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Assessment of Quality of Healthcare Services in Select Hospitals: A Servqual Approach

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Abstract- The pursuit of quality healthcare has been the subject of all organizations; may it be the government, the nongovernmental and the private bodies that have concerns for health for all. There are many approaches to designing and delivering quality of services to the people. Servqual approach a seminal work of parasuraman et.al (1985) has been well received universally. But many studies with modified methodologies were conducted in divergent service setups. One such setup is healthcare organizations. This study attempts to assess quality of services in public and private hospitals in the twin cities of Hyderabad and Secunderabad, which are known as Health capitals of India, due to the extensive healthcare facilities available. Results reveal that both type of hospitals have gaps in the quality of services as expected and perceived by the patients. Implications have been drawn for closing the gaps in the services.

I. Introduction

The external health care environment is often described as hyper turbulent, which means managers cannot find and implement solutions to a particular problem before the nature and scope of the problem change. This type of decision-making environment results in managers collectively turning their attention to those matters with which they are most comfortable or that are the most visible or best understood. Although a focus on internal, day-to-day concerns may seem natural and comfortable, unfortunately an internal-only approach means that the all-important external decision-making arena may be neglected. At this juncture the concept of healthcare marketing comes in the picture. In the past, health-marketing professionals were quite concerned about assessment of customer satisfaction. In the recent times, quality of healthcare services is considered to be the precondition to the quality of healthcare. (Berry, L. L., Parasuraman, A. and Zeithaml, V. (1988)".

Quality information is important to consumers and providers alike. However, the essential elements of "quality" may be understood in quite different ways and ranked with different priorities among various consumer and professional groups. For example, health professionals may relate to objective and technical measures of quality, such as statistical measures of clinical performance. Lay consumers of health services may base quality on less technically complex and more.

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Assessment of quality of services provided by the hospitals in these days has been a serious concern for the hospitals and health care organizations owing to the excessive demands imposed on them by the users, consumer for a, government and the society at large. As a result, many hospitals have resorted to such assessment not only for the reasons of compliance but for the improvement of the services to the satisfaction of the users. Nevertheless, such efforts have not been much strengthened by research perspective owing to the lack of adequate qualification on the part of the providers and also lack of time to scientifically carry out such assessments by the executives. Hence there is a need to do some scientific analysis in this area of patient satisfaction.

II. Present Study

The SERVQUAL approach to measurement of service quality has attracted considerable attention since it was first introduced by Parasuraman et.al (1985). The approach starts from the assumption that the level of service quality experienced by patients is critically determined by the gap between their expectations of the service and their perceptions of what they actually receive from a specific service provider.

In this study, an attempt has been made to follow such approach and do the gap analysis using the perceived service quality scores and expected service quality scores. The difference between perceived scores and the expected scores is the gap in the quality of services. Further, in this paper, gap analysis has been carried out separately for the public hospitals, and private hospitals.

A comprehensive service quality measurement scale was developed on a marketing perspective by Parasuraman, Zeithanl and Berry (1988) to provide an instrument for measuring service quality across a broad range of service industries. To that extent, using same methodology suggested by them has been adapted in this study.

Thus keeping in view the objective of this study, it has been hypothesized that there will not be any significant gaps in the perceived and expected service quality as responded by patients from both public and private hospitals. Thus this null hypothesis has been tested and results in this regard are presented in the following sections

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III. Method

Using a descriptive-analytic research design quality of services in the select hospitals in the twin cities of Hyderabad and Secunderabad of Andhra Pradesh state. Two types of hospitals were selected on the basis of their ownership namely public hospitals and the private hospitals. Besides they were qualified on the basis of their bed strength. As such, three hospitals in the private ownership and three hospitals in public ownership have been short-listed. Using a 2x2 factorial design (two types of hospitals and two service units in these hospitals), the sample for this study includes 300 patients (150 from private hospitals and 150 from public hospitals) selected by using stratified disproportionate random sampling method. The patients were selected randomly on the basis of the hospital they visited for the services. Thus, in all, there were 25 patients from each hospital resulting in 100 patients per ownership, 75 spread over type of care namely intensive care unit or general care unit from hospitals were selected for this study. All these were administered the structured interview schedule. Thus, in all, the total sample is 300.

The interview method was utilized and the interview schedule included two parts. questions pertaining to personal background, a standardized scale pertaining to assessment of their satisfaction developed for this study, and a standardized scale developed to assess quality of services, using SERVQUAL approach, provided by the hospitals the split half reliability of the scale was computed.

All the scales used in this study were examined for their reliability and were found to be highly reliable with more internal consistency.

In order to examine the gaps in the expected and perceived services quality, means, Sds and t-test values were computed for testing of the null hypothesis.

IV. Results and Discussion

The null hypothesis has been tested using means, SDs and the t-values computed for all the dimensions of quality of services using servqual approach. Further the expected and the perceived scores on all the dimensions of the service quality have also been presented separately. Thus the results in this regard are presented in the following tables.

Table 1: Gap Analysis of Quality of Expected and the Perceived Healthcare Services in Public Hospitals

		Mean	Std. Deviation	Std. Error Mean	Paired Means Differences	Paired SD Differences	T	Df	P=
Pair 1	Tangible Perceived	9.53	2.73	.223	-3.26	2.03	-19.65	149	.000
	Tangibles Expected	12.79	2.64	.216					
Pair 2	Reliability Perceived	3.75	1.98	.162	-3.24	1.93	-20.51	149	.000
	Reliability Expected	6.99	1.96	.160					
Pair 3	Responsiveness Perceived	5.55	1.51	.124	-3.20	2.04	-19.18	149	.000
	Responsiveness Expected	8.75	2.26	.185					
Pair 4	Assurance Perceived	4.83	1.73	.142	-3.06	2.11	-17.74	149	.000
	Assurance Expected	7.90	2.35	.193					
Pair 5	Empathy Perceived	3.05	1.84	.151	-3.26	2.00	-19.94	149	.000
	Empathy Expected	6.31	1.98	.162					

It is clear from the table that as regards tangibles in public hospitals services, the difference between expected score (mean=12.79) and the perceived (mean=9.53) is 3.26. Such difference in the tangibles as dimension of services quality in public hospitals is statistically significant which is evident from the paired t-test value presented in the table. This means that there is a wide gap by 3 counts in the tangibles as dimension of services quality in public hospitals.

With regard to reliability, the perceived score (mean=3.75) was less than the expected score (mean=6.99) by 3 counts which is the gap. Such gap or difference in the quality scores is statistically significant which is also evident from the paired t-test value presented in the table. This means that the reliability of services in public hospitals has a wider gap as difference found by the patients.

As regards responsiveness of the services of health care as dimension of quality of services, it is found that the perceived score (mean= 5.55) was lesser than the expected score (mean= 8.75). The gap found between them is by 3.0 units. The paired t-test value suggests that such gap in the responsiveness of the healthcare services in the public hospitals is statistically significant. This means that patients from public hospitals expected more responsiveness from these hospitals.

It is further found that with regard to assurance, it is clear from the table that the perceived service quality is less (mean= 4.83) than the expected score (mean=7.90). The gap was found to be 3.0 units. Such difference in their perceived and expected mean score was also found to be statistically significant which is evident from the f-value presented in table.

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This means that patients expect more assurance in the quality of services provided to them by the public hospitals.

Lastly, with regard to empathy, it is found that the perceived score was less (mean=3.05) than the expected score (mean=6.31). The gap was found to be 3.0 units. Such gap was also found to be statistically significant which is evident from the paired t-test value presented in the table. This means that the patients in the public hospitals feel that the public hospitals should empathize more with them.

Table 2: Gap Analysis of Quality of Expected and the Perceived Healthcare Services in Private Hospitals

		Mean	Std. Deviation	Std. Error Mean	Paired Means Differences	Paired SD Differences	T	Df	P=
Pair 1	Tangible Perceived	12.23	1.40	.115	-1.90	1.20	-19.27	149	.000
	Tangibles Expected	14.13	1.93	.158					
Pair 2	Reliability Perceived	8.07	1.10	.090	-1.87	1.36	-16.84	149	.000
	Reliability Expected	9.95	1.77	.145					
Pair 3	Responsiveness Perceived	6.99	.85	.070	-1.74	1.49	-14.28	149	.000
	Responsiveness Expected	8.74	1.70	.139					
Pair 4	Assurance Perceived	8.56	1.20	.098	-1.71	1.53	-13.63	149	.000
	Assurance Expected	10.27	2.04	.167					
Pair 5	Empathy Perceived	5.63	1.26	.103	-1.94	1.36	-17.38	149	.000
	Empathy Expected	7.57	1.97	.161					

With regard to the gap analysis in private hospitals, it is quite clear from the table that the quality of tangibles expected (mean14.13) by the patients in relation to their perceived tangibles (mean=12.23) reveals that though the gap is by 2.0 units approximately, yet such gap was found to be statistically significant as evident from the paired t-test value presented in the table. This indicates that the patients do perceive a significant gap in the expected and the perceived quality of tangibles as part of services quality in the private hospitals.

As regards, reliability of the health care services in private hospitals, patients perception of the reliability of services (mean=8.07) is lesser than their expected score (mean=9.95). Thus there exists a gap of 1.8 units. Such gap was also found to be statistically significant which is evident from the paired t value presented in the table.

In case of responsiveness of the services, it was found that the responsiveness expected (mean 8.74) was more than the responsiveness perceived (mean=6.99). The gap between them was found to be 1.74 units. Such gap was also found to be statistically significant. This indicates that though the gap was found to be relatively less, yet such gap was found to be significant from the t-value presented in the table.

With regard to assurance, it could be seen from the table that the perceived assurance (mean=8.56) is less than the assurance expected (mean=10.27). Thus the gap between them was to be 1.71 units. Interestingly such gap is found to be statistically significant.

Lastly, with regard to empathy, it is seen from the table that the empathy expected (mean=7.57) was more than the empathy perceived (mean=5.63) by the patients. The gap was found to be 2.0 units. Such gap was also found to be statistically significant. This indicates that that though the gap in such service dimension was thin, yet such gap was found to be a significant one.

In conclusion, it could be said that the gaps existing in perceived and expected quality of services was more in case of public hospitals on all the dimensions of services quality when compared with those of private hospitals. Bu and large, patients expressed certain gaps in their perceived and the expected services in both types of hospitals, yet such gaps were found to be m ore in public hospitals than in private hospitals, thus the null hypothesis that "there is no gap in the perceived and the expected quality of healthcare services in the hospitals as reported by the patients" is rejected since, it was found that in both public and private hospitals, when separate gap analyses were run, statistically significant gaps were found in these hospitals separately.

V. Implications

How to fill the services gaps? The following implications were drawn for filling in the gaps.

1. *Learn about Patients Perceptions:* As they are individuals, each patient will perceive things differently in the same situation. While many

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measurement programs attempt to get at mass averages from which hospitals will build or rebuild their quality and patient's service programmes, it is imperative that the managers at least consider identifying each patient's individual perspective.

The perceptions that are to be identified should include: what patients look for in the hospitals; why they change hospitals; what might make them change again in the future and how soon; what are their criteria for acceptable service quality performance; what must they perceive to be minimally satisfied; what must managers do to make them extremely satisfied; and what must managers do for them so that they will continue to be repeat patients in case of their health considerations.

2. *Determination of Patients' Needs, Wants, Requirements and Expectations:* Patient satisfaction measurements not only must determine how the patients feel about the services they receive but also asses what they need and want from the hospitals currently and in future.
3. *Closing the Gaps:* There are many gaps that exist between patients and hospitals identified in this study. All the gaps are based on differences in perceptions between what the hospitals believed it has provided and what the patients perceived to have received. Here is a list of the important ones.

i. The gap between what a hospital thinks a patient wants and what the patient actually wants.
ii. The gap between what a hospital thinks a patient has bought and what a customer perceives has been received
iii. The gap between the service quality the hoapital believes it is providing and what the patient perceives is being provided
iv. The gap between the patient's expectations of service quality and actual performance.
v. The gap between marketing promises and actual delivery.

Therefore closing these gaps is critical to the success in satisfying and retaining the patients to the hospitals.

4. *Inspection for Improving Service Quality and Customer Satisfactions:* Hospitals must set standards of performance as stated earlier, inform the staff and the patients of those standards and then measure the actual performance against those standards.
5. When goals are set for the hospital services based on patients' requirements and expectations, then publicly measure the hospitals' performance towards those goals. This is a best choice for improving both hospitals quality and the services to the patients.
6. *Improved Performance Leads To Increased Profits:* While there is no guarantee that this will occur, it is a safe assumption hat if services are improved while delivering them, hospitals will benefit from increased profits. More patients will want to use services from such hospitals., thereby increasing the bed occupancy and also the volume of diagnostics for the patients, thereby contributing to profits.
7. *Draw Road Maps:* There are many good reasons to measure service equality performance and patients' satisfaction levels. While gaps are identified and learn about how to close them, it only gives hospitals an opportunity to learn further how the hospital is doing right here and right now. And also it enables to initiate further steps for the future.
8. *Process of Continuous Improvement:* If hospitals do not try to continuously improve the services offered, someone else will and then the patients from one hospital will change their loyalty. While asking patients about how you can do better, ask employees as well for suggestions, and recommendations. This will make incremental improvements.

VI. Conclusion

Health care leaders once felt that marketing was only for other industries or had extremely limited use in health care. Today, however, health care marketing is viewed as a necessity that can offer a health care organization a competitive advantage as well as a benefit that can be offered to potential collaboration partners. Historically, in the era of cost-plus reimbursement, health care marketing efforts were put in place for the narrow purpose of increasing the utilization of services. Today's health care leaders, however, understand that reimbursement initiatives from government programs and managed care organizations define organizational success as the ability to control the cost of providing services, and not as the ability to fill beds. This study attempted to assess the service quality gaps that existed in public and private hospitals. Results show that both types of hospitals had services gaps. Implications for filling the gaps have been made.

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