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BRIDGING THE SERVICE QUALITY GAP IN HEALTHCARE - A COMPREHENSIVE LITERATURE REVIEW OF PATIENT EXPECTATIONS AND PERCEPTIONS

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ABSTRACT

Purpose *- Satisfaction of Customers makes a business sustainable and more profitable in the competitive corporate world. Customer satisfaction enhances when the business provides quality products with affordable prices along with quality services to the customers. Hence, every business tries to provide the same to survive and compete with the key players in the market. Healthcare sector is not an exception. Healthcare sector also provides quality services to satisfy patients. However, time-to-time evaluation of quality services being provided to the patients plays a pivot role in enhancing patient satisfaction, trust and loyalty. In addition, the healthcare industry should assess the gap between the expectations of service quality and perceptions of service quality among the public. There are numerous studies on service quality gap in individual and group healthcare institutions like private hospitals, public hospitals, dental hospitals, etc. However, no study was focused on overall service quality gap in healthcare. Hence, the present study is carried with an aim to review the literature of service quality gap in healthcare.*

Design/Methodology/Approach *- A range of studies published from 2000 to 2024 (November) on the assessment of patients' expectations and perceptions of quality of services delivered by healthcare from popular databases like Emeralds, Taylor and Francis, PubMed, Springer, Research Gate, and Elsevier are examined for review of literature. A total of 18 papers were selected based on inclusion criteria.*

Findings *– The study observed from the selected papers that Reliability item has greater gap followed by Responsiveness, Tangibility, Assurance and Empathy.*

Conclusion: *This study concluded that the quality dimensions of healthcare is not focused as a priority and hence they should be considered carefully in order to improve quality of services in hospitals. The study suggests that hospital managers should take necessary actions in all quality dimensions of healthcare to improve services delivery and by means of reducing the quality gap in all dimensions of hospital services.*

Keywords: Healthcare quality gap, Service quality gap, SERVQUAL gap.

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1. INTRODUCTION

Good health is the fundamental requirement of people for high quality of life and healthcare grabs that opportunity to provide good health to all stakeholders irrespective of gender, age, income levels, etc. The healthcare sector is one of the largest service sectors in the global economy. Hence, patient-centered (customer-oriented) care has become one of the key reforms of healthcare as the patients are improving awareness and concerned about quality services from the hospitals. The quality of healthcare services is a key concern for the healthcare industry because of its growing competition and for the people because of their improvements in living standards. The healthcare quality is observed in three dimensions i.e., technical quality which ensures accuracy in diagnosis and its medical procedures, customer quality which ensures educating the patients and service quality which ensures to provide superior services to the patients (Khiavi et al, 2018). Since, most of the patients are lacking of knowledge to assess technical quality, service quality has been evaluated.

Gronroos (1984) defined service quality as clinical management such as diagnosis and treatment (technical quality), and the mode of service delivery to the patient such as attitude of professional staff, and emotional support (physical quality), and cleanliness of environment (functional quality). Parasuram et al (1985) defined service quality as the difference between expectations and perceptions of patients among the 5 different dimensions such as Reliability, Responsiveness, Assurance, Tangibility, and Empathy.

Service quality is the basis for patients to judge the services with two feasible approaches: direct approach, which measures the patient's perception of actual performance of the services received, and indirect approach, which assumes what they perceive from service performance before receiving the services (Endeshaw, 2021). If their expectations met with perceptions, the patients are said to satisfy and if not, dissatisfied. Hence, fail to provide healthcare service quality results in two major problems. One is the risk of losing patients (Swathi et al, 2023) and another is patient dissatisfaction (Habibi & Rasoolimanesh, 2021). In other words, higher patient satisfaction can be established through provision of quality services.

Even the healthcare organizations accept that patient satisfaction is largely influenced by the delivery of quality services and thus it is considered as critical for healthcare administrators to devise effective strategies to deliver superior quality of healthcare services to the patients. In addition, measurement of healthcare service quality from time to time is essential for healthcare systems (Lu et al, 2020).

The quality of healthcare shows positive when patients met their expectations. However, the assessment of patients' expectations and perceptions of services delivery remains challenging as multiple factors are considered. Globally, researchers have conducted many studies at different places using different criteria in multiple settings of healthcare to identify the quality gaps in the healthcare system. Identification of quality gap helps the healthcare organization to take measures to improve the quality of healthcare services which provides a system with competitive advantage, continues customer loyalty and satisfaction, improves productivity of workers, and ensures that all available resources are fully utilized (Alumran et al. 2020). Service quality gaps are largely identified as accessibility, availability, affordability, lack of information, timeliness, safety, effectiveness, efficiency, courtesy, and cultural gaps. These gaps result in patient dissatisfaction, poor health outcomes, and decreased trust in patients towards health care. A large number of studies have been conducted to measure the service quality between the patients' expectations and patients' perceptions. However, there are very less studies that had reviewed the quality gaps among various patients and settings of hospitals. Hence, the present study is undertaken to review the research work done in the field of service quality gap in health care and provide the valuable insights for the stakeholders of healthcare system to take remedial measures, if needed. However, the scope of this review is limited to the literature published in reputed journals between 2000 to 2024 (November).

2. METHODOLOGY

The study applied a systematic review process to get research articles relevant to the research problem understudy. Systematic review process is the structured way of identifying, evaluating and interpreting the available literature related to any particular field of area (Darzi et al, 2022). A systematic literature review done in two steps i.e., inclusion of articles and identification of databases.

Inclusion of articles

Papers published during 2000 to 2024 (November) in peer-reviewed journals were considered for the study. A custom range filter was applied for this purpose. Only research articles related to the service quality gaps in healthcare were included in the review process. Only articles in English language were included.

Database and article selection

The literature search was conducted in the month of December 2024. The databases selected for the literature search included Emeralds, Taylor and Francis, PubMed, Springer, Research Gate, and Elsevier. Filters such as custom range and sort by relevance were applied to restrict the irrelevant search results using keywords such as healthcare quality gaps, service quality gap in healthcare, and SERVQUAL gap in healthcare. The study followed qualitative research design and thus identified following 18 potential review papers from the selected databases for literature review.

Database	Number of Articles	Author(s) & Year
Taylor and Francis	2	Ashraf, Ahmed and Samir (2022) Berhane and Enquselassie (2016)
PubMed	5	Al Fraihi and Latif (2016) Al-Momani et al (2016) Nadi et. al (2016) Abedi et. al (2015) Karydis et al (2001)
Springer	1	Lin, Hao and Zhang (2023)
ResearchGate	5	Murry and Gupta (2022) Roohi, Asayesh, Abdollahi and Abbasi (2022) Nazem, Abdollahi and Mirzaei (2020) Khiavi et al (2018) Torabipour et al (2016)
Emeralds	4	Firas AlOmari (2020) Abuosi and Atigna (2012) Yuan Hu, Cheng Lee and Min Yen (2010) Cheng Lim and Tang (2000)
Elsevier	1	Costa Mendis et al (2018)

3. RESULTS AND DISCUSSION

The Health Care Service Quality is very complicated to measure because of involving of significant risk when compared to other services. Innumerous of studies have employed SERVQUAL model in measuring Health Care Quality gap. Some studies directly employed the model and some other modified the model according to its context. Hence, the findings differ from one to another study. Here are findings of such studies.

Author (s) & Year	Sample Characteristics	Sample	Sampling Technique	Country	SERVQUAL Items	Statistical Tool Applied	Order of Quality Gap
Lin, Hao and Zhang (2023)	Outpatients of 5 general hospitals and 13 specialized hospitals	1876	Convenience	China	23 Items in 6 dimensions (Safety, Reliability, Responsiveness, Tangibility, Assurance, and Empathy)	Descriptive, t-test or f-test, optimal scale analysis	Reliability=Empathy>Responsiveness>Safety>Assurance>Tangibility)
Ashraf, Amid and Samir (2022)	Outpatient of 2 major hospitals	415	Convenience	Jordon	21 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive, t-test, and ANOVA	Responsiveness>Tangibility>Reliability>Assurance>Empathy

Murry and Gupta (2022)	Healthcare Users and Workforces of Sub-Centers, Primary Health Centers and Community Health Centers in 9 Districts of Nagaland	386 250	Quota and Probability	India	21 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive, and Mann-Whitney Test (z)	Reliability>Tangibility>Responsiveness>Assurance >Empathy
Roohi, Asayesh, Abdollahi and Abbasi (2022)	Clients of Primary Healthcare Services in 6 Urban Healthcare Centers	225	Stratified Random Sampling	Gorgon	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics and Wilcoxon's Test	Empathy>Reliability>Assurance>Responsiveness>Tangibility
Nazem, Abdollahi and Mirzaei (2020)	Inpatients of 5 Private Hospitals	110	Random Cluster Sampling	Tehran	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, K-S Test, T-Test and Paired T-Test	Assurance>Empathy>Tangibility>Reliability>Responsiveness
Firas AlOmari (2020)	Outpatients of 5 Private Hospitals	316	Random Sampling	Damascus (Syria)	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, and Pearson Correlation	Empathy>Responsiveness>Reliability>Tangibility>Assurance
Khiavi et al (2018)	Outpatients from 22 Specialties of Ahvaz University of Medical Sciences Teaching Hospital	550	Consecutive Sampling	Iran	36 Items in 11 dimensions i.e., selecting the service provider, quality of facilities and basic amenities, and access (Tangibles), trust (Reliability), communication and interaction, and immediate and timely attention (Responsiveness), respect, safety, and prevention (Assurance), and having authority, and continuity of service (Empathy)	Descriptive Test, Friedman Test and T-test	Respect>Quality of facilities and basic amenities>Services continuity>Communication and interaction>Confidence>access>Selecting service provider>Authority>Safety>Immediate and timely attention>Prevention
Costa Mendis et al (2018)	Inpatients of a Private Hospital	172	Non-Random	Brazil	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics and Kappa Coefficient	Responsiveness >Reliability>Assurance=Empathy (Positive) Tangibility (Negative)

Berhane and Enquselassie (2016)	Outpatients of 9 Public Hospitals	776	Systematic Random	Ethiopia	20 Items in 4 dimensions 9 (Finding their way around, healthcare provider-patient communication style, treatment/procedures performed, and healthcare provider approach to information)	Descriptive Test and Paired Sample T-Test	Healthcare Provider-Patient Communication Style (Positive) Treatment/Procedures Performed>Healthcare Provider Approach to Information>Receiving Instructions from Healthcare Provider (Negative)
Al Fraihi and Latif (2016)	Outpatients of a Hospital in Eastern Province	306	Convenience	Saudi Arabia	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, T-Test, and One-Way Anova	Tangibility>Responsiveness>Reliability>Assurance>Empathy
Nadi et. al (2016)	Inpatients of 4 Selected Hospitals	600	Random Sampling	Sari	22 Items in 5 dimensions (Concretes, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, Paired Sample T-Test, and Friedman's Rank Test	Assurance>Responsiveness>Concretes>Empathy>Reliability
Al-Momani et al (2016)	Inpatients of a Hospital in Riyadh	432	Convenience	Saudi Arabia	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, and T-Test	Responsiveness>Reliability>Tangibles>Assurance>Empathy
Torabipour et al (2016)	Inpatients of 2 Teaching Hospitals, Rehabilitation Centres, and 1 Public Hospital in Ahvaz	255	Random Sampling	Iran	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, and T-Test	Tangibility>Reliability>Responsiveness>Empathy>Assurance
Abedi et. al (2015)	Outpatients of Imam Khomeini Hospital	200	Random Sampling	Sari	42 Items in 6 dimensions (Physical, Assurance, Ability, Responsiveness, Behavior, and Accessibility and Affordability)	Descriptive Statistics, T-Test, Turkey Test, and Variance Analysis	Behaviour>.....>Accessibility and Affordability
Abuosi and Atigna (2012)	Outpatients of 5 Public Hospitals	250	Random Sampling	Ghana	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, and T-Test	Reliability>Responsiveness>Tangibility>Assurance>Empathy
Yuan Hu, Cheng Lee and Min	Outpatients of 3 Hospitals in Hsin-Chu	1229	Random Sampling	Taiwan	22 Items in 5 dimensions (Tangibility, Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, and Anova Test	Fuzzy Linguistic Scale>Likert Scale Assurance>Empathy>Tangibility>Responsiveness>Reliability

Yen (2010)							
Karydis et al (2001)	Outpatients of Dental Clinic School of Dentistry, University of Athens	200	Consecutive Sampling	Greece	14 Items in 4 dimensions (Reliability, Responsiveness, Assurance, and Empathy)	Descriptive Statistics, and T-Test	Responsiveness >Reliability>Empathy>Assurance
Cheng Lim and Tang (2000)	Outpatients of 4 Practitioners Clinics and 2 Specialist Clinics	252	Convenience Sampling	Singapore	25 Statements in 6 dimensions (Tangibility, Reliability, Responsiveness, Assurance, Empathy, and Accessibility and Affordability)	Descriptive Statistics, and Mann-Whitney Test (Z)	Reliability>Assurance>Responsiveness>Empathy> Tangibility>Accessibility and Affordability

4. DISCUSSION

The results of the study, which explored the review of articles on patients' expectations against their perceptions of service using SERVQUAL scale showed that the studies had taken different items of SERVQUAL to measure the service quality gap in healthcare such as Tangibility, Reliability, Responsiveness, Assurance, Empathy, Safety, Concretes, Physical, Ability, Behavior, Accessibility, Affordability, Selecting the service provider, Quality of facilities and basic amenities, Access, Trust , Communication and interaction, Immediate and timely attention, Respect, Prevention, Authority, Continuity of service, Finding their way around, Healthcare provider-patient communication style, Treatment/procedures performed, and Healthcare provider approach to information. Furthermore, the studies are conducted in different context of hospital settings and environment, and considered inpatients and outpatients according to the requirement of the study. Majority of the studies had used popular items of SERVQUAL i.e., Tangibility, Reliability, Responsiveness, Assurance, and Empathy. In that particularly, Reliability item has greater gap followed by Responsiveness, Tangibility, Assurance and Empathy. In addition to that, there are other items, which are used in limited studies that are insignificant to align to the findings of the study, and hence those five items are considered completely for better understanding.

5. CONCLUSION

The previous studies were too narrow emphasizing the service quality gap in healthcare. This study set out to explore the papers on patients' expectations and perceptions of service quality. This study recommends that the quality dimensions of healthcare should be considered carefully in order to improve quality of services in hospitals. The study therefore suggests that hospital managers should take necessary actions in all quality dimensions of healthcare to improve services delivery and by means of reducing the quality gap in all dimensions of hospital services. Thereby, the customer satisfaction, trust and loyalty of the customer and the profitability of the healthcare organization enhances.

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