Research Paper Engineering

Study of Service Quality of Indian Hospitals Using SERVQUAL Model

* Bhupesh Umath ** Amit Kumar Marwah
*** Manish Soni

* Research Scholar, Mahakal Institute of Technology, Ujjain (M.P.)

** Associate Professor, Mahakal Institute of Technology, Ujjain (M.P.)

*** Associate Professor, Mahakal Institute of Technology, Ujjain (M.P.)

ABSTRACT

Healthcare is one of India's largest sectors, in terms of revenue and employment, and one can well witness the sector to expand rapidly. With the fast growing purchasing power, Indian patients are willing to pay more to avail health care services of international standard. In the era of globalization and heightened competition, it has been observed that delivery of quality service is imperative for Indian healthcare providers to satisfy their indoor as well as outdoor patients. Hence, it is essential to be aware of how the patients and patient parties evaluate the quality of health care service. Such an understanding facilitates hospital administration to enhance quality of service and satisfy patients to a great extent as well. SERVQUAL instrument among several tools of measuring service quality and patient satisfaction is the most widely used tool. Five dimensions in service quality (servqual), tangibility, reliability, responsiveness, empathy, and assurance (Parasuraman, Zeithaml, &Berry, 1985) have been considered for this empirical research. General purpose of this research to know some factors that impact customer satisfaction. The purpose are (1) to describe applied of service quality (servqual) dimension in retail Business (2) to know service quality (servqual) dimensions that make customers satisfied, and (3) to know service quality (servqual) dimensions that are dominant in influencing customer satisfaction.

This research aims to measure and evaluate the factors of perceived service quality in the private hospitals of India. The study shows that how SEVQUAL model helps to fill up the gaps between service provider and service receiver in hospitals of India, in general, and MP state, in particuar.

Keywords: : service quality, patient satisfaction, SERVQUAL model, service gaps.

I. INTRODUCTION

The quality of service—both technical and functional—is a key ingredient in the success of service organisations (Grönroos, 1984). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and are currently in use in healthcare organisations. Information relating to this is not generally available to the public, and remains within the purview of health-care professionals and administrators (Bopp, 1990). Functional quality, in contrast, relates to the manner of delivery of health-care services. A general hospital is typically the major health care facility in its region, with a large number of beds for intensive care and long-term care, facilities for surgery and childbirth, bio assay laboratories, and so forth. Larger cities may have many different hospitals of varying sizes and facilities. Hospital services are different and distinct from boarding and grooming services-yet both are easily accessible to pet owners and team members. Patients just come for diagnosis and/or therapy and then leave (outpatients), but some others stay the nights (inpatients). Putting the patient first is a challenge that requires not just a huge change in the mindset of all the stakeholders in health care provision, but also the means by which to measure the levels of satisfaction of patients, and to discover what matters to them before, during and after their visit to any hospital.

Patient quality initiatives, with their softer, experiential focus than clinical audit, with its precise and scientific methods of measurement, demand different measurement techniques. According to Pricewaterhouse Coopers (2007), in the service sector, the health care industry, one of India's largest sectors in terms of revenue and employment, is growing rapidly. In India, the service quality of health care is miserable and in general, the health outcome is far from satisfactory (Bajpai and Goyel, 2004). Therefore, government of India has adopted a policy of health care reform having two basic objectives to achieve health securities for all and to provide quality health facilities for all within every district in India (John, 2010). In the care sector, customer satisfaction is also an important issue as in other service sectors (Shabbir et.al. 2010). A health care organization can achieve patient satisfaction by providing quality services; keeping in view patients' expectation and continuous improvement in the health care service (Zineldin, 2006).

II. LITERATURE REVIEW

2.1 SERVICE QUALITY

Traditionally , service quality has been conceptualized as the difference between customer expectations regarding a service to be received and perceptions of the service being rec eived(Gronroos,2001;Parasuraman,Zeithamal,&Berry,1988). In some earlier studies, service quality has been referred as the extent to which a service meets customers needs or expectations (Lewis &Mitchell, 1990; Dotchin & Oakland, 1994). It is also conceptualized as the consumers overall impression of the relative inferiority or superiority of the services (Zeithaml, Berry, &Parasuraman, 1990)..

2.2 SERVICE QUALITY DIMENSIONS

Parasuraman et al.(1988) identified five dimensions of service quality (Viz. reliability, responsiveness, assurance, empathy, and tangibles) that link specific service characteristics to consumers expectations.

(a) Tangibles-physical facilities, equipment and appearance of personnel;
(b) Empathy- caring, individualized attention;
(c) Assurance- knowledge and courtesy of employees and their ability to convey trust and confidence;
(d) Reliability- ability to perform the promised service dependably and accurately; and
(e) Responsiveness- willingness to help customers and provide prompt service.

2.3 GAPS IN SERVICE QUALITY

Gap 1: The difference between management perceptions of what customers expect and what customers really do expect

Gap 2: The difference between management perceptions and service quality specifications - the standards gap

Gap 3: The difference between management perceptions of what customers expect and what customers really do expect

Gap 4: The difference between management perceptions and service quality specifications - the standards gap

Gap 5: The difference between what customers expect of a service and what they actually receive

expectations are made up of past experience, word-of-mouth and needs/wants of customers measurement is on the basis of two sets of statements in groups according to the five key service dimensions

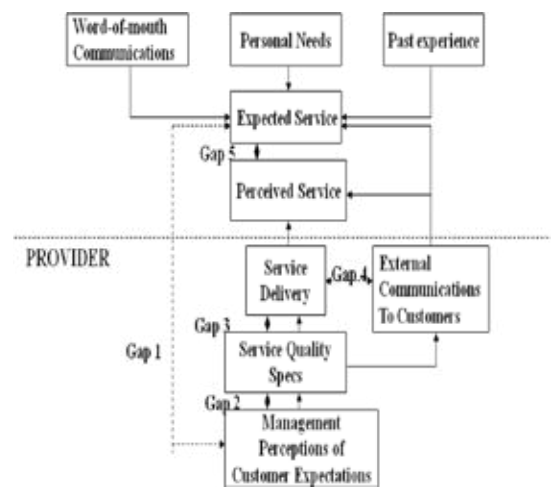
2.4 PATIENT SATISFACTION

Patients, in general, receive various services of medical care and judge the quality of services delivered to them (Choi et al., 2004). The service quality has two dimensions (a) a technical dimension i.e., the core service provided and (b) a process/functional dimension i.e., how the service is provided (Grönroos 2000). Parasuraman, et al (1988) suggested a widely used model known as SERVQUAL for evaluating the superiority of the service quality. In the SERVQUAL model, Parasuraman et. al. identified the gap between the perception and expectation of consumers on the basis of five attributes viz. reliability, responsiveness, assurance, empathy and tangibles to measure consumer satisfaction in the light of service quality (Parasuraman A., Berry L,1988). In general, patient satisfaction surveys are used to examine the quality of the healthcare service provided (Lin and Kelly 1995). Much evidence has been documented for the service quality to satisfaction link in different consumer satisfaction studies including those in the area of health care marketing (Brady and Robertson 2001; Gotlieb, Grewal, and Brown 1994; Rust and Oliver 1994; Andaleeb 2001). The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is one of the tools applied for measuring patient satisfaction with quality of care. According to Agency for Healthcare Research and Quality (2009), CAHPS is an internationally validated tool to be anchored on a specific episode of contact between the patient and healthcare professional. CAHPS focuses on assessing the actual experience of patients during care process instead of measuring patients' perception. As per the CAHPS methodology, patients are asked to indicate if they receive any specific quality of care.

2.5 SERVQUAL MODEL

Measuring service quality is difficult due to its unique characteristics: Intangibility, heterogeneity, inseparability and perishability (Bateson, 1995). Service quality is linked to the concepts of perceptions and expectations (Parasuraman et al., 1985, 1988; Lewis and Mitchell, 1990). Customers' perceptions of service quality result from a comparison of their before-service expectations with their actualservice experience. The service will be considered excellent, if perceptions exceed expectations; it will be regarded as good or adequate, if it only equals the expectations; the service will be classed as bad, poor or deficient, if it does not meet them (Vázquez et al., 2001). Based on this perspective, Parasuraman et al. developed a scale for measuring service quality, which is mostly popular known as SERVQUAL. This scale operationalizes service quality by calculating the difference between expectations and perceptions, evaluating both in relation to the 22 items that represent five service quality dimensions known as 'tangibles', 'reliability', 'responsiveness', 'assurance' and 'empathy'.

The SERVQUAL scale has been tested and/or adapted in a great number of studies conducted in various service settings, cultural contexts and geographic locations like the quality of service offered by a hospital (Babakus and Mangold, 1989), a CPA firm (Bojanic, 1991), a dental school patient clinic, business school placement center, tire store, and acute care hospital (Carman, 1990), pest control, dry cleaning, and fast food (Cronin and Taylor, 1992), banking (Cronin and Taylor, 1992; Spreng and Singh, 1993; Sharma and Mehta, 2004) and discount and departmental stores (Finn and Lamb, 1991). All these studies do not support the factor structure proposed by Parasuraman et al. (1988). The universality of the scale and its dimensions has also been the subject of criticisms (Lapierre et al., 1996) and it is suggested that they require customization to the specific service sector in which they are applied.



Model of Service Quality Gaps
(Source: Parasuraman et al., 1985)

III. RESEARCH METHODOLOGY

The study is based mainly on the primary data collected from patients of the hospitals of Ujjain ,Dewas & Indore with the help of a well drafted , pre tested, and structured questionnaire based on 22 statements given by servqual instrument. On the basis of these statements the questionnaire form will be prepared and it will be filled by the patients , doctors, nurses and administration staff. Factors which determine the service satisfaction level will be studied with the help of five point Likert scale ranging from strongly agree to strongly disagree. Perceptions of patients about service satisfaction will be measured using a battery of statements derived from the results of the Likert scale. Responses will be measured on five point scale with 5 indicating strongly agreed and 1 indicating strongly disagrees. In order to achieve the objectives of the study, tabular analysis will be carried out.

Further analysis is recommended on the statistical data by formulating hypothesis. This hypothesis can be tested by using various tests. Also regression analysis of the data can be done. Use of SPSS software is proposed.

IV. CONCLUSIONS

This study aims to diagnose the service quality based on the difference between the patients' expectation of quality services and their perception of the services received. It is found that there is a huge gap on reliability, responsiveness and tangibility services. With the increasing number of new and

unknown diseases attacking mankind, the hospital industry faces a colossal and tough task of ensuring rapid treatment and sound health. The timely and correct information provided by the hospitals determines the very course of treatment of the diseases. Hence the hospital industry needs to revamp its prevailing image. Management needs to inculcate professionalism and implement modern techniques of customer relationship management.

In the era of globalization, competition has become a key issue in all sorts of industry as well as service sectors. Literature survey suggests that patient satisfaction and perceived service quality both should be considered together for the stability of a health care organization in a competitive environment. Researchers have suggested different models and methods of measuring patient satisfaction considering service quality as one of the antecedents. Different literatures established that SERVQUAL is a popular model for measuring service quality.

SERVQUAL is a standardized and reliable instrument that identifies five different dimensions of service quality and validates those dimensions in different service situations (Rohini and Mahadevappa, 2006). Parasuraman et.al.(1988), in their SERVQUAL model, identified five dimensions viz. responsiveness, reliability, assurance, tangibles and empathy on the basis of which customers' expectations and perceptions are measured. They explained all the above-mentioned dimensions with the help of twenty two statements that have been identified as attributes creating those five dimensions (Parasuraman et. al., 1988, Bhattacherjee,2010). Babakus and Mangold (1992) identified SERVQUAL as a reliable and valid model in the hospital environment.

REFERENCES

[1] Babakus, E. and Mangold, W.G. (1992). 'Adapting the SERVQUAL Scale to Hospital Services: an Empirical Investigation'.Health Services Research. 26(2), p.767-786. | [2] Bedi Kanishka (2010):Quality Management:Oxford University Press Bopp, K.D. (1990). 'How Patients Evaluate the Quality of Ambulatory Medical Encounters: A Marketing Perspective'.Journal of Health Care Marketing. 10(1), p.6-16. | [3] Bowers, M.R., Swan, J.E., and Koehler, W.F. (1994). 'What Attributes Determine Quality & Satisfaction with Health Care Delivery?'. Health Care Management Review. 19(4), p.49-55. | [4] Brensinger, R.P. and Lambert, D.M. (1990), 'Can the SERVQUAL Scale be Generalised to Business-to Business Services?',abstract in Knowledge Development in Marketing, AMA's Summer Educators' Conference Proceedings, p.289. | [5] Brown, S.W. and Swartz, T. (1989). 'A Gap Analysis of Professional Service Quality'. Journal of Marketing. 53 (April), p.92-98. | [6] Butler, D., Oswald, S.L. and Turner, D.E. (1996). 'The Effects of Demographics on Determinants of Perceived Health-Care Service Quality: The Case of Users and Observers'. Journal of Management in Medicine. 10(5). Cronin, J.J. Jr and Taylor, S.A. (1994a). 'Modeling Patient Satisfaction and Service Quality'. Marketing Health Services.14(1), p.34. | [7] Chicago, Spring. Cronin, J.J. Jr and Taylor, S.A. (1994b). 'SERVPERF versus SERVQUAL: Reconciling Performance-Based & Perceptions-Minus-Expectations Measurement of Service Quality'. Journal of Marketing 58,p.125-31. | [8] Tata- McGraw Hill Nelson, C.W. (1990). 'Patient Satisfaction Surveys: An Opportunity for Total Quality Improvement'. Hospital and Health Services Administration. 35, p409-27. | [9] Nelson, E.C., Rust, R.T., Zahorik, A., Rose, R.L., Batalden, P. and Siemanski, B.A. (1992). 'Do Patient Perceptions of Quality Relate to Hospital Financial Performance?', Journal of Health Care Marketing, 12(4), p.6-13. | [10] Parasuraman, A., Zeithaml, V.A., Berry, L.L. (1985). "A Conceptual Model of Service Quality and its Implications for Future Research'. Journal of Marketing. 49, p.41-50.