Measuring Hospital Service Quality: A conceptual Framework

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Abstract— In recent year’s healthcare have been treated as business organizations. The present paper proposes a conceptual model to measure the patient perceived service quality in healthcare. The proposed model contains 10 dimensions and is based on existing literature in healthcare services; and helps in improving our knowledge to identify the components that are important and can influence quality. Moreover, this research will improve our understanding of service quality and assists practitioners such that they are meet in their daily operations.

Keywords—conceptual framework, customer satisfaction, service quality.

I. INTRODUCTION

Healthcare is a rare service that people need but do not necessarily want [1] but, remarkably healthcare is the fastest growing service in both developed and developing countries [2]. The traditional services that once dominated the service sector – lodging, foodservice, and housecleaning have been increasingly supplemented by modern banking, insurance, computing, communication, and other business services [3]; and the interest in the measurement of service quality is understandably high in addition to the delivery of higher levels of a service quality strategy being suggested as critical to service providers’ efforts in positioning themselves more effectively in the marketplace [4], [5]. Service quality has been revealed as a key factor in search for sustainable competitive advantage, differentiation and excellence in the service sector [6], [7]. Besides, it has been recognized as highly important for satisfying and retaining customers [8], [9]. Accordingly the two questions firstly, ‘What is perceived service quality?’ and secondly, ‘How must service quality be measured?’ have been debated by academics over the last three decades now [10] and is of utmost interest. Moreover, the ongoing debate on the determinants of service quality and issue such as ‘Is there a universal set of determinants that determine the service quality across a section of services?’ remains unanswered [11]. Additionally, there is concern for the identification of determinants of service quality [5]. In a consumer-oriented culture where healthcare delivery is patient-led and commoditized, the patient should be the intermediary of the quality of healthcare [12]. Thus the purpose of the present paper is to develop a conceptual framework for measuring hospital service quality, expending the existing models and literature on healthcare services to benefit academicians, practitioners and researchers to enhance the understanding of patient perceived hospital service quality addressing this gap in literature as there are a few reliable and valid instruments available; and many service providers are implementing measures that are not aligned to the complexities of the health care setting [13]. Consequently understanding of service quality assists practitioners to meet the requirements in their daily operations.

II. SERVICE QUALITY AND SATISFACTION

Service quality has been defined as “the outcome of an evaluation process where the consumer compares his expectations with the service he has received” [14]; or the difference between expected service and perceived service [15]; whereas satisfaction is defined as defined as an evaluative, affective, or emotional response [16]. Thus the customers can evaluate the object only after they interpret the object. Therefore, satisfaction is the post-purchase evaluation of products or services given the expectations before purchase [17]. Although, the researchers have accepted that service quality (SQ) and customer satisfaction (CS) are two different constructs; differentiating them remains a challenge [18]. There have been repeated calls for research investigating the relationship between the two constructs - CS and SQ [19], [20]. While there are other antecedents to CS, namely, price, situation, and personality of the buyer [21], SQ receives special attention from the service marketers because it is within the control of the service provider, and by improving SQ, its consequence CS could be improved, which may in turn influence the buyer’s intention to purchase the service. Accordingly, service quality could be viewed as the whole family picture album, while customer satisfaction is just one snapshot [22].

III. FRAMEWORK OF MEASURING HOSPITAL SERVICE QUALITY

Several conceptual models have been developed by different researchers for measuring service quality. In order to measure the dimensions of service quality, the most popular measure is SERVQUAL [15], [23]; in line with the
propositions put forward by [24] and [25], posited and operationalized service quality as a difference between consumer expectations of ‘what they want’ and their perceptions of ‘what they get.’ The researchers who leveled maximum attack on the SERVQUAL scale opined that expectation (E) component of SERVQUAL be discarded and instead performance (P) component alone be used and proposed what is referred to as the ‘SERVPERF’ scale [26].

During the period 1984-2003, there have been reported nineteen conceptual service quality models and each model is representative of different point of view about services [27]. Despite an extensive body of literature on healthcare quality determinants [28], it could be said that currently, few tools exist for assessing and managing healthcare quality [29]. Thus the present study tries to addresses this gap in the literature and designs a new tool for assessing the patient perceived service quality in healthcare.

In the present development of the questionnaire item we have adopted as recommended by [30] Reynoso and Moore (1995) that SERVQUAL dimensions are somewhat applicable and researchers should keep some of the more generic SERVQUAL dimensions and then add others that are particular to a specific situation. Reference [31] advocate, “Sometimes it is possible to borrow items and portions of questionnaires from other sources, especially when a lot of prior questionnaire-based research exists into concepts”; and the concept of health care service quality has a lot of prior questionnaire-based research exists into concepts, and the concept of health care service quality has a lot of prior questionnaire-based research has been identified. Based on these dimensions, an instrument measuring the patient’s view point of healthcare quality has been developed comprising of ten dimensions. The dimensions of patient perceived Hospital Service Quality (HSQ) are:

A. Physical Environment and Infrastructure
B. Personnel Quality
C. Image
D. Trustworthiness
E. Support
F. Process of Clinical Care
G. Communication
H. Relationship
I. Personalization
J. Administrative Procedures

A. Physical Environment and Infrastructure
The dimension assesses the patient’s perception of quality with regard to the physical facilities in the hospital; the tangible facets of service facility such as equipment, machinery, signage, employee appearance, etc., or man-made physical environment popularly known as ‘servicescapes’ [33]. Further it includes the cleanliness, availability of services, visually appealing. Reference [23] in their SERVQUAL model used tangibles. Tangibles have also been considered by various other researchers such as [34] and [35]; others have used terms as ‘physical environment’ [36]; ‘physical environment and infrastructure’ [37]; ‘physical surroundings’ [38] and ‘pleasantness of surroundings’ [39] to denote the physical facilities and ambience.

B. Personnel Quality
Hospital services are high contact services, contact personnel play an important role in patient evaluations of the service received; personnel form a part of the service [40]. The personnel dealing with patients majorly are doctors, nurses, and staff at hospital. Thus the dimension evaluates courtesy, competency, friendly and caring attitude, polite and well-mannered and appearance as professional. Other researchers have recognized as ‘professionalism of staff’ [36], ‘Human aspect’ [37]. Three of five factors affecting service quality perception of hospitals were related to interactions with doctors or other staff [41].

C. Image
Corporate quality includes image and reputation [42]. The role of image in conceptualization of service quality and emphasized it as a filter [14]. Image reflects consumers’ perceived link between physician and hospital [41]. Thus the dimension captures availability of good doctors, reputation of the hospital, honesty and ethics followed in providing medical services cost of care.

D. Trustworthiness
The trustworthiness is measured by the sense of well-being patient feels and influences his confidence on the hospital [43]; or ability to provide service as promised is considered to be necessary aspect of service delivery [15]. Other researchers have recognized as ‘dependability’ [44]. This dimension deals with providing medical treatment to all sections of society, maintaining privacy and confidentiality of patient.

E. Support
The support is measured by the level of contribution to society in terms of free medical services to needy. Researchers have termed and included social responsibility in their study [33], [45], [46].

F. Process of Clinical Care
The experience of patient with clinical processes in the hospital is enclosed in this dimension. The dimension identifies the faultless assessment on patient condition, instruction and advices provided, diagnosis, time spent in examining the patient. Other researchers have termed as ‘medical care’ [45] [46]; ‘process characteristics’ [47]; ‘Clinical quality’ [48]; ‘Health care delivery’ [49] in their study.

G. Communication
Communication includes the transfer of information between a provider and a customer, the degree of interaction and the level of two-way communication. Patients want to know that communication is occurring between different parties involved. The interactive communication such as physician-patient, communication with family members and communication between doctors are been identified as important [41]. The dimensions include information providing
quickly, adequate information about treatments and ailments are provided, ease of obtaining information, level of feeling about interaction with doctors and nurses, family members are kept updated on the status of patient. Also, other researchers such as [35], [50] have included the dimension in their study.

**H. Relationship**

Relationship refers to the closeness and strength of relationship developed between the provider and a customer [51]. Relationship includes interpersonally close interactions in which trust or mutual liking exist [52]. This dimension includes level of relationship developed with doctors, nurses and staff. The dimension has been used by researcher [36].

**I. Personalization**

Personalization refers to customization and individualized attention [53]. The dimensions include the way doctor address by name, treatment by hospital staff as an individual, personalized attention from the staff. The dimension has been used as personalization [53]; ‘service personalization’ [54].

**J. Administrative Procedures**

Administrative procedures inspect the experience of patient with administrative in hospital. Administrative services facilitate the production of a core service and include waiting time, appointment procedures, records and documentation are error free, providing right service the first time. The dimension has been termed as ‘administrative processes’ [46]; ‘administrative services offered’ [55]; ‘administrative quality’ [56]; ‘accessibility’ [57]; whereas researchers have considered admission, discharge (which is a part of administrative procedure) [45].

**IV. CONCLUSION**

Despite considerable work undertaken in the area of measuring service quality in healthcare, there is no consensus yet as to which one of the measurement scales is robust enough for measuring and comparing service quality. In the face of uncertainties, healthcare organizations have to be reprogrammed and renewed, repositioning themselves for the future [58]. Thus our questionnaire is an attempt to reprogram and renew the dimensions which are influencing service quality. Although it is argued that reality is there to be studied, captured and understood, it can never be fully apprehended; only approximated. Thus the future studies need to adopt triangulation – ‘use of several different research methods to test the same finding’ [59] to affirm the proposed conceptual framework.

**REFERENCES**


