



Original Research Article

The Measurement of Service Quality in Healthcare: A Study in a Selected Hospital

Sweta D'Cunha¹, Sucharita Suresh²

¹Associate Professor, ²Assistant Professor,
Department of Hospital Administration, Father Muller Medical College & Ph.D Scholar, REVA University.

Corresponding Author: Sweta D'Cunha

Received: 23/04/2015

Revised: 23/05/2015

Accepted: 03/06/2015

ABSTRACT

Quality is what customer wants. In other words, quality is the measure of customer satisfaction. Customer focussed quality management is one of the most important ingredients of successful organisations because the customers are the ultimate judges of service quality. In the healthcare industry the patient perception of service quality positively influences patient satisfaction. When a gap exists between expectations & perceptions of quality attributes and outcomes, dissatisfaction follows. When expectations are met by service performance, patients are satisfied. When performance exceeds expectations, there is delight with the service quality. It is evident that healthcare providers need to be aware of how patients perceive their quality of care. In identifying patient perceptions the primary indicator used to evaluate quality of care is patient satisfaction.

The research was descriptive cross sectional study. Random sampling technique was adopted to select a sample of 100 patients who were admitted for more than two days. Structured questionnaire was used to assess the quality dimensions and the level of satisfaction of customers. Results indicate that patients perception varied on various dimensions of quality. It was found that majority of the patients were satisfied with the facilities provided in the hospital, physicians quality care and with the quality care by the nurses

Key words: Service quality dimensions; patient satisfaction; healthcare quality.

INTRODUCTION

Service quality has been receiving a lot of attention by healthcare organisations due to increasing competition. For most corporate hospitals superior quality is at the core of their business strategy. Quality and care are the primary factors which differentiate one healthcare institution from another. Hospital administrators have constantly adopted strategies to deliver services that satisfy patients and have

focused on continually assessing and trying to improve the quality level that their institutions offer. The challenge for health organisations is to ensure high level of service the customer wants and expects every time perfectly. Even more challenging is that the service quality and service value are defined not only by the administrator but also by the patient who is the consumer of the service.

In a competitive world of healthcare it becomes more difficult to satisfy a customer. In a situation like this, it is necessary to understand that one of the key factors satisfying a patient in a hospital is its service quality. Satisfaction of the patient is the true standard for judging service quality. So only the customer can judge the actual quality of the service. When it is a question of health, customers want quality, cost is not the issue. That is precisely why people shop for good hospitals that have competent doctors, advanced equipment, range of services under one roof and total quality care coupled with courteous and caring staff.

Service quality provides an excellent opportunity to meet or exceed patient expectations regarding the overall service experience. An organisation generating services requires to measure the quality of service offered to the customer. This enables them to identify the errors and to follow-up corrective measures and focus on specific areas for improvement. So the identification and measurement of quality dimensions is necessary for patient satisfaction and continuous improvement. Hence the administrators should collect data for patient satisfaction in several ways like discharge interviews, patient complaints on service provided, and periodic surveys for knowing patients' expectations on service.

Service Quality Dimensions

There has been continuous research to identify the key dimensions of service quality in the hospital industry, and to measure customer satisfaction. However, problems inherent in identifying quality attributes and measuring intangible services continue to pose a challenge for health care administrators as well as academicians. It is critical, for successful implementation of quality initiatives, to have a comprehensive understanding of what constitutes quality in health care services. If health care providers understand what attributes consumers use to

judge quality, steps can be taken to monitor and enhance performance on those attributes and remedy patient-related problems. The results can be expected to be higher levels of perceived quality and satisfaction on the part of the consumer. ^[1]

Quality as defined by Feigenbaum ^[2] is a customer determination, based upon the customer's actual experience with the product or service, measured against his or her requirements stated or unstated, conscious or merely sensed, technically operational or entirely subjective, and always representing moving target in a competitive market. Omachonu ^[3] noted that quality consists of two inter dependent parts: quality in fact and quality in perception. Quality in fact means meeting or conforming to standards. Quality in perception means meeting the customer expectations. Both must be identified, defined, measured and evaluated.

Patient expectations are recognised as important factors in quality care. Two people under the same circumstances could perceive their level of satisfaction differently in light of their individual expectations. According to Zeithamal, Parasuraman and Berry, ^[4] the key to delivering high quality service is to balance customers expectations and perceptions and close the gap between the two. Patient perception of the quality of service provided is a key factor in determining a health organisation's competitive advantage and survival. A patient might identify quality when treated with empathy, respect and concern. A physician might define it as delivering the most advanced knowledge and skills of medical science to serve the patient. A hospital trustee may associate having the best people and facilities to deliver service.

Researchers have examined relationship between service quality and satisfaction. After an extensive review of the

literature, Taylor [6] argued that service quality and customer satisfaction should be viewed as separate constructs. He argued that service quality perceptions should be considered as long-term consumer attitudes, while patient satisfaction is referred to as short-term, service-encounter-specific consumer judgments. This point was supported by Parasuraman et al., [7] who noted that service quality was similar in nature, but not equivalent, to consumer satisfaction. Cronin and Taylor [8] suggested that this distinction was important to both managers and researchers, because service providers require input on whether their objective should be to have consumers who were merely "satisfied" with their performance or to deliver the maximum level of "perceived service quality." It thus important for hospital managers to identify health care quality attributes and measure patient satisfactions

Cleary and McNeil [9] define quality simply as the degree to which health service meet their needs, expectations, and standard of care of the patients, their families and other beneficiaries of care. They found that communication skills, empathy and caring are strong predictors of patient satisfaction. Donabedian [10] provided criteria for what constitutes "good care" using the framework of structure, process and outcome. He developed seven attributes of healthcare quality- Efficacy, Effectiveness, Efficiency, Optimality, Acceptability, Legitimacy, Equity.

Parasuraman et al [11] initially identified 10 determinants of service quality dimensions that are used by consumers in assessing service quality: tangibles, reliability, responsiveness, competency, courtesy, communication, credibility, security, access and understanding. Parasuraman et al. [6] later developed SERVQUAL, an instrument created to measure five service quality dimensions,

tangibles, reliability, responsiveness, assurance, and empathy-that were distilled from the 10 original determinants using factor analysis.

The Joint Commission on Accreditation of Healthcare Organisation [12] (JCAHO) identifies nine quality dimensions for hospitals: efficacy, appropriateness, efficiency, respect and caring, safety, continuity, effectiveness, timeliness, and availability. A study of 10 hospitals trying to develop better ways of providing patient centred care refined seven dimensions of care: [13] Respect for patient's values, preferences and needs, Coordination of care, Information and education, Physical comfort, Emotional support, Involvement of family and friends, Transition and continuity.

Keith and colleagues [14] identified four dimensions of quality: access, outcome, interaction and communications, and tangibles. Access includes items such as appointment scheduling, telephone and web system capabilities, information of test results, and cost and insurance issues. Outcome is defined as positively impacting patient's health as a function of the care given and includes items such as change in health status, and the patient's perspective on the referral process. Interaction and communications, is defined as giving patients the experience of constantly courteous and caring treatment from office workers, providers and other involved staff, and includes items such as courtesy of front office staff, courtesy of the provider, general willingness to help, empathy, and billing issues. Tangibles is defined as providing the patient with the physical facilities, equipment, personnel, and credentials they expect from a healthcare provider.

Jun et.al [15] have identified 11 attributes that define quality of care and patient satisfaction and conducted a study which revealed various gaps among the

patient, physician, and administrator groups in the perceived importance of those dimensions. They are: tangibles, reliability, responsiveness, competence, courtesy, communication, access, understanding the customer, Caring, Patient Outcomes and Collaboration.

In order to measure the dimensions of service quality, the most popular measure is SERVQUAL. The application of the scale in the context of health care services has also produced mixed results, with Wisniewski and Wisniewski, 2005 and Rohini and Mahadevappa, 2006 supporting the original 5-factor structure. The SERVQUAL scale has been modified & adapted in a number of studies such as Headley and Miller, 1993 identifying 6 dimensions in a primary care clinic, Lytle and Mokwa, 1992 finding 7 dimensions among patients of a health care fertility clinic, and Reidenbach and Sandifer-Smallwood, 1990 extracting a 7-factor solution in an emergency room setting. Furthermore, Carman, 1990 recognized 9 dimensions in a multi encounter hospital setting, and Licata, Mowen, and Chakraborty, 1995 identified 12 factors in a health care setting when using the original SERVQUAL scale. ^[16]

Pai & Chary ^[17] reviewed the service quality dimensions established in various studies conducted across the world specifically applied to health care. The number of dimensions vary from – two (Butler et al., 1996); three (Karassavidou et al., 2009); four (Baltussen et al., 2002); five (Anderson, 1995); six (Arasli et al., 2008); seven (Ramsaran-Fowdar, 2008); eight (Gross and Nirel, 1998); nine (Rose et al., 2004); ten (Taner and Antony, 2006); fourteen (Zifko-Baliga and Krampf, 1997). This means that there are no common points of view on the dimensions of service quality in the healthcare industry.

MATERIALS AND METHODS

The study was conducted in a multi-speciality, tertiary care teaching Hospital, which has more than 1000 beds. The population consisted of the patients who were admitted to the medical ward the Hospital. The data was collected from a sample of 100 inpatients who were admitted for more than two days using random sampling technique.

A structured questionnaire was used to collect the data (one is for assessing the quality dimensions and other for assessing the satisfaction level). The questionnaire designed for the study consisted of three parts.

- Section 1 - Demographic data of patients.
- Section 2 - Perceptions of patients about the various dimensions of quality. This consists questions on 11 quality dimensions identified by Jun et.al (1998) - tangibles, courtesy, reliability, communication, competence, understanding, access, responsiveness, caring, collaboration and patient outcome.
- Section 3 - Patient's level of satisfaction regarding
 - care by physician.
 - care by nurses.
 - various facilities provided in the hospital.

The data was analysed in terms of percentage, mean score, standard deviation based on the objectives of the study. The data has been presented in figures as well as tables. Assessment of satisfaction level was done as follows: $\leq 20\%$ - Poor, 20 - 39 - Not satisfied, 40 - 59 - Partially satisfied, 60 - 79 - Satisfied, 80 - 100 - Fully satisfied

RESULTS

Section 1

This section presents the demographic profile of the respondents.

Table 1: Distribution of patients according to age and gender

	No. of patients
Age	
20-29	22(22%)
30-39	8(8%)
40-49	14(14%)
50-59	14(14%)
60-69	22(22%)
>70	20(20%)
Gender	
Male	50(50%)
Female	50(50%)
Total	100

Of the respondents 22% each were in the age group of 20-29 years and 60-69 years, 8% were in the age group 30-39

years, 14% each were in the age group 40-49 years and 50-59 years, and 20% of the patients were above 70 years of age. Fifty percent of the patients were males and 50% were females.

Section II

This section presents the perceptions of patients about the various dimensions of quality -tangibles, courtesy, reliability, communication, competence, understanding, access, responsiveness, caring, collaboration and patient outcome.

Table 2: Perception of patients about the tangible dimension

	Response			Total
	Yes	No	Doesn't matter	
Infrastructure of this hospital is visually appealing	76%	8%	16%	100
Opinion about the space in the hospital	Very congested	Reasonably good space	Quite spacious	Total
	24%	70%	6%	100
Cleanliness of the room/ward	Less than sufficient	Reasonable	More than sufficient	Total
	14%	84%	2%	100
Neat Appearance of the staff	Always	Often	Rarely	Total
	48%	24%	28%	100
Availability of the following facilities in the hospital				
	Adequate	Needs improvement	Inadequate	Total
Water facility	76%	24%	0	100
Electricity facility	100%	0%	0	100
Security services	76%	24%	0	100
Food services	24%	76%	0	100
Up to date equipment	86%	8%	6%	100

Table 3: Perception of patients about the accessibility

Patient came to this hospital because:	
• Nearer to the house	42%
• Prefer a private hospital	16%
• You are satisfied with care	42%
• Total	100
Easy to make appointments	
• Yes	62%
• Sometimes	18%
• No	20%
• Total	100
Department in which waiting time is more	
• Registration/admission	2%
• Waiting the doctor	30%
• Laboratory	28%
• X-ray	8%
• Other investigation	2%
• Pharmacy	30%
• Total	100
Visiting hours for relatives and friends	
• Good	70%
• Inadequate	6%
• Should be reduced	24%
• Total	100

Regarding the tangible aspect of service quality, 76% of patients found the hospital visually appealing, 70% opined that the hospital had reasonably good space; 84% of the patients were totally satisfied with the cleanliness of the ward. Only 48% found the staff having neat appearance always.

Water facility was adequate according to 76% of the subjects and all people were satisfied with the electricity facility provided in the hospital. 76% responded that the security service was good while 76% were not satisfied with the quality of meals, 86% responded that hospital has up-to-date equipments

42% of patients came to the hospital because it was nearer to their house & were satisfied with the care they received. Considering the appointment procedures,

62% responded that it was easy to get an appointment. Considering the waiting time 30% opined that the waiting time in the pharmacy and OPD consultation were more; 28% said they waited more in the laboratory.

Seventy percent responded that the existing visiting hours were good and 24% opined visitors should be reduced in the wards

Table 4: Perception of patients about courtesy dimension

	Response			
	Came immediately	Came after sometime	Neglected	Total
Attended by staff on arrival	42%	58%	0%	100%
Attention of the doctors on arrival	Yes	Needs improvement	No	Total
• Courteous	74%	26%	0%	100%
• Prompt	52%	48%	0%	100%
• Approachable	68%	32%	0%	100%
Attention of the Nurses on arrival	Yes	Needs improvement	No	Total
• Courteous	50%	48%	2%	100%
• Prompt	18%	80%	2%	100%
• Approachable	42%	58%	0%	100%
	Very often	Sometimes	Rarely	Total
Staff of this hospital are polite and understanding	80%	18%	2%	100%
Hospital provides adequate privacy for patients	56%	44%	0%	100%

Forty-two percent agreed that arrival of the nurses when they needed were immediate, whereas 58% remarked they came after some time. Seventy-four percent responded that the behaviour of the doctors was courteous, 68% with the approachability of the doctors whereas 52% said the doctors were prompt. Regarding nurses, 50% opined that nurses were courteous, while 58% remarked that they were indifferent in their

behaviour and need improvement and only 20% responded that the nurses came promptly when they called them. Eighty percent said staffs were polite and understanding

Fifty-six percent opined that the hospital provided adequate privacy to the patients whereas 44% said that privacy was provided sometimes.

Table 5: Perception of patients about the reliability dimension of quality

	Response			
	Yes	Sometimes	Never	Total
Whether any part of the treatment given was doubtful	22%	18%	60%	100%
Hospital provides consistent treatment to patients without discrimination	80%	14%	6%	100%
	Low	Reasonable	Very high	Total
Hospital charges were	6%	50%	44%	100%
	Yes	No	Scope for improvement	Total
Accurate medical records	64%	30%	6%	100%
Medical billing and Test reports	32%	16%	52%	100%

Sixty percent never felt doubtfulness in the treatment. Fifty percent opined that hospital charges were reasonable, whereas 44% said it was high. Eighty percent opined that the hospital provided treatment without

discrimination. Majority reported hospital had accurate medical records; whereas only 32% said that hospital had up to date medical billing and test reports.

Table 6: Perception of patients about the communication dimension of quality

Freedom to talk to doctors regarding worries and anxieties	
• Always	44%
• Sometimes	44%
• Never	12%
• Total	100%
Freedom to talk to nurses regarding worries and anxieties	
• Always	40%
• Sometimes	54%
• Never	6%
• Total	100%
Response of staff when it was requested	
• Heard and met promptly	38%
• Heard but not met	46%
• No attention was paid	16%
• Total	100%
Information about financial insurance matters	
• Adequate	12%
• Less	22%
• Nil	66%
• Total	100%
Information was given about illness, reason for admission and treatment planned by the doctor	
• Always	50%
• Sometimes	20%
• Never	50%
• Total	100%

Forty-four percent said that they were always free to talk to the doctors regarding their worries and anxieties and 54% opined that they sometimes felt free to talk to the nurses regarding their worries and anxieties. Thirty-eight percent opined that the employees were prompt in responding to

their needs; 46% said they were heard but not met. 66% were dissatisfied the information about financial matters and 50% of patients interviewed felt they were given adequate information about illness, reason for admission and treatment.

Table 7: Perception of patients about the competency dimension of quality

	Response			
	Agree	Disagree	Don't know	Total
Doctors are well qualified	80%	0%	20%	100%
Nurses are well qualified	70%	6%	24%	100%
Thoroughness and technical skill of the staff				
	Competent	Less competent	Poor performance	Total
Attending doctor	20 (40%)	28 (56%)	2 (4%)	100%
Nursing staff	13 (26%)	36 (72%)	1 (2%)	100%
Consulting doctor	28 (56%)	21 (42%)	1 (2%)	100%
Para medical staff	27 (54%)	20 (40%)	3 (6%)	100%
	Yes	Sometimes	No	Total
Delay in arriving final diagnosis	40%	16%	44%	100%

Regarding Competency aspect of service quality 80% opined doctors were well qualified while 70% rated the nurses as well qualified. 56% rated the thoroughness and technical skill of the attending doctor as less competent, 74% remarked that

competency of the nurses as poor performance, 56% opined that consulting doctor was competent, 54% said that paramedical staff were competent. Only 44% responded that there was no delay in arriving final diagnosis.

Table 8: Perception of patients about the understanding dimension of quality

	Listening attentively	Partially listening	Not listening	Total
Listening to patient by the doctors and nurses	68%	30%	2%	100%
	Always	Sometimes	No	Total
Staff shows sincere interest in solving problems patients/ attenders	54%	40%	6%	100%
Hospital staff treated you with respect	70%	26%	4%	100%
Complaints were handled quickly	50%	36%	14%	100%

Sixty-eight percent opined that doctor and nurses listens attentively; 54% opined that staff showed sincere interest in solving problems, 70% responded that they were always treated with respect.

Patients rated the registration department, enquiry staff, staff in the emergency, lab staff, x-ray staff, administration as responsive.

Fifty-six percent were satisfied with the responsiveness of the doctor; 42% of the subjects said that the nurses were responsive. 52% opined that the billing department staff was responsive. 56% said that the other hospital staffs were responsive.

Table 9: Perception of patients about the responsiveness dimension of quality

Responsiveness of the staff	Responsive	Not-responsive	Needs improvement	Total
Registration	74%	2%	24%	100%
Enquiry staff	82%	0%	18%	100%
Emergency staff	70%	6%	24%	100%
Doctors	56%	4%	40%	100%
Nurses	42%	0%	58%	100%
Lab staff	60%	6%	34%	100%
X-ray staff	76%	2%	22%	100%
Billing department	52%	2%	46%	100%
Administration	86%	0%	14%	100%
Other staff in hospital	56%	4%	40%	100%

Table 10: Perception of patients about the caring dimension of quality

Caring attitude of the doctors	
• Good	58%
• Needs improvement	40%
• No	2%
• Total	100%
Caring attitude of the nurses	
• Good	26%
• Needs improvement	66%
• No	8%
• Total	100%
Staff's behaviour towards you	
• Polite and courteous	30%
• Gentle and caring	28%
• Indifferent	42%
• Total	100%
Adequacy of the staff in providing nursing care	
• Sufficient	76%
• Adequate	18%
• Very less	6%
• Total	100%

Fifty-eighty percent of the subjects opined that the doctor's level of caring was good, 40% said they needed improvement.

66% opined that the nurses' level of caring needed improvement and 42% responded that the staff's behaviour was indifferent. Seventy-six percent said that the staffs were sufficient in providing care.

Table 11: Perception of patients about the collaboration dimension of quality

Staff in the ward help when required consultation with other department	
• With difficulty	16%
• With great difficulty	4%
• Easily	80%
• Total	100%
Doctors, nurses and other staff of this hospital provide service as a team	
• Yes	46%
• Sometimes	28%
• No	26%
• Total	100%
Management of this hospital ensures coordination between departments	
• Strongly agree	44%
• Cant say	48%
• Disagree	8%
• Total	100%

Table 12: Perception of patients about the outcome dimension of quality

Treatment given	
• Good	72%
• Low	22%
• Adequate	6%
• Total	100%
Complications because of faults, carelessness or lack of knowledge	
• Yes	16%
• Sometimes	20%
• No	64%
• Total	100%
Outcome of the procedures had been provided	
• Very often	12%
• Often	22%
• Rarely	66%
• Total	100%
Satisfaction with the overall process of the hospital	
• Fully satisfied	44%
• Partially satisfied.	54%
• Dissatisfied	2%
• Total	100%
Discharged from the hospital at appropriate time	
• Yes	16%
• May be	8%
• No	76%
• Total	100%

Eighty percent opined that the staff of the department helped easily when needed consultation with the other department. 46% percent reported that the hospital provided service to patients as a team. Forty-four percent opined that the management ensured coordination between departments, 48% said they can't say.

Seventy-two percent rated the treatment given as good. Considering the complication due to fault, carelessness or lack of knowledge 64% opined that there were no complications, 20% said sometimes there were complications. 66% reported that doctors and nurses rarely informed the outcome of the procedures. 54% expressed partial satisfaction with the overall process of the hospital. 76% opined the discharge procedure was very complicated and they could not go in time.

Table 13: Response of patients regarding satisfaction towards quality care by physician & nurses and facilities provided

Item	Response					Total
	Poor	Not satisfied	Partially satisfied	Satisfied	Fully satisfied	
Satisfaction towards quality care by Physician						
Friendliness		4%	24%	68%	4%	100%
Answering queries		4%	18%	78%		100%
Interaction with family	2%	22%	40%	36%		100%
Communication with nurses		14%	46%	38%	2%	100%
Explanation of care		4%	26%	68%	2%	100%
Understanding needs			36%	64%		100%
Information on disease given		2%	30%	68%		100%
Time spent with patient		6%	40%	52%	2%	100%
Level of caring		6%	36%	56%	2%	100%
Satisfaction towards quality care by nurses						
Level of caring	2%	22%	54%	22%		100%
Time spent with patients		4%	58%	38%		100%
Answering questions		6%	68%	26%		100%
Treatment of family/friends		8%	30%	62%		100%
Sincerity of nurse		2%	30%	68%		100%
Satisfaction towards facilities provided						
Room facility		2%	10%	54%	34%	100%
Toilet facility		6%	24%	60%	10%	100%
Nursing procedures		8%	48%	40%	4%	100%
Pharmacy	12%	26%	30%	32%		100%
Billing section	12%	32%	26%	30%		100%
OPD facility		4%	4%	76%	16%	100%
Quality of services			26%	66%	8%	100%
Dietary services		14%	16%	68%	2%	100%
Paramedical staff			12%	84%	4%	100%
Administration		4%	12%	81%	2%	100%
Quality of food	2%	30%	42%	26%		100%
Emergency services			14%	84%	2%	100%
Laboratory department		6%	36%	56%	2%	100%
Medical records			8%	90%	2%	100%
Parking facilities		10%	20%	68%	2%	100%
Linen services		4%	8%	86%	2%	100%
Security services		6%	24%	68%	2%	100%
Drinking water facility		6%	16%	76%	2%	100%

SECTION III

This section deals with the satisfaction of patients with the care given by physicians and nurses & various facilities provided by the hospital.

Majority of the patients were satisfied with the friendliness of the physician (68%), with the physician answering the patient's queries (78%), with the doctor's explanation of care (68%), doctor understands the patient's needs (64%), doctors who have given overall picture of the diseases and treatment. 52% were satisfied with the time spent by the doctors with the patients, 56% of the subjects were satisfied with the physician's level of caring. 46% expressed partial satisfaction with the physician's communication with the nurses and 40%

with the physician's interaction with family members.

Majority of the respondents were satisfied with the nurses answering the questions of the patients (68%), the nurses' treatment of families and friends (62%) and the sincerity of the nurses (68%). Respondents were partially satisfied with the nurses' level of caring (54%), the time spent by nurses' with them (58%).

Majority of the patients were satisfied with most of the facilities provided by the hospital. With a few of the facilities (nursing procedures 48%, quality of food 42%) patients were partially satisfied. A few patients were not satisfied with pharmacy (26%), billing (32%) and quality of food (30%)

Table 14: Overall satisfaction level of the patients towards quality healthcare

	N	Minimum	Maximum	Mean± SD	% mean
Physician	100	23	37	31.80±2.93	70.8
Nurses	100	11	20	16.70±1.94	66.8
Facility	100	52	82	65.24±5.27	72.5

The data on the overall satisfaction level of the patients towards the quality healthcare provided shows that the subjects were satisfied. People were highly satisfied with the facilities provided in the hospital (72.5%) followed by physician's quality care (70.8%) and nurses' care (66.8%).

DISCUSSION

The study revealed that patients were satisfied with the tangible dimension of service quality (table 2). The appearance of the staff did not get a good rating. Today's customers expect the front office staff to be well dressed in uniforms like corporate hospitals.

The hospital customers rated the hospital as accessible, (table 3). The waiting time at OPD's needs to be managed. The hospital administration should ensure that all OPDs are functional on time and staffs are

available to start evaluation of new patients. The follow-up patients must be given consultation when they have taken appointment for the next visit and the doctor must ensure that the time of appointment is adhered to strictly. This will reduce the waiting time of follow-up patients in the OPD. Steps to reduce the waiting time at medical stores and providing necessary amenities like adequate waiting space and benches, ceiling fan, separate counters for senior citizens etc.

The management needs to pay attention to courtesy dimension, (table 4). With proper feedback and performance appraisal there is a tremendous scope for improvement. Training in soft skills to staff who have regular contact with patients, e.g., reception, admission, ward boys, security, nurses, doctors etc., should be done. Being courteous, prompt and approachable can

contribute significantly to patient satisfaction.

Perception of patients about reliability dimension (table 5) of service quality required improvement in some areas such as medical billing & test reports. The perception that charges were a high could be that since the selected hospital was a charitable, patients expect to receive concession on tests and medicines. Since it is not feasible for the hospital to give concession for every patient except deserving ones, this could be the reason for negative perception. Management needs to take steps to ensure the accuracy of billing and test reports.

Communication is a vital ingredient in service organisation. It not only contributes to knowledgeable and satisfied patients but also in compliance with medication and health outcomes. It is the right of the patients to have all the relevant information on their illness and the course of the treatment. This should be communicated to them by the doctor constantly. Patients and their relatives should be continually informed of changes, new introductions, benefits etc. so that they are up to date on the services offered.

Competency of the healthcare professionals (table 7) is an important area by which patients assess the service quality of the hospitals. They are expect highly qualified consultants. The hospitals need to have specialists in adequate number as this has a bearing on the perception of patients and will influence overall assessment of the hospital. As a strategy, administration displays the physicians' names along with their qualifications. This will have a positive impact on the perception of the patient regarding clinical competence of the doctor. Nowadays modern medicine is increasingly relying up on investigations and public have come to judge services by investigations asked for. It is a challenge to prescribe right

amount of investigations for diagnosis keeping in mind that prescribing too many, may create a negative impression in mind of the customer. Standards of quality care should be introduced. Internal performance analysis should be undertaken by the authorities to measure the success of their performance.

Willingness to listen and respond to customers in time (table 8) is the most critical element the customer looks for. Even if you are unable to meet the customer's demands, listening and understanding will solve 90 percent of customer's issues. Employees must be trained not only on job related skills but also interpersonal skills and creative problem solving techniques related to customer services. The hospital needs to focus attention on complaint resolution.

The study revealed that certain departments needed to improve on responsiveness (table 9) especially billing, nurses, ancillary staff and doctors. Caring dimension also requires a lot of improvement. It is recently observed that nurses have a lessening sensitivity to the suffering of the patients. Nurses must continue to define nursing care standards that delineate nursing behaviour appropriate to meet the effective dimension of nursing care. The nursing department is required to carry out nursing audit on a monthly basis. Nursing care must be evaluated on all three aspects simultaneously –structural aspect of care, nursing process aspect and patient outcome.

Regarding the aspect of collaboration, (table 10) patients perceived a low collaboration between doctors, nurses and other staff. It is very important to project the team effort of all employees to the general public. All the individuals involved in patient care i.e., physicians, nurses, administrators, support staff should discuss ways of making the patient comfortable during their stay in the hospital.

This synergistic effect of various actors in providing health care will be eventually reflected to the patients. Patients were satisfied with the outcome dimension. The area that required attention was discharge process. This had to be simplified as patients were always in a hurry to go home and unnecessary delay at the last step would create a negative impression towards the hospital.

CONCLUSION

Organisations must incorporate consumer expectations of quality to survive and flourish in today's dynamic environment. Patient's perception of service quality & their satisfaction is essential for attracting newer patients & retaining existing ones in the highly competitive healthcare environment. The study highlighted that it was possible for patients to evaluate the various dimensions of quality on the basis of the services provided and overall patient outcome. People were highly satisfied with the facilities provided in the hospital and with the quality of care given by the physicians. Opinion in general about the hospital was found to be satisfactory. The study also brought to focus certain areas which require the attention of management so that steps for improvement could be taken and service quality could be improved.

REFERENCES

1. Bowers, M.R., Swan, J.E., and Koehler, W.F. What Attributes Determine Quality and Satisfaction with Health Care Delivery? *Health Care Management Review*(1994) 19, no. 4: 49-55
2. Definition of quality. American Society for Quality, 2008. Available at http://asq.org/sections/mini-sites/0301/newsletter_200804.pdf
3. Omachou VK. Quality of care and the patient. New criteria for evaluation.

- Healthcare Management Review 1990; 15(4):43-50
4. Zeithmal ZeithamI Valarie, Berry Leonard L, & Parasuraman A. The Behavioral Consequences of Service Quality. *Journal of Marketing* (1996) Vol. 60 April, 31-46
5. Taylor, S.A. "Distinguishing Service Quality from Patient Satisfaction in Developing Health Care marketing Strategies." *Hospital & Health Service Administration* (1994) 39: 221-36.
6. Parasuraman, A., Zeithaml, V.A., and Berry, L.L. "A Conceptual Model of Service Quality and Its Implications for Future Research." *Journal of Marketing* (1985) 49, no. 4: 41-50.
7. Cronin, J.J., and Taylor, S.A. "SERVPERF Versus SERVQUAL: Reconciling Performance-Based and Perceptions-Minus-Expectations Measurement of Service Quality." *Journal of Marketing* (1994) 58, no. 1: 125-31
8. Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. *Inquiry* 1988 Spring; 25(1): 25-36.
9. Donabedian A. Exploration in quality assessment and monitoring. 12th ed. London: Ann Arbor Mi Health Administration Press; 1980.
10. Parasuraman, A., Zeithaml, V.A., and Berry, L.L. "SERVQUAL: A Multi Item Scale for Measuring Consumer Perception of Service Quality." *Journal of Retailing* (1988) 64: 12-40
11. Joint commission on Accreditation of Healthcare organisations. Comprehensive Accreditation manual for hospitals. Oakbrook Terrace, IL. Official handbook update 1997, Vol. 2
12. Cleary PD, Levitan SE, Walker JD, Margaret G, Delbanco TL. Using patient reports to improve medical care. A preliminary report from 10 hospitals. *Quality Management in Healthcare* 1993; 2(1):31-8.
13. Keith FW, Erik R, Raymond AP. Improving Out-patient healthcare

- quality, understanding the quality dimensions. *Healthcare Management Review* 2005; 30(4):1-9.
14. Jun, Minjoon; Peterson, Robin T.; Zsidisin, George A The Identification and Measurement of Quality Dimensions in Health Care: Focus Group Interview Results. *Health Care Management Review*. 1998 Fall, Volume 23(4), pp 81-96
15. Dagger Tracey S., Sweeney Jillian C. and Johnson Lester W. A Hierarchical Model of Health Service Quality : Scale Development and Investigation of an Integrated Model *Journal of Service Research* 2007 10: 123 (citation)
16. Pai Yogesh P and Chary Satyanarayana T. Dimensions of hospital service quality: a critical review Perspective of patients from global studies. *Quality Assurance*, 2013.Vol. 26 No. 4, pp. 308-340 (citation).

How to cite this article: D'Cunha S, Suresh S. The measurement of service quality in healthcare: a study in a selected hospital. *Int J Health Sci Res*. 2015; 5(7):333-345.

International Journal of Health Sciences & Research (IJHSR)

Publish your work in this journal

The International Journal of Health Sciences & Research is a multidisciplinary indexed open access double-blind peer-reviewed international journal that publishes original research articles from all areas of health sciences and allied branches. This monthly journal is characterised by rapid publication of reviews, original research and case reports across all the fields of health sciences. The details of journal are available on its official website (www.ijhsr.org).

Submit your manuscript by email: editor.ijhsr@gmail.com OR editor.ijhsr@yahoo.com