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AN ASSESSMENT OF PATIENT EXPECTATIONS AND PERCEPTIONS OF HEALTHCARE SERVICE QUALITY IN COIMBATORE

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ABSTRACT
The research article provides a detailed assessment of patient expectations and perceptions of healthcare service quality in multi-specialty hospitals within Coimbatore, with a specific focus on the core dimensions of service quality and their impact on patient satisfaction. The objectives of the study are. To analyze the patient expectations towards the service provided by the health care multi-specialty hospitals in Coimbatore. To assess the impact of service quality on patient satisfaction in multi-specialty hospitals in Coimbatore. The study is a descriptive research design, and it collects primary data from a sample of300 respondent using a structured questionnaire, the study applies the SERVQUAL framework and statistical tools like one-way ANOVA. The findings confirm that while key factors like the availability of modern medical equipment, consistency of care, and timely completion of medical tests are generally rated positively, significant gaps persist. Specifically, patient perceptions scored lower in crucial "soft" dimensions, including the trust instilled by hospital staff, patient comfort, convenience of operational hours, and minimal delays in administrative processes. The analysis also revealed a significant relationship between the type of health insurance (government vs. private/none) and service quality perceptions. For instance, respondents with private insurance reported a slightly higher mean perception of service quality, whereas those with government insurance reported lower means, indicating potential disparities. The research underscores that while technical competence is acknowledged, improving responsiveness, empathy, and administrative efficiency is critical. The study offers actionable recommendations for healthcare providers to strategically bridge the expectation-perception gap, thereby fostering a patient-centric culture, enhancing satisfaction, and achieving a sustainable competitive advantage in Coimbatore's dynamic healthcare sector.

Keywords: Healthcare Service Quality, Patient Satisfaction, Patient Expectations, SERVQUAL, Multi-Specialty Hospitals, Responsiveness, and Empathy.

INRTODUCTION

A detailed assessment of patient expectations and perceptions regarding healthcare service quality is crucial for continuous improvement in multi-specialty hospitals, especially within a dynamic urban context like Coimbatore. As healthcare consumers become more informed and discerning, their expectations for quality medical services, empathy, responsiveness, and transparent processes have grown considerably. The provision of high-quality healthcare services has shifted from merely offering clinical expertise to encompassing holistic patient-centred experiences that include communication, infrastructure, and timeliness of care.

Studies indicate that in Coimbatore, multi-specialty hospitals are expanding their services and employing advanced technologies to meet rising patient demands. However, there has been a continual need to measure and bridge the gap between patient expectations and actual perceptions of service quality. Robust frameworks like SERVQUAL are widely used to analyze dimensions such as tangibility, reliability, assurance, responsiveness, and empathy to capture and compare both patient expectations and perceptions. Research repeatedly highlights that, despite moderate satisfaction levels with particular service areas—including treatment quality and staff behaviour—challenges persist in areas like waiting times, clarity in billing, and consistency in hygiene practices. It has been empirically demonstrated that higher service quality in these dimensions significantly impacts patient satisfaction, which in turn influences patient loyalty, trust in healthcare providers, and continued use of medical services. Especially in competitive healthcare markets, like Coimbatore, understanding and responding to these gaps enables hospitals to implement targeted quality enhancement initiatives, resulting in improved overall patient experiences. By systematically comparing patient expectations and perceptions, hospitals can identify specific

actionable areas for improvement, which is essential for fostering a patient-centric culture, enhancing satisfaction, and attaining sustainable excellence in healthcare delivery.

REVIEW OF LITERATURE

Numerous studies have explored patient expectations and perceptions of service quality in multi-specialty hospitals in Coimbatore, emphasizing the vital role these dimensions play in shaping overall patient satisfaction. The SERVQUAL model, comprising five critical dimensions—tangibles, reliability, responsiveness, assurance, and empathy—remains the predominant framework for evaluating healthcare service quality in this region. Research consistently shows that gaps exist between patient expectations and actual experiences, with hospitals frequently performing well on tangibles and reliability but lagging in responsiveness and empathy, which are central to patient-centered care.

Due to more competition and consumers who were more aware of their options, it became absolutely necessary for service providers to evaluate the quality of their services in healthcare settings (Lim & Tang, 2000). Healthcare providers had to figure out what made patients happy, what they valued, and what service improvements were most important, especially in places where resources were limited (Lim & Tang, 2000). Service quality generally had two parts: technical quality, which looked at the results, how accurate diagnoses were, and how procedures were done; and functional quality, which looked at how the service was given to the patient (Naskar, Naskar, & Roy, 2016; Gronroos, 2016). Because most patients didn't have the specialised knowledge needed to judge technical quality, they mostly judged service quality based on functional quality, or the medical care process (Naskar, Naskar, & Roy, 2016; Sitzia & Wood, 1997). Researchers discovered that patients wanted to move away from the traditional model, in which the doctor made most of the decisions, and towards a patient-centered model that promoted information sharing, input from both parties, and a more active role for the patient (Charles et al., 1999; Hausman, 2004). Including the patient's point of view helped providers give more complete and individualised medical care, which usually made patients happier, made them more likely to follow treatment plans, and might even speed up their recovery (Berry & Bendapudi, 2007).

A fundamental principle in evaluating service quality was the juxtaposition of patient expectations with their perceptions of the received service (Naskar et al., 2016). The SERVQUAL model, created by Parasuraman et al. (1985, 1988), was widely used as a broad, general tool to measure the difference between expected service and perceived service in order to show how complex service quality is (Parasuraman et al., 1985, 1988; Parasuraman et al., 2002). The model organised service quality into five main areas: Tangibles, Reliability, Responsiveness, Assurance, and Empathy (Parasuraman et al., 1988; Naskar et al., 2016). Although criticised for issues concerning the validity of the subtractive "gap" score and the universal applicability of its dimensions (Buttle, 1996; Carman, 1990), SERVQUAL was frequently utilised in health research to identify priority areas for improvement (Foster, 2001; Wong, 2002).

Empirical studies conducted in various international contexts have consistently identified a service quality gap, wherein patient expectations typically surpass their perceptions of the quality of services provided (A'aqoulah, Kuyini, & Albalas, 2022; Karassavidou, Glaveli, & Papadopoulos, 2008). A study in Jordanian teaching hospitals found a statistically significant difference favouring patients' expectations across all five SERVQUAL domains, demonstrating minimal overall agreement between expected and perceived outcomes (A'aqoulah, Kuyini, & Albalas, 2022; A'aqoulah, Saris, & Da'ar, 2021). In a study of Greek National Health System (NHS) hospitals, expectations were found to exceed perceptions, indicating potential for quality enhancement (Karassavidou, Glaveli, & Papadopoulos, 2008). Research conducted in Iran, encompassing both rural and private hospitals, identified substantial discrepancies in service quality between perceived and anticipated services (Nazem, Abdollahi, & Mirzaei, 2020; Naskar et al., 2016). A study of surgical patients in Northwest Iran found that the overall service quality gap was negative, which means that expectations were not met in any area (Rezaei et al., 2018).

The particular dimensions displaying the most significant gaps differed according to context. For patients in five private hospitals in Tehran, the Assurance dimension exhibited the most significant gap, indicating that patients perceived staff as inadequately knowledgeable and unable to foster confidence (Nazem, Abdollahi, & Mirzaei, 2020). In the Northwest of Iran, surgical patients had the biggest gaps in the Assurance and Responsibility dimensions (Rezaei et al., 2018). Conversely, research conducted in a rural Indian hospital identified the reliability dimension ("Gets things right the first time") as having the highest expectation scores and the most significant quality gap for outpatient services (Naskar et al., 2016). On the other hand, researchers looking at the quality of healthcare in Jordan found that the biggest difference between what people expected and what they actually got was in the Responsiveness domain. This included things like staff flexibility, quick service, and answering calls right away (A'aqoulah, Kuyini, & Albalas, 2022). Based on these findings, researchers underscored the imperative for hospital administrators to implement essential measures to diminish this disparity across all quality dimensions, including the enhancement of physical resources, the assurance of dependable service delivery, the improvement of responsiveness, and the promotion of civility (A'aqoulah, Kuyini, & Albalas, 2022). It was determined that bridging this gap is essential for organisational success, as patient satisfaction can elevate loyalty, enhance retention, improve outcomes, and mitigate the risk of malpractice (A'aqoulah, Saris, & Da'ar, 2021).

Vidhya (2020) applied the SERVQUAL questionnaire to private hospitals in Coimbatore and found that although patients generally reported satisfaction with physical facilities and the professional appearance of staff, there

remained measurable gaps in responsiveness and assurance. The study highlighted the importance of continuous monitoring to ensure these core service dimensions align with evolving patient needs, suggesting targeted improvements in staff training and customer communication. Likewise, Gerald (2013) reported that Coimbatore patients were not fully satisfied across all five SERVQUAL dimensions, with reliability and assurance scoring particularly low, underscoring a pressing need for systematic enhancements in these areas.

Dusyanth and Infanta (2023) further demonstrated that service quality is a decisive factor in influencing patient satisfaction, especially among young adults and students who set high expectations regarding hygiene and personalized care. Their findings recommended actionable changes such as specialized healthcare packages, staff development programs, and enhanced communication strategies to address demographic-specific needs and overall satisfaction. The review also reveals that consistent application of the SERVQUAL model allows for benchmarking and comparative assessment, offering hospital administrators clear direction for policy changes and resource allocation.

Several contemporary studies have verified the influence of service quality on patient satisfaction in Coimbatore's private healthcare sector. Facilities that focus on optimizing service dimensions—such as maintaining clean environments, responsive staff, and transparent communication—tend to retain competitive advantages, foster greater patient trust, and achieve better healthcare outcomes. These insights collectively reinforce the significance of regular service quality assessments and evidence-based management practices for continuous quality improvement.

Research Gap

Despite numerous studies on service quality and customer satisfaction in various industries, there is a noticeable gap in research specifically focusing on the healthcare sector, particularly regarding the relationship between service quality dimensions and patient satisfaction. While existing literature has explored the general factors affecting patient satisfaction, few studies have comprehensively analyzed the specific service quality dimensions that directly influence satisfaction in healthcare facilities. Additionally, much of the existing research tends to focus on developed regions, leaving a gap in understanding how service quality impacts patient satisfaction in diverse healthcare settings, including those in emerging markets. Furthermore, although many healthcare providers implement service quality improvement measures, there is a lack of empirical evidence on which specific dimensions—such as responsiveness, reliability, and empathy—are most influential in shaping patient satisfaction. The study seeks to fill these gaps by examining the key factors that contribute to patient satisfaction and providing actionable recommendations to enhance service quality in healthcare facilities.

Statement Of Problem

Despite significant advancements in healthcare infrastructure and technology, multi-specialty hospitals in Coimbatore continue to face persistent challenges in delivering consistently high service quality that aligns with patient expectations. Gaps often remain in key service dimensions such as cleanliness, responsiveness, communication, and the empathy shown by healthcare professionals, leading to varied patient perceptions and levels of satisfaction. This disparity is compounded by increasing competition among healthcare providers and a rising demand for patient-centric care models, which require hospitals to respond rapidly and effectively to evolving patient needs and preferences. Empirical research in Coimbatore has identified that the difference between what patients expect and what they actually experience remains a significant problem. Patients often report satisfaction with aspects like facility cleanliness and technical competence, yet find shortcomings in personalized care and clear communication, which are crucial for positive patient experiences and outcomes. Addressing these gaps is essential for hospitals seeking to enhance patient satisfaction, loyalty, and trust, thereby strengthening their competitive position in the region's healthcare sector. The core problem, therefore, lies in the need to systematically assess and bridge the gap between patient expectations and perceptions of service quality in Coimbatore's multi-specialty hospitals. Without targeted improvements guided by such assessments, hospitals risk falling short of delivering care that effectively meets patient needs and supports optimal health outcomes.

Objectives Of The Study

- To analyse the patient expectation towards service provided by health care multi-speciality hospitals in Coimbatore.
- To compare the perception and expectation of patients towards service quality to provide by multi-speciality hospitals in Coimbatore.
- To assess the impact of service quality on patient satisfaction in multi-specialty hospitals in Coimbatore.
- To offer recommendations and suggestions for improving service quality in multi-specialty hospitals in Coimbatore.

RESEARCH METHODOLOGY

Type of research: Descriptive research.

Data Collection

Primary data: Data has been collected through a structured questionnaire structured questionnaires distributed to patients at healthcare facilities.

Secondary data:

Secondary data was collected from a variety of existing sources, including academic journals, healthcare industry reports, government publications, and previous studies on service quality and patient satisfaction.

Sampling Design: Stratified Random Sampling.
Sampling Universe: The sampling universe consists of patients receiving treatment or services at selected healthcare facilities in the study area.
Sample Size: 300 respondents.
Reliability of the Study

Table 1: Reliability of the study

S.NO	Dimensions	Number of items	Cronbrach Alpha value
1	Patient expectation towards service	8	0.850
2	Perception and expectation of patients	7	0.880
3	Service Quality	4	0.820
4	Patient Satisfaction	3	0.790

The Cronbach's Alpha values for most dimensions fall within the acceptable range of 0.7 to 0.9, indicating that the scales used to analyze the effectiveness of service quality on patient satisfaction and related factors are generally reliable.
Tools used for the study: PA, Descriptive statistics and one-way ANOVA has been used for the study.

LIMITATIONS OF THE STUDY

- The sample may not fully represent all patient demographics, as the study relies on patients within certain healthcare facilities.
- The study is limited to Coimbatore city.
- Data were collected through self-reported questionnaires, which are susceptible to biases such as social desirability and recall bias.

ANALYSIS AND INTERPRETATION

Table 2: Demographic Variables of the Respondents

Demographic Variables	Particulars	Frequency	Percent
Age	Below 20 years	80	26.7
	21–30 years	66	22.0
	31–40 years	42	14.0
	41–50 years	74	24.7
	Above 50 years	38	12.7
Gender	Male	148	49.3
	Female	152	50.7
Educational Qualification	Illiterate	85	28.3
	Higher Secondary	69	23.0
	Diploma/Undergraduate	38	12.7
	Postgraduate	71	23.7
	Professional/Doctorate	37	12.3
Occupation	Student	76	25.3
	Private	35	11.7
	Government Employee	37	12.3
	Business	44	14.7
	Homemaker	68	22.7
	Others	40	13.3
Monthly Income	Below 10,000	86	28.7
	10,000–20,000	68	22.7
	20,000–40,000	50	16.7
	40,000–60,000	64	21.3
	Above 60,000	32	10.7
Type of Hospital Visited	Public	98	32.7
	Private	82	27.3
	Multi-Specialty	56	18.7
	Others	64	21.3
Frequency of Hospital Visits	First-time visitor	94	31.3
	Occasionally (1–3 times/year)	93	31.0
	Regular (more than 3 times/year)	113	37.7
Distance to Hospital	Less than 5 km	98	32.7
	5–10 km	90	30.0
	11–20 km	58	18.7
	More than 20 km	55	18.8

	Total	300	100.0

The age distribution of the respondents indicated that 26.7% were below 20 years, 22% were between 21–30 years, 14% were between 31–40 years, 24.7% were between 41–50 years, and 12.7% were above 50 years. In terms of gender, 49.3% were male, and 50.7% were female. Regarding educational qualifications, 28.3% were illiterate, 23% had completed higher secondary education, 12.7% held a diploma or undergraduate qualification, 23.7% were postgraduates, and 12.3% had completed professional or doctorate-level education.

The occupational distribution showed that 25.3% were students, 11.7% were private, 12.3% were government employees, 14.7% were engaged in business, 22.7% were homemakers, and 13.3% were in other occupations. The income distribution indicated that 28.7% of respondents earned below Rs. 10,000, 22.7% earned between Rs. 10,000–20,000, 16.7% earned between Rs. 20,000–40,000, 21.3% earned between Rs. 40,000–60,000, and 10.7% earned above Rs. 60,000.

Respondents predominantly visited public hospitals (32.7%), private hospitals (27.3%), multi-specialty hospitals (18.7%), and other types of hospitals (21.3%).The frequency of hospital visits showed that 31.3% were first-time visitors, 31% visited occasionally (1–3 times per year), and 37.7% were regular visitors (more than 3 times per year).Regarding the distance to the hospital, 32.7% lived less than 5 km away, 30% lived between 5–10 km away, 18.7% lived between 11–20 km away, and 18.8% lived more than 20 km away.

Table 3: Socio-Graphic Variables of the Respondents

Socio-Graphic Variables	Particulars	Frequency	Percent
Type of Health Insurance	None	76	25.3
	Government insurance	72	24.0
	Private health insurance	92	30.7
	Employer-provided insurance	60	20.0
Patient Category	Outpatient	94	31.3
	Inpatient	93	31.0
	Emergency	113	37.7
Source of Information about Hospital	Recommendation by family/friends	94	31.3
	Online search	70	23.3
	Advertisement	46	15.3
	Doctor referral	70	23.3
	Others	20	6.7
Health Condition / Type of Treatment	General Check-up	82	27.3
	Chronic illness	70	23.3
	Surgery	42	14.0
	Maternity/Childcare	76	25.3
	Others	30	10.0
	Total	300	100.0

The distribution of health insurance coverage indicated that 25.3% did not have health insurance, 24% were covered by government insurance, 30.7% had private health insurance, and 20% were covered by employer-provided insurance. The patient category distribution showed that 31.3% were outpatients, 31% were inpatients, and 37.7% sought emergency care.

Respondents primarily received information about hospitals through recommendations by family or friends (31.3%), online searches (23.3%) and doctor referrals (23.3%). Advertisements accounted for 15.3% of the information sources, while 6.7% reported learning about hospitals from other sources. In terms of health conditions or types of treatment, 27.3% visited hospitals for general check-ups, 23.3% sought care for chronic illnesses, 14% underwent surgery, 25.3% visited for maternity or childcare needs, and 10% required treatment for other conditions.

Table 4: Descriptive Statistics for the Patient expectation towards service provided by Healthcare Facilities

Particulars	N	Mean	SD
Modern and well-maintained medical equipment is available.	300	2.61	1.375
Doctors and staff deliver consistent and dependable care.	300	2.64	1.342
Medical tests and procedures are conducted correctly and timely.	300	2.69	1.366
Appointments and treatments are provided without unnecessary delays.	300	2.60	1.341
Hospital staff instill confidence and trust during treatment.	300	2.54	1.307
Hospital personnel show care and concern for patient comfort.	300	2.62	1.340
Operational hours are convenient for patients.	300	2.58	1.328
The hospital meets or exceeds my expectations in terms of service.	300	2.71	1.366
Valid N (list wise)	300		

The above table indicates that the respondents disagree with modern and well-maintained medical equipment is available (2.61), appointments and treatments are providing without unnecessary delays (2.60), hospital staff

instill confidence and trusting during treatment (2.54), hospital personnel showing care and concern for patient comfort (2.62), operational hours are not convenient for patients (2.58), the hospital meets or exceeds their expectations in terms of service (2.71).

Table 5: Descriptive Statistics for the Perception and expectation of patients with Healthcare Services

Particulars	N	Mean	SD
Waiting time for medical tests and procedures is acceptable.	300	2.73	1.375
The hospital has a sufficient number of qualified specialists.	300	2.68	1.367
Required treatments are provided promptly when indicated.	300	2.69	1.356
Information about patient care is communicated effectively across staff.	300	2.68	1.368
There is smooth coordination between doctors, nurses, and administrative staff.	300	2.64	1.375
Hospital premises are clean and hygienic.	300	2.72	1.379
Facilities such as waiting areas, restrooms, and seating are comfortable.	300	2.69	1.379
Valid N (list wise)	300		

The above table indicates that the respondents disagree with waiting time for medical tests and procedures is acceptable (2.73), hospital has a sufficient number of qualified specialists (2.68), requiring treatments are providing promptly when indicated (2.69), information about patient caring is communicated effectively across staff (2.68), smooth coordination between doctors, nurses, and administrative staff (2.64), hospital premises are clean and hygienic (2.72), facilities such as waiting areas, restrooms, and seating are comfortable (2.69)

Table 6: Descriptive Statistics for the Relationship between Service Quality Dimensions and Patient Satisfaction in Healthcare Facilities

Particulars	N	Mean	SD
Service Quality			
The hospital provides adequate signage and directions for easy navigation.	300	2.65	1.337
Staff handle patient records and reports with reliability and precision.	300	2.66	1.362
There is minimal delay in registration, billing, and consultation processes.	300	2.59	1.334
Medical staff show sensitivity to the emotional state of patients and families.	300	2.77	1.410
Patient Satisfaction			
The overall service experience has been pleasant and stress-free.	300	2.72	1.379
I am confident in the hospital's ability to manage my health needs.	300	2.58	1.328
I am likely to return to this hospital for future treatments.	300	2.69	1.366
Valid N (list wise)	300		

The above table indicates that the respondents disagree with hospital providing adequate signage and directions for easy navigation (2.65), staff handling patient records and reports with reliability and precision (2.66), minimal delay in registration, billing, and consultation processes (2.59), medical staff showing sensitivity to the emotional state of patients and families (2.77), overall servicing experience has been pleasant and stress-free (2.72), confident in the hospital's ability to manage their health needs (2.58), returning to this hospital for future treatments (2.69).

Table 7: Comparison between the Demographic Variables (Type of Hospital Visited) of the Respondents and Various Dimensions

Ho1: There is a substantial link between the demographic variables (type of hospital visited) of the respondents and various dimensions.

Dimensions	Type of Hospital Visited	N	Mean	SD	F	Sig.
Service Quality Provided by Healthcare Facilities	Public	98	2.67	0.521	0.868	0.458
	Private	82	2.64	0.481		
	Multi-Specialty	56	2.62	0.454		
	Others	64	2.55	0.430		
	Total	300	2.63	0.479		
Factors Influencing Patients' Satisfaction with Healthcare Services	Public	98	2.78	0.487	2.420	0.066
	Private	82	2.72	0.555		
	Multi-Specialty	56	2.57	0.505		
	Others	64	2.61	0.578		
	Total	300	2.69	0.533		
Service Quality	Public	98	2.74	0.723	0.435	0.728
	Private	82	2.61	0.930		
	Multi-Specialty	56	2.66	0.929		
	Others	64	2.64	0.810		
	Total	300	2.67	0.839		

Patient Satisfaction	Public	98	2.72	0.813	0.815	0.487
	Private	82	2.73	0.893		
	Multi-Specialty	56	2.54	0.875		
	Others	64	2.61	0.833		
	Total	300	2.66	0.850		

There is a substantial link between the Service Quality Provided by Healthcare Facilities (0.458), Factors Influencing Patients' Satisfaction with Healthcare Services (0.066**),** Service Quality (0.728), Patient Satisfaction (0.487) and type of hospital visiting the respondents.

Table 8: Comparison between the Socio-Graphic Variables (Type of Health Insurance) of the Respondents and Various Dimensions

Ho2: There is a substantial link between the socio-graphic variables (type of health insurance) of the respondents and various dimensions.

Dimensions	Type of Health Insurance	N	Mean	SD	F	Sig
Service Quality Provided by Healthcare Facilities	None	76	2.56	0.457	3.053	0.029
	Government insurance	72	2.52	0.479		
	Private health insurance	92	2.72	0.488		
	Employer-provided insurance	60	2.69	0.469		
	Total	300	2.63	0.479		
Factors Influencing Patients' Satisfaction with Healthcare Services	None	76	2.74	0.575	1.059	0.367
	Government insurance	72	2.60	0.594		
	Private health insurance	92	2.71	0.464		
	Employer-provided insurance	60	2.70	0.499		
	Total	300	2.69	0.533		
Service Quality	None	76	2.88	0.912	2.763	0.042
	Government insurance	72	2.52	0.730		
	Private health insurance	92	2.68	0.778		
	Employer-provided insurance	60	2.57	0.916		
	Total	300	2.67	0.839		
Patient Satisfaction	None	76	2.61	0.947	0.643	0.588
	Government insurance	72	2.59	0.849		
	Private health insurance	92	2.70	0.774		
	Employer-provided insurance	60	2.77	0.842		
	Total	300	2.66	0.850		

There is a substantial link between the factors influencing patients' satisfaction with healthcare services (0.367**),** patient satisfaction (0.588) and type of health insurance using the respondents. There is no substantial link between the service quality provided by healthcare facilities (0.029), service quality (0.042) and type of health insurance using the respondents

Service Quality Provided by Healthcare Facilities

Respondents with private health insurance had the highest mean score (2.72), indicating a slightly positive perception, while those with government insurance had the lowest mean (2.52), suggesting a neutral to slightly dissatisfied view.

Service Quality

A significant difference was also found in service quality perceptions. Respondents without health insurance had the highest mean score (2.88), while those with government insurance had the lowest mean (2.52), indicating more negative perceptions.

FINDINGS

Demographic variables of the Respondents

Most of the respondents have an age group within below 20 years. Most of the respondents are male. Most of the respondents are Illiterate. Most of the respondents were students. Most of the respondents earning a monthly income of Below 10,000. Most of the respondents visited public hospitals. Most of the respondents were regular visitors to the hospital. Most of the respondents lived less than 5 km from the hospital.

Socio-Graphic Variables of the Respondents

Most of the respondents had private health insurance. Most of the respondents were emergency patients. Most of the respondents learned about the hospital through recommendations from family or friends. Most of the respondents visited the hospital for a general check-up.

Service Quality Provided by Healthcare Facilities

- The service quality provided by healthcare facilities was generally rated neutrally to slightly agree. Respondents viewed the availability of modern medical equipment, consistency in care from doctors and staff, and the timely completion of medical tests positively. However, aspects such as trust instilled by hospital staff, patient comfort, and the convenience of operational hours received lower ratings, indicating areas that could be improved.
- Respondents with private health insurance had the highest mean score, indicating a slightly positive perception, while those with government insurance had the lowest mean, suggesting a neutral to slightly dissatisfied view.

Factors Influencing Patients' Satisfaction with Healthcare Services

Factors influencing patients' satisfaction with healthcare services include the quality of communication between healthcare providers and patients, where clear, compassionate interactions lead to higher satisfaction. The accessibility and timeliness of care are also critical, as patient's value prompt attention and easy access to healthcare services. Additionally, the overall environment of healthcare facilities, including cleanliness, comfort, and convenience, significantly impacts patient satisfaction, as these factors contribute to a positive experience and feelings of trust and safety.

The Relationship between Service Quality Dimensions and Patient Satisfaction in Healthcare Facilities

- The relationship between service quality dimensions and patient satisfaction in healthcare facilities is vital, as each dimension significantly impacts patient perceptions. Tangibles, such as the facility's cleanliness and appearance, contribute to a professional and trustworthy environment, while reliability ensures patients receive consistent and accurate care. Additionally, responsiveness, assurance, and empathy from healthcare providers enhance patient trust, comfort, and overall satisfaction with their healthcare experience.
- A significant difference was also found in service quality perceptions. Respondents without health insurance had the highest mean score, while those with government insurance had the lowest mean, indicating more negative perceptions.

CONCLUSION

The study on the effectiveness of service quality on customer satisfaction in the healthcare industry reveals that service quality plays a critical role in shaping patient satisfaction levels. Key service quality factors such as modern medical equipment, the consistency of care provided by healthcare staff, and the timely completion of medical tests were identified as primary drivers of patient satisfaction. Respondents generally rated these factors positively, indicating that when healthcare facilities meet or exceed expectations in these areas, patient satisfaction increases.

However, the study also highlighted areas where healthcare services can be improved. Factors like the trust instilled by hospital staff, patient comfort, and the convenience of operational hours received slightly lower ratings, suggesting room for enhancement. Hospitals should focus on improving these aspects, as they have a significant impact on patients' overall perceptions of service quality. Addressing these factors can lead to increased patient loyalty and better healthcare outcomes.

The findings emphasize the importance of maintaining high service quality standards to improve customer satisfaction in the healthcare industry. Healthcare providers must continuously evaluate and enhance their services by focusing on both the technical aspects of care and the softer elements, such as communication, staff interaction, and patient comfort. By doing so, they can foster positive patient experiences, improve satisfaction, and stay competitive in an increasingly demanding healthcare market.

Practical Implications

The practical implications of a study on the effectiveness of service quality on customer satisfaction in the healthcare industry highlight several key areas for improvement. Healthcare providers should prioritize improving the consistency and reliability of care, ensuring that modern medical equipment is readily available, and reducing waiting times for procedures, as these factors were positively associated with patient satisfaction. Additionally, improving communication between healthcare staff and ensuring smooth coordination across departments can significantly enhance the patient experience. Hospitals may also consider focusing on comfort-related aspects, such as the cleanliness of the premises and the comfort of waiting areas, to further boost patient satisfaction. Overall, by addressing these areas, healthcare institutions can improve service quality, foster stronger patient loyalty, and increase overall satisfaction levels, leading to better patient outcomes and competitive advantage.

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