A Proposed Framework for Service Quality Dimensions in Health Sector with Special Reference to Jammu and Kashmir

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Abstract

With the increase in competition and purchasing power of customers, efforts are being made to attract customers/patients by providing quality service in hospitals. In order to assess the quality parameters of hospitals, a suitable literature review was done in order to propose a framework for such a study in the hospitals of Jammu and Kashmir State. The scope of the study may be enormous as hardly any research has been carried out in Jammu and Kashmir with regard to this perspective. With this perspective in mind, the main objective of the paper is to explore the service quality dimensions from the patient's point of view.

I. INTRODUCTION

In today's dynamic market, the service managers and academic researchers are putting their efforts in understanding customers' perception on quality of services and the extent to which these perceptions can affect their level of satisfaction and intentions. The same applies for Health sector [i] that has become one of India's largest sectors - both in terms of revenue and employment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. It has been predicted that with increased digital adoption, the Indian healthcare market, which is worth US$ 100 billion, will likely to grow at a CAGR[ii] of 23 per cent to US$ 280 billion by 2020 (Deloitte Touche Tohmatsu India**,** 2016)[iii].There is a significant scope for enhancement of healthcare services considering that healthcare spending as a percentage of Gross Domestic Product (GDP) is rising all along Rural India, which accounts for over 70 per cent of the population, and is set to emerge as a potential demand source. The hospital and diagnostic centers attracted Foreign Direct Investment (FDI) worth US$ 3.41 billion between April 2000 and December 2015, according to data released by Department of Industrial Policy and Promotion (DIPP[iv], 2016). India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is
about one-tenth of that in the US or Western Europe. (DIPP[v], 2016)

"Service quality reflects the extent to which a delivered level of service matches customer expectations" as per Lewis and Booms. In contrast to this Abdullah (1995) stated that since service is performance based, companies must continuously measure and monitor performance to determine their standpoint in relation to customers' expectations and perceptions of their companies. Molinari et al (2008) further argued that it is equally pertinent for business providers to identify customer's needs and wants, and subsequently develop effective strategies to enhance its customer level of satisfaction. These providers can improve their service performance if they are able to identify their services that have not been fully satisfying for the customers. Technological advances, social trends, and globalization bring drastic changes to healthcare industry. Thus, most of the patients do not concede traditional methods, including one-size-fits-all and trial-and-error approaches. Patients, from now on, expect medical treatment and services to be tailored to their individual needs at affordable costs. This means a way forward towards customization of services.

II. LITERATURE REVIEW

As mentioned earlier, there is hardly any work done in the area of service quality in health sector. However, there are researchers like Parasuraman, Carman, lehitinen, Babakus, Reidenbach and Smallwood etc who have contributed the field. Parasuraman conceptualized the idea of service quality based on disconfirmation paradigm and proposes that service quality is the discrepancy between perceived and expected services. He developed SERVQUAL model consisting of five dimensions: reliability, tangibles, responsiveness, assurance and empathy. Vandamme and leunis (1993) developed a scale to measure service quality provided by hospitals from patient's point of view in general. They conclude that tangibles, medical responsiveness, assurance, nursing staff quality and

personal beliefs and values are important dimensions of service quality. Factor analysis by Andleeb (1998) puts forth that communication; cost, facility and competence are the key dimensions of service quality. Several other authors have used SERVQUAL model for measuring service quality in different sectors. SERVQUAL model has been used in other sectors as well. For instance Al-Hawari (2008) found tangibles and empathy are the two important dimensions in banking sector. Responsiveness and knowledge are important dimensions in hotel sector. Reidenbach and Smallwood (1990) conduct factor analysis and operationalized service quality in terms of treatment quality, support services, patient confidence, physical appearance, waiting time and empathy. Several other researchers developed their own models to conceptualize service quality in hospital services. Carman (2000) has identified two components in hospital sector viz. technical and interpersonal aspect. Nursing care, outcome, and physical care constitute technical aspect while as food, noise; cleanliness and parking are parts of interpersonal aspect. Hasin et al found that communication, responsiveness, courtesy, cost and cleanliness are the components of service quality in hospitals. Tucker and Adams (2001) have taken caring, empathy, reliability and responsiveness as dimensions in US hospitals. For Boshoff and Gray (2004) communication, tangibles, empathy, assurance, responsiveness are the dimensions in hospital sector. Rose et al (2004) found that patient education, cost, outcome of the care, access time, amenities and social support as important dimensions of service quality. Otany and Kurtz (2004) in their study on hospital service services found admission process, physician care, nursing care, compassion to family, pleasantness of surroundings as key dimensions of service quality. Mayuri et al(2007) proposed that health care service quality dimensions consists of 7 elements namely infrastructure ,nursing care, administrative procedures, safety indicators, personnel quality, experience of medical care and social responsibility.

However SERVQUAL model has been subjected to a lot of criticisms by many researchers on various issues. One of the main criticisms is its inappropriateness as a generic measure for all service settings. Service quality is contingent upon service type (Babakus and Mangold, 1992). Carman (1990) has used 14 additional items and dropped 13 of the original items in the factor analysis stage of his four industry investigation. Brown, Churchill and Peter (1993) have opined that the existing SERVQUAL items do not fully incorporate the service quality dimensions of the banking industry. Similarly, Dabholkar, Thorpe and Rentz's (1996) while studying the retail industry, concluded that a single measure of service quality is inapplicable across diverse industries. These studies showed that it is relatively difficult to adapt the SERVQUAL instrument across service industries and suggest the use of industry-specific measures of service quality. The replication studies by other investigators have failed to support the five dimensional factor structure obtained by Parasuraman et al. (1988). For example, Gronroos (1982) conceptualized service quality as a two dimensional construct comprising technical and functional quality. On the other hand, Lehtinen and Lehtinen (1982), have defined service quality as three constructs: interactive, physical and corporate quality. McDougall and Levesque's (9194) study also do not coincide with Parasuraman et al.'s (1985) five service quality dimensions. They reveal only three underlying elements: tangibles, contractual performance (outcome), and customer-employee relationships (process). Moreover, research indicates the possibility of two public utility sector dimensions (Babakus and Boller, 1992) and up to nine (Carman, 1990) in a dental school patient clinic, business school placement centre, motor car tyre centre and acute care hospital which underpin service quality, as some service quality determinants are perceived generically while others are industry or situation-specific, Babakus and Mangold (1992) argue that SERVQUAL's dimensional instability results from the type of service sector under investigation. Moreover they argued that measures designed for specific industries are more appropriate than using a generic one. However, it is different in a hotel sector, to which responsiveness and knowledge are the main indicators that lead to customer satisfaction (Olorunniwo et al., 2006). In addition, Chowdary and Prakash (2007) also found that customers' perceived importance of service quality vary across different service categories. As such, it can be said that different dimensions of service quality cater to both the industry and service categories.

As per data revealed in National Sample Survey Report (71st round) quoted in Health and Family Welfare Statistics of 2015 by MoHFW, GoI. It was stated that the cost incurred for hospitalization for a single childbirth at a private hospital in Kashmir's rural private nursing home is Rs. 23,750 on an average which is less than only two states that is Tamil Nadu and Goa. In other states, the medical costs per childbirth at a private hospital are much lower than the prevalent rates in J&K. In states like Delhi and Gujarat, the cost of delivery at a private nursing home is less than Rs. 8000. In Chhattisgarh, Jharkhand and Himachal Pradesh, it is around Rs. 10,000. In Andhra Pradesh, Assam and Bihar also, the costs are between Rs. 13,000 and Rs. 16,000.

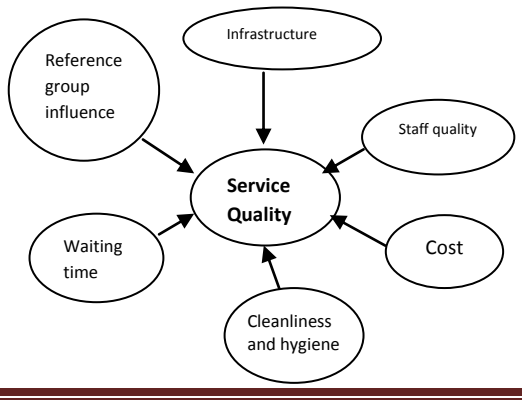
In J&K urban private hospitals, the cost per childbirth on an average is Rs. 14,778. In Delhi, Assam, Goa and Tamil Nadu, childbirth in an urban private

hospital would cost money in the tune of Rs. 30,000. The statistics clearly indicate that private healthcare in rural Kashmir for childbirth is one of the costliest in India. On the other side on 6 Nov 2015 J&K Health minister bagged first position in India Today Group's survey for best managed States for healthcare in the country. He gave credit to the efficient Staff.

Kashmir has now become prone to chronic disorders like hypertension, cancers, diabetes etc. The main reason being the eating habits, way of living and above all the political turmoil since 1990.This demands a better health care with all the necessary facilities like skilled staff, affordable costs, timely service, and well equipped technology so as to overcome all these health hazards and pave the way towards the healthy State. But looking at the current situation the health care in J&K both public and private health sector has a shabby look and lacks the modern technology in almost all the sector specialization. That is why we see that most of the patients involved in various health ailments have to go to the other states for getting the concerned health services. All this points to an urge for the better healthcare sector in the State. With this perspective in mind, the researcher feels that there should be a standardized model for the health care services in the State that would help it to compete with the other states and allow the patients to enjoy these services without moving to other states. Additional factors like cost, word of mouth, waiting time etc need to be incorporated in the model which may give a clear picture of the service quality assessment in health sector and help the sector to work for its betterment in a long run.

III. SUGGESTIVE THEORETICAL FRAMEWORK

Based on a review of literature on service quality, It has been found that the Parasuraman model has been used by many researchers in US hospitals the situation in Jammu and Kashmir is quite different where some additional variables like waiting time, cost etc need o be added because cost is the catalyst for the behavioral intentions the following critical dimensions of patient-perceived quality dimensions have been identified. The dimensions are as under.



A. Reference group Influence/Social group

As members of the human race, all human beings have the inborn instinct to interact and share their day to day experience with reference groups like family, friends etc.RGI is one of the important variables of service quality as all humans being social beings are socially bound and usually discuss their day to day experiences like shopping, services experienced in educational institutes, hostels and even in hospitals. People usually trust the experiences of others and develop their perceptions as per the experiences of others. As far as health care is concerned patients prefer to choose the hospitals with the help of reference groups like friends, peers, kins and neighbors. This creates the relevance of reference group influence in service quality assessment. Reference group influence is the oral, non-commercial communication between a patient and a communicator about a service offered for sale. It is found that service purchasers have greater confidence in personal sources of information as well as a greater pre-purchase preference for personal information sources. It has also been found that personal sources have a greater influence on purchasers of services than on purchasers of products. Thus creating a relevance of reference group influence with service quality assessment is equally important.

B. Infrastructure

Infrastructure includes the tangible features of a service delivery (including equipment, appearance of the firm/facility, availability of resources, etc). It is also referred to as man-made physical environment or "servicescapes". The facilities should not only be visually appealing but also appear hygienic, particularly in healthcare services. Likewise, Technological potential of a hospital including equipment to test and treat various ailments is a part and parcel of the hospital infrastructure. Following are the some of the sub variables of infra structure.

- Overall look and location of hospital.
- Availability of medical equipments.
- Availability of certain important diagnostic test facilities such as EEG,ECG,ULTRASOUND,CT SCAN etc.
- Availability of in time transport services like ambulance
- Adequacy of various amenities e.g. uninterrupted supply of power, water.
- Availability of required drugs in time.
- Availability of required blood in time.
- Availability of enough beds for indoor patients.
- Presence of mechanisms to solicit and record your opinions and feedback.

- Adequacy of overall security in the hospital.
- Adequate car parking facilities.

C. Staff Quality

Staff quality is one more essential dimension of health care sector. It refers to quality of all the staff involved in delivering service, vis-à-vis., doctors, nurses, paramedical and support staff, etc. The staff services are expected to be responsive, reliable, friendly, sincere and competent by the customers. So, it consists of all the interactions between service personnel and patients including moments of truth, critical incidents, service recovery, etc. Friendly and courteous staff tends to improve patients' perceptions of the hospital. Staff quality covers the 4 dimensions of SERVQUAL model which includes empathy, responsiveness, reliability and assurance

- Empathy and care shown by the hospital staff.
- Extent to which the hospital staff addressed your concerns and requirements with understanding and caring attitude.
- Competency and skill of paramedical and support staff.
- Competency and skill of nurses.
- Level of availability of doctors and nurses as and when required in your ward.
- Nursing care and responsiveness to you.
- Courtesy shown by the hospital management to visitors and attendants.
- Assistance provided to you by the staff in arranging for additional care or services.
- Punctuality of doctors while conducting ward.

D. Cost

The service costs are one of the determining factors for the satisfaction of the hospital's inpatients. Cost refers to the amount spent on the diagnostic tests, food, accommodation, drugs etc.

- Affordable cost of tests like EEG, ECG, CT SCAN, MRI, SUNOGRAPHY, ULTRASOUND etc.
- Cheap food charges.
- Affordable accommodation charges.

E. Cleanliness and Hygiene

Hygiene is one of the main determinants of service quality as the patients are highly prone to diseases due to their low immunity; unhygienic environment can lead to more complicacy. Hence good hygiene and housekeeping facilities are determinants of patient satisfaction.

- Cleanliness and comfort well-ventilated, with minimal noise level) of your wardroom and toilet.
- Timely and hygienic food supplied to wards and rooms.
- Overall hygiene and cleanliness in the hospital.
- Good housekeeping facilities.
- Infection-free environment / treatment provided by the hospital during your stay.

F. Waiting Time

So far as the time factor is concerned, it is an essential variable which has a significant impact on patient satisfaction. The minimum waiting time can lead to more patient satisfaction.

- Time taken to get appointment with the doctor.
- Adequate space for waiting in the waiting room.
- Reasonable time interval between patient arrival and consultation with the doctor is reasonable.
- Availability of entertaining equipments in the waiting room to avoid boredom.
- Waiting time for test results.

IV. CONCLUSION

In lieu of the above discussion, the researcher finds that in order to have a competitive edge in the market, it is necessary to provide the quality healthcare services to consumers because customer is the king and gaining his satisfaction is the primary motive of all the sectors vis-à-vis healthcare institutions. There are two things which a patient cannot compromise with, that is poor staff skill and high cost. Most of the patients cannot afford costly medical care despite of presence of skilled doctors in such hospitals. Hence both affordability and staff quality is mandatory for hospital managers so as to satisfy patients. Satisfaction of patients is the key point in healthcare organizations because it is one of the parameters for the success of healthcare institutions. To achieve this satisfaction, the health sectors need to assess and amend all the parameters so as to have a competitive edge in the market.

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