

การรับรู้คุณภาพการให้บริการของผู้ป่วยที่รับบริการจากโรงพยาบาลเอกชน
ในจังหวัดนครราชสีมา : การวิเคราะห์โดยโมเดล SERVQUAL
PATIENTS' PERCEPTIONS OF SERVICE QUALITY IN NAKHON RATCHASIMA
PRIVATE HOSPITALS: AN INVESTIGATION USING THE SERVQUAL MODEL

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บทคัดย่อ

คุณภาพการให้บริการของโรงพยาบาลเป็นปัจจัยสำคัญในสภาวะการแข่งขันของโรงพยาบาลในปัจจุบัน ความสำเร็จของโรงพยาบาลขึ้นอยู่กับความรู้และความคาดหวังคุณภาพการให้บริการของโรงพยาบาล การวิจัยเชิงพรรณนาครั้งนี้ มีวัตถุประสงค์เพื่อวิเคราะห์คุณภาพการให้บริการของโรงพยาบาลเอกชน กลุ่มตัวอย่างเป็นผู้ป่วยจำนวน 400 คน ที่รับบริการจากโรงพยาบาลเอกชน 5 แห่งในจังหวัดนครราชสีมา ในช่วงเดือนกันยายนและพฤศจิกายน 2560 คณะวิจัยได้ทำการคำนวณทางสถิติและสุ่มตัวอย่างแบบเจาะจง โดยใช้แบบสอบถามที่พัฒนาจากแนวคิดทฤษฎี “SERVQUAL” ประกอบด้วย 5 มิติของคุณภาพการให้บริการ ได้แก่ 1) สิ่งสัมผัสได้ 2) ความเชื่อถือและไว้วางใจ 3) การตอบสนอง 4) การรับประกัน และ 5) การเอาใจใส่ โดยมีคำถามในการวิจัย 2 คำถามคือ 1) ช่องว่างระหว่างการรับรู้และความคาดหวังคุณภาพการให้บริการของโรงพยาบาลจาก 5 มิติของSERVQUAL คืออะไร 2) ช่องว่างระหว่างการรับรู้และความคาดหวังคุณภาพการให้บริการของโรงพยาบาลทั้ง 5 แห่งมีความแตกต่างกันหรือไม่

ผลการวิจัยพบว่า การรับรู้และการคาดหวังคุณภาพการให้บริการในทั้ง 5 มิติของคุณภาพการให้บริการ มีช่องว่าง โดยคุณภาพการให้บริการในมิติของการตอบสนองมีช่องว่างเชิงบวกมากที่สุด ในขณะที่คุณภาพ

การให้บริการในมิติการเอาใจใส่มีช่องว่างเชิงลบน้อยที่สุด ทั้งนี้ช่องว่างเชิงลบแสดงให้เห็นว่าคุณภาพการให้บริการมีความจำเป็นที่ต้องได้รับการปรับปรุง นอกจากนี้ ผลของการศึกษาครั้งนี้ผู้บริหารสามารถนำไปเป็นแนวทางการปรับปรุงคุณภาพการให้บริการ เพิ่มระดับความพึงพอใจของผู้รับบริการของโรงพยาบาล

คำสำคัญ : คุณภาพการบริการ, SERVQUAL, การรับรู้, ความคาดหวัง, โรงพยาบาล

ABSTRACT

Hospital's service quality plays a major role in today competitive environment. Hospital's success depends on patients' expectations and perceptions on the quality of services provided by hospitals. The aim of this descriptive study was to evaluate the service quality in private hospitals. The sample of this study consisted of four hundred patients in five private hospitals in Nakhon Ratchasima during September and November 2017. The researchers calculated and selected by purposive sampling method. The questionnaires were used as a research tool and distributed. The research key concept was based on "SERVQUAL" model which composed of five dimensions of service quality: 1) tangibility 2) reliability 3) responsiveness 4) assurance and 5) empathy. There were two research questions of this study as followings. (1) What were the gaps between patients' expectations and perceptions in SERVQUAL five dimensions? (2) Was there any gap different in service quality in five private hospitals in Nakhon Ratchasima?

The results have shown a gap between patients' perception and expectation in all five dimensions of service quality. The highest positive quality gap was the responsiveness dimension, while empathy dimension had the lowest negative gap. Thus, the negative gap indicated the need for quality improvement. The results of this study might apply to the managers to understand the patients and to improve organizational service quality, increase the level of patient satisfaction.

Keywords : Service quality, SERVQUAL, Perception, Expectation, Hospital.

INTRODUCTION

Nowadays, the trend of health behaviors and lifestyles has been changed, while Baby boomers era is starting to retire a great numbers of elderly populations. Therefore, Healthcare industry is facing a number of challenges to remain competitive (Tha wesaengskulthai, Wongrukmit, & Dahlgaard, 2015). For service organizations such as hospital and bank, service quality is crucial for maintaining profit, but it is not easy to consistently handle it (Zeithaml, Berry & Parasuraman, 1988). Quality of the services has grown significantly in hospitals. It is an important concept along with patient satisfaction (Shafii, Rafiei, Abooei, Bahrami, Nouhi, Lotfi & Khanjankhani, 2016). Analyzing the service quality of hospital from patients' viewpoint has beneficial implications

for a hospital such as being helpful for strategy making to improve quality (Bhaskar, Kumar, & Subhashini, 2014; Soyhan, Ilkutlu, & Sekreter, 2013). Service quality is counted as an essential tool for organizations to differentiate themselves from their competitors and bring customer satisfaction (Ladhari, 2008, 2009; Daniel & Berinyuy, 2010). The main reasons from patients' complaints were unfriendly, uncaring staff, lack of personal contacts, long waiting times, high costs and no making online an appointment or by mobile (Azam, Rahman, Talib, & Singh, 2012). Therefore, understanding expectations and needs of patients concerning services in hospital as well as gaps in patients' perceptions and expectations of service quality is essential for improving and providing high quality service of hospitals (Fan, Gao, Liu, Zhao, & Mu, et al., 2017). It is important to identify service quality of hospital parameters to provide service matched with patients' expectations to fulfill the quality- driven framework within a hospital (Evans & Lindsay, 2011).

RESEARCH OBJECTIVE

The purpose of this study was to evaluate the service quality in five private hospitals in Nakhon Ratchasima.

Research questions

This study concentrates to identifying the gaps between perception quality and expectation variables which help managers to understand the patients and to improve the service quality strategy. Thus, two research questions of this study were the followings. (1) What were the gaps between patients' expectations and perceptions in SERVQUAL five dimensions? (2) Was there any different in service quality in five private hospitals in Nakhon Ratchasima?

BENEFIT OF RESEARCH

The finding of this study would benefit hospital managers to increase awareness of patients' perceptions and expectations. They can apply results of this study to manage strategies to satisfy patients. In this circumstance, manager might improve his/her performance to fit well with the nature of the contexts that are different across business.

Research concept

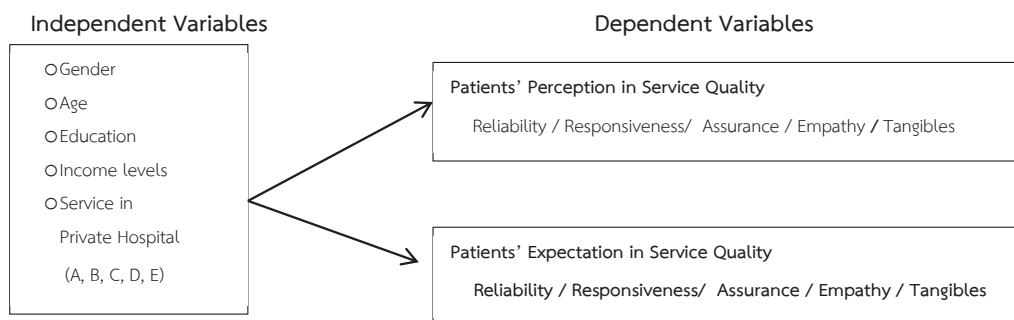


Figure 1 Research Concept

Literature review

The customer service quality theory was proposed in an early 1980. Later, service industries such as banking, insurance and hospital need to know service quality as a key factor issue for the business success and survival (Spathis, Petridou & Glaveli, 2004; Khunwanich & Tarnittanakorn, 2017). These was evidenced by the Hospital Corporation of America, who offered high level of service quality, found a strong link between perceived quality of patient care and profitability across hospitals (Koska, 1990). Christian Grönroos (1984) has introduced service quality in two dimensions: technical quality (WHAT is provided) and functional quality (HOW the service is provided), he was also proposed the model of customers' perceived service quality which "the outcome of an evaluation process where the customers compared their expectations with service they have received" (Grönroos, 1984, p. 37). While, Parasuraman, Zeithaml, and Berry (1988, p. 15) have defined the concept of service quality as "a form of attitude related but not equivalent to satisfaction that resulted by a comparison among expectations, perceptions and performances". These technical and functional qualities are corresponding to the SERVQUAL model (Parasuraman et al, 1988) that consisted of the following factors which are reliability, responsiveness, assurance, empathy, and tangibles (Lien & Kao, 2008)

In fall 1985, Parasuraman et al. (1985) published an article namely, "A conceptual model of service quality and its implication for future research" in the Journal of Marketing, their article come out with the finding of "service quality gap model", which gap has been identified by the SERVQUAL instrument. The process began with an assumption that service quality is the difference between overall sector service expectations (E) and perception of a particular service provider in that particular sector (P),

(Zeithaml et al, 1993; Teas, 1993; Curry & Sinclair, 2002). SERVQUAL was an effective service quality measurement, service quality should be measured by subtracting customer perception from expectation scores ($Q = P - E$), Positive scores signify higher service quality and vice-versa (Parasuraman et al., 1985; Zeithaml et al., 1993). Parasuraman et al. (1985) carried out through exploratory research in four service quality settings which are product repair and maintenance, securities brokerage, credit cards and retail banking in order to understand each area of researches, thus SERVQUAL would benefit to companies to analyzed their strengths and weaknesses. However, various industries should tailor and modify the scale of SERVQUAL when necessary according to industry characteristics. (Parasuraman, Berry, Zeithaml, 1991).

Since the development of SERVQUAL comprised of 22 items in five subscales, which identical to the dimensions of the perceived service quality gap model (Parasuraman et al, 1991) that managers might concern how the information about customers' expectations has been changing and how perception of customers' requirements has expanded in a service organization (Urban, 2010). However, this concept has been used in numerous service sectors, including auto repair, telecoms, banking, education and professional services. SERVQUAL is also widely used in the health service (Babakus, & Mangold, 1992; Lim & Tang, 2000; Choi, Lee, Kim, & Lee, 2005; Abuosi & Atinga, 2012; Matin, Rezaei, Moradinazar, Mahboubi, & Ataei, 2016). Although there is a criticism on the validity and reliability of SERVQUAL instrument, there were some number of researchers argued that it was a useful tool for measuring service quality and reliable that valid in the hospital environment (Buttle, 1996; Kalaja, Myshketa, & Scalera, 2016).

This study started with the assumption that the difference between two variables (customer's expectation of a service and their perceptions of the service) determines the satisfaction (Zeithaml, Berry, & Parasuraman, 1990). The way the purpose of this paper is to evaluate the quality of services by determining the key factors impacting the services to give recommendations for managers and directors of these hospitals in order to improving the quality of their hospitals and of administration staff in order to compete among private hospitals.

Customer Satisfaction

Customer satisfaction was a basic determinant in extending long-term customer behavior (Zeithaml et al., 1996). Flood and Romm (1996) suggested that managing quality and customer satisfaction required continuous redesigning of business processes and customer-focused culture in order to meet the customer needs. By applying SERVQUAL Model, Rashid and Jusoff (2009) studied explore the concept of service quality in a health care business, the result was found that the measurement of hospital service quality

should be based on perceived quality rather than the objective quality because service quality was intangible, perishable and heterogeneous.

Service quality revealed when expectations are met (or exceeded) resulting in satisfaction, and a service gap occurs if expectations are not met also producing dissatisfaction (Parasuraman et al., 1985). The gap score for each statement is calculated by deducting the expectation score from perception score. A positive gap score suggested that expectations have been met or exceeded. On the other hand, negative score showed that the expectations are not being met. Individual dimension need to be analyzed and then sum up to calculate an overall gap score of each dimension. Finally, gap score for the whole will be shown up. Kopalle and Lehmann (2001) suggested that quality defines a gap between perceived expectation and performance and if the performance exceeded expectations, the customer will attain more satisfaction. There was empirical evidence support these causal linkage between hospital service quality and patient satisfaction (Bowers, Swan, & Koehler, 1994; Reidenbach & Sandifer-Smallwood, 1990). Patient satisfaction brought an organization to have a positive word of mouth, higher rates of patient retention and higher profit (Peyrot, Philip, & Schnapf, 1993). Therefore, satisfaction actually affects the outcome of medical practices. For these reasons, patient satisfaction assessment has become an integral part of hospital organizations' strategic processes.

Applying the SERVQUAL to Health Care

The SERVQUAL has been adopted in many researches. Curry & Sinclair (2002) utilized the SERVQUAL model to investigate health services. They found that patients appreciated the services. The gap scores were slightly negative, which indicated that patients had higher expectations than perceptions. Teng, Ing, Chang and Chung (2007) used SERVQUAL to assess patients in surgical departments and confirmed that the instrument was valid and reliable. Katrinli, Atabay, Gunay, and Cangarli (2009) found that the private hospital performed better than the public hospital on service quality. However, both public and private hospitals might take some actions in order to meet customers' expectations. Butt and Run (2010) tested the SERVQUAL model scale for measuring Malaysian private health service quality. The results indicated not only a moderate negative quality gap for overall Malaysian private healthcare service quality but also showed a moderate negative quality gap on each service quality scale dimension. However, scale development analysis produced excellent outcomes, which could be used in wider healthcare practice and policy.

SERVQUAL Instrument

SERVQUAL has comprised of 22 items with five dimensions which were reliability, responsiveness, assurance, empathy and tangibles. These five dimensions are thought to show the dimensions of service quality across a range of industries and settings (Zeithaml, Berry, & Parasuraman, 1988). Businesses have been used this instrument (i.e. questionnaire) to measure potential service quality problems and the quality of service model to help a company diagnose possible causes of the problem. The model of service quality was built by the expectancy confirmation idea which suggested that consumers perceive quality in terms of their perceptions of how well a given service delivery has met their expectations of that delivery (Oliver, Balakrishnan, & Barry, 1994). Thus, service quality can be calculated by the following equation (Adil, Ghaswyneh, & Albkour, 2013):

$$SQ = P - E$$

where; SQ = service quality / P = the individual's perceptions of given service delivery./
E = the individual's expectations of a given service delivery

Summation of all the Service Quality (SQ) values provided an overall quality rating information which indicated a significant service quality dimensions that influence customers' overall quality perceptions (Adil, Ghaswyneh, & Albkour, 2013).

RESEARCH METHODOLOGY

Population and Sample

The population in this study were the people aged 20 years old and who experienced serviced from five private hospitals in Muang, Nakhomratchisima at least two times since 2015. The sample was gathered using purposive sampling by asking "Have you used five private hospital services in Muang, Nakhomratchisima at least two times since 2015?". If they answered "Yes", they were added to the sample group. The sample size was calculated by Cochran (1977) $[n = Z^2P/(1-P)d^2]$ that used for unknown number of population.

This research study was conducted during the period September to November, 2017. A questionnaire was a tool used to collect data from people in public parks and waiting areas of schools in Muang, Nakhomratchisima. A total of 450 questionnaires were distributed to the sample and 400 questionnaires were returned which indicated a response rate of 89%

Instruments

The study was carried during September to November, 2017. The research framework was based on a "SERVQUAL" model that consisted of two sections. The first section comprised of respondents' information such as age, gender, education and their income levels. The second section was used to assess the patients' expectation and perception

were the part which related to hospital service quality. A 5-point Likert-type scale was chosen in this study included 26 items on 5 dimensions: tangibility (6 items), responsiveness (5 items), assurance (5 items), reliability (5 items), and empathy (5 items). The reliability of the scale was tested using Cronbach's alpha and the α values. Result of the pilot test showed the 0.90 and 0.86 for expectations and perceptions scores respectively. Thus, a commonly used threshold value for acceptable reliability is 0.70 (Hair et al, 2010; Nunnally, 1978)

Data analysis

Descriptive statistic was used to analyze respondents' demographic characteristics. In order to explored factors and identify groups of factors, the researchers used an exploratory factor analysis to understand dimensions of hospitals' service quality perceptions and expectation. A principal component analysis with varimax rotation was conducted. Items with eigenvalues > 1, factor loadings > 0.4, and factors which contain at least three items were retained (Hair et al, 2010). Moreover, a reliability analysis was carried out to test the reliability of the scale and inner consistency of extracted factors. For this purpose, Cronbach's alpha coefficients were computed.

RESEARCH RESULTS

Demographic data

The majority of the subjects were female, 46-55 years old, bachelor degree, and income equal or less than 15,000 baht as in Table 1.

Table 1 Frequencies and percentage of demographic characteristic of respondents (n=400)

Variables	Options	Hospital					Frequency	Percentage
		A	B	C	D	E		
Gender	Male	32	31	28	35	25	151	38
	Female	50	50	52	42	55	249	62
Age								
	20 - 25 years old	4	8	9	12	23	56	14
	26 - 35 years old	7	13	15	23	26	84	21
	36 - 45 years old	15	17	16	12	14	74	19
	46 - 55 years old	30	24	19	19	8	100	25
	> 56 years old	26	19	21	11	9	86	21

Table 1 (Continue)

(n=400)

Variables	Options	Hospital					Frequency	Percentage
		A	B	C	D	E		
Education								
	Below undergraduate	19	32	25	41	36	153	38
	Undergraduate (Bachelor degree)	42	38	39	26	40	185	46
	Master’s degree and above	21	11	16	10	4	62	16
Income levels								
	equal or less than 15,000 baht	7	19	18	30	38	112	28
	15,001 - 25,000 baht	8	14	16	14	23	75	18
	25,001 - 35,000 baht	22	23	20	18	11	94	24
	35,001 - 50,000 baht	19	14	13	11	6	63	16
	more than 50,000 baht	26	11	13	4	2	56	14
	Total	82	81	80	77	80	400	100

The result of the first research question : What were the gaps between patients' expectations and perceptions in SERVQUAL five dimensions?

The result of the second research question

While the GAP between patients' perceptions and expectations have indicated that the gap of patients' perceptions and expectations are responsiveness (gap score=0.20), reliability (gap score=0.16), assurance (gap score=0.14), tangibility (gap score=0.13) and empathy (gap score=-0.10), respectively, as shown in Table 2.

Table 2 The average score of expectations, perceptions and gap between them

Dimensions	Explanations	Perception		Expectation		GAP (P-E)
		Mean	SD	Mean	SD	
Tangibility (TAN)	Technologically up-to-date equipment of the hospital	4.21	0.82	3.83	0.98	0.38
	Provision of proper caring and medical service environment	3.56	0.72	3.77	0.94	-0.21
	Material association with the health care service are appealing and clean	3.19	0.85	3.47	0.67	-0.28
	Attractiveness of the hospital	4.27	0.91	3.89	0.54	0.38

Table 2 (Continue)

Dimensions	Explanations	Perception		Expectation		GAP (P-E)
		Mean	SD	Mean	SD	
	Staffs are with neat and professional appearance	4.16	0.83	3.55	0.64	0.61
	Parking facilities enabled patients to access hospital without undue effort	3.21	0.75	3.32	0.83	-0.11
Total and Average Tangibility Gap Score		3.77	0.81	3.64	0.77	0.13
Reliability (REL)						
	Hospital staffs provide their services standing on the promises time	4.05	0.64	3.91	0.71	0.13
	Staffs are interested in solving patient's problem	4.54	1.03	4.22	1.02	0.32
	Consistent in its their performance	4.12	1.00	3.98	0.53	0.14
	Timely services	3.89	0.96	4.06	1.04	-0.17
	Hospital staffs rarely done error records	4.34	0.87	3.95	0.57	0.39
Total and Average Reliability Gap Score		4.19	0.84	4.03	0.77	0.16
Responsiveness (RES)						
	The hospital staffs provide prompt services	4.57	1.03	3.99	0.86	0.58
	The hospital staffs have ability to communicate to patients.	3.92	0.76	4.09	1.25	-0.17
	The hospital staffs are always ready to provide service	3.83	0.49	3.91	0.76	-0.08
	Medical staffs enthusiasm to service an emergency situations	4.51	1.13	4.26	1.18	0.25
	Usually, medical staffs help or respond to patients request promptly	4.28	1.07	3.84	0.81	0.44
Total and Average Responsiveness Gap Score		4.22	0.84	4.02	0.84	0.20
Assurance (ASS)						
	Patients feel comfortable and safe in using health care service	3.92	0.85	3.81	0.59	0.11
	Patients data or report is privacy and well preserved	4.80	1.39	4.22	1.02	0.58
	Hospital staffs are courteous toward patients	3.73	0.87	3.84	0.84	-0.11
	Medical staffs are specialty areas with the appropriate certificate	4.68	1.00	4.16	0.58	0.52
	The fees applied were reasonable in relation to what other hospital charge for similar services	3.69	0.91	4.11	1.05	-0.42
Total and Average Assurance Gap Score		4.16	1.02	4.03	0.73	0.14

Table 2 (Continue)

Dimensions	Explanations	Perception		Expectation		GAP (P-E)
		Mean	SD	Mean	SD	
Empathy (EMP)	Special attention to patients needs	3.67	0.57	3.49	0.59	0.18
	Hospital will give patients individual attention	3.47	1.01	3.88	1.08	- 0.41
	All procedures of health service in hospital are easy and convenient for patient	3.87	1.19	3.92	1.05	-0.05
	Health service in hospital have operating hours and communication space convenient to all their patients	3.61	1.03	3.88	1.09	-0.27
	Specific time or non-working hours by medical staff team is willingness to support patients for consulting	3.58	1.07	3.96	1.02	0.08
	Total and Average Empathy Gap Score	3.64	0.97	3.83	0.94	-0.10

The result of the second research question: Was there any different in service quality in five private hospitals in Nakhon Ratchasima?

The service quality concept in many researches (Parsuraman et al, 1988; Carman, 1990) suggested that perceived service quality can be applied with the following P-E measurement model. Thus, answering the third research question, we examined service-quality differences as shown in equation.

$$\text{Service Quality} = \text{Perception} - \text{Expectation}$$

$$(SQ) \qquad (P) \qquad (E)$$

Table 3 showed that in Hospitals B, C and D, the highest and lowest means of gaps were related to reliability (gap score=0.25, gap score=0.11, and gap score=0.12, respectively) and empathy (gap score=-0.54, gap score=-0.25, and gap score=-1.11, respectively) ; In Hospital A the highest and lowest means of gaps belonged to responsiveness (gap score=1.84) and assurance (gap score=-0.02) ; and, finally, in Hospital E they belonged to responsiveness (gap score=0.25) and assurance (gap score=-1.18). The negative mean difference scores explain that expectations of patient service quality in their healthcare service are not accommodated. This gap signals are rapidly eliminated.

Table 3 Five dimensions of quality gap identified among at five hospitals

Hospital	TAN	REL	RES	ASS	EMP	Total (P-E)
A	0.89	1.48	1.84	1.33	- 0.02	1.27
B	0.17	0.25	0.15	- 0.31	- 0.54	1.04
C	0.09	0.11	0.07	- 0.18	- 0.25	0.75
D	- 0.74	0.12	0.03	- 1.03	- 1.11	- 0.98
E	- 1.08	- 0.02	0.25	- 1.18	- 1.06	- 1.12

TAN=Tangibility, REL=Reliability, RES=Responsiveness,

ASS=Assurance, EMP=Empathy, P-E=Perceive-Expect

DISCUSSION

This study aims to evaluate the quality of services in five private hospitals in Nakhon Ratchasima, the biggest province in the Northeast of Thailand. The findings of this research indicate that patients have high hospital-service perceptions. Not only the percept hospital staff but also the hospital environments are engaging. The study results confirmed a difference between the means of patients' expectations and their perceptions in almost all dimensions which are consistent with similar studies Lim and Tang (2000), Cunningham (2009), Butt and Run (2010) and Fan, Gao, Liu, Zhao, & Mu, et al. (2017). Since the physical evidence plays an important role on patient feeling, attitude and morale, therefore hospital managers have to taking care of service and maintenance quality (Fottler, Ford, & Heaton, 2002; Abuosi & Atinga, 2012).

The research evidences have shown the positive gap between patients' perception and expectations. These were influenced by the service they had been improved in previous years and most hospitals are redecorated their hospitals when Nakhon Ratchasima has been a new-growth secondary city with one of the largest metropolitan populations for a city disconnected from Bangkok's extended metropolitan region since 2015.

The service quality dimension score was shown in high level in every aspect, the highest score is responsiveness followed by reliability, assurance, tangibility and empathy respectively. Not only the good quality of equipment but the management would have to put their effort to focus on employees' service skill and empathy. Thus, these would be effect the patients' perceive in the near future. In order to deliver superior service quality, managers of hospitals must first understand how patients perceive (Parasuraman, Zeithaml, & Malhotra, 2005). Moreover, employees need to be encouraged to improve their appearance in Hospital E. In providing superior

service quality to influence patients empathy, hospital staff should know patients' internal state, feel what patient feel, put himself or herself into patient's situation, imagine what patient is thinking or feeling, imagine how patient would think or feel if hospital staff were in patient situation and feel distress when witnessing patient suffering (Batson, 2009). Moreover, the patients conceived an ideal hospital to be one where staff solve patients' problems, and do not incur medical errors (Abuosi & Atinga, 2012).

Although quality service in hospital is often ambiguous and hard to define, information regarding outcomes of it is the key factor at all levels of hospital management to enhance of quality and improve private hospital competitiveness in health sector (Kalaja, Myshketa, & Scalera, 2016).

CONCLUSION AND RECOMMENDATION

Our study aimed to test SERVQUAL model in five private hospitals in Nakhon Ratchasima. To be competitive private hospitals, each private hospital in Nakhon Ratchasima require continuous patients' expectation and perception monitoring and measurement so that long-term private hospital survival can be assured. The SERVQUAL approach indicates the areas (by estimating quality gaps) where medical and hospital staff are performing well higher patients' expectations. Managers must maintenance quality service and environmental quality. On the other hand, in the empathy dimension which medical and hospital staffs are performing well below patients' expectations. For example, a negative tangibility score indicates that a service provider needs significant infrastructure improvement. Existing research provides an excellent tool for private healthcare practitioners to start addressing quality issues by measuring service quality gaps and taking corrective actions on a regular basis. The managers can use these findings and recommendations to improve service deliver. This is understandable as patients normally come to a hospital feeling stressed and delays responding to their problems could aggravate suffering.

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