

**RESPONSIVENESS TO PATIENT NEEDS : EXAMINING ITS  
ROLE IN SERVICE QUALITY PERCEPTION IN  
CORPORATE HEALTH CARE SETTINGS**

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***Abstract***

*This paper aims to determine the factors, influencing the level of service quality of corporate hospitals in South India, which were tested on the basis of data, from 180 respondents, collected through outpatient participants in five private hospitals through selective*

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sampling. This paper adopted the structural equation modeling (SEM), to analyze the way in which the factors of service quality (Reliability, Assurance, Tangibility, Empathy and Responsiveness) affect the overall service quality. The findings revealed that all the variables did have significant positive relationship with service quality, which emphasized the importance of role of patients' opinions. These findings suggest that these variables should be adequately addressed, to improve customer satisfaction. Unfortunately, because of the small sample size and the exclusive attention given to private institutions, the results could not be generalized. A later investigation could consider supplementary variables on service quality and an adequate sample could be taken from all the elements, to properly show the wider patients' demographics, who were engaged in the clinical environment. The findings have practical ramifications for hospital management staff, who are keen on increasing the quality of care.

**Keywords:** Reliability; Assurance; Tangibility; Empathy; Responsiveness; Patient satisfaction; Corporate hospitals; Service quality; South India; Healthcare delivery.

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## 1. Introduction

Given the current evolution of the healthcare sector and professionalization of services in South Indian state-owned and private corporate hospitals, it is particularly important to use a tool to gauge the service quality. Various other studies emphasized the importance of tangibility and physical amenities for care quality (Varma and Reddy, 2023), need for responsiveness for improving patient experiences and assurance, empathy and reliability being necessary for gaining trust (Sharma and Gupta, 2019, Patel et al), SERVQUAL being important across different types of hospitals and nonhospital health-care activities (Menon et al, 2022). Kerala, a major center for healthcare tourism, needs continuous assessment with this scale. As noted by a study by the US Methodist University, such an assessment will help healthcare service providers to identify any gap. This, in turn, will help to improve patient care (Rangers et al, 2020; Bhaskar and Iyer, 2021). Health outcomes could be made better by such assessment. This is important since we

are increasingly witnessing the role of technology to modulate professional-patient interaction, as shown in the paper by the Indian School of Business. Technology is changing our expectations on quality of healthcare. For this reason, there is reason to emphasize the crucial role played by responsiveness, on the patience experience.

## 2. Review of related literature

Reliability of services is manifested through lowering the chances of riskier clinical decisions, higher patient safety and enhancing trust, especially in emergency service, where time is critical to patient satisfaction (Al-Borie and Damanhour, 2020; Papanicolas et al., 2020; Dey et al., 2021;). Competent and knowledgeable clinical staff improves confidence and patient satisfaction and thus sustains the trust foundation of the patient-provider relationship (Varma, 2023; Patel et al., 2022). Perception of doctors as being trustworthy, improves patient comfort and access to confidentiality- a work ethic vital to maintain trust (Sharma et al., 2019;

**Ramesh and Joseph, 2018; Prabhu et al., 2017).** Based on physicality, the tangibility which incorporates the equipment, hygiene and infrastructure of the hospital, directly affects patient satisfaction and perception of service quality (**Kumar et al., 2020; Ramesh and Varma, 2018; Prabhu et al., 2017**). Finally, a strongly perceived empathy, especially through adept communication, improves patient comfort and experience.

### **3. Statement of the Problem**

During this evolution in the quality of health care services, the expectations of patients in South Indian corporate hospitals can be explained, under all the five dimensions of SERVQUAL, but they show lower degree of multicollinearity. Earlier studies have tended to look at each dimension in isolation, instead of the interaction which might be essential to understand the service quality in the competitive corporate context. It is obvious that in competitive corporate spaces like health-care services, it might not be sufficient to consider ‘reliability’, ‘assurance’, ‘tangibility’, ‘empathy’ and ‘responsiveness’ in isolation. Considering at least two of the dimensions together, might not be enough to explain satisfactorily all the dimensions

### **4. Need of the Study**

In the highly competitive corporate healthcare market of South India, patient demands for high-quality service are increasing exponentially, thereby making it crucial for hospitals to compete in terms of reliability, assurance, tangibility, empathy and responsiveness dimensions of SERVQUAL (**Papanicolas et al., 2020**). Reliability enhances trust through predictable and consistent service on the part of the hospital staff (**Papanicolas et al., 2020**). Assurance reflects staff competence and patients interact with the most

empathetic staff while reaffirming the trust on the hospital (**Varma, 2023; Patel et al., 2022**). Tangibility reinforces modern and equipped hospitals and enhances the confidence among patients (**Thomas & Reddy, 2023**). Empathy makes a hospital more comfortable and enhances the loyalty of the patients. Responsiveness reflects the quality of care (combination of effectiveness and speed) and it is one of the decisive factors in customer satisfaction (**Kumar & Rao, 2020**). Researchers and scholars have conducted number of studies on service quality, yet very few among them have analyzed the collective impact of all dimensions of SERVQUAL on the patient satisfaction in the corporate hospitals of South India. This study proposes to explore the collective impact of SERVQUAL dimensions in reinforcing the service quality of the hospital as well as its benefit to all stakeholders.

### **5. Objectives of the Study**

The present study comprehensively measured the effects of all five dimensions of the SERVQUAL model, i.e., responsiveness, tangibility, reliability, assurance, and empathy, on the perception of service quality in corporate healthcare settings in southern India. It sheds light on how all the dimensions and individual dimensions interact to determine their effect on the perception of service quality and patient loyalty in a corporate hospital. The present study aims to identify the dimensions that yield more value to patients and how these dimensions interact and play a significant role in improving the service quality of corporate hospitals.

### **6. Hypotheses of the Study**

**H1:** Tangibility makes patients feel better about the quality of service they receive.

**H2:** Reliability leads to increased patient satisfaction and trust in the hospital.

**H3:** Responsiveness greatly improves patient satisfaction and loyalty to the hospital.

**H4:** Assurance helps build patient trust and makes patients feel that the service is of high quality.

**H5:** Empathy increases patient satisfaction by making patients feel cared for and understood.

## 7. Research Methodology

This study is a quantitative research analysis, that analyzes the relationship between responsiveness and other SERVQUAL dimensions, with respect to perceptions of service quality of corporate hospitals in South India.

### 7.1 Sample Selection

A purposive sampling (based on the heterogeneity of the study group) was used for the sample, where the researcher selected five hospitals out of the metro cities of South India, with respect to the size and reputation and with diverse patient bases (Al-Borie & Damanhour, 2020). The outpatients were chosen because they form a major chunk of the population with a variety of service experience (Mishra 2022; Agarwal 2022). Out of the 180 outpatients who had received care over the last six months and had agreed to participate in the study, 170 (94.4%) were considered.

### 7.2 Period of Study

The data were collected over a span of six months, between January and November 2023, to ensure that the findings truly represented the patients' current experiences and perceptions

### 7.3 Sources of Data

Information was documented via structured questionnaires adapted from SERVQUAL (Parasuraman, Zeithaml, Berry, 1988). The questionnaires were designed to identify responsiveness. Questionnaires were close ended and structured on Likert scales.

Secondary data were extracted from reports and hospital's records.

## 7.4 Tools used in the Study

Structural equation modelling (SEM) was used, to analyse the primary and secondary data. The approach is appropriate for complicated relationships among the variables (Hair et al., 2019). The study adapted items from the SERVQUAL model instruments (Parasuraman et al., 1988; Papanicolas et al., 2020).

## 8. Data Analysis & Interpretation

Several important steps were followed in carrying out the statistical analysis of the collected data. The first step was to analyze demographic data.

### 8.1 Demographic analysis of Patient respondents

The demographic analysis revealed that the majority of respondents were aged between 18 and 30 years (57.8%), followed by those aged 31 and 44 years (35.6%) and then 45 years and above (6.7%). Majority of respondents were unmarried (71.7%), and respondents were encouraged to interact with hospital services three to five times (54.4%), resulting in the highest number of interactions. These findings provided insight into how the target population of patients utilized hospital services relatively frequently (Table - 1) (Byrne, 2016).

### 8.2 Confirmatory Factor Analysis of the SERVICE Quality Dimensions

The (CFA) results showed that the measurement model displayed good validity and reliability, with the significance of factor loadings for all the constructs: REL1 = 0.927, REL2 = 0.860, REL3 = 0.909, ASS1 = 0.878, ASS2 = 0.887, ASS3 = 0.800, TAN1 = 0.709, TAN2 = 0.787, TAN3 = 0.814, EMP1 = 0.845, EMP2 = 0.798, EMP3 = 0.844 and RES1 = 0.752, RES2 = 0.849, RES3 = 0.816, where all the structural

dimensions were adequately measured (**Table - 2**). (**Kline, 2015**). Discriminant and convergent validity of the constructs are presented in **Table -4**. Cronbach's alpha values of all the constructs exceeded 0.78, indicating very good to strong internal consistency, and the composite reliability (CR) values equally supported the dependability of the measurement model, with values ranging from 0.860—0.930 and average variance extracted (AVE) values were all above the level (0.5), considered for good convergent validity (**Hair et al., 2019**).

### 8.3 Model fit statistics

SEM confirmed the model to be fit (**Figure 1**), with the chi-square/degrees of freedom being 1.624, CFI= 0.980, TLI= 0.045 and RMSEA = 0.042. The SRMR was also 0.042. These fit indices indicated that the model was good representation of the data and that the associations between the variables were adequately defined (**Table 3**) (**Byrne, 2016; Schumacker & Lomax, 2016**).

### 8.4 Hypothesis Testing of SERVQUAL relationships

Hypothesis testing (**Figure 2 and Table 5**) revealed that all five dimensions of SERVQUAL were significantly associated with service quality in corporate hospitals. Reliability played a major role in determining service quality, as 31.7 percent increase in these services improved perceived service quality (estimate = 0.314, C.R. = 3.774,  $p = 0.002$ ). Assurance was associated with positive service quality, reflecting the patients' level of trust and confidence, as one's health is the most valuable commodity (estimate = 0.158, C.R. = 0.779,  $p = 0.003$ ). Tangibility played another major role in forming patients' decision to continue holding another appointment (estimate = 0.353, C.R. = 3.265,  $p = 0.001$ ). Empathy also contributed to customer service loyalty (estimate = 0.050, C.R.

= 0.488,  $p = 0.003$ ). Finally, responsiveness played a significant positive role in influencing service quality and customer loyalty towards corporate hospitals and thus played a pivotal role in helping corporate hospitals to enhance patient loyalty (estimate = 0.090, C.R. = 1.155,  $p = 0.003$ ). In short, all the SERVQUAL dimensions reported immense importance, as corporate hospitals strongly believe in the five enhancers (**Parasuraman, 1988**) that promote patient satisfaction and loyalty (**Papanicolas, 2020**).

## 9. Findings

The findings of the study revealed the fact that all the five dimensions of SERVQUAL—reliability, assurance, tangibility, empathy and responsiveness - were significantly associated positively with perceptions of service quality at corporate hospitals. Reliability reported the strongest correlation as it directly affected patient satisfaction (**Padma et al., 2010**). Assurance also had exerted a positive effect, and it helped to build confidence in healthcare, concurring with the findings of (**Padma et al. 2010; Sreenivas & Srinivas, 2013**). Tangibility also had exercised strong impact on satisfaction because the quality of physical facilities did influence satisfaction and this was consistent with findings of **Sohail, 2003 and Prabhu & Desai, 2016**. Empathy reported significant impact, as revealed by previous research of **Prabhu et al. (2017)**. Responsiveness also positively predicted service quality, along with loyalty towards the hospital, reported by **Parasuraman et al. 1988 and Prabhu et al. 2017**.

## 10. Suggestions

Indian corporate hospitals can increase patient satisfaction and service quality by emphasizing all five dimensions of SERVQUAL, namely, reliability, assurance, tangibility, empathy and responsiveness. In terms of reliability, a good

quality control mechanism must be established so that patients can focus on their health without worrying about cleanliness or disturbances. For assurance, regular training of staff contributes to competence, courtesy and good communication skills. For tangibility, the physical settings such as hospital rooms and equipment must be kept clean and be updated with modern technology. Empathy needs to be deeply ingrained in the care and concerns communicated to a patient and they must be addressed personally, thereby making them loyal to the organization. Lastly, responsiveness can be increased by reducing waiting time and improving service speed by utilizing digital tools such as patient portals, which can be accessed through apps.

## 11. Conclusion

While all five quadrants of SERVQUAL, namely, reliability, assurance, tangibility, empathy and responsiveness, had exerted positive effect on patients' perception of service quality in Indian corporate hospitals, the study found that reliability and responsiveness of hospitals had reported the maximum influence on patient satisfaction and loyalty. Quality service, in terms of ensuring reliability, maintaining high-qualified staff, along with quality facilities and care and their responsiveness towards patient's needs, will enhance the service quality, build patient loyalty and enable the hospitals to enjoy growing market share and profitability in the dynamic healthcare environment.

## 12. Limitations of the Study

This study wanted to find out whether and how the dimensions of SERVQUAL influenced the perceived service quality in Indian corporate hospitals. However, it is not without its limitations. The study was limited to the hospital outpatient department settings and further limited

to southern India. Research from other regions of the country, where healthcare services are provided in either corporates or not-for-profits, would enable generalizability beyond present findings. Further, research done in other hospital settings such as inpatient settings or the emergency care department, would enhance the current understanding. Use of self-report data by patients and staff would introduce problematic issues of response bias and the use of a cross-sectional design limits our insights to perceived service quality as captured at one point in time.

## 13. Scope for Further Study

Further research could consider the different dimensions of SERVQUAL in other types of healthcare facilities, such as public hospitals or smaller private hospitals, to determine whether their findings hold true across other types of settings. Longitudinal studies could also examine how patients perceive service quality changes over time in response to changes in healthcare delivery. Future studies could examine inpatients and emergency care patients to determine whether their perceptions of service quality differ from those of outpatients, which would provide a broader understanding of service quality in healthcare.

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**Table-1 : Demographic Analysis of Patient Respondents**

|                 |                | Count | Column N % |
|-----------------|----------------|-------|------------|
| Age             | 18-30 Years    | 104   | 57.8%      |
|                 | 31-44 Years    | 64    | 35.6%      |
|                 | Above 45 Years | 12    | 6.7%       |
| Marital Status  | Married        | 49    | 27.2%      |
|                 | Unmarried      | 131   | 72.8%      |
| Visit Frequency | 2 or less      | 39    | 21.7%      |
|                 | 3-5            | 98    | 54.4%      |
|                 | above 5        | 43    | 23.9%      |
| Residence       | Urban          | 83    | 46.1%      |
|                 | Semi-Urban     | 73    | 40.6%      |
|                 | Rural          | 24    | 13.3%      |

**Source :** Author's analysis based on primary data and computed using SPSS

**Table-2 : Confirmatory Factor Analysis of the Service Quality Dimensions**

| Constructs      | Items | Factor Loadings | Cronbach Alpha | CR    | AVE   |
|-----------------|-------|-----------------|----------------|-------|-------|
| Reliability     | REL1  | 0.927           | 0.898          | 0.930 | 0.818 |
|                 | REL2  | 0.860           |                |       |       |
|                 | REL3  | 0.909           |                |       |       |
| Assurance       | ASS1  | 0.878           | 0.860          | 0.900 | 0.750 |
|                 | ASS2  | 0.887           |                |       |       |
|                 | ASS3  | 0.800           |                |       |       |
| Tangibility     | TAN1  | 0.709           | 0.780          | 0.860 | 0.670 |
|                 | TAN2  | 0.787           |                |       |       |
|                 | TAN3  | 0.814           |                |       |       |
| Empathy         | EMP1  | 0.845           | 0.830          | 0.880 | 0.710 |
|                 | EMP2  | 0.798           |                |       |       |
|                 | EMP3  | 0.844           |                |       |       |
| Responsiveness  | RES1  | 0.752           | 0.830          | 0.880 | 0.710 |
|                 | RES2  | 0.849           |                |       |       |
|                 | RES3  | 0.816           |                |       |       |
| Service Quality | SVQ1  | 0.923           | 0.900          | 0.930 | 0.815 |
|                 | SVQ2  | 0.850           |                |       |       |
|                 | SVQ3  | 0.911           |                |       |       |

**Source :** Author's analysis based on primary data and computed using SPSS

**Table - 3 : Model Fit Statistics**

| Model-Fit Statistics                                 | Threshold | Values  |
|------------------------------------------------------|-----------|---------|
| Chi-Square ( $\chi^2$ )                              |           | 194.890 |
| Degrees of Freedom (Df)                              |           | 120     |
| Chi-Square/Degrees of Freedom ( $\chi^2/\text{df}$ ) | < 3       | 1.624   |
| Comparative Fit Index (CFI)                          | > 0.90    | 0.980   |
| Tucker?Lewis Index (TLI)                             | > 0.90    | 0.045   |
| Root Mean Square Error of Approximation (RMSEA)      | < 0.08    | 0.042   |
| Standardized Root Mean Square Residual (SRMR)        | < 0.08    | 0.042   |

**Source :** Author's analysis based on primary data and computed using SPSS

**Table-4 : Discriminant and Convergent Validity of the Constructs – SERVQUAL**

| Constructs      | AVE   | CR    | Max   | RE    | AS    | TA    | EM    | RS    | SQ |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|----|
| Reliability     | 0.818 | 0.930 | 0.802 |       |       |       |       |       |    |
| Assurance       | 0.750 | 0.900 | 0.568 | 0.724 |       |       |       |       |    |
| Tangibility     | 0.670 | 0.860 | 0.588 | 0.706 | 0.790 |       |       |       |    |
| Empathy         | 0.710 | 0.880 | 0.624 | 0.580 | 0.410 | 0.826 |       |       |    |
| Responsiveness  | 0.710 | 0.880 | 0.702 | 0.610 | 0.348 | 0.376 | 0.740 |       |    |
| Service quality | 0.815 | 0.930 | 0.694 | 0.600 | 0.438 | 0.429 | 0.405 | 0.719 |    |

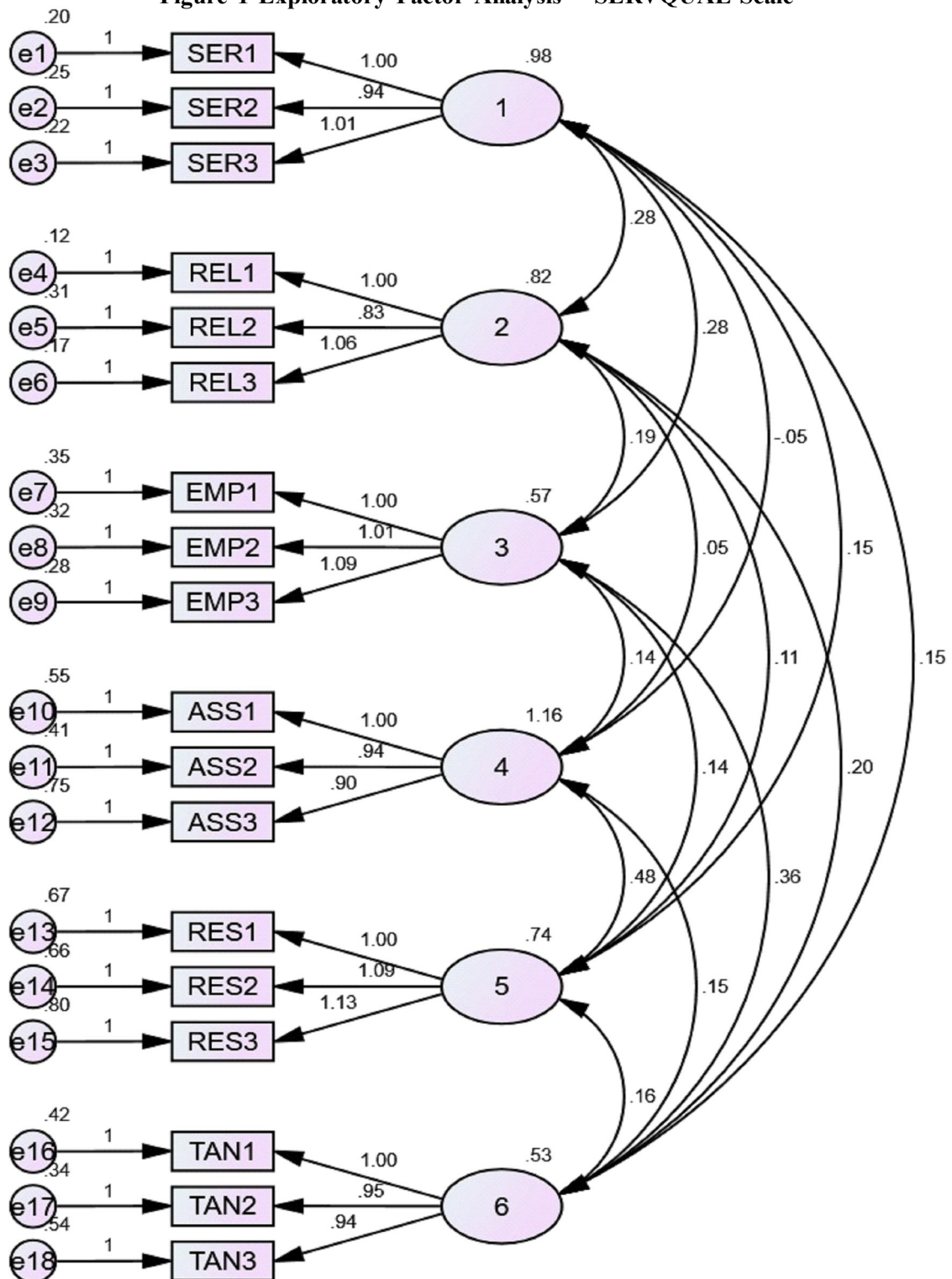
**Source :** Author's analysis based on primary data and computed using SPSS

**Table-5 : Path analysis of SERVQUAL Relationships in Corporate Health Care Settings**

|    |                 |      |                | Estimate | S.E.  | C.R.  | P     | Label    |
|----|-----------------|------|----------------|----------|-------|-------|-------|----------|
| H1 | Service quality | <--- | Reliability    | 0.314    | 0.083 | 3.774 | 0.002 | Accepted |
| H2 | Service quality | <--- | Assurance      | 0.158    | 0.072 | 0.799 | 0.003 | Accepted |
| H3 | Service quality | <--- | Tangibility    | 0.353    | 0.108 | 3.265 | 0.001 | Accepted |
| H4 | Service quality | <--- | Empathy        | 0.050    | 0.103 | 0.488 | 0.003 | Accepted |
| H5 | Service quality | <--- | Responsiveness | 0.090    | 0.078 | 1.155 | 0.003 | Accepted |

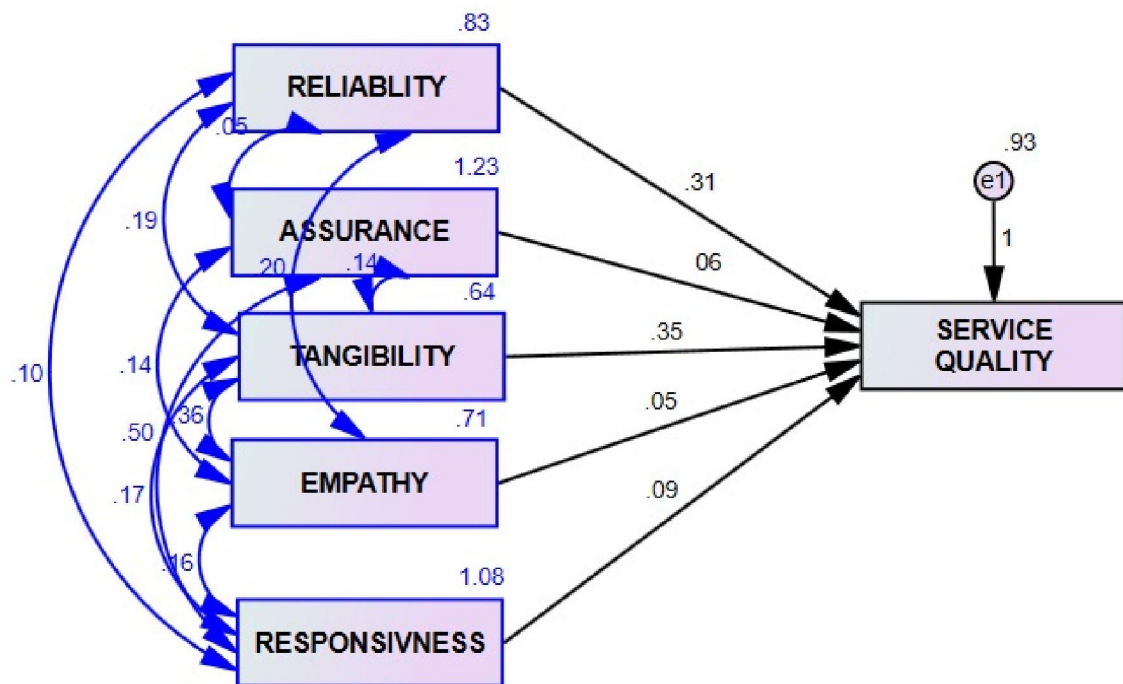
**Source :** Author's analysis based on primary data and computed using SPSS

**Figure 1 Exploratory Factor Analysis – SERVQUAL Scale**



**Source :** Author's analysis based on primary data and computed using AMOS

**Figure-2 Hypothesis Testing for SERVQUAL Dimensions in Corporate Health Care Settings**



**Source:** Author's analysis based on primary data and computed using AMOS