

## ANALYSIS OF SERVICE QUALITY OF A HEALTHCARE COMMUNICATION AGENCY USING SERVQUAL MODEL

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### ABSTRACT

The paper titled Analysis of Service Quality of a Health Communication Agency using Servqual Model focuses upon the service quality attributes of a healthcare communication agency operation from Mumbai and Gurgaon and servicing majorly pharmaceutical and medical devices' companies. This paper investigates the gaps present in the service quality of a healthcare communication agency, and tries to establish a reference with the gaps model of service quality (SERVQUAL). The paper adopts a holistic view, considering the service quality from the view point of service provider as well as the client. This paper finds out the gaps in service quality in services provided by a healthcare communication agency and to ascertain the exact reasons for the same. Statistical analysis of the data collected through survey questionnaire has been done with the help of SPSS software to identify and interpret on the expectations of the client and suggest improvement measures to the management of the agency to improve its service quality.

**Keywords:** Service Quality, Servqual, Healthcare Communication, Gap Analysis, Client Satisfaction.

#### 1. Introduction

Healthcare communication deals with the needs of promotion, marketing, PR and advertising; all pertaining to the pharmaceuticals industry and healthcare organisations. A fairly broad term, healthcare communications comprises of a number of elements which are crucial for various segments within the pharma and healthcare domain. Healthcare communications within the context of this project report deals majorly with the clients of the pharmaceuticals and medical devices industries with special focus on print media, digital media and multimedia services. Communicating with the prescribers and the final end users of the medicines is the dual focus of every pharmaceutical company, where healthcare communication agencies step in to provide strategic consultancy services. The

competitions amongst brands, the inability of patients to understand the drugs they are prescribed for their ailments and the expectations on the prescribers' end to know and understand the molecules in the brands promoted, even better; it becomes essential for pharmaceutical companies to rope in communication agencies to deliver the right message.

#### 2. Literature Review

This section will give an overview of the literature and the assessment model that are related to the industry discussed in the previous sections and focuses over the objectives linked with service quality focused on healthcare communications.

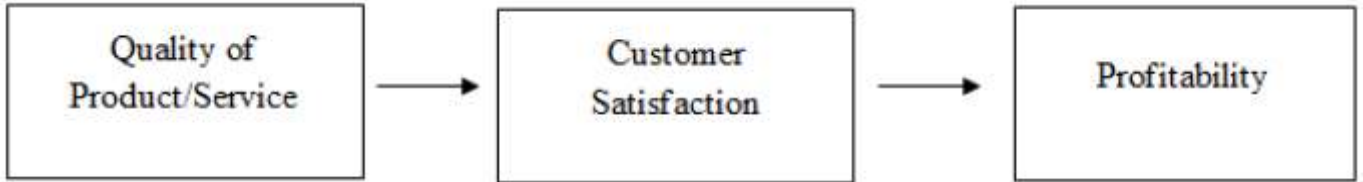
Zeithaml later declared that "while the importance of quality is becoming more widely recognized, its

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conceptualization and measurement have typically remained understudied" (Zeithaml, 1988). These authors represented one of two major schools of contributors in the area of service quality, and whose research efforts underpin the framework of this study.

Customer satisfaction is the key factor determining how successful the organisation will be in customer relationships (Reichheld, 1996); therefore it is very important to measure it.



To analyse and assess the service quality of a questionnaire has been designed with the objective of examining the dimensions in the SERVQUAL model.

### 2.1 Service Quality Model

Gap 1: Gap between consumer expectations and management perceptions:

Gap 2: Gap between management perception and service quality specification:

Gap 3: Gap between Service quality specifications and actual service delivery:

Gap 4: Gap between service delivery and external communications: Consumer

Gap 5: Gap between perceived service and expected service:

Figure 1 shows these 5 gaps in the conceptual model of service quality

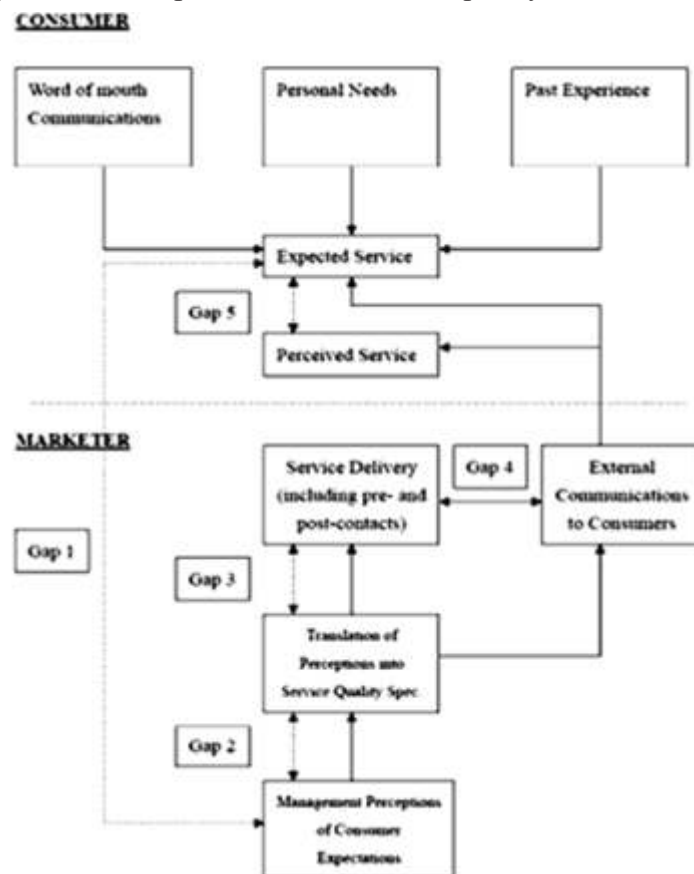


Fig. 1: Conceptual Model of Service Quality (source: PZB, 1985)

The SERVQUAL instrument developed by Parasuraman et al., (1985) has proved popular, being used in many studies of service quality. The SERVQUAL instrument consists of 42 statements for assessing consumer perceptions and expectations regarding the quality of a service. Respondents are asked to rate their level of agreement or disagreement with the given statements on a 5-point Likert scale. Consumers' perceptions are based on the actual service they receive, while consumers' expectations are based on past experiences and information received. The 11 key dimensions (Parasuraman et al., 1985) that were identified are given in Table 1.

<b>Sr. no.</b>	<b>Servqual Attribute</b>	<b>Definition</b>	<b>Modified Definition for a Healthcare Communication Agency</b>
1	Reliability	The dependability and accuracy; the ability to perform a given assignment	<ul style="list-style-type: none"> <li>• Speed of input delivery</li> <li>• Accuracy of brief taken down</li> </ul>
2	Responsiveness	Willingness to help clients	<ul style="list-style-type: none"> <li>• Speed of response in terms of incorporation of changes and suggestions</li> <li>• Proactive client servicing</li> </ul>
3	Assurance	Knowledge and courtesy of employees and their ability to inspire trust and confidence	<ul style="list-style-type: none"> <li>• Communication agency's concern for the client</li> </ul>
4	Empathy	The customized attention given to the clients	<ul style="list-style-type: none"> <li>• Ease of communication</li> <li>• Patience of the agency staff</li> </ul>
5	Tangibles	Appearance of the marketing personnel, other physical attributes	<ul style="list-style-type: none"> <li>• Sample projects in showcase</li> <li>• Variety existing in the product and services basket</li> </ul>
6	Competence	Possession of required skills and knowledge to perform the service	<ul style="list-style-type: none"> <li>• Qualification &amp; Experience of the key members of the agency</li> </ul>
7	Access	Approachability and ease of contact	<ul style="list-style-type: none"> <li>• Availability of the CSE, BD and/or back end member</li> <li>• Location of the agency w.r.t the client company</li> </ul>

8	Courtesy	Friendliness, patience, respect and politeness	<ul style="list-style-type: none"> <li>Politeness of the team towards the client, while brief receipt, correction/suggestion incorporations, project status updation</li> </ul>
9	Communication	The ability to understand and connect with clients	<ul style="list-style-type: none"> <li>Online facility to view previous assignments</li> <li>Communication modes available; email, direct (on client's demand)</li> </ul>
10	Credibility	Trustworthiness, believability, honesty. Emphasis on customers' best interest	<ul style="list-style-type: none"> <li>Trustworthiness</li> <li>Belief</li> </ul>
11	Understanding/ knowing the customer	The effort taken for knowing the customer	<ul style="list-style-type: none"> <li>The efforts taken by the agency to figure out the details and expectations of the client</li> </ul>

Table 1: Key Dimensions of Service Quality

### 3. Research Methodology

The following research objectives of the study have been identified:

To study the importance and impact of service quality of a healthcare communications' agency

To determine the customer expectations from a healthcare communications' agency. The research methodology included data collection and treatment of the same using statistical tools such as Pearson's correlation. SPSS software was used for Data Analysis.

#### 3.1 Data collection

For this study, the data is collected using a questionnaire consisting of 18 questions based on 11 SERVQUAL attributes in a healthcare communication agency. Framework for the questionnaire was based on findings of PZB, 1985. 11 attributes were arranged and questions were drafted by observing the service environment of the

agency. The questionnaire was distributed to 30 clients in the pharmaceutical industry.

The SERVQUAL scale was developed to map customer expectations in relation to a service segment.

### 4. Data Analysis & Interpretation

#### 4.1 Descriptive statistics

Descriptive statistics deal with describing the basis features of the data in the study. It aids in simplification of the data and seeks to achieve this in a manner to draw upon meaningful conclusions from the data. Descriptive statistics may thus be seen as methods used for determining and highlighting the latent characteristics present in a set of numerical data.

Arithmetic Mean:

The method to derive the central tendency of a sample space by adding all the observations and dividing the sum by the number of observations.

$$\mu = \sum x/n$$

Equation 1

The above formula is the basic formula that forms the definition of arithmetic mean.

Attributes	No. of item	Minimum	Maximum	Mean	S.D
Reliability	30	1.5000	4.0000	2.850000	.8524812
Responsiveness	30	1.5000	4.0000	2.700000	.7263513
Assurance	30	1.0000	4.0000	2.600000	.9321832
Empathy	30	2.0000	4.0000	2.700000	.8366600
Tangibles	30	2.0000	4.0000	3.066667	.6260623
Competence	30	2.0000	4.0000	2.700000	.7022133
Access	30	1.5000	3.5000	2.600000	.7812457
Courtesy	30	2.0000	4.0000	2.900000	.7119667
Communication	30	1.5000	3.5000	2.383333	.6390097
Credibility	30	1.5000	3.5000	2.266667	.5529441
Understanding	30	2.0000	4.0000	2.966667	.7183954

Table 2: Descriptive statistics (Standard Deviation)

		reliability	responsiveness	assurance	empathy	tangibles	competence	access	courtesy	communication	credibility	understanding of customer
reliability	Pearson Correlation	1	-0.117	.508**	0.007	-0.11	0.095	0.217	-0.281	0.109	-0.296	0.132
	Sig. (2-tailed)		0.538	0.004	0.97	0.563	0.617	0.244	0.132	0.566	0.112	0.486
	N	30	30	30	30	30	30	30	30	30	30	30
responsiveness	Pearson Correlation	-0.117	1	.421*	0.102	.519**	-0.081	-.902**	0.34	-0.338	-0.073	-0.119
	Sig. (2-tailed)	0.538		0.018	0.591	0.003	0.67	0	0.066	0.068	0.702	0.531
	N	30	30	30	30	30	30	30	30	30	30	30
assurance	Pearson Correlation	.508**	.421*	1	-0.292	0.313	0.126	-0.227	0.094	-0.139	-0.321	-0.124
	Sig. (2-tailed)	0.004	0.018		0.118	0.092	0.506	0.227	0.623	0.464	0.084	0.515
	N	30	30	30	30	30	30	30	30	30	30	30
empathy	Pearson Correlation	0.007	0.102	-0.292	1	0.237	0.192	-0.269	-0.052	-0.326	-0.045	-0.017
	Sig. (2-tailed)	0.97	0.591	0.118		0.207	0.178	0.151	0.785	0.079	0.814	0.928
	N	30	30	30	30	30	30	30	30	30	30	30
tangibles	Pearson Correlation	-0.11	.519**	0.313	0.237	1	0.322	-.543**	0.325	-.368*	0.046	-0.225
	Sig. (2-tailed)	0.563	0.003	0.092	0.207		0.083	0.002	0.08	0.046	0.807	0.232
	N	30	30	30	30	30	30	30	30	30	30	30
competence	Pearson Correlation	0.095	-0.081	0.126	0.252	0.322	1	0.025	-0.2	-0.196	0.213	-0.157
	Sig. (2-tailed)	0.617	0.67	0.506	0.178	0.083		0.895	0.289	0.299	0.258	0.407
	N	30	30	30	30	30	30	30	30	30	30	30
access	Pearson Correlation	0.217	-.902**	-0.227	-0.269	-.543**	0.025	1	-0.353	.421*	0.076	0.068
	Sig. (2-tailed)	0.244	0	0.227	0.151	0.002	0.895		0.055	0.02	0.69	0.723
	N	30	30	30	30	30	30	30	30	30	30	30
courtesy	Pearson Correlation	-0.281	0.34	0.094	-0.052	0.325	-0.2	-0.353	1	-.368*	0.07	0.196
	Sig. (2-tailed)	0.132	0.066	0.623	0.785	0.08	0.189	0.033		0.046	0.713	0.3
	N	30	30	30	30	30	30	30	30	30	30	30
communication	Pearson Correlation	0.109	-0.338	-0.139	-0.326	-.368*	-0.196	.421*	-.368*	1	-0.08	0.066
	Sig. (2-tailed)	0.566	0.068	0.464	0.079	0.046	0.299	0.02	0.046		0.675	0.728
	N	30	30	30	30	30	30	30	30	30	30	30
credibility	Pearson Correlation	-0.296	-0.073	-0.321	-0.045	0.046	0.213	0.076	0.07	-0.08	1	0.153
	Sig. (2-tailed)	0.112	0.702	0.084	0.814	0.807	0.258	0.69	0.713	0.675		0.418
	N	30	30	30	30	30	30	30	30	30	30	30
understanding of customer	Pearson Correlation	0.132	-0.119	-0.124	-0.017	-0.235	-0.157	0.068	0.196	0.066	0.153	1
	Sig. (2-tailed)	0.486	0.531	0.515	0.928	0.232	0.407	0.723	0.3	0.728	0.418	
	N	30	30	30	30	30	30	30	30	30	30	30
** . Correlation is significant at the 0.01 level (2-tailed).												
* . Correlation is significant at the 0.05 level (2-tailed).												

Table 3. Pearson's correlation – Servqual attributes

## 5. Recommendations

Based on the findings of this study it can be said that though the agency has fared well on the attribute of tangibles, there exist gaps in customer expectations and service provided by them, which can be seen majorly in terms of credibility, communication, assurance and responsiveness. The remaining service quality attributes also show a need for improvement.

Following are the recommendations made to the management of the healthcare communications agency:

### Reliability

Clients should be able to trust the business development and also the backend team of the agency.

### Responsiveness

The client servicing team or the business development team should be able to tell their clients exactly when services will be performed.

Clients should be able to expect prompt update in terms of the status of their project/s, on demand.

### Assurance

When the agency promises to do something by a certain time, they should do it and always meet the deadlines set.

### Empathy

The internal and external teams, should always have the client's best interest at heart.

### Tangibles

The agency can keep on adding to their showcase samples to enhance the feel of their pitch.

### Competence

An effort should be made to hire the best of talent across the departments, viz. DTP, Medical writers, Editors, Client Servicing Executives, Project managers and Business Development personnel.

### Access

The client servicing feature defines the accessibility of the agency to a great extent and thus should be worked upon and improvised

### Courtesy

Client servicing and the business development teams should be polite with the clients

### Communication

Online modes of showcasing previously done assignments should be refined more

All modes of communication used with the clients or internally, should be well checked and maintained in terms of quality for eg. Range and speed of wifi.

### Credibility

The agency should promote its name in the health-comm segment more effectively and aggressively

### Understanding

More understanding should be applied to know/ understanding the requirements of the clients and sufficient training in this direction should be provided to the staff and new joiners.

## 6. Limitations

The study is focused on the opinions received from only 30 respondents of the pharmaceutical industry. Future researches can thus be conducted on a larger scale and even across various healthcare communication agencies to get a comparator perspective of the service quality, of the service offered by these agencies to its client pharmaceutical and healthcare organisations.

## 7. Conclusion

In order to minimize the gap between the clients' expectations and perceptions of actual service delivered by the healthcare communication agency, the boundary spanners and the backend team should work in tandem and absolute synchrony. Prior to any planning, it is also necessary to establish the credibility of the agency in the healthcare

communications segment and regain the diluted or eroded legacy, which happened also due the strategic move taken by the company's management to sell off its business and assets to a buyer firm. The results of this research may contribute to estimation of current level of service quality and support in planning aimed at correcting current deficiencies.

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