

A Study On Identification Of Quality Gaps In Healthcare Sere Using Service Using Servqual Model In One Of The Leading Hospitals In Coimbatore

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ABSTRACT: The patient is really a customer of the hospital, and his or her contentment is contingent on the hospital's service performance. Service quality analysis is used to determine the anticipation and perception of replies regarding the hospital's quality of service in order to determine the score gap that has occurred. Questionnaires were used in the data collection process. According to the findings, the hospital should devise measures to increase its quality and retain patients.

KEYWORDS: tangibility, responsiveness, assurance, reliability, Empathy.

I. INTRODUCTION

● DEFINITION:

As proposed by Parasuraman, Zeithaml, and Berry (PZB) in 1985, a service gap analysis is an effective methodology used to evaluate and improve customer satisfaction levels. Also known as the Gap Model for Customer Service, it rests upon two concepts:

● CUSTOMER EXPECTATIONS:

Before using a product or service, a customer's beliefs and feelings about it are recorded. These expectations are subjective and heavily influenced by the customer's cultural and ethnographic perspective. Customers' backgrounds, family status, age, lifestyle, and previous experiences, as well as what they already know about your business, are all factors to consider. Consumers generate subjective opinions about your brand after interacting with it. This assessment is completely based on their interactions with your firm, its services, and your employees. The service gap analysis allows you to establish which portion of your business strategy causes customer

discontent (a customer service gap) and what you need to change or enhance by taking a deeper look at these two areas. Aside from that, it identifies four different sorts of gaps in customer-company connections.

● CUSTOMER PERCEPTION:

It's a subjective opinion about your brand that consumers form after interacting with it. This opinion is based solely on their experience with your company, its services, and their communications with your staff.

Five Dimensional Of Service Quality:

Tangibility:

Physical buildings, equipment, staff, and communication materials all have a tangibility to them.

Reliability:

The capacity to deliver on a promise consistently and precisely is referred to as reliability. To please your customers, you must do what you say you'll do when you say you'll do it.

Responsiveness:

The willingness to assist clients and deliver prompt service is referred to as responsiveness. In today's fast-paced environment, responding immediately to customer issues and concerns is critical. Even when clients are sluggish to respond, responsiveness is important. At the very top of the priority list, respond quickly to let customers know you're working on their request.

Assurance:

Employees' ability to transmit trust and confidence is determined by their knowledge and civility.

Empathy:

Empathy refers to the firm's compassionate, one-on-one attention to its clients. Customers want to feel like they're part of something more than a transaction; they want to have a bond with your company. You can still fall short of their expectations even if you offer the best product or service on the market.

The objectives of the study includes,

- To determine the difference between patient expectations and perceptions of healthcare availability and quality.
- Measuring service quality is a better way to determine whether services are good or terrible, and whether patients are happy with them.

II. LITERATURE REVIEW:

SERVQUAL, a more compact approach for assessing service quality within an organisation, was created by Parasuraman. This model was a direct consequence of a previous model in which ten dimensions (tangibility, reliability, assurance, responsiveness, empathy, communication, competence, credibility, courtesy, and security) were reduced to five dimensions (tangibility, reliability, assurance, responsiveness, and empathy), with 97 items in the former and 22 in the latter. Other models, such as the attribute service quality model, later proposed that when establishing a service quality model, service attributes should be isolated and then concentrated on simultaneously depending on consumers' expectations and perceptions. Physical facilities and processes, people's behaviours, and professional judgement are three aspects of service described by the authors. Among academics, professionals, and researchers, however, none of these models has garnered as much traction as SERVQUAL.

According to Došen, Đ.O.; Škare, V.; Ćerfalvi, V.; Benkovic, Ž.; Komarac, T.(2020), The management of the university hospital centre should

improve healthcare service quality in all dimensions by paying particular attention to the 'responsiveness' and 'tangibility', where the largest gap was identified.

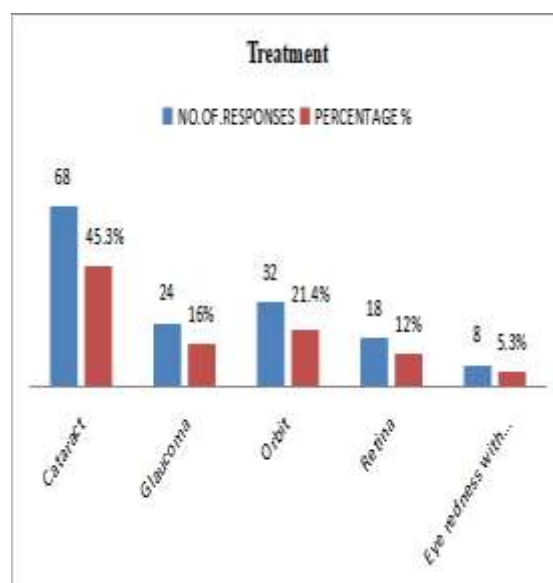
According to Perera, S.; Dabney, B.W.(2020),The purpose of this study is to fill this research gap by using patient expectations and perceptions to assess the overall quality of and patient satisfaction with hospital case management services.

III. METHODOLOGY:

This is an exploratory study focused on the outpatients of the chosen hospital, as well as their expectations and impressions of service quality. In order to acquire data, basic random sampling is utilised. There were around 500 outpatients at the hospital, and 150 data points were obtained using Morgan's table with 95% confidence and 5% error. A research question serves this aim by capturing what the researcher is looking for and directing and shaping the inquiry. According to the survey instrument, it is a two-part structured questionnaire. The demographic questions, such as gender, experience, and treatment for, are included in the first section. The second section consists of fifteen questions that assess outpatients' attitudes regarding the hospital.

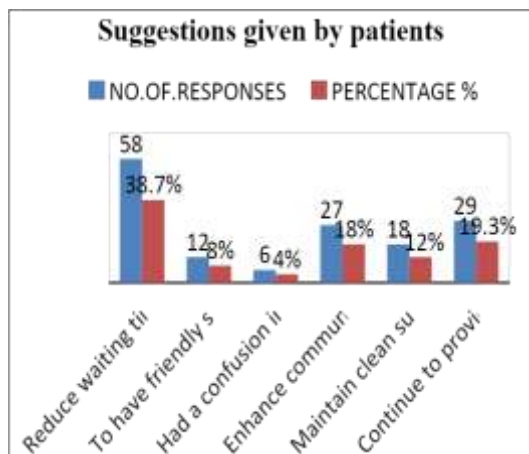
IV. ANALYSIS:

Chart - I Chart showing the treatment for of the respondents



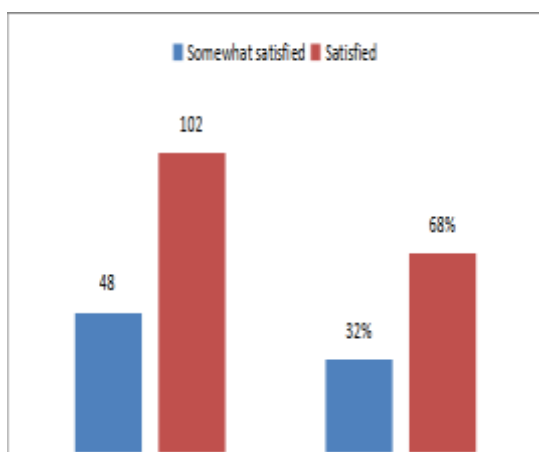
The above chart shows that 68% of the respondents are treated for cataract , 24% of the respondents are treated for glaucoma , 32% of the respondents are treated for orbit , 18% of the respondents are treated for retina and 8% of the respondents are treated for eye redness with headache.

CHART-II Chart showing the respondents opinion for the question “ Please give some suggestions to improve the services of our hospital.”



The above chart shows that 38.7% of the respondents given a open statement to reduce the waiting time ,8% of the respondents given a open statement to have a friendly staffs ,4% of the respondents given a open statement that they had confusion in finding doctors , 18% of the respondents given a open statement to enhance communication skills , 12% of the respondents given a open statement to maintain clean surroundings and 19.3% of the respondents given a open statement to continue the quality of care as they provided.

CHART - III Chart showing the respondents opinion for the statement “Prompt service to patients”



The above chart shows that 8% of the respondents graded to dissatisfied , 54.7% of the respondents graded to somewhat satisfied and 37.3% of the respondents graded to satisfied.

TABLE -I showing the association between the gender of the respondents and their experience difference in the care provided by the hospital

| | Sum of Squares | df | Mean Square | F | Sig. |
|----------------|----------------|-----|-------------|---------|------|
| Between Groups | 23.358 | 1 | 23.358 | 256.533 | .000 |
| Within Groups | 13.476 | 148 | .091 | | |
| Total | 36.833 | 149 | | | |

In the following interpretation , H denotes “Hypothesis”

H0: There is no difference between gender and experience

H1: There is difference between gender and experience.

From the above table , the significant value is .000,which is less than .05, hence we reject H0 and accept H1.Thus , we prove that there is difference between the gender of the respondents and their experience difference in providing care by the hospital.

V. MAJOR FINDINGS AND RECOMMENDATIONS:

Majority Males account for 62 percent of respondents, while females account for 38 percent. This demonstrates that male outpatients are more likely than females to express their opinions on service quality.

New patients account for 62% of respondents, while review patients account for 38%.

Chart -III shows that 37.3 percent of respondents feel that timely treatment to patients is important to them.

The recommendations include,

1.Management has the capacity to make patients feel important organizational and treat them with respect.

2. Allow adequate time for your patients to respond or ask questions so that they can clarify their medical conditions.

3. Whereas people nowadays do not have the patience to wait to see something, management strives to reduce the time it takes to see a specialist.

VI. CONCLUSION :

The research focuses on service gap analysis expectations and perceptions, particularly in outpatient settings. SERVQUAL, a common methodology for evaluating and managing quality of service, includes gap analysis. Gap analysis has shown to be a valuable tool for understanding and discussing the core causes of consumer unhappiness, as well as providing guidance on how to enhance customer satisfaction.

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