
A STUDY OF PATIENT SATISFACTION ON SERVICE QUALITY DIMENSIONS

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ABSTRACT:

India's healthcare sector is making impressive strides into the future by emerging as one of the largest service sectors. With the changing demographics and socio-economic profile of the country, the public has become more and more conscious about a healthy society. High life expectancy followed by an unprecedented rise in per capita income, and changing lifestyles leading to higher incidence of diseases have led to the demand for increased healthcare. Indian healthcare is experiencing a new wave of opportunity. Govt. of India implemented 'Ayushman Bharat National Health protection Mission' in August 2018. The AB-NHPS will have a defined benefit cover of Rs 5,00,000 per family (on a family floater basis) per year for secondary and tertiary care hospitalization. The Government of India also launched other schemes like 'Mission Indradhanush' with an aim to improve the coverage of immunization in the country by achieving at least 90 percent immunization coverage by in India by Dec. 2018.

Patient satisfaction is a valid indicator for measurement of service quality. Patients' judgment of hospital service quality and their feedback are essential in quality of care monitoring and improvement. So, health care facilities are interested in maintaining high levels of satisfaction in order to stay competitive in the health care market. A patient's satisfaction may not be totally influenced by the quality of physician available, but it reflects how the medical care has been delivered. Keeping in mind the above discussion, the present study has been designed to study the *Patient Satisfaction on Service Quality Dimensions*.

Key-Words- India, Patient, Healthcare, Patient Satisfaction, Service Quality

INTRODUCTION:

Health is a fundamental human right and a worldwide social goal. Health is necessary for the realization of basic human needs and to attain the status of a better quality of life. Health being a State subject in the Indian federal system, different states in the country has been trying to meet the WHO health goal through mobilization of both internal and external resources including the funds from foreign agencies. However, the achievement of the goal of "health for all" for the state is perhaps still a distant dream. India's healthcare sector is making impressive strides into the future by emerging as one of the largest service sectors. Healthcare in India covers not merely areas of providing medical care, but also all aspects of preventive care. It includes the medical care rendered by the public sector and the initiatives taken by the private sector. The central, state and territories constitute and develop attributes of universal health care system of India. The Constitutions put conditions on every state to raise the standard of living and nutrition level to improve public health. It should be in the primary duties of state. The National Health Policy was updated in 2002 although it was endorsed in 1983 by the Parliament of India. By 2020 the Indian Healthcare Industry is expected to become US\$280 billion at such a rapid growing pace.

The earliest indigenous system of medicine can be traced back to the development of Vedic medicine following the Aryan migration to the Indus Valley "The Vedic Samhitas which were religious texts,

contain the concepts of anatomy, physiology and pathology. Western system of medicine was introduced in India in the latter half of the 18th century mainly to serve the needs of the colonial settlers and their armed forces that came to rule India. These facilities were extended to a small segment of people, mostly elite masses, living in urban areas.

Indian healthcare is experiencing a new wave of opportunity. The industry is growing at a tremendous pace owing to its strengthening coverage, services and increasing expenditure by public as well private players. The hospital industry in India, accounting for 80% of the total healthcare market, is witnessing a huge investor demand from both global as well as domestic investors. The hospital industry is expected to reach \$132 bn by 2023 from \$ 61.8 bn in 2017; growing at a CAGR of 16-17%. The Indian Medical Tourism market is expected to grow from its current size of \$3 bn to \$7-8 bn by 2020. The primary care industry is currently valued at \$13 bn. The share of organized sector is practically negligible in this case.

According to a report of NITI Aayog, the Indian government will increase public expenditure on healthcare from 1.1% to 2.5% GDP in the next four years and to 5% in the following years. This shows that the nation is set on the path of progressive healthcare for every individual. The Indian government has remained focused on providing better facilities in the healthcare sector. Govt. of India implemented 'Ayushman Bharat National Health protection Mission' in August 2018. The AB-NHPS will have a defined benefit cover of Rs 5, 00,000 per family (on a family floater basis) per year for secondary and tertiary care hospitalization. The Government of India also launched other schemes like 'Mission Indra Dhanush' with an aim to improve the coverage of immunization in the country by achieving at least 90 percent immunization coverage by in India by December 2018. Private business sphere is also witnessing paradigm shifts where India's leading Industries have also poured liquidity in the field of telemedicine. This trend is expected to continue as several other players are also coming to the forefront. Moving forward, single specialty hospital and clinics are growing rapidly in India and this is going to change the facade of the underpenetrated healthcare sector. According to the Annual report of Health and Family Welfare (2013), Government of India has a significant role to ensure that all people have access to quality healthcare.

PATIENT SATISFACTION:

Patient satisfaction is a valid indicator for measurement of service quality. Patients' judgment of hospital service quality and their feedback are essential in quality of care monitoring and improvement. Patient satisfaction is an important measure of service quality in health care organization. The current competitive environment has forced health care organizations to focus on patient satisfaction as a way to gain and maintain market share. A patient's satisfaction may not be totally influenced by the quality of physician available, but it reflects how the medical care has been delivered. To provide highest level of satisfaction that is profitable to both the patient and the provider, management must control both the perception of expectation and the quality of delivery of the healthcare services.

REVIEW OF LITERATURE:

Anjali Patwardhan (2009), A retrospective on access to health care; She tried to find effectiveness of consumer surveys as valuable to implement service improvement tool in health services.

Ari Mawachofi and Stephen L. Walston (2011), Factors affecting nurses' perceptions of patientsafety

Helena Vinagre and Jose Neves (2010), Emotional predictors of consumer's satisfaction withHealthcare public services. They found the more a patient feels interested and joyful, the better his appreciation of justice in doctor-patient relationship and the healthcare centre processes.

Lim, P. and Tang, N. (2000), A study of patient's expectations and satisfaction in Singaporehospitals'. They developed a modified SERVQUAL model considering six dimensions viz. tangibles, reliability,

assurance, responsiveness, empathy, accessibility and affordability. They have put emphasis on affordability of patients relating to their satisfaction.

Nesreen A. Alaloola (2008), Patient satisfaction in a Riyadh Tertiary Care Centre.

Ritu Narang (2010), Measuring perceived quality of health care services in India; Researcher applied 20-item scale and distributed to 500 users of healthcare centers comprising a tertiary health center, a state medical university and two missionary hospitals in Lucknow, India.

Sandip Anand (2010), Quality differentials and reproductive health service utilisation determinants in India. He carried out the follow-up survey in Tamil Nadu, Maharashtra, Bihar and Jharkhand. Findings indicated that doctor availability, waiting time, cleanliness, privacy and affordability at private health facilities enhance the probability that a health facility will be used for any reproductive health purpose.

STATEMENT OF THE PROBLEM:

Many research studies have examined the relationship between services provided and customer satisfaction such as Ladhari,(2008), Negi, (2009), Eshghi et al., (2008), Ghylin et al., (2008), Eyles, (2005), Parasuraman et al., (1985), Ladhari, (2008), Ravald & Gronroos, (1996), Oliver, (1994), Rahil & Venkatesh, (2012), (Brady & Cronin Jr., (2001). All these studies have established a positive relationship between services provided and satisfaction. However, a small number of researches conducted to study the determinants of Patient Satisfaction on Service Quality Dimensions. Keeping in mind the above discussion, the present study has been designed to study “Patient Satisfaction on Service Quality Dimensions.”

OBJECTIVES OF THE STUDY:

- To define the service quality dimensions of health care sector.
- To review the Patient satisfaction in n private and government hospitals
- To study the factors affecting the satisfaction level of patients and relationship between quality of services.
- To study the relevance of SERVQUAL model for analyzing patient satisfaction.

SIGNIFICANCE OF THE STUDY:

Patient satisfaction is a very important aspect of medical care. Apart from having the most renowned medical professionals and infrastructure available, there are many factors that affect patient satisfaction. In modern times when expectation from healthcare institutions are increasing and level of satisfaction is decreasing, leading to increased number of legal suits and physical manhandling of medical professionals, it is very important to know the variables affecting patient satisfaction. Hence the present study is planned to know the determinants of patient's satisfaction.

SCOPE OF THE STUDY:

Conceptually research gives an insight on perceived service quality and patient loyalty based on the selected variables that determine the Service quality of hospitals in Meerut. Methodologically conclusive research design will be used, which is most suitable for the research and both primary and secondary source of data is also use in order to gather relevant information and the research would employ a sample survey method of data collection by using researcher administrated questionnaire fulfilled by the patients.

SERVICE QUALITY MODELS:

Scientists have developed a number of models to measure service quality. Some of them are universally acceptable and more used by scholars. Five major models of service quality - Nordic Model, Gap model of service quality, SERVQUAL, SERVPERF and Hierarchical model.

SERVQUAL MODEL:

Parasuraman et al. (1985, 1988) undertook a series of research projects which gave birth to the service quality model "SERVQUAL". The most popular conceptualization of service quality SERVQUAL features of five dimensions: Tangibles, Reliability, Responsiveness, Empathy and Assurance (Parasuraman et al., 1988). According to the model, service quality can be considered by comparing the service expectations of patients with their perceptions of actual performance by health care providers. The physical service aspects such as appearance of employees, equipment and facilities are classified as tangibles. Reliability refers to accurate, dependable and consistent performance of the service (Service outcome). The remaining three represent aspects of interaction quality: responsiveness means being prompt and willing to serve the customer, empathy involves caring and personalized attention as well as understanding customer needs and convenient access to the service. Lastly the dimension of assurance comprises the competence, courtesy and credibility of staff which generate customer trust and confidence.

The SERVQUAL has been used by many researchers to measure quality of health care service. Research has shown that good service quality leads to the retention of existing patients and the attraction of new services, reduced costs, an enhanced corporate image, positive word-of-mouth and, ultimately enhanced satisfaction (Kang & James, 2004). The study of service quality would enable management to better direct financial resources to improve hospital operations in those areas that have the most impact on patient perceptions of health care service quality in healthcare organization (Pakdil & Harwood, 2005).

Therefore, the SERVQUAL concept could help hospitals identify the healthcare service characteristics that are considered important by patients. The measures of satisfaction are important tools for research, administration and planning. Patient satisfaction can also be used to evaluate the process of health care. In this way, hospitals can improve their level of quality and the effectiveness of the model can be monitored with resources which most heavily influence of patient satisfaction.

SERVQUAL is an analytical tool, which can help managers to identify the gaps between variables affecting the quality of the offering services (Seth, Deshmukh, & Vrat, 2005). It is an exploratory study and does not offer a clear measurement method for measuring gaps at different levels. The five dimensions of service quality in SERVQUAL tool are as under.

RELIABILITY:

Reliability has been identified as the most important determinant of perceptions of service quality among customers. It is the ability of the organization to perform the promised service dependably and accurately.

RESPONSIVENESS:

Responsiveness is the willingness to help customers and to provide prompt service. This dimension emphasizes attentiveness and promptness in dealing with customer requests, questions, complaints, and problems. Responsiveness is communicated to customers by the length of time they have to wait for assistance, answer to questions, or attention to problems.

ASSURANCE:

Assurance is defined as employee's knowledge and courtesy and the ability of the firm and its employees to inspire customer trust and confidence. This dimension is likely to be particularly important for services that customers perceive as high risk or for services of which they feel uncertain about their ability to value outcome.

EMPATHY:

Empathy is the caring, individualised attention that the organisation provides to its customers. The essence of empathy is conveying through personalised or customized service to the customers as each customer is unique and special.

TANGIBLES:

Tangibles are defined as the physical evidence of service i.e. appearance of physical facilities, tools, equipment, personnel and communication materials. It provides physical representations or images of the service that customer particularly new customers will use to evaluate quality.

FUNCTIONING OF THE SERVQUAL:

SERVQUAL represents service quality as the discrepancy between a customer's expectations for a service offering and the customer's perceptions of the service received, requiring respondents to answer questions about both their expectations and their perceptions Parasuraman et al., (1988). The use of perceived as opposed to actual service received makes the SERVQUAL measure an attitude measure that is related to, but not the same as, satisfaction (Parasuraman et. al., 1988). The expectations of customers are subject to external factors which are under the control of the service provider as shown on the diagram. The gap 5 on the diagram represents the difference between customers' expectations and customers' perceptions which is referred to as the perceived service quality (kumar et al., 2009, p.214). This study focuses on this gap, the difference between grocery store customers' expectations and perceptions of service.

PATIENT SATISFACTION AND SERVICE QUALITY IN HEALTHCARE:

The traditional concept of healthcare relationships is based on three primary assumptions: the professional is the expert; the system is the gatekeeper for socially supported services; and the ideal patient is compliant and self-reliant (Thorne et al., 2000). Historically the definition and management of healthcare quality has been the responsibility of the service provider and health services have been largely introspective in defining and assessing quality, focusing mainly on the technical provider components. As a result there is comparatively little work investigating patient perceptions of health service quality (Bell, 2004). There is no consensus on how to best conceptualise the relationship between patient satisfaction and their perceptions of the quality of their healthcare. O'Connor and Shewchuk (2003) emphasised that much of the work on patient satisfaction is based on simple descriptive and correlation analyses with no theoretical framework. They concluded that, with regard to health services, the focus should be on measuring technical and functional (how care is delivered) quality and not patient satisfaction. Kenagy et al. (1999) point out that an increase in functional quality results in improved outcomes generally in medical illness and specifically in controlled studies of diabetes, hypertension, asthma and rheumatoid arthritis. Surgical outcomes show similar effects with fewer complications and shorter hospital stays. Therefore, improvements in functional quality will result in better health outcomes.

THE PROVEN THEORIES OF HEALTH SERVICE QUALITY:

Effective healthcare relies significantly on the co-contribution of the patient to the service delivery process. Studies have also evidenced that compliance with medical advice and treatment regimes is directly related to the perceived quality of the service and the subsequent resulting health outcome (O'Connor et al., 1994; Irving and Dickson, 2004; Sandoval et al., 2006).

Over the past few decades in the services marketing sector, much work has been undertaken to evaluate the consumer's perception of service quality, and a number of service models have been developed, with the gap model (Parasuraman et al., 1985) and its accompanying SERVQUAL

(Parasuraman et al., 1988) having offered significant advances to the understanding and measurement of perceived service quality. Perceived health service quality has been studied extensively in the private healthcare sector; with SERVQUAL having been used frequently in a modified form and predominantly in the “for profit” American health sector (O’Connor and Trinh, 2000).

More recently, Brady and Cronin (2001) advanced the multidimensional hierarchical conceptualisation offered by Dabholkar et al. (1996) by combining that model with the three factor model of Rust and Oliver, and proposed a hierarchical multidimensional model of service quality. From their work with private oncology patients, Dagger et al. (2007) have shown that their model reflects the private patient’s service quality perceptions, and they have developed and tested a scale for measuring perceived private healthcare service quality. Yet this work has had little impact, as the study and measurement of patient satisfaction continues to be the key target for consumer research in the health sector. Brown (2007) editorially highlighted that the patient is becoming an ever more silent partner in the health care system, as their views of quality have largely been sidelined by the number of attempts to exclusively determine patient satisfaction with health care. Research that focuses on strengthening our understanding of the meaning, measurement, and management of perceived service quality from the patient’s perspective in healthcare is now arguably paramount.

CONCLUSION:

In the healthcare sector, there is an urgent need for differentiation and standardization of the definitions and constructs for satisfaction and perceived health service quality and their adoption in all future health services research. Cooperative interdisciplinary study and knowledge sharing may offer an excellent vehicle to derive a standardised and definitive tool for evaluating the patient’s perception of health service quality. It has been observed that a number of potential barriers and facilitators may influence the patient satisfaction.

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