

Service Quality in Traditional Healthcare: A Comparative Assessment using SERVPERF Tool

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ABSTRACT

Men's lives have failed to establish balance between the body, mind, and spirit as a result of changing lifestyles, job stress, and environmental degradation. In this circumstance, Ayurveda has stepped in to save those lives by providing a calm healthcare system. Ayurveda, which is over 1000 years old, has a long history of being practiced mostly in the Indian subcontinents, with Kerala, a south Indian state, offering a variety of therapies and procedures to treat various aches, pains, and chronic ailments through Ayurveda. As a result, individuals from neighboring states, as well as foreigners, are flocking to Kerala in the hopes of being healed via a holistic treatment. The objective of the research was to find out how Indian and international healthcare customers viewed performance-based service quality in Ayurveda healthcare. A standardized questionnaire was disseminated to the 20 Ayurveda hospitals using a suitable sampling approach, and 404 domestic and 82 foreigners took part in the survey. The statistical tools utilized for the study were independent sample t-test and analysis of variance, and the findings revealed that Indian healthcare customers had different perceptions of service quality than foreigners in terms of age, marital status, and education. The study is timely, with an empirical recommendation to managers to better understand how various individuals think about and perceive their services, as well as which dimensions require greater attention in the future to enhance the Ayurvedic healthcare system.

KEYWORDS

Healthcare, Service quality, Indian consumers, Foreign consumers, Ayurveda

INTRODUCTION

Customer satisfaction is a comparative result in healthcare that comprises a sense of joy or disappointment in relation to the service outcome expected by customers from service

providers [1]. Service quality is essential to the service industry's success in achieving the goal of maximum consumer satisfaction in healthcare [2]. Monitoring, competing, and enhancing the service quality elements of a

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hospital has become a challenging procedure for the increased business volume in healthcare as a highly intense service-oriented sector [3-5]. Regardless, in both the service and manufacturing industries, service quality is viewed as a primary driver of consumer satisfaction and purchase intent. The study compared the views of Indian and international healthcare customers about the quality of service and patient satisfaction in Ayurveda healthcare.

As a growing country, India's healthcare industry is seeing rapid expansion, with strong demand for services from both local and outstation patients. The most major appeal of the Indian healthcare business is the availability of skilled healthcare surgeons and a relatively inexpensive cost of healthcare spending. While a lack of hospital beds is a restriction in this industry, it is expected to increase over the next several years as India continues to experiment with healthcare [6]. The Government of India spends 4% of GDP on healthcare, but a developed country like the United States spends 17% of GDP on national healthcare expenditure, which is significantly higher than India's contribution. As a result, low-income families in India are finding it difficult to obtain excellent healthcare, and in some regions of the nation, individuals are selling their possessions to cover their healthcare costs without having sufficient family medical insurance [6]. The Indian healthcare industry has several advantages, including the fact that it provides a huge number of job opportunities and contributes a substantial amount of revenue to the national economy. Even yet, India's healthcare sector has to be further explored through various forms of medical tourism in order to establish this sector as a backbone of the country's service business.

The social and economic situations of the population, as well as the local government's health policies, have a significant impact on access to healthcare. The plans and policies relating to the implementation of healthcare strategies are determined by the requirements and desires of

the people in a given region. However, the services will be provided to them only based on available resources. In general, the healthcare system is divided into several treatment modalities such as allopathic, ayurvedic, unani, and homoeopathic, among others. As a result, these techniques are chosen entirely based on the people's personalities, lifestyles, jurisdictions, and socioeconomic backgrounds. According to world health organization (WHO) "A well-functioning healthcare system requires a robust financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decision and policies, and well-maintained health facilities and logistics to deliver quality medicines and technology".

Kerala, a southern Indian state, was chosen for the study because it is the only place where individuals may seek Ayurvedic therapy for any ailment. From decades earlier, Ashta Vaidyas (Legendary eight families of Vaidyas) and their descendants have been treated across Kerala, and Kerala is now the only state that fully embraces Ayurveda as a mainstream method of treatment.

LITERATURE ON SERVICE QUALITY IN HEALTHCARE

In a research, Lee et al. [7] commended that hospitals can improve patient satisfaction through efficient operations, excellent service quality performance, and staff participation in all business activities. Several studies have found that service quality is a key factor of patient satisfaction and positive word of mouth (PWM) in the healthcare industry [8]. The idea of service quality, according to the Nordic school of thought, includes two primary dimensions: Functional quality (process quality) and technical quality (Outcome quality). The five major dimensions of service quality are tangibility (quality in the appearance of physical elements), reliability (dependability and performance accuracy), responsiveness (promptness and helpfulness), assurance (includes competence, courtesy, security, and credibility), and finally empathy

(includes competence, courtesy, security, and credibility) (Individual care and attention). This SERVQUAL scale was established by [9,10] and has since become a popular and extensively used measurement tool to assess the service quality of both industrial and service industries, including the healthcare business, in a variety of situations.

De Keyser and Lariviere [11] investigated whether functional or technical quality has an influence on patient satisfaction, concluding that all of the characteristics mentioned under these two had a substantial positive impact on healthcare consumer pleasure. Since the applicability of the SERVQUAL instrument has been demonstrated in the healthcare sector, the researcher used the same instrument with a total of 22 items for this study, with some modifications suggested by Cronin and Taylor in 1992 under the name of SERVPERF, a performance-based service quality model.

LITERATURE ON AYURVEDA HEALTHCARE

Ayurveda is an ancient Indian natural healthcare system that was established in the context of religious and cultural beliefs and is extensively practiced in South Asian nations [12]. Ayurveda's popularity waned during the time due to colonial rulers' preference for Allopathic therapy. However, it evolved over time as a result of shared awareness, and it is now accepted as a complete caring mechanism on a global scale [13]. Kusumaratne observed in 2005 that Ayurveda's dignity had been eroded in the previous two decades due to a lack of demand in the western healthcare industry. It occurred as a result of unqualified individuals providing substandard healthcare. As a result, it has been shown that patient satisfaction is a key factor in increasing demand for Ayurveda healthcare with a high-quality treatment procedure. It suggests that in Ayurveda, there is a positive link between service quality and patient happiness.

Ayurveda healthcare is seen as a highly service-oriented approach, because it involves more personal contacts

between healthcare customers and service providers [14]. It gives healthcare clients a variety of options for selecting the services they want and how they want them provided by Ayurvedic practitioners [15]. All of this is part of pleasing the customer, which can only lead to positive word-of-mouth, referrals, and revisions to the same hospitals [16].

HYPOTHESIS DEVELOPMENT FOR THE STUDY

With respect to the opinions of Indian and foreign healthcare customers of Ayurveda, the study's primary goal was to determine which dimension is dominant and subordinating under the service quality measurement. The hypothesis for the mentioned analysis as follows.

- **H1:** Indian healthcare consumers have different opinion on the performance-based service quality in Ayurveda.
- **H2:** Foreign healthcare consumers have different opinion on the performance-based service quality in Ayurveda.

RESEARCH METHODOLOGY

The research was carried out in Kerala, a south Indian state with a wealth of Ayurvedic medical experience and authenticity. A structured questionnaire was given to 20 private sector Ayurveda facilities with NABH (National Accreditation Board for Hospitals and Healthcare Providers) and KASH accreditation using a simple sampling approach (Kerala Accreditation Standards for Hospitals). Apart from the extreme answers, the researcher gathered a total of 404 samples from Indian customers and 82 samples from international consumers after the three rounds of the data collecting procedure.

The study's essential components to comprehend the perceptions of both Indian and international healthcare customers are eight significant socioeconomic characteristics. In this study, 22 SERVQUAL characteristics were used to get a full picture of service

quality from healthcare customers. The statistical approaches used to evaluate the perceptual differences of both groups based on perceived service quality and patient satisfaction in Ayurveda were independent sample t-test and analysis of variance (ANOVA). The questionnaire utilized a seven-point Likert scale, ranging from “Strongly disagree” (1 point) to “Strongly disagree” (7 points) (7-Point).

In this work, the assumptions of reliability and normalcy were successfully assessed in order to execute the above-mentioned parametric tests. Where the Cronbach's alpha for the two major constructions was higher than 0.7, service quality stated that the data was very trustworthy. Both the skewness and kurtosis values, which are used to assess normalcy, are between the recommended limits of 2 [17].

RESULTS AND DISCUSSIONS

In the Table 1, the study's demographic statistics show that women use medical care more than males in the Indian context, while the converse is true for international

healthcare consumers seeking treatment in India. One explanation for this is because the bulk of foreign customers are adults and elderly people, with no children, teenagers, or women wishing to visit a physician outside of their own countries. Because a big percentage of ayurvedic healthcare customers from outstations are not well-off, they are looking for high-quality therapy at a reasonable cost. Variables such as religion and marital status have no bearing on the standing of these two groups. One interesting aspect is that 51 percent of the 82 International consumers work in the private sector, which does not correspond to the occupational status of Indian consumers. In terms of education, Indian customers are less educated than international consumers, with a 4% gap in higher education. The study determined that the average number of inpatient days is 14 days (two weeks), which is suggested by Ayurveda professionals to healthcare consumers as a minimum duration to ensure comprehensive delivery of healthcare in its entirety in Ayurveda for the majority of treatments.

Bases of classification		Indian consumers		Foreign consumers	
		Frequency	Percentage	Frequency	Percentage
Gender	Male	200	49.50	48	58.54
	Female	204	50.50	34	41.46
Age	Youngsters	34	8.42	0	0.00
	Adults	261	64.60	61	74.39
	Senior citizens	109	26.98	21	25.61
Marital status	Single	83	20.54	9	10.98
	Married	318	78.71	73	89.02
	Seperated	3	0.74	11	13.41
Annual Income	<= 100000	270	66.83	11	13.41
	1 - 3 lakh	80	19.80	31	37.80
	3 - 6 lakh	51	12.62	30	36.59
	Above 6 lakh	3	0.74	10	12.20
Religion	Christianity	37	9.16	24	29.27
	Islam	274	67.82	42	51.22
	Hinduism	93	23.02	16	19.51
Occupation	Govt. sector	19	4.70	3	3.66
	Private sector	48	11.88	42	51.22
	Self employed	136	33.66	18	21.95
	Others	201	49.75	19	23.17
Education	<= Primary	211	52.23	39	47.56
	> Primary	193	47.77	43	52.44
IP days	<= 14 days	228	56.44	37	45.12
	> 14 days	176	43.56	45	54.88

Table 1: Demographic statistics.

In comparison, healthcare in India is provided at a reasonable cost and with high quality to healthcare seekers from all over the world. People who like travelling and a traditional care system are flocking to Kerala for ayurveda treatments. Foreign children and women seeking ayurveda therapy in Kerala are few in number due to personal difficulties and impediments. The Middle East nations are said to have the highest number of international tourists, followed by India and Europe's bordering countries. Another interesting finding was that those over the age of 50, retired servants, and women are the main beneficiaries of Ayurvedic medicine.

Descriptive Statistics

The outcome of performance-based service quality measurement is the quality of service perceived by healthcare customers from the relevant ayurvedic service providers. The mean, standard deviation (SD), skewness, and kurtosis values for the four aspects of the service quality construct are shown in Table 2. For Indian consumers, the Cronbach's alpha value for service quality is 0.972. For the service quality construct, the same determinant for international consumers is 0.916.

Measures	Variables	No. of items	Indian Healthcare consumers				Foreign Healthcare consumers			
			Mean	SD	Skewness	Kurtosis	Mean	SD	Skewness	Kurtosis
Service Quality	Tangibility	4	6.17	0.676	-0.428	-0.472	5.63	0.777	0.748	-0.941
	Reliability	5	6.48	0.646	-1.221	1.53	6.35	0.506	0.328	-1.211
	Responsiveness	4	6.39	0.653	-0.769	0.049	5.78	0.567	0.001	-0.248
	Assurance	4	6.64	0.57	-1.44	1.239	6.78	0.445	-1.803	1.351
	Empathy	5	6.25	0.702	-0.838	0.822	6.52	0.526	-0.359	-1.306

Table 2: Descriptive statistics.

Assurance is the most appealing factor among the five service quality elements for both Indian and international clients. For domestic customers, it is followed by dependability, responsiveness, empathy, and tangibility, but empathy is the second most positive factor for international healthcare consumers. Assurance is the most important component of service quality in Ayurveda for both partners, whereas tangibility is the least important.

The assurance dimensions of service quality describe how hospital workers are reliable, safe in their interactions, pleasant, and helpful to everyone at all times. Indian and international healthcare customers are more welcomed and given a higher priority in ranking for this dedication as a result of these reasons. The tangibility dimension refers to the quality of physical surroundings such as equipment upgrades, personnel appearances, and the aesthetic appeal of medical facilities. In such instances, customers are not

greatly impacted by this dimension, therefore they have identified tangibility as an undeveloped component in Ayurveda healthcare service quality. Due to the special individual attention provided by all Ayurveda hospitals in Kerala, the empathy dimension has shown its advantages among the responses of foreign healthcare consumers.

Perception of Service Quality in Ayurveda Healthcare

The perceptual difference between Indian and international healthcare customers in terms of performance-based service quality in Ayurveda is investigated using an independent sample t-test and an ANOVA. Table 3 summarizes the major findings of the study.

Except for some socio-economic characteristics such as age groups, marital status, and education level, the results suggest that Indian and international healthcare customers have nearly identical perceptions of service quality in Ayurveda.

Demographic Variables		Indian				Foreign			
Categories		Mean	SD	t/f	p	Mean	SD	t/f	p
Gender	Male	6.44	0.493	1.85	0.064	6.251	0.357	-0.033	0.97
	Female	6.35	0.525			6.253	0.302		
Age	Youngsters	6.03	0.777	12.27	0.00	0	0	-0.269	0.79
	Adults	6.39	0.485			6.24	0.332		
	Senior citizens	6.51	0.411			6.26	0.344		
Marital status	Single	6.12	0.671	16.53	0.00	6.06	0.2	-1.779	0.08
	Married	6.47	0.436			6.27	0.34		
	Seperated	6.16	0.288			0	0		
Annual Income	<=100000	6.33	0.532	4.14	0.007	6.21	0.24	2.748	0.05
	100000-300000	6.53	0.465			6.13	0.305		
	300000-600000	6.5	0.409			6.35	0.366		
	>= 600000	6.66	0.577			6.35	0.313		
Religion	Christianity	6.5	0.564	26.29	0.00	6.5	0.416	18.799	0.00
	Islam	6.28	0.484			6.21	0.128		
	Hinduism	6.69	0.432			5.96	0.31		
Occupation	Govt. sector	6.77	0.32	5.82	0.001	5.82	0	3.153	0.03
	Pvt. Sector	6.52	0.569			6.29	0.357		
	Self employed	6.31	0.523			6.14	0.249		
	Others	6.38	0.484			6.32	0.311		
Education	Primary or below	6.34	0.427	-2.07	0.039	6.24	0.252	-0.148	0.88
	Above Primary	6.45	0.586			6.25	0.396		
Inpatient Days	<= 14 Days	6.35	0.519	-1.99	0.047	6.41	0.346	4.46	0.00
	> 14 Days	6.45	0.497			6.11	0.253		

Table 3: Perception of healthcare consumers on the service quality.

Discussion on the perception of Indian healthcare consumers

Male and female Indian Ayurveda clients had no difference in their perceptions of service quality in Ayurveda (p 0.05). Whereas differences in age, marital status, annual income, religion, occupation, education, and number of inpatient days result in a substantial mean difference between them, this indicates that their perceptions of Ayurveda treatment quality vary from one group to the next. Senior adults, married people, high-income groups, Hindu believers, government sector employees, educated persons, and customers who remained in hospitals for more than 14 days indicated more satisfaction with Ayurveda service quality than the other categories.

Discussion on the perception of foreign healthcare consumers

Foreign healthcare customers, on the other hand, do not have as polarized views about Ayurveda treatment quality based on gender, age groups, marital status, or educational attainment. However, their perceptions of service quality in

Ayurveda varied according on their wealth, religion, employment, and number of IP days. In this situation, high-earning persons, members of the Christian community, and patients who stayed in the hospitals for more than 14 days stated that the Ayurveda hospitals' service quality was superior to that of the other groups.

CONCLUSION AND IMPLICATIONS OF THE STUDY

Because the specialty of Ayurveda in restoring and maintaining the body's own capability to have a balance with the soul and mind, the traditional medical care is in higher demand nowadays. Especially for the diseases of modern lifestyle such as arthritis, asthma, heart disease, stroke, depression, obesity, back pain etc. Furthermore, people are paying attention to Ayurveda's main benefit, which is that its medications are safe, non-invasive, and non-toxic when compared to other treatment systems [18].

Finally, the study concludes that there is no significant mean difference in the opinion of service quality in Ayurveda for

both Indian and international healthcare customers when socioeconomic characteristics such as marital status and education are included. Attractiveness in the Ayurveda hospital's physical setting is a factor that produces an impression and has an influence on service quality measurement. Overall, Ayurvedic healthcare customers are satisfied, and they will be even happier if service providers are willing to accept their thoughts and ideas, which have already been expressed. Another significant conclusion drawn from this study is that the healthcare consumers are concerned about the state and federal governments' purposeful neglect in regard to the advancement and propagation of Ayurveda. As a result, the research urges both governments to develop adequate strategies and regulations to maintain and preserve Ayurveda's healthcare system, which is well-known and an old asset to India.

The study's main recommendations are that Ayurvedic healthcare practitioners should place a greater emphasis on beauty in hospital physical environments with a greenish touch. This may provide a warm and welcoming environment for healthcare customers, as well as a cold one. More strategies and programmes are needed to entice the

young generation to this natural healing method, as they prefer alternative therapies for quick relief. One of the researcher's ideas is that Ayurveda clinics hold one-day seminars and provide special packages for seasonal treatments to young people at a fair price, which should be publicized on social media to reach a large number of young people.

Individual attention and good caring are distinguishing features of Ayurveda treatment, and they should constantly be monitored by hospital administration, which has a favorable influence on healthcare customers, particularly foreigners. Treatment and medicine costs should be affordable to people of all economic levels; thus, the government should take steps to build additional Ayurveda hospitals or expand the present facilities of existing Ayurveda hospitals by adding beds, personnel, nurses, and trained physicians. Finally, the research recommends that the state and federal governments hold frequent awareness programmes on the relevance and benefits of Ayurveda, as it has been discovered that society lacks vital understanding about this ancient healthcare method.

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