

## Patient Expectation and Perception Regarding the New Scheme in a Tertiary Care Teaching Hospital

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**Abstract:** To contribute to India's target towards the achievement of fourth and fifth Millennium Development Goals (MDG) namely Reduce Child Mortality and Improve Maternal Health respectively, a new scheme called "Narayana Maathru Seva Padhakam" was introduced in Narayana Medical College Hospital, Nellore, Andhra Pradesh, India. A study was carried out to assess the service quality provided through this scheme aiming to measure the service quality gap between patients' expectations and the perception of services and to identify the aspects of care for improvement among female patients who were admitted to the Obstetrics department, Narayana Medical College Hospital. A modified Service Quality (SERVQUAL) questionnaire comprised 22 questions, 7-Point Likert Scale (Strongly disagree=1 to Strongly agree=7) assessing 5 dimensions namely Tangibility, Reliability, Responsiveness, Assurance, and Empathy was given to a total sample of 100 patients using convenience sampling method between January'17 – March'17. The mean of the patient expectations and perceptions, gap score values, SERVQUAL weightings and weighted scores were calculated using MS Excel and SPSS software version 19 (USA). The results revealed that service gap scores of patients' perception exceeded expectation in all dimensions supported by the evidence of scores - Expectations: 5.49, 5.20, 5.29, 5.10, 5.37; Perceptions: 6.59, 6.30, 6.27, 6.09, 6.16; Weightings: 18.18, 22.73, 18.18, 18.18, 22.73; Weighted scores: 20.00, 25.00, 17.82, 18.00, 17.96 for Tangibility, Reliability, Responsiveness, Assurance, Empathy respectively. As the weighted scores for Empathy, Responsiveness, and Assurance were less than the SERVQUAL weightings, the aspects of care in these service dimensions are to be improved.

**Keywords:** Service quality, patient expectation, perception, service gaps, RATER scale, institutional deliveries.

## INTRODUCTION

The healthcare industry is the backbone of any nation's wellbeing and a major part of the healthcare industry is hospitals. Indian healthcare sector is getting tremendous success with some advancement in medical treatment worldwide. India is now attracting medical tourism due to the cost-effective advantage having a large pool of highly skilled medical professionals at low cost. Many private hospitals are having an excellent reputation for creating a world-class integrated healthcare delivery system that is known to provide finest medical skills, good hospitality, and patient care. Private hospitals are focusing on quality comparable to world's leading hospitals. Technical quality alone, however, will not result in increasing finances and utilization of facilities but hospital needs to attain patient's satisfaction to compete in this industry.

According to IBEF, Indian Brand Equity Foundation, the Indian healthcare sector is about the US

\$ 160 billion in 2017 and is expected to reach to US\$ 280 billion by 2020, on back of increasing demand for specialized and quality healthcare facilities. Hospitals services market is more than 74% of the healthcare industry, is expected to reach US\$ 81.2 billion by 2015. The health care market is dominated by private sector accounting for nearly 70% of the healthcare market, while public expenditure accounts for 30%. India also has a shortfall of Infrastructure and manpower in healthcare. India would require additional 1.8 million beds to achieve the target of 2 beds per 1,000 people by 2025 and an additional 700,000 doctors to reach a ratio of one medical doctor per 1,000 people by 2025. The public spending on the healthcare is expected to increase as the Planning Commission of India has allocated the US \$83 billion under the 12th Five Year Plan for healthcare spending. This will increase the share of healthcare in total plan allocation to 2.5% of GDP in 12<sup>th</sup> plan from 0.9% in 11<sup>th</sup> Plan. The Private sector has more than 80% share in Indian hospital

market. The market size of private hospitals risen at a CAGR of 26.9 percent over 2009-12 periods. The major source of this growth is due to increase in a number of hospitals in cities.

The functions of Health and Family Welfare Division have evolved over the Plan periods based on the goals envisaged in the Five Year Plans. In order to achieve Millennium Development Goals (MDG), India has set the goals of XI Five Year Plan which includes Reducing Maternal Mortality Ratio (MMR) to 1 per 1000 live births. Reducing Infant Mortality Rate (IMR) to 28 per 1000 live births. Reducing Total Fertility Rate (TFR) to 2.1. Narayana Medical College Hospital in contribution to India's target towards the achievement of MDG, has introduced a novel scheme called "Narayana Maathru Seva Padhakam" in January 2017 which entails the pregnant women and the child will be treated free of cost; free food and transport, provision of 'Health Baby Kit' and Rs 1000 after delivery. Baby will be given free vaccination for one year and free consultation for 12 years. This had a very good response and a number of institutional deliveries increased many folds. However, in order to assess the quality of services provided in this scheme, a cross-sectional study was undertaken. Providing sufficient information on the grounds of the patients' perception of the service quality can help organizations to identify the dimensions that affect the organization's competitive advantage [1]. The difference between patients' expectations and perceptions of service provided is called the service quality gap. The SERVQUAL (Service Quality) approach was introduced in 1985 by Parasuraman A, Zeithaml VA, Berry LL [2] which used a full factorial experimental design to examine how health care experience which included patients receiving their preferred physician, patient's freedom to choose a physician and healthcare outcome impacted on patient satisfaction level which is widely used in many service industries including education, banking, dentistry, hospitals, health care [3-11] to measure the patients' perception, expectations of services and service gaps [12,13] in RATER dimensions. The aim of this study is to measure the service quality gap between patients' expectations and the perception of the actual service provided in the new scheme and to identify the aspects of care for improvement.

Much research with respect to service quality has been done in the past few years to find out the satisfaction of consumers in different dimensions of service quality. However, very few studies are devoted which considers service quality for Indian patients in private hospitals. This framework contributes to the insight for researchers, administrators and managers for implications of changes resulting in patient satisfaction.

The process of globalization is evidently noticeable mainly in private hospitals of Indian health-industry. The research literature on service quality has swelled enormously over the past few years with numerous researchers administering various models across the world. In the context of healthcare services marketing the topic of delivering service quality has become interesting. It has been stated by Westbrook and Oliver [19] that organizations are required to provide services that yield highly satisfied and loyal customers. Nagel and Cilliers [20] pointed out that customers are currently measuring business performance and related activities by applying new the standard of customer satisfaction. Satisfaction is considered to be a link between purchase and post-purchase phenomenon which include brand loyalty, repeat purchase, and attitude change. Anderson, *et al.* [21] has tried to find the strength of this link. They have discussed and tested some hypotheses related to that customer satisfaction is affected by expectations, quality, and price and which in turn affects the profitability.

Quality of service is an elusive and indistinct construct and is difficult to measure, as quality is dependent on two variables, perceptions and expectations of consumers. The aspect of quality service is defined by Gronroos [22]. In his research, he has identified 10 criteria of good perceived service: credibility, reputation, trust, worthiness, reliability, flexibility, accessibility, behaviour, attitudes and professionalism. These criteria focus on building a relationship and are related to regular as well as exceptional services [23, 2]. Measurement allows for comparison between before the changes made and after the changes made, for quality related problems and for the establishment of clear standards for service delivery. Edvardsen *et al.* [21] stated that, in their experience, the starting point in developing quality in services is analysis and measurement. Andaleeb [24] proposed and tested a five-factor model that explains considerable variation in customer satisfaction with hospitals. These factors include quality of the facilities, the competence of the staff, communication with patients, their demeanor and perceived costs. Padma *et al.* [25] analysed the relationship between service quality and customer satisfaction in Indian private and government hospitals and found the most important aspect of care is the interpersonal relationship of patients and attendants. Thus hospital management has to understand the needs of both patients and attendants. Chahal and Kumari [26] examined and found that there exists a relationship among the service quality, customer satisfaction, and customer loyalty

The SERVQUAL is an advantageous tool as it is a tried and tested instrument which can be used comparatively for benchmarking purposes [27]. In service management, it is one of the most widely used

models based on the concept of service quality gaps [28-31]. SERVQUAL has five generic dimensions or factors Tangibles, Reliability, Responsiveness, Assurance and Empathy [32]. The quality of service is a function of two variables: customers' expectations of service and their perceptions of actual service delivered. Parasuraman *et al.* [33] concluded that customers more or less assess the quality of any kind of service on the basis of above-mentioned criteria. Carman [34] tested the generic qualities of the SERVQUAL instrument in three service settings – a dental school patient clinic, a business school placement centre and a tyres retailer. Recently Ali and Bharadwaj [35] in their research of consumer satisfaction by SERVQUAL showed the satisfaction of Indian customer of Indian private bank. Soleyappan *et al.* [36] used a SERVQUAL tool to investigate the patient's perception and expectations with respect to healthcare services. Chakravarty [37] used a SERVQUAL survey instrument to understand if there exist a gap between the patient's perception and expectations regarding hospital outpatient department (OPD) services. Kumar *et al.* [26] examined the influence of service quality on patient loyalty. Thus we see the SERVQUAL model is extensively used in healthcare industries.

Although patient's satisfaction is a key element in healthcare service industry, there are very few empirical studies attempted to understand the patient's acceptance of the healthcare services. In the Indian context, there is no comprehensive study comprising of a large sample of hospitals of different sizes. With this motivation and given the rapid growth in the Indian health-care industry and increasing number of world-class hospitals, our study highlights non-clinical aspects of service quality as the most valued attributes by the patients.

## MATERIALS AND METHODS

A cross-sectional study was conducted among female patients who were admitted to the Obstetrics department, Narayana Medical College Hospital, Nellore, India under a new scheme "Narayana Maathru Seva Padhakam". A modified Service Quality (SERVQUAL) questionnaire comprised 22 questions, 7-Point Likert Scale (Strongly disagree-1, Disagree-2, Somewhat Disagree-3, Neither disagree nor agree- 4, Somewhat agree-5, Agree-6, Strongly Agree-7) assessing 5 dimensions namely Tangibility, Reliability, Responsiveness, Assurance, and Empathy was given to total sample of 100 patients using convenience sampling method between January-March 2017.

The questionnaire was divided into 2 parts: the first part collected demographic data and the other collected information about patients' expectations and perceptions of services. The scale items were translated from English to Telugu which was verified by specialists to ensure its reliability. The instrument has

been designed with specific reference to the private hospitals in the healthcare sector of the 2<sup>nd</sup> largest developing economy of the world. Parasuraman *et al.* [39] in their work identified the five dimensions of SERVQUAL and the concise definitions for the dimensions are:

### Tangibility

The appearance of the physical facilities, equipment, personnel, and communication materials. Wakefield and Blodgett [38] have investigated that in case of tangible physical environment customer reactions may be more emotional than cognitive. The finding of their work based on consumer surveys was that the tangible physical environment plays an important role in generating excitement in leisure settings, which plays a significant role to determine customer's re-patronage intentions

### Reliability

The ability to perform the promised service dependably and accurately. According to Gunes and Deveci (2002), the reliability of service processes is taken for granted and regarded that "reliability is satisfied by delivering service to customers on time."

### Responsiveness

The willingness to help patients and to provide prompt service. Bebko and Garg (1995) investigated the responsiveness component of quality service. This study gives a good discussion of customer's perception of time and their expectations for responsiveness in delivering quality service.

### Assurance

The knowledge and courtesy of the staff and their ability to convey trust and confidence. This factor is also important to achieve customer satisfaction and retention. Hasin *et al.* (2001) determine the elements by which customer is satisfied. A survey methodology was opted to collect information and identify the quality factors.

### Empathy

The provision of caring, individualized attention to customers, including access, communication, and understanding [14, 15]. Yavas *et al.* in his research emphasized the need for empathy in order to please the customer. Anderson assessed the service quality provided by a public university health clinic.

## Criteria for Selection of Subjects

### Inclusion Criteria

Antenatal and post-natal mothers who were admitted in Narayana Medical College & Hospital. The age range 18-35 years able to understand Telugu; not suffering from severe mental or cognitive disorders able to coherently communicate and are conscious, hospital

stays longer than 3 nights, willing to complete the questionnaire and healthy enough to complete the survey.

#### Exclusion Criteria

Antenatal and post-natal mothers who are not willing to participate in the study are excluded.

#### Data Collection procedure

The data has been collected for a period of 3 months. Nearly 100 antenatal & post natal mothers were enrolled in this study using convenient sampling method. A 22 structured SERVQUAL questionnaire was used which was also translated into local language Telugu. Each questionnaire took approximately 20–30 min to complete. Two hundred questionnaires were distributed to the patients; first set (100 no's) during the time of admission to assess the expectations and second set (100 no's) after their discharge before the exit from hospital to assess perception.

Highly qualified members of the Institutional Ethical Committee and Department of Hospital Administration investigated the content validity, appropriateness, readability, and completion of the questionnaire items. They were asked to comment on its structure, the clarity of the items, and the ease of completion. The questionnaire was then modified by incorporating the experts' comments.

The Staff of Management Information System department collected data from eligible patients after obtaining their verbal consent ensuring anonymity and confidentiality. The questionnaire was completed by patients while they were in comfortable conditions and able to communicate, so that their responses were as independent and accurate as possible.

Permission to conduct this study was obtained from the Institutional Ethical Committee on Research, while permission to gather the data was obtained from the Medical Superintendent of the hospital. The procedure was explained to all the participants prior to the interview. All the data obtained in this study were handled confidentially.

#### STATISTICAL DATA ANALYSIS

The data was coded, entered into a computer, and analysed using Statistical Package for Social

Sciences (SPSS) version 19. The scores associated with service in each dimension and the overall perception scores were calculated. A descriptive analysis with frequencies and percentages was generated to describe patients' demographic profiles.

The mean score of patients' expectations and perceptions and the gap scores of the 22 items were calculated using SERVQUAL equation:

$$\text{Service Quality (Q)} = \text{Perception (P)} - \text{Expectation (E)}$$

The weighted score of our study was calculated based on the following equation:

$$\begin{aligned} \text{Average Service dimension} \times \text{Importance} \\ \text{SERVQUAL weighting score} = \text{Weighted Score} \\ \text{Average Weighted Score} = \text{Total Weighted Score} / 5 \end{aligned}$$

#### RESULTS AND DISCUSSION

The findings of this study indicated that the instrument was understandable, and representative of patients expectations and perceptions.

Mean patient expectation and perception values for each dimension of services were tested for differences between the mean scores of the sample at a level of significance of 0.05. Service quality was determined by the difference between the mean scores of perceived and expected care for each aspect. If the perception exceeded the expectation, the service quality was considered highly satisfactory; if equalled it is satisfactory; and if exceeded it is considered below satisfactory [13,16]. The Proposed importance SERVQUAL weighting score for each service dimensions were distributed for 22 aspects equally 4.545 to sum up the total points to 100 thereby calculated the weighting score for each dimension as follows: Tangibility 18.18 (4.545\*4), Reliability 22.73 (4.545\*5), Responsibility 18.18 (4.545\*4), Assurance 18.18 (4.545\*4), Empathy 22.73 (4.545\*5).

#### Socio- Demographic Characteristics

The age range of the patients was 18-35 years; the mean age was 23.3 years. Out of 100 patients, 98% of the patients were housewives, 46% were below matriculation (middle school certificate). The range of length of stay in the hospital was 2–30 days and most patients (n = 83; 83%) had stayed ≤10 days (Table 1).

**Table-1: Demographic characteristics of the respondents (n = 100)**

Variable	n	(%)
Age		
18-20	22	22%
21-25	55	55%
26-30	18	18%
31-35	5	5%
Education Level		
Uneducated	20	20%
Middle School	46	46%
Secondary School	11	11%
Higher Secondary	12	12%
Graduate	9	9%
Post Graduate	2	2%
Profession		
Teacher	1	1%
Nurse	1	1%
Home maker	98	98%
Length of Stay		
2-10	83	83%
11-20	13	13%
21-30	4	4%

**Patient Expectation and Perception based on Aspects of care**

The mean expectation scores for individual statements ranged from the highest mean score of 6.06

for ‘Attractive appearance of hospital’ to the lowest mean score of 4.37 for ‘Provision of records correctly without mistakes’ (Table 2).

**Table-2: The 3 highest and lowest patient expectation mean scores (n = 100)**

Aspects of Care	Mean ± SD
<i>Highest patient expectation mean scores</i>	
Attractive appearance of hospital	6.06 ± 0.85
Providing prompt service right at the first time	5.77 ± 1.05
Ready to provide health service at the time promised	5.67 ± 1.07
<i>Lowest patient expectation mean scores</i>	
Provision of records correctly without mistakes	4.37 ± 1.47
Keenness in patient's problem solving	4.96 ± 1.49
Feeling secured and safe while performing the transactions	4.98 ± 1.25

The mean perception scores for individual statements ranged from the highest mean score of 6.88 for ‘Attractive appearance of hospital’ to the lowest

mean score of 5.92 for ‘Provision of records correctly without mistakes’ (Table 3).

**Table-3: The 3 highest and lowest patient perception mean scores (n = 100)**

Aspects of Care	Mean ± SD
<i>Highest patient perception mean scores</i>	
Attractive appearance of hospital	6.88 ± 0.36
Hospital has a state of art equipment	6.68 ± 0.58
Providing prompt service right at the first time	6.60 ± 0.70
<i>Lowest patient perception mean scores</i>	
Provision of records correctly without mistakes	5.92 ± 1.29
Keenness in patient's problem solving	6.00 ± 1.42
Courteous and polite behavior of the staff	6.06 ± 1.17

However, the gap scores are positive, statements of service that scored the lower positive mean differences between expectations and perceptions were ‘Staff understands the specific needs of the patients’ (0.72) and ‘Employee give personal attention to the patient’ (0.72) followed by ‘Employees provide

special interest to the patients’ (0.81). The higher positive gap scores, which represented the patients’ perception exceeded their expectations were for the statement ‘Provision of records correctly without mistakes’ (1.55), followed by ‘Hospital has a state of art equipment’ (1.46) (Table 4).

**Table-4: The 3 highest and smallest gap scores for each aspect of care (n = 100)**

Aspects of Care	Service gap score (P-E)	Sig
<i>Highest positive gap scores</i>		
Provision of records correctly without mistakes	1.55	.000
Hospital has a state of art equipment	1.46	.000
When health service is promised, it is done in time	1.15	.000
<i>Lowest positive gap scores</i>		
Staff understands the specific needs of the patients	0.72	.000
Employee give personal attention to the patient	0.72	.000
Employees provide special interest to the patients	0.81	.000
P= Perception; E= Expectation; Sig: Significance level (p Value)		

Statistically, there were significant differences between the perceptions and expectations of patients in all the aspects of care (Table 5).

**Table-5: Mean score of patients’ expectations, perceptions, service gaps, significance level, proposed SERVQUAL weightings, observed weighted Score in all aspects of care and dimensions.**

SN	ASPECT OF CARE	E	P	(P-E)	Sig.	PROPOSED SERVQUAL WEIGHTINGS	OBSERVED WEIGHTED SCORE
<b>TANGIBILITY</b>							
1	Hospital has a state of art equipment	5.22	6.68	1.46	0.000	4.55	6.64
2	Attractive appearance of hospital	6.06	6.88	0.82	0.000	4.55	3.73
3	Neat and kind hospital staff	5.37	6.41	1.04	0.000	4.55	4.73
4	Adequate signage that helps to know about directions	5.31	6.38	1.07	0.000	4.55	4.86
<b>Average Tangibility</b>		<b>5.49</b>	<b>6.59</b>	<b>1.10</b>	<b>0.000</b>	<b>18.18</b>	<b>20.00</b>
<b>RELIABILITY</b>							
5	When health service is promised, it is done in time	5.22	6.37	1.15	0.000	4.55	5.23
6	Keenness in patient's problem solving	4.96	6.00	1.04	0.000	4.55	4.73
7	Providing prompt service right at the first time	5.77	6.60	0.83	0.000	4.55	3.77
8	Ready to provide health service at the time promised	5.67	6.60	0.93	0.000	4.55	4.23
9	Provision of records correctly without mistakes	4.37	5.92	1.55	0.000	4.55	7.05
<b>Average Reliability</b>		<b>5.20</b>	<b>5.30</b>	<b>1.10</b>	<b>0.000</b>	<b>22.73</b>	<b>25.00</b>
<b>RESPONSIBILITY</b>							
10	Information provided on when services will be performed	5.17	6.16	0.99	0.000	4.55	4.50
11	Provision of service in right time by the staff	5.39	6.24	0.85	0.000	4.55	3.86
12	Employees are always willing to help	5.55	6.52	0.97	0.000	4.55	4.41
13	Concerns are solved in the right time	5.06	6.16	1.10	0.000	4.55	5.00
<b>Average Responsibility</b>		<b>5.29</b>	<b>6.27</b>	<b>0.98</b>	<b>0.000</b>	<b>18.18</b>	<b>17.82</b>
<b>ASSURANCE</b>							
14	Employees behaviour is increasing belief of the hospital	5.02	6.06	1.04	0.000	4.55	4.73
15	Feeling secured and safe while performing the transactions	4.98	6.11	1.13	0.000	4.55	5.14
16	Courteous and polite behaviour of the staff	5.23	6.06	0.83	0.000	4.55	3.77
17	Knowledgeable staff to answer patient questions	5.16	6.12	0.96	0.000	4.55	4.36
<b>Average Assurance</b>		<b>5.10</b>	<b>6.09</b>	<b>0.99</b>	<b>0.000</b>	<b>18.18</b>	<b>18.00</b>
<b>EMPATHY</b>							
18	Giving individual attention to each patient	5.23	6.11	0.88	0.000	4.55	4.00
19	Appropriate operational hours to all patients	5.43	6.27	0.84	0.000	4.55	3.82
20	Employees provide special interest to the patients	5.38	6.19	0.81	0.000	4.55	3.68
21	Employee give personal attention to the patient	5.41	6.13	0.72	0.000	4.55	3.27
22	Staff understands the specific needs of the patients	5.38	6.10	0.72	0.000	4.55	3.27
<b>Average Empathy</b>		<b>5.37</b>	<b>6.16</b>	<b>0.79</b>	<b>0.000</b>	<b>22.73</b>	<b>17.96</b>
<b>AVERAGE OBSERVED WEIGHTED SERVQUAL SCORE</b>							<b>19.75</b>

P = Perception ; E= Expectation ; (P-E)= Service gaps ; Sig: Significance level (p-Value)

The service quality gap scores were positive gaps occurred in the 5 dimensions indicated that patients' perception met the expectations. The gap

scores of all the dimensions were: 1.10, 1.10, 0.98, 0.99, 0.79 shown in Figure-1.

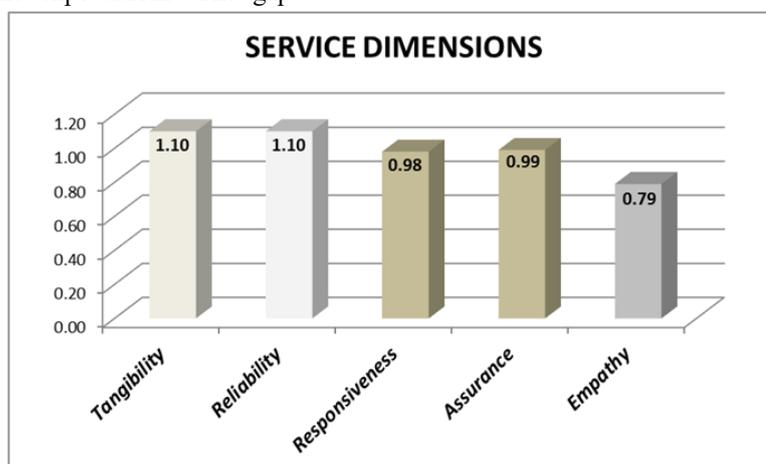


Fig-1: Gap scores for each service dimension of a new scheme.

The proposed SERVQUAL weightings were 18.18, 22.73, 18.18, 18.18, and 22.73 for Tangibility, Reliability, Responsiveness, Assurance, and Empathy respectively given in Figure- 2.

Reliability, Responsiveness, Assurance, and Empathy respectively given in Figure- 2.

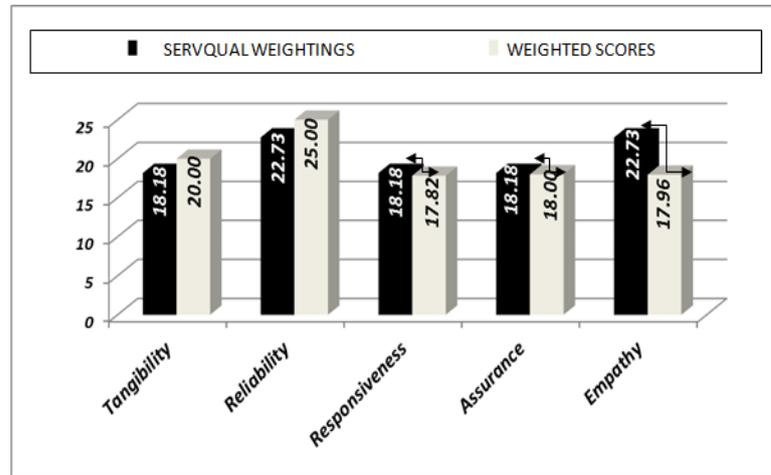


Fig-2: Proposed weightings and observed weighted score in five SERVQUAL dimensions.

The proposed SERVQUAL weightings and the observed weighted score of our study in all the aspects of care and dimensions were compared (Table 5). Tangibility is 20.00 more than proposed weighting. Reliability is 25.00 more than the proposed weighting. Assurance is 18.00 less than the proposed weighting,

which can be improved. Responsiveness is 17.82 is less than the proposed weighting which has to be focused and improved. Empathy is 17.96 less than the proposed weighting was probably due to the situation in Obstetrics department and every patient or attendees expect immediate attention (Table 6).

Table-6: Mean score of patients’ expectations, perceptions, service gaps, proposed weightings and observed weighted score in five SERVQUAL dimensions.

SN	SERVICE DIMENSIONS	EXPECTATION (E)	PERCEPTION (P)	SERVICE GAPS (P-E)	PROPOSED SERVQUAL WEIGHTINGS	OBSERVED WEIGHTED SCORE
1	Tangibility	5.49	6.59	1.10	18.18	20.00
2	Reliability	5.20	6.30	1.10	22.73	25.00
3	Responsiveness	5.29	6.27	0.98	18.18	17.82
4	Assurance	5.10	6.09	0.99	18.18	18.00
5	Empathy	5.37	6.16	0.79	22.73	17.96
Unweighted Average SERVQUAL score				0.99	100.00	19.75
Total SERVQUAL Weight						
Average Observed Weighted Score						

The overall perception scores for all of the SERVQUAL dimensions (RATER) and for all of the individual statements of service were higher than the corresponding expectation scores, resulting in positive SERVQUAL gap scores indicating that the study population were satisfied with the services provided in the new scheme but still there is scope for improvement in the areas especially in ‘empathy’, ‘responsibility’ and ‘assurance’.

The expectations of the patients are high for the attractive appearance of the hospital, providing prompt service in right at the first time, service to be provided at the time promised, the willingness of the employees to help and appropriate operational hours to all patients. While the patients are not having much

expectation for the provision of the records correctly without mistakes, firmness in patient’s problem solving, security while performing transactions, employees behaviour in increasing belief of the hospital. This shows that patient is much aware of the green and clean of the hospital. They are expecting good and prompt service in right time.

The perceptions of the patients are high for the attractive appearance of the hospital, state of art equipment, delivery of the prompt service in right in the first time, services are provided at the time promised and the employees are always willing to help. This shows that this hospital is successful in providing services more than their expectations. However, there is

a scope for improvement in few aspects which can be explained from the gap scores.

The statements 'Employee gives personal attention to the patient', 'Staff understands the specific needs of the patients' and 'Employees provide special interest to the patients' included in the Empathy dimension, had the lowest positive mean gap score. This may be due to a huge load of patients admitted under this new scheme that cannot be handled by the staff effectively resulting in unsatisfactory employee attention to the patient. Most of the nurses are non-native which diminishes their ability to maintain good communication with the patients [17]. A study reported that when nurses communicate well with their patients and give them honest and appropriate information with clear explanations, patients have less stress and fewer complaints [18].

Two statements 'Employees provide special interest to the patients' and 'Giving individual attention to each patient' from the Empathy dimension had less positive gap scores because of high patient expectations. A probable explanation could be the high nurse-to-patient ratio in the hospital, which was 1: 9 in morning shift but decreased to 1: 10 in the night (ideal 1:3 in all shifts). The patient-to-nurse ratio is significantly associated with patients' satisfaction levels and their satisfaction regarding the quality of nursing care [18].

The smallest positive gap scores among the five service dimensions (RATER) are relatively more in empathy (notably obtained 3 of the 5 lowest positive gap scores). These statements were related to personal attention, staff understanding specific needs and providing special interest to the patient which play a vital role in service quality.

## CONCLUSION

As far as patients satisfaction from Indian private hospital is concerned the overview of conceptual basis, trends and major themes have been laid down in this paper. The dynamic and evolving nature associated with services continues to present many answered questions. The patients must receive the required service the findings of this study showed that the scores for patient perceptions of the actual care provided in new scheme exceeded the scores for expectation in all dimensions. The gap scores suggest that there is a scope for improvement in few areas. This study provides information about the aspects of patient care that could enhance service quality that includes giving personal attention to patients, understanding their needs by providing special care (Empathy). There is scope to reduce delay in services, better responses to reduce waiting time, scheduling the services by proper communication (Responsiveness) and courteous behaviour in answering the patients' queries politely

(Assurance). This can be achieved by conducting training sessions and regular counselling of the staff. The Hospital administration and Human resource departments can prepare a checklist of the above-mentioned aspects of services and training schedule for continuous improvement of patient satisfaction.

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