Measurement of Service Quality Perception and Customer Satisfaction: A Review through SERVQUAL 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 planned model contains 10 dimensions and is based on accessible literature in healthcare services; and helps in improving our awareness to recognize the mechanism that are vital and can sway quality. Moreover, this research will improve our understanding of service quality and assists practitioners such that they are meet in their daily operations.*

Key Words: Conceptual Framework, Customer Satisfaction, Service Quality.

1. INTRODUCTION

Healthcare is a uncommon service that people need but do not inevitably want but, surprisingly healthcare is the highest growing service in both urbanized and emergent countries. 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 ; and the curiosity in the amount of service quality is plausible high in totalling to the rescue of higher levels of a service quality strategy being suggested as decisive to service providers' hard work in positioning themselves more effectively in the marketplace . Service eminence has been exposed as a key factor to investigate for sustainable viable advantage, delineation and superiority in the service sector. Moreover, it has been documented as decidedly important for fulfilling and retaining customers. In view of that the two questions firstly, 'What is professed service quality? And secondly, 'How ought to service superiority be measured?' encompass been debated by academicians over the last three decades and is of paramount interest. In addition, the enduring debate on the determinants of service quality and concern as 'Is there a worldwide set of determinants that establish the service quality transversely a section of services? Furthermore, there is apprehension for the credentials of determinants of service quality. In a consumer-oriented culture where healthcare delivery is patient-led and commoditized, the patient should be the intermediary of the quality of healthcare. 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 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. Accordingly indulgence in service quality assists practitioners to convene the necessities in their daily operation.

2. 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" ; or the difference between expected service and perceived service ; whereas satisfaction is defined as defined as an evaluative, affective, or emotional response . As a result the customers can appraise the item only after they understand the item. Consequently, satisfaction is the post-purchase estimate of products or services specified in expectations before purchase. Even though, the researchers have established that service quality (SvQ) and customer satisfaction (CoS) are two diverse construct; differentiating them vestiges a challenge. Presently there have been repetitive calls for delve into the liaison between the two constructs customer satisfaction and service quality. Whereas there are other antecedents to customer satisfaction, explicitly, price, circumstances, and individuality of the buyer , service quality receive exceptional consideration from the service marketers for the reason that it is contained by the command of the service provider, and by improving service quality, its outcome customer satisfaction could be improved, which may in turn persuade the buyer's objective to purchase the service. In view of that service quality may perhaps be viewed as the sum total relations picture book, whilst customer satisfaction is presently one shot.

3. FRAMEWORK OF MEASURING HOSPITAL SERVICE QUALITY

Several conceptual models have been developed by different researchers for measuring service quality. Sequentially to gauge the magnitude of service quality, the most accepted appraise is SERVQUAL. Service quality is dissimilarity amid consumer prospect of 'what they want' and their perception of 'what they

get.' The researchers who levelled 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 . For the duration of the era 1984-2003, at hand been report nineteen conceptual service quality models and each model is envoy of diverse point of revelation about services . Regardless of an widespread body of literature on healthcare superiority determinants, it might be believed that at this time, few tools exist for assessing and managing healthcare quality. Thus the present study tries to addresses this gap in the literature and designs a new contrivance for assessing the patient apparent service quality in healthcare. In the present development of the questionnaire item we have adopted as recommended by 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. Mark Easterby-Smith, Thorpe Richard and Lowe Andy, (2002), Management research: an introduction ATATES "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. Base on a broad appraisal of literature on service superiority, the decisive scope of patient professed hospital service quality encompass been acknowledged. Accordingly, a tool measuring the patient's outlook of health care superiority has been developed encompass of ten dimensions. The dimensions of patient professed Hospital Service eminence (HSE) are:

A. Physical milieu and Infrastructure

B. Personnel Superiority

C. Image

D. Fidelity

E. Shoring

F. Procedure of Clinical Care

G. Communication

H. Affiliation

I. Personalization

J. Organizational Procedures

A. Physical milieu 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 artificial material environment prevalently known as 'servicescapes' . Further it includes the cleanliness, availability of services, visually appealing into SERVQUAL model as tangibles. Tangibles have also been considered by various other researchers such as E. Anderson, "Measuring service quality in a University health clinic", International Journal of Health Care Quality Assurance, vol.8, no.2, pp 32-37, 1995.& T. Taner and J. Antony, "Comparing public and private hospital care service quality in Turkey", Leadership in Health Services, vol. 19, no.2, pp. i-x, 2006 [34] and [35]; others have used terms as 'physical environment' As cited by H. Arasli, E.E. Haktan, K.S. Turan, "Gearing service quality into public and private hospitals in small islands Empirical evidence from Cyprus", International Journal of Health Care Quality Assurance, vol. 21, no. 1, pp. 8-23, 2008 'physical environment and infrastructure' :'physical surroundings' [38] and 'pleasantness of surroundings' to denote the physical facilities and ambience.

B. Personnel Superiority

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. 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', 'Human aspect'. Three of five factors affecting service quality perception of hospitals were related to interactions with doctors or other staff.

C. Image

Business superiority includes image and reputation. The task of image in conceptualization of service quality and is emphasized it as a filter. Image reflects consumers' professed association amid physician and hospital. Therefore it confine availability of first-rate doctors, repute of the hospital, integrity and principles followed in providing medical services cost of care.

D. Fidelity

The Fidelity is measured by the sense of well-being patient feels and influences his confidence on the hospital; or ability to provide service as promised is considered to be necessary aspect of service delivery. Other researcher have documented as 'dependability'. This dimension deals on condition that medical treatment to all sections of society, maintaining privacy and confidentiality of patient.

E. Shoring

Shoring is deliberate by the level of involvement to society in terms of free medical services to deprive. Researchers have termed and included social responsibility in their study

F. Procedure 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' ; 'process characteristics' ; 'Clinical quality' ; 'Health care delivery' 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 communication such as physician-patient, communication with family members and communication between doctors are been identified as important. 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.

H. Affiliation

Affiliation refers to the closeness and strength of relationship developed between the provider and a customer. Affiliation includes interpersonally close interactions in which trust or mutual liking exist. These elements embrace level of alliance developed with doctors, nurses and staff. The dimension has been used by researcher.

I. Personalization

Personalization refers to customization and individualized attention. 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; 'service personalization'.

J. Organizational Procedures

Organizational 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' ; 'administrative services offered' ; 'administrative quality' ; 'accessibility' ; whereas researchers have considered admission, discharge (which is a part of administrative procedure) .

3. CONCLUSIONS

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 qualms, healthcare organizations have to be reprogrammed and transformed, repositioning themselves for the future. As a consequence our questionnaire is an endeavor to rethink and renew the dimensions which are persuading service quality. Although it is argued that reality is there to be considered, incarcerate and tacit, it can never be fully apprehended; only approximated. Thus the future studies need to adopt triangulation – 'use of several diverse research method to experiment the same finding' to avow the anticipated conceptual framework.

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