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Measuring Antecedents of Service Quality in Hospitals A Comparative study of LRH and KTH Hospitals Peshawar Region Pakistan

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Abstract

Service quality is one of the most important factors in service industry. This research analyzes the antecedents of service quality in two major hospitals of Peshawar Region Pakistan. Study has identify a enrich theoretical framework and uses a structured questionnaire from 150 patients on equal basis from Leady Reading Hospital LRH and Khyber Teaching Hospital KTH. Study has used multiple regression technique to find importance of each variable and its contribution towards service quality. Study identify that cleanness and ambulance service is important in LRH while patients of KTH consider Blood bank and restaurants as major factors of quality service delivery.

Key Words: *Quality Service, Hospitals, Blood bank, KTH, LRH and Peshawar Pakistan.*

Introduction

On the basis of personal experience, the author identified that the service quality is one of the areas in LRH and KTH that requires detail analysis to rectify its major problems or inconsistencies. In order to facilitate this piece of objective, the author carried out in market research and discusses the underlined issues with considerable number of people including management staff existence of patients, universities academic staff and so on this was, however, a very fundamental piece of research which was carried out informally. The core objective of this informal research is to envisage the idea about the worth of research. The author identified that previous research literature not merely provides a foundation of further research but also leaves certain areas that require further critical analysis. Since the literature or data presently identified by the author lacks certain features pertaining to customer perception towards LRH and KTH service quality. That was the point that motivated the author to carry out the research in two major strands.
Firstly to identify strategic, tactical and operational service quality issues in LRH and KTH then critically analysis the real time data that could be obtain through the most appropriate research methodology and prevailing ideas or theories.

Secondly the final core objective of this research is to recommend some cost effective measures that could be implemented by LRH (Lady Reading Hospitals) in order to improve service quality.
In order to ensure that this research brings intended results, it is however paramount to ensure that the author adopts the most appropriate research methodology followed by an adequate set of customers (interviewees).

The lady Reading Hospital is situated in Peshawar Khyber puktunkhwa in Pakistan. It is one of the largest medical institute in Peshawar Pakistan. Its also called Gernali hospital. The name of this hospital is on the name of wife of the Viceroy of India, Lord Reading.

Its was established in 1924 and in the south of Grand trunk road it was 200 meter away behind the famous Qila Balhisar. Across the road of LRH there are several bazaar, Ander Shehr bazaar, Qissa Khawani bazaar and Khyber bazaar and Famous Masjid Muhabat Khan. The Tale of the hospital from entering into being is that His Excellency Lord Reading, Viceroy of India 1921-1926, happened to visit Peshawar. This was the highest position in British India achieved ever by a Jew. He was accompanied by his wife Lady reading. Was fascinated by the view of the city of Qila Balahisar where they had settled. She expressed her desire to see the city. The horse is made in compliance with her wishes. Visited the city. While she was returning to the castle took horse fear causing the fall of the lady from the horse's back. This has led in some cases to read lady. Non-availability of medical aid implemented immediately unconscious. Was rushed to the hospital Agerton where the facilities were meager. Unable to cope with injuries, she moved to the Royal Artillery Hospital now called the "Joint Military Hospital" (or CMH) Peshawar, where he presented her proper treatment. Make a significant impact of this injury on her it is necessary to build a hospital. On the retirement of Lord Reading in 1926 she came to Peshawar from Delhi and a campaign to build a hospital instead of the standard new the Agerton Hospital. This Hospital, later named the Lady Reading Hospital. Later in the hospital was given to the case of a district headquarters hospital with 150 beds in 1930 and had 200 hospitals bedded. Became a doctor Khan Bahadur Abdul Samad Khan, the first medical supervisor for the hospital. Doctor Muhammad Ayaz Khan appointed the first director of the hospital in 1973. This became the hospital's Khyber Medical College in 1955 with medical, surgical, nose, throat, eyes and tuberculosis wards. And according to a 2008 estimate patients from the clinic sees more than 2,500 patients per day and midwives victim of accident and emergency department more than 1500 or 1800 for the day.
Khyber Teaching Hospital is, formally Hayat shaheed Teaching Hospital, established in 1973. Its is for the medical student as training and biomedical research facilities for the medical student of KMC, and now the KTH is the largest health care facilities of the country.

This Hospital was specially made for the development of scientific and research base of province in 1976. It is an octagonal in shape with extension of Y shaped wings in the form of units. In present the capacity of beds in Hospital is 1150. The newly construct under ground passage and the new floor have made safer the smooth flow of patients and students between KMC, IRNUM and KTH. During the period of 1976 to 2000 added extras and deletion taking place within the developmental phases of the 3 tertiary care hospitals namely LRH, HMC made these institutions more effective, viable and productive for the beneficiaries i.e. patients, undergraduate and postgraduate inn health care sector human resource development trainees playing major role .

Research Objective

Research objectives are:

- To investigate the present service quality of LRH and KTH Hospitals
- Identify the ways to improve service quality
- To investigate the ways in which service quality can be improved in Lady Reading Hospital and Khyber Teaching Hospitals.

Literature Review

Two major reasons exist for reviewing the literature (Saunders 2003). The first, the preliminary search that helps researcher to generate and refine their research ideas. Secondly, often referred to as the critical review, is part of author research project proper (Saunders 2003). Most research textbooks, as well as author project tutor, will argue that this critical review of the literature is necessary. (Saunders 2003) words: knowledge doesn't exist in a vacuum, and their work only has value in relation to other people. Their work and their findings will be significant only to the extent that they're the same as, or different from, other people's work and findings.

Service

The importance of service in any organisation can be realised after the discussions of following researchers and expertise.

According to (Gronroos 1994) states that, a service is an activity or series of activities of more or less intangible nature that normally, but not necessarily, take place in interactions between the customer and service employees and /or systems of the service provider, which are provided as solutions to customer problems. On the other hand (Zeithaml and Bitner 1996) states that, service is a performance. It happens through the interaction between consumers and service providers. Other factors such as physical resources or environments play an important medium role in the process of service production and consumption (Gronroos 1991). Service is needed by consumers to provide certain functions such as problem-solving (Gronroos 1991).

After the above definitions about service, the author can easily evaluate the importance of service in a way to check the performance of an organisation/department through the interaction between service providers and its stakeholders.

Quality

What is quality? Different definitions of different aspects. (Edvardsson 1994) suggests that 'issues regarding the meaning of "quality" appear to pose formidable barriers to clear thinking'. (Zeithaml 1990) calls it 'superiority', (L.Randall and M.Senior 1994) refers to quality as 'fitness for the purpose…' and (Wagen 1994) defined it as 'conformance to requirements, not elegance'. What all of these definitions have in common is an acknowledgement that the quality of a product in some way rates it against a standard, whether it be real or implied. This standard may be defined by the customer, either explicitly or implicitly, or set by other similar products with which it is compared.

HealthCare Quality

Quality is an important aspect of healthcare; indeed for most people, it is the most important aspect. (Gilles 1993) states that, in domains such as engineering, quality may be linked to tangible physical properties. However, in many other areas, and patient care in medicine is one of them, quality is intangible. As (Kitchenham 1989) said in a different context, quality in such cases is 'hard to define, impossible to measure, easy to recognise'. Traditionally, quality has been seen as 'the degree of excellence' or superiority in kind (Arah, OA et al. 2004). This is an attractive definition but is insufficient. On the other hand an alternative definition of quality is provided by the International Standard Organisation (ISO, 1986) said that, the total of features and characteristics of a product or service that bear on its ability to satisfy specified or implied needs.

Reasons for Service Quality

(Gummesson 2000) stated that this had not destined that quality of service was more complicated than manufacturing; it was the control over output by a service provider that was changed to that of a manufacturer. He also argued that the fact that service activities were not that different from manufacturing challenged the traditional truths and myths regarding service quality. Furthermore he also explains that service quality research has made a major contribution in stressing the customer's role in addition to their perception of quality and perceived satisfaction.

Critical Literature Review on Quality Service

(Saunders, M.Skinner et al. 2005) had an overview of traditional measures of service quality and outlined and then evaluated the usefulness of 'the template process' which can be treated as an alternative generic approach to address service encounters. They carried out their research on the following grounds:

To help the client to perceive, understand, and act on the process events that occur in the client's environment in order to improve the situation as defined by the client. (Saunders 2003).

Four statements can be extracted from their critical analysis as under:

a. the overall structure of starting at a more general level before narrowing down;
b. the provision of a brief overview of the key ideas;
c. narrowing down to highlight that work which is most relevant to the research reported in the paper; and
d. Providing more detail about the findings of that work which is more relevant.
e.

(Parasuraman, Zeithaml et al. 1985) focused on measurement of the gap between service users' perceptions and expectations across a series of dimensions that characterize the service. However, (Zemke and Schaaf 1989) gave a broad view of aspiring to customer service excellence and commented in the following words: *With service excellence, every one wins. Customers win. Employees win. Management wins. Stockholders win. Communities win. The Country wins.*

Despite shortcomings of conceptualizing service quality in this manner, recognized in the SERQUAL debates (e.g (Edvardsson 1994); (Saunders 2003) the use of such a disconfirmation approach is widely reported in the literature.

The number and nature of constructs, which represent the service encounter, are a function of a service relationship in a particular industry or situation. Each of these relationships differs and is, in reality, unique. (Gummesson 2000), identifies a series of general qualities characterizing relationships such as collaboration, dependency, trust, power, longevity, frequency, closeness, content, as well as personal and social properties. In so doing, this emphasises the breadth of properties that may be deemed relevant by the parties involved in a particular service relationship. However, it is unlikely that all of these properties are of similar relevance to every relationship. Consequently it has been argued that a series of generic dimensions against which to measure service quality is inappropriate (Saunders, M.Skinner et al. 2005).

Research has also highlighted that interdependencies between organizations are established and maintained through the encounters and interactions of individuals within each organization (Saunders 2000). The measurement of the quality of such encounters therefore needs to reflect the perspectives of all these individuals. (john 1992) suggest that traditional measures fail to reflect fully the dyadic nature (i.e. *interaction between the customer and the customer service provider*) of service encounters as they generally assess the quality construct from only one partner's point of view. They call for the evaluation of service relationships to accommodate this by including the perspectives of both parties. Although they suggest that this may result in the need to reconcile different views, they also highlight the need for awareness and understanding of the views of all parties involved in a service encounter. They would contend that these processes could result in both parties involved in the service questioning the relevance of the norms against which they evaluate the encounter. This, they believe, supports their contentions that approach which have the ability to capture a diversity of service users' and providers' experience of such concepts, are likely to be of more value. Furthermore, they have argued that where measures focus only on specific transactions, they may fail to take account of the ongoing nature of service relationships that are based upon repeated encounters (Philips 1994).

Improving the level of customer satisfaction remains one of the major challenges that majority of the service organisations face (Saunders 2003). This particular issue is particularly accumulated when the business operates in a high competitive environment. Certain ideas may be generated in order to improve the customer satisfaction but the author argued that there is still a greater need to understand the psychology of customer and their perception in relation with service quality standards Khan (2012). The national policies may also affect the service quality of large service organisations e.g. all related businesses are liable to abide by new health and safety regulations enacted by Department of Health, etc.

(Zemke and Schaaf 1989) described four major reasons which severely affect in delivering quality service to customers. They analyzed that the following are the key causes which require considerable amount of attention of the senior management not only to improve the customer service but also ensure that these service quality standards are in sustainable form that could foster management effectiveness and efficient service quality growth.

The very first reason they identified is that majority of the organisations remain unsuccessful to stay in touch with their consumer desires. It is, however, justifiable that not all of the customers' desires and needs could be met at all times but at the same time, it is paramount for the service provider to clearly understand their customers' perception in terms of service quality standards. Health service practices clearly demonstrate that this is one of the major challenges that KTH and LRH is currently facing. Better technology support may also be provided in order to improve the service quality but above all, the management can effectively and efficiently ensure a successful service delivery model on time if they establish a clear and proactive relationship between their customers' expectations and all resources available to LRH and KTH. The author urged that it is essential to recognise that LRH and KTH needs to strategise and implement its decisions while being within its financial resources and time scale.

As described above, the management staffs that are responsible for *Service Improvement* needs to acknowledge what their customers want in terms of service quality. Moreover, there is a need to formulate a clear set of strategies in order to achieve these set goals. A number of difficulties may be examined while managing these goals effectively but the author urged that a proactive approach should be in place in order to bring cost-effective results which could not only meet customer service standards but also enables the management to work in accordance with available financial resources. From the staff perspective, it is arguable that providing 100% excellent customer service is fairly difficult in health services because this service sector particularly emphasizes upon time management and effective resource utilization. Customers always assume a very high standard of service from its provider however the customers' needs and wants may be subject to different situations.

The third major reason is that the service organisation remains unsuccessful to make sure that their service delivery is consistent and brings a sustainable quality service outcome. Some primary reasons include deficiency of financial and human resources.

The final reason particularly emphasizes upon the human resources in which staffs that are responsible for service improvement are not adequately provided enough resources to ensure an effective and efficient implementation of their day-to-day activities. This final reason primarily concentrates on the motivation levels of employees. It is still questionable why concerned staffs do not provide their most effective output that could lead towards the core objective of the service improvement mission. For instance, service improvement and customer relationship staffs are not happy what they are remunerated in response to their services. They often demand for annual percentage increment in their wages. Furthermore, certain staffs may also require further training in order to ensure an effective service provision followed by a right mix of their skills and all available resources.

(Saunders, M.Skinner et al. 2005) arguments when they point to the shortcomings of the global nature of the quality construct as a diagnostic tool for remedial action. This implies that the assessment of the relationship's quality should lead to action to enhance the benefits obtained by both parties from it. Data collected to assess quality should therefore be useful.

A few writers (e.g.(Gunn 2001);(Donaldson 1992); and (Kennedy 2002)have also suggested that the pace of research in this area had only accelerated since the mid-1980s with the appearance of the first working definition of quality in service businesses in (Parasuraman, Zeithaml et al. 1985). Although, strictly speaking, 'quality' is a noun describing a degree of excellence, common usage implies 'good' or 'excellent' quality. Quality service meets and exceeds expectations of clients.

According to (Hill 1995) , service quality is a multifaceted construct and there is no clear consensus in the literature on the number of features and their interrelationship, except that there are some fundamental issues to be considered. These fundamental issues include the centrality of the customer, the relationship between their expectations and perceptions of the service provided, and the importance customers ascribe to the different attributes of the service(Hill 1995). (Parasuraman, Zeithaml et al. 1985) stated:
Customers assess quality of service by comparing the service they receive (perceptions) with the service they desire (expectations).

Perceptions of Service Quality

After analyse about service quality they analyse about perception of service quality. Quality of service has been considered used for a long era in the meadow of business management. On the other hand, no consensus has been achieved between examiners on how on the way to theoretically create. The next part presents a review of the literature concerning service quality. Initial, concentration on the meaning and classifications of service and service quality. After that the most important move towards to theories of quality of service are analysis. After that they also focus on the most important and most significant part of quality service, which is perception of service quality (Parasuraman, Zeithaml et al. 1985).

For instance, (Edvardsson 1994) definition of service quality differs from that of the traditional approach. The traditional approach for defining service quality emphasizes that service quality perception is a comparison of consumer expectations with actual performance (Parasuraman, Zeithaml et al. 1985; Saunders, M.Skinner et al. 2005) viewed quality as "the degree and direction of discrepancy between customers' service perception and expectations" (Parasuraman, Zeithaml et al. 1985).

On the other hand (Gummesson 2000) questioned that the extent a service provider should go to escalate the promises to customers and their expectations.

Service Quality Improvement Models

Now author discuss the following service quality improvement models.

Customer Feedback loop Model

Since customers define quality based on their perceptions, there is a need to bring these perceptions to front-line staff so that they perform competently in meeting customers' expectations. (Wagen 1994).

Figure 2.1 **Customer Feedback loop Model**

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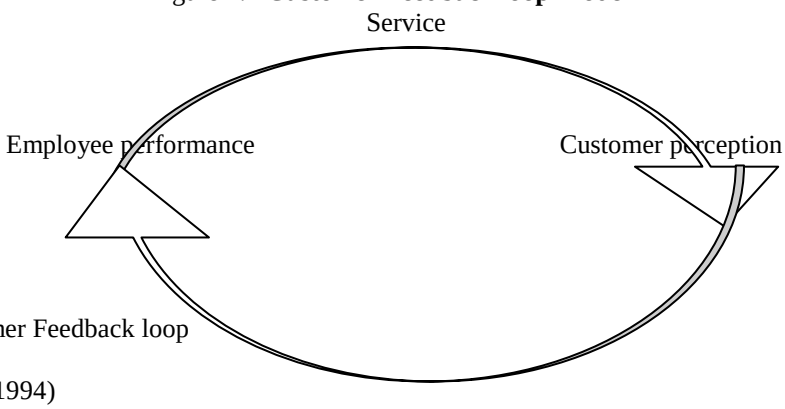


Source: (Wagen 1994)

In order to evaluate the success (or otherwise) of service delivery, a useful technique is to devise some service dimensions for review and evaluation arising from discussions with staff and customers (Wagen 1994).

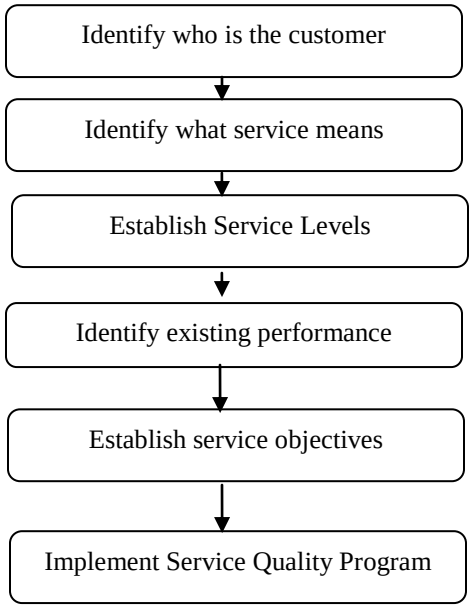
The model of Lynn Van emphases on the technique enhances service quality of healthcare organisations. The importance of this model is that it focuses on the interaction between front-line line staffs and customers because they are always facing to each other's. This model also explains that what are the services dimensions including tangibles, reliability, awareness, courtesy, communication and understanding the customer etc for the front line staff and how they can evaluate their performance and the staffs also know that what the expectations do customers to front-line staff desire.

Here, in healthcare services the front-line staffs are generally included doctors, nurses, laboratory technicians, office staff etc. of different departments of hospitals. These staffs have direct interaction with patients to meet their needs and requirements. Also the hygienic and food department of the hospital have interaction with hospital stakeholders in order to provide a healthy environment in various wards and departments of the hospital.

Developing Service Quality Model

On the other hand (L.Randall and M.Senior 1994) stated that, in order to determine the customer's viewpoint of the quality and improve service quality, it may be useful to attempt to view service delivery as a system as shown in figure (2.2).
Following figure (2.2) shows the steps for establishing the service levels from customers' point of view.

Figure 2.2 **Developing Service Quality Model**



Developing Service Quality Model
Source: (L.Randall and M.Senior 1994)

Model of L. Randall and M. Senior about improvement service quality that this model identify the customers point of view of the service quality and improve service quality they explains that initially service provider identify that who is customer then they also determine what is the meaning of service and

then they determine how create service levels and then they determine that how they perform service and objectives and finally they apply service quality program.

This model is basically customer oriented and focused to know the opinion of customers. This model also gives us a detailed plan about the improvement of service and quality of healthcare in a scientific and modernised way.

SERVQUAL

The SERVQUAL protocol measures the gap between customer expectations and perceptions across five dimensions; they captured facets of all of the ten originally conceptualised dimensions. The items making up the consolidated dimensions also suggested concise definitions for them (Parasuraman, Zeithaml et al. 1985). Measuring customers' perceptions of quality has been researched extensively by (Parasuraman, Zeithaml et al. 1985). On the other hand, the instrument they developed, SERVQUAL, has been used by many researchers in a variety of industries to measure customers' perceptions of service quality (Saunders 2003). In a review of quality, as one of the primary outcome measures of relationships, (Saunders 2003), (such as SERQUAL) may not provide the details necessary to assess the strengths and weaknesses of a relationship. In particular, they may fail to take account of the uniqueness and the realities of specific relationships and how they are interpreted and expressed by the parties involved.

1. Tangibles
Tangibles are defined as the appearance of physical facilities, equipment, personnel and communications materials.

2. Reliability
Reliability is defined as the ability to perform the promised service dependably and accurately.
3. Responsiveness
Responsiveness is defined as the willingness to help the customers and provide prompt service.
4. Assurance
It can be defined as the knowledge and courtesy of employees and their ability to convey trust and confidence.
5. Empathy
Caring, individualized attention the firm provides its customers are knows as empathy(Parasuraman, Zeithaml et al. 1985).

Methodology

According to (Gill and Johnson 1997), “Research methodology is always a compromise between options and choices are frequently determined by the availability of resources”. On the other hand, (Brooks 1995) present the methodology in a concise and very accessible manner and they make use below of their explanation of the basic reliability concepts.

The theory of how research should be undertaken, including the theoretical and philosophical assumptions upon which research is based and the implications of these for the method or methods adopted (Saunders 2003).

Methodology approach is usually acknowledged that there is no one greatest research approach (Saunders 2003)

On the other hand, according to (Saunders 2003)“they are superior at doing different things” (Saunders 2003) and often the methodology is a compromise.

Research design

(Saunders, M.Skinner et al. 2005), raise the important point that, in a qualitative based approach to primary data collection, points of significance will emerge as the research progress, and this will probably lead researcher to wish to explore these with other participants. For this the choice of method would be inductive (qualitative) and deductive (quantitative), as the observations will be collected from the related persons in light of literature reviewed to lead the research the data will then be collected to conclude the results. *Inductive & Deductive methodology* will be use as the focus is on explaining the data in order to framework for recommendation.

Author is intending to carryout the research in The Lady Reading Hospital and Khyber Teaching Hospital. In this dissertation, qualitative and quantitative methods will be used to study the improving service quality of LRH and KTH and how they are working, what the problems are and how they can improve their service quality for the purpose of satisfying patients and author also briefly describe difference between quantitative and qualitative method.

Method of Data Collection

According to (Saunders 2003)stated that interview is a determined discussion between a couple or more public. In order to achieve research objectives, a face-to-face interview is selected by the author, *semi-structured interviews* for data collection.

Scale

(Saunders 2003) stated that ranking questions scale can be overcome with face-to-face questionnaires on which researcher list all of the features to be ranked that's why author selected ranking questions scale.

Population

The full set of cases from which a sample is taken is called the population. For all research questions where it would be impracticable for author to survey the whole population researcher need to select a sample. This will be important whether researcher is planning to use a predominantly qualitative or quantitative research strategy (Saunders 2003).

Sample Size

Subgroup or part of a larger population is called Sample (Saunders 2003). The author has deducted questionnaire to improve service quality of the hospitals by 150 patients which is randomly selected included a 5% margin of error during research with 95% of confidence interval (Saunders 2003).

Ethical issues

An integer of important ethical factors occurs across the different phases and duration of a research. The ability to explore data or to seek explanations through qualitatively based methods that there will be greater scope for ethical issues to arise relation to this approach to research (Saunders 2003).

On the other hand general ethical issues that they considered above (Zeithaml 1990) may arise in relation to the use of quantitative research. In face-to-face interviews and questionnaire researcher should have avoided overzealous questioning and pressing their participant for a response (Saunders 2003). (Zeithaml 1990) believes that the ethical issues linked with survey research are those associated with more general issues discussed earlier: privacy, deception, openness, confidentially and objectivity.

The ethical issues of confidentially and anonymity also come to the force during the reporting stage of researcher research. He also stated that it is essential to consider ethical issues throughout the period of the research (Saunders 2003).

According to (Donaldson 1992), Business is driven by values. Firms employ a language of ethics when they establish the responsibilities of the organization or its employees. At the core of ethical issues in business is the fact that different 'players' often have different perspectives. They have some values in common, as well as some conflicting ones. From a methodology point of view, the deal, or 'paradigm' for case material requires authentic statements from the various 'players'.
(Brooks 1995), stated that, "clinical ethics" as a new discipline, one "that aims to improve patient care and health professionals" satisfaction by identifying, analysing and seeking to resolve the clinical, ethical and legal considerations that confront patients, families, physician and clinical investigators in their interactions".
According to (Brooks 1995), stated that, for both women and particular ethnic groups there has sometimes been a failure of the LRH to understand sufficiently the cultural and emotional dimensions of illness which may make the LRH unacceptable.

Questionnaire

In order to achieve the research objectives the questionnaire will be provide to each of related persons individually, explain them the motive of the given questionnaire and request them to fill that to carry out the conducted research. According to Saunders et al. (2003), stated that, general term including all data collection techniques in which each person is asked to respond to the same set of questions in a predetermined order.

Conducting the research questionnaires

According to (Saunders 2003), the greatest use of questionnaires is made by the Survey strategy. There are various definitions of the term 'questionnaire'. Many authors for example (Schein 1988; Saunders 2003), argue that it is far harder to produce a good questionnaire than researcher might think.

(Walker 1990) stated that Customers' service change, as do their expectations of how well these needs will be met. It is important before planning a strategic shift to focus on the marketplace, to take a snapshot of customer's needs and expectations as well their perceptions of their current performance.

Most large-scale research will be carried out by interview or questionnaire, and possibly by a combination of the two. The presence of the interviewer means there is a possibility to probe and gain more depth, but it is more time consuming, more difficult to analyse and consequently, more expensive. On the other hand, a questionnaire is difficult to design well and may have a poor response rate. Questionnaires are easy to repeat and compare (Walker 1990).

Participant response rate

The entire patient participates well. we distributed 150 questionnaire among the patient in which the 75 is distributed among the patient of Lady Reading hospital and 75 in among the Khyber Teaching Hospital in which all the patient are participating well and give a good response in the in 150 of sample size the 95% are responding well and this the good rate of participant.

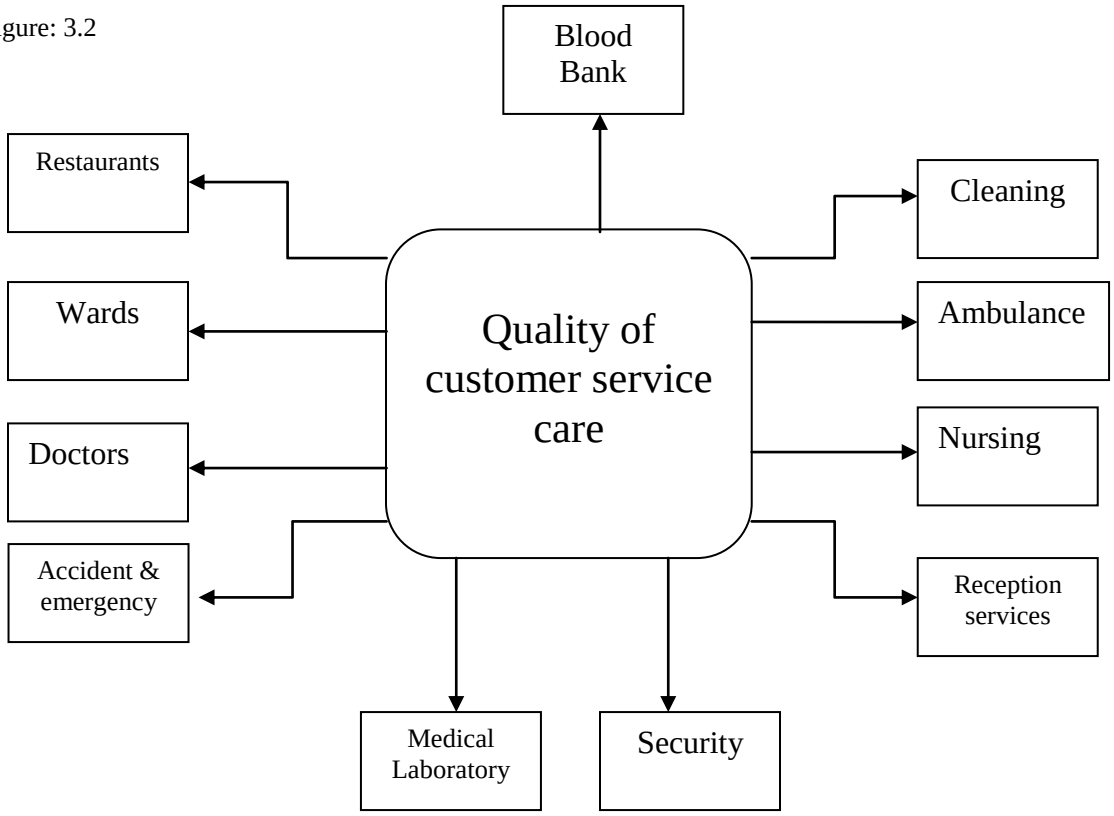
Hypothesis

Ho: Doctor has direct influence on the service quality of hospital
H1: doctor has no direct influence on the service quality of hospital

Ho: nursing have direct influence on the service quality of hospital
H2: nursing have no direct influence on the service quality of hospital
Ho: Ambulances have direct influence on the service quality of hospital
H3: Ambulances have no direct influence on the service quality of hospital
Ho: wards have direct influence on the service quality of hospital
H4: wards have no direct influence on the service quality of hospital
Ho: restaurant has direct influence on the service quality of hospital
H5: restaurant has no direct influence on the service quality of hospital
H0: cleaning has direct influence on the service quality of hospital
H6: cleaning has no direct influence on the service quality of hospital
Ho: accident and emergency have direct influence on the service quality of hospital
H7: accident and emergency have no direct influence on the service quality of hospital
Ho: Reception services have direct influence on the service quality of hospital
H8: Reception services have no direct influence on the service quality of hospital
Ho: Blood banks have direct influence on the service quality of hospital
H9: Blood banks have no direct influence on the service quality of hospital
Ho: Medical laboratory have direct influence on the service quality of hospital
H10: medical laboratory have no direct influence on the service quality of hospital
Ho: Securities have direct influence on the service quality of the hospital
H11: Securities have no direct influence on the service quality of hospital

Theoretical frame work

Figure: 3.2



Statistical Results and interpretation of Khyber teaching Hospital

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.725[a]	.526	.484	.400
a. Predictors: (Constant), cleanings, ambulance, doctor, restaurants, wards, nursing				

The R value is .725 which mean that the independent variables is 72.5% correlated with dependent variable. The $R^{2\ value}$ is .526 this mean that independent variables will explain 52.6% the dependent variable. The adjusted R^2 value is .484.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.061	6	2.010	12.589	.000[b]
	Residual	10.858	68	.160		
	Total	22.918	74			

a. Dependent Variable: quality services

b. Predictors: (Constant), cleanings, ambulance, doctor, restaurants, wards, nursing

The f-value is 12.589 which is greater than mean value 2.010 and the p-value is 0.000 which shows the statistical model is 99%.

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.978	.301		3.247	.002
	doctor	.215	.055	.391	3.890	.000
	nursing	.081	.059	.154	1.371	.175
	ambulance	.068	.057	.127	1.189	.239
	Wards	.058	.057	.096	1.012	.315
	restaurants	.148	.051	.262	2.911	.005
	Cleanings	.140	.054	.229	2.597	.012
	Accident and emergency	.087	.031	.293	2.833	.006
	Reception service	.084	.039	.226	2.170	.033
	blood bank	.165	.044	.308	3.756	.000
	Medical laboratory	.120	.050	.226	2.413	.018
	security	.088	.042	.174	2.117	.038
	a. Dependent Variable: quality services					

The independent variable doctors beta value is .391 this mean that the independent variable doctor explain 39.1% of the dependent variable quality service. The p-value is .000 which shows significant association of doctor with the service quality. The independent variable nursing beta value is .154 this mean that the independent variable nursing explain 15.4% of the dependent variable quality service. The p-value is .175 which shows insignificant association of nursing with the service quality.

The independent variable ambulance beta value is .127 this mean that the independent variable ambulance explain 12.7% of the dependent variable quality service. The p-value is .239 which shows insignificant association of ambulance with the service quality. The independent variable wards beta value is .096 this mean that the independent variable wards explain 9.6% of the dependent variable quality service. The p-value is .315 which shows insignificant association of wards with the service quality. The independent variable restaurants beta value is .262 this mean that the independent variable restaurants explain 26.2% of the dependent variable quality service. The p-value is .005 which shows significant association of restaurants with the service quality. The independent variable cleaning beta value is .012 this mean that the independent variable cleaning explain 1.2% of the dependent variable quality service. The p-value is .012 which shows significant association of restaurants with the service quality.

The independent variable accident and emergency beta value is. .293 This mean that the independent variable accident and emergency explain 29.3% of the dependent variable quality service. The p-value is .006 which shows significant association of accident and emergency with the service quality. The independent variable reception services beta value is .226 this mean that the independent variable reception services explain 22.6% of the dependent variable quality service. The p-value is .033 which shows insignificant association of reception services with the service quality. The independent variable blood bank beta value is .308 this mean that the independent variable blood bank explain 30.8% of the dependent variable quality service. The p-value is .000 which shows insignificant association of blood bank with the service quality. The independent variable medical laboratory beta value is .226 this mean that the independent variable medical laboratory explain 22.6%of the dependent variable quality service. The p-value is .018which shows insignificant association of medical laboratory with the service quality. The independent variable security beta value is .174 this mean that the independent variable security explain 17.4% of the dependent variable quality service. The p-value is .038 which shows significant association of security with the service quality.

Statistical Results and interpretation of Lady Reading Hospital

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.908[a]	.825	.809	.29525

a. Predictors: (Constant), cleaning, Doctor, Nurse, Ambulance, Wards, restaurant

The R value is .908 which means that the independent variables are 90.8% correlated with dependent variable. The $R^{2\ value}$ is .825 this mean that independent variables will explain 82.5% the dependent variable. The adjusted R^2 value is .809.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	27.454	6	4.576	52.491	.000[b]
	Residual	5.840	67	.087		
	Total	33.294	73			

a. Dependent Variable: Quality services
b. Predictors: (Constant), cleaning, Doctor, Nurse, Ambulance, Wards, restaurant

The f-value is 52.491 which is greater than mean value 4.576 and the p-value is 0.000 which shows the statistical model is 99%.

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.529	.169		3.131	.003
	Doctor	.158	.041	.215	3.844	.000
	Nurse	.074	.041	.106	1.804	.076
	Ambulance	.183	.046	.271	3.950	.000
	Wards	.159	.043	.258	3.728	.000
	restaurant	.094	.039	.176	2.428	.018
	cleaning	.198	.051	.306	3.858	.000
	Accident and emergency	.184	.037	.301	5.024	.000
	reception	.147	.053	.224	2.778	.007
	Blood bank	.165	.057	.260	2.892	.005
	Medical laboratory	.091	.059	.140	1.546	.127
	security	.157	.048	.260	3.285	.002
	a. Dependent Variable: Quality services					

The independent variable doctors beta value is .215 this mean that the independent variable doctor explain 21.5% of the dependent variable quality service. The p-value is .003 which shows significant association of doctor with the service quality. The independent variable nursing beta value is .106 this mean that the independent variable nursing explain 10.6% of the dependent variable quality service. The p-value is .075 which shows insignificant association of nursing with the service quality. The independent variable ambulance beta value is .271 this mean that the independent variable ambulance explain 27.1% of the dependent variable quality service. The p-value is .000 which shows insignificant association of ambulance with the service quality.

The independent variable wards beta value is .258this mean that the independent variable wards explain 25.8% of the dependent variable quality service. The p-value is .000which shows insignificant association of wards with the service quality. The independent variable restaurants beta value is .176 this mean that the independent variable restaurants explain 17.6% of the dependent variable quality service. The p-value is .018 which shows significant association of restaurants with the service quality. The independent variable cleaning beta value is .306 this mean that the independent variable cleaning explain 30.6% of the dependent variable quality service. The p-value is .000 which shows significant association of restaurants with the service quality. The independent variable accident and emergency beta value is .301 this mean that the independent variable accident and emergency explain 30.1% of the dependent variable quality service. The p-value is .000 which shows significant association of accident and emergency with the service quality. The independent variable reception services beta value is .224 this mean that the independent variable reception services explain 22.4% of the dependent variable quality service. The p-value is .007 which shows insignificant association of reception services with the service quality. The independent variable blood bank beta value is .260 this mean that the independent variable blood bank explain 26.0% of the dependent variable quality service. The p-value is .005 which shows insignificant association of blood bank with the service quality. The independent variable medical laboratory beta value is .140 this mean that the independent variable medical laboratory explain 14.0%of the dependent variable quality service. The p-value is .127 which shows insignificant association of medical laboratory with the service quality. The independent variable security beta value is .260 this mean that the independent variable security explain 26.0% of the dependent variable quality service. The p-value is .002 which shows significant association of security with the service quality.

Discussions

On the basis of this critical analysis and the data (primary and secondary) available of The LRH and KTH show that the service quality is overall satisfactory or positive but in some operational areas, the trust needs more attention to be improved in order to achieve organisational strategic goals as well as a desired level of patients' satisfaction.

The research reveals that the LRH has taken all possible steps into account for aiming to provide better service quality to its stakeholders. The primary and secondary data also support that the overall performance of the trust is satisfactory and this has been acknowledge by the patients. All services of the trust being provided to the patients have been rated by over or nearby the satisfactory level in the survey. However, the author's survey shows following areas which require to be addressed for further development and improvement.

The punctuality and availability of trust's staff is very important. This plays a key role to impact a good impression on its patients. The customers' opinion and feedback can be a parameter of performance for any organisation. Some patients pointed out in the survey that when doctors and nurses are not available or they are absent or they are on leave, at that time they get delayed service with unfamiliar staff under uncertainty.

Patients also mentioned, there are some services should be improved like ambulance, reception telephone service and A&E service. According to them, ambulance service is not sometime provided quickly as they needed, telephone service is often engaged and it makes them mentally upset to hold on for a long time. Based upon research, it was identified that out of these three hospitals, only The LRH and KTH hospitals is currently operating A&E function. It means that this A&E business function is supposed to handle all those accidents and emergency services which take place within Peshawar city. These are the patients who require healthcare and emergency services. So these are the issues which has been found in this study should be considered by the trust to fulfil the expectations of its patients. This misjudgement of a doctor causes serious life risk of a person. In addition, hospital and wards cleaning should be more than the present two times per day.

In this survey, the author also found some other concerns, which has been reported by the patients. For example, patients feel that some time trainee doctors are unable to diagnose or find the exact problem of the patient.

Conclusions & Recommendations

The author reaches at this conclusion that the Lady Reading Hospital is, overall, performing very well and most of its patients are satisfied with the quality of service being received by them. In service quality, the hospitals trust aims to improve patients' care, treatment and experience. The study shows that most of the trust's services have been found positive in order to fulfil the expectations of their patients.

The LRH Hospital has a very significant role and position because this is the largest Hospital in Peshawar. According to survey report, patients expressed their experience and opinions positively in the areas of doctors' response, nurses' punctuality and their attitude, ambulance service quality, wards facilities, catering service quality, A&E service quality, and reception service quality and also trust caring quality with reference to others. The author believes that the trust has focused on its strategic and operational issues that enhance all its caring activities. Even though, the research produces satisfactory results about the trust, there are still some following operational areas require to be addressed by the concern departments.

The hospitals trust needs to improve doctors' punctuality, their communication, doctors' more visits in the wards, more cleaning of hospitals to avoid unengaged telephonic service and trainee doctors' diagnostic mistakes. Service quality is very important for every organisation especially for healthcare organisations.

This also plays a key role for an organisation to survive and flourish highly competitive and ever changing health and service care industry. Customers or patients are the best judges of the quality of the services they use as the author has got feedback from them to find out the service quality if the trust. Finally, the author recommends that the trust should focus on above pointed out areas to improve them for their patients' maximum care as well as to keep on its strategic position in the area with their set targets and desired goals. To improve the service quality, the author suggests following steps in order to get the more competency in the concerned areas:

- Repeat the process and procedures again and again to overcome short comings
- Adapt more Involvements
- Review of staff shortages
- Review regularly patients responses or feedback
- No compromising on service quality
- Caring patients as an asset of the Trust
- Provision of training and close monitoring of the staff

Scope of future research

The scope of future research will be that the Hospitals try to provide good service quality to patient care. The principal method of collecting data is to concentrate on potential customers to evaluate knowledge skills of employees. Values and scope of that research is problem solving and also improves research skills.

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