

การทบทวนวรรณกรรมอย่างเป็นระบบเรื่องคุณภาพการให้บริการ ในโรงพยาบาลและความพึงพอใจของผู้ป่วยโดยใช้เครื่องมือ “SERVEQUAL” ในการพัฒนาคุณภาพบริการ

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บทคัดย่อ

ความเป็นมา : การเอาใจใส่ดูแลต่อคุณภาพการให้บริการเป็นสิ่งจำเป็นสำหรับองค์กรที่แสวงหาความสำเร็จและเพื่อรักษาความสำเร็จไว้อย่างยั่งยืนองค์กรสามารถทำได้โดยการปรับปรุงคุณภาพการให้บริการที่จำเป็นอย่างต่อเนื่อง

วัตถุประสงค์ : ทบทวนวรรณกรรมอย่างเป็นระบบเพื่อค้นหาขอบเขตและกิจกรรมที่สำคัญเกี่ยวกับคุณภาพการให้บริการในโรงพยาบาลโดยใช้เครื่องมือ “SERVEQUAL”

วิธีการศึกษา : ดำเนินการสืบค้นข้อมูลอย่างมีระบบโดยอาศัยแนวทางของ PRISMA ผ่านฐานข้อมูล PubMed คำสำคัญ ที่ใช้ในการค้นหา ใช้ Boolean operators และ MeSH เทอม. เกณฑ์ในการพิจารณาคัดเลือกงานวิจัยที่จะนำมาศึกษาได้แก่ ผู้ป่วยแผนกผู้ป่วยนอกโรงพยาบาลของภาครัฐและมิติของคุณภาพงานบริการ รวมถึงความพึงพอใจของผู้ใช้บริการต่อคุณภาพบริการที่ได้รับจากแผนกผู้ป่วยนอกของโรงพยาบาลที่ผู้รับบริการไปใช้บริการ นอกจากนี้แล้วบทความวิจัยฉบับเต็มจากวารสารที่เผยแพร่เป็นภาษาอังกฤษโดยไม่เสียค่าใช้จ่าย ซึ่งตีพิมพ์ระหว่างช่วง 1st มกราคม 1992 - 22nd ตุลาคม 2021 ได้ถูกนำมารวมกับบทความที่ค้นหารวบรวมเบื้องต้นที่กล่าวมาแล้วในการพิจารณาอีกด้วย

ผลการศึกษา : จากการทบทวนวรรณกรรมอย่างเป็นระบบพบว่า ขอบเขตของคุณภาพการบริการของโรงพยาบาลสามารถประเมินได้จากขอบเขต 5 มิติ และ พบว่า กิจกรรมในแต่ละมิติในแต่ละการศึกษาเป็นกิจกรรมที่ไม่เหมือนกันเนื่องจากบริบทและสถานการณ์ที่แตกต่างกันของแต่ละการศึกษา อย่างไรก็ตามหากผู้ป่วยได้รับคุณภาพการให้บริการจากทางโรงพยาบาลตามความคาดหวังแล้วย่อมส่งผลให้ผู้ป่วยเกิดความพึงพอใจต่อคุณภาพการให้บริการนั้น ๆ

สรุปและข้อเสนอแนะ : “SERVEQUAL” เป็นเครื่องมือที่มีประโยชน์อย่างกว้างขวางในการประเมินคุณภาพการบริการ คุณภาพการบริการของโรงพยาบาลมีความสัมพันธ์ที่สำคัญกับความพึงพอใจของผู้ป่วย ผลจากการตอบรับของผู้ป่วยและการระบุน้ำหนักสัมพัทธ์ของมิติต่างๆผู้บริหารโรงพยาบาลสามารถวัดระดับความพึงพอใจของผู้ป่วยและให้ข้อมูลเชิงลึกเกี่ยวกับระดับความสำเร็จของผู้ให้บริการด้านการดูแลสุขภาพ ถึงแม้ว่าเครื่องมือ “SERVEQUAL” จะถูกนำมาใช้อย่างแพร่หลาย แต่การที่จะนำมาใช้กับองค์กรแต่ละองค์กรควรมีการทดสอบและปรับปรุงในข้อคำถามและกิจกรรมที่ต้องการวัดเพื่อให้สามารถตอบสนองความต้องการของผู้บริหารโรงพยาบาลที่จะนำผลลัพธ์ที่ได้ไปใช้ประโยชน์ต่อไป

คำสำคัญ : คุณภาพบริการ ความพึงพอใจของผู้ป่วย SERVEQUAL

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SYSTEMATIC REVIEW ON HOSPITAL SERVICE QUALITY AND PATIENT'S SATISFACTION BY USING "SERVEQUAL" TOOL FOR SERVICE QUALITY IMPROVEMENT

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ABSTRACT

BACKGROUND: The provision of service quality is necessary for the success of the organization and to maintain its success by continuously improving the quality that is needed to address.

OBJECTIVE: Systematically review to find out the dimensions and important activities related to hospital service quality using "SERVEQUAL" tool.

METHODS: Systematically review searching process is guided by PRISMA criteria. PubMed is the main database used for searching process. The inclusion criteria included the outpatients who attend the public hospitals and dimensions of the service quality and patient satisfaction of the hospital. Moreover, the free full-text journal articles published in the English language between 1st January 1992 - 22nd October 2021 were filtered. The articles were collected and screened out for irrelevant articles by reviewing titles and abstracts. The rest of full articles were critically reviewed and extracted all relevant information from each article.

RESULTS: Based upon systematic review, the study found that there were five dimensions of hospital service quality that were used for hospital service quality assessment. Activities loaded in each dimension from each study were not the same, due to the different contexts and situations. Anyway, if the hospital service performance fulfills the expectations of patients, the perceptions regarding the service quality will be satisfactory.

CONCLUSIONS AND RECOMMENDATIONS: "SERVQUAL" is a widely useful tool to assess service quality. The hospital service quality has a significant relationship with the patient satisfaction. Result from the patients' feedback and identifying the relative weight of different dimensions, hospital administrators can measure the patient's satisfaction level and offer insight into the healthcare provider's level of success. Even though "SERVEQUAL" was useful in finding service quality, Hospital Manager needs to pretest and adjust the activities item to be fitted into the organization context first for better result and usage.

KEYWORDS: service quality, patient satisfaction, SERVEQUAL.

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BACKGROUND

There is growing interest in evaluating service quality in every organization. The provision of service quality is necessary for the success of this organization and to maintain its success by improving the quality that is needed to address. This is because it influences the customer satisfaction, loyalty and intention to visit that service¹. The growth of healthcare demand, increased costs, scarce resources and the variety of clinical interventions may lead to a focus on measuring and improving the quality of services in many healthcare systems in the world. Taking into consideration the scarce resource has become essential for hospital administrators to understand and measure consumer perspectives, thereby any perceived gap in the delivery of service is identified and suitably addressed²⁻³.

Hospital service quality perception is based on a patient's judgment of the services provided by the hospital. Perceived service quality given by the hospitals is the patient's assessment of what is obtained and what is given. Service quality is a measure of how much the delivered service level matches customer expectations. Like other quality services, healthcare quality is difficult to measure owing to intangibility, heterogeneity and inseparability features. Healthcare is dynamic, customer changes have taken place and competition is increasing. Consequently, evaluations of healthcare quality raise problems owing to service size, complexity, specialization and expertise within healthcare organizations. Healthcare quality can be evaluated by considering the

opinions and perceptions of friends and family because they represent the major influencers of healthcare choices⁴⁻⁵.

The patient's perception of healthcare service quality becomes an important element in healthcare evaluation. In the past, quality assessment was based only on clinical perspectives, the patient's perception and feedback were ignored in quality assessment schemes. Nowadays, patient's views and perceptions are emphasized in the evaluation of healthcare service quality. Their perceptions and assessments can provide valuable data that are virtually inaccessible using conventional monitoring and performance evaluation measures.

The assessment of service quality from the patient's perception is important for some reasons. Firstly, service quality has a relationship with patient satisfaction, desire to re-use the services, compliance with prescription, etc. Secondly, patient feedbacks become an essential part of many accreditations, hospital service evaluation and an important fact in planning and policy-making. They also give in the better effective management of the services because of using optimal and available resources⁶.

Moreover, the patient's perception and relationship between patients and the hospital are mainly influenced by functional and technical quality dimensions⁷. Based on the patient's perception, patient satisfaction is necessary to measure the service quality of hospital and predict the patient's intentions after receiving the services. If the hospital provides good service quality, the patients will have better satisfaction, speak positively

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about the hospital to other patients and are more willing to return to that hospital⁴. The patient satisfaction is important not only for the hospital but also for any healthcare service provision. It is also needed to learn the influencing factors that determine the level of satisfaction. So, it has become crucial for hospitals to create patient satisfaction through effective management of service quality⁸. Therefore, the objective is to find out the effect of patient satisfaction on service quality dimensions and the items generated on service quality by using "SERVQUAL" Tools.

SERVICE QUALITY: SERVQUAL, made by Parasuraman et al., is a broadly used scale for estimating service quality in the service sector⁹. It is likewise suitable for measuring service quality in hospitals, but its suitability must be evaluated in various settings. This is because patients from different parts of the world have different expectations and perceptions of service quality based on their social, cultural and economic conditions in which they live. In healthcare sectors, the customers are patients and the service providers are healthcare professionals who vary in terms of their intellectual skills, knowledge competencies and professional attitude.

Normally, services in hospitals are intangible like the skills of doctors, the hospital environment, a caring staff and hygiene and they describe a combination of tangible and intangible factors. Patient evaluation of service is based on the whole comprehension which is formed by the effectiveness of the operation, the hospital

atmosphere, cleanliness in rooms and wards and the dedications of healthcare professionals. Nevertheless, based on patient's perceptions, expectations and observations, both technical and non-technical aspects of service quality can be evaluated¹⁰.

Service quality and patient satisfaction have a remarkably effect on health care. Patient's perceptions of hospital facilities influence the image of the hospital. Perceived service quality also determines patient loyalty and word-of-mouth behavior¹¹. Increasing patient expectations allow healthcare services to recognize critical factors in expanding healthcare services that increase patient satisfaction and reduce the time and money they spend¹⁰.

OBJECTIVE

Systematically review to find out the dimensions and important activities related to hospital service quality using "SERVEQUAL" tool.

METHODS

This review article has no assumption or any theoretical framework to guide. This Research was approved by Silpakorn University Human Subject Committee on 11th June 2022. The articles were searched systematically based on PRISMA guideline from the PubMed database. The search strategy included a combination of keywords. They were outpatient, patient satisfaction, hospital, service quality and SERVQUAL. The keywords were searched by using Boolean operators and MeSH terms. The inclusion criteria included the outpatients who attend the public hospitals and dimensions of the service quality and patient satisfaction of

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the hospital. Apart from these inclusion criteria, the papers were excluded from the study. Moreover, the free full-text journal articles published in the English language between 1st January 1992 - 22nd October 2021 were filtered. The articles were collected and screened out for irrelevant articles by reviewing titles and abstracts. The rest of full articles were critically reviewed and extracted all relevant information from each article. The Diagram below is shown the step and guideline based upon PRISMA criteria (figure 1).

RESULTS

The hospital service quality can be measured by comparing the differences between patient expectation and perceptions toward each service quality as the five dimensions of SERVQUAL by using different items in each dimension based on their own cultural contexts.

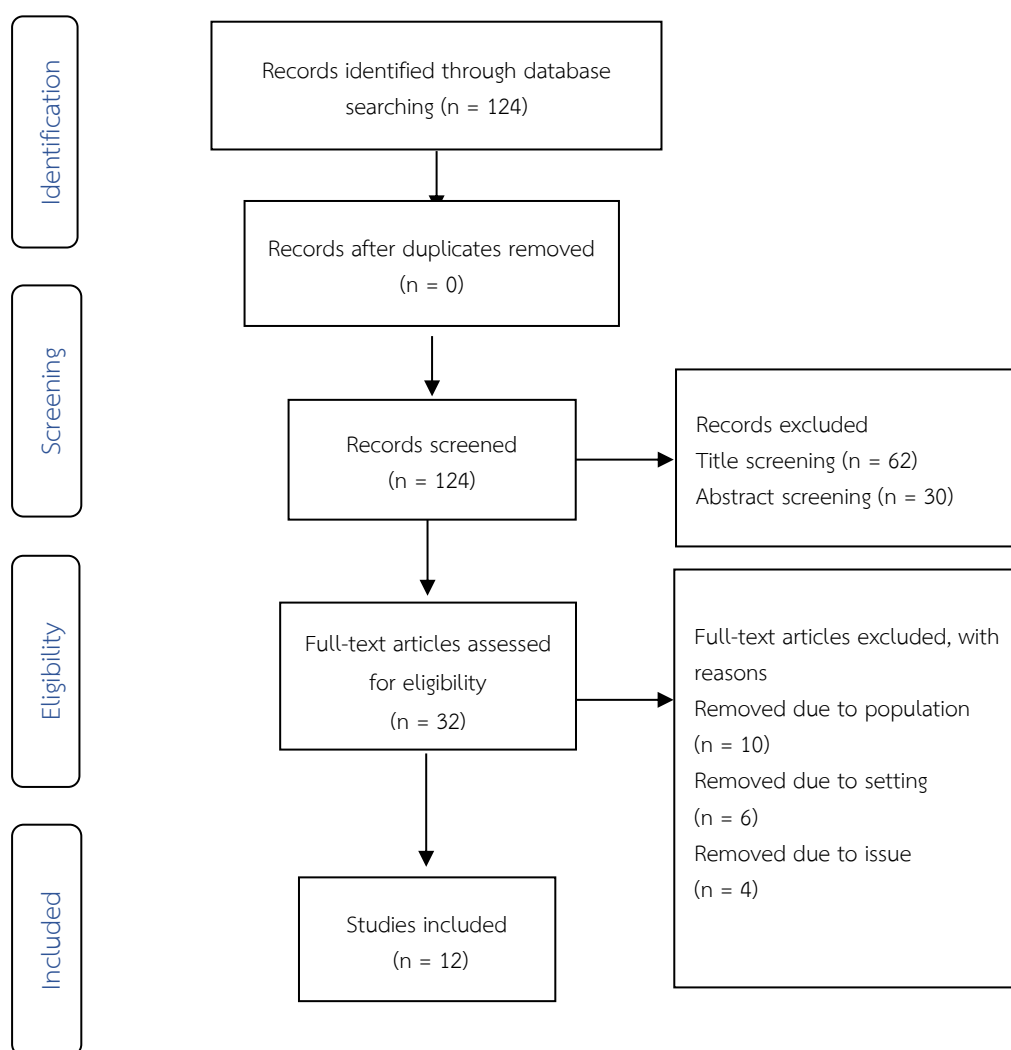


Figure 1: PRISMA Flow Diagram

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REVIEW OF DIMENSIONS OF SERVICE QUALITY

SERVQUAL, initially measured ten aspects of service quality: reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding or knowing the customer and tangibles. It measures the gap between customer expectations and perceptions. By the early nineties, it had been refined the model to the five dimensions: tangible, reliability, responsiveness, assurance and empathy¹².

Tangible

Tangible is the physical aspect of what is provided to users⁹. The studies of Cho et al. in 2004, Shaikh et al. in 2008 and Chakravarty in 2011 stated that up to date equipment, availability of waiting facilities, cleaning condition, neat and tidy of health professionals and the condition of easy to find the places were parts of tangible dimension^{2, 13-14}. The research on 2014 described the tangible dimension as the accessibility of basic amenities and hospital facilities, cleanliness of environment and adequate waiting facilities¹⁵. In 2015, Al Fraihi and Latif, Aman and Abbas in 2016 expressed as maintenance of equipment, cleaning and adequacy of waiting facilities and basic amenities, availabilities of information on hospital services, appearance of health professionals, good directional signs, availabilities of medicines and hospital location in their researches¹⁶⁻¹⁸. The maintenance of equipment, availability of waiting facilities and hospital facilities, good directional signs and availabilities of medicines were recorded as the tangible dimension in the study of Mulisa et al. in 2017¹⁹. The researches

of Ozretić Došen et al. and Umoke et al. in 2020 expressed the tangible dimension as equipment, accessibility of hospital facilities and waiting facilities, cleanliness of environment, hospital location and appearance of health professionals²⁰⁻²¹. Moreover, in additional to the items of good directional signs and availability of medicines, the items that showed in the researches of Ozretić Došen et al. and Umoke et al. in 2020 were mentioned as tangible dimension in the studies of Riaz and Sughra and Kassa et al. in 2021²²⁻²³.

Reliability

Reliability is the ability to fulfil what was promised accurately⁹. In 2004 mentioned reliability dimension as staffs give the right medical treatment in understandable way to patients and financial expenses in their study¹³. And also, providing services as promised, reliability in handling patient's problem and error free record were stated as reliability dimension in the studies of Shaikh et al. in 2008 and Chakravarty in 2011 respectively^{2, 14}. Khamis and Njau in 2014, Mulisa et al. in 2017 and Riaz and Sughra in 2021 explained as staffs give the right medical treatments, has good communication and information skill, convenience of operating hours and give prompt service^{15,19,22}. The researches of Ogunnowo et al. in 2015, Al Fraihi and Latif, Aman and Abbas in 2016 described as communication, error free record, adequate medical examination time, providing service, handling of patient's problem, fast and easy admission procedure, financial expenses and convenience of operating hours as the reliability¹⁶⁻¹⁸. Ozretić Došen et al. in 2020 and Umoke et al. in 2020 explained as the staffs provide services as

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promised, follow the treatment protocols, medical expenses and error free record in their studies^{20,21}. The explanation to the patients in understandable way, handling of patient problem and financial expenses were the part of reliability dimension in the study of Kassa et al. in 2021²³.

Responsiveness

Responsiveness is the ability to provide the service promptly, describing the understanding of flexibility and ability to comply to the requirements of the service user⁹. The study of Shaikh et al. in 2008, Khamis and Njau in 2014, Ogunnowo et al. in 2015 and Al Fraihi and Latif in 2016 explained as prompt attention to requests, willingness to help and waiting time as the responsiveness dimension¹⁴⁻¹⁷. The items of giving adequate medical information, easy appointment system and accept patient opinion and suggestions were also stated in the researches of Khamis and Njau in 2014, Ogunnowo et al. in 2015 and Al Fraihi and Latif in 2016¹⁵⁻¹⁷. The study of Cho et al. in 2004 described as prompt attention to requests, waiting time, easy appointment system and giving adequate medical information were the part of responsiveness dimension¹³. The studies of Chakravarty in 2011, Aman and Abbas in 2016, Umoke et al. in 2020 and Riaz and Sughra in 2021 showed the responsiveness in terms of prompt attention to requests and willingness to help, easy appointment system, giving adequate medical information and prescription of affordable medicines^{2,18,21-22}. In 2017 mentioned as prompt attention to requests, easy appointment system and accept patient opinion and suggestions¹⁹.

The adequate medical information and willingness to help were described as responsiveness dimension in the researches of Ozretić Došen et al. in 2020 and Kassa et al. in 2021^{20,23}. Moreover, Kassa et al. in 2021 also mentioned waiting time and prescription of affordable medicines as the items in responsiveness dimension²³.

Assurance

Assurance is the security provided by the competence and courtesy and operations for the users⁹. For the assurance dimension, competence of staffs, feeling of confident and safe, courteous to the patients and coordination of staffs for delivering services were the part of assurance in Cho et al. in 2004 and Chakravarty in 2011^{2,13}. The studies of Shaikh et al. in 2008, Khamis and Njau in 2014, Aman and Abbas in 2016, Ozretić Došen et al. in 2020 and Kassa et al. in 2021 stated confidentiality of information and competence of staffs as assurance dimension^{14-15,18,20,23}. The item of courteous to the patients was considered as the part of assurance in the researches of Shaikh et al. in 2008, Aman and Abbas in 2016, Ogunnowo et al. in 2015, Al Fraihi and Latif in 2016 and Mulisa et al. in 2017^{14,16-19}. Khamis and Njau in 2014 showed the assurance dimension related with coordination of staffs for delivering services, having adequate staffs and patient recommendation¹⁵. The studies of Aman and Abbas in 2016, Ozretić Došen et al. in 2020 and Kassa et al. in 2021 also mentioned feeling of confident and safe, having adequate staffs and good professional knowledge^{18,20,23}.

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The competence of staffs was described in the studies of Al Fraihi and Latif in 2016 and Mulisa et al. in 2017, Umoke et al. in 2020 and Riaz and Sughra in 2021^{17,19,21-22}. Al Fraihi and Latif in 2016 also mentioned feeling of confident and safe, coordination of staffs for delivering services and good professional knowledge¹⁷. Umoke et al. mentioned the coordination of staffs for delivering services in their study in 2020 and also good professional knowledge are part of assurance dimension in the study of Riaz and Sughra in 2021²¹⁻²².

Empathy

Empathy is individualized attention to the users⁹. Cho et al. in 2004 mentioned empathy dimension as giving enough time to patients and referral to higher level of care when need arise¹³. The studies of Shaikh et al. in 2008, Al Fraihi and Latif in 2016 and Kassa et al. in 2021 described as individualized attention and treatment with dignity and respect^{14,17,23}. Al Fraihi and Latif in 2016 also showed compassionate to patient as the part of empathy dimension¹⁷. Chakravarty in 2011 noted as individualized attention, referral to higher level of care when need arise and understanding the patient's feeling². Khamis and Njau in 2014 and Aman and Abbas in 2016 stated as individualized attention, treatment with dignity and respect, compassionate to patient and giving enough time to patients in their researches^{15,18}. Aman and Abbas also mentioned empathy dimension as having well-mannered and understanding the patient's feeling¹⁸. Ogunnowo et al. in 2015 expressed as treatment with dignity and respect and understanding towards the

patient's feeling¹⁶. The studies of Mulisa et al. in 2017, Ozretić Došen et al. in 2020 and Umoke et al. in 2020 stated as individualized attention, having well-mannered and understanding the patient's feeling¹⁹⁻²¹. The compassionate to patient, concern to patient family and referral to higher level of care when need arise were the part of empathy dimension in the study of Umoke et al. in 2020²¹. Besides, the research of Riaz and Sughra in 2021 describes as individualized attention, treatment with dignity and respect, giving enough time to patients, having well-mannered and understanding the patient's feeling²².

The hospital service quality and patient satisfaction were reviewed from the articles. According to "SERVEQUAL" tool, the items generated on service quality from each dimension were shown in Table 1. The review results showed that hospital service quality can be assessed from the items of five dimensions and also found that the items used in each dimension in each study were not the same due to the different contexts and situations. From these items, it can be assessed if the performance fulfills the expectations of patients, the perceptions regarding the service quality will be satisfactory^{21,23}.

Moreover, there is a clear correlation between patient satisfaction and service quality of the organization. The patient satisfaction had a significant relationship with the degree of patient's feeling on satisfaction, interpersonal behavior, communication, financial aspects, time spent with healthcare professionals, pharmacy service,

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convenience, availability of care and condition of facilities during their health care services and socio-demographic characteristics^{2, 13-24}.

In addition, patient satisfaction data can also be used to document the healthcare quality and to certifying bodies nationally and internationally. Patient satisfaction surveys are important because they can identify potential problems before they become into major issues. They could be used to evaluate and

measure the benefits of any particular initiatives in the service delivery. They can assess those faulty operations and processes that require better explanation to patients. Most importantly, by showing the care about their perceptions, they can increase loyalty among the patients and look for ways to improve the experience.

Table 1 Summary of different items in service quality dimensions

Dimension	Items	Study
Tangible	1. Up-to-date and well-maintained equipment	Cho et al. ¹³ , Shaikh et al. ¹⁴ , Chakravarty ² , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Ozretić Došen et al. ²⁰ , Riaz and Sughra ²²
	2. Waiting facilities	Chakravarty ² , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Umoke et al. ²¹ , Riaz and Sughra ²²
	3. Cleanliness of environment	Cho et al. ¹³ , Shaikh et al., Chakravarty ² , Khamis and Njau ¹⁵ , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Umoke et al. ²¹ , Kassa et al. ²³
	4. Availability of hospital facilities	Cho et al. ¹³ , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al., Ozretić Došen et al. ²⁰ , Umoke et al. ²¹
	5. Hospital location	Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰
	6. Good directional signs	Cho et al. ¹³ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Kassa et al. ²³
	7. Availability of information on hospital services	Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷
	8. Appearance of health professionals	Chakravarty ² , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Umoke et al. ²¹ , Kassa et al. ²³
	9. Availability of medicine	Khamis and Njau ¹⁵ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Riaz and Sughra ²² , Kassa et al. ²³
Reliability	1. Right medical diagnosis and treatments	Khamis and Njau ¹⁵ , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Umoke et al. ²¹ , Riaz and Sughra ²²
	2. Explanation to tests, diagnosis and treatments in understandable way	Cho et al. ¹³ , Khamis and Njau ¹⁵ , Mulisa et al. ¹⁹ , Kassa et al. ²³
	3. Providing services as promised	Shaikh et al. ¹⁴ , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Umoke et al. ²¹ , Riaz and Sughra ²²
	4. Reliability in handling patient's problem	Shaikh et al. ¹⁴ , Chakravarty ² , Ogunnowo et al. ¹⁶ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Ozretić Došen et al. ²⁰ , Umoke et al. ²¹ , Kassa et al. ²³
	5. Communication	Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷
	6. Financial expense	Cho et al. ¹³ , Ogunnowo et al. ¹⁶ , Umoke et al. ²¹ , Kassa et al. ²³
	7. Error free record	Chakravarty ² , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Mulisa et al. ¹⁹ , Ozretić Došen et al. ²⁰
	8. Admission procedure	Aman and Abbas ¹⁸
	9. Convenience of operating hours	Al Fraihi and Latif ¹⁷ , Mulisa et al. ¹⁹

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Table 1 (Cont.)

Dimension	Items	Study
Responsiveness	Easy and adequate medical information	Cho et al. ¹³ , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Kassa et al. ²³
	Prompt attention to requests	Cho et al. ¹³ , Shaikh et al. ¹⁴ , Chakravarty ² , Khamis and Njau ¹⁵ , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Umoke et al. ²¹ , Riaz and Sughra ²²
	Willingness to help	Shaikh et al. ¹⁴ , Chakravarty ² , Khamis and Njau ¹⁵ , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Umoke et al. ²¹ , Riaz and Sughra ²² , Kassa et al. ²³
	Waiting time	Cho et al. ¹³ , Shaikh et al. ¹⁴ , Khamis and Njau ¹⁵ , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Kassa et al. ²³
	Easy appointment system	Cho et al. ¹³ , Chakravarty ² , Al Fraihi and Latif ¹⁷ , Mulisa et al. ¹⁹
	Accept patient opinion and suggestions	Ogunnowo et al. ¹⁶ , Mulisa et al. ¹⁹
	Prescription of affordable medicines	Aman and Abbas ¹⁸ , Kassa et al. ²³
Assurance	Confidentiality of information	Shaikh et al. ¹⁴ , Khamis and Njau ¹⁵ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Kassa et al. ²³
	Competence of staffs	Cho et al. ¹³ , Shaikh et al. ¹⁴ , Chakravarty ² , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Ozretić Došen et al. ²⁰ , Umoke et al. ²¹ , Riaz and Sughra ²² , Kassa et al. ²³
	Feeling of confident and safe when receiving treatments	Cho et al. ¹³ , Chakravarty ² , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Kassa et al. ²³
	Coordination of staffs for delivering services	Cho et al. ¹³ , Chakravarty ² , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Umoke et al. ²¹
	Coordination of staffs for delivering services	Cho et al. ¹³ , Chakravarty ² , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Umoke et al. ²¹
	Courteous to patients	Cho et al. ¹³ , Shaikh et al. ¹⁴ , Chakravarty ² , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹
	Good professional knowledge	Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Riaz and Sughra ²² , Kassa et al. ²³
	Having adequate staffs	Khamis and Njau ¹⁵ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰
	Patient recommendation	Khamis and Njau ¹⁵
	Individualized attention	Shaikh et al. ¹⁴ , Chakravarty ² , Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Ozretić Došen et al. ²⁰ , Umoke et al. ²¹ , Riaz and Sughra ²² , Kassa et al. ²³
Empathy	Treatment with dignity and respect	Shaikh et al. ¹⁴ , Khamis and Njau ¹⁵ , Ogunnowo et al. ¹⁶ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Riaz and Sughra ²² , Kassa et al. ²³
	Compassionate to patient	Khamis and Njau ¹⁵ , Al Fraihi and Latif ¹⁷ , Aman and Abbas ¹⁸ , Umoke et al. ²¹
	Giving enough time to patients	Cho et al. ¹³ , Khamis and Njau ¹⁵ , Aman and Abbas ¹⁸ , Riaz and Sughra ²²
	Having well-mannered	Aman and Abbas ¹⁸ , Mulisa et al. ¹⁹ , Riaz and Sughra ²²
	Concern to patient family	Umoke et al. ²¹
	Referral to higher level of care when need arise	Cho et al. ¹³ , Chakravarty ² , Umoke et al. ²¹
	Understanding towards feelings of discomfort	Chakravarty ² , Ogunnowo et al. ¹⁶ , Aman and Abbas ¹⁸ , Ozretić Došen et al. ²⁰ , Riaz and Sughra ²²

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CONCLUSIONS AND DISCUSSIONS

Regarding theoretical contributions, SERVQUAL is the widely used scale for assessing the service quality in the hospitals. Although the hospital service quality is measured as different dimensions, it is mainly based on the technical and functional qualities. The hospital service quality has a significant relationship with the patient satisfaction. If the customers are satisfied with delivered services, they can be called as satisfied customers. The results of Amin and Nasharuddin showed that hospital service quality has a significant relationship with customer satisfaction. The findings of this study indicated that the establishment of higher hospital service quality led patients to have a higher level of satisfaction⁴.

Besides, the study of Zaid et al. showed that 18.4% of patients were satisfied with the service quality of outpatient department. The findings also showed that there is a significant quality gap between patient expectations and perceptions concerning the service quality dimensions²⁵. Another study of patient satisfaction regarding the service quality showed that hospital infrastructure was the major significant factor on patient satisfaction which was followed by medical competencies and management²⁶. The results of the two different studies also showed that the perceived waiting time was indicated as the significant factor in a low level of satisfaction^{6,27}.

Depending on the level of satisfaction, patients give positive or negative behavioral intentions regarding future use and recommend the health provider to others. It can be predicted to design procedures for being able to measure service performance against patient expectations by closing the gap between perception and

expectations⁴. Many researchers described the hospital service quality dimension by means of different items in each dimension in different ways based on their own cultural contexts and healthcare systems. This is because of the different contexts can lead to varied results. It is also found that as the useful scale in the countries of different income level.

All in all, patients receiving each hospital service are responsible for conveying a good image of the hospital and securing high patient satisfaction in the hospital are equally important for a hospital management team. A hospital cannot be wrong if it has the right focus on the right aspects necessary for patient satisfaction. The entire organization aligned to the same goals can help hospital to be successful in achieving patient satisfaction. In such a prospect identifying the relative weight of different dimensions of hospital quality service which concur together to determine patient satisfaction is very important since this can help administrators to find out which service dimensions are crucial to satisfy patients.

RECOMMENDATION

Because of altering the perspective and conveying care in health systems, the patient has become the focal point of the overall healthcare process. Correcting the quality of patient care in hospitals is very essential because listening to the voice of patient is the critical part of establishing a long-term relationship with the patients. From the feedback, we can quantify the patient satisfaction level and give an insight into the healthcare provider's level of success⁵.

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From the review of the literature by using "SERVEQUAL", many researchers used different items regarding the respective dimension of service quality. Even though "SERVEQUAL" was useful in finding service quality, hospital manager needs to pretest and adjusts the activities item to be fitted to the organization context first for better result and usage.

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