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Evaluating Service Quality at a Public Hospital in a Developing Economy: An Exploratory Study

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Abstract: The South African public health care sector is highly under-resourced and is faced with the pressure to deliver quality services. It is against this background that this paper, as an exploratory study, seeks to evaluate patient satisfaction at a selected public hospital. The SERVQUAL model was used as a basis for measuring service quality levels among a sample of 100 respondents. It emerged that there were varying gaps between expected and perceived service quality, with some dimensions exhibiting larger gaps compared to others. Recommendations have been made on how service quality levels can be raised. It is envisaged that this paper will find applicability to public health care providers, both in South Africa, as well as other developing economies.

Keywords: Service quality, public health care, public hospital

1. INTRODUCTION

Over the last few years the issue of patient satisfaction has gained major attention in health care services and has become the focus of healthcare delivery. South Africa's public health care sector is highly under-resourced and over-used. Poor service delivery has become a symptom of mismanagement (Health Care in South Africa, 2015). Therefore, in order for a patient to be satisfied, there is a need for proper healthcare facilities, doctors and nurses irrespective of whether it is a public or private hospital. Measuring the degree of patient satisfaction can help facilitate hospital service provision and management as well as maintain and improve the quality of services.

The hospital, located in Durban, South Africa, has a capacity of 543 beds. It has approximately 36 000 admissions a year and 600 000 outpatients are treated annually (KZN Department of Health, 2015). There are various problems faced by patients such as overcrowding, shortage of staff, poor hygiene, incompetent staff, and lack of basic supplies and equipment. Monitoring and evaluating patient satisfaction

in health care is a key point in improving the quality of health care provision by providing feedback to health care management and professionals.

The attention to a patient should be a main priority in healthcare and can be a real differentiator for many public hospitals. Therefore just as in the case of other health care providers, it must be ensured that a patient is fully satisfied with the service offering irrespective of whether it is in a private or public hospital. However patient satisfaction is also about a hospital's philosophy of delivering the best of care. Regardless, even if there are more than 600 patients in a hospital, it is a patient human right to feel as if he or she is the only one in the hospital. The hospital is lacking proper hygiene, basic supplies, equipment and shortages of staff to perform certain procedures (Health Systems Trust, 2015). This has led to a need to measure and evaluate patient satisfaction.

Therefore whilst research has been conducted on the general aspects of service quality in various other healthcare centres, there still appears to be a dearth of research on patient satisfaction within the South African public healthcare sector in particular. This study hopes to provide stimulus for further studies in service quality in the public health sector, not only in South Africa, but other developing economies whose public health systems are receiving negative feedback from the general public with regard to low levels of service quality.

2. LITERATURE REVIEW

2.1. A brief overview of South Africa's public health care sector

Health care in South Africa varies from the most basic primary health care offered free by the state to highly specialized, hi-technology health services. However the public health care sector is over-strained and under-resourced. While the state contributes to about 40% of all expenditure on health, the public health sector is under pressure to deliver services to about 80% of the population. Institutions in the public sector have been faced with challenges such as poor management, underfunding and a deteriorating infrastructure. While access to patients has improved, the quality of health care has fallen. The situation is compounded by public health challenges including the burden of illnesses such as HIV-AIDS and tuberculosis (TB) and a shortage of key medical personnel. High levels of poverty and unemployment mean that health care remains largely the burden of the state. The Department of Health holds overall responsibility for health care with a specific responsibility for the public sector. Public health consumes around 11% of the government's total budget (Health Systems Trust, 2015).

2.2. Patient satisfaction

Satisfaction is a psychological concept. According to Chakraborty and Majumdar (2011), satisfaction can be defined as a judgement of individuals concerning any object or event after gathering some experience over a period of time. Patient satisfaction is an important indicator for measuring quality in health care and affects patient retention, clinical outcomes and medical malpractice claims. Patient satisfaction is thus a proxy. Therefore, an operative indicator is needed to measure the success levels of doctors and nurses at healthcare centres (Coulter, 2011).

Alshammari (2014) believes that patient satisfaction is about judgements made by recipients of health care as to whether or not expectations are being met, and that surveys on patients' satisfaction are effective

in achieve certain objectives: Firstly, patient satisfaction is deemed to be an indicator of healthcare quality, and secondly the feedback acquired from patients helps doctors and nurses to understand patients' point of view and use this information to improve their health services and lastly patient satisfaction could influence patients decisions as to where to seek their treatment and to fulfil their needs for ongoing care in the future.

Mohsen, Tamburini & Gray (2011) argue that satisfaction is the standard of patients' experience in comparison with their expectations. Patient satisfaction is linked with the level to which health care needs and condition-specific needs are met. Generally patients are considered as healthcare consumers, knowing that some consumers thoughtfully make their own choices when involving health services and hospitals that meet their needs. Measuring patient satisfaction can benefit both hospitals and patients with a minimal level of administrative effort. Patients believe that understanding their needs and responding to their concerns can lead to healthcare providers being successful. Healthcare providers recognize that positive results arise from an enhanced understanding of patient needs. Hospitals that have high patient satisfaction opinions are considered efficient, and generate added revenue than those hospitals with lesser satisfaction scores. Moreover, satisfied and content patients are most likely to recommend that specific doctor, healthcare professional or institution to other family and friends. Thus patient feedback can help healthcare providers better understand their worth and reliability based on the work they do (Riskind, Fossey and Brill, 2011).

According to Puri, Gupta, Aggarwal and Kaushal (2012) the public health care sector is falling behind the private healthcare sector by displaying signs of lower service quality, inadequate staff, inadequate equipment and deteriorating facilities. However there are many other important factors affecting patient satisfaction, viz. physical care, nursing care, support staff, operational activities and physical maintenance. These are briefly explained:

- **Physician care:** Doctors are a central aspect to patient satisfaction. Their prompt diagnosis and medical treatment gives a patient assurance. The right doctors bring about increased satisfaction and a respectable hospital image. Thus, doctors need to be supportive, friendly, and available when needed and have effective communication with the patient and staff members. Furthermore, the caring attitude of doctors can help them to grasp the medical history, demographic profile and nature of illness of their patients (Grigsby, 2011).
- **Nursing care:** An important factor pertaining to patient satisfaction is professional and caring nurses. A nurse's function is to provide timely and relevant medical assistance to the patient via the guidance from their doctors. Nursing care relates to friendliness and providing the best possible medical assistance in a sensible manner (Coulter, 2011).
- **Support staff:** Another important factor concerning patient satisfaction is the support from healthcare staff. Supportive staff is believed to be the backbone of medical treatment by means of performing diagnostic tests such as X-rays and other laboratory tests on patients. Thus, patients rely on the competence of support staff (Bendaly and Bendaly, 2012).
- **Operational activities:** Another factor affecting patient satisfaction relates to operational activities. This includes the involvement of admission processes, billing procedures, record keeping, check-up procedures and other related administration matters. Every patient expects these procedures to be accurate, as these can prove to be a matter of life or death (Mosadeghrad, 2014).

- **Physical maintenance:** Patient satisfaction includes the matter of physical maintenance whereby the emphasis is placed, *inter alia*, on developing user-friendly environments, functioning equipment, satisfactory bed arrangements, placement of dustbins and retaining cleanliness in the bathrooms and toilets (Coulter, 2011).

2.3. Service quality in health care

Service quality has been established on a worldwide judgement involving universal excellence of a service and the views of customers on the gaps between expected and perceived service (Dehghan, Zenouzi and Albadvi, 2012). Kitapci, Akdogan and Durtyal (2014) believe that service quality has become an essential component of customer satisfaction and word-of-mouth communication. According to Kumaraswamy (2012) service quality plays a key role in a consumer's choice of hospital and is defined as the total number of attributes and features of a service or product that heeds on its own potential to fulfil the direct and indirect needs of patients.

In the healthcare sector, patient satisfaction and service quality are receiving a significant amount of attention. Patients' perceptions based on the services provided at health care centres affects the facility's profitability and image and has a substantial impact on patients' behaviours with regards to their loyalty and word-of-mouth communication. Furthermore, higher patient expectations concerning service quality has forced healthcare providers to identify the key factors that are essential to improve services that result in improved patient satisfaction and also contribute to a reduction in resources directed towards managing patient complaints (Irfan and Ijaz, 2011).

2.4. Measuring service quality

A number of tools have been developed for the measurement of patient expectations and perceptions of service quality. Sagier (2013) advocates the use of the SERVQUAL instrument which was developed by Parasuraman, Zeithaml and Berry (1988). The SERVQUAL instrument has been used in health care research and is known to be a justifiable and reliable instrument for assessing patient satisfaction.

According to Chakraborty and Majumdar (2011) consumer dissatisfaction stems from three reasons: Firstly, the service provider may not be conscious about the different service dimensions that are central to consumers, secondly, when service providers incorrectly identify service dimensions on the foundation of importance and thirdly, when service providers are uninformed of the service quality constructs underpinning the service dimensions. The SERVQUAL model is considered to be a reliable and consistent instrument that identifies the five different types of service quality dimensions and is applicable to different service quality contexts.

Some of the benefits of the SERVQUAL instrument in measuring patient satisfaction are: it provides benchmarking enquiries for other healthcare providers; it is a useful mechanism to elicit the opinions concerning encounters of patients; it can trace the trend of patients' expectations, perceptions and relative importance and, if applied continually, tackling the service gaps can help as a basis for devising tactics and strategies in order to close the gaps between expectations and perceptions (Walshe and Smith, 2011).

2.5. The service quality dimensions (The Expectation–Perception gap)

The five dimensions of service quality are tangibles, reliability, assurance, responsiveness and empathy (Parasuraman, Zeithaml and Berry, 1988). These are briefly explained:

2.5.1. Tangibles

Tangibles is a physical depiction of the service delivery process and it represents the appearance of equipment and the observable facilities that are used whilst communicating to a consumer regarding the service provided and what is expected (Moon, 2013). Tangibles in the healthcare setting represent the appearances of medical equipment, healthcare staff, hospital physical facilities and interaction materials such as prescription forms and patient folders. In the healthcare context, the only way patients will be honestly satisfied with the service offering is when they perceive the hospital premises together with the wards, restrooms, beds and equipment to be clean. These elements influence the patients' satisfaction at the hospital (Essiam, 2013).

According to Rahman and Kutubi (2013), the SERVQUAL framework was advanced by Andaleeb, Nazlee and Khandakar (2007) to include process features and access as elements of the tangibles dimension. Process features refers to an orderly administration of complete healthcare service process. This involves patient's expectations that doctors will sustain accurate visiting times and structured visiting hours for family and friends.

2.5.2. Reliability

According to Vibha, Ravichandran and Jain (2011), reliability is the ability to achieve guaranteed services to consumers in an accurate manner. Reliability is an important factor that affects satisfaction. In the health care context, reliability relates to making sure that patients are well taken care of and provided for in an appropriate manner, ensuring that future appointments are recorded punctually and prescription medication is readily accessible to the patient. Accurate and up-to-date patient records and ease of release also enhance patient satisfaction.

2.5.3. Assurance

Assurance is a precursor to customer satisfaction. In broader terms, assurance is the expanded knowledge, courteousness and the ability of a service provider to inspire trust and confidence in the self-conscious minds of customers. Based on the health care setting, assurance is imitated by competencies of patient diagnosis and queries related to patient problems of health. However the most important foundation of assurance lies with the doctors and nurses. Well-trained and qualified staff plays a vital role in providing support to patients in order to uplift their feelings of assurance and safety. Furthermore the manner in which doctors and staff communicate with their patients instils a feeling of comfort and trust (Rahman and Kutubi, 2013).

2.5.4. Responsiveness

Responsiveness pertains to the readiness of a service provider to help and provide consumers with timely services. Thus, responsiveness in health care can be related to the safeguarding of the rights of patients to timely care. However patients expect health care providers to react quickly when needed and provide them with medication that can be readily available. The speed of handling of consumer health information

results in a positive effect on consumer satisfaction. It can be concluded that the greater the responsiveness to health care service, the greater satisfaction of patients (Javadi and Gol, 2011).

2.6. Empathy

Empathy refers to the caring, unique, and personal attention that an organization lends to its consumers. This involves individual attention to help consumers with whatever it is that is causing a setback, thus having their best interest at heart (Saghier and Nathan, 2013). However from a patient perspective, Siddiqui, Andaleeb and Khandakar (2012) believe that empathy in healthcare can extensively influence patient satisfaction whereby patients expect healthcare providers to be understanding and attentive towards their needs. Furthermore patients also expect doctors and staff to give them as much support and personal care as possible.

3. METHODOLOGY

This study is exploratory, quantitative and descriptive in nature. Descriptive studies aim to create a better picture of consumers, a market and a set of experience or social phenomenon (Cameron and Molina-Azorin, 2011). The population comprised patients who visited the hospital, either as out-patients or those who stayed at the hospital. Considering the exploratory nature of this study, a sample size of 100 respondents was chosen. Sample sizes larger than 30 and less than 500 are appropriate for most studies (Sekaran and Bougie, 2010). Non-probability sampling, specifically convenience sampling was used. Researchers use convenience sampling to administer a large number of questionnaires easily and quickly (Morales and Ladhari, 2011). The questionnaire was an adapted version of the SERVQUAL model, comprising 15 Likert scale questions (1= strongly disagree; 5= strongly agree) covering the five service quality dimensions. In addition, three demographic-based questions were asked. The questionnaire was first pilot tested before final administration. A letter of introduction was presented together with the questionnaire seeking their cooperation and assuring respondents of anonymity and confidentiality.

4. RESULTS

Of the 100 questionnaires dispatched, a 100% response rate was achieved with all returned questionnaires being usable.

4.1. Demographic characteristics

This section presents the demographic profile of the respondents based on their gender, age and race. As illustrated in Table 1, the percentage of male respondents was 40%, whilst the percentage of female respondents was 60%. As far as the age dispersion was concerned, 6.7% of the respondents were between the ages of 18 and 25, 13.3% of the respondents were between the ages 26 and 35, 40% of the respondents were between the ages of 36 and 45, 23.3% of the respondents were between the ages 46 and 55 and 16.7% of respondents were above the age of 56. The 36 to 45 age group was the most dominant. 30% of the respondents were African, 36.67% of the respondents were Indian, 13.33% of the respondents were White and 20% of the respondents were Coloured. The predominance of Indian respondents can be attributed to the fact that the hospital was situated in a traditionally Indian suburb.

Table 1
Demographic characteristics of respondents

Variable	n	%
Gender		
Male	54	60.0
Female	36	40.0
Total	90	100.0
Age		
18 – 25	6	6.7
26 – 35	12	13.3
36 – 45	36	40.0
46 – 55	21	23.3
Over 55	15	16.7
Total	90	100.0
Race		
Black	27	30.0
Coloured	18	20.0
Indian	33	36.7
White	12	13.3
Total	90	100.0

4.2. The dimensions of service quality

Research on patient satisfaction is focused primarily on meeting and exceeding patient's perceptions of service quality. The following sections pertain to the five service quality dimensions.

4.2.1. Tangibles

The hospital has modern looking equipment

The results, as reflected in Figure 1 reveal the perceptions of the respondents with regard to equipment in the hospital being modern looking. 30% of the respondents strongly disagreed, 40% disagreed, 7% were neutral, 20% agreed and 3% of respondents strongly agreed that the hospital has modern looking equipment. The overall findings indicate that the vast majority of respondents (70%) felt that the hospital did not have modern looking equipment. The extent of disagreement with this statement is supported by a mean value of 2.26 for this item.

The physical facilities are visually appealing

Figure 2 is a reflection of the perceptions of respondents regarding the physical facilities at the hospital being visually appealing. It emerged that 50% of respondents strongly disagreed, 27% disagreed, 17% were neutral, 6% agreed, and 0% strongly agreed that the physical facilities at the hospital were visually appealing. Overall, 77% of the respondents were in disagreement that the hospital's physical facilities are visually appealing, supported by a mean score of 1.82.

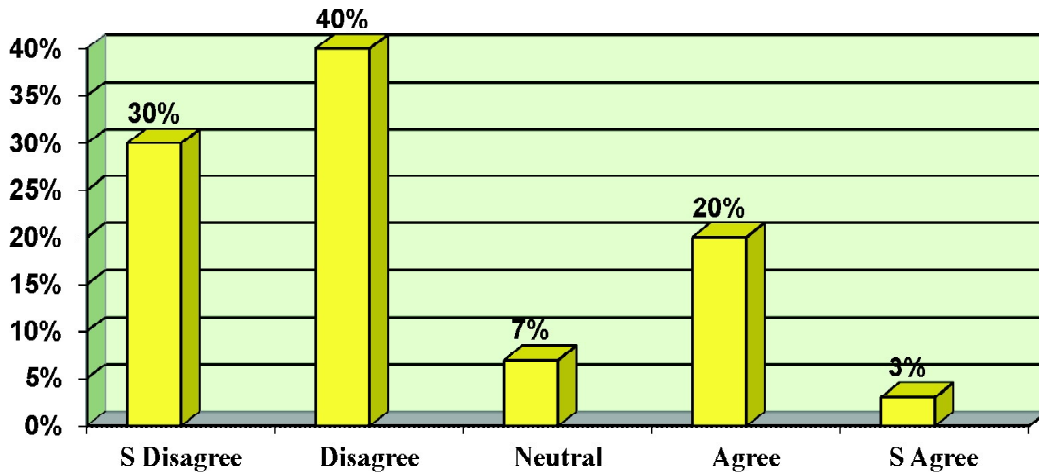


Figure 1: The hospital has modern looking equipment

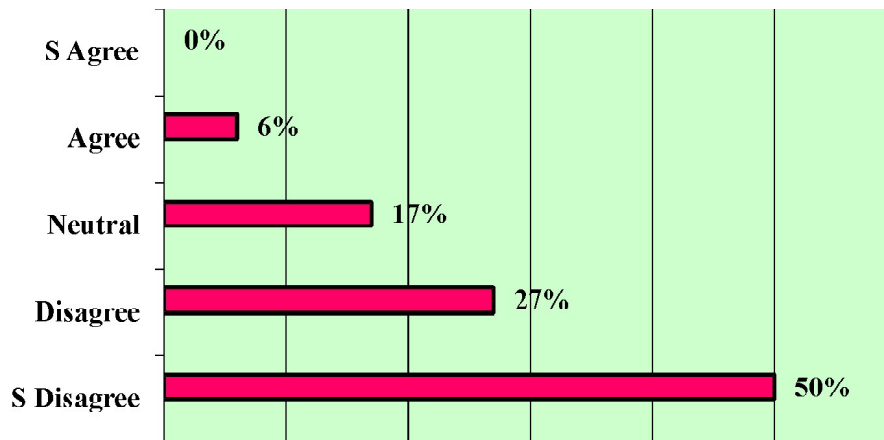


Figure 2: Physical facilities are visually appealing

Cleanliness and hygiene are given top priority at this hospital

It emerged that 60% of respondents strongly disagreed, 30% disagreed, 10% were neutral, 0% agreed and 0% of respondents strongly agreed that cleanliness and hygiene are given top priority at the hospital. The results are illustrated in Figure 3. Clearly, 90% of respondents believe that cleanliness and hygiene are not given top priority at the hospital. This is validated by a mean score of 1.50.

4.2.2. Reliability

Doctors provide the best medical treatment for my healthcare

Figure 4 reveals the perceptions of the respondents in this study with regard to doctors providing the best medical treatment, to which 27% of respondents strongly disagreeing, 33% disagreeing, 17% being neutral, 20% agreeing and 3% strongly agreeing. The results indicate that the majority (60%) of the respondents felt that doctors at the hospital did not provide the best medical treatment for their healthcare. The mean value of 2.39 suggests the degree of disagreement in this regard.

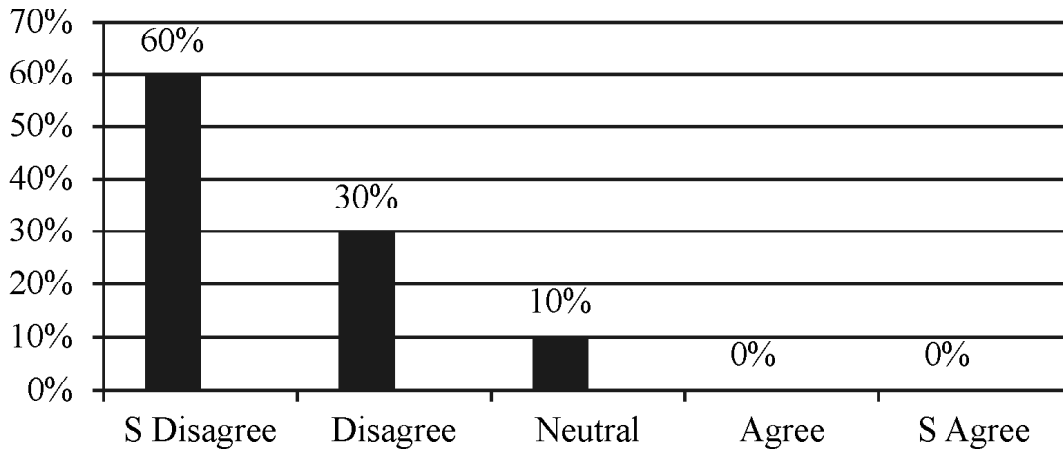


Figure 3: Cleanliness and hygiene are given top priority at this hospital

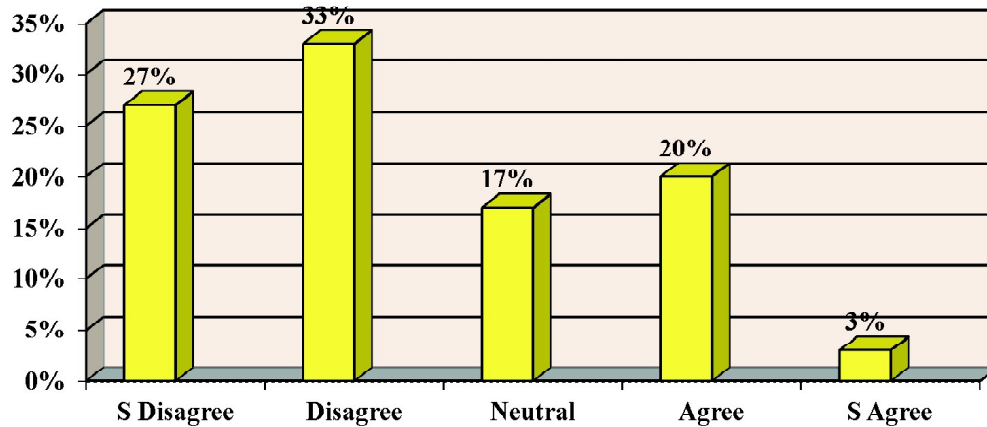


Figure 4: Doctors provided the best medical treatment for my healthcare

Staff members are knowledgeable in answering all my health related questions

As depicted in Figure 5, 30% of respondents strongly disagreed, 37% disagreed, 13% were neutral, 17% agreed and 3% of respondents strongly agreed that hospital staff is knowledgeable in answering their health related questions. The overall findings indicate that 67% of the respondents disagreed that the staff were knowledgeable in answering the questions while the 13% of respondents were neutral in this regard. This implies that only 20% of respondents are confident that hospital staff can answer their health related questions, supported by a mean value of 2.26.

The doctors are reliable in diagnosing the main cause of my illness

Figure 6 reveals the perceptions of the respondents in this study with regards to whether the doctors are reliable in diagnosing the main cause of their illness. 17% of respondents strongly disagreed, 23% disagreed, 27% were neutral, 30% agreed and 3% of respondents strongly agreed in this regard. Overall, 40% of the respondents disagreed that the doctors are reliable in diagnosing the main cause of their illness while 27% of respondents were neutral, indicating that only a third of respondents felt that doctors were reliable in diagnosing the main cause of their illness. The mean value for this item was 2.79.

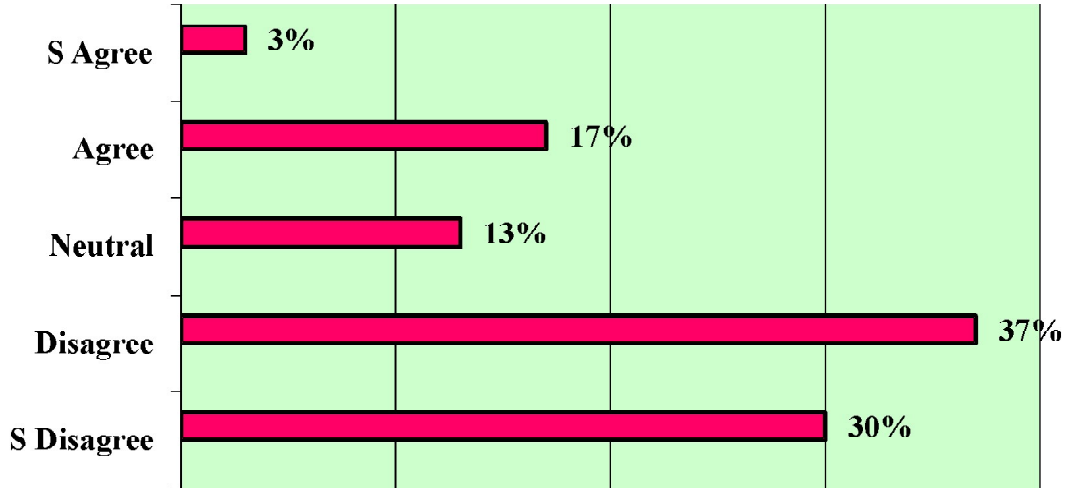


Figure 5: Staff members are knowledgeable in answering all my health related questions

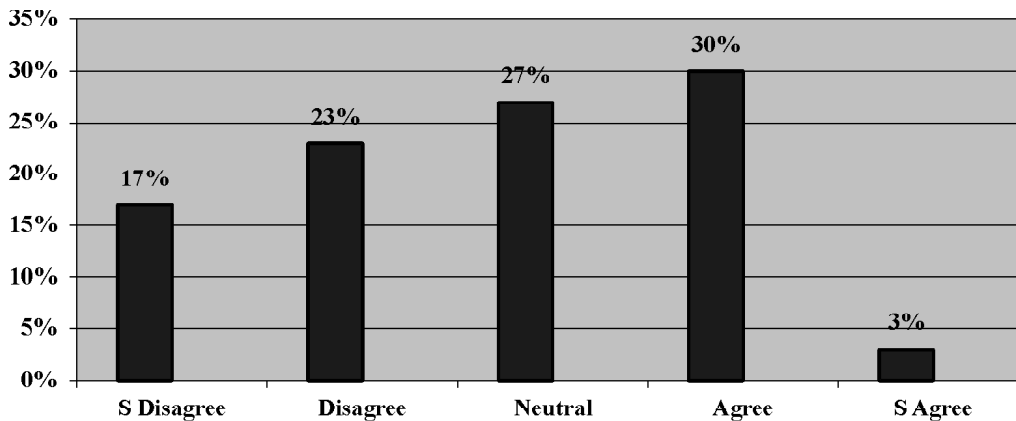


Figure 6: The doctors are reliable in diagnosing the main cause of my illness

4.2.3. Assurance

My recovery took a longer time than expected

Figure 7 reveals the perceptions of the respondents in this study with regard to their recovery taking place in the expected time. 7% of respondents strongly disagreed, 13% disagreed, 10% were neutral, 37% agreed and 33% of respondents strongly agreed that their recovery took longer than expected. The results indicate that the vast majority of respondents (70%) felt that their recovery took longer than expected. Only 20% of respondents felt that their recovery took place in the expected time. The mean value of 3.76 indicates the extent of agreement with this statement.

The doctors are skilled in treating me

Respondents were asked about doctors' medical skills in treating them. 17% strongly disagreed, 10% disagreed, 7% were neutral, 30% agreed and 36% of respondents strongly agreed that doctors were skilled when treating them. The results are reflected in Figure 8. Overall, the vast majority (66%) of respondents felt that doctors were skilled in treating them. The mean value of 3.58 indicates the extent of agreement in this regard.

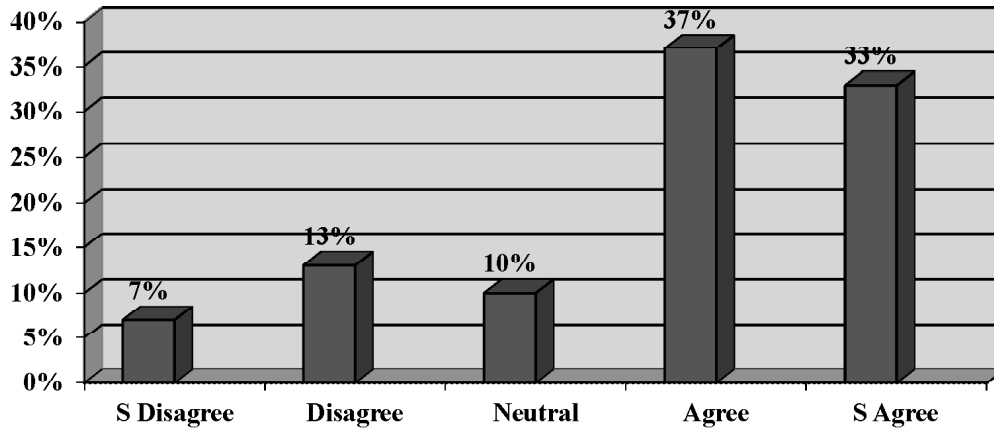


Figure 7: My recovery took a longer time than expected

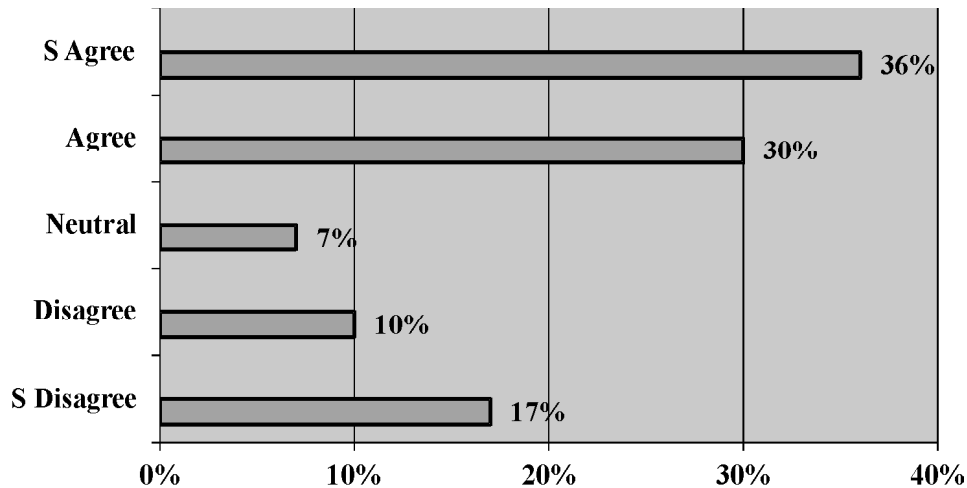


Figure 8: The doctors are skilled in treating me

The hospital staff made me feel comfortable and safe

Respondents were asked about hospital staff making them feel comfortable and safe. 13% strongly disagreed, 53% disagreed, 10% were neutral, 20% agreed and 4% of respondents strongly agreed that hospital staff made them feel comfortable and safe. Overall, only 24% of respondents indicated that hospital staff made them feel comfortable and safe. The results are reflected in Figure 9. The mean value of 2.49 indicates the extent of disagreement in this regard.

4.2.4. Responsiveness

My admission process was problem free

It emerged that 40% of respondents strongly disagreed, 30% disagreed, 10% were neutral, 13% agreed and 7% of respondents strongly agreed that the admission process was problem free. Figure 10 reveals the perceptions of the respondents in this regard. Clearly, the vast majority of respondents (70%) considered the admission process to be problematic. The mean value of 2.17 suggests the extent of disagreement in this regard.

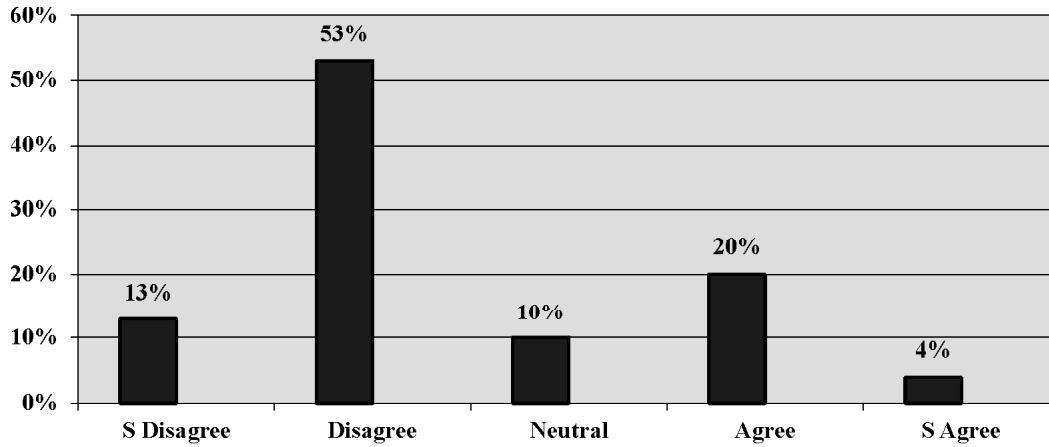


Figure 9: The hospital staff made me feel comfortable and safe

Meals are prepared accordingly and provided on time

Figure 11 reveals the perceptions of the respondents in this study with regards to whether the meals are prepared accordingly and on time. 27% of the respondents strongly disagreed, 43% disagreed, 13% were neutral, 10% agreed and 7% strongly agreed in this regard. Clearly, only 17% of respondents felt that meals were prepared accordingly and provided on time. The mean value of 2.27 reflects the overall degree of disagreement with this statement.

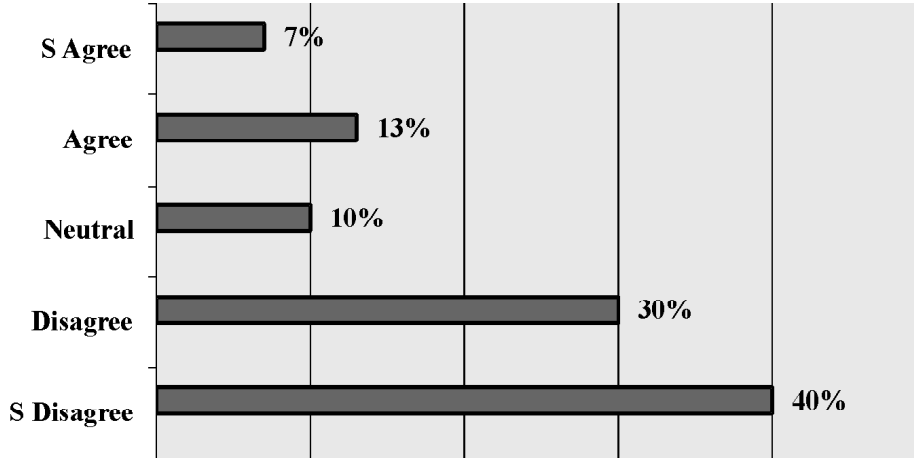


Figure 10: My admission process was problem free

The results of my tests and examinations are received promptly

Figure 12 reflects the perceptions of respondents with regard to the results of tests and examinations being received promptly. 33% strongly disagreed, 30% disagreed, 7% were neutral, 17% agreed and 13% of respondents strongly agreed that tests and examination results being received promptly. Overall, 30% of respondents felt that the results of tests and examinations were received promptly. The mean value of 2.53 reflects the extent of agreement in this regard.

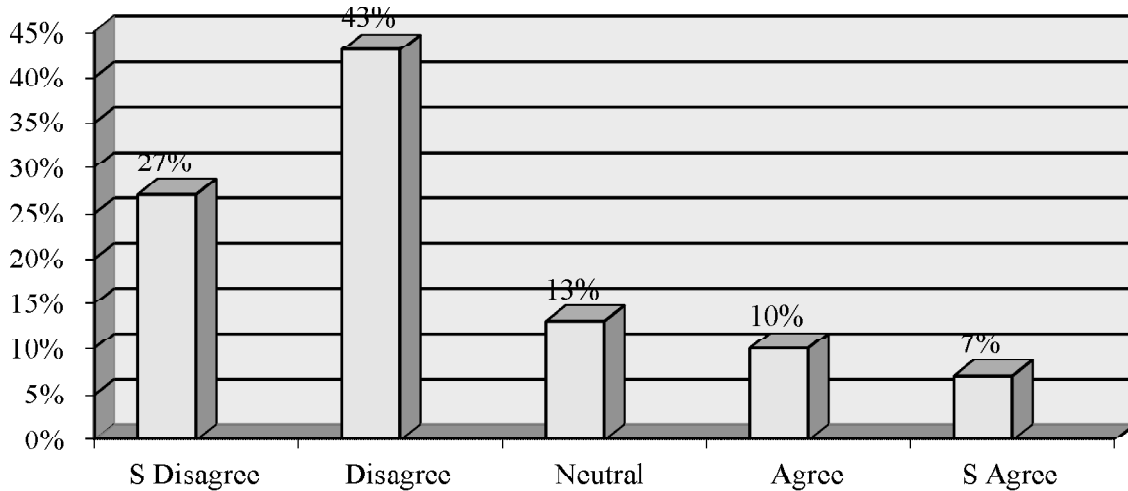


Figure 11: Meals are prepared accordingly and provided on time

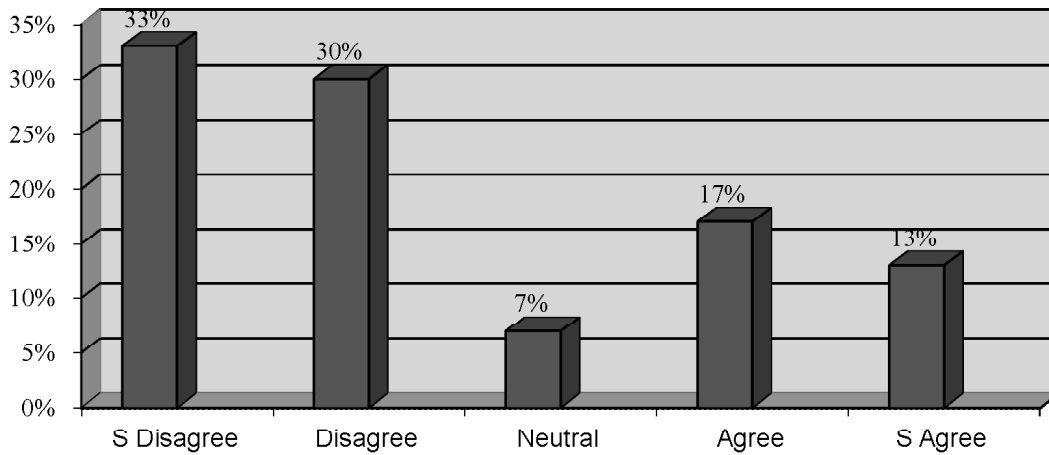


Figure 12: The results of my tests and examinations are received promptly

4.2.5. Empathy

The hospital staff is never too busy to respond to any of my requests

Figure 13 reveals the perceptions of the respondents with regard to hospital staff being never too busy to respond to any requests. It emerged that 20% of respondents strongly disagreed, 43% disagreed, 10% were neutral, 17% agreed and 10% of respondents strongly agreed that hospital staff were never too busy to respond to their requests. Overall, 63% of respondents felt that hospital staff was too busy to respond to their requests. The mean value of 2.54 is a reflection of the magnitude of level of agreement in this regard.

Hospital staff is helpful and courteous towards me

The results indicate that 30% of respondents strongly disagreed, 33% disagreed, 13% were neutral, 17% agreed and 7% of respondents strongly agreed that hospital staff is helpful and courteous towards them. This is illustrated in Figure 14. Overall, 24% of respondents felt that hospital staff was helpful and courteous

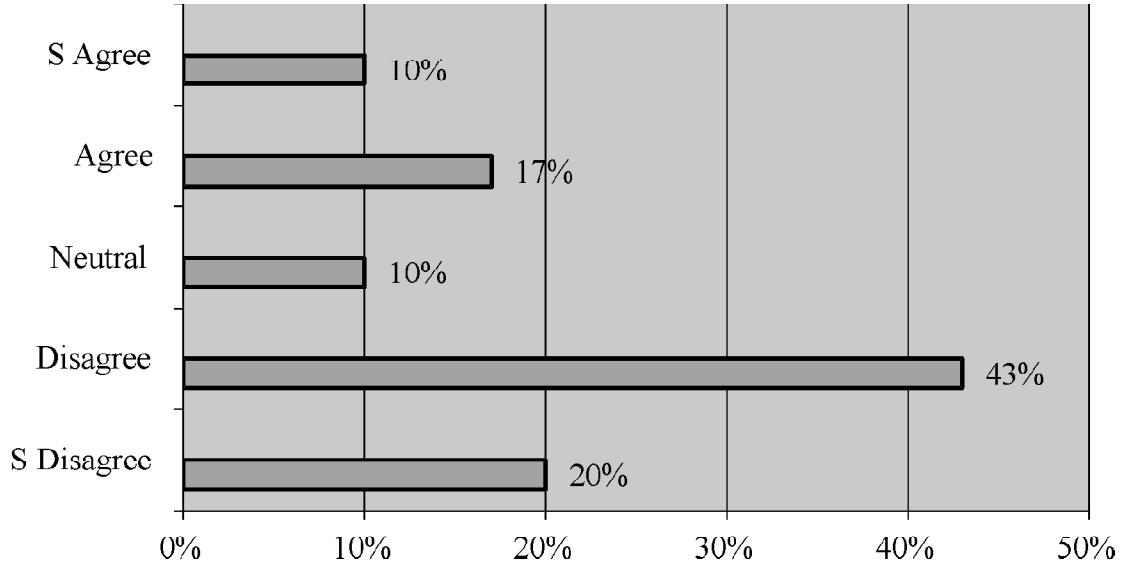


Figure 13: Hospital staff is never too busy to respond to any of my requests

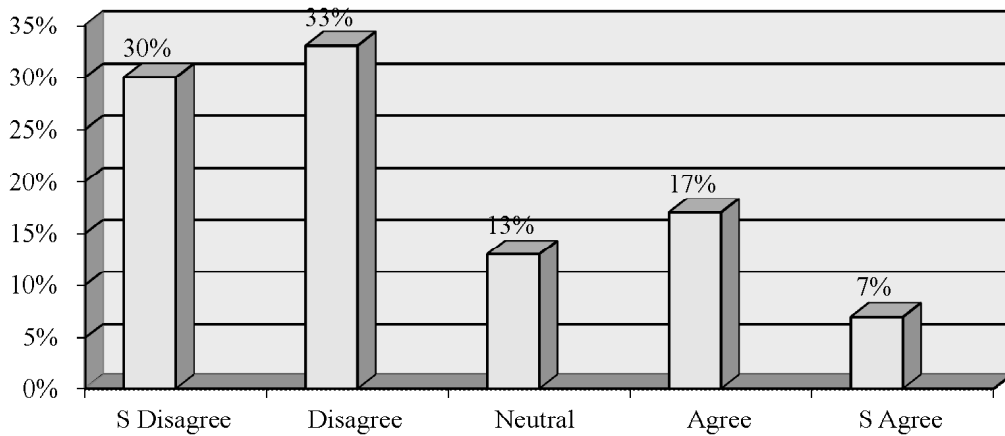


Figure 14: Hospital staff is helpful and courteous towards me

towards them. The mean value in this regard, was 2.38, an indication of the overall extent of disagreement in this regard.

The hospital staff has my best interest at heart

Respondents were asked about hospital staff having their best interest at heart. 23% strongly disagreed, 40% disagreed, 17% were neutral, 7% agreed and 13% of respondents strongly agreed that hospital staff having their best interest at heart. Overall, only 20% of respondents felt that hospital staff had their best interest at heart. The results are reflected in Figure 15. The mean value of 2.47 suggests the extent of disagreement in this regard.

Overall, the findings suggest that gaps exist, at varying degrees, based on respondent perceptions on the dimensions of service quality. Mean scores range from 1.5 to 3.76, suggesting the levels of discrepancy between the expected service and the perceived levels of service.

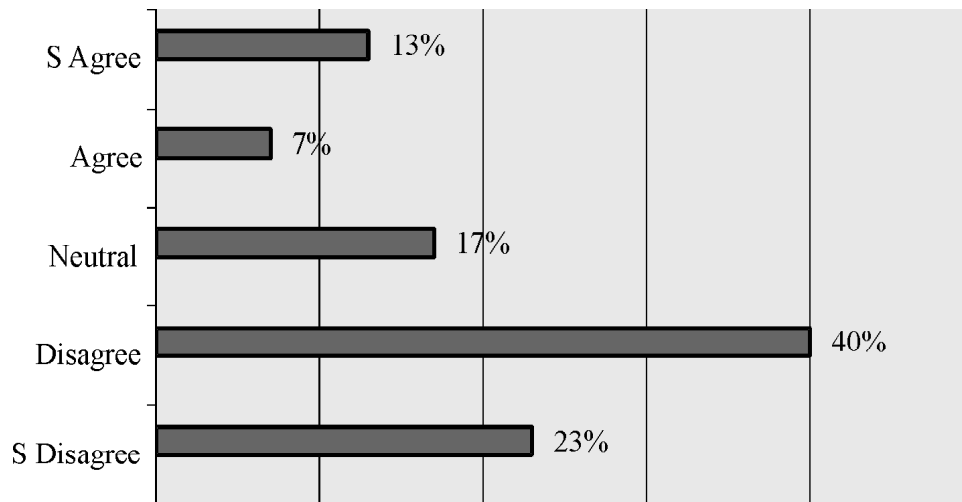


Figure 15: The hospital staff has my best interest at heart

5. RECOMMENDATIONS AND CONCLUSION

Based on the research findings, the following recommendations are made:

- The perceived low hygiene levels needs to be addressed. Hospital management needs to dedicate more resources towards ensuring that hygiene levels are raised. Clearly hygiene is one of the key factors at a health care facility and the perceived levels of hygiene influences patient confidence at the facility.
- The visual appearance of physical facilities was raised as a serious concern. It is recommended that an attempt be made to improve the physical appearance of the facility. Whilst not implying that the physical facilities should resemble a private hospital, management should pay attention to improving the physical appearance of the hospital to a level that would raise patient confidence.
- Whilst acknowledging resource, especially funding constraints faced by public hospitals, attention needs to be given to having modern looking equipment. This again would have an influence on patient confidence in the hospital. Consideration could be given to the refurbishment of equipment, instead of replacement with new equipment.
- The admission process appears to be taking too long. Management needs to ensure that this process is speeded up. This could have serious consequences for emergency cases. As a result placing reliable and experienced staff to manage and deal with patients is important. It is acknowledged that every staff can deal with the pressure of an impatient person.
- The findings indicate that patients feel that nurses lack experience or knowledge when it comes to health related questions. Management should encourage their staff to ensure that service provided is reliable and patients are handled empathetically.
- The findings also suggest that the staff did serve patients in an appropriate manner, offer assistance or deal with their requests immediately. Also, meals are not provided on time. Therefore management of the hospital should encourage members of staff to be responsive to the needs

of patients. It is vital for patients to receive personalised services or attention from the staff and also take time to understand their varying needs.

- The hospital should establish specific working procedures to help staff understand their responsibilities such as giving prompt attention to patients by being available and accessible at all times. The staff at the hospital should ensure that they instil confidence and trust in their dealings with patients. The staff must always show respect towards their patients regardless of their status or appearance.
- By measuring and evaluating patient satisfaction, the hospital will be able to identify and solve any problems that exist in the service delivery process. Therefore consistent and regular measurement of patient perceptions of service quality can help management and other healthcare professionals to improve patient satisfaction and service quality at the hospital.

The South African public health care sector is highly under-resourced, with great pressure being brought to bear to deliver quality service. It is against this background that this paper sought to evaluate patient satisfaction at a selected public hospital as an exploratory study. The findings reveal shortcomings in service quality levels based on the five service quality dimensions of tangibles, reliability, assurance, responsiveness and empathy. It emerged that there were varying gaps between expected and perceived service quality, with some dimensions exhibiting larger gaps, compared to others. Recommendations have been made on how service quality levels can be raised.

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