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RESEARCH ARTICLE

HEALTHCARE FACILITIES AND PATIENTS' SATISFACTION IN CIVIL HOSPITAL KARACHI: A TERTIARY CARE HOSPITAL IN PAKISTAN.

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Abstract

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Healthcare comes under the basic need of the human being; it is a responsibility of state to provide these facilities through healthcare units to prevent from common and fatal diseases to the society. Human capital is very unique and the most important element for the development of nations, healthy minds can change the world around them with their creativity, efficacy and productivity. In Pakistan, there are mainly two types of health care units, Public and Private, in this study the former one has been taken under consideration in this study. Public sector hospitals are generally considered poor service providers, mismanaged and politicized units. This study aims to assess the satisfaction level of the patients approaching public hospitals for healthcare services with a deep focus upon socio-demographic status of the patients. To analyze patients' satisfaction, certain service quality dimensions influencing patients' overall quality perceptions are taken by using SERVQUAL Model, which has been applied at one of the public sector hospital "Civil Hospital Karachi". An analysis of 135 patients has been taken from 15 wards of Civil Hospital Karachi. Results showed that majority of the Patients were poor having income in between Rs.5000-10000 per month. Out of all variables, Tangibility (Physical Infrastructure) has received lesser satisfaction by Patients but overall patients were found satisfied with Services provided by Civil Hospital Karachi.

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Introduction:-

Background of the Study:-

Health care comes under basic need of the human being; it is responsibility of the state to provide these facilities at minimum cost and with an easy access. Service is intangible in nature. Therefore, it is general assumption that service care is difficult to measure. Healthcare service care people based thus, are heterogeneous (Conway 1997) in nature depends upon mood, environment, actions and circumstances of service provider and service receiver, doctors treat same disease with variations and patients vary in their opinions as well for the same consultant.

In all developed or developing countries, health care services provided by public hospitals are not satisfactory. Specially in developing nation, a large number of population lives in rural areas.

They are more exposed to diseases due to lack of education, unhygienic living conditions, low diet and many other reasons. They have little access to the cities and to better health units. This makes their lives more miserable. Health is a fundamental right of human being and it must not be overlooked in any case.

It is widely believed that Public sector hospitals are generally considered poor service providers, mismanaged, and politicized units. There is a lack of public trust and confidence in government hospitals in terms of quality services provided at their end due to insufficient infrastructure facilities, lack of responsiveness, low reliability and absence of empathy, obsolescent equipments, and minimal medicines availability. This leads to overcrowding, and in a result usually moving to a sharp decline in the quality of services. Public hospitals in Pakistan are also over

crowded. They lack in basic facilities, supplies of medicines, staff, doctors, infrastructure, modern technology, low funds to run operations of the units properly etc.

On the other hand, private hospitals are providing better services. Private hospitals are fully dedicated towards money making and they have no slogan to serve humanity, it is the most lubricate business and fast growing sector in our country. Those who can afford have access, poor are out of boundaries. This is the social imbalance which may come near to equilibrium if state plays its role with honesty, dedication and sincerity to provide public hospitals sufficient funds and facilities to make them more competent and progressive. This is a great challenge to address and a responsibility of the state to provide these facilities at minimum cost with an easy access to the common men to save them from a goony and illness.

Service quality is abstract concept which is difficult to measure. According to Oliver (1980) service quality can be measured through the difference between customer's expectation and their actual experience after receiving services, greater the experience than expectation more it leads towards customer's satisfaction in other case the outcome is vice versa.

Patient satisfaction can be defined as judgment made by a recipient of care as to whether their expectations for care have been met or not (Palmer et al. 1991). Service quality is generally measured by applying different models like TQM, EFQM (European Foundation for Quality Management models). In this study SERVQUAL model is taken under consideration developed by Parasuraman et al. (1985, 1988), this model has its application in approximately all service industries like banks, hotel, airlines, tourism, health, education etc. By using this model, we may evaluate customers' satisfaction with services provided units through five independent variables namely reliability, responsiveness, assurance, empathy and tangibles in connection with perceived performance and expectation disconfirmation and finally effects are tested with customer's satisfaction.

Research Problem:-

It is general perception that majority of the patient's approach to the governmental hospitals are Poor, socially deprived, ignorant and are vulnerable part of society have no additional savings to fulfill the medical emergencies. How they are treated for the basic needs (like health facilities) is very important to know for governments, management of the Hospitals and even by other stakeholder. The services provided by public hospitals are generally considered unsatisfactory. The basic focus of their search is to assess satisfaction level of the patients approaching public hospitals for health care services taking into account the socio demographic status of the patients.

Research Questions:-

- Quality provided by Civil Hospital is satisfactory or not?
- Which social class is approaching civil hospital?
- Which social class is more satisfied?
- Is there a gender difference pertaining to patient's satisfaction?
- Does age make any difference of opinion regarding Health care services provided by Civil Hospital?

These are five major questions need to be answered along with certain Hypothesis tested by using Factor Correlation and ANOVA Analysis segment.

Study Objectives:-

The main objective of the study is to assess satisfaction level of the patients in a public hospital and the sub objectives are:

- To measure the suitability of SERVQUAL quality dimensions towards health care facility satisfaction
- To identify the overall satisfaction of the patients.
- To analyze service quality dimensions influencing patients' overall quality perceptions.
- To determine the impact of socio-demographic status of patients on the quality dimensions of patient's satisfaction.

Justification of the Study:-

This study will give insights to the management of the public hospitals that what is the level of satisfaction of service users (patients) and how they perceive service quality. These types of studies are also helpful for policy makers to plan and allocate funds for healthcare units and government may also monitor the operational activities processed by public hospitals.

Scope of the Study:-

The study will be limited to one hospital, Civil Hospital Karachi. This will not take into account all public hospitals operating in the country and even private hospitals are also out of box in the study.

Literature Review:-

Service quality is an abstract concept that is difficult to measure also the construct is not uni-dimensional and contains various facts; it can be measured through technical and functional qualities (Gronroos 1983). Service quality in broader perspective can be described as the overall perception of a customer matched with prior purchase expectations. Berry et al. (1988) points out that service quality makes organization a distinctive service provider and it is the strongest factor which keeps organization in competitive frontlines. Hence, it is clear that survival of service oriented organization depends upon service quality which is very difficult to measure. It requires research, cost, innovation, and care to make customers happy and satisfied.

Service quality could be measured in two ways, Social benefits and financial benefits. Some service provider's measure service quality with their turns in financial terms like Bank, Hotel services etc (Rust et al. 1995). But when it comes to social benefits generally provided by social sector like health and education then measurement takes another shape and that is customers satisfaction which may be analyzed and measured by perceptions and expectations of the customers in other words pre and post purchase gap analysis. Different researchers have created, accepted and adopted various tools containing different variables to measure customer's satisfaction. The most widely used tool in service sector industry is SERVQUAL; this tool is developed by Parasuraman et al. (1985) who empirically explored the relationship between customer's expectations and perceptions to prove confirmation and disconfirmation of theory. Number of authors supported SERVQUAL model According to Rohni & Mahadevappa (2006) it is reliable and valid. It can be generalized in all service sectors around the world; the witnessing various studies conducted in different environment that has adopted this tool. Alexandria et al. (2002) applied it in Greece Hotels.

Service quality and customer's satisfaction is considered as two sides of a picture. Oliver (1980) concurs satisfaction comes in the mind of customers when they receive more than they expect. Customers satisfaction is the key to success dissatisfied customers may create negative image through publicity which turns future potential customer out of the segment. Quality maintenance is a controllable factor at the end of service providers, so to make customers more satisfied they may come up to the expectations of the customers.

Health care is a fundamental right of the citizens of any country; this comes under social sector services generally provided by the state. Health care is considered in basic needs of human being; ill person having extraordinary knowledge and skills cannot be productive and active part of society unless properly cured and that is only possible when he has been provided necessary services of doctors and proper care by nursing staff. Health care services include basic services for ordinary illness and special services like surgeries and cure of fatal disease. Hospitals and clinics are the basic units of health care services; equipped with professionals, machines, staff, medicines etc.

Healthcare service like other services is abstract concept, inseparable and heterogeneous in nature. The presence of provider is essential and service outcome could never be same; it varies from time to time subject to the mood and circumstances of provider and receiver. Therefore, measurement is always a problem and requires proper judgment by the receivers. Donabedian (1988) argue that it is not an easy task to define and measure health care quality, further (Donabedian, 88) describes major factors which may influence service quality i.e primary services and interaction between doctors and patients. The loop holes in service quality can be filled up with patients' feedback, Zeinhamlet al. (1981). Service quality is simply what patients feel in terms of overall experience with health care unit.

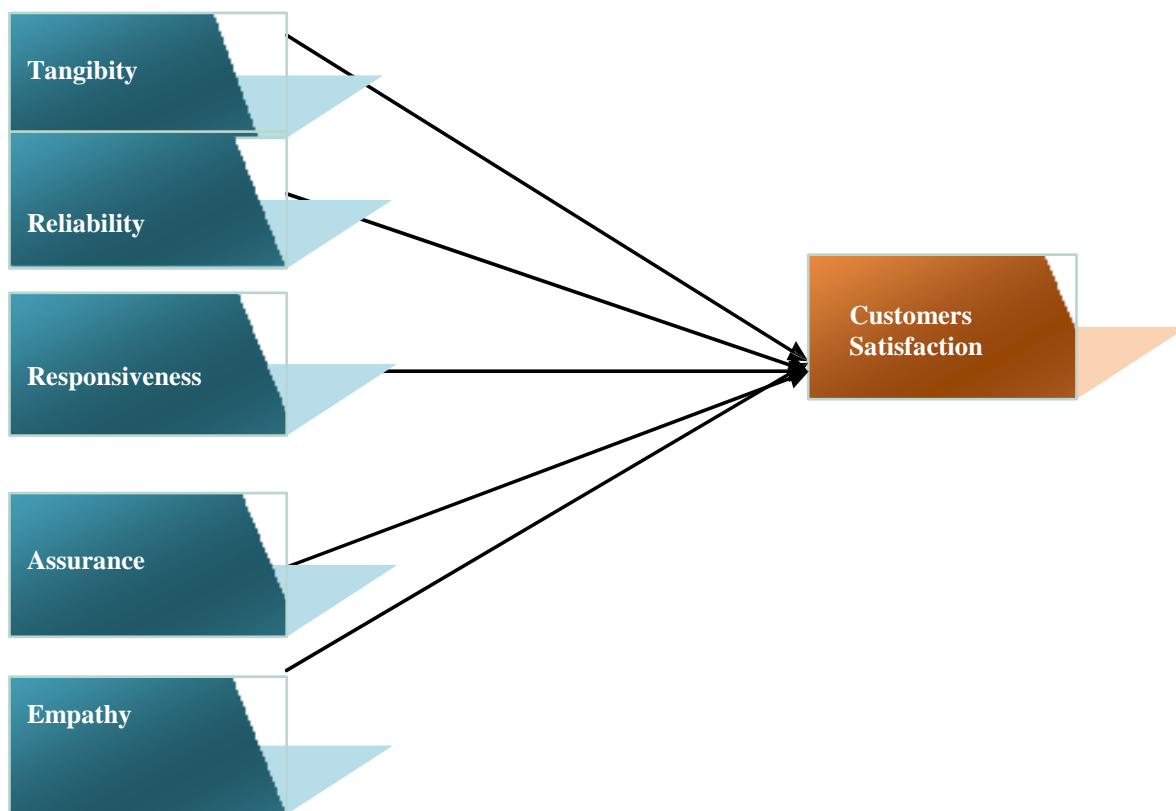
Public hospitals are less focused from the customer behavior al approach. They are not adaptive to the external environment due to the structure of institute as compared to the private hospitals. Actually they are not profit oriented they measure their performance to in profits but benefits to the society. These units are less monitored less equipped and mismanaged. On the other hand, private hospitals working for profits are well equipped and well managed. Public sector requires change which may only come through pressure by public, social groups, media and social activist. Public hospitals require reforms in health care policies. Demographic attributes such as age, education, social status, marital status, object may influence patients' satisfaction. In this regard certain studies were already conducted to find out effects of demographic aspects of patients upon patient's satisfaction. Brawnberger & Gates (2002) studied that demographics affects satisfaction; in their study majority of male less

educated and aged patients were more satisfied. Tucker and Adam (2001) pointed out that demographic factors have no significant affect upon satisfaction. Demographics may influence upon patient's satisfaction because we see social and behavioral sciences people perception has affected by all demographic factors. The effect may be moderating in many cases but it may not be completely ignored.

Theoretical Framework:-

Service quality is measured through certain variables. Different researchers have created, accepted and adopted various models containing different variables to measure customer's satisfaction. For an example (Gronross1983) developed a model to measure customers' satisfaction through technical and functional qualities. Otani and Kurz (2004) believe behavior of doctors, nurses and hospital staff, patients education, interactions of doctors and staffs, moral support are more influential factors to judge patients satisfaction. Brawnberger& Gates (2002) describes demographic variables such as age, gender, education and social status etc. affects satisfaction Adinolfil applied TQM model in Italian and Irish hospitals and found it very much useful. The most widely used tool in service sector industry is SERVQUAL; this tool is developed by Parasuramanetal (1985) who empirically explored the relationship between customers' expectations and perceptions to prove confirmation and disconfirmation of theory. Number of authors have supported SERVQUAL model. It can be generalized in all service sectors around the world; the witness is various studies conducted in different environment have adopted this tool, for an example Alexandria et al.(2002) applied SERVQUAL in Greece Hotels whereas Eleonora etal. (2009) used this tool first time in Greece National hospitals and found it adjustable, applicable and reliable. In this study SERVQUAL model has been used because of its popularity and usage in different service industries specially Health and education throughout the world. One side of the scale has been used in this study that is Perception of patients their actual experience. Their expectations have not been compared because the study does not encompass gap analysis objectives.

SERVQUAL Model(Perception side)



Source: Parasuramanetal. (1985)

Customers Satisfaction is the outcome of Tangibility, Reliability, Responsiveness, Assurance and Empathy. The SERVQUAL is 22 paired scales, have expectation and perception side both on the scale.

Research Methodology:-

This research is quantitative in nature and the data is collected through primary and secondary sources.

Primary data has been collected through questionnaire based upon SERVQUAL model; a tool mostly used to assess results from a comparison of expectations with perceptions of service quality. It includes five dimensions that included 22 – items (Parasuramanetal.1988). These dimensions are defined as follows:

The questionnaire is converted in Urdu and Sindhi languages. The construct of translated questionnaires has been checked through pilot testing conducted by taking a group of 20 local language people to check equivalency of English and Translated questionnaire. The questionnaire is closed ended by using Likert scale five points. One stands for strongly disagree and five strongly agreed. Only one side of SERVQUAL has been used because researcher was interest to analyze the perception of patients not the gap between perception & expectations of the patients. Moreover, data had been collected one to one basis because majority of the patients were found uneducated.

Data Collection and Sampling

Data has been collected from 10wards out of 32 operational wards of Civil Hospital Karachi by using Conveniences sampling method. 300 patients admitted in ten wards of Civil Hospital is population size. OPD patients are not being taken into account because their perception is considered very short term in nature and their participation may take away the purpose of the study in different dimension. Sample size of the study is 135 patients taken from 10 wards.

Tools for data collection:-

SERVQUAL based questionnaire (translated in Urdu and Sindhi) has been used for primary data collection. Secondary data has been collected through research papers & journals.

Data Analysis and Findings:-

The following chapter provides the analysis of the data and highlights the key findings of the

Data collected from 135 respondents. The major analysis is based on cross tabulation, descriptive analysis, correlation among the SERVQUAL factors and ANOVA.

Reliability Analysis:-

The reliability of the analysis is determined by using Cronbach Alpha. Reliability of the whole scale and of individual factors is determined for comparison purpose. The benchmark of Cronbach Alphaisusedas 0.6 (as proposed by many researches mentioned in literature review chapter).

Table4.1
Reliability Analysis

	No Of Items	Cronbach alpha
Over All Scale	2	.9
Tangibility	4	.5
Reliability	5	.7
Reponsiveness	4	.8
Assurance	4	.7
Empathy	5	.8

Over all reliability analysis measured by using SPSS16.0. Cronbach Alpha value is .918 for 135 cases and five variables containing 22 scale questions, shows data is highly reliable. However, individual variables reliability is less than overall reliability for all variables but the figures are considered acceptable outcome, which is greater than .60. Tangibility Variable is at (.518), which indicates that respondent's have given almost same response for this variable.

Respondents Profile Analysis:-

Respondent Demographic shows Gender, Education, Social Class and Income of the patients taken under this Research.

Table 4.2 .1
Profile based upon Gender.

Gender	Frequency	Percentage	Cumulative percentage
Male	51	37.8	37.8
Female	84	62.2	100.0

Table 4.2.1 shows that out of 135 patients the percentage of female patients is high (62.2%) as compared to male patients (37.8%). Women patients' increasing ratio shows the opinion of female patients is dominated over the Male patients' opinion regarding health care services in Civil Hospital.

Table 4.2.2
Profile based upon Age.

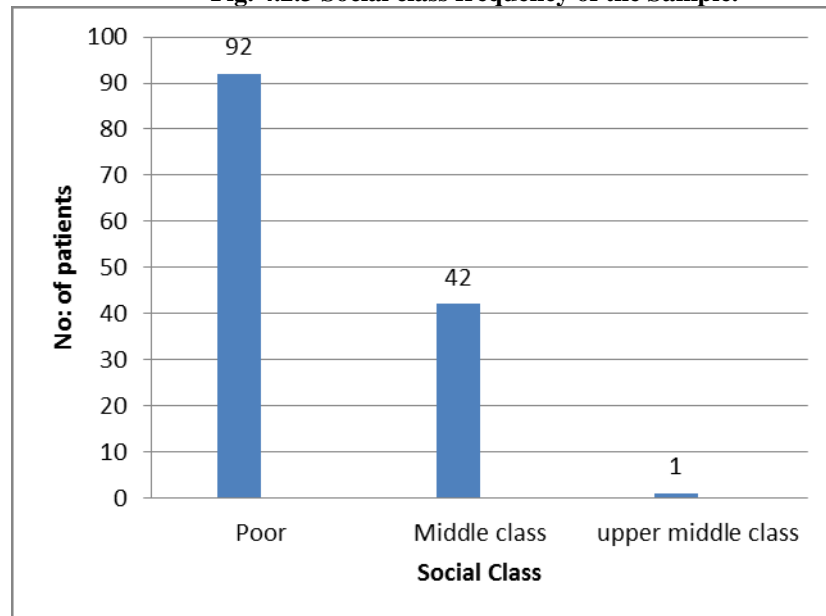
	Frequency	Percent	Cumulative Percent
Less than 30	42	31.1	31.1
Less than 40	43	31.9	63.0
Less than 50	26	19.3	82.2
More than 50	24	17.8	100
Total	135	100.0	

Table 4.2.2 reveals 63% cumulative percentage of the total patients are laying in age tier of less than 40 years which shows majority of the patients are in middle age. 37 percent of the patients lie in the range of 40 years and above. This means that the opinion of the patients is heavily influenced by young and middle age Men and Women. Hence, the results of the Patients satisfaction are likely to be skewed.

Table 4.2.3
Social Class Frequency of Patients.

	Frequency	Percent	Cumulative Percent
Poor	92	68.1	68.1
Middleclass	42	31.1	99.3
Upper middle class	1	.7	100.0
Total	135	100.0	

Table 4.2.3 shows that majority (68.1%) of the sample composition comprises of poor patients with the second category (31.1%) middle class people approaching to the Civil Hospital. Whereas, only one patient out of 135 belongs to upper middle class, this clearly shows that poor people are approaching more towards public hospitals as compared to other social classes. Poor Class' opinion regarding satisfaction from the services provided by Civil Hospital is likely to be skewed.

Fig. 4.2.3 Social class frequency of the Sample.**Table 4.2.2
Age Frequency of the Patients.**

	Frequency	Percent	Cumulative Percent
Less than 30	42	31.1	31.1
Less than 40	43	31.9	63.0
Less than 50	26	19.3	82.2
More than 50	24	17.8	100
Total	135	100.0	

Table 4.2.2 reveals 63% cumulative percentage of the total patients are laying in age tier of less than 40 years which shows majority of the patients are in middle age. Nineteen point three percent of the patients lie in the range of 40 and 50 years. This means that the opinion of the patients is heavily influenced by young and middle age Men and Women. The results of the Patients satisfaction are likely to be skewed.

Descriptive (Perception of Patients Analysis):-

Descriptive Statistics of Patients.

Descriptive Statistics						
	N	Range	Minimum	Maximum	Mean	Std. Deviation
Tangibility	135	3	1	4	2.86	.599
Reliability	135	4	1	5	3.61	.726
Responsiveness	135	4	1	5	3.50	.857
Assurance	135	4	1	5	3.71	.718
Empathy	135	4	1	5	3.72	.720
Overall satisfaction	135	4	1	5	3.50	.594

The descriptive analysis of the respondents reveals that overall satisfaction of the patients (i.e. 3.50 on a scale of 1 to 5, where 1 = SD and 5 = SA) is approximately near to 4.0 which is closer to the opinion "Agree" that shows patients are over all satisfied from the services provided by Civil Hospital. Among the Individual variables the highest mean is of Empathy (i.e. 3.72 on a scale of 1 to 5) which indicated that patients perceive that empathy or individual attention given to them is better as compared to other services, next two factors apart from individual attention are Assurance and Reliability that pertains to give trust and confidence to the patients and ability of the staff to provided accurate and timely services to the patients respectively. Whereas, the lowest mean is of Tangibility (2.86). This represents Patients perception regarding physical infrastructure or physical facilities are not

up to satisfaction level. The standard deviation in all cases is less than 1 that shows that there is less variation in the responses.

Cross Tabulation:-

Table 4.4.1

Gender * Education Cross

		Education					Total
			Uneducated	Primary education	Matriculation	Intermediate or more	
Gender	Male	Count	20	14	8	9	51
		% of Total	14.8%	10.4%	5.9%	6.7%	37.8%
	Female	Count	52	13	14	5	84
		% of Total	38.5%	9.6%	10.4%	3.7%	62.2%
Total		Count	72	27	22	14	135
		% of Total	53.3%	20.0%	16.3%	10.4%	100.0%

Table 4.3.2 reveals that majority of the population female (52 which is 38.5%) and male (20 which is 14.8%) of the population is uneducated. Patients completed primary education comprises more males as compared to females but in case of matriculation females were more educated compared to male patients. Very few patients (6.7 male and 3.7 females) were having 12years of education.

Testing of Factors of SERVQUAL:-

	N	Mean	Std. Deviation	Std. Error Mean
Tangibility	135	2.86	.599	.052
Reliability	135	3.61	.726	.063
Responsiveness	135	3.50	.857	.074
Assurance	135	3.71	.718	.062
Empathy	135	3.72	.720	.062

Test Value= 3						
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Tangibility	-2.766	134	.006	-.143	-.24	-.04
Reliability	9.787	134	.000	.612	.49	.74
Responsiveness	6.803	134	.000	.502	.36	.65
Assurance	11.415	134	.000	.706	.58	.83
Empathy	11.644	134	.000	.721	.60	.84

H1: The opinion of patients regarding tangibility is neutral ($\mu = 3$)

H2: The opinion of patients regarding reliability is neutral ($\mu = 3$)

H3: The opinion of patients regarding responsiveness is neutral ($\mu = 3$)

H4: The opinion of patients regarding assurance is neutral ($\mu = 3$)

H5: The opinion of patients regarding empathy is neutral ($\mu = 3$)

The analysis of factors reveals that all hypotheses are rejected i.e. patients have either positive or negative dominated opinions. Also, the descriptive summary proposes that most of the values are greater than 3.0, hence the opinion is positive (agree or strongly agree).

Analysis of Variance:-

ANOVA for Comparing SERVQUAL factors:-

<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>
Tangibility	135	385.75	2.8574	0.358713378
Reliability	135	487.60	3.6118	0.527619679
Responsiveness	135	472.75	3.5018	0.734604754
Assurance	135	500.25	3.7055	0.515733831
Empathy	135	502.40	3.7214	0.518266446

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	69.4807	4	17.3701	32.7129	0.000	2.3852
Within Groups	355.7617	670	0.53098			
Total	425.2424	674				

H0: All the factors of SERVQUAL have equal mean (i.e. have an equal importance on the scale)

H1: There is a difference among the factors of SERVQUAL.

The analysis of variance of the SERVQUAL factors suggest that F value is 32.7129 while the critical value is 2.3852, hence we may reject the null hypotheses and conclude that the SERVQUAL factors are different in the opinion of the patients towards the satisfaction of the facilities with the Civil Hospital. As the mean values of empathy and assurance are higher as compared to others, hence patients are more satisfied with the individual attention paid to them by the hospital staff and assurance, i.e. ability of the staff and doctors to convey trust and confidence is high as compared to other variables of service quality measurement.

Table 4.6.2 ANOVA (Gender-wise)

		Sum of Squares	Df	Mean Square	F	Sig.
Tangibility	Between Groups	.448	1	.448	1.252	.265
	Within Groups	47.619	133	.358		
	Total	48.068	134			
Reliability	Between Groups	1.136	1	1.136	2.172	.143
	Within Groups	69.565	133	.523		
	Total	70.701	134			
Responsiveness	Between Groups	2.194	1	2.194	3.032	.084
	Within Groups	96.243	133	.724		
	Total	98.437	134			
Assurance	Between Groups	1.429	1	1.429	2.808	.096
	Within Groups	67.680	133	.509		
	Total	69.108	134			
Empathy	Between Groups	1.915	1	1.915	3.772	.054
	Within Groups	67.533	133	.508		
	Total	69.448	134			
Overall satisfaction	Between Groups	.849	1	.849	2.435	.121
	Within Groups	46.393	133	.349		
	Total	47.242	134			

The gender-wise analysis of the SERVQUAL factors is done to test whether the five factors have an equal value on the basis of the gender. That is Tangibility of male is same as the Tangibility of female.

H1: Tangibility for male = Tangibility for female.

H2: Reliability for male = Reliability for female.

H3: Responsiveness for male = Responsiveness for female.

H4: Assurance for male = Assurance for female.

H5: Empathy for male = Empathy for female.

The analysis depicting that all the hypotheses are rejected and there is stark difference in the opinion of male and female respondents. That is the satisfaction factors differ on the basis of the gender. The F value in all variables is greater than critical values given in the table. That is the reason of rejection of all hypotheses.

Key Findings

1. Through the quantitative analysis it has been find out that patients at Civil Hospital were satisfied from the health care services.

2. Patients' demographic analysis shows that out of 135 patients, the percentage of female patients is high, which is 62.2% as compared to male patients, i.e. 37.8.
3. Large number of patients was found in their middle age transition.
4. Physical Facilities provided at Civil Hospital has got less mean score in descriptive analysis part. Patients belonging to any social class having different income ranges, and educational backgrounds do have same opinion regarding tangible assets provided to them during their stay in the hospital.
5. Study reveals that female patients were more satisfied as compared to male patients.
6. Descriptive analysis also shows age has no significant effect upon satisfaction of the patients.
7. The respondents cross tab data also reflects that around 63% respondents are under the age of 40 years.
8. The analysis of factors reveals that all hypotheses are rejected, i.e. patients have either positive or negative dominated opinions.
9. SERVQUAL factors are different in the opinion of the patients towards the satisfaction of the facilities with the Civil Hospital. As the mean values of empathy and assurance are higher as compared to others, hence patients are more satisfied with the individual attention paid to them by the hospital staff and assurance.
10. The gender-wise analysis of the SERVQUAL factors depicted there is stark difference in the opinion of the respondents.

Conclusion and Recommendations:-

The study concludes that patients of Civil Hospital are satisfied but the level of satisfaction does not seem very high. The socio economic analysis of the patients suggested that female patients are more satisfied as compared to male patients. However, gender, age and educational status make no difference in terms of overall patients' satisfaction. Majority of the patients approaching Civil Hospital are found uneducated, poor and middle-aged. Patients having this background are considered vulnerable part of the society. They require support to fulfill their needs especially medical emergencies and in this connection little help and attention makes them happy and satisfied.

Socio-demographic is one of the important dimensions which may lead patients' opinion towards different directions in any related study. Patients satisfaction in public hospital has been considered low but the study has proved that patients in Civil Hospital are found satisfied. The reasons might be other dimensions apart from the factors considered in this study and on every strong factor has already been considered "Socio-Demographic Status". One interesting side of the study is regardless of any demographic dimension (age, gender, social class and education), patients were found dissatisfied from the physical facilities provided by the Hospital.

Following are some recommendations based on the research outcomes:-The management of Civil Hospital should pay attention to Physical facilities provided to the patients mainly the cleanness.

1. Overall, Patients are not that much satisfied. In this connection, civil hospital authorities must pay attention towards particular Healthcare facilities apart from the variables taken by SERVQUAL Model.
2. Civil Hospital authorities may conduct gap analysis research by taking both sides of SERVQUAL (Expectation & Perception) to bridge the gap between functional and technical facilities provided to the patients.
3. Poor Infrastructure shows lack of government support or interest of authorities.

Therefore, it is recommended that the Government of Pakistan should provide more funds to Civil Hospital for infrastructure facilities.

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