CHAPTER - 2

REVIEW OF LITERATURE

The chapter contains the review of related literatures which formed the background of this research study. The reviews are presented under two board sections. The first section is containing reviews relating to SERVQUAL. The second section has reviews which are related to patient satisfaction.

In the era of competition, the key issue in all sorts of industry as well as service sector is the delivery of quality output. Health care sector is not an exception to this. Quality is such an important issue that it is considered a really significant concept in our real life. It is regarded as a strategic organizational weapon. And the pressing need of developing service organizations and upgrading their services necessitates the measuring of service quality [115]. As a result of economic changes throughout history, the concept of 'quality' has changed. 'Quality' comes from the Latin word 'Qualitas', which refers to the nature of a person or the nature of an object. In the past Quality meant accuracy and perfection [116]. According to Ranajit and Anirban (2011), in the service sector, the health care industry, one of India’s largest sectors in terms of revenue and employment, is growing rapidly [117]. In India, the service quality of healthcare is miserable and in general, the health outcome is far from satisfactory [118]. Therefore, government of India has adopted a policy of health care reform having two basic objectives to achieve health securities for all and to provide quality health facilities for all within every district in India [119]. In the health care sector, customer satisfaction is also an important issue as in other service sectors [120]. A health care organization can achieve patient satisfaction by providing quality services; keeping in view patients’ expectation and continuous improvement in the health care service [121].

Literature survey point out that in a competitive environment, customer satisfaction and perceived service quality needs are to be considered together for the stability of a health care organization. Researchers have suggested different models
and methods of measuring patients’ satisfaction considering service quality as one of the antecedents. Different literature established that SERVQUAL is a popular model for measuring service quality where as some other researchers pointed out its draw backs [122]. Although many limitations of SERVQUAL approach have been identified by different researchers, the same instrument is still considered as the most appropriate and is applied in different health care organization for measuring service quality and patients’ satisfaction.

2.1 SERVQUAL

Quality is the keyword for survival of organizations in the global economy. Organizations are undergoing a shift from a production-led philosophy to a customer-focused approach. Competitiveness of a firm in the post-liberalized era is determined by the way it delivers customer service [123]. Service quality is a concept that has aroused considerable interest and debate in the research literature because of the difficulties in both defining it and measuring it with no overall consensus emerging on either [124]. There are a number of different "definitions" as to what is meant by service quality. One that is commonly used defines service quality as the extent to which a service meets customers’ needs or expectations [125, 126]. Service quality can thus be defined as the difference between customer expectations of service and perceived service.

Augustine and Atarah (2014) study was conducted at Sunyani Regional Hospital in Ghana to assess patients’ satisfaction using SERVQUAL model. Simple random technique was adopted and a total of three hundred and forty-five patients participated in the research. The study clearly states that reliability played a vital role considering the different aspects of service quality. Thus it was suggested that management should consider various ways to render prompt and timely services to patients [127].

Irene Aikins, Kumasi Mariam and Ahmed Bechem (2014) research was to investigate the reason for client choice for a healthcare in Bechem Government Hospital and Green Hill Hospital, Ghana. It was found out that the private hospital was rated better in terms of the reliability, responsiveness, empathy and tangibility as
compared to Bechem Government Hospital. These means that management of Bechem Government Hospital need to improve more on these factors. Again, on the factors that affect quality healthcare delivery the private hospital was ranked higher than the public hospital (Bechem Government Hospital) [128].

Phung Tan Le (2014) performed a surveys on patient satisfaction and staff satisfaction at the provincial hospital. A systematic random sample of 1,000 patients and the total staff at the provincial hospital were chosen for the main surveys. An additional survey on hospital indicators was conducted among 291 hospital managers from nine public hospitals in the province. Reliability, assurance, responsiveness and empathy dimensions of service quality emerged as an important dimensions [129].

Hina Mukhtar, Dr. Aamir Saeed and Ghalib Ata (2013) conducted a study in Punjab Hospital, Lahore with a sample size of 105 patients. The results showed that the overall performance of the hospital was average and there was a little gap in patients’ expectations with the hospital services and their perceptions. However, negative gaps were found in areas of responsiveness [130].

Raja Irfan Sabir, Nabila Noor, Wasim Ahmad, Farhan Qaisar, Hussnain Kamil and Naima Khurshid (2013) conducted a study with 300 patients, in five cities of Pakistan i.e. Lahore, Rawalpindi, Kohat, Okara & Sahiwal. The study revealed that the management of government and private hospitals should take steps to improve their tangibility dimensions and communication system [131].

Ranajit Chakraborty and Anirban Majumdar (2103) conducted a survey with hundred physician and surgeons in selected hospitals across Kolkata. The purpose of the study was to measure the association between the NABH standards and SERVQUAL parameters and to find out the relevance of SERVQUAL parameters in Indian context. And it was established that application of SERVQUAL parameters for measuring patient satisfaction is quite relevant in Indian context [132].

Victor Lorin Purcarea, Iuliana Raluca Gheorghea and Consuela Madalinea Petrescub (2013) studied to explore the application of the original SERVQUAL scale in the context of public health care services in Romania. Around 208 respondent
participated in the survey. It was suggested that marketing managers should invest as
soon as possible in equipment and technology as tangibles dimension reflected a
negative impact in the minds of the respondents [133].

Amal and Adel (2012) states that level of expectation about service quality is
much higher to the actual or perceived quality levels among patients, assessing the
Jordanian University Hospital, and Al-Bashir hospital in the city of Amman. It was
stated that the management of these hospitals meet the promises towards patients as
far as possible and consciously designed effective solutions to solve all patients’
problems, thereby ensuring quality delivery of service [134].

Asghar, Mohammad, Abbasi and Arashand Mahmoud (2012) conducted a
research among 983 patients randomly selected from 8 private general hospitals in
Iran. In the study the patients of private hospitals in Iran defined the quality of
services in three dimensions: tangibility, reliability and empathy. The study
highlighted the lowest score for expectation and perception for the empathy
dimension. The researchers had given a strong recommendation that the relationship
between the patients, hospital personnel and practitioners need to be strengthened so
as to make the service responsive, credible and empathetic while dealing with the
patients [135].

Irfan, S. M., Aamir Ijaz and M.M. Farooq (2012) conducted a study with 369
respondents from the public hospitals located in Lahore, Pakistan. The service
quality construct studied did not have a significant impact on patients’ satisfaction
except for the dimension of assurance [136].

Maria (2012) compared the convenience of care process and the expected
quality of doctors in 3 hospitals at Bangkok and found that there is positive
relationship between expected service quality and reliability and empathy dimensions
[137].

Kavitha, R., (2012) conducted a study in two hospitals such as Mohan
Kumaramangalam Hospital (public) and Sri Gokulam Hospital (private), Tamil Nadu
with a sample of 400 in-patients (each having 200 samples). The level of satisfaction
associated with two hospitals reveals that the satisfaction varies from the private hospital to the public sector hospital. The study also indicated that in case of private hospital all dimensions such as Reliability, Responsiveness, Assurance, and Empathy except Tangibles dimension was satisfactory. Therefore, it can be concluded that the patients in the private hospital are fully satisfied with the service quality [138].

Serkan Altuntasa, Turkay Derelib and Mustafa Kemal Yılmazc (2012) conducted a study in randomly selected four hospitals at Istanbul; Turkey with the sample of 281 outpatients totally. The findings from the study indicate that there is a significant difference among different hospital classes regarding the perceived service quality. Also according to the patients, the most important service quality dimensions were assurance and empathy [139].

Wathek S Ramez (2012) studied with a sample of 235 patients of hospitals and medical centers in Manama, the capital of Bahrain. Where reliability, responsiveness and assurance and the majority of empathy dimension were having a high positive impact in influencing the patient satisfaction followed by the tangible dimension. Also it was found out that Responsiveness, empathy and tangible dimensions had the largest influence on the overall service quality [140].

Zahida Abro and Dr. Amanat Ali Jalbani (2012) conducted a study with 135 patients admitted in ten wards of Civil Hospital, Karachi. It was observed that SERVQUAL dimensions different in the opinion of the patients towards the satisfaction of the facilities with respect to Civil Hospital. As the mean values of empathy and assurance were higher as compared to others, it was find out that patients were more satisfied with the individual attention paid to them by the hospital staff and assurance [141].

Abhijit Chakravarty (2011) conducted a study with 50 patients of AFMC, Pune. Service quality gaps were identified to exist across all the five dimensions of the survey instrument, with significant gaps across the dimensions of ‘tangibles’ and ‘responsiveness’ [142].
Boadu Francis (2011) conducted a study at the Juaben Government Hospital, Ghana with a sample size of 150. The study indicated that patients were highly satisfied with dimensions such as tangibility and reliability, whereas were dissatisfied with the responsiveness dimensions [143].

Desai V V (2011) conducted a study at five general hospitals located in Kolhapur city at five different areas with a small size of 50 patients. The findings of the study indicated that patients were dissatisfied with tangible dimensions include seating arrangements for outpatient relatives and patients, conditions of bed for admitted patient, electricity and drinking water facility. The responsiveness dimension marked a low level of satisfaction by the patients, which includes courtesy, how much busy they are, personal attention, promptness in service [144].

Irfan, S. M., and A Ijaz (2011) have compared the quality of healthcare services delivered by the public and private hospitals to gain satisfaction in Pakistan. Totally 320 responses were recorded for analysis. The results indicated that service quality constructs representing private hospitals were higher than public hospitals. However assurance dimension among public hospitals was higher than private hospitals [145].

Jennt (2011) studied the relationship between service quality and customer satisfaction in 3 hospitals of ICA, Forex and Umea University. The result showed that: responsiveness, empathy and reliability were significantly related to service quality. While reliability and empathy were significantly related to customer satisfaction, responsiveness was not significantly related to customer satisfaction. Service quality was significantly related to customer satisfaction [146].

Kishma (2011) said that among the patients’ group of Joseph N France General Hospital, St. Kitts and Nevis, assurance and empathy dimension were the most influencing dimensions of service quality [147].

Laila Ashrajun and Mohammad Jasim Uddin (2011) conducted a study with 190 in-patients and it revealed that assurance dimension emerged as an important aspect in the provision of health care services [148].
Laith Alrubaiiee and Feras Alkaa’ida (2011) studied with 330 inpatients at Amman – Jordan. The study indicated that all five dimensions of healthcare quality were significant in explaining patient satisfaction. Moreover, responsiveness, assurance, empathy and satisfaction were also significant in explaining patient trust. It also indicated that patient of private hospitals were more satisfied and feel more trust in healthcare service provider than public hospitals [149].

Mahazril Aini Yaacob (2011) conducted a study at Hospital Sultan Abdul Halim (HSAH) Sungai Petani, Kedah. A total of 75 out-patients were chosen for the study. The findings revealed that positive relationship between tangibility and responsiveness on patients’ satisfaction existed [150].

Michael Guiry and David G. Vequist (2011) conducted a study with U.S. residents, who had engaged in medical tourism. Around 219 respondents were taken in for the study. The results imply that medical tourism providers focus on improving service quality, particularly in the areas of reliability (i.e., billing accuracy, employee sympathy and reassurance, and providing services at the time promised) and assurance (i.e., employee knowledge, employees receiving adequate support from the health care facility to do their jobs well, feeling safe when interacting with employees, and employee politeness), were the two most important dimensions of service quality [151].

Rizwan Ahmed and Hina Samreen (2011) conducted a study with a sample size of 252 patients visiting three selected hospitals in Karachi. The study revealed that there existed a gap in perceptions and expectations of the patients and that the there is a significant difference in patients’ satisfaction among the selected category of hospitals [152].

Suleiman I. Al-lawary, Saad Abdullah Alghanium and Ayat M Mohamad (2011) studied the quality level of healthcare service provided by King Abdullah Educational Hospital. The sample size was 285 and the study revealed presence of high quality level of health service. The findings of the study recommended that an increase of co-ordination between physicians or Lab technicians at the hospital order to enhance the quality of service provided to patients [153].