INTERNATIONAL JOURNAL OF RESEARCH CULTURE SOCIETY
Monthly Peer-Reviewed, Refereed, Indexed Journal
Volume - 9, Issue - 6, June - 2025
ISSN(O): 2456-6683
[Impact Factor: 9.241]
IJRCS

DOIs:10.2017/IJRCS/202506004 --:-- Research Paper / Article / Review

THE EFFECT OF SERVQUAL ON PATIENT'S SATISFACTION IN THE HEALTH CARE SECTOR

[1] **Malchalam Uday Kiran**, [2] **Sunkari Suneetha**
[1] Student, MBA 2nd Year, Department of Management Studies, Vardhaman College of Engineering.
Email - udaymalchalam88@gmail.com
[2]Professor, Department of Management Studies, Vardhaman College of Engineering,
Email - sunimodi58@gmail.com

Abstract: *In an increasingly competitive and patient-focused healthcare environment, service quality has emerged as a critical determinant of patient satisfaction. This study investigates the impact of the five SERVQUAL dimensions—tangibility, reliability, responsiveness, assurance, and empathy—on patient satisfaction within varied healthcare contexts. Using a descriptive and analytical research design, data was collected from a stratified sample of 200 patients across public and private hospitals, specialty centers, and primary care facilities in both urban and rural regions. Primary data was gathered through structured questionnaires based on the SERVQUAL framework and analyzed using SPSS. Cronbach's Alpha scores confirmed excellent internal consistency across all dimensions, indicating reliable measurement constructs. Regression analysis revealed that all five dimensions have a statistically significant and positive influence on patient satisfaction. Among them, responsiveness emerged as the most influential predictor, followed closely by assurance and reliability. These findings indicate that patients place high value not only on the efficiency and consistency of healthcare services but also on personalized attention and the emotional connection provided by healthcare staff. The study offers valuable insights for healthcare administrators and policymakers to prioritize service dimensions that enhance patient experiences. Future research should explore longitudinal and technology-integrated models to assess evolving expectations in both traditional and digital healthcare delivery systems.*

Key words: *SERVQUAL, Tangibility, Reliability, Responsiveness, Assurance, Empathy, Patient's Satisfaction*

1. INTRODUCTION

In an increasingly competitive and patient-centric health care environment, service quality (ServQual) has emerged as a significant determinant of Patient's Satisfaction. Health care is no longer seen merely as a technical and clinical service but as a comprehensive experience that encompasses both medical treatment and customer service. The ServQual model, developed by Parasuraman, Zeithaml, and Berry, provides a robust framework for assessing service quality by identifying five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. In the context of health care, this model helps in evaluating the gap between patient expectations and perceptions, thereby allowing health institutions to enhance service delivery and increase patient's satisfaction. This study seeks to explore how each dimension of the ServQual model influences patient's satisfaction and what strategies health care institutions can implement to improve these service dimensions.

The relevance of this research cannot be overstated as health care providers across the world are under increasing pressure to meet the expectations of their Patients not only in terms of clinical outcomes but also in the overall experience of care. In developed and developing countries alike, Patients expect services to be not only effective but also compassionate, accessible, and responsive. Patient satisfaction is not just a soft metric; it is directly linked to treatment adherence, health outcomes, and the sustainability of health systems.

ISSN(O): 2456-6683
[Impact Factor: 9.241]

2. IMPORTANCE OF THE STUDY

Understanding the influence of ServQual dimensions on patient satisfaction is vital for several reasons:
Patient Retention: Health care providers rely on returning Patients and word-of-mouth referrals to sustain their services. Satisfied Patients are more likely to revisit and recommend the facility to others. Patient loyalty is enhanced when service quality exceeds expectations.

Quality Improvement: Regular assessment of service quality helps in identifying specific gaps in service delivery, enabling continuous improvement. For example, if Patients frequently report dissatisfaction with waiting times, management can take steps to improve appointment scheduling and reduce delays.

Benchmarking: ServQual provides a standardized framework that allows for comparison of service quality across different health institutions and geographical locations. Health care organizations can use ServQual scores to benchmark their performance against peers and best practices.

Policy Making: Insights from ServQual assessments assist health administrators and policymakers in making informed decisions regarding resource allocation, staff training, and infrastructure improvements. For example, investments in electronic health record systems or staff training can be prioritized based on ServQual feedback.

Reputation Management: With the advent of social media and online reviews, patient satisfaction significantly influences a health care provider's public image and reputation. A strong service culture, evidenced by positive ServQual assessments, builds a competitive edge in the health market.

Regulatory Compliance: Increasingly, regulatory bodies are tying reimbursement and accreditation to patient satisfaction metrics. High ServQual ratings can contribute to better compliance and funding opportunities. For instance, value-based care models used in the U.S. tie Medicare payments to patient experience outcomes.

3. SCOPE OF THE STUDY

This study focuses on analysing the relationship between the five dimensions of ServQual—tangibility, reliability, responsiveness, assurance, and empathy—and patient satisfaction within the health care sector. The research encompasses various types of health care providers including public hospitals, private clinics, specialty centres, and primary care facilities. Additionally, it takes into account a diverse range of patient demographics including age, gender, socioeconomic status, and educational background to ensure a comprehensive understanding of the factors influencing patient satisfaction. The geographical scope includes urban and rural settings in both developing and developed economies, providing a global perspective. The scope also encompasses both preventive and curative care, acknowledging that expectations and satisfaction metrics vary across health services.

4. OBJECTIVES OF THE STUDY

To examine the impact of service quality dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy) on Patient's Satisfaction in the health care sector.

5. HYPOTHESIS OF THE STUDY

1. **H1:** Tangibility has a significant positive effect on Patient's Satisfaction in the health care sector.
2. **H2:** Reliability has a significant positive effect on Patient's Satisfaction in the health care sector
3. **H3:** Responsiveness has a significant positive effect on Patient's Satisfaction in the health care sector.
4. **H4:** Assurance has a significant positive effect on Patient's Satisfaction in the health care sector.
5. **H5:** Empathy has a significant positive effect on Patient's Satisfaction in the health care sector.

6. REVIEW OF LITERATURE

Pakdil and Harwood (2005) investigated patient satisfaction in preoperative assessment clinics. They concluded that reliability—providing promised services dependably and accurately—and assurance—instilling confidence in Patient's —were most critical. The study also highlighted how professional conduct and effective communication increase patient confidence in the health care process.

Taner and Antony (2006) compared public and private hospitals in Turkey. They found that empathy (caring, individualized attention) and responsiveness (willingness to help Patients and provide prompt service) were more valued in private settings. Patients perceived private hospitals as more customer-focused, likely due to better funding and lower patient-to-staff ratios.

Andaleeb (2001) focused on hospitals in developing countries and found that responsiveness and effective communication were the leading determinants of satisfaction due to resource limitations and high patient loads. In resource-constrained settings, even small gestures of empathy and timely attention can significantly improve patient perceptions.

Kilbourne et al. (2004) emphasized the need to consider cultural differences in applying ServQual. Their cross-national study highlighted that different cultures prioritize different dimensions—some value empathy more, while others focus on tangibles or reliability. For example, Patients in Japan tend to emphasize assurance and professionalism, while Indian Patients may place greater emphasis on empathy and access.

Zeithaml et al. (2006) suggested a hierarchical model of service quality that considers both primary dimensions (ServQual) and sub-dimensions, further refining service quality evaluation. Their model encourages a multidimensional view of service quality, particularly relevant in complex environments like health care.

Ramez (2012) applied the ServQual model in Bahrain and found that assurance and responsiveness were the strongest predictors of patient satisfaction. He emphasized the importance of the doctor-patient relationship in shaping overall experiences.

Tomes and Ng (1995) introduced the concept of the "emotional labor" in health care and its link to patient satisfaction. Emotional intelligence and empathy shown by staff were found to have direct and lasting effects on the perceived quality of care.

7. RESEARCH METHODOLOGY

- **Research Design:** This study follows a descriptive and analytical research design. Descriptive

research is used to provide a detailed account of service quality perceptions, while analytical methods are used to examine the relationship between ServQual dimensions and patient satisfaction. The research is cross-sectional in nature but includes suggestions for future longitudinal studies.

- **Data Collection:** Primary data is collected through structured questionnaires designed using the original ServQual scale. The questionnaire comprises statements related to each of the five dimensions, rated on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). Secondary data is gathered from academic journals, hospital records, and government health databases.

- **Sample Size:** The study involves 200 Patients selected from a mix of urban and rural health care institutions, including government and private facilities. A larger sample size enhances the reliability and generalizability of the findings.

- **Sampling Method:** Stratified random sampling is employed to ensure representation across different patient demographics such as age, gender, and income levels. This method minimizes bias and ensures inclusiveness.

- **Data Analysis Tools:** SPSS (Statistical Package for Social Sciences)

8. RESULTS AND DISCUSSION

Table-1 Reliability Analysis

Variables	No of Items	Cronbach Alpha value
Tangibility	3	0.906
Reliability	3	0.917

Responsiveness	3	0.939
Assurance	3	0.950
Empathy	3	0.961
Patient's Satisfaction	3	0.879

Cronbach's Alpha gives you an indication of how well a set of scale or test items measures what they should. The values from 0 to 1 with higher values meaning that an entry is more reliable. If Cronbach's Alpha is at least 0.7, usually it is acceptable, both 0.8 and above are considered good, and anything above 0.9 is regarded as excellent.

All constructs included in the study have very reliable internal consistency. Cronbach's Alpha of Tangibility (0.906), Reliability (0.917), Responsiveness (0.939), Assurance (0.950), and Empathy (0.961) means the items in the SERVQUAL model are reliable and reflect their given constructs well. Because its Cronbach's Alpha is high at 0.879, Patient's Satisfaction is indicated to be highly reliable.

Table -2 Hypothesis testing using Regression Analysis

Hypothesis	Variables	Beta Coefficient	R^2	P-Value	Result
H1	Tangibility & Patient's Satisfaction	0.816	0.666	0.000	Significant
H2	Reliability & Patient's Satisfaction	0.854	0.729	0.000	Significant
H3	Responsiveness & Patient's Satisfaction	0.897	0.804	0.000	Significant
H4	Assurance & Patient's Satisfaction	0.871	0.758	0.000	Significant
H5	Empathy & Patient's Satisfaction	0.816	0,665	0.000	Significant

The performance of every service quality dimension (Tangibility, Reliability, Responsiveness, Assurance, and Empathy) is linked positively and is important in increasing Patient's Satisfaction. Since the Beta Coefficients are high (from 0.816 to 0.897), this means that these variables greatly contribute to Patient's Satisfaction. Since the R^2 values range from 0.665 to 0.804, it is evident that each dimension helps greatly to explain what leads to Patient's Satisfaction.

Among all these aspects, responsiveness shows the biggest difference ($R^2 = 0.804$), followed by assurance ($R^2 = 0.758$), reliability ($R^2 = 0.729$), tangibility ($R^2 = 0.666$), and empathy ($R^2 = 0.665$).

9. DISCUSSION

Being responsive leads to the highest level of Patient's Satisfaction ($\beta = 0.897$, $R^2 = 0.804$), proving that swift and useful service greatly contributes to a better level of Patient's Satisfaction. Patient's Satisfaction is greatly influenced by Assurance ($\beta = 0.871$) and Reliability ($\beta = 0.854$), meaning that customers are very happy when they feel trusted and always receive quality and consistent service. Both Tangibility ($\beta = 0.816$) and Empathy ($\beta = 0.816$) were statistically important, pointing out that physical service elements and personalized attention is valued by customers. Ultimately, all SERVQUAL dimensions turn out to be important signs of Patient's Satisfaction in this study.

10. CONCLUSION

The study clearly highlights that all dimensions of service quality significantly influence patient satisfaction. Among them, responsiveness emerges as the most critical factor, emphasizing that patients highly value quick and effective service. Assurance and reliability also play a major role, as patients appreciate feeling secure and receiving consistent, high-quality service. Tangibility and empathy further enhance satisfaction by providing a welcoming physical environment and personalized care. Together, these findings suggest that both functional and emotional aspects of service delivery are essential in shaping positive patient experiences. Patients not only expect efficient service but also desire trust, consistency, and a human touch in interactions. Physical attributes of the service environment, such as cleanliness and design, also contribute meaningfully to their perceptions.

ISSN(O): 2456-6683
[Impact Factor: 9.241]

FUTURE SCOPE OF THE RESEARCH

Future research should explore longitudinal studies to measure how changes in service strategies affect patient satisfaction over time. Additionally, integrating technology into the ServQual model—such as mobile health apps or telemedicine—could refine how service quality is perceived in digital care settings. There is also a need to explore how artificial intelligence and predictive analytics can be used to pre-emptively address service quality gaps. Cross-cultural studies can further enrich our understanding of how service expectations and satisfaction vary globally.

REFERENCES

1. Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing.
2. Pakdil, F., & Harwood, T.N. (2005). Patient satisfaction in a preoperative assessment clinic: An analysis using SERVQUAL dimensions. Total Quality Management & Business Excellence.
3. Taner, T., & Antony, J. (2006). Comparing public and private hospital care service quality in Turkey. International Journal of Health Care Quality Assurance.
4. Andaleeb, S.S. (2001). Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. Social Science & Medicine.
5. Kilbourne, W.E., Duffy, J.A., & Duffy, M. (2004). The applicability of SERVQUAL in cross-national measurements of health care quality. Journal of Services Marketing.
6. Zeithaml, V.A., Bitner, M.J., & Gremler, D.D. (2006). Services Marketing: Integrating Customer Focus Across the Firm.
7. Ramez, W.S. (2012). Patients' perception of health care quality, satisfaction and behavioral intention: An empirical study in Bahrain. International Journal of Business and Social Science.
8. Tomes, A.E., & Ng, S.C. (1995). Service quality in hospital care: The development of an in-patient questionnaire. International Journal of Health Care Quality Assurance.
9. Lai, I.K.W., Hitchcock, M., Yang, T. and Lu, T.-W. (2018), "Literature review on service quality in hospitality and tourism (1984-2014): Future directions and trends", *International Journal of Contemporary Hospitality Management*, Vol. 30 No. 1, pp. 114-159. https://doi.org/10.1108/IJCHM-08-2016-0408
10. Prabhu, M., Nambirajan, T., & Abdullah, N. N. (2020). Operating competitive priorities of manufacturing firms: An analytical study. Journal of Industrial Engineering and Management, 13(1), 38-55
11. Ganeshkumar, C., Prabhu, M., & Abdullah, N. N. (2019). Business Analytics and Supply Chain Performance: Partial Least Squares-Structural Equation Modeling (PLS-SEM) Approach. International Journal of Management and Business Research
12. Faraj, K. M., Faeq, D. K., Abdulla, D. F., Ali, B. J., & Sadq, Z. M. (2021). Total Quality Management And Hotel Employee Creative Performance: The Mediation Role Of Job Embeddedment. Journal of Contemporary Issues in Business and Government Vol, 27(1).
13. Hameed, A. A., & Anwar, K. (2018). Analyzing the Relationship between Intellectual Capital and Organizational Performance: A Study of Selected Private Banks in Kurdistan. International Journal of Social Sciences & Educational Studies, 4(4), 39. [30] Damit, D. H. D. A., Harun, A., Martin, D., Othman, B., & Ahmad, H. (2019). What makes a non-Muslim purchase halal food in a Muslim country? An application of theory of planned behaviour. Management Science Letters, 9(12), 2029-2038.