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LITERATURE REVIEW ON“HEALTHCARE SERVICE QUALITY” AND “HEALTHCARE SERVICE QUALITY AND PATIENT SATISFACTION”

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ABSTRACT

A comprehensive literature review to understand the concept of healthcare service quality, determine the factors affecting service quality and identify those that have a significant impact on the perception regarding quality of healthcare service. Literature review was performed to identify the determinants of patient satisfaction. Lastly, this paper offers the valuable suggestions/observations from the reviews and findings.

KEYWORDS: Healthcare Service Quality Determinants, SERVQUAL, Service Quality, Patient Satisfaction, Dimensions of Patient Satisfaction.

OBJECTIVE

In today's highly competitive environment, hospitals are increasingly realizing the need to focus on service quality as a measure to improve their competitive positions. Customer based determinants and perceptions of service quality play an important role when choosing a hospital. Against a background of growing consumerism, satisfying patients has become a key task for all healthcare service providers. Satisfaction in service provision is increasingly being used as a measure of health system

performance. Satisfaction manifests itself in the distribution, access and utilization of health services. This paper attempts to explore the concept of service quality in a health care sector. It also seeks to explore the factors affecting service quality in the health sector across the globe and the impact of the dimensions of patient-perceived quality service on patient satisfaction.

RESEARCH METHODOLOGY

The systematic literature review was undertaken from online journals. Both International studies and national research papers were reviewed focusing on multiple factors

being considered by studies to identify the main factors that affect service quality and in turn result in patient satisfaction. A total of 30 papers are included in this literature review, which were in line with the research objective.

INTRODUCTION

Understanding quality from the perspective of the consumer, particularly functional quality is emerging as a critical issue in health service delivery with research showing that physicians do not have good understanding of consumer expectations. Consumers are becoming increasingly knowledgeable, discriminating and demanding of healthcare service, with their access to the internet opening up the realm of consumer medical



knowledge. From any institution point of view that has to deliver through people using limited infrastructure resources, within a short period of time, at minimal cost, and of a specific quality, needs management. Hospitals deal with people rather than materials or products; involve 24x7 work environment; deal with cases of emergency nature; involve high risk; ethical and legal issues etc.

Studies have revealed that patients and their caregivers are concerned with the cost and quality of health care services and also with the personal touch provided.

Quality, because of its subjective nature and intangible characteristics, is difficult to define. Definitions vary depending on whose perspective is taken and within which context it is considered. Therefore, there is no single universally acceptable definition. Quality could be defined as the ability to meet or exceed customer expectations. In the healthcare industry, most service providers offer similar services, but often with varying levels of service quality. Rational consumers will go to the service provider that they perceive to provide good service quality with the best value.

Quality, has been defined as *'value'; 'excellence'; 'conformance to specifications'; 'conformance to requirements'; 'fitness for use'; 'meeting and/or exceeding customers' expectations', and 'consistently delighted customers'* by providing products and services according to the latest functional specifications which meet and exceed the customer's needs and satisfy producer/provider'.

The concept of customer satisfaction cannot be ignored while discussing service quality. It is important to distinguish the two concepts.

Difference between Customer Satisfaction & Service Quality

Service Quality	Customer Satisfaction
The dimensions underlying quality judgements are very specific to delivering quality.	Customer satisfaction can result from any dimension, whether or not it is quality related.
Expectations for quality are based on ideals or perceptions of excellence.	Customer satisfaction judgements can be formed by a large number of non-quality issues, such as needs, equity, perceptions of fairness.
Service quality has less conceptual antecedents.	Customer satisfaction is believed to have more conceptual antecedents.
Quality perceptions do not require experience with the service or provider.	Satisfaction judgements do require experience with the service or provider.
Superior quality is supposed to result in customer satisfaction.	Satisfied customers would engage in positive word of mouth, recommend to others and re-patronize

Source: Adapted from various sources - Oliver (1993), Spreng & Mackoy (1996), Choi et al. (2004)

MEASURING SERVICE QUALITY SERVQUAL

Gronroos (1984) model of service quality has been recognized as a seminal work in service quality research. The SERVQUAL instrument, formulated by Parasuraman et al. (1985, 1988), is the most widely cited framework in the services marketing literature. According to Gronroos (1984), service quality has two components, namely, technical quality and functional quality. The technical quality refers to the primary care attributes like treatment provided, infrastructure, etc. whereas functional quality indicates secondary care

attributes or how the service is delivered like friendliness of service personnel, timely delivery, etc. Gronroos (1990) included “image” of the service provider as the third dimension, in addition to technical and functional quality in service evaluation. It acted as a filter in consumers’ perception of quality. Parasuraman et al. (1985) supported the notion that perceived service quality is an overall evaluation similar to attitude. They proposed that service quality is a function of the differences or gaps between customers’ expectation and performance along the quality dimensions. Hence, this model is called “**Gaps Model**”. Gaps Model depicts five gaps in a service delivery process, which may lead to unfulfilled needs of the customers. Parasuraman et al. (1988) refined their existing model and came up with a scale to measure service quality and this scale is named SERQUAL. This scale consisted of five dimensions, viz., reliability, responsiveness, assurance, empathy and tangibles. The description of these dimensions is as follows:

- + Reliability- Ability to provide services accurately and dependably.
- + Responsiveness- Readiness or quickness in responding to customers’ needs.
- + Assurance- Courtesy and knowledge of the employees and their ability to convey trust and confidence.
- + Empathy- Caring and individualized attention provided to customers.
- + Tangibles- Physical evidence in a service facility (e.g. personnel, equipment, etc).

Advantages of SERVQUAL

Several authors (Buttle (1994), Rohini and Mahadevappa(2006), have listed the following **advantages of SERVQUAL**:

- + It is accepted as a standard for assessing different dimensions of service quality.
- + It has been shown to be valid for a number of service situations.
- + It has been known to be reliable.
- + The instrument is parsimonious in that it has a limited number of items. This means that customers and employers can fill it out quickly.
- + It has a standardized analysis procedure to aid interpretation and results.

SERVPERF vs. SERVQUAL

Another widely accepted performance-only model- ‘SERVPERF’ was designed by Cronin and Taylor (1992). This model is extensively used in various sectors like travel, tourism, hospitality, etc. Cunningham et al. (2002) used SERVPERF model to find the link between service quality and customer satisfaction in airline industry. A comparison of the service quality perceptions of the USA and Korean travelers found that US passengers were more satisfied with the airline service than their Korean counterparts. Jain and Gupta (2004) conducted a study on Delhi restaurants to compare SERVQUAL and SERVPERF scales in Indian context. They concluded that SERVPERF should be employed for assessing overall service quality of a firm and in undertaking service quality comparisons across service industries because of its psychometric soundness and greater instrument parsimony. On the other hand, in order to identify areas relating to service quality shortfalls for possible intervention by the managers, the SERVQUAL scale needed to be preferred because of its superior diagnostic power. Johns et al. (2004) also showed that SERVPERF scores predicted overall satisfaction better, and they had higher validity and reliability than SERVQUAL scores.

LITERATURE REVIEW- HEALTHCARE SERVICE QUALITY DIMENSIONS

Healthcare service quality is even more difficult to define and measure because of its distinct characteristics such as intangibility, heterogeneity and simultaneity. Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. The healthcare service quality depends on the interactions between the service process, customer and the service provider. Few healthcare quality attributes such as timeliness, consistency, and accuracy are hard to measure beyond a subjective assessment by the service recipient.

This review has focused on the various research papers on “HEALTHCARE SERVICE QUALITY DIMENSIONS” and “PATIENT SATISFACTION”.The aim of the research papers were broadly to identify the

healthcare service quality factors that patients consider of utmost importance. These papers reviewed also figured out the factors/service quality dimensions which were insignificant for deciding on the hospital services. Most of the papers used SERVQUAL model to analyze the service quality dimensions.

This research paper tried to identify various service quality dimensions researched by the research papers, which were considered vital by the respondent. Below is the list of research papers on Healthcare Service Quality Dimensions along with its findings:

HEALTHCARE SERVICE QUALITY DIMENSIONS	
AUTHORS	FINDINGS
Darshana R. Dave & Reena Dave (2014)	The study revealed that Word of mouth i.e. information regarding hospitals and services from family play an important role. Patients gave more preference to doctors' qualifications and experience of doctors. Further the reputation of hospitals was an influencing factor along with extra facilities available in the hospital. Hospitals situated in nearby areas were given more importance.
Gyan Prakash(2015)	Healthcare Regulations played a central role in driving healthcare Quality of Service (QoS).
Sumathi Kumaraswamy(2012)	The important service quality factors in health care centers identified were behavior of the doctor, staff's support, ambience of the hospital and operational performance.
Kenneth N. Wanjau, Beth Wangari Muiruri & Eunice Ayodo(2012)	Employees' capacity, technology adoption, communication channels and availability of funds affect delivery of service quality to patients in public health sector.
Panchapakesan Padma, Chandrasekharan Rajendran & L. Prakash Sai (2009)	The study proposes a dimensions, namely, infrastructure, personnel quality, trustworthiness of the hospital, administrative procedures, process of clinical care, social responsibility, hospital image and safety indicators.
Mayuri Duggirala, Chandrasekharan Rajendran & R.N. Anantharaman (2008)	The findings of the study highlight seven distinct dimensions of patient-perceived Total Quality Service (TQS) and the relationships among them. The seven dimensions of patient perceived TQS are Infrastructure, Personnel quality, Process of clinical care, Administrative procedures, Safety indicators, Experience of medical care received, and Social responsibility.
Muslim Amin & Siti Zahora Nasharuddin(2013)	The results of the study confirm that the five dimensions – admission, medical service, overall service, discharge and social responsibility – are a distinct construct for hospital service quality. Each dimension has a significant relationship with hospital service quality.

Ali Mohammad Mosadeghrad(2014)	Personal factors of the healthcare service provider and the patient, and factors pertaining to the healthcare organisation, healthcare system, and the broader environment affect healthcare service quality. Healthcare quality can be improved by supportive visionary leadership, proper planning, education and training, availability of resources, effective management of resources, employees and processes, and collaboration and cooperation among providers.
Tracey S. Dagger, Jillian C. Sweeney & Lester W. Johnson(2007)	The research identified nine sub-dimensions driving four primary dimensions, which in turn were found to drive service quality perceptions. The four primary dimensions were interpersonal quality, technical quality, environment quality, and administrative quality. The sub-dimensions were interaction, relationship, outcome, expertise, atmosphere, tangibles, timeliness, operation, and support.
Halil Zaim, Nizamettin Bayyurt & Selim Zaim(2010)	The results of the analysis confirm that while tangibility, reliability, courtesy and empathy were significant for customer satisfaction, responsiveness and assurance were not.
Ingy Mohamed Fikry Farid (2008)	The model suggests that there are eight major constructs for service quality that include doctor's medical service, nursing service, diagnostic service, hospital premises and employees, rooms and housekeeping, meals, admission and discharge services. The study identified nursing tangibles, hospital premises, employees tangibles as well as room and housekeeping courtesy to have a significant impact on overall perception of service quality.
Ritu Narang(2010)	Health personnel and practices, and health care delivery were found to be statistically significant in impacting the perception regarding quality of healthcare service. Respondents were relatively less positive on items related to access to services and adequacy of doctors for women.
Huseyin Arasli, Erdogan Haktan Ekiz & Salih Turan Katircioglu(2008)	This study identifies six factors regarding the service quality. These are: empathy, giving priority to the inpatients needs, relationships between staff and patients, professionalism of staff, food and the physical environment.
Nana Owusu-Frimpong, Sonny Nwankwo & Baba Dason(2010)	The study measured the service climate factors - getting attention from doctors, time taken to get appointments, access to core treatment and opening hours. Access-to-care problems are significant and need to be addressed by healthcare providers in order to improve the quality of service delivery and patient satisfaction.
Anastasius Moutzoglou(2007)	The study suggest that instead of dealing with process oriented practice, management participation, financial incentives and capacity management, the emphasis should be on communication, education, shared decisions and quality of life. The paper makes it clear that healthcare quality improvement efforts should be centered on the needs and wishes of patients, recognizing patients' values and preferences.

LITERATURE REVIEW- HEALTHCARE SERVICE QUALITY AND PATIENT SATISFACTION

Below are the findings of the research papers on Healthcare Service Quality and Patient satisfaction. The findings of the study reveal the service quality dimensions that leads to patient satisfaction.

HEALTHCARE SERVICE QUALITY AND PATIENT SATISFACTION	
AUTHORS	FINDINGS
Manimay Ghosh(2014)	The study highlighted four important dimensions of patient satisfaction clinical care, internal environment, communication and administrative procedures. The four dimensions significantly and positively affected patient’s overall satisfaction level.
J de Jager & T du Plooy(2007)	Tangibility and assurance were the two dimensions analyzed in this paper. Patient dissatisfaction was observed with both service quality dimensions measured, although significant differences exist between in- and out-patients. Personal safety and cleanliness of facilities were regarded as the most important variables in the assurance and tangibility dimensions. The level of satisfaction was the highest for clear information signage and communication at an understandable level in the tangibility and assurance categories, respectively.
Olgun Kitapcia, Ceylan Akdoganb & Ibrahim Taylan Dortyolb(2014)	The study found that the two dimensions - Empathy and Assurance are positively related to customer satisfaction. Further, customer satisfaction has a significant effect on Word of Mouth and Repurchase Intension which are found to be highly related.
Hardeep Chahal & Shivani Mehta(2013)	The results reveal that patient satisfaction is a multidimensional construct comprised of four dimensions, namely - physical maintenance, physician care, nursing care and internal facilities. The study indicates that all these dimensions positively and significantly contribute to patient satisfaction and which also acts as an important mediating factor between the satisfaction dimensions and patient loyalty.
Sanah Hasan, Hana Sulieman, Kay Stewart, Colin B. Chapman, Mohammed Yousif Hasan & David C.M. Kong(2013)	The four dimensions were studied: Information, Relationship, Accessibility and Availability. Patients wanted more information about their medications, self-management and advice on healthy lifestyle. They also requested more personal care and considered this as part of the trust they would put in the competence of the service provider. Accessibility scores measuring physical, geographical and financial items were lowest. Overall scores on availability of medications indicated relative satisfaction with this dimension.
Daniel P. Kessler & Deirdre Mylod(2011)	There is a statistically significant link between satisfaction and loyalty. Although satisfaction’s overall effect is relatively small, contentment with certain hospitalization experiences may be important. The link between satisfaction and loyalty is weaker for high-satisfaction hospitals, consistent with other studies in the marketing literature.
Rama Koteswara Rao Kondasani & Rajeev Kumar Panda(2015)	Results indicate that the service seeker-service provider relationship, quality of facilities and the interaction with supporting staff have a positive effect on customer perception. The result indicates that two dimensions: reliability, and privacy & safety are not contributing significantly towards loyalty.

Ioannis E. Chaniotakis & Constantine Lympopoulos (2009)	The results suggest that, in addition to satisfaction, the only service quality dimension that directly affects Word of Mouth (WOM), is empathy. In addition, empathy affects responsiveness, assurance and tangibles, which in turn have only an indirect effect to WOM through satisfaction.
Wathek S Ramez(2012)	The study results show that SERVPERF scale was more efficient than SERVQUAL scale in explaining the variance in service quality. Positive and significant relationships were found between Overall Service Quality (OSQ), Patients' Satisfaction (SAT), and their Behavioral Intention (BI).
Ramakrishna Naik Jandavath & Anand Byram (2016)	The result shows that empathy has a strong impact and appears to be the primary positive determinant of patients' intention to return the same hospital in future and recommend to others, followed by responsiveness, assurance, reliability and tangibility. The results show that healthcare service quality has a significant relationship with customer satisfaction. Also, patient satisfaction has significant relationship with behavioral intention.
Rini Setiowati & Andradea Putri(2012)	The study found that there is a positive relationship between five dimensions of perceived value and customer satisfaction. Further, perceived value is one of the indicators of customer loyalty that leads to customer recommendation and repurchase. The five dimensions were: behavioral price, monetary price, emotional response, quality and reputation.
Asma Shabbir, Shahab Alam, Malik Shujah & Alam Malik(2016)	The results were consistent with the prior studies that healthcare service quality is positively related with patient loyalty and patient satisfaction. Patient satisfaction is positively related with patient loyalty and patient satisfaction mediates the relationship between healthcare service quality and patient loyalty.
Sik Sumaedi, I Gede Mahatma Yuda Bakti, Tri Rakhmawati, Nidya J. Astrini, Tri Widiandi & Medi Yarmen (2014)	The results demonstrated that trust has a positive influence on patient loyalty. However, this research also found that satisfaction and perceived value has no significant impact on patient loyalty.
Syed Saad Andaleeb(2001)	Significant associations were found between the five dimensions and patient satisfaction - responsiveness, assurance, communication, discipline, and baksheesh. Discipline has the greatest impact on the customer satisfaction, followed by assurance. The impact of responsiveness and communication on patient satisfaction was also significant. Baksheesh had the least impact on patient satisfaction.
Arul Edison Anthony Raj, S. Karpagam & Dr. V.S. Rajakrishnan(2009)	Correct treatment and delivering promised service are critical issues to increase reliability in a health care setting. Researchers found that the patients were satisfied with cost feasibility, environment & toilet cleanliness and treatment outcome of the service quality factors in both government and private hospitals. Knowledge, skills, credentials inspire patients' trust and confidence. Cost is perceived as the least important factor influencing patients' satisfaction.

CONCLUSION -THE WAY AHEAD

Researchers have examined the concept of hospital service quality and patient satisfaction from the perspective of patients. Studies did not explore the perspective of service providers. In today's competitive world, there is a need to identify additional service variables and provide patient-driven quality services to better address their needs. Few studies have focused on cost variable, physician/nurse performance and their mind-set regarding quality initiatives while measuring service quality. Future studies can incorporate the perceived cost/benefit analysis from the patient's perspective. Future research should focus on measuring and quantifying the true costs of poor quality and focus more on the implementation issues of service quality

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