A Study on Patient's Expectations Toward Service Quality at a Super Speciality Hospital

AT

Sankara Eye Hospital

Presented by -

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About Organization

- Sankara Eye Foundation, India (a unit of SRI KANCHI KAMAKOTI MEDICAL TRUST), was Founded by the year of 1977 by Dr. R.V. Ramani, is a social enterprise with a 47-year legacy.
- Sankara has grown into a network of 14 hospitals with state-of-the-art facilities, and world-class treatments and infrastructure, serving both rural and urban populations in 10 Indian states.
- Their unique and replicable Community Outreach Model has transformed over ten million lives since its inception. "Gift of Vision" is Sankara's flagship program, offering free eye care services to those in need.
- Sankara is one of India's largest community eye care providers. Notably, they treat 80% of their patients completely free of charge, subsidizing these costs with revenue from the remaining 20% who can afford to pay.

Vision

“To work towards freedom from preventable and curable blindness”

Mission

“To provide unmatched eye care through a strong service oriented team”

Study Objectives

1. To evaluate unit wise service quality.
2. To find out the gaps in service quality standards.
3. To compare the performance of all units in terms of service quality.
4. To identify areas of improvement in service delivery.

Methodology

- **Study Area – A**ll units (OPD & IPD)
- **Duration of Study** – 3 Months
- **Sampling Technique –** Cross-Sectional, Convenient
- **Sample Size –** 1218 Patients (OPD & IPD)
- **Study Population** – Patients who are visiting to hospital**.**
- **Inclusion & Exclusion Criteria -**

Inclusion

- ❖ All Paying Patients.
- ❖ Patients visiting the Outpatient Departments (OPD).
- ❖ Patients who are admitted to the hospital (IPD).

Exclusion

- ❖ Non-Paying Patients.
- ❖ Patients who are unable or unwilling to provide feedback or participate in this research.

Literature Review

Sl No.	Author	Title	Study Location	Sample Size	Salient Features
1.	Aliasghar Nadi, Jalil Shojaee, Ghassem Abedi, Hasan Siamian, Ehsan Abedini, and Farideh Rostami	Patients' Expectations and Perceptions of Service Quality in the Selected Hospitals	Vali-Asr hospital, Ghaemshahr, and Imam Khomeini and Shafa Hospitals, Sari.	600 Patients	The **objective of this study was to assess patient perceptions & expectations regarding service quality at four hospitals** in Iran. The SERVQUAL model was applied in this research study and this model measures service quality. After analysing, the result showed that Patients had high expectations in all five dimensions of service quality in those hospitals. Overall patient perceptions toward service quality were lower than their expectations. This indicates a gap between what patients desired and what they experienced. The greatest **gap was discovered in the "assurance" dimension, followed by empathy, responsiveness, reliability, and tangibles**. This indicates **patients felt a lack of trust in the hospitals' ability to deliver quality care and identify their needs effectively**. This research highlights the importance of understanding patient expectations and perceptions to improve service quality in hospitals. **By identifying the gaps, hospitals can focus and enhance patient satisfaction and trust.**

Literature Review

Sl No.	Author	Title	Study Location	Sample Size	Salient Features
2.	Nguyen Duc Thanh, Bui Thi My Anh, corresponding author, Chu Huyen Xiem, Pham Quynh Anh, Pham Hung Tien, Nguyen Thi Phuong Thanh, Cao Huu Quang, Vu Thu Ha, and Phung Thanh Hung	Patient Satisfaction With Healthcare Service Quality and Its Associated Factors at One Polyclinic in Hanoi, Vietnam	One polyclinic in Hanoi, Vietnam.	301 Out-patients	This study **aimed to assess the validity and reliability of patient satisfaction measurement tool, and identify factors influencing satisfaction**. The result of this research study was 53.5% patient satisfaction which is moderate satisfaction. This result also included with five factors emerged through exploratory factor analysis- facilities, service provision results, information transparency& procedures, accessibility, and staff interaction and communication. The **result of this research study also indicated that patients were most satisfied with "Facilities" and "Service Provision Results"** and apart from that only insurance status significantly influenced satisfaction; insured patients were 3.5 times more likely to be satisfied. So, overall this study **highlights the importance of measuring and understanding patient satisfaction for quality improvement in healthcare.**

Literature Review

Sl No.	Author	Title	Study Location	Sample Size	Salient Features
3.	Ashraf A'aqoulah, Ahmed Bawa Kuyini, Samir Albalas	Exploring the Gap Between Patients' Expectations and Perceptions of Healthcare Service Quality	Jordanian Hospitals	415 patients (Participants)	The **objective of this study was to find out the gap between patient's expectations and their perceptions of healthcare quality in Jordanian hospitals** with the help of the SERVQUAL model. Patients had high expectations for service quality across all aspects measured by SERVQUAL. According to this study, the patients had high expectation for hospital services across all measured domains. Overall the mean score for all domains was 4.38. When looking at the individual domains, Tangible had the highest score, which was 4.45, while the Empathy had the lowest score which was 4.32. Within the Tangible domain, **patients had the highest expectation for "Hospital cleanliness and hygiene should be excellent"** (4.69) and the lowest expectation for "Hospital staff should be pleasant when dealing with patients" (4.33).

Literature Review

Sl No.	Author	Title	Study Location	Sample Size	Salient Features
4.	Aleksandra Jonkisz, Piotr Karniej, Dorota Maria Krasowska	Meeting Patient Expectations: Assessing Medical Service and Quality of Care Using the SERVQUAL Model in Dermatology Patients at a Single Center in Poland	A single medical center in Poland (the Independent Public Teaching Hospital in Lublin, Poland)	413 Patients	This **study investigated how well the dermatology clinic met patient expectations for service quality**. Researchers used a model called SERVQUAL to assess the service quality. **They found that overall, patients had high expectations that were not always met by the clinic. Patients wanted improvement in the areas** of tangibility (**modern facilities and equipment**) and responsiveness (**timely service**). These expectations differed somewhat between inpatients and outpatients. The study also discovered several factors that influenced patient expectations including – Older patients tended to have lower expectations, Women had higher expectations for tangibles, Patients from larger cities had higher expectations for tangibles. **Working patients had higher expectations** for tangibles and responsiveness. Patient with low quality of life had higher expectations for tangibles and reliability. **Patients under age 36 had higher expectations** for responsiveness, assurance and empathy. Patients with more money had higher expectations overall (except for assurance).

Data Collection Procedure

PRIMARY DATA

Patient's Feedback Collection

OPD Questionaries

- Demographic Questions
- Experiences of Patients in Various Departments
- One Open Ended Question
- Total 14 Questions were included (Exclusions of Demographic details and comments)

IPD Questionaries

- Demographic Questions
- Experiences of Patients in Various Departments
- One Open Ended Questions
- Total 11 Questions were included (Exclusions of Demographic details and Comments)

Data Collection

Total Collected Data: 1218

Total Collected Data from OPD: 921

Total Collected Data from OPD: 297

Unit wise Feedback Collection

Units	Number of collected data
1. Anand:	27
2. Bangalore:	51
3. Coimbatore City:	3
4. Coimbatore:	244
5. Guntur:	420
6. Hyderabad:	20
7. Indore:	43
8. Jaipur:	74

Units	Number of collected data
9. Kanpur:	20
10. Krishnankoil:	66
11. Ludhiana:	11
12. Panvel:	63
13. Shimoga:	176

Methods of Calculation

Interval:

(Highest Rating – Lowest Rating) / Highest Rating
=(5-1)/5
=0.80

So, the interval is 0.80

Rating	Range
1	1.00 - 1.80
2	1.81 - 2.60
3	2.61 - 3.40
4	3.41 - 4.20
5	4.21 - 5.00

Mean Score:

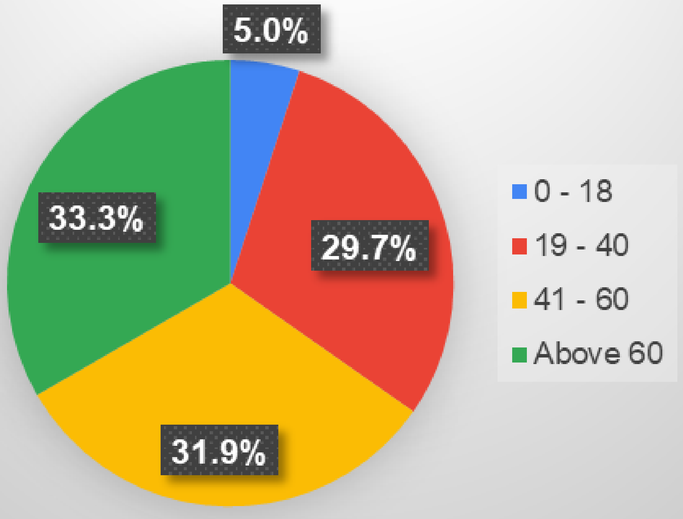
[(Total Response in 5 Rating * 5) + (Total Response in 4 Rating * 4) + (Total Response in 3 Rating * 3) + (Total Response in 2 Rating * 2) + (Total Response in 1 Rating * 1)] / Total Response (All Ratings)

Note:

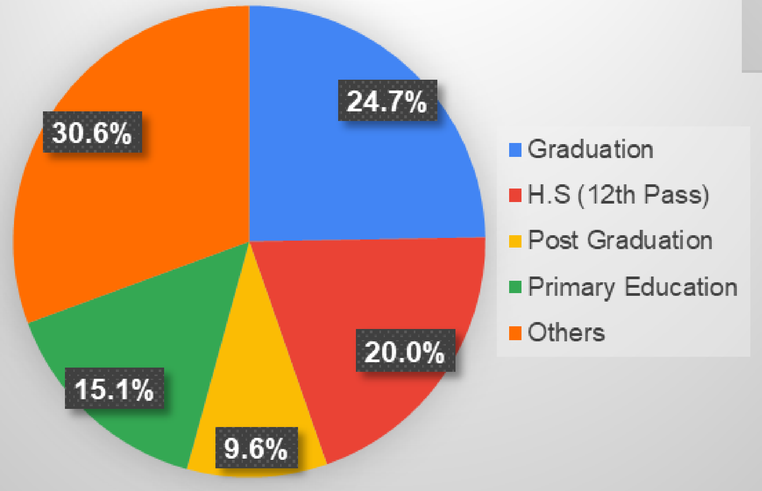
Gap Analysis: Mean Score has been considered for gap analysis in this research study.

Results

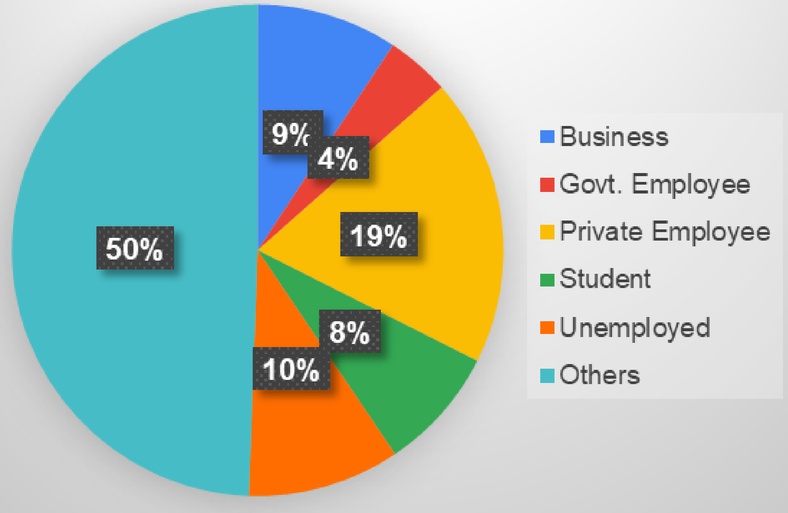
Age



Education Level

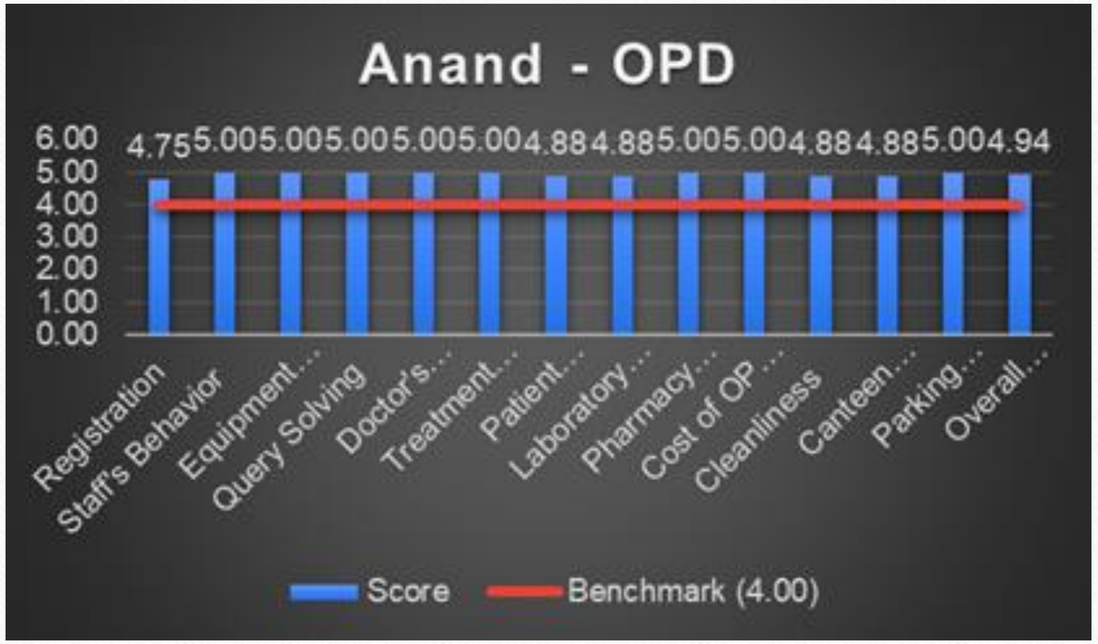


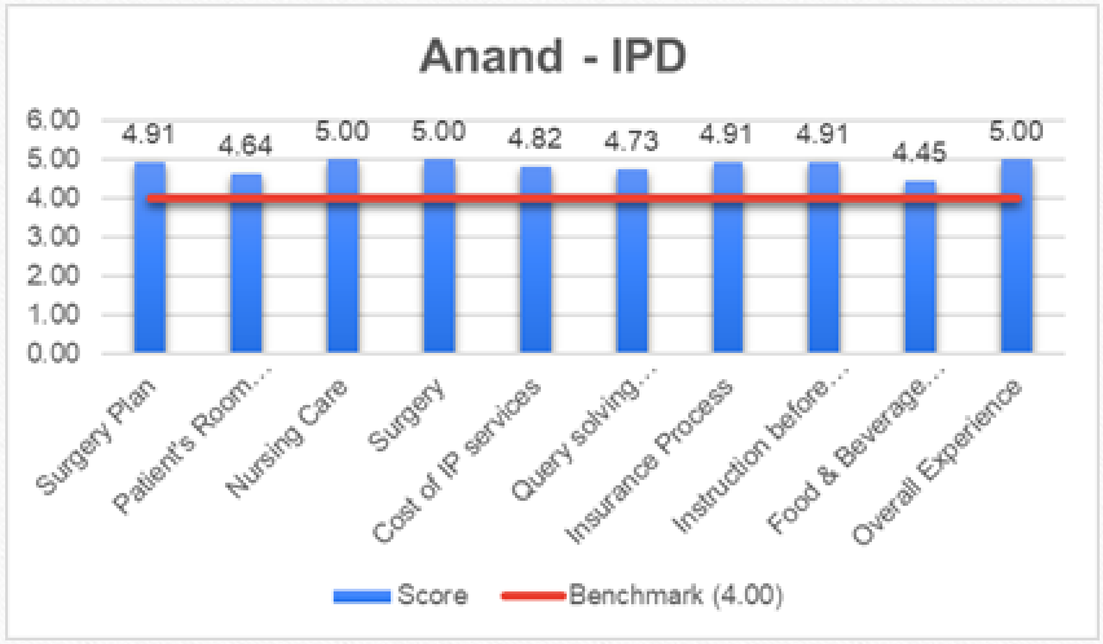
Professions



Gap Analysis

Anand Unit

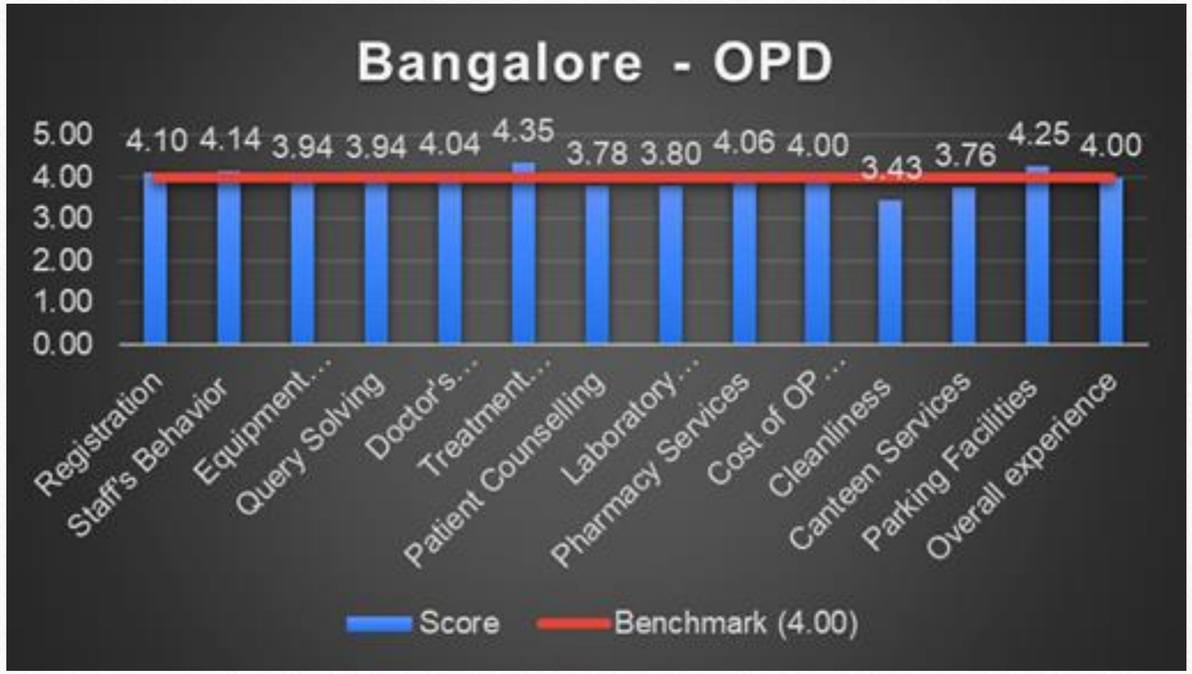




Gaps: No Gap

Gaps: No Gap

Bangalore Unit



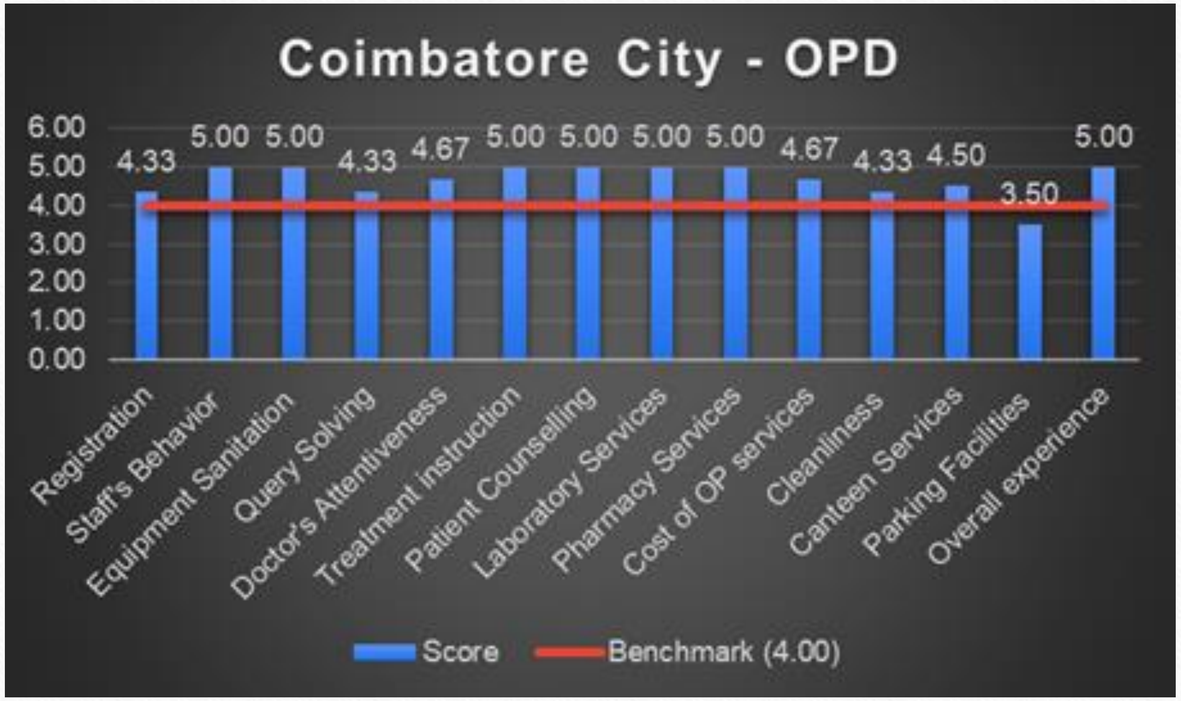
Gaps

Equipment Sanitation before using for patients, Query Solving, Counselling, Laboratory services, Cleanliness and Canteen Services

IPD

No Data Available

Coimbatore City Unit

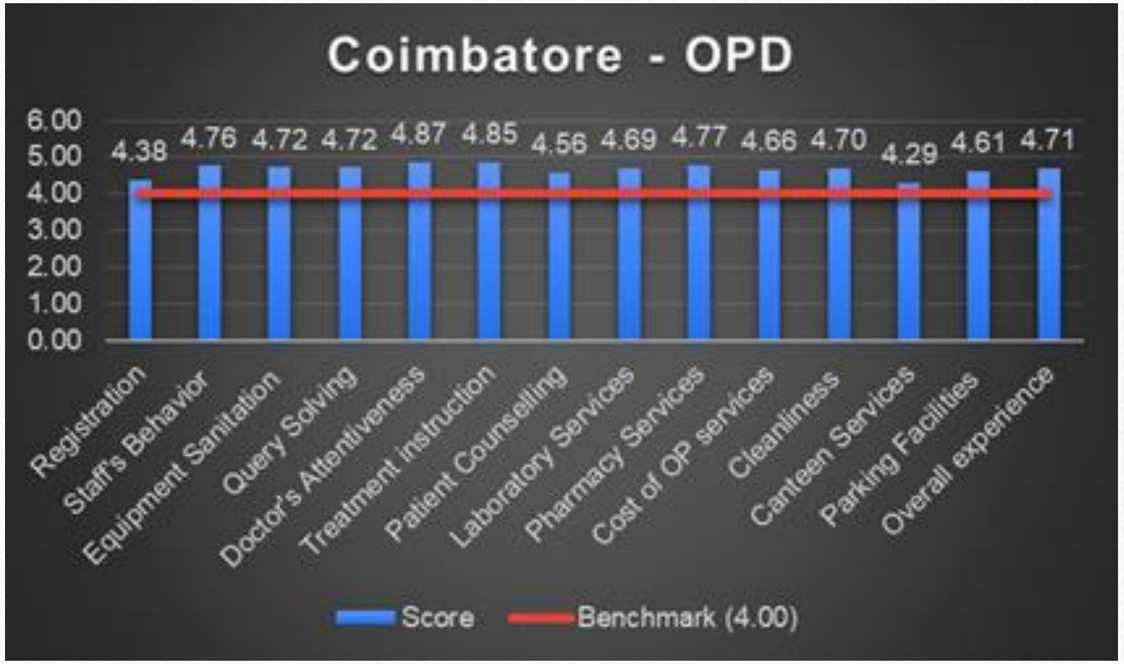


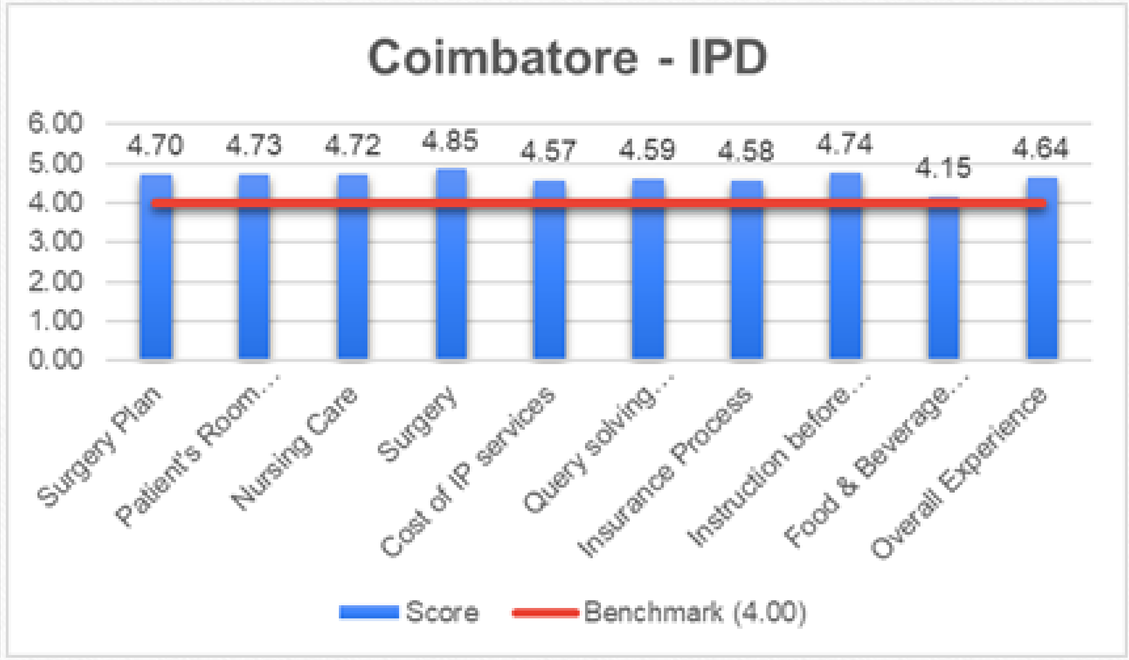
IPD

No Data Available

Gaps: Parking Facilities

Coimbatore Unit

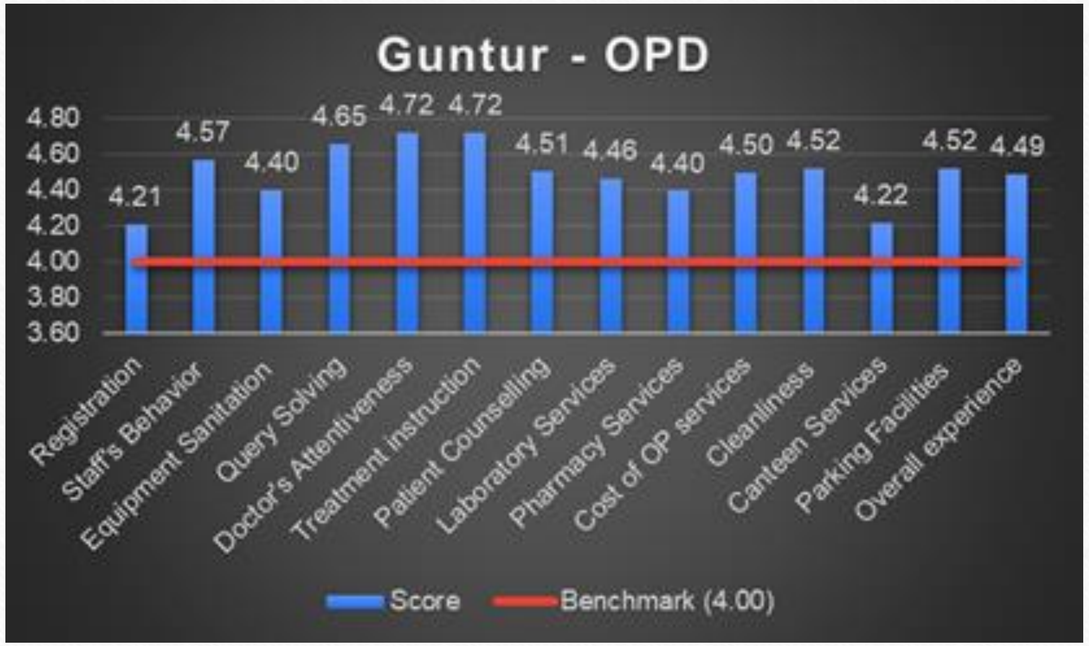


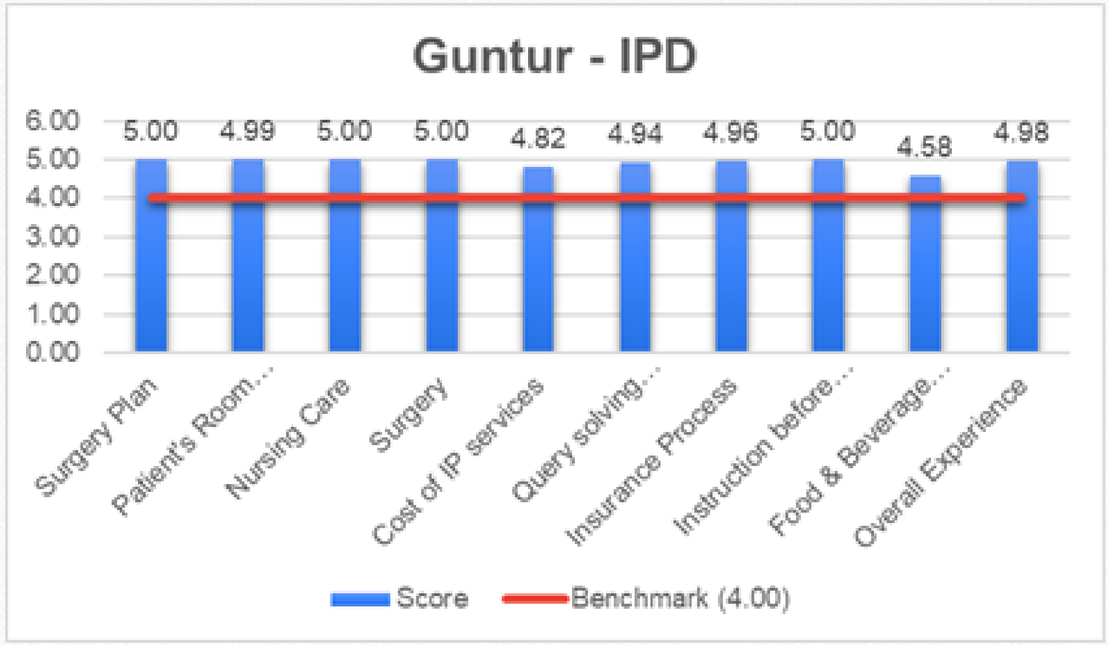


Gaps: No Gap

Gaps: No Gap

Guntur Unit

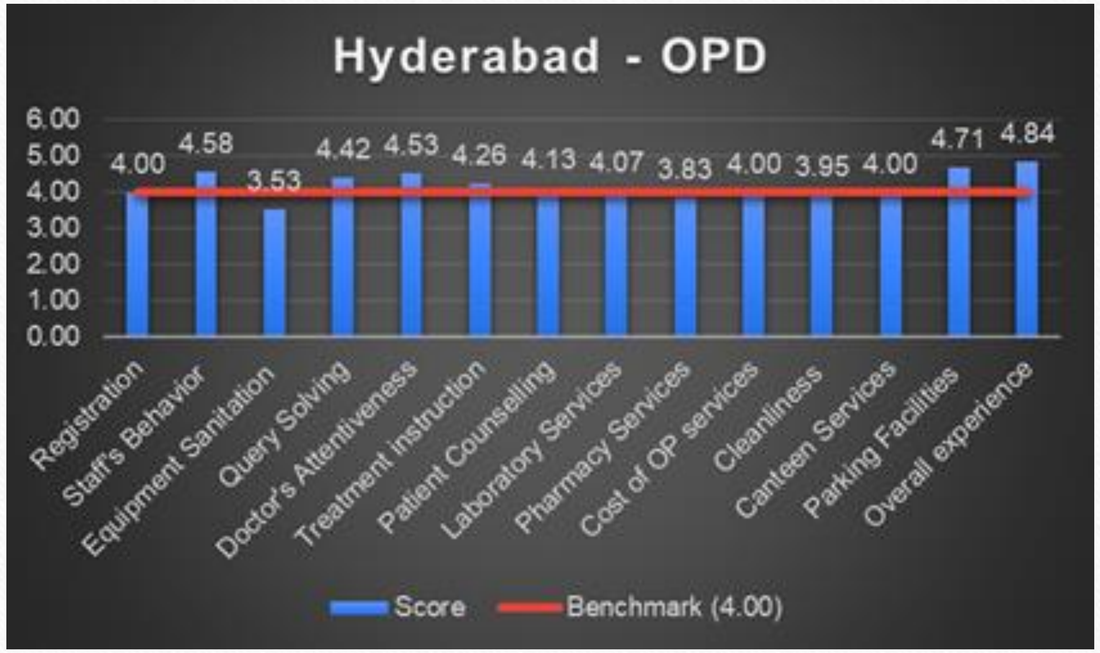


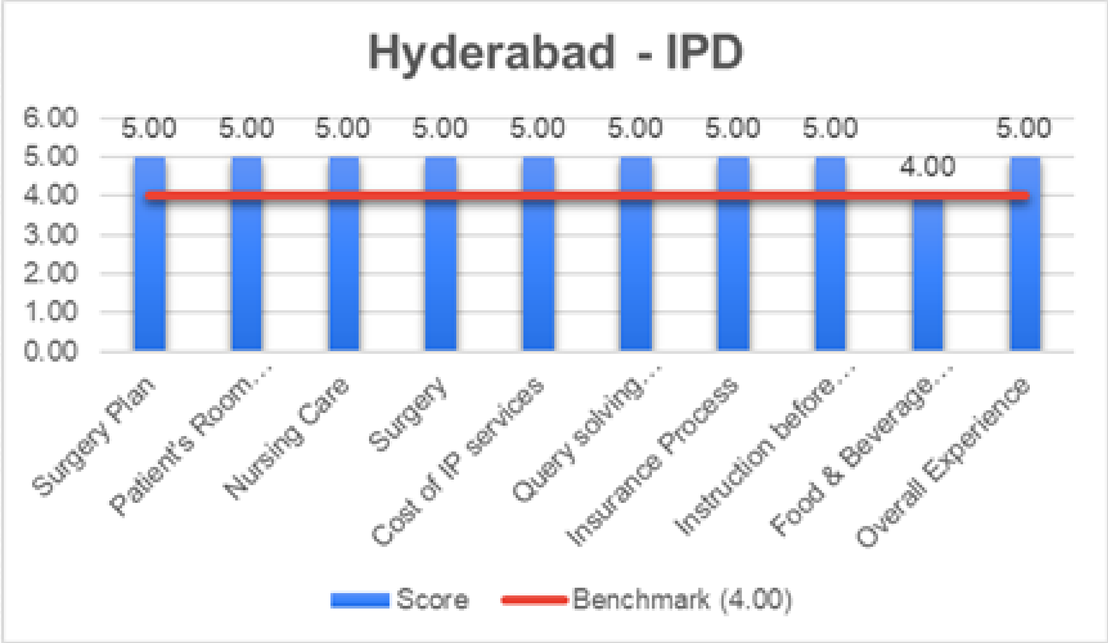


Gaps: No Gap

Gaps: No Gap

Hyderabad Unit



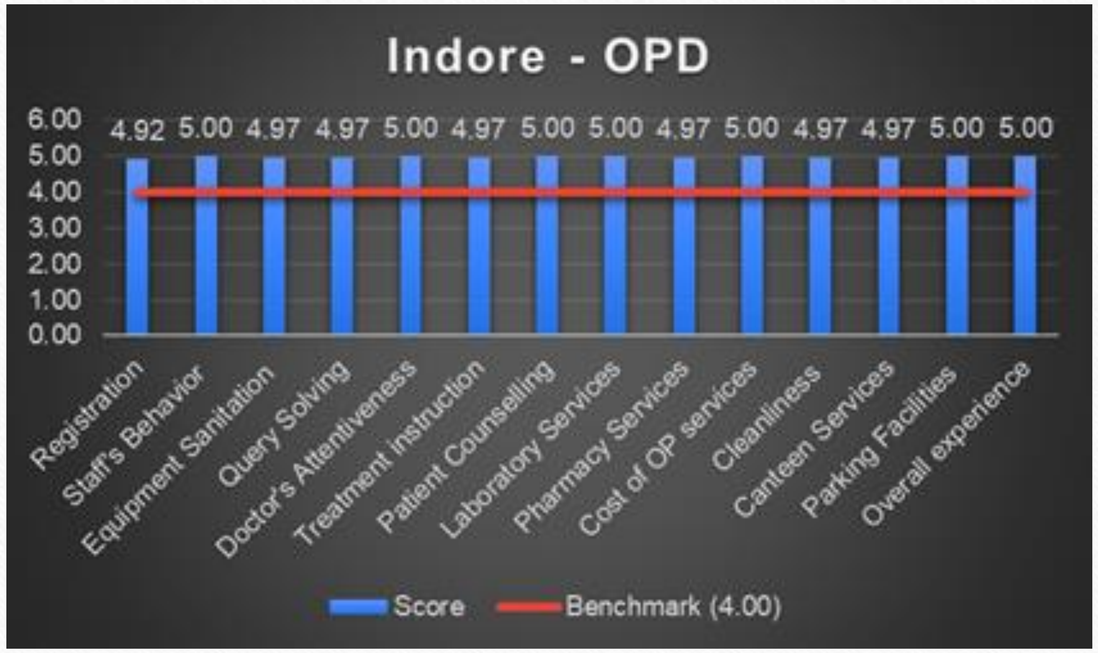


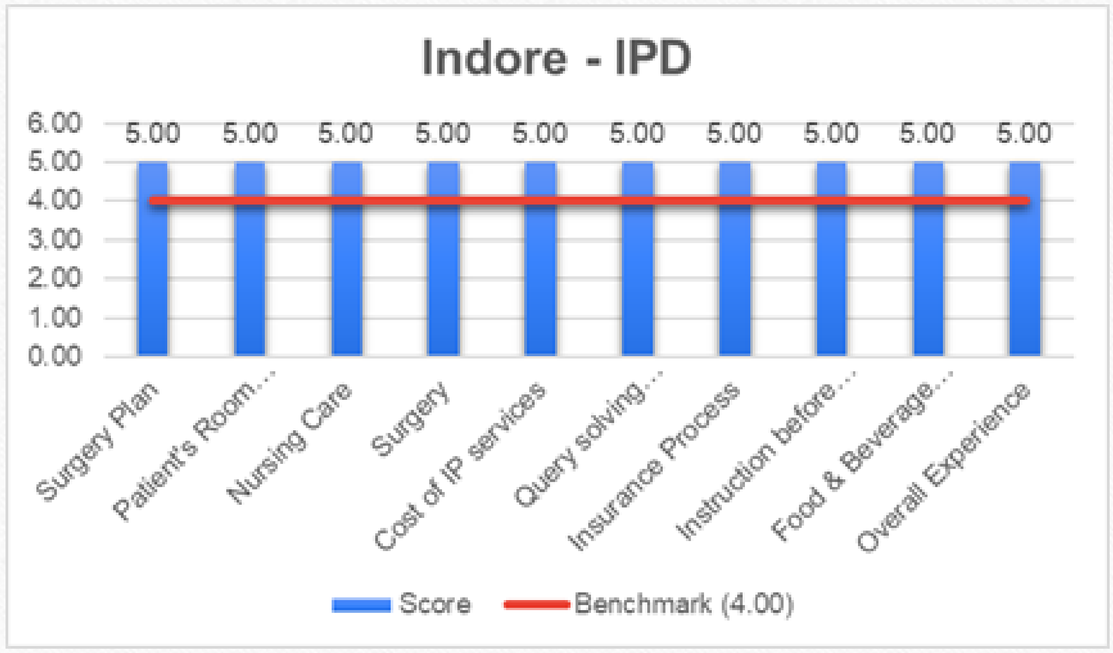
Gaps

Equipment Sanitation before using for patients, Pharmacy Services, Cleanliness.

Gaps: No Gap

Indore Unit

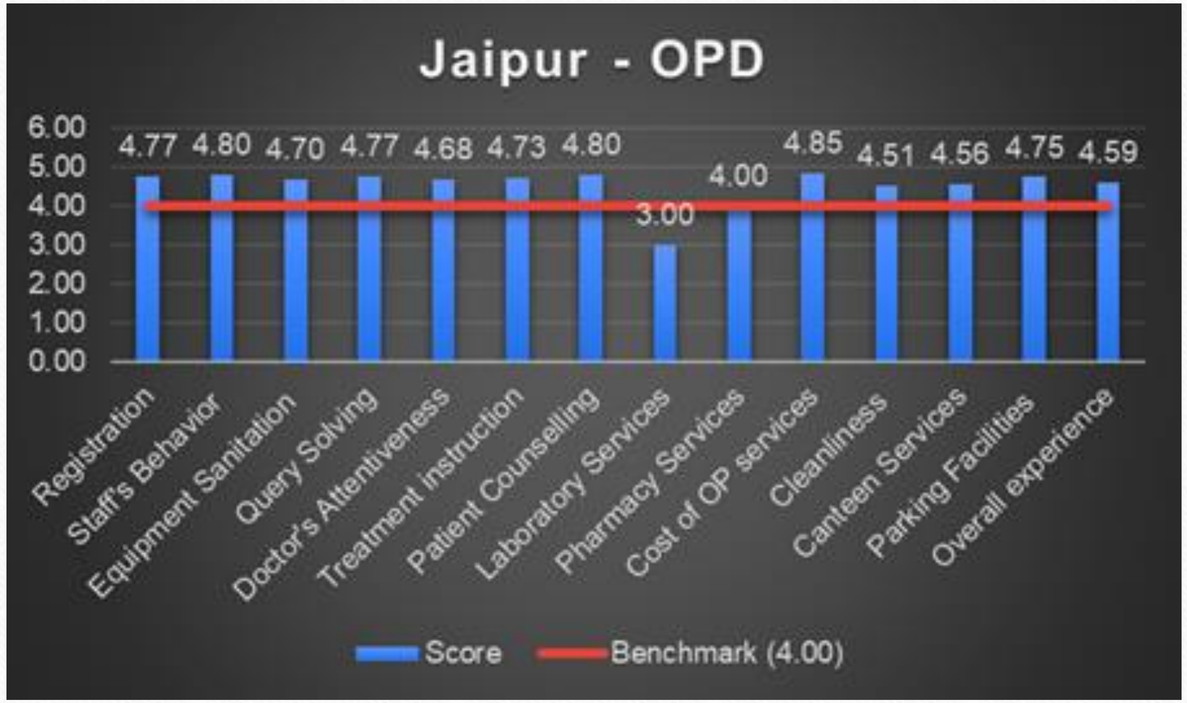




Gaps: No Gap

Gaps: No Gap

Jaipur Unit

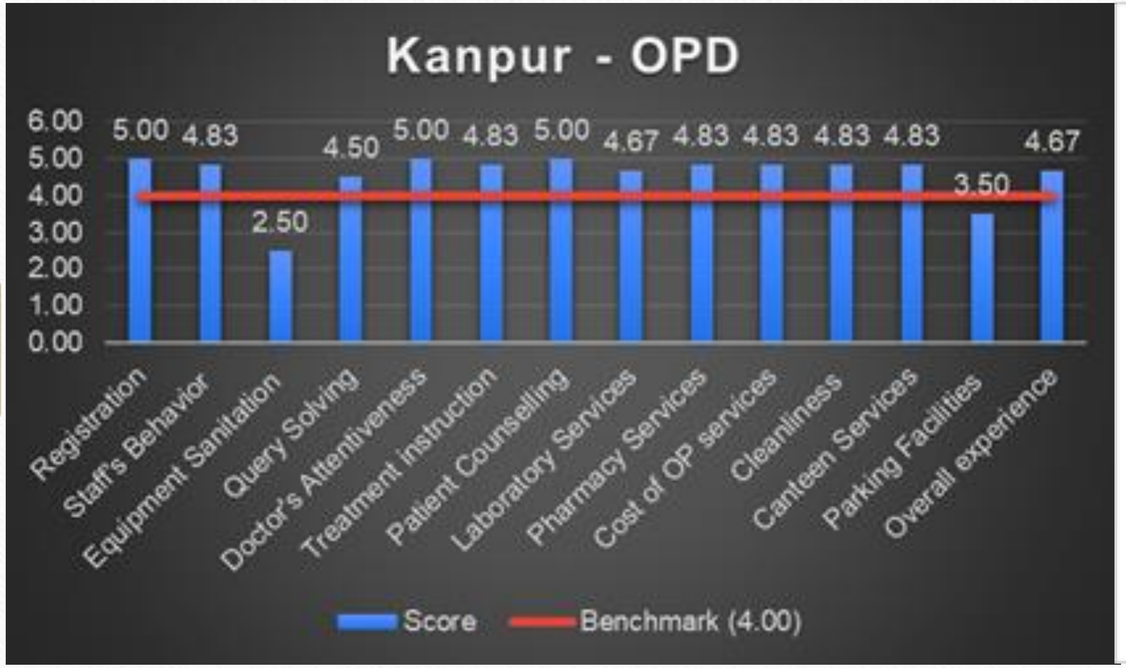


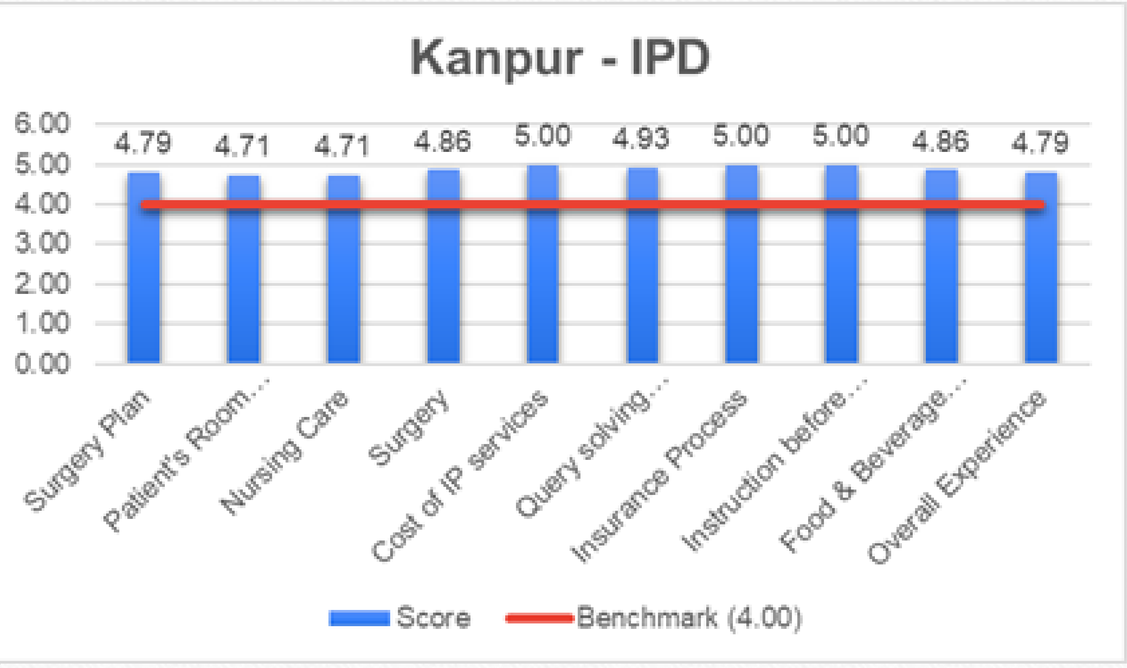
IPD

No Data Available

Gaps: Laboratory Services

Kanpur Unit



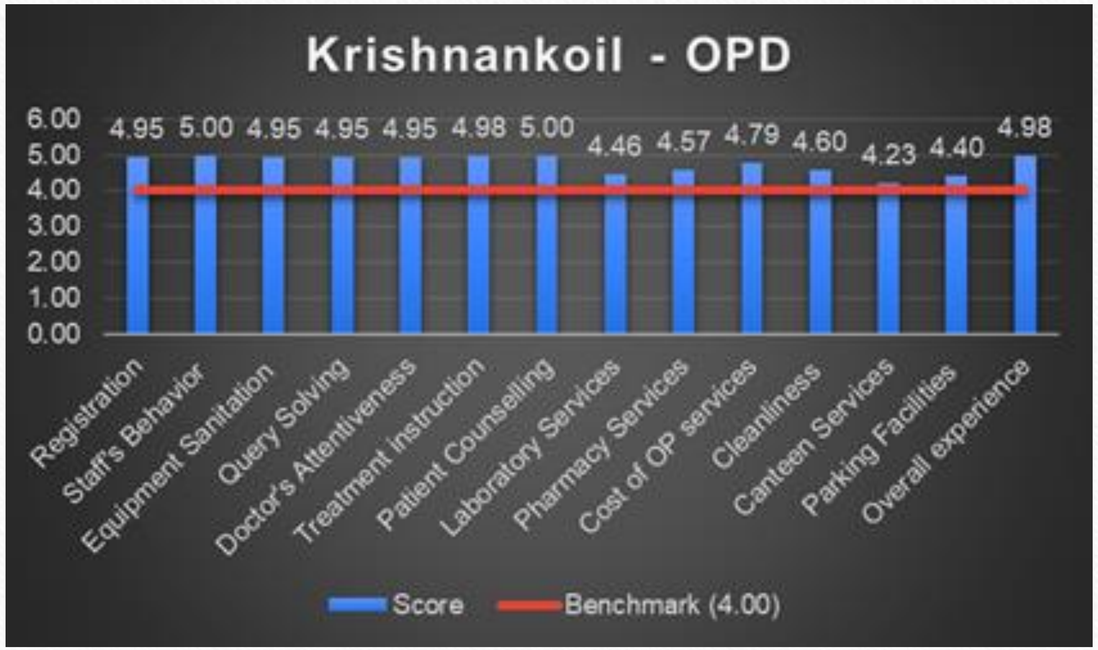


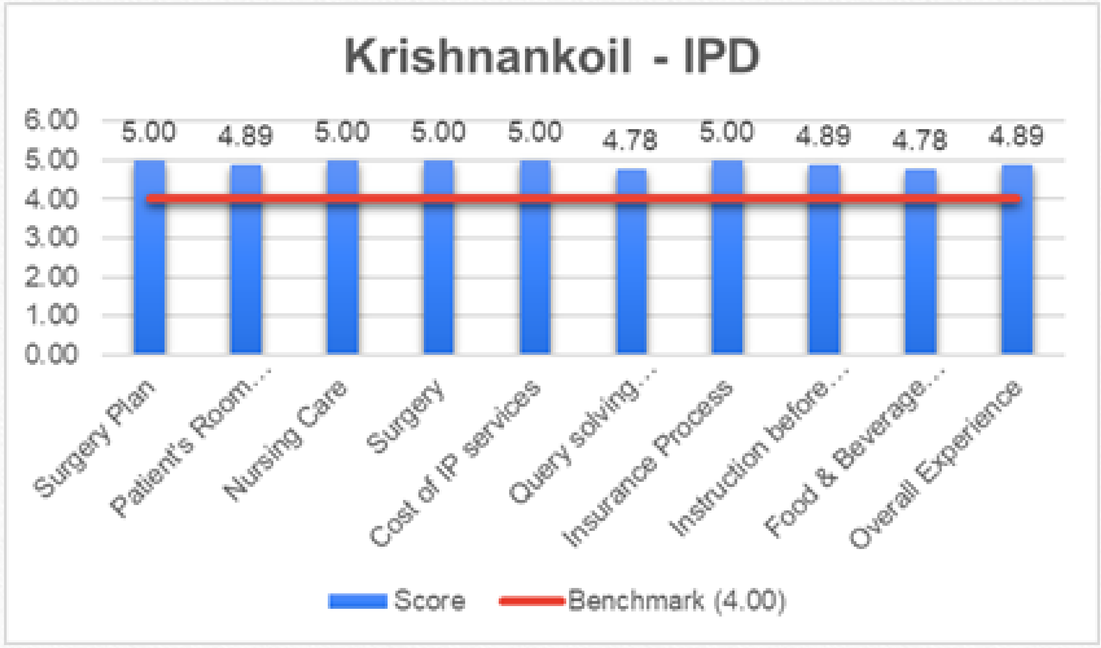
Gaps

Equipment Sanitation before using for patients, Parking Facilities.

Gaps: No Gap

Krishnankoil Unit

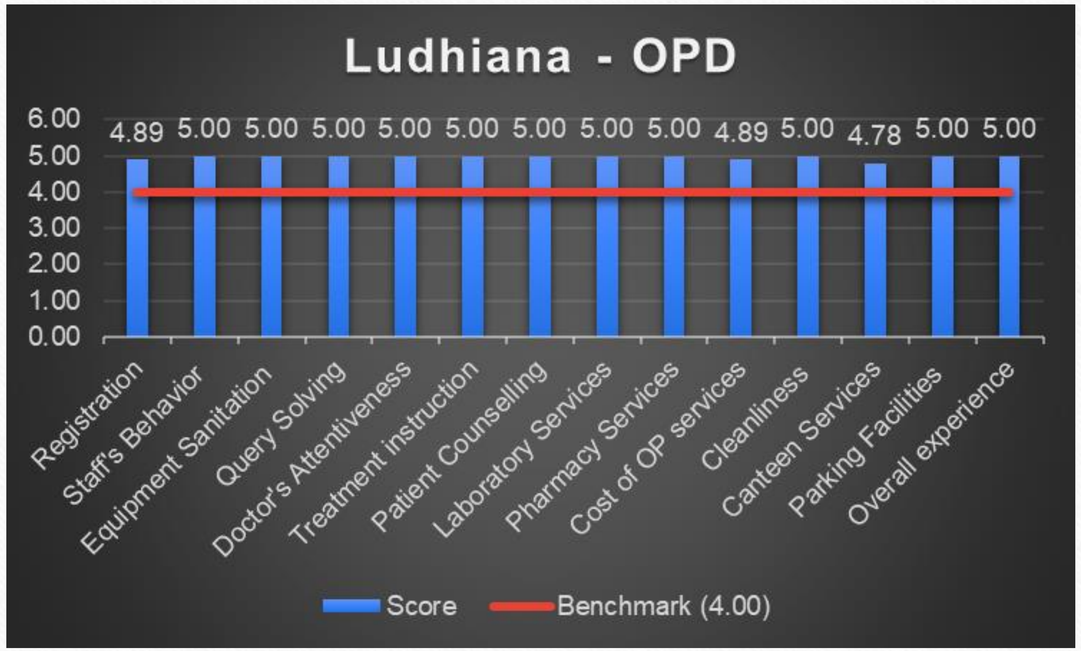


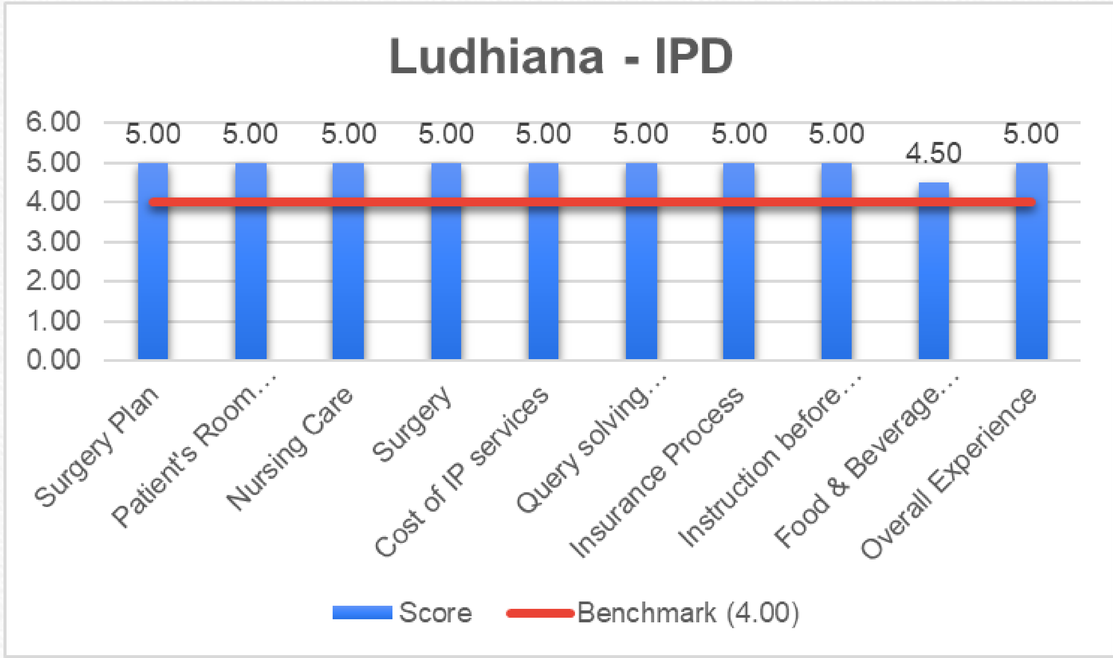


Gaps: No Gap

Gaps: No Gap

Ludhiana Unit

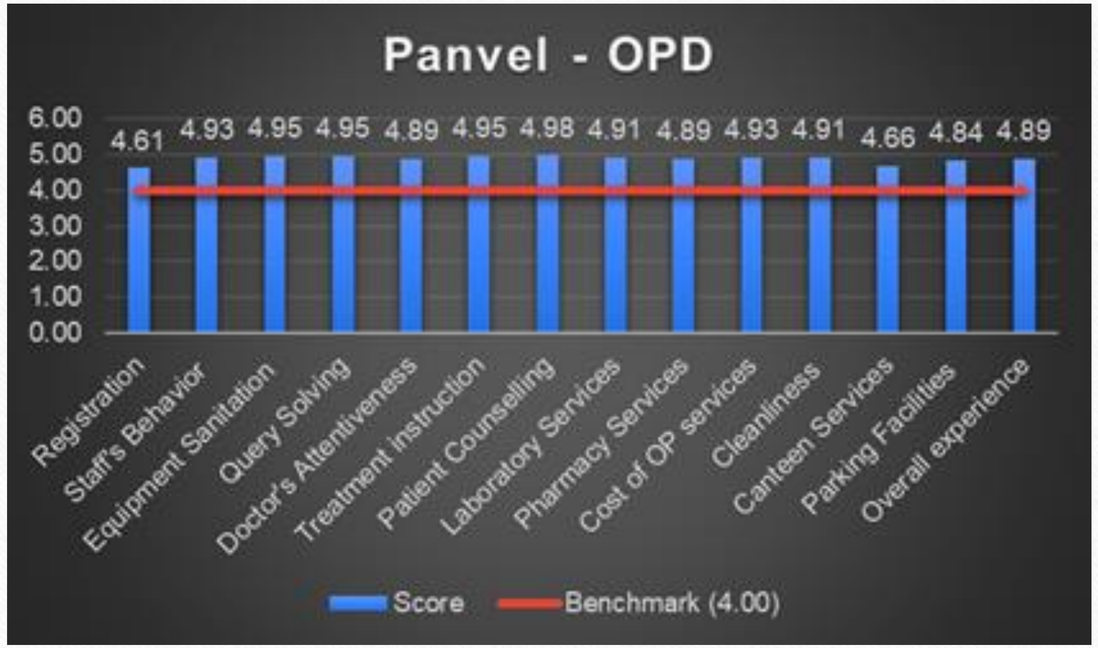


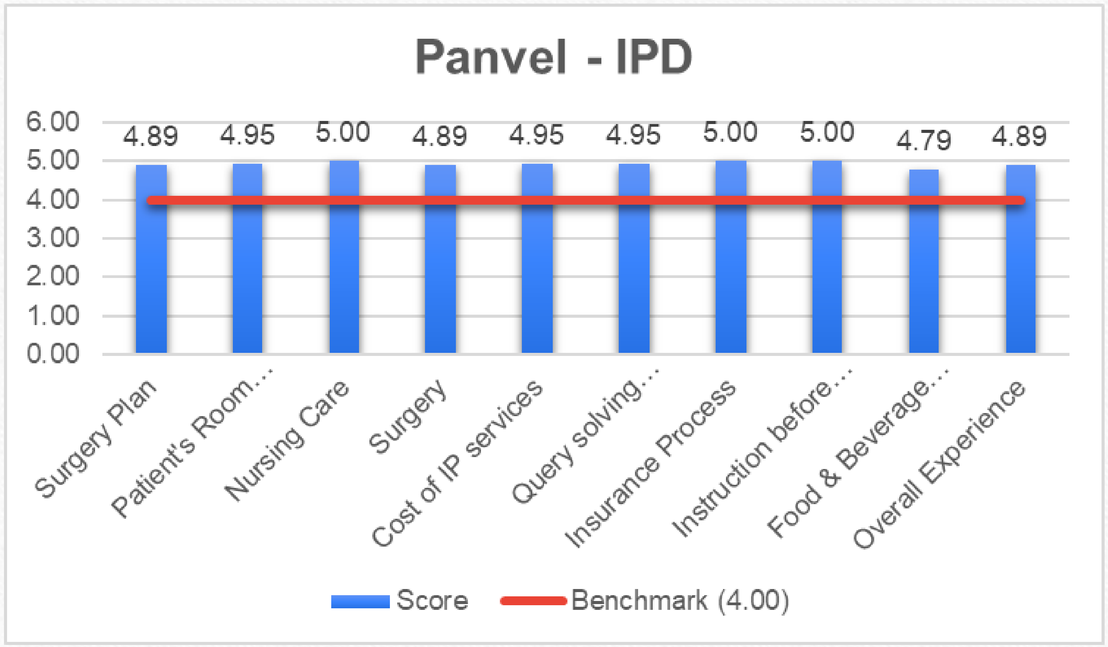


Gaps: No Gap

Gaps: No Gap

Panvel Unit

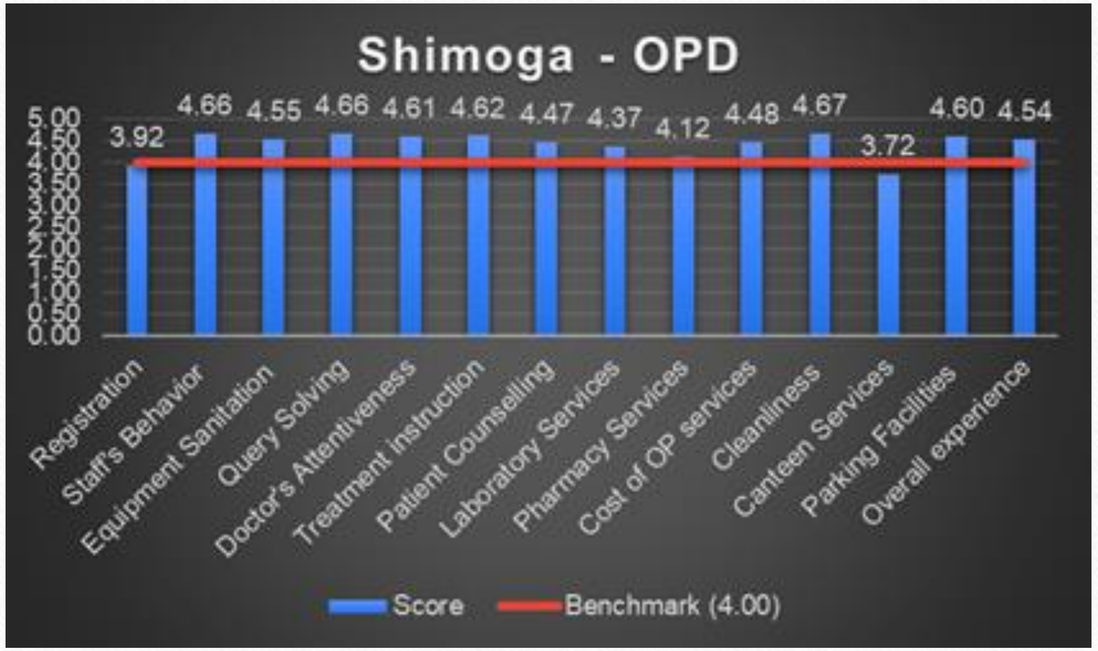


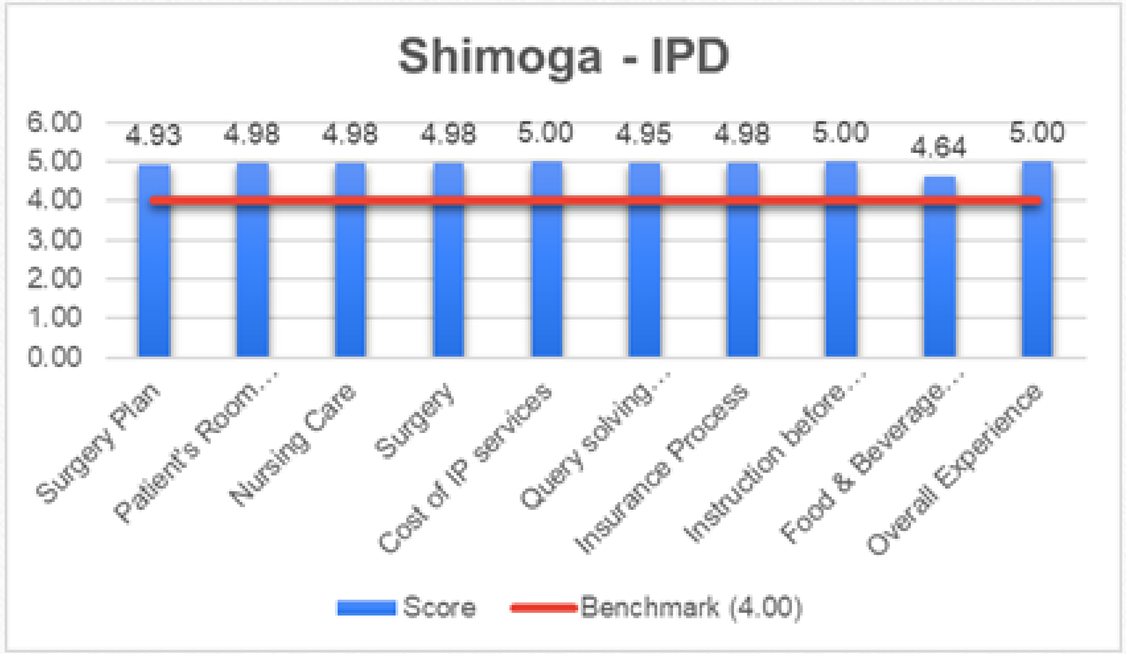


Gaps: No Gap

Gaps: No Gap

Shimoga Unit





Gaps

Waiting time at Registration, Canteen Services.

Gaps: No Gaps

Ranking of Units (According to Performance)

OPD

Rank	Units	Mean	Benchmark	Gap
1	Indore	4.98	4.00	No Gap
2	Ludhiana	4.97	4.00	No Gap
3	Anand	4.94	4.00	No Gap
4	Panvel	4.88	4.00	No Gap
5	Krishnankoil	4.77	4.00	No Gap
6	Coimbatore City	4.67	4.00	No Gap
7	Coimbatore	4.66	4.00	No Gap
8	Kanpur	4.56	4.00	No Gap
9	Jaipur	4.54	4.00	No Gap
10	Guntur	4.49	4.00	No Gap
11	Shimoga	4.43	4.00	No Gap
12	Hyderabad	4.20	4.00	No Gap
13	Bangalore	3.97	4.00	0.03

IPD

Rank	Units	Mean	Benchmark	Gap
1	Indore	5.000	4.00	No Gap
2	Ludhiana	4.950	4.00	No Gap
3	Shimoga	4.943	4.00	No Gap
4	Panvel	4.932	4.00	No Gap
5	Guntur	4.927	4.00	No Gap
6	Krishnankoil	4.922	4.00	No Gap
7	Hyderabad	4.900	4.00	No Gap
8	Kanpur	4.864	4.00	No Gap
9	Anand	4.836	4.00	No Gap
10	Coimbatore	4.627	4.00	No Gap
11	Bangalore	No Data	4.00	No Data
12	Coimbatore City	No Data	4.00	No Data
13	Jaipur	No Data	4.00	No Data

Findings

OPD: Gaps in Service Quality

Sl. No.	AND	BLR	CBH	CCH	GNT	HYD	IND	JAI	KAN	KKL	LDH	PVL	SMG
1.		Equipment Sanitation		Parking Facilities		Equipment Sanitation		Laboratory Services	Equipment Sanitation				Registration
2.		Query Solving				Pharmacy Services			Parking Facilities				Canteen Services
3.		Patient Counselling				Cleanliness in Hospital & Washrooms							
4.		Laboratory Services											
5.		Cleanliness in Hospital & Washrooms											
6.		Canteen Services											

IPD – No Gap

Recommendations

Reducing waiting time at Registration - SMG:

1. The time slot of after lunch (after 2:00 pm) should be recommended for follow-up patients. At the time of discharge, it should be enhanced or it should be recommended to patients for visiting after lunch for follow-up. In this way, the waiting time can be reduced.

Equipment sanitation before using for patients – BLR, HYD & KAN:

1. Implement clear and standardized cleaning protocols for all equipment before using it for patients. Ensure staffs perform cleaning procedures in full view of patients whenever possible. This demonstrates a commitment to hygiene and builds trust.
2. Conduct regular audits of cleaning procedures to ensure staff are adhering to protocols and identify areas for improvement.

Improving Explanation of Examination performed and Response to Query and Patient Counselling - BLR:

1. Use clear and concise language that patients can understand. Avoid medical terms whenever possible. Break down complex information into smaller which will be more easier to understand. Focus on explaining things from the patient's perspective.
2. Encourage patients to ask questions and actively listen to their concerns. Don't rush through explanations. Always treat patients with empathy and respect. Acknowledge their anxiety or fear and show genuine concern for their well-being.

Recommendations

Improving Explanation of Examination performed and Response to Query and Patient Counselling - BLR:

1. Use clear and concise language that patients can understand. Avoid medical terms whenever possible. Break down complex information into smaller which will be more easier to understand. Focus on explaining things from the patient's perspective.
2. Encourage patients to ask questions and actively listen to their concerns. Don't rush through explanations. Always treat patients with empathy and respect. Acknowledge their anxiety or fear and show genuine concern for their well-being.

Improving Laboratory Services - BLR:

1. Provide clear information about report despatching of test and solving patient query regarding Tests. Focus on minimizing wait times for blood test and other procedures. This could involve appointment scheduling and having sufficient staff present during peak hours.

Improving Patient Counselling - BLR:

1. Provide clear information to patients about their treatment process and surgery, including cost of surgery and payment process and insurance process. This reduces anxiety and improves patient understanding.

Recommendations

Improving Canteen Service – BLR & SMG:

1. According to the research study, offering a diverse menu while maintaining nutritional balance can improve patient satisfaction and dietary adherence. Consider seasonal ingredients and cultural preferences.
2. Regularly review and improve recipes through taste testing with staff, patients, and dietitians. Attractive food presentation can also enhance the dining experience.

Parking Facilities – CCH & KAN:

1. Implement clear and concise signage that directs patients and visitors to available parking areas. This includes signs at the entrance, within the parking lot.

THANK YOU