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**"STUDY ON THE IMPACT OF PATIENT'S SERVICE QUALITY
FROM A HOUSEKEEPING POINT OF VIEW"**

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Housekeeping.**

ABSTRACT

Housekeeping as such is generally and the fundamental support service system in a hospital. This aesthetically involves spheres of cleanliness, catering to overall maintenance, and dealing with the essential upkeep of the patient service areas regarding their care mostly, including the complete staff areas and the public areas herewith. The study explores the interrelationships among Service Quality for housekeeping Service providers in India. The data was collected from 371 respondents. After there were rounds of Purposive sampling technique, the data was garnered, which helped a great deal in this work. Research work or hypotheses was tested with Linear Regression. Collected data were analyzed via AMOS. Hence, this study's primary purpose can be aimed at the sole introspective conceptual theory with the inclusion of the variables, which graphs the satisfaction curve of the patient-based wellness program aspects and standards therein.

INTRODUCTION

Housekeeping entails the daily cleaning and maintaining of the hospital and the clinic vicinity in a spic and span way. The works paraphernalia include the basic cleaning of the rooms, walls, floors, etc. Some high-tech equipment and various expensive apparatuses have to be introspected for cleaning as they have to be cleaned and sanitized immaculately so that there is less dwelling of germ-formation on them. Also, mopping and cleaning daily helps reduce the amount of collection of microorganisms on the surfaces of the hospital floor, beds, upholstery, garments, equipment, etc. The main factor affecting the hospitality housekeeping would be inadequate if the dusting, cleaning, and mopping are not up to the required excellence or standards. Therefore, the quality of service, to a large extent, is the degree to which care has been humane and competent (Tucker,

2002). If the competence of the service provider is perceived as high, then satisfaction levels also upgrade.

A focused medical care administration approach moves the way of life of the medical services - framework from one framed by the inclinations and choices of clinical experts to the one formed by its clients' perspectives and necessities—usually, the need for efficient housekeeping. Housekeeping in the medical care sector arises due to the surge in the un-well people wanting to be disposed of with proper medicinal supply coupled with care. Outcomes are defined as the change in physical health directly related to health experience and effort. Woodside, Frey, and Daly (1989) studied hospital patients, related quality of service, customer satisfaction, and intent to behave. Their research strongly supported the hypothesis that customer satisfaction with a hospital stay was positively related to the intention to return to the same hospital if hospital care was needed in the future. Hence it is essential to understand the need for the basic platform on which the hospital can rise and flourish, and that will surely go according to the housekeeping diktats. The proficient use of disinfectants and sanitizers can be adopted as the healthcare tantamount service facility in order to keep the hospitals smudge-free, dust-free, foul odor-free, etc., as disease-causing pathogen should have to be maintained at the lowest levels.

As we know, the cleanest hospitals are the ultimate to health-needy patients and germ-free sustainable environment for the hospital service providers, importantly, to achieve the hospitality goals with their potential and dedication that go a long way symbiotically. Numerous additional studies support the conclusion that customer satisfaction has a positive relationship with behavioral intentions (Barsky, 1992; Palmer &Maani, 1995; Fornell et al., 1996). Looking at the above theories, we can very well state that there is a symbiotically positive relationship that can be measured in the customer satisfaction and customer loyalty ratio, which most probably scales to be directly proportional. This study offers to appreciate the spin-offs of a comprehensive conceptual model for reading and measuring the variables affecting healthcare quality based on patient satisfaction.

LITERATURE REVIEW

Service Quality basically refers to the service expectation from the patient's point of view, at best. We may get to observe that what appeals today with competence may not be the least accepted tomorrow as routinely, things keep changing. Therefore, the needs and demands of every patient case also remain a service providing a function that adheres to being all-pervasive in every way. Housekeeping services, conducive to the health and medical care of the patients, in the hygienic environment duly maintained, are essentially looked upon as the standards to meet the patients' expectations or the Service Quality that we are speaking of, in this regard." Excellent service quality will result in a high level of customer's satisfaction." Naeem&Saif (2009).

As people always would like to visit the hospital, with the pleasant physical environment, comforting health providing services, and above all uncompromised quality or standards of cleanliness, patient satisfaction in no small extent plays a significant role in establishing the image as well as the viability of the hospital. Hence housekeeping. Housekeeping, which is seen as the most significant asset,

rides on service departments that complement patient expectations. "Customer's satisfaction can be built through the quality of service" Kotler and Keller (2006)

The housekeeping department in the hospital is spiraled to focus on the quality requisites as it has to proactively climb on emerging essential elements to meet the enhanced patient expectations. Quality, in other words, would be the adherence to standards in the service marketing, to provide the utmost patient satisfaction based on incorporating hygienically clean environment, the congenial attitude of the housekeeping staff, and the implementation of necessary elements of medical care furnishing. "Quality is one of the things that consumers look for in an offer, where service happens to be one" Negi, (2009).

As housekeeping is an essential component and falls in the service category, there is a constant need to rise to the patient's expectations as and when the situation emerges, which strategically has to be handled at all times for the acquisition of a superlative quality holder of sorts. The growing patient awareness, the amplified attitude with patient expectation goes a long way in dealing with the different routes to harbor a proper congenial environment, fully equipped with the high-quality standards pertaining to medical care, the sole aim being the need entrusted with the desire to incorporate quality to meet patient beliefs which later promotes patient revisits and goodwill for their efforts. "Service quality in the management and marketing literature is the extent to which customers' perceptions of service meet or exceed their expectations" Bowen and David (2005).

As a tangible commodity, the service quality is always expected to meet specific parameters as the underlying truth is that if any business graph looks to rise above the usual standards. It would genuinely have to raise the service quality figures, for real, as then it would determine the in-depth dimensional growth aspect wise, touching all spheres involved. The Service quality takes birth in a mindful caregiver service environment. Once the foot is set, there has to be mainly some well-built and sure-shot inputs of service strategies that would ultimately help gain maximum mileage and run long or allow the possibility of a long haul, even in trying times of business environment. Service quality can also be determined and can be an essential attribute for scaling profits or goodwill if the performance is taken care of to a great extent. The benchmark would be adherence to good first-rate service. Thus, service quality can be the way customers are served in an organization that could be good or poor. Parasuraman et al.(1988).

Though the study is vast, however, the service quality characteristics can be understood better if the tangible quotient is dealt with in the broader spectrum as the service performances are ultimately felt by the substantial patient-satisfaction remarks or comments or their goodwill for the hospital in return. The reliability factor is crucial in gaining prominence in a patient's heart. The patient would typically visit a reliable source for immediate medical relief from any form of discomfort or illness. Nevertheless, reliability also should be accompanied by the responsiveness factor as there should be a genuine will to deal to attend, answer, prompt provision service. There can be no way other than to make a patient feel assured for his life to be secure in the hands of the medical-care provider. Hence assurance can and should be considered one of the theoretically main factors in estimating service quality. Empathy is a pure form of instilling confidence or gaining a patient's trust into your realm as the patient would always want to look

for a helping hand who would ease away the pain through care and love. The patient will and would be happier if the service quality would encompass all the mentioned characteristics: Tangibility, Reliability, Responsiveness, Assurance, and Empathy (Parasuraman et al., 1988; Zeithaml et al., 1990). The study in different service categories proves that Reliability, Responsiveness, Assurance, Empathy, and Tangibility had met the standard of validity and reliability analyses and have been essential predictors of customer satisfaction (Berry et al., 1985; Parasuraman et al., 1988; Zeithaml et al., 1990). Hence, Table 1 shows a summary of the literature on the selected Service Quality Components

OBJECTIVES OF THE STUDY:

The goals are defined on the basis of the intent of the study as under: -

1. To research the typology of management systems associated with various kinds of direct care.
2. To analyze how the management of human resources and the organization's activities at the front will improve the quality of care for the tenants.
3. To investigate the critical significance of management principles and decisions, more commonly cited as sources of good or evil, in relation to structural variables.

RESEARCH METHODOLOGY

- To investigate the critical significance of management principles and decisions, more commonly cited as sources of good or evil, in relation to structural variables.
- On a five-point Likert scale reflecting points, the survey questions were structured; 1: Strongly disagree with 5: Strongly agree.
- The questionnaire consisted of 25 items related to assessing factors influencing the quality of healthcare based on patient satisfaction.

RESEARCH HYPOTHESIS: -

Housekeeping is the simplest and the most basic element that is crucial for being a fine ethical, constructive, welfare service-platform provision contributor. If followed pristinely, housekeeping can open new vistas for a determined long run dedicated to the complete satisfaction of the patients' expectations, high or low, one or too many, small or big. As the famous adage goes –“The consumer is the boss, or the consumer has the last word” rings true to the fact that if a patient is satisfied with the ambiance of the hospital and has been rendered good service loyally during his stay at the hospital, the returns can only multiply and help augment the tilting scales. The goodwill factor will make multifold returns, and recommendations from the patients by word of mouth will perfectly give a boost that obviously goes without saying. Studies reveal that customer satisfaction is peculiar to the online service industry as it signifies customers' loyalty, making new customers through positive word of mouth and repeat purchases. (Oh, 2000; Yüksel&Yüksel, 2002).

If we righteously take the whole stock of the housekeeping engagement, we will relate that to a noble task.: “A Caring Hand Is A God's Hand” This expression could only be aptly associated with the housekeeping unit or division as their functions majorly revolve around guiltless service providence and optimum

patient- satisfaction prudently. This quality of superintendence conduct has definitely the ability to reap copious paybacks. Therefore, studies examining the link between customer satisfaction and repeat purchase have been plentiful, and the literature reveals that there are strong relationships between customer satisfaction with repeat-purchase intentions (Stevens et al., 1995; Pettijohn et al., 1997; Kivela et al., 1999; Sulek& Hensley, 2004; Söderlund&Öhman, 2005; Cheng, 2005). Profound works and studies have proved that there exist various relation measures between service quality, policyholders’ satisfaction, and behavioral intentions, namely intention to return and to recommend.

Based on Literature Review following Hypotheses were proposed to meet the answer the research questions:

H₁: To understand and quantify variables influencing patient satisfaction-based healthcare quality, a structured conceptual model exists.

H₀: To understand and quantify variables influencing patient satisfaction-based healthcare quality, there isn’t a structured conceptual model.

RESULTS AND ANALYSIS

Confirmatory factor analysis is needed for scale refinement and validation (Churchill, 1979). Overall, the questionnaire’s reliability and validity can be correlated; AMOS has been used to link CFA with the usual organizational equation perspective, helping the study analyze the assessment of constructs per se. Summed up figures were utilized to study CFA from 371 candidates. Consequently, the upgraded representation of appropriate statistics confirms with Table2. Furthermore, an analysis quantifies the reliability of proportions, The Cronbach’s α of each construct (Refer to Table 1), i.e., Service Quality (.971).

Table 1: Summary of Validation

S.no.	Dimensions	Convergent Validity					Discriminant Validity		
		Cronbach’s α	CR	AVE	MSV	ASV	1 SQ	2 PS	3 BI
1	Service Quality	.971	0.756	0.564	0.023	0.355	0.751		
	Acceptable Level	More than 0.7	More than 0.7 & greater than AVE	More than 0.5	less than AVE	less than AVE	AVE Square root of each variable listed at diagnosing should be greater than the correlation values with other variables		

It shows that every construct significantly contributes to the insurance sector in general, and a great deal of central incoherence is observed. Other estimates such as content validity, convergent validity, and discriminate validity help evaluate the instrument’s validity. Table 2 presents the outcomes for convergent validity (CV)

and discriminate validity (DV). W.r.t. CV, it can be observed that there is a fall in CR value and a rise in the recommended value for AVE, and goes beyond 0.5. Thereafter, there is also a dip in the values of MSV and ASV as compared to AVE.

Each factor's link with the corresponding elements is lesser than each squared root of AVE on the diagonal for DV.

As shown in Table 3, concerning the model fit indices, basic research statistics, the AGFI (goodness-of-fit index) and the χ^2/pdf (normed categorical chi-square) of 74.8, degree of freedom is 41, Bollen-Stine p-value of 0.19 shows the data set is a good fit for all variables of research. The root mean square error of approximation was found to be 0.05, with a CLOSE of 0.29 showing the test of the model underlying the fit is right. When the regressions are run, they show that CFI and TLI are greater than 0.97 and AGFI doesn't deviate more than 0.92. CMIM/DF is 4.9 (>1.5). Referring to Table 3, the retrogradation outcomes explained the variance R Square = .361 (36%), $p < .001$, whereas $\beta = .56$, $p < .001$. Using Analysis of Variance, the results show that the average is 3.32, and the standard coefficient is 0.36. Hence, based on the results, H1 is taken, and H₀ is discarded. It means that this expression could only be aptly associated with the housekeeping unit or division as their functions majorly revolve around guiltless service providence and optimum patient- satisfaction prudently. Therefore, the complete analysis of this model also found an excellent fit, and the study is acceptable.

Table 2: Model fits indices

S. No.	Name	Acceptable Level	Model fits indices	Reference
1	chi-square (χ^2/df)	$1 < \chi^2/\text{df} < 2$	74.81(41)1.83	Gefen (2000)
.2	Bollen-Stine p	$>.05$	0.19	Hoyle (2003)
3	CMIM/DF	>1.5	4.9	Gefen (2000)
4	RMSEA	<0.06	0.05	Robert et al. (1996)
5	CLOSE	>0.05	0.29	Robert et al. (1996)
6	CFI	>0.95	0.97	Yi (1988)
7	AGFI	>0.8	0.92	Chau (2001)

Table3: Analysis of Dimensions

Hypothesis	β	Standard Coefficient	T	Sig.	R Square (%)	Acceptable Level <0.001	Hypotheses Results
H1	.56	.36	3.32	.000	.361 (36%)	Significant	Accepted

CONCLUSION

As per the study conducted, this research paper investigates and puts forward an extensive theoretical representation to study the quantum of variables that help us assess the roundabout quality that deals with the wellness program granting optimum patient –gratification. In plain words, it can be grasped that the service quality is the backbone and principal to attaining patient satisfaction, which necessarily has to be the prime realization. In order to follow this guideline to the tee, housekeeping staff would make handsomely if they employ and administer convenient, accessible, engaging, unerring service performance parameters. Customer service or customer satisfaction intuitively can be adjudged on the superlative service quality that the housekeeping. Housekeeping intends to provide or should aspire to employ selflessly with the sole aim of prudently acquiring the top rate in quality grade analysis. Therefore, this study helps to understand that housekeeping. Housekeeping is an indispensable aspect of the 'portrayal' that attracts customers or housekeeping. With due assurance, housekeeping is downright responsible for the accomplishment of the hospital's reliability, at length. As Eugene (10) aptly points out, 'Housekeeping - or rather, the lack of it strikes the first lasting blow to the concerned.'

REFERENCES:

1. Tucker (2002), Factors affecting patient satisfaction and healthcare quality, *International Journal of Health care quality assurance*, 4 (22)
2. Woodside, Arch. G, Frey, Lisa L; Daly, Robert Timothy, *Journal of Healthcare Marketing*; Dec 1989; 9, 4
3. Barsky (1992) Customer Satisfaction in the hotel industry: Meaning and measurement, *Hospitality Research Journal*, 16(1); 51-73
4. Palmer &Maani, (1995); Long term relationships in professional service firms; an exploratory study, *New Zealand Journal Of Business*, 17(2), 113-128
5. Fornell, C., Johnson, M.D., Anderson, E.W., Cha, J. & Bryant, B.E., (1996), The American customer satisfaction index: nature, purpose and findings, *Journal of Marketing*, 60, 7-18.
6. Naeem, H., and Saif, I. (2009), Service Quality and its impact on customer satisfaction: An empirical evidence from the Pakistani Banking Sector. *The International Business And Economics Research Journal*. 8(12), 85-99
7. Kotler and Keller (2006), *American Journal of industrial and business management*, 6(5)
8. Negi R.(2009), Determining customer satisfaction through perceived service quality, A study of Ethiopian mobile users, *International Journal Of Mobile Marketing* 4(1), 31-38
9. Bowen and David E. (2005), service quality Blackwell encyclopedic Dictionary of human resource management, p1 341, 340P
10. Parshuraman, A., Zeithamal & Berry, L.L. (1988), SERVQUAL: A multi-item scale for measuring consumer perceptions of service quality. *Journal of retailing*, 64(1); 14-40

11. Parshuraman, A., Zeithamal & Berry, L.L. (1985). A conceptual model of service quality and its implications for future research. *Journal of marketing*, 49; 41-50
12. Parshuraman, A., Zeithamal & Berry, L.L. (1990), Guidelines for conducting service quality research, *Marketing Research*, pp 34-44
13. Oh, (2000); Diners' perceptions of quality, value, and satisfaction: A practical viewpoint. *Cornell Hotel And Restaurant Administration Quarterly*, 41(3), 58-66
14. Yüksel & Yüksel F. (2002), measurement of tourist satisfaction with restaurant services: a segment-based approach. *Journal Of Vacation Marketing*, 9(1), 52-68
15. Stevens et al., (1995); Dineserv: a tool for measuring service quality in restaurants. *Cornell Hotel And Restaurant Administration Quarterly*, 36, 56-60
16. Pettijohn et al., (1997); An evaluation of fast food restaurant satisfaction: determinants, competitive comparisons, and impact on future patronage. *Journal Of Restaurant And Foodservice Marketing*, 2, 3-20
17. Kivela et al., (1999), Consumer research in the restaurant environment, part-1 a conceptual model of dining satisfaction and return patronage. *International Journal Of Contemporary Hospitality Management*, 11(5), 205-222
18. Sulek, J.M., & Hensley, R.L. (2004); The relative importance of food, atmosphere, and fairness of wait: the case of a full-service restaurant. *Cornell Hotel And Restaurant Administration Quarterly*, 45, 235-248
19. Söderlund, Magnus & Nicholas Öhman, (2005); assessing behaviors before it becomes behaviors: an examination of the role of intentions as a link between satisfaction and patronizing behavior. *International Journal Of Service Industry Management*, 16(2), 169-185
20. Cheng S, et al., (2006), The satisfaction levels of UK construction clients based on the performance of consultants: results of a case study. *Engineering, Construction And Architectural Management*, 13(6) 567-583.