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Evaluating Service Quality from A Physical Perspective in Missionary Hospitals in Ernakulum District

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ABSTRACT

This study assesses the missionary hospitals in the Ernakulum District's service quality from a physical perspective standpoint. This research combines physical perspective health indicators with healthcare service management by looking at how various aspects of service quality—like responsiveness, empathy, and reliability—affect patient health outcomes. The goal of the study is to determine how hospital service quality affects patients' overall recovery and well-being by analysing physical perspective markers of health, health records, and patient feedback. The results are intended to shed light on the ways that better physical perspective health outcomes can be achieved through improving service quality in healthcare settings, which can then improve public health in the area. This multidisciplinary approach emphasizes the critical connection between patients' physical perspective health and high-quality healthcare services.

Keywords: *SERVQUAL, Missionary Hospitals, Health Outcomes, and Service Quality*

1. INTRODUCTION

This article provides a targeted assessment of the level of care provided in missionary hospitals in Kerala, India's Ernakulum District. Twelve hospitals, including Lisie Hospital in Kochi, Little Flower Hospital in Angamaly, and Cortina Hospital in Chellanam North, are among the privately run facilities within the Roman Catholic Diocese. Driven by their underlying religious beliefs, each of these hospitals has a distinct mission that aims to both offer medical care and exemplify the compassion and empathy that characterize their spiritual objectives.

In order to ensure that all stakeholders have a common grasp of the essential ideas, it is imperative that healthcare researchers comprehend the many definitions of service quality. This helps to ground the study in a well-established theoretical framework. Definitions of service quality have evolved throughout time, moving from straightforward expectation-performance comparisons to more complex interpretations that take into account client experiences and views. As an illustration, Grönroos (1982) establishes a fundamental viewpoint on service quality by highlighting the customer's opinion of the expected vs the perceived service. In a similar vein, Parasuraman, Zeithaml, and Berry (1985) present a methodical approach to assess service quality that has been extensively implemented in a number of service industries, including healthcare, by contrasting client expectations with their perceptions of the service obtained. Bitner and Hubbert (1994) refine this further, viewing service quality as the customer's total perception of an organization's relative excellence or inferiority. Pre- and post-service encounter assessments are crucial, as highlighted by Asubanteng, McCleary, and Swan (1996). This is especially true in healthcare settings where patient expectations and experiences have a big impact on perceived quality. Our research may measure service quality in missionary hospitals more thoroughly by incorporating various viewpoints, guaranteeing that the findings are reliable, comparable, and in line with the theoretical foundations and real-world applications of healthcare service delivery.

By connecting the level of care to physical perspective health outcomes, the evaluation of these hospitals takes a fresh approach (Bodha, 2017). Traditionally, operational effectiveness and patient happiness have been used to gauge the quality of healthcare services. Nevertheless, by including physical perspective markers like total physical well-being and recovery rates, this study enhances the traditional paradigm and provides a full understanding of the influence of service quality. This physical perspective viewpoint offers a more objective way to gauge how successfully healthcare facilities accomplish their

goals by looking at the observable improvements in patient health. This strategy not only emphasizes the value of top-notch medical care but also the possibility that hospitals with ties to religion can improve public health in the area by providing better care.

Though a substantial amount of research has been conducted on the subject of service quality in healthcare, there is still a discernible lack of knowledge regarding the precise ways in which aspects of service quality affect physical perspective health outcomes in missionary hospital environments (Narang, 2010; Veeraselvam and Amutha, 2015; Afolabi, et al, 2021). The majority of research to date has concentrated on patient satisfaction and perceived quality of care, but has not established a clear connection between these factors and concrete physical perspective outcomes, like recovery rates and general physical well-being. Moreover, there is a dearth of studies that combine the distinct spiritual and mission-driven attributes of missionary hospitals with their models of service delivery to examine the combined effects of these elements on patient health. This discrepancy emphasizes the necessity of a thorough investigation into the ways in which the various dimensions of service quality—e.g., tangibles, responsiveness, assurance, empathy, and reliability—interact with the unique setting of missionary hospitals to affect physical perspective health markers. Filling this gap could yield important information about how to best deliver healthcare in comparable situations, improving patient outcomes and service quality.

INDICATORS OF PHYSICAL PERSPECTIVE HEALTH AND SERVICE QUALITY

This study aims to perform a thorough assessment of the ways in which different aspects of service quality affect patient health outcomes in missionary hospitals located in the Ernakulum District. In particular, all five SERVQUAL model dimensions—tangibles, assurance, responsiveness, and empathy—will be the subject of this study (Chung, et al., 2021). Tangibles are the actual buildings, furnishings, and staff appearance; reliability is the capacity to deliver the promised service consistently and accurately; responsiveness is the readiness to assist clients and offer timely assistance; assurance is the knowledge and civility of staff members and their capacity to install confidence and trust; and empathy is the ability to provide patients with compassionate, tailored care (Jha, & Kumar, 2019). Through a thorough analysis of these dimensions, the study aims to identify the most important components of service quality that contribute to the improvement of important health outcomes like overall satisfaction, recovery rates, and patient safety (Singh, et al, 2017; Singh, et al, 2019).

Physical perspective health indicators and healthcare service management together provide a powerful and innovative way to comprehend and enhance healthcare delivery. Thanks to this methodology, the study can now include objective perspective outcomes in addition to subjective assessments of service quality, yielding a reliable indicator of healthcare effectiveness (Kaur & Kaur, 2018).

The significance of medical services provided by missionary hospitals—which are frequently deeply ingrained in their communities and driven by a mission of compassionate care—is further increased by concentrating on physical perspective health indicators. This study emphasizes the direct relationship between physical health outcomes and aspects of service quality, highlighting the vital role that efficient healthcare services play in enhancing patient well-being.

Furthermore, by determining which aspects of service quality have the greatest influence (Yasmin and Raju, 2020), the research will provide insightful information that can direct advancements not only in missionary hospitals but also in other healthcare settings. Improving these aspects can result in major improvements in patient care, better clinical outcomes, and the promotion of population health. This study highlights the critical connection between high-quality service delivery and the best possible health outcomes, which may have an impact on operational strategies and policy decisions made by healthcare organizations (Karthikeyan & Ramkumar, 2017).

2. RESEARCH METHODOLOGY

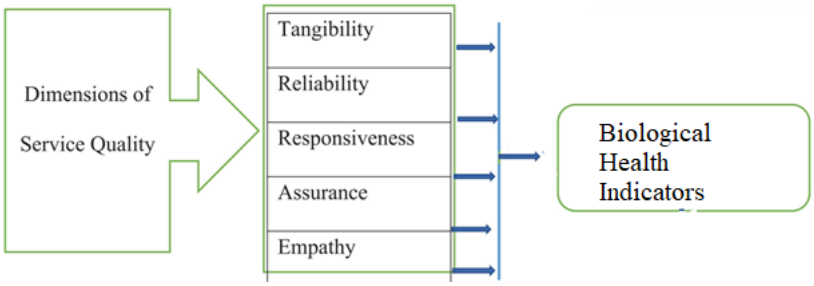
A descriptive design is used in methodology research, which is especially appropriate for this study because its goal is to precisely and methodically characterize the quality of care provided in missionary hospitals and how that care affects physical perspective health outcomes. This design will make it easier to gather quantitative data that gives an overview of the service experiences patients had while they were in the hospital. The investigation employs a combination of primary and secondary data sources to guarantee a thorough examination. Using structured questionnaires created especially to measure the SERVQUAL model's dimensions of service quality, primary data is directly collected from patient experiences and perceptions. In order to correlate the service quality data with patient health outcomes and recovery rates, secondary data will be gathered from hospital records.

The study's data collection takes place from November 2022 to December 2022, spanning a month. This period of time was selected to minimize variations resulting from seasonal shifts in hospital visitation or service delivery, while still allowing for the collection of a sufficient and pertinent sample of in-patient experiences. All in-patients who visited the twenty missionary hospitals under investigation during the data collection period are included in the study's population. A sample size of 200 patients has been found to be statistically significant for analysing the effects of service quality on this population, while still being manageable for comprehensive data collection and analysis.

To choose a sample from the population, convenience sampling is employed. With this approach, data from a subset of

patients who are willing and able to participate can be efficiently gathered. Given the logistical and scheduling limitations inherent in hospital-based research, this approach is appropriate even though it may introduce some bias because it does not randomly select participants.

A structured questionnaire is used to gather data, and it is intended to capture comprehensive details on each of the five SERVQUAL-defined dimensions of service quality. In order to provide a rich dataset covering patient ratings of concrete aspects of the hospitals, their interactions with hospital staff, and their overall satisfaction with the healthcare services received, this questionnaire combines both scaled items and open-ended questions. This instrument is essential for converting the subjective experiences of patients into numerical data that can be analysed to find relationships with outcomes related to physical perspective health. The study's conceptual model is shown in the diagram below.



In a healthcare setting, the conceptual model illustrates the relationship between physical perspective health indicators and service quality dimensions. First, the aspects of service quality—tangibility, dependability, assurance, responsiveness, and empathy—are the main focus. The tangible components of the healthcare environment, such as the buildings and machinery, are reflected in its tangibleness. Healthcare services' accuracy and consistency are emphasized by their reliability. The promptness and efficacy with which healthcare needs are met is indicated by responsiveness. While empathy emphasizes giving patients individualized, compassionate care, assurance refers to the staff's professionalism, courtesy, and capacity to inspire trust (Karthikeyan, & Ramkumar, 2015).

Arrows from these service quality dimensions go straight to the "Physical Perspective Health Indicators" box, indicating that the purpose of the study is to quantify how these service dimensions affect physical perspective outcomes. This arrangement supports the theory that better health outcomes, such as increased patient recovery rates and general well-being, are positively correlated with higher quality service in these dimensions. In order to investigate how successfully enhancements in service quality can convert into palpable health benefits for patients, the diagram acts as a clear framework for the study, directing data collection and analysis (Prasanna, et al., 2023).

FINDINGS

A thorough survey was carried out to find out more about the demographics of inpatients and evaluate the use of medical services in missionary hospitals in the Ernakulam District. An in-depth analysis of several demographic factors, including age, gender, occupation, marital status, and monthly family income, is provided by the survey data, which is shown in Table 1. Understanding the unique needs of these groups and identifying the main users of hospital services depend on this demographic profiling. For hospital administrators and health service planners looking to maximize healthcare delivery and successfully meet the varied needs of the community, the insights gleaned from this analysis are essential.

Table 1 An Overview of Missionary Hospital Inpatients

Category	Sub-category	Frequency	Percent
Age	Below 25 Years	14	7.00
	25–35 Years	27	13.50
	36–45 Years	45	22.50
	46–55 Years	53	26.50
	Above 55 Years	61	30.50
Gender	Male	106	53.00
	Female	94	47.00
Occupation	Students	16	8.00

	Homemaker	22	11.00
	Government Employee	28	14.00
	Private Sector Employee	61	30.50
	Pensioner	55	27.50
	Others	18	9.00
Marital Status	Married	153	76.50
	Unmarried	41	20.50
	Others	6	3.00
Monthly Family Income	Less than Rs. 50,000	47	23.50
	Rs. 50,000–100,000	134	67.00
	Rs. 100,001–150,000	19	9.50
	Above Rs. 150,000	0	0.00

Table 1 gives a detailed demographic breakdown of the inpatient profile at missionary hospitals in the Ernakulam district, including age, gender, occupation, marital status, and monthly family income. Notably, with 57% of the patients being over 45, the age distribution of the inpatients reveals a higher concentration in the older age groups. This may suggest that among these age groups, chronic diseases or other conditions requiring hospital care are more common.

The distribution of genders is fairly balanced, with slightly more men (53%) than women (47%). This parity may be a reflection of the region's overall population distribution or of particular health-seeking practices among the sexes. With 30.5% and 27.5% of the total, respectively, private sector employees and pensioners make up the largest occupational groups of inpatients. This implies that due to age-related health problems or occupational hazards, the working and retired populations may either have greater need for or better access to hospital services.

The majority of inpatients (76.5%) are married, which may reflect the demographic makeup of the adult population in the district or perhaps indicate that married people have stronger support networks or family pressure to seek medical attention. In terms of income, a startling 67% of the patients are from families with monthly incomes between Rs. 50,000 and Rs. 100,000, indicating that middle-class families are the ones who use hospitals services the most. This may indicate the ability to pay for these services or the absence of sufficient health insurance to reduce medical expenses.

The data shows that a wide range of societal groups make significant use of hospital services, with age and occupation being two important demographic variables that influence the patterns seen. In addition to assisting in the planning and improvement of hospital services to better meet the needs of the community, this demographic profiling helps to understand the healthcare needs of the population. In order to more effectively tailor healthcare services, future research could examine the specific health conditions that are common among these demographic segments. In order to assess the quality of care provided in missionary hospitals in the Ernakulam District, a study was carried out that examined the perceived discrepancies between the expectations and experiences of patients in relation to five essential aspects of service quality. These dimensions—Assurance, Empathy, Responsiveness, Tangibility, and Reliability—are taken from the SERVQUAL model. By identifying specific instances where the perceived service falls short of expectations, this analysis aims to give healthcare providers useful information that they can use to improve patient satisfaction and overall service delivery.

Table 2 Service Quality Gap for Five SERVQUAL Issues Associated with Patients

S. No	SERVQUAL Dimension	Expectation	Perception	Gap
1	Tangibility	5.622371	5.540771	0.0816
2	Reliability	5.505493	5.556372	-0.050879
3	Responsiveness	5.71768	5.655628	0.062052
4	Assurance	5.67071	5.676785	-0.006075

5	Empathy	5.739673	5.803447	-0.063774

The computed differences between the expected and perceived service quality for each of the five SERVQUAL dimensions are shown in Table 2. Notably, there are negative gaps in the dimensions of empathy, assurance, and reliability, suggesting that perceptions are higher than expectations. This indicates the hospitals' strong points and areas of performance. On the other hand, positive gaps are seen in tangibility and responsiveness, indicating possible areas for development in situations where expectations are not entirely satisfied. In order to close these gaps and raise the Caliber of healthcare services, these findings emphasize the significance of ongoing evaluation and strategy adaptation for better meeting patient expectations. This research looks at service quality differences and how they affect patients' recovery rates and physical perspective well-being at missionary hospitals in the Ernakulam District. Based on their scores, the service quality gaps are divided into three different categories: Low Gap (Gap score > -0.63), Moderate Gap (-1.33 ≤ Gap score ≤ -0.63), and High Gap (Gap score < -1.33). These categories aid in determining the impact of notable variations between the quality of expected and actual services on the health outcomes of patients. In order to identify potential areas for healthcare service delivery improvement, the analysis aims to evaluate the relationship between various levels of perceived service quality and their subsequent effects on patients' recovery rates and general well-being.

Table 3 The physical perspective well-being of patients at missionary hospitals

Service Quality Dimension	High Recovery Rate	Moderate Recovery Rate	Low Recovery Rate	High Well-Being	Moderate Well-Being	Low Well-Being
Tangibles						
High	34	39	33	41	23	21
Moderate	11	19	9	22	29	16
Low	18	19	18	37	9	2
Reliability						
High	24	31	8	33	16	15
Moderate	22	19	7	36	15	14
Low	29	52	8	28	21	22
Responsiveness						
High	31	13	15	28	25	5
Moderate	43	18	11	39	29	6
Low	26	22	21	33	31	4
Assurance						
High	72	32	19	98	27	4
Moderate	18	13	4	23	16	3
Low	34	6	2	19	8	2
Empathy						
High	78	26	12	67	32	9
Moderate	22	19	8	31	14	10
Low	21	8	6	19	12	6

With a focus on recovery rates and well-being across five service quality dimensions—tangibles, reliability, responsiveness, assurance, and empathy—Table 3 provides a thorough analysis of the relationships between service quality gap levels and patient outcomes. According to the data, there appears to be a significant positive correlation between improved recovery rates and elevated levels of well-being and higher perceptions of service quality, specifically in the Assurance and Empathy dimensions. On the other hand, worse patient outcomes are typically associated with lower perceived quality in these areas. This suggests that improving the Assurance and Empathy components of services may result in better patient outcomes and recuperation. These results highlight the significance of upholding high service standards and reducing disparities in the quality of perceived services in order to promote improved health outcomes in hospital environments.

3. DISCUSSION

This study, which was carried out in the missionary hospitals of the Ernakulam District, examines the relationship between patient health outcomes and variations in service quality to reveal important managerial implications. By classifying these disparities into distinct levels, namely high, moderate, and low, hospital administrators are equipped with a methodical way to recognize and order areas that require improvement. Notably, it is found that the dimensions of Assurance and Empathy are crucial, and that smaller gaps are positively correlated with higher rates of recovery and better general well-being. This observation highlights the need for customized training initiatives aimed at enhancing staff competencies in these critical domains, guaranteeing that patient care is provided with a high degree of technical proficiency and a profound sense of compassion.

The correlation that has been observed between reduced gaps in service quality and improved health outcomes for patients emphasizes how important it is to maintain high service standards. Hospital administrators ought to concentrate on programs that bridge these gaps and improve the patient experience by strengthening staff-patient relationships and streamlining operational procedures. It is imperative that service delivery engage in a continuous cycle of review and modification, based on patient input and methodical assessments. By ensuring that healthcare services not only meet but also exceed patient expectations, these initiatives can be used to improve clinical outcomes and increase patient satisfaction.

Furthermore, the study's findings demonstrate the structured service quality frameworks, such as SERVQUAL, and their universal relevance and usefulness in healthcare settings. It is recommended that policymakers and leaders in the healthcare industry incorporate these metrics into benchmarks for performance evaluation across the board. Better patient outcomes and more prudent use of healthcare resources result from this integration, which fosters ongoing improvement and accountability in service delivery. Healthcare administrators have the power to significantly impact public health and increase the effectiveness of healthcare institutions by focusing on factors that are critical to patient perceptions and recovery processes.

SUMMARY

Through the correlation of service quality dimensions with physical perspective health indicators, this study offers a novel method for assessing the quality of care provided in missionary hospitals in the Ernakulam District. The findings emphasize the critical role that Assurance and Empathy play in the delivery of healthcare services by highlighting their substantial effects on patient health outcomes. In addition to increasing patient satisfaction, missionary hospitals can improve clinical outcomes by closing the gap between perceived and expected service quality. The combination of SERVQUAL and physical perspective health outcomes provides a thorough, unbiased assessment of healthcare efficacy that could act as a template for other healthcare facilities looking to raise the Caliber of their patient care and services. As a result, this study offers insightful information that can lead to strategic enhancements in healthcare services, which will ultimately promote population health and more efficient healthcare systems.

FUTURE SCOPE

A framework for assessing and improving healthcare service delivery is provided by the study on the service quality of missionary hospitals in Ernakulum District, which integrated physical perspective health indicators and the SERVQUAL model. The results show a strong relationship between patient health outcomes and aspects of service quality, such as assurance and empathy, pointing to specific areas that could use improvement. On the basis of longitudinal data, future research could investigate the causal relationships between particular service dimensions and patient recovery courses. Furthermore, broadening the focus to encompass comparative evaluations between missionary and non-missionary hospitals may shed light on the distinct ways in which religious affinities contribute to the effectiveness of healthcare. Additional research on the impact of service quality improvements on public health policy and the scalability of such improvements across various healthcare settings may yield insightful information for more extensive improvements to the healthcare system.

POTENTIAL CONFLICTS OF INTEREST

No conflicts of interest are disclosed by the writers. There were no financial or commercial ties that would raise the possibility of a conflict of interest in the research covered in this article. The conclusions and viewpoints conveyed are exclusive to the writers and have not been impacted by outside funding or connections.

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