the quality of medicinal care is found dissatisfactory, although they ask for high fees. In this circumstance the following queries arise:

- The extent to which the hospital management is able to understand the patient's prospect.
- The distinction between the expected QoS and the discern service of the patients.
- Expected service vs. perceived service
- The key aspects of QoS of the hospitals and their relative importance

**Parameters for evaluating Service Quality (Babakus E et al.) –**

S No.	Aspects	Formulation
1.	Credibility	Reliability, Trustworthy, truthfulness of the service provider
2.	Security	Prior knowledge from danger, risk, or uncertainty.
3.	Access	Accessibility and easiness of contact
4.	Communication	Understanding patient's condition and informed them in understandable language.

5.	Understanding the scenario	Try to identify patient and their needs.
6.	Tangibles	Emergence of physical services, apparatus, medical staff, and communication resources.
7.	Reliability	Aptitude to perform the assured service consistently and precisely.
8.	Responsiveness	Enthusiasm to assist patients and offer timely service
9.	Competence	Expertise of the skills and comprehension requisite to perform the service.
10.	Courtesy	Manners, Politeness, behavior, respect, consideration of contact personnel.
11.	Structure Design	Recourses, tools, Technologies.
12.	Characteristics	Juridical nature, quantity of medical staff like nurses, dietitian, Nutrition Service etc.
13.	Health care staff	Skill of doctors to realize patient's need, team members working, team reliability, staff accessibility.
14.	Relationship	Privacy among doctor, patient and their concern relatives, assistance and kindness of managerial staff, Humanization of relationship
15.	Support Services	Quality of food and beverages for patients and their relatives, hygiene of facilities and infrastructure

#### 4. Conclusion & Discussion

Health care management must go further than a medical outlook and reinstate it with a integrated social move towards healthcare. Accurate analysis and treatment are not sufficient, patients will be seeking for working on services they are rendered. Some research has been carried out to analyze the impact of QoS in healthcare. The study observed that the vital aspect was medical services followed by QoS factor as accessibility and managerial services.

Hence, the purpose of this study is to survey various dimensions as tangible, reliability, responsive, assurance, and empathy on patient satisfaction.

At last in conclusion, Private & Public health care centers and management require to turn their concentration to the fact that additional efforts should be approached to train medical staff for different interpersonal expertise to deal with patients, particularly giving personal attention, take note efficiently, and polite communication. It is essential to take a note that a contemporary administrative orientation should be introduced in the hospitals to aid delivering QoS and patient satisfaction.

### References

- [1] Agrawal D. (2006,) Health sector reforms: Relevance in India. *Indian J Community Med.*, Vol 31, PP 220–2.
- [2] Galhotra, A., Sarpal, S.S., Gupta, S., Goel, N, (2013)A cross-sectional study on patient satisfaction toward services received at rural health center, Chandigarh, North India, *Annals of Tropical Medicine and Public Health.*
- [3] Rashtriya Sahara, Choked Existence, (1998)Degrading Environment in Making earth a hell, January, PP 145-147.
- [4] Abdul Kalam, A.P.J. and Sivathanu Pillai,A., (2004) *Envisioning and Empowered Nation*, New Delhi: Tata McGraw Hill Publishing Co Ltd.
- [5] Lovelock Christopher et al, —*Service Marketing*, Pearson Publications, PP: 400-403
- [6] Babakus E, Mangold WG. (1992) Adapting the SERVQUAL scale to hospital services: an empirical investigation. *Health Serv Res*, PP 26, PP 767-86.
- [7] Mosadeghrad, A. M. (2011). Healthcare service quality: towards a broad definition. *International Journal of Health Care Quality Assurance*, Vol 26, Issue 3, PP 203-219.
- [8] Irfan, M., Ijaz, A., & Farooq, M. M. (2012). Patient Satisfaction and Service Quality of Public Hospitals in Pakistan: An Empirical Assessment. *Middle-East Journal of Scientific Research*, Vol 12, Issue 6, PP 870-877.
- [9] Kotler, P. (2000). *Marketing Management (10th ed.)*. New Jersey, Prentice-Hall.
- [10] Speight, J. (2005). *Assessing Patient Satisfaction: Concepts, Applications and Measurement*. *Value in health*, Vol 8, Issue 1, S6-S8.

- [11] Shan L., Li. Y., Ding, D., Wu Q., Liu C., & Jiao, M., et al. (2016). Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care, PP 1-18.
- [12] Zarei, A., Arab, M., Froushani, A., Rashidian, A., & Tabatabaei, S. M. G. (2012). Service quality of private hospitals: The Iranian Patients' perspective. BMC Health Services Research, PP 1-7.
- [13] Lee & Kim. (2017). Assessing healthcare service quality: a comparative study of patient treatment types, International Journal of Quality Innovation, Vol 3, Issue 1, PP 1-15.
- [14] Chakraborty, R., & Majumdar, A. (2011). Measuring consumer satisfaction in health care sector: The applicability of SERVQUAL. International Refereed Research Journal, Vol 2, Issue 4, PP 149-160.
- [15] Yousapronpaiboon, K., & Johnson, W. (2013). Out-patient Service Quality Perceptions in Private Thai Hospitals. International Journal of Business and Social Science, Vol 4, Issue 2, PP 57-66.
- [16] Essiam, J. O. (2013). Service Quality and Patients Satisfaction with Healthcare Delivery empirical evidence from patients of the outpatient department of a public university hospital in Ghana. European Journal of Business and Management, Vol 5, Issue 28, PP 52-59.
- [17] Belaid, H., Bouchenafa, A., Barich, A., & Maazouzi, B. K. (2015). The Quality of Health Services in BECHAR Public Hospital Institution. International Journal of Social Sciences, Vol IV, Issue 2, PP 1-14.
- [18] Özlü, Z., & Uzun, O. (2015). Evaluation of Satisfaction with Nursing Care of Patients Hospitalized in Surgical Clinics of Different Hospitals. International Journal of Caring Sciences.
- [19] Devi, K. V., & Muthuswamy, P. R. (2016). A Study on service quality GAP in multi-specialty hospitals, Management, Indian Journal of applied research, Vol 6, Issue 12, PP 616-617.
- [20] JASWAL, A. R.; WALUNJ, S. R.. (2017) Antecedents of Service Quality Gaps in Private Hospitals of Ahmednagar: A Critical Inquiry into the Hospital Attributes. IBMRD's Journal of Management & Research, PP 42-51.