

Measurement of Service Quality in a Healthcare Organization of Indore

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ABSTRACT

Hospitals are increasingly realizing the need to focus on service quality as a measure to improve their competitive position in today's highly competitive environment. The aim of the study to evaluate the service quality of hospitals from the customers' perspective and comparing public and private hospitals. Defining and measuring quality in healthcare industry has always been a challenge and SERVQUAL tool has proved to be an effective way in measuring and analyzing the gap between customers' expectations and their perception of the health care services they receive. Opinion of 50 patients in XYZ hospital was taken to find out the service quality perceived by them and the research methodology consisted of a detailed questionnaire containing 22 SERVQUAL TOOLS. The result of this study is expected to give more knowledge as to how a hospital or any healthcare delivery organization can use them as a building block to evaluate, design and improve a service.

1. Introduction

During the last few decades, the number of private centers providing health care services in Indore has been growing, and the private sector health care services market has turned out to be a competitive environment. Quality is such an important aspect that it is considered a really major concept in our real life. It is considered as a strategic weapon. And the vital need of increasing service organizations and advancing their services necessitates the measuring of service quality. The peer competitions have made the hospitals to provide superior services in order to retain in the competitive environment. Hospitals provide the various types of services but with different quality, therefore quality can be considered as one of the important strategy to create the competitive advantage.

Many factors such as changes in consumer consciousness, spreading social life elements and desire to have a better life etc. increase the importance of healthcare services as well as those provided in other sectors. Patients, who are healthcare services clients, are only satisfied with the services that they perceive as quality. In this study, with respect to the abovementioned issues, how the service quality in health sector is perceived according to different hospitals types by those who receive these services is addressed and evaluated accordingly. Thus, the aim is to make a comparative analysis by assessing whether patients' service quality perceptions vary according to hospital types and in which quality dimensions these differences occur

2. Review of Literature

Crosby defined Quality as constancy with fixed stipulation and this agrees with Karim's definition, who defined Quality as everything that accords with the features of the product to convene the external customer's needs. Service is also defined in a different way by The American Society for Marketing, defines service as activities or benefits that are offered for sale or that are offered for being related to a particular product. Kotler, defined service as 'any behavior based on a contact between the provider and the receiver, and the core of this

mutual process in intangible. Beer defined service as a set of features and overall properties of the service which aim to satisfy the customers and meet their taste and preferences. Ghobadian hypothesized that most of the service quality definitions fall within the "customer led" groups. Juran elaborates the definition of customer led quality as "features of products which meet customers' needs and thereby provide customer satisfaction." As service quality relates to meeting customers' needs, we will be looking at "perceived service quality" in order to understand consumers. Grönroos (1984) and Parasuraman (1985) looks at perceived quality of service as the difference between customers' expectation and their perceptions of the actual service received. Other researchers look at perceived service quality as an approach. Arnould et al., defined perceived quality "whether in reference to a product or service" as "the consumers' evaluative decision about an entity's overall superiority in providing preferred benefits".

Customer satisfaction involves customer expectation of the service delivery, actual delivery of the customer experience, and expectations that are either exceeded or unmet. If expectations are exceeded, it reacts positively; it negatively results when customer experience is poorer than expected. In today's world of competition, the key to retain competitive advantage lies in delivering high quality service that will in turn result in satisfied customers. Oliver defines satisfaction as the consumer's completion response, a post consumption decision by the consumer that a service provides a pleasant level of consumption-related execution, including under or over-completion.

Health service quality is a multidimensional construct. A comparison of the healthcare dimensions identified with those evident in the marketing literature indicates a considerable overlap that is, both literatures identify the importance of the technical, functional, environment, administrative and personnel dimensions of the service experience. The application of SERVQUAL in health service quality analysis showed that

intangible elements tend to be more influential than tangible ones (Kara, Lonial, Tarim, & Zaim, 2005), although one should always consider adapting the scale in specific situations. It is noticeable that the majority of studies about service quality in healthcare do not provide a comprehensive outcome element, which could be due to difficulties in measuring the results in healthcare service quality. The problem with measuring healthcare results, according to Choi et al. (2005), could be a consequence of the very long period of time between the moment when the service is provided and the occurrence of results.

Different methods subsist for formative the patients' expectations and the way they are met. However, the SERVQUAL model, developed by Parasuraman, is one of the best and most used models for evaluating customer expectations and perceptions of the service quality. SERVQUAL is based on the idea that the quality is a slanted evaluation of the customer, as the service is an experience. SERVQUAL is useful in showing the dissimilarity between the patients' preferences and his actual experience and specify the areas that require improvement. The analysis of service quality helps hospital to allocating the resources for improving performance in the areas that have more important on the customers' perception of service quality.

In the measurement of service quality, a set of 34 questions with six dimensions was used, which was formed by adding several questions from the scale developed by Cronin and Taylor (1992) for healthcare services into the scale developed previously by Carman (1990) with the same purpose, and which was used by Kara, Tarım and Zamia (2003) in several hospitals and then used in several research studies in India on service quality in healthcare enterprises (Çaha, 2007; Kara, 2006).

These assets measure:

- Tangibles: Physical facilities, equipment and personnel's image in a hospital,
- Reliability: Providing the service properly in a time and manner promised
- Responsiveness: Being willing to assist the patient, and providing the service as soon as possible

- Assurance: Staff having adequate knowledge and building a trust amongst patients
- Courtesy: The degree to which staff are nice to patients,
- Empathy: Personnel's putting themselves into the place of patients and understanding their needs.

Three questions that are used in studies on measuring patient satisfaction were also included in the scale:

- Satisfaction 1: patient's desire to revisit the hospital when needed,
- Satisfaction 2: hospital's service quality,
- Satisfaction 3: hospital's overall quality.

3. Methodology and Data Collection

Data Collection: For this study relevant data is collected by using a questionnaire consisting of 22 questions based on 5 SERVQUAL attributes in XYZ hospital Indore.

Some problems faced during data collection:

1. Out of 150 questionnaires that were handed out only 50 of them responded
2. Language problems, in almost all cases questions had to be explained in Hindi

4. Hypothesis

- 1) Ho-The reliability have no significant positive relationship on patient loyalty
- 2) Ho-The responsiveness have no significant positive impact on patient loyalty
- 3) Ho-The empathy have no significant positive relationship on patient loyalty
- 4) Ho-The tangibles have no significant positive impact on patient loyalty

5. Analysis and Discussion

The data collected was analyzed through IBM-SPSS using data reduction factor method followed by extraction factor loading and determining EIGEN value with percentage variance and finally optimizing factor name.

Q no	Statement	Factor Loading	Eigen value with % variance	Factor Name
8	Timely execution of services as promised	.867	4.804% with 21.1834%	TIME AND SAFETY
7	Provision of prompt treatment	.819		
5	Provision of treatment as scheduled	.696		
16	Courtesy towards customers	.614		
12	Willingness to help customers	.560		
19	Convenient working hours	.856	3.750% with 17.044%	RESPONSIVENESS
10	Employees effectively informing regarding the schedule of the treatment	.657		
15	Safe and Timely medical treatment	.633		
13	Availability of employees for solving customers problems	.589		
14	Instill confidence in patients	.565		
11	Employees providing prompt service to the customers	.564		

04	Visually appealing materials associated with the service	.836	3.283% with 14.922%	APPEARANCE AND COMPASSION
21	Provision of heart filled services	.716		
17	Employees have the knowledge to answer customer question	.594		
20	Employees assure personal attention to every patient	.593		
22	Understanding of specific needs of patients	.548		
9	Accuracy of records	.739	2.432% with 11.056 %	PRECISION
18	Individual attention given to every patient	.716		
1	Availability of modern looking equipment	.613		
3	Immaculate employees		2.001% with 9.095 %	SERVICEABLE
2	Visually appealing facilities			

6. Conclusion

Regarding the delivery of healthcare services, there is increasing research on enabling people to benefit from public and private healthcare organizations systematically and unlimitedly, adopting information technologies to the health system, and prioritizing patient safety and satisfaction. From this perspective, regardless of the hospital types, increasing competition conditions and emerging patient-based approaches raise the importance of the quality aspect of delivering healthcare services, or in other words, providing quality healthcare service. The reason behind the increasing importance attached to quality are also supported by research in literature.

When the presented framework is evaluated with the study findings, many elements are found for recommendation to hospital managers. To illustrate, when the patients' quality perception and their satisfaction levels are examined, it can be concluded that managers in university hospitals should be more attentive to quality activities in their hospitals compared to those in other hospital types.

Regarding the intangible quality dimensions, such as assurance, courtesy, empathy are elements that should be all focused in different manners. When training staff and overall university hospitals' personnel are considered, it is meaningful

that patients assurance in physicians and other personnel. However, it can be said that assurance, which is perceived as being higher quality in university hospitals, should be supported by the other quality dimensions such as courtesy and empathy.

When the abovementioned concepts importance for the sector is considered, the research results will shed light on future studies. Differences between different hospital types regarding quality and patient satisfaction, which was evaluated in the study in detail, and the reasons for these differences, will give hints to hospital managers, personnel working in the quality field in hospitals, and academicians, especially including policymakers.

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References

- Adil, M., Mohammad Al Ghaswyneh, O. F. and Albkour, A. M. (2013). SERVQUAL and SERVPERF: A Review of Measures in Services Marketing Research. *Global Journal Of Management And Business Research Marketing*, 13(6), 64-76.
- Andaleeb, S.S. (2000). Public and private hospitals in Bangladesh: service quality and predictors of hospital choice. *Health Policy Planning*, 15(1), 95-102.
- Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social Science and Medicine*, 52(9), 1359-1370.
- Anderson, E.A. (1996). Measuring Service Quality at the University of Texas M.D. Anderson Cancer Center. *International Journal of Health Care Quality Assurance*, 9(7), 9-22.
- Brady, M.K. and Cronin, J.J. (2001). Customer orientation: effects on customer service perceptions and outcome behaviors. *Journal of Service Research*, 3, 241-251.
- Brady, M.K., Cronin, J.J. and Brand, R.R. (2002). Performance only measurement of service quality: a replication and extension. *Journal of Business Research*, 55 (1), 17-31.
- Camilleri, D. and O'Callaghan, M. (1998). Comparing public and private hospital care service quality. *International Journal of Health Care Quality Assurance*, 11(4), 127-133.

7. Headley, D.E. and Miller, S. (1993). Measuring service quality and its relationship to future consumer behavior. *Journal of HealthCare Marketing*, 13(4), 32–42.
8. Hussey, M.K., (1999). Using the concept of loss: an alternative SERVQUAL measure. *The Service Industries Journal*, 19(4), 89-101.
9. İzci, F. and Saydan, R. (2013). Algılanan hizmet kalitesi kurumsal imaj ve sadakat olgusu (Van bölge hastanesi uygulaması). *Cumhuriyet Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, 14(1), 199-219.
10. Jain, SK. and Gupta, G. (2004). Measuring services quality: SERVQUAL vs. SERVPERF Scales. *Vikalpa*, 29(2), 25-38.
11. Juwaheer, T.D. and Kassean, H. (2006). Exploring quality perceptions of health care operations: a study of public hospitals of Mauritius. *Journal of Hospital Marketing and Public Relations*, 16(1/2), 89-111.
12. Kanji, G.K. and Wallace, W. (2000). Business excellence through customer satisfaction. *Total Quality Management*, 11(7), 979- 998.