



STUDY ON THE DIAGNOSE SERVICE QUALITY BASED ON THE DIFFERENCE BETWEEN THE PATIENT'S EXPECTATION OF QUALITY SERVICE

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ABSTRACT

Quality continues to be represented in the healthcare service literature in the same way as it is essential to the quality of the healthcare service itself. This is because quality is at the heart of the conversation in the healthcare service literature. In recent years, developed countries have taken the lead in quality movements, which are now serving as the foundation for the healthcare agenda, while other developing countries are still supporting quality movements. This is because quality improvements in healthcare settings directly benefit the ultimate population and help to resolve healthcare issues, which in turn helps to increase the value of services and improve their quality. Different nations have made strides forward in the healthcare business, but all of this progress can only be realised if a culture of quality is established and maintained across the industry.

Keywords- Quality, healthcare

INTRODUCTION

Quality has been defined in a variety of ways by various studies, but the most essential thing is to establish a successful quality culture. To do so, it is first required to get information about what quality is and how it should be judged in a particular business (Lee et al., 2016). Quality is a complex notion that is represented by a variety of viewpoints in the literature. Gronross (2012) produced the first concept of quality for the service industry, which was applied to the manufacturing sector. He defines quality as the result of an assessment process in which quality consumers compare their expectations with the impressions they obtain from a product or service, according to the author. According to Zeithaml et al. (2019a, b), service quality is determined by how well a service meets or surpasses the expectations of the consumers who use it. If the service performance meets or exceeds the expectations of consumers, then the views of the service quality will be favourable in this respect (Holder and Berndt, 2017).

HEALTHCARE:

WHO defines health as "a condition of full physical, mental, and social well-being, as opposed to just the absence of sickness or disability." For policymakers, the effect of health shocks on the well-being of people and families has long been a key source of worry. A number of studies have shown that the occurrence of health shocks has a considerable negative influence on the wellbeing of families. Understanding the complicated link between health shocks and welfare is critical for effective policy action in the health sector.

Good health is commonly recognised as a necessary component of economic growth and progress. The evolution of India's healthcare systems during the last several decades has been a mixed bag. Increased options for income generation have resulted from the liberalisation of the economy, which has helped to reduce poverty. People's habits of obtaining health care have shifted as a result of these developments. People nowadays are more health concerned, and they are willing to pay a little more money to get high-quality services.

When it comes to healthcare facilities, India is a study in contradictions. Although it has several world-class hospitals, it also has some of the worst-equipped clinics in the world on the one hand. Despite the fact that India's population distribution is dominated by persons in their early twenties, the sheer volume of the country's population (over 1 billion people) makes it impossible to ignore the needs of the elderly.

With the growth in demand for healthcare services comes an increase in the number of flaws in the current healthcare delivery systems. In light of the steady rise in per capita income as well as the population of the nation, the government's obligation to offer a better and more meaningful healthcare system has grown exponentially (Mohsin Organization for Health and Welfare, 2005b).

Investing in the health of all Indians is the single most important thing you can do to improve India's growth prospects, according to Bill Gates, former chairman of Microsoft: "If there was one thing you could do to make India's growth prospects even more spectacular, it would be to invest in the health of all Indians" (Economic times, August 16, 2014). There is more that India could do to promote the health of its people. The first is to increase public expenditure on healthcare, which is now at an exceedingly low level of 1.1 percent of GDP when compared to China's 2.4 percent and Brazil's 4.9 percent. In India, the private sector accounts for the great bulk of healthcare services.

At the beginning of the twenty-first century, Indian healthcare lagged far behind that of peer countries.. Even if the progress our nation has achieved over the previous decade has been steady, it will need even greater efforts to bring it at least on level with the other growing economies.

More rules should be implemented in the private sector of healthcare so that individuals may get the most out of their services. In the field of public health, raising awareness has a significant role to play. Providing good education to families about poor sanitation, water quality, and communicable illnesses may aid in the reduction of disease burden and the promotion of preventive healthcare techniques (N. Health, Cell, & Welfare, 2005).

Poor resource management, centralised decision-making, contradictory job duties, corruption, and a lack of accountability are the primary problems affecting the functioning of the Indian healthcare system (M. O. F. Health & Welfare, 2005b).

There is an urgent need for new human resource policies in the public healthcare sector, namely in the areas of recruiting, training, promotion, and transfer of staff. India's failure to invest in the development of necessary skills is impeding the achievement of national health objectives (M. O. F. Health & Welfare, 2005b).

Establishing institutional frameworks, increasing investment in technology, providing better information technology-enabled healthcare services, and attracting a trained workforce are all necessary for improving the quality of healthcare system governance (M. O. F. Health & Welfare, 2005a).

Over the last two decades, India has had consistent development, which has enabled it to become one of the world's largest middle-class groups. With the steady increase in demand for products and services, marketing and distinguishing them from the competition has become more than a need. Service industries that fail to recognise the necessity of providing complete client pleasure may find themselves on the verge of extinction sooner rather than later.

As our economy becomes more reliant on the contribution of the services sector, service quality has become a far more pressing problem in India. It takes a long time for the Indian services sector to recognise the importance of service quality and the consequences of this for customer satisfaction. Countries such as the United States of America and industrialised countries in Europe have already recognised the need of improved service quality in their respective industries.

Over the last two decades, there has been a significant increase in service quality research in the developed world, demonstrating that the notion of continuous quality improvement is becoming more relevant in the service business.

By comparing and contrasting healthcare spending statistics across nations, governments may find the most effective strategies to deploy limited resources toward improving health or to determine the most appropriate amount of financing in different epidemiological and demographic circumstances. Healthcare expenditure is influenced by per capita income, which is roughly equivalent to the amount of money available to a person for the purchase of goods and services.

Healthcare expenditure does not necessarily increase as a result of an increase in per capita income; nonetheless, it is proven to be substantially connected with the national per capita income. It is true that there is a weaker association between the percentage of GDP spent on health and income than there is between expenditure and income, but the relationship is nevertheless positive and statistically significant.

DEFINITION OF SERVICE QUALITY:

Parasuraman et al. (2015) "Parasuraman et al (2015) defined perceived service quality as a global judgment (or) attitude, relating to the superiority of the service". They stated four main qualities for services:

- Service quality unlike goods quality is more complex and difficult to evaluate.
- Service quality perceptions are the net effects from customer expectations with the actual service delivery process.
- Service quality evaluations are not made only based upon the service outcome; they too involve the whole process of service delivery.
- Service quality perceptions are the net effect of what customers expect from a particular service and the perceived level of service they receive.

Individual and population health services are defined as "the degree to which health services for people and populations maximise the probability of desired health outcomes and are compatible with current professional knowledge," according to the Institute of Medicine (IOM). In recent years, there has been a significant increase in the importance placed on service quality across a wide range of industries.

Service quality is rapidly being recognised as the most important component in differentiating between services and in establishing competitive advantage in the marketplace. The health-care industry has a unique position among other industries because of the inherent intricacy of its work.

The term "quality" has been used to characterise a wide range of phenomena. In most cases, service quality is viewed primarily a cognitive construct, but customer satisfaction has been believed to be a more complicated term that incorporates both cognitive and emotive components (Oliver,2016). The issue of whether service quality is a purely cognitive phenomenon (or) if it has an emotional component to it is dependent on the service sector under investigation (Kettinger & Lee, 2017).

Given its significant impact on business performance, lower costs, customer satisfaction, customer loyalty, and profitability over the past few decades and its importance to practitioners, managers, and researchers, service quality has risen to the top of the priority list for practitioners, managers, and researchers.

The ability to gather and channel information for the aim of improving service quality is critical for any firm seeking to stay competitive in the market.

In order to acquire a competitive edge, it is necessary to check service quality on a continuous basis. In industries such as healthcare, where patients often have minimal or no knowledge of the technical aspects of the service being provided, the importance of service quality is even more critical to ensure patient satisfaction. As a result, the functional part of the service becomes more crucial since patients assess the whole service depending on how it was delivered to them (Lockwood, 2011).

As a result, it is becoming more vital to recognise the shortcomings of the present healthcare system. In the intention of moving ahead, this study will help to assess the allocation of resources toward the development of healthcare, the previous performance of our healthcare system, the quality of service offered to patients, and the factors of consumer satisfaction in the healthcare industry.

Dimensions of service quality

The concept 'service quality' is not an independent term; it depends upon several factors related to service and service firms. The factors are grouped into five broad dimensions such as, reliability, responsiveness, assurance, empathy, and tangibility.

- Reliability is an ability to perform the promised service dependably and accurately.
- The willingness to help customers and to provide prompt service is responsiveness.
- The employees to inspire trust and confidence in their customers are assurance.
- Empathy is defined as the caring, individualized attention provides to the customers by service firms.
- Tangibility is the appearance of physical facilities, equipments, communication materials and technology.

Service quality based on expectations and perceptions of service

Expectations of the customer Expectations from customers are a point of view about service delivery that is used as a benchmark by which the performance of the service is measured. It is possible to have two sorts of client expectations when it comes to service. The degree of service that a consumer aspires to obtain from a company is referred to as the desired service. A customer's degree of expectation when they do not get the service they anticipate is referred to as "adequate service." The expectations of a consumer for a given service are established by his or her previous experiences, personal requirements, and input clues.

Customer perception

Customer perceptions are judgments about the definite service presentation. The determinants of customer perception are, service encounters, the evidence of service, reputation or image, price, perceived value.

Perceived Service Quality

The difference between expectation of service and perception of service is perceived Service Quality Service

$$\text{Quality} = \text{Perception} - \text{Expectation}$$

It is possible that the anticipated service and the observed service will not be the same from time to time, resulting in a gap. It was created in 1985 that the service quality model, often known as the 'GAP model,' identified five 'gaps' that resulted in failure delivery. Customers often compare the service they 'experience' with the service they 'expect' when evaluating a product or service.

Measurement of Service quality

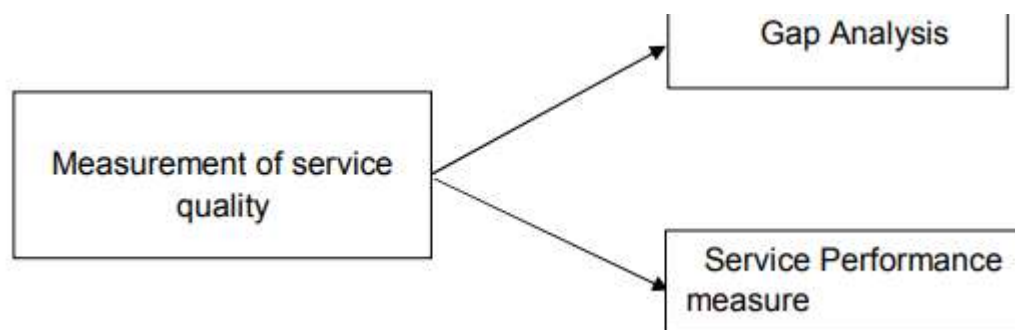


Fig.1 Measurement of Service quality

There are mainly two methods for measuring service quality viz,

Gap analysis Service

Performance measures

HOSPITAL ENVIRONMENT

The third component of the American Hospital Association's patient satisfaction strategy is the hospital's physical environment, sometimes known as the physical environment of a hospital. Noise levels, patient and pain management, and environmental elements that restrict or facilitate communication are all important

considerations in the hospital setting. Patient happiness is influenced by a variety of variables, one of which is the hospital environment.

OBJECTIVE OF THE STUDY

1. To demonstrate the relationship between service quality, patient happiness, and the environment of the medical clinic.
2. To provide recommendations on how to improve patient satisfaction by implementing new regulations.

REVIEW OF LITERATURE

Jun and colleagues (2018) discovered that both patients and health-care providers, namely physicians and administrators, agreed on the importance of such healthcare service quality dimensions as "tangibles, reliability, communication, competence, understanding the customer," "access," and "collaboration" in their research. Taking a look at our list of healthcare service quality dimensions, we can deduce that they correlate to the tangible and professional skills dimensions under the technical category, and the interaction dimension within the functional category, respectively. Furthermore, this research (Jun et al., 2018) confirmed the previously indicated fact that doctors consider the technical category of healthcare service quality to be more significant, but people are more concerned with the functional category of healthcare service quality. The researchers found that during conversation, doctors tend to be more concerned with identifying a problem and selecting an appropriate treatment option rather than being too concerned with "being "nice" to patients" (Jun et al., 2019) also noted that doctors placed a high value on competencies and patient outcomes, which might allude to professional skills and health care outcome quality factors within our list of dimensions.

Health service providers regarded quality as "the junction of the human and technological dimensions of healthcare," according to the findings of Hudelson et al. (2016). Once again, we can see that doctors place a strong emphasis on the technical area of healthcare service quality.

Cronin and Taylor (2017) define service quality as a sort of disposition that addresses a problem that has been present in general assessment for quite some time. According to Lewis and Booms, one kind of important value derived from analysing the imparted quality and the degree of patient anticipation is the service quality perceived by the patients themselves. Service quality, according to Parasuraman and colleagues, is "an aspect of the differences between expectation and performance throughout the quality metrics." According to Roest and Pieters' concept, service quality is defined as a relativistic and psychological discrepancy between experience-based norms and performances in terms of service advantages.

Service quality, according to Berry et al. (2018), is defined as "conformance to patient details." As defined by Zeithaml et al. (2017), service quality is defined as the extent to which a service meets or exceeds the expectations of its users, and it is determined by patients rather than by associations. Customer service quality may be defined as "the difference between patients' expectations for service performance before to the service experience and their views of the service received," according to Asubonteng et al. According to Gefan, it is a link established by patients between the quality of services they need and the quality of services they get from the service provider.

As stated by Wu S-I and colleagues (2016), the service quality perceived by patients has recently been emphasised by a large number of advertising in the service industry. Given the immateriality, die capacity, and strong patient support in things offered by the service business, these characteristics have resulted in service quality perceived by patients being a critical component in determining the economic activity of a venture in the service industry.

Gronroos (2019) The "Nordic" point of view, which classifies the components of service quality in global terms as consisting of practical and specialised quality, is one of the most widely held. Functional quality is concerned with the manner in which the service is delivered; that is, it describes patients' views of the connections that occur throughout the delivery of the service. Specialized quality reflects the outcome of the service act, and the patient will undoubtedly benefit from the service experience. The second point of view is the "American" point of view. Based on the terminology used to describe service experience features (such as dependability, responsiveness, sympathy, confirmations, and impacts), Parasuraman, Zeithaml and Berr conceptualise service quality as the gap between the typical degree of service and the level of care received by patients.

Patient satisfaction, according to Linder-Pelz (2012), is defined as an evaluation of unambiguous healthcare metrics. In his proposal, Donabedian (2015) states that "patient satisfaction can be seen as one of the needed outcomes of treatment... data about patient satisfaction needs to be as important for assessments of quality as data about plan and board of medical services frameworks."

Patient perceptions of the service quality provided by a healthcare association, according to Andaleeb (2017), help patients to make decisions about which healthcare office to use, whether it is a public or private clinic, and patients benefit from using this office as a proportion of their last other option when it comes to taking care of business. According to Boulding et al., there are two main conceptualizations of patient pleasure: "combined satisfaction" and "exchange explicit satisfaction," with Yi and La (2004) defining combined satisfaction as "exchange explicit satisfaction." Cumulative satisfaction is defined as the overall patient's evaluation of the usage experience and exchanges explicit satisfaction refers to the evaluation of patients' answers and experiences related to distinct service experiences, respectively.

The authors of Lee et al. (2015) state that patient satisfaction is concerned with how well medical services meet the needs of patients. Furthermore, patient satisfaction is a fundamental metric for the medical service business. Medical care providers must be aware of their patients' expectations and make every effort to satisfy those expectations. According to Kotler and Armstrong, satisfaction is a person's tendency toward disappointment or delight that arises as a result of a link between expectations about the performance of an item or service and actual performance.

Andaleeb (2018) recommends that if patient correspondence is acceptable, which includes information from the service provider to the patient on the type of care the individual will receive, thereby easing vagueness and increasing their responsiveness and sympathy about what is in store, and then patient satisfaction will be higher, according to the authors. Other important patient satisfaction factors were identified by Woodside et al. (2016), including: admissions, discharge, nursing care, food, housekeeping, and technical services, among others. NF Courts of Justice (1996) Patients will, in general, be more sceptical of attitudinal aspects of treatment than they would be of specialist aspects of care. Patients' satisfaction with general professional services in England was measured by Grogan et al (2017) using a 46-item poll that included explicit viewpoints such as specialists (20-item), access (8-item), medical caretakers (4-item), arrangements (4-item), and offices (4-item) of general professional services.

For example, according to the examples of Andaleeb and Tucker (2016), communication is defined as the extent to which the patient is maintained informed via plain language, manages the cost of social cooperation and time during interview, and provides mental and non-specialized information.

Ali SS and colleagues (2018) Patient satisfaction in specific elements of services, to be specific, the substantial component of parking spots," sympathy measurement of "Specialists reaction to patient solicitation," confirmation measurement of "reliance on Doctor/Nurse," and responsiveness measurement of "representatives consistently convey genuinely" on emergency clinic matters, were the highest ranked. It was found that while patients were more satisfied with nursing care, there was no significant difference in the apparent satisfaction of patients with the quality of services provided by doctors and attendants, nor did the quality of the medical clinic climate change in either public or private emergency departments according to Al-Neyadi HS et.al.

Patient satisfaction, according to Kumar et al. (2019), is fundamentally associated with eight components, including medical consideration, staff conduct, facilities, welfare angle, doctors' conduct, administrative strategy, operational office, and cleanliness. However, patient satisfaction is most entirely associated with medical consideration and staff conduct, demonstrating their importance in the setting of clinic services, and least essentially associated with government.

The paper by Iyer et al. (2015) discusses the potentially dangerous influence that a dissatisfied patient might have on the patient's consideration. According to the report, people who are happy are more forthcoming with their medical information than those who are dissatisfied. The findings of an examination of patient perceptions of service quality at the South Georgia Medical Center, using a SERVQUAL scale, are presented in this article. The SERVQUAL scale measures dependability, responsiveness, sympathy, impacts, and affirmation, in addition to trust. The author discusses the importance of evaluating patient trust in addition to patient satisfaction when calculating patient trust. The implications of this research for healthcare marketing are considered, and the author concludes that trust is the most important component of patient happiness.

Duggirala and colleagues (2018) identified the components of total quality service (TQS) as seen by the patient in the healthcare setting. It is also investigated if or whether the aspects of patient saw TQS have an impact on patient satisfaction. A poll has been prepared in light of the results of the audit of writing in service quality and the replies to the pilot review among patients who have just been discharged from the medical clinic. The psychometric qualities of the instrument that was developed as a result of this process have been investigated using trials of uncompromising quality and validity. In order to determine the impact of the components of patient-saw quality on patient satisfaction, a large number of relapse investigations have been conducted. The outcome of the investigation includes seven obvious components of patient saw TQS, as well as the links that exist between them. It has been discovered that there are both positive and negative relationships between the metrics and patient satisfaction.

Abd Manaf et al. (2019) conducted an inquiry to provide an exact study on patient satisfaction as a marker of service quality in Malaysian medical clinics, which was published in the Journal of Medical Quality. Two sets of self-directed polls were presented to patients (one set for inpatients and another set for outpatients), both of which were administered with the use of accommodation testing. A total of 23 medical clinics were selected at the state and municipal levels. There were two aspects of service quality that emerged, namely clinical and real features of care delivery. According to the findings of the research, both outpatients and inpatients were more satisfied with clinical components of service than

they were with actual measurement. They were pleased with the services of experts and attendants when it came to clinical components of services; nevertheless, when it came to real aspects of services, patients were pleased with the cleanliness of the offices.

Healthcare service quality, according to Donabedian (2015), is defined as "the use of medical research and innovation in a manner that maximises its benefit to health while simultaneously minimising its risk." The evaluation of reformist and deterrent measures was included in this examination, whereas the definition used by Leebov et al. emphasised the evaluation of risk-reducing measures: "making the best decision and making consistent upgrades, obtaining the most ideal clinical result, satisfying all patients, maintaining talented staff, and maintaining sound monetary performance." These criteria emphasise that healthcare service quality is given in order to meet patient expectations and requirements, as well as to further enhance treatment by skilled and knowledgeable experts. In any case, the quality of healthcare services is difficult to characterise and assess because it is dependent on the type of treatment, the perception of patients, and communications between patients and suppliers, as well as the attributes of care service and the moral culture of the emergency department.

H. Kaul, S. Gupta, and V. Jauhari (2018) identified availability, viability, improvement of care quality, and advancement as factors influencing the quality of healthcare services. As Donabedian highlighted, there are a number of quality evaluations that are feasible, adequate, proficient (including authenticity), optimum (including optimality), worthy (including value), and valuable. Even though both Myers and Donabedian emphasised productivity and sufficiency as estimate factors, Donabedian also connected value and viability to the patient consideration experience as additional factors. These analyses tend to emphasise the importance of patient-arranged medical services as opposed to the traditional healthcare-place-centered approach. With this pattern, we may handle the shift in healthcare service from the 1980s concept, which placed emphasis on proficiency, sufficiency, and unbiased treatment of patients. This shift in the focus of healthcare service evaluation from the expert to the patient prompted healthcare suppliers to be accountable for educating patients as opposed to guiding patients, hence increasing the significance of the quality consideration experience/service in general. When Myers and Donabedian's investigations were built up, Vuori introduced the investigation things of feasibility, effectiveness, and amplex to the mix, and he added to the rundown by assessing quality enhancements of logical specialised skill as properties of quality estimations, Vuori completed the picture.

Parasuraman and colleagues (2019) proposed five measures: effects, which are the external factors such as the actual office, hardware, and representatives' appearance; dependability, which is the factor of guarantee to the patient; responsiveness, which is the demeanour of medical specialists who attend, care, and provide quick assistance to the patient; affirmation, which is the trust and confidence the patient has in the workers' capacity, capability, and mentality; and finally, sympathy, which is the condescending attitude toward the patient. Because of its depth and practical usefulness, this investigation is known as the SERVQUAL (service quality) model, and it is one of the most often used models to assess quality in service areas due to its widespread application.

CONCLUSION

The study elaborately measured service quality, patient satisfaction & hospital environment, The identified six factors that influenced the service quality of the selected teaching hospital were Staff Conduct (SC), Service Availability (SA), Admission (AD), Discharge (DIS), Overall Service (OS), and Facilities Available (FA) (FA). Perception of service quality was shown to be greater among male patients, professionals, those

aged between 44-49 years & patients from general ward. There was a substantial association between service quality and patient satisfaction. Hospital atmosphere was scored good by practically all the respondents in various categories. It may be stated from the data that there was a strong association between service quality, patient satisfaction & hospital atmosphere.

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