

***Comparing 'Service Quality' And 'Quality Of Care'
With a Special Focus On 'Information Adequacy'***

CAHO SACKON 2023

NIMHANS, Bangalore
16 Sept 2023

Dr. Kasturi Shukla, Dr. Anirudh Ghosh, Dr. Avadhut Patwardhan
Submission Number- AB/107

Introduction

- The Indian hospital industry is set to expand from 2022 to 2027, with an annual growth rate of 18.60%.
- It is necessary to create an enabling patient-centered care.
- Patients are key stakeholder in their own care process.
- Hence, Patient Reported Outcome Measures (PROM) is essential for improving care process.
- Most of QoC scales are developed keeping quality standards in mind.
- Our purpose is to explore QoC dimensions critical from patient's perspective.
- Further, the study compares “Service Quality” vs. “Quality of Care” models.

Objectives

1. Assessment of Service Quality and Quality of Care among the patients.
2. Compare models of Service Quality and Quality of Care.
3. Identify critical QoC dimensions from patient's perspective.

Methods

- **Study Design:** A cross-sectional study was conducted in a tertiary care hospital with 650 beds during the months of May and June 2023 in Delhi.
- **Data collection:** It includes demographic information, socioeconomic status (Kuppuswamy scale), the SERVQUAL scale (5 dimensions[#]), and a recently validated Quality of Care scale^{*}(4 dimensions^{##}).
- Self reported scales were administered after receiving informed consent.
- Patients were interviewed to identify the most important QoC dimension from their perspective.

[#]SERVQUAL - Reliability, Responsiveness, Tangibles, Assurance, Empathy

^{##} QoC - Staff Attitude, Patient Participation, Information Adequacy, Medical Treatment.

^{*} Shukla K, Patwardhan A, Talapatra G. Validating the translation of a Quality-of-Care (QoC) scale: An exploratory approach. International Journal of Healthcare Management, 2023.

Results- SERVQUAL

- Around 300 patients were contacted, out of which 250 responded (Response rate=83.33%).
- SERVQUAL sample (n=250)- 59.2% males; 67.6% (upper class SES), 29.6%(upper middle SES), 2.8% in lower middle and lower SES.

- Across SERVQUAL dimensions, the study identified following gaps:

"Reliability" having the largest negative gap of (-)0.475, followed by

"Responsiveness" at (-)0.309,

"Empathy" at (-)0.263,

"Assurance" at (-)0.215, and

"Tangibility" at (-)0.169.

Results- Quality of Care

- Around 280 patients were contacted, out of which 250 responded (Response rate=89.28%).
- QoC sample - 56.8% males; 34%(upper class SES), 45.2%(upper middle SES), 12%(lower middle SES), 8.8% in the upper lower and lower SES.

Quality of Care dimensions' mean scores:

"Staff Attitude" = 3.420 ± 0.69 ,

"Patient Participation" = 3.496 ± 0.66 ,

"Information Adequacy" = 3.549 ± 0.64 ,

"Medical Treatment" = 3.577 ± 0.65 .

- Out of a total of 250 respondents, 87.4% expressed a desire for "*Patient Participation*," while 88.7% indicated a preference for "*Information Adequacy*".
- Patient interviews confirm that 'Information Adequacy' and 'Patient Participation' were most essential QoC dimensions from patient's perspective.

Discussion & Conclusion

- The SERVQUAL dimensions-Reliability, Responsiveness, Tangibility, Assurance, and Empathy - are insufficient to cover the intricacies of the patient care process.
- QoC is a richer PROM that addresses patient engagement and informational deficiencies of other scales.
- QoC measures are preferred over SERVQUAL because they emphasize "Information Adequacy" and "Patient Participation".
- Align well with patients' needs and provides accurate reflection of their opinions.
- Future research should focus on examining in-depth the "Information Adequacy" and "Patient Participation" factors.

THANK YOU

For more details contact:

Email: drkasturi@sihspune.org