

# Patient Perceptions of Service Quality in Accredited and Non-Accredited Multispecialty Hospitals in Lucknow

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## ABSTRACT

**Background:** The assessment of healthcare quality is becoming more and more dependent on patient perceptions. Although accrediting systems seek to enhance patient experiences and improve standardize care, their actual effects are still not well documented in the research, especially in India's demanding healthcare industry of Lucknow.

**Methods:** This comparative cross-sectional study evaluated 200 patients across four multispecialty hospitals (two accredited, two non-accredited) in Lucknow. Single-specialty facilities were strictly excluded to isolate operational variables. Data were collected using a 5-point Likert-scale questionnaire adapted from the SERVQUAL model to assess physical cleanliness, staff responsiveness, communication, empathy, and clinical assurance.

**Results:** Accredited institutions reported higher mean scores across all evaluated dimensions compared to non-accredited facilities. The most significant performance disparity was observed in the tangibility dimension (particularly cleanliness), with a mean difference of 0.66, along with elevated scores in assurance and reliability, signifying a distinctly enhanced perception of service quality.

**Conclusion:** Institutional accreditation in multispecialty hospitals acts as a reliable indicator of superior service quality from the patient's perspective. The administrative rigors of accreditation tangibly translate into environments that patients perceive as cleaner, more responsive, and highly reliable.

**Key-words:** Accreditation, Healthcare quality, Hospitals, Patient perception, Service quality

## INTRODUCTION

Healthcare quality is increasingly evaluated based on patient experience. This perspective is extensively highlighted in recent literature exploring service quality metrics, emphasizing that both structural measurements and interpersonal processes are vital for clinical competence<sup>[1]</sup>. Today, this perspective is echoed globally by the World Health Organization's quality of care frameworks, which prioritize patient-centeredness alongside safety and effectiveness<sup>[2]</sup>.

In the contemporary medical landscape, patients assess their care through a holistic lens, valuing prompt service, transparent communication, empathetic interactions, and meticulously maintained physical environments.

To systematically embed these attributes into daily operations, the healthcare industry increasingly relies on formal accreditation frameworks. Foundational models, such as the SERVQUAL scale, have been extensively utilized by modern researchers to operationalize service quality through tangibility, reliability, responsiveness, assurance, and empathy<sup>[3]</sup>. Over the past decade, researchers have successfully adapted this model specifically for hospital environments to capture the nuances of clinical care and patient loyalty<sup>[4,5]</sup>. Following this, several studies have shown that the patient's experience is the most important factor in trust among institutions, positive word of mouth, and patient loyalty<sup>[6,7]</sup>. However, although administrators assign significant

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resources for obtaining these credentials, empirical evidence about the impact of these administrative benchmarks on patients' ordinary perceptions of treatment remains questionable. Recent studies highlight significant gaps between patient expectations and actual service delivery across private and public sectors [8]. More recent investigations frequently highlight vast disparities in service delivery across institutions, noting that hospitals with formalized, structured governance tend to yield better patient-reported outcomes [9-11].

The rapidly expanding healthcare sector in Lucknow presents a unique environment to test these dynamics, particularly within multispecialty facilities that must manage complex, diverse patient loads. Therefore, the primary objective of this study is to assess and compare patient perceptions of service quality between accredited and non-accredited multispecialty hospitals. This study seeks to identify if the internal standardization established for accreditation significantly enhances overall service quality perceived by patients through the isolation of these variables.

## MATERIALS AND METHODS

**Research design-** This descriptive, comparative cross-sectional study was carried out in four selected multispecialty hospitals in Lucknow from April 2025 to July 2025 (two accredited and two non-accredited) to evaluate the impact of hospital accreditation on patient perceptions of service quality.

**Methodology-** Data collection was executed using a structured questionnaire adapted from the SERVQUAL framework. The instrument was designed to capture specific hospital attributes, including physical cleanliness, waiting durations, staff communication, behavioral empathy, and billing transparency. A total of 200 patients (50 respondents per facility) were surveyed using convenience sampling, administered during the discharge process or within Outpatient Departments (OPD). All questionnaire items were evaluated by respondents using a standard 5-point Likert scale.

### Inclusion criteria

- ✓ Patients receiving care at the selected multispecialty hospitals in Lucknow.

- ✓ Patients who were surveyed either at the time of discharge or within the OPD.
- ✓ Patients who provided voluntary consent to participate.

### Exclusion criteria

- ✓ All single-specialty hospital facilities were strictly excluded from the sampling frame to maintain a uniform basis for comparison and eliminate skewed operational metrics.
- ✓ Patients unwilling to provide consent for the survey.

**Statistical Analysis-** Data were compiled and analyzed using Microsoft Excel. Descriptive statistical methods, including frequencies, percentages, and means, were applied to summarize the data. Direct between-group comparisons (mean differences) were utilized to evaluate the performance disparities between the accredited and non-accredited hospital cohorts.

**Ethical Approval-** Participation in the survey was strictly voluntary and anonymous. No personal identifiers or sensitive medical data were recorded during the data collection process to ensure ethical compliance and patient confidentiality.

## RESULTS

The demographic profile of the 200 participants reflected a diverse patient base, ensuring a broad representation of perspectives regarding hospital service quality. As detailed in Table 1, The respondent pool was largely male and primarily comprised younger to middle-aged persons, reflecting the demographics that most commonly engage with the OPD and general admission wards.

**Table 1:** Demographic characteristics of respondents (N=200)

Characteristic	Category	n (%)
Gender	Male	112 (56%)
	Female	88 (44%)
Age	18–30	64 (32%)
	31–45	78 (39%)
	46–60	42 (21%)
	>60	16 (8%)

Table 2 highlights that a significant sample of respondents expressed agreement or strong agreement about every aspect of service quality, in particular in terms of cleanliness and assurance.

**Table 2:** Percentage distribution of patient responses across service quality dimensions

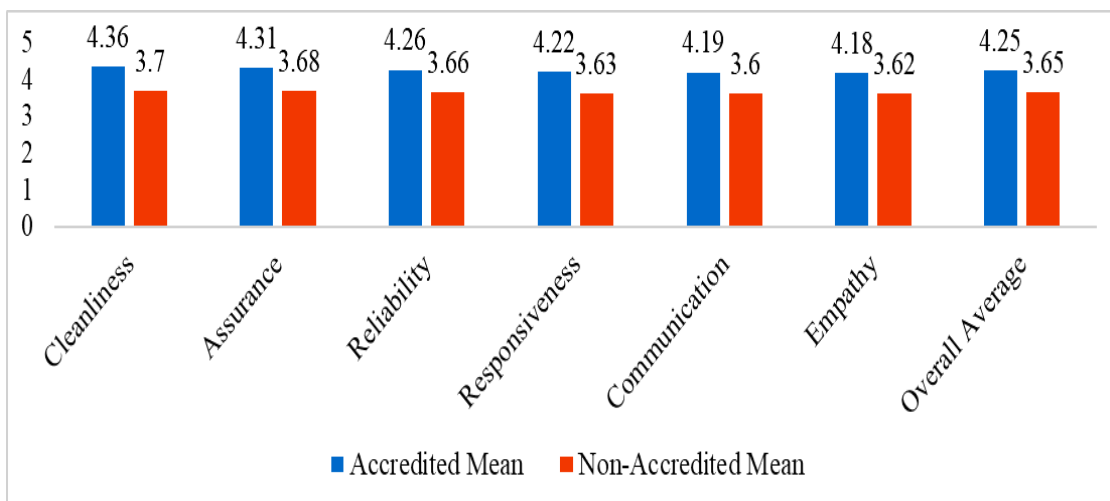
Dimension	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Cleanliness	62	28	6	3	1
Assurance	58	30	7	3	2
Reliability	55	32	8	3	2
Responsiveness	52	34	9	3	2
Communication	50	35	10	3	2
Empathy	48	36	11	3	2

The comparative analysis revealed a significant disparity in patient care experiences based on the hospital's accreditation status. Table 3 indicates that the accredited facilities consistently outperformed the non-accredited counterparts.

**Table 3:** Mean service quality dimension scores

Dimension	Accredited Mean	Non-Accredited Mean	Difference
Cleanliness	4.36	3.70	0.66
Assurance	4.31	3.68	0.63
Reliability	4.26	3.66	0.60
Responsiveness	4.22	3.63	0.59
Communication	4.19	3.60	0.59
Empathy	4.18	3.62	0.56
Overall Average	4.25	3.65	0.60

The visual representation of this disparity (Fig. 1) clearly illustrates the uniform service gap present across all core operational areas.



**Fig. 1:** Comparison of mean service quality dimension scores between accredited and non-accredited hospitals

Table 4 shows that accredited hospitals have higher overall service quality scores (4.25), indicating a high level of patient perception, whereas non-accredited hospitals have lower scores (3.65), reflecting a moderate level of perception.

**Table 4:** Overall service quality scores by hospital type

Hospital Type	Mean Score	Interpretation
Accredited	4.25	High perception
Non-Accredited	3.65	Moderate perception

Overall, the findings consistently demonstrate that accredited hospitals achieve higher patient perception scores across all evaluated service quality dimensions.

## DISCUSSION

The most substantial performance gap emerged within the tangibility dimension, specifically regarding cleanliness (a difference of 0.66). This indicates that the rigorous housekeeping protocols and environmental audits mandated by accreditation bodies are highly visible and deeply appreciated by the patient population. These findings regarding the impact of physical environments on patient perception are consistent with previous studies comparing structured and unstructured hospital systems [12,13].

Similarly, the higher scores in assurance and reliability suggest that structured clinical pathways and mandatory staff training foster a stronger sense of competence and safety. These results correspond with the current literature, which suggests that accreditation enhances quality governance and patient experience [14,15].

Systematic reviews of global healthcare systems have demonstrated that accredited facilities show improvements in clinical leadership and patient-centered processes [16,17]. While some large-scale studies suggest that the direct association between accreditation and patient satisfaction may be limited [18], adherence to organizational performance standards contributes to more reliable patient care delivery [19].

While the accredited hospitals demonstrated a clear advantage, the data also highlights an opportunity for non-accredited institutions; by voluntarily adopting standardized workflows, continuous feedback loops, and stringent environmental controls, they can effectively narrow this service gap. It is important to note that this study relied on convenience sampling within a localized geographic area.

Future investigations could benefit from randomized, longitudinal designs across a broader regional scope to track how service perceptions evolve as hospitals transition into accredited status.

These findings highlight the importance of structured quality frameworks in improving patient-perceived service delivery in multispecialty hospital settings.

## CONCLUSIONS

This study concludes that institutional accreditation in multispecialty hospitals acts as a reliable indicator of superior service quality from the patient's perspective. The data clearly demonstrates that the administrative rigors of accreditation tangibly manifest on the hospital floor, resulting in environments that patients perceive as cleaner, more responsive, and more reliable. For healthcare administrators, these findings reinforce the value of pursuing accreditation not merely as a regulatory requirement but as a functional framework to elevate the patient experience. Future research should focus on longitudinal evaluation of patient perceptions following accreditation implementation.

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## CONTRIBUTION OF AUTHORS

- Research concept-** Saumya Srivastava
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- Supervision-** Baldeep Singh
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