



**THE IMPACT OF SERVICE QUALITY ON CUSTOMER SATISFACTION
AND CUSTOMER LOYALTY OF CHAN MYAE NAY CHI HOSPITAL IN
HMAWBI, MYANMAR**

**MASTER OF BUSINESS ADMINISTRATION
(MBA)**

AYE THIDA CHO

SSBR.MBA.020681

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**THE IMPACT OF SERVICE QUALITY ON CUSTOMER SATISFACTION
AND CUSTOMER LOYALTY OF CHAN MYAE NAY CHI HOSPITAL IN
HMAWBI, MYANMAR**

A Thesis Presented

by

Aye Thida Cho

Submitted to the Swiss School of Business Research
in partial fulfillment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION
(MBA)

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Approved as to style and content by:

Dr. Paing Soe, Chair

President, PSM International College

Daw Myat Myat Oo, Supervisor

Academic Director, PSM International College

Dr. Stephen Harrison

Dean

Swiss School of Business Research

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CHAPTER I

INTRODUCTION

The growth and development of the service sector has long been considered as a sign of a country's financial progress. History of economic states that all of the developing nations have experienced a change from agriculture to industry then to the service sector. Some service sectors such as the health, education, water and sanitation sectors are also directly related to get organizational achievement and attain social development objective. Healthcare service sector is one of the vital sectors in service industry. In the globalized competitive hospital environment, service quality is the main element in distinguishing between services and building competitive advantages. Service quality is also an important indicator to acquire patient satisfaction and their loyalty. In Myanmar, the primary treatment choices for people living in remote areas are rural health centers, sub-rural health centers, and small private clinics. The quality of healthcare services in urban areas has also declined because of shortages of qualified medical staff, supply gaps caused by skill restrictions and electricity outages. Wealthy populations often fly out of the country to seek higher quality health care abroad. There are more than 250 private hospitals across the country (Healthcare, 2024).

In 2021, the number of government hospitals in Myanmar amounted to approximately 1.18 thousand. This was an increase from 2011, in which there were just under nine hundred government hospitals in Myanmar (Kameke, 2024). Chan Myae Nay Chi Specialist Clinic involves one of the famous and most historic private specialist clinics in Hmawbi, Myanmar was established in 20 June 2012. At that time, there were only government hospitals and other GP clinic. Chan Myae Nay Chi Specialist Clinic became the first specialist clinic in Hmawbi. It provided customers services with well experienced and trained medical doctors, nurses and also with expert professional staffs in every respective department. In 2022, Chan Myae Nay Chi Specialist Clinic was gradually transformed into Chan Myae Nay Chi Hospital. We collect the person who interest to invest this hospital. Now, we have 9 share members and own building and land. The outpatient of Chan Myae Nay Chi Hospital consists of: internal medicine, paediatric, obstetrics and gynecology, general surgery, neurology, eye, ENT, heart, lung, skin and mental.

Organizations become realized that they can get long term success only when their customers are satisfied. Satisfied customers can maintain their consumption pattern or can consume more of the same product or service. Satisfaction has become an important indicator of quality and future revenue of a company. In today's business environment, customers are more educated. Their satisfaction is company future. There have been a lot of new entrants of private schools and training centers in the education market in Myanmar. To get success in the training schools, it is necessary to do marketing performance to have satisfaction from the students with good reputation in the competitive education market. In a competitive market, providing extraordinary quality service is viewed as a main factor for the triumph of tourism and hospitality businesses. Therefore, organizations concentrated on customers' expectations and attempts to satisfy them by delivering superior quality of service that is a central issue to retain satisfied and loyal customers (Uzma, 2016).

The competition in today's market is the competition of service based on the competition of customer satisfaction. Each organization is trying to achieve its goals like more profit, more market share. The competitive nature of education industry in Myanmar, customer satisfaction is an important major issue to be successful of the business. Marketers must learn and improve the targeted customer satisfaction such as customer expectation, perception, preferences and brand awareness.

It is vital to highpoint the crucial relationship between the quality of healthcare services provided and the level of satisfaction experienced by patients. By conducting a comprehensive literature review and incorporating relevant studies and research findings, this research can elucidate how factors like communication with healthcare providers, waiting times, treatment outcomes, facilities cleanliness and overall patient experience contribute to shaping patient satisfaction levels. It is essential to outline the methodologies and tools that will be used to measure service quality and patient satisfaction, such as surveys, interviews, or observational studies.

It should emphasize the significance of understanding and improving service quality in healthcare settings to enhance patient outcomes, increase patient loyalty, and improve overall healthcare delivery.

The five dimensions SERVQUAL model was implemented to measure the gap between patient's perception and expectation in health care service quality (AlOmari, 2021)

Customer satisfaction is a complex concept that is influenced by many factors. This proposal gives the outline of the factors effecting service quality on customer satisfaction by of Chan Myae Nay Chi Hospital in Hmawbi, Myanmar. The aim of this study is to recommend and test the research model which explores the effects of service quality with the indicators or factors of tangibles, reliability, responsiveness, assurance, and empathy on customer satisfaction. Quantitative research methods will be utilized in this study.

Definition of Healthcare

Health services according to the Ministry of Health of the Republic of Indonesia in 2009 are any efforts organized alone or jointly in an organization to maintain and improve health, prevent and cure diseases and restore health both to individuals, families and community groups. Plenary health service activities are regulated in Article 52 paragraph 2 of the Health Law as referred to in paragraph 1, namely:

- a) Promotive, an activity and/or series of health service activities that prioritize activities that are health promotion in nature.
- b) Preventive health service, a preventive activity against a health problem/disease.
- c) Curative health service, activity, and/or a series of treatment activities aimed at curing diseases, reducing suffering due to disease, disease control, and controlling disability so that the quality of sufferers can be maintained as optimally as possible.
- d) Rehabilitative health services, activities, and/or a series of activities to return former sufferers to the community so that they can function again members of society that are useful for themselves and the community, as much as possible according to their abilities (Faith and Lena , 2017).

Forms of Health Services

Based on Article 52 paragraph 1. Of the Health Law, health services generally consist of two forms of health services, namely:

1. Individual health services <Medical services>

This health service is organized by individuals independently [self-care], and family [family care] or community member groups that aim to cure diseases, This service is carried out in health service institutions. Such as: hospitals, maternity clinics, and independent practices.

2. Public health service

This public health service is organized by a community group with mainly to maintain and improve health that denotes to actions primitive and preventive. Community service efforts are accepted at the center. Certain community health centers such as puskesmas (Faith and Lena , 2017)

Basic Requirements for Health Services

A health service is supposed to be good if it has the following main requirements:

1. Available and Sustainable

The first basic requirement for good health services is that health services must be available in the community[available] and sustainable [continuous]. This means that all type of health services needed by the community are not difficult to find and exist at all times.

2. Reasonably Acceptable

The second main requirement for good health services is acceptable to the community and appropriate. This means that the health service does not conflict with people's beliefs and beliefs. Health services are contrary to the customs, values, opinions, and politics of the community and are not natural, are not good health services.

3. Easy to Achieve

The third basic requirement for good health services is that they are easily reachable by the community. That is, good health services have respectable distribution arrangements. Health services that are

focused in urban areas and do not happen in rural areas are not good health services.

4. Easy to Reach

The fourth basic principle of good health services is that they are easily accessible [affordable] by the community, especially from a cost point of view. B the cost of health services must be in accordance with the economic capabilities of the community. Health services that are expensive and only enjoyed by a small part of the community, are not good health services.

5. Quality

The fifth basic condition for good health services is superiority. The Intention is one that opinions to the level of perfection of health services that are prepared can content the users of services and procedures for their implementation in accordance with the code of ethics and standards that have been set (Faith and Lena , 2017).

1.1 Overview of Background

Customer satisfaction is that the most vital parameter for judging the quality of service being provided by a service provider to the customer. Good service quality gives encouragement to the patient to establish a strong relationship with the hospital. In the long term this relationship permits hospitals to understand carefully the prevailing expectations and needs of the patient. The quality of medical service is related to the survival and expansion of hospitals. The main to improving service quality is to innovate a hospital management system, in which a patient satisfaction survey is an important initial point. Patients evaluate the hospital created on their health improvement, medical facilities and atmospheres, medical staff service, and personal cost. Many hospitals are trying to establish a “patient-centered” medical service quality management system. However, the hospital now uses patient satisfaction surveys to improve management (Liu & Hang , 2023). Service quality encourages client satisfaction, stimulates intention to return and encourages recommendations. Customer’s satisfaction is associated how the customer perceive the excellence of service.

Service quality is one of the significant factors in differentiation and excellence of services and it is a foundation for getting competitive advantage so understanding, developing and measuring it are important challenges for each and every of the health services organizations. Customer satisfaction and loyalty are significant factors in determining the patient's wellbeing. Service quality is priority for any private hospitals to become competitive advantages among its challengers. Evaluating health care service quality is chief in order to accomplish continuous development in the hospitals. For any business, lacking loyal consumers can threaten to survive their organization. Loyal patients increase income stream and decrease expense of organization. Increased customer loyalty is the most important of long term financial performance of an organization. Satisfied patients return for care and their positive word of mouth can bring new patients. Loyal patients can be more cost-effective. This study is focused on the impact of service quality dimension influence on patient satisfaction on Chan Myae Nay Chi Hospital in Hmawbi.

1.2 Research Problem

The research problem statement related to the impact of quality on customer satisfaction and loyalty at Chan Myae Nay Chi Specialist include the following points are To investigate the relationship between service quality factors(such as responsiveness, reliability, empathy, assurance and tangibles) and customer satisfaction at Chan Myae Nay Chi Specialist Clinic. To assess the influence of customer satisfaction on customer loyalty and repeat business at the clinic. To identify factors that contribute to customer loyalty, such as perceived value, trust, and overall service experience. To analyze the competitive landscape in the local healthcare market and how service quality can be a distinguishing factor for Chan Myae Nay Chi Specialist Clinic.

1.4 Research Objectives

The objectives of the study are

1. To examine influencing quality dimensions on patient satisfaction on Chan Myae Nay Chi Hospital in Hmawbi, Myanmar
2. To analyze the impact of service quality on patient loyalty and trust towards the hospital in Chan Myae Nay Chi Hospital in Hmawbi, Myanmar

3. To recommend strategies for improving service quality based on patient feedback and satisfaction levels at Chan Myae Nay Chi Hospital in Hmawbi, Myanmar
4. To identify the key determinants of the service quality in healthcare delivery at Chan Myae Nay Chi Hospital in Hmawbi, Myanmar

1.5 Research Questions

1. How can you examine influencing quality dimensions on patient satisfaction on Chan Myae Nay Chi Hospital in Hmawbi, Myanmar?
2. What are the analysis of the impact of service quality on patient loyalty and trust towards the hospital in Chan Myae Nay Chi Hospital in Hmawbi, Myanmar?
3. What is your recommend strategies for improving service quality based on patient feedback and satisfaction levels at Chan Myae Nay Chi Hospital in Hmawbi, Myanmar?
4. How do you identify the key determinants of the service quality in healthcare delivery at Chan Myae Nay Chi Hospital in Hmawbi, Myanmar?

1.6 Scope of the Study

This study mainly focuses on service quality of Chan Myae Nay Chi Hospital, Hmawbi. Analytical method is applied by using both primary and secondary data. To analyze the customer's satisfaction and their loyalty on service of Chan Myae Nay Chi Hospital, primary data are collected by discussion with the Medical Superintendent and other responsible persons of Chan Myae Nay Chi Hospital. A sample of 185 respondents is chosen patients of Chan Myae Nay Chi Hospital at everyday using systematic sampling method and is surveyed with structured questionnaire. Secondary data are collected from company profiles, customer service department of Chan Myae Nay Chi Hospital, previous research studies, text books and relevant websites.

Various service quality explanations take their origin in gap examination and SERVQUAL model. Parasuraman et al. (1985) defined the concept of service quality as a contrast between customer expectations and actual services performed. SERVQUAL has been recognized as a framework of service quality. The SERVQUAL scale has been widely used by both academics and practicing managers across industries in different countries. Parasuraman et al., (1985) suggest 10 factors of service quality: tangibles, reliability, responsiveness, understanding the customers, access, communication, credibility, security, competence and courtesy. Later, the original 10 factors were cut to five of tangibles, reliability, responsiveness, assurance and empathy, resulting in the widely used tool known as SERVQUAL (Shaham, 2016).

Service quality is a standout amongst the most principal research subjects for the past few decades. Service quality can be explained as how well the services are delivered to the consumer's expectations. Perceived Service quality can be characterized as the client's view of the overall quality or prevalence of an item or services regarding its expected reason. Quality services not only play an important role in consumer loyalty but also in building or implementing commercial enterprises and additionally in creating benefiting firms of nowadays. It is specified by many researches that customer satisfaction plays a very important role in retention and consumer loyalty however this is not surety of repeat purchase.

CHAPTER II

LITERATURE REVIEW

Important of Service Quality

Today's competitive healthcare industry, hospitals are constantly striving to progress their service quality in order to enhance patient satisfaction and loyalty. This is particularly relevant for Chan Myae Nay Chi Hospital, a leading healthcare provider that has been serving the community for decades. In recent years, there has been a growing emphasis on the impact of service quality on patient satisfaction and loyalty, as hospitals have recognized the importance of providing high-quality care that goes beyond just medical treatment. The aims are to explore the relationship between service quality, patient satisfaction, and patient loyalty at Chan Myae Nay Chi Hospital.

Service quality can be defined as the perception of the level of excellence of the services provided by the hospital, which can include both the tangible and intangible aspects of care. Tangible aspects may include the physical environment and facilities, while intangible aspects may include the attitudes of the staff, communication, and overall patient experience. At Chan Myae Nay Chi Hospital, the service quality is reflected in its state-of-the-art facilities, highly trained medical professionals, and a patient-centric approach to healthcare.

One of the key measures of service quality is patient satisfaction, which refers to the degree to which patients are content with the services received during their hospital stay. A satisfied patient is more possible to return to the same hospital for future medical needs and recommend it to others. At Chan Myae Nay Chi Hospital, patient satisfaction is a top priority, and the hospital has consistently been ranked among the top hospitals in our township for patient satisfaction. This can be attributed to the hospital's focus on providing personalized care to each patient, addressing their concerns, and ensuring a pleasant overall experience.

Furthermore, patient satisfaction has a direct impact on patient loyalty. A satisfied patient is more likely to become a loyal customer of the hospital, choosing it as their preferred healthcare provider for future medical needs. They are also more

likely to forgive any minor shortcomings and remain loyal to the hospital, even in the face of competition. This is especially crucial for Chan Myae Nay Chi Hospital, as patient loyalty can lead to a positive reputation and increased business. SERVQUAL model based on the gap between what customers expect and what they perceive, SERVQUAL is more comprehensive and diagnostic. It can help identify areas for improvement by revealing the difference between customer expectations and what they receive. However, SERVQUAL is more complex and time-consuming because it requires customers to answer more questions. SERVPERF model based solely on customer perceptions of service performance, SERVPERF is more simple and practical. However, SERVPERF is more limited and subjective because it doesn't account for customer expectations.

The impact of service quality on patient satisfaction and loyalty can be understood through the lens of the SERVQUAL model, which identifies five dimensions of service quality - reliability, responsiveness, assurance, empathy, and tangibles. The reliability of services at Chan Myae Nay Chi Hospital is evident in its consistent delivery of high-quality medical care, while its responsiveness can be seen in its prompt and efficient handling of patient needs. The hospital's staff is trained to provide assurance to patients through clear communication, respectful behavior, and empathy towards their needs and concerns. Additionally, the hospital's state-of-the-art facilities and comfortable environment contribute to the tangible aspects of service quality, making the overall experience more satisfactory for patients.

The impact of service quality on patient satisfaction and loyalty at Chan Myae Nay Chi Hospital is undeniable. The hospital's commitment to providing exceptional service has yielded positive results in terms of patient satisfaction and loyalty. However, it is important for the hospital to continue striving for improvement in service quality to maintain its competitive edge and ensure the continued satisfaction and loyalty of its patients. By putting patients at the center of its services and constantly seeking feedback and suggestions for improvement, Chan Myae Nay Chi Hospital will continue to be a top healthcare provider, serving the community with excellence and compassion.

Service quality is actual essential, especially for the growth and development of business organizations in service sector. Thus, it is vital to know whether the

customer's expectation regarding the service really counterparts the perceived service in all dimensions of service quality.

Zeithanm and Parasuraman (2004) defined service quality as the difference between customer's expectation of service and their perceptions of actual service performance. Service quality affects customer satisfaction by providing performance. Loyalty to quality values and enhanced quality design outcomes in a better-perceived value, which leads to recovering prices, better income and greater effectiveness (Zeithaml, 2000). Healthcare service sources need to provide high-quality facilities to sustain the trustworthiness of patients (Yee, Yeung , & Cheng, 2010). (Mosadeghrad, 2014) (p.78) defined healthcare quality as “consistently delighting the patient by provided that efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which encounter the patient's desires and satisfies providers”. (Parasuraman, Zeithaml, V. A. , & Berry, L. L., 1985) described service quality as the gap between a customer's opportunities of service and the customer's perception of service after the service is reduced. When perception outstrips expectations, the customer will be satisfied (Kalaja, Myshketa, & Scalera, F, 2016). Serveral studies have confirmed that customer expectation of service are much higher than the customer perception of services extracted by both public and private sector institutions (Andaleeb, S. S., Siddiqui, N. , & Khandakar, S, 2007).

Various service quality explanations take their origin in gap examination and SERVQUAL model. Parasuraman et al. (1985) defined the concept of service quality as a contrast between customer expectations and actual services performed. SERVQUAL has been recognized as a framework of service quality. The SERVQUAL scale has been widely used by both academics and practicing managers across industries in different countries. Parasuraman et al., (1985) suggest 10 factors of service quality: tangibles, reliability, responsiveness, understanding the customers, access, communication, credibility, security, competence and courtesy. Later, the original 10 factors were cut to five of tangibles, reliability, responsiveness, assurance and empathy, resulting in the widely used tool known as SERVQUAL (Shaham, 2016).

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In the modern competitive markets, it has developed of greatest main for service providers to understand the requirements and opportunities of customers. They requirement deliver what the customer is estimated instead of what they feel is important for a customer to maintain the business claim (Singh & Prasher, A, 2019). (Kotler & Keller, 2006) suggest that in the consumer-oriented healthcare market where healthcare delivery is commoditized and patient-led, the patient should be the evaluator of service quality. The service quality of hospital has to be founded on the balance of perceptions and expectations of patients. Service quality fulfills the requirements of patients, and patients estimate a hospital's service quality from its service output, service process and physical environment proposed by Lytle and Mokva (1992).

The theoretical background of the important of service quality on patient satisfaction can be explained through various models and theories, such as

Service Quality Model (SERVQUAL): This model emphasizes the five dimensions of service quality- reliability, responsiveness, assurance, empathy and tangible. Meeting or exceeding patient expectations in these dimensions can lead to higher levels of patient satisfaction.

Hierarchical Service Quality Model(HSQM): This model view service quality as a three-tiered concept with the interaction quality, physical environment quality and outcome quality. This model focus on to investigate the relationship between service quality and satisfaction and customer loyalty.

Expectation-Confirmation Theory: This theory suggests that patient satisfaction is influenced by the extend to which the actual service received meets or exceeds the patient's expectation, it leads to higher levels of satisfaction.

Patient-Centered Care Model: this model focuses on providing care that is respectful and responsive to individual patient preferences, needs and values. When healthcare providers deliver patient-centered care, it enhances the overall service quality and leads to greater patient satisfaction.

Relationship Marketing Theory: this theory emphasizes the important of building and maintaining strong relationships with patients. By providing high quality services and demonstrating care and empathy, healthcare providers can strengthen the patient-provider relationship, leading to increased patient satisfaction.

Overall, the theoretical background of the important of service quality on patient satisfaction highlights the significant of delivering high-quality care, meeting patient expectations, providing patient-centered services, and building strong relationships with patients to achieve optimal levels of patient satisfaction in the healthcare industry.

Service Management

Services help organizations build long-term relationships with their customers. Most companies strive to develop innovative and unique products to gain a competitive advantage. However, services allow businesses to initiate a dialogue with their customers. This allows businesses to keep an eye on changing customer tastes and interests and adapt different products and services accordingly. The goal of good service is a satisfied and loyal customer base. Service management is a customer-centric approach to information technology delivery. Service management focuses on delivering value to customers and also customer relationships. It is a management discipline aimed at providing quality services that customers find value in, purchase and use (its.ucsc.edu, 2015).

As a specialty, service management has matured over decades. Today, service delivery organizations have access to a wealth of knowledge, including various frameworks and standards that describe service management principles, best practices, and processes. Service management should always start with the service consumer. Service providers need to understand their consumers in order to design and offer an attractive range of services (or "portfolio"). To do this, the service provider typically identifies the customer's journey, describes the added value of the

service and defines the service's properties according to the customer's requirements. Other key elements of service management are continuous improvement and the service lifecycle. Services are therefore intangible products that provide benefits or value to customers. Service management is a management discipline focused on customers and services. Service management is a multidisciplinary field related to many other management disciplines (F.Drucker, 2015).

Quality of Health Services

Quality is a set of inherent and defined characteristics that meet specified requirements. According to the American Society for Quality Control, quality is the totality of features and characteristics of a good or service that bear on its ability to satisfy stated and implied needs. Some quality experts define quality in different ways. Juran defines quality simply as “fitness for use.” This definition includes the degree to which a product satisfies the needs of consumers and is free from defects. Meanwhile, Deming argues that quality “continues to satisfy the desires and opportunities of consumers for the price they pay.” Deming’s philosophy defines quality as a system (Gaspersz, 2007). Service is essentially an activity that fulfills the inherent rights of everyone, whether individually, as a group, or as an organization. Moenir says, “The right to service is universal, and it applies to everyone who has an interest in that right.” To achieve the highest quality of service, a leader must be able to measure the quality of service for the district officials in serving the community.

Customers are the ones who carry what they want. Our territory is to achieve those desires in a way that benefits him and us. Another view highlights that service is not just a service, but excellent service. Barata describes good service as being concerned about the customers by meeting their needs and providing the best service possible to understand and satisfy their needs. According to Triguno, the greatest service or service is to be fast and satisfactory at all times, polite, welcoming, helpful, competent and efficient. Similarly, according to Tjiptono, there are approximately four (4) basic factors that govern the quality of service in communication: speed, accuracy, friendliness and comfort. Services include services and services, services are goods, and government services for the community are associated with a right and the right holders are free from any obligation or burden. Service quality is not seen

from the perspective of the planner or the service provider. They are the people who care about and experience the services, so they are the ideal people to evaluate and determine the quality of services (Gaspersz, 2007).

According to the Institute of Medicine (IOM), quality of health services is a step towards successful individual and population health services with predictable health outcomes and consensus on modern expert information. The delivery of health services should be based on the latest scientific, clinical, technological, interpersonal, physical, cognitive, organizational, and health service management information (Wijono, 1999).

Patient satisfaction

A health service is said to be of high quality if it can satisfy patients. Satisfaction is one of the indicators of the quality of hospital services, which is a key factor in attracting more patients and retaining them. Loyal patients will use the same health care again when they need it and will invite others to use the same facility (Sesrianty, Machmud, & Yeni, 2019). Patient satisfaction occurs when the patient is able to meet his or her needs, desires, or expectations. Therefore, Patient satisfaction is the difference between the services received by the patient and the patient's expectations (Sesrianty, Machmud, & Yeni, 2019). According to Sabarguna, patient satisfaction is a value-based assessment of the quality of services provided, but it is still objective. That is, the assessment is based on past experiences, education, psychological conditions, and environmental influences at that time, but it is still based on existing objective truths and realities (Ramadan, Rahmiati, & Maulana, 2019).Patient Satisfaction Measurement Methods

According to Kotler, Tjiptono and Gregorius et al, there are several methods that can be used to measure and demonstrate customer satisfaction: (Tjiptono & Gregory, 2016)

1. Complaint and Suggestion System

Every customer-oriented organization wants to provide its customers with informal and appropriate opportunities and access to submit their suggestions, criticisms, opinions, and complaints. The media used include suggestion boxes in strategic locations, comment cards displayed through the mail, toll-free telephone lines, websites, and others.

2. Ghost Shopping

Companies use others as ghost shoppers, posing as potential customers or creating and then reporting their answers about the advantages and disadvantages they experience while ordering the company's products and those of its competitors.

3. Lost Customer Analysis

Customers who have stopped ordering or have sales representatives who have improved are everywhere.

The company is contacted to understand why this is happening and to adopt policies for further improvement/improvement. Companies should also carefully monitor the increasing customer attrition rate, which indicates the company's failure to satisfy its customers.

4. Customer Satisfaction Surveys

Most customer satisfaction research is conducted through survey methods, such as mail, telephone, email, websites, or face-to-face interviews. The company provides a list of questions that assess various aspects of the company's performance and the products it manufactures. Through surveys, the company gets direct feedback from customers and gives a positive impression that the company cares about its customers.

Service Quality Dimensions

Brady and Cronin (2001) proposed a hierarchical concept of service quality, focusing on three primary dimensions of service quality: interaction quality, physical quality, and outcome quality. Interaction quality is related to the attitude, behavior, and skill level of the customer and the salesperson. The physical environment encompasses the environmental conditions, the design of the service area, and social factors. Outcome quality is related to social factors, such as waiting time, visuals, and value.

Interaction quality

Interaction quality is a measure used to determine service quality. Interaction quality refers to the quality of the interaction between the service provider and the customer during the service delivery process. Therefore, interaction quality is composed of four dimensions: attitude, behavior, problem-solving, and skill. Attitude refers to the characteristics of an employee that play a significant role in customer satisfaction because of the close contact between customers and employees in the service industry. Behavior is defined as the visible action that influences the customer's perception of the quality of the interaction (Czepiel, Solomon, M. R. , & Surprenant, C. F., 1985). Understanding customer perceptions of service providers' behavior has been identified as additional value-added information for owners or managers of a company that can assist them in designing appropriate policies and procedures for their customers and employees (Keung, 2000). Problem solving focuses on the employee's skills in handling problems and complaints. Customers are looking for how service providers handle their problems and complaints. Finally, Expertise has been identified as a factor that influences the interaction between employee performance skills (Crosby, Evans, K. R. , & Cowles, D, 1990). Crosby et al. (1990) found that expertise has a direct influence on patrons' overall evaluation of service quality.

Physical Environment Quality

Many studies have suggested that the physical or built environment has an influence on customer service evaluations (Crane and Clarke, 1998). Physical

environmental quality refers to the tangible aspects of the service environment that can influence a customer's perception of service quality. It includes factors such as cleanliness, attractiveness, layout, comfort, and design of the physical facilities in the service area. (Rys, Fredericks, J. O. , & Luery, D., 1987) reported that customers infer 'quality' based on the appearance of the staff along with their perception of the physical facilities. The physical environment of a service provider has a significant impact on overall service quality.

High physical environmental quality can enhance the overall service experience for customers, making them feel more satisfied and positively affecting their perception of the service provider. On the other hand, Poor environmental quality can lead to dissatisfaction with the actual service provided. In the hierarchical service quality model, it is viewed as an important dimension of service quality, along with other dimensions such as reliability, responsiveness, assurance, and empathy. By focusing on the quality of the physical environment, service providers can create a more pleasant and engaging experience for their customers, ultimately leading to higher satisfaction and loyalty.

Outcome Quality

The primary dimension of outcome quality focuses on the outcome of the service act, indicating what customers get from the service. In other words, outcome quality is whether or not the customer's needs are met (Anderson, Fornell, C. , & Lehmann, D. R. , 1994). The technical quality of a service significantly affects customers' perceptions of service quality (Arasli, Ekiz, E., & Katircioglu, S., 2008). Outcome quality or technical quality is what customers receive or what the service provider delivers after the service delivery or buyer-seller interaction is complete (Brady & Cronin, 2001).

Outcome quality refers to the customer's perception of the overall outcome or result of receiving a service. It focuses on the effectiveness and efficiency of the service in meeting the customer's needs and expectations. Outcome quality is influenced by various factors such as reliability, responsiveness, assurance, empathy, and visibility. In the hierarchical context of the service quality model, service quality is considered the highest level: it represents the ultimate goal of providing a service, i.e., meeting or exceeding customer expectations and delivering value. Customers

evaluate the quality of a service based on outcomes such as whether their problem is solved, their needs are met, or their expectations are exceeded.

Outcome quality plays a significant role in determining customer satisfaction, loyalty, and advocacy. It reflects the final evaluation of the service experience and can greatly affect the reputation and success of the service provider. There is a consensus in the literature that outcome quality has a positive influence on customers' overall perception of service quality.

Valence

Outcome quality refers to the overall quality of a product or service experience or interaction from the customer's perspective. It is one of the dimensions used to evaluate service quality, along with process quality and interaction quality.

Valence is concerned with the customer's assessment of whether the service they receive meets their expectations and needs in terms of the final outcome. It focuses on the tangible or intangible outcomes of the service experience, such as the effectiveness, reliability, accuracy, and completeness of the service delivered. Valence plays a significant role in shaping perceptions of overall service quality and influencing customer behavior and attitudes toward the service provider. It is important for service organizations to consistently deliver high-quality results to meet customer expectations and build long-term relationships with their customers.

Waiting time

Waiting time refers to the period of time a customer waits for a service to be delivered or completed.

Customer Satisfaction

Customer satisfaction takes place an significant role that can carry about better organizational performance. The construct of customer satisfaction refers to the fulfillment response or emotional feelings about a specific consumption experience (Oliver, 1997). Hospital service quality is the disparity between customer perceptions and their assumptions about hospitals services (Aagja & Garg, R. , 2010). In healthcare setting, patients are the essential capital of hospital. Subsequently in order to satisfying and sustaining patients, healthcare service quality has turned out to be

reasonably more imperative (Alhashem, Alquraini, H. , & Chowdhury, R.I. , Factors influencing patient satisfaction in primary healthcare clinics in Kuwait, 2011). Positive patient inclination can frame trust which might offer positive judgments to the hospital (Brennan, 1998).

Customer Loyalty

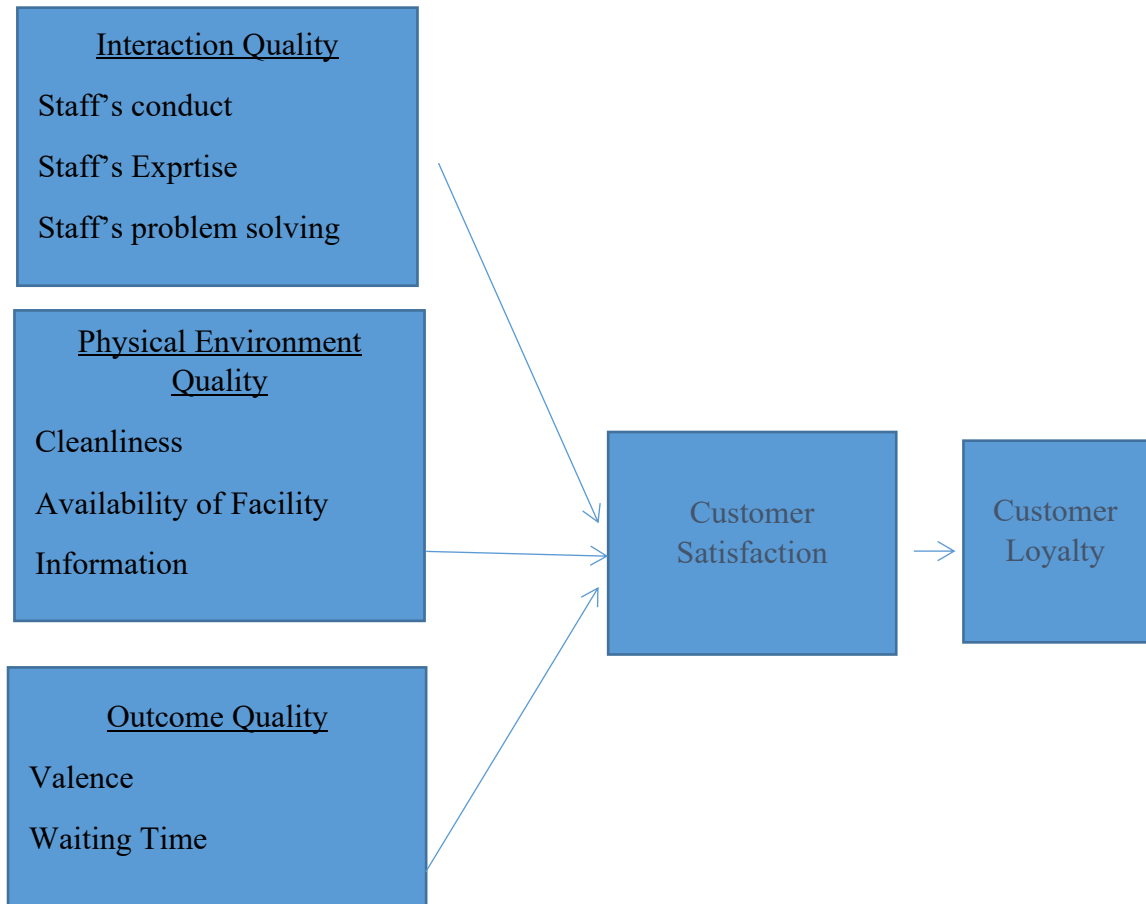
Loyalty is a progressive propensity for a firm. Loyalty in the healthcare industry refers to the tendency of patients to consistently search for medical care from a particular healthcare provider or facility. In general, loyalty has been considered in several ways that positive word-of-mouth, repurchase intention and so on. (Dick & Basu, K. , 1994) proposed that the concept of loyalty can be conceptualized as a two-dimensional construct, including attitude and behavior. Subsequently, (East, Sinclair, J., & Gendall, P., 2000) explained that loyalty is closer to a behavioral intention pretty than an attitude. Alternatively, (Buttle & Burton, J., 2002) argued that loyalty is probably better seen as attitude than behavior. Most studies have conceptualized loyalty as a behavioural intention or behavioural response (Shukla, 2004). Optimistic patient satisfaction will frame trust which can give positive judgments to the hospital. Loyalty can be influenced by numerous factors such as the quality of care provided, the patient-doctor relationship, convenience of location, cost of services, and overall patient experience. Building patient loyalty is essential for healthcare providers as it can lead to long-term relationships, positive word-of-mouth referrals, and ultimately better health outcomes for patients. Strategies to improve patient loyalty may include providing personalized care, effective communication, maintaining a positive reputation, and offering convenient services. Loyalty has been showed as the market place currency for the 21st century (Singh J. & Sirdeshmukh, D., 2000). Hence, patient loyalty acts as a competitive advantage for the hospital.

Patients have their rights and selections, and if they are not satisfied with their hospital, they have the chance to shift to another different hospital. Premium service quality empowers hospital administrators to distinct the hospital and increase a practical competitive favorable position and upgrade proficiency (Olorunniwo, Hsu, M. K., & Udo, G. J. , 2006) In this framework (Figure 2.1), independent variables are Interaction Quality, Physical Environment Quality and Outcome Quality and the dependent variables are Tangible, Reliability, Responsiveness, Assurance and Empathy in the relationship of Service Quality Dimensions and the patient

satisfaction. Alternatively, the relationship between Customer Satisfaction and Tangible, Reliability, Responsiveness, Assurance and Empathy are independent variables and the Customer Loyalty is dependent variable.

Conceptual Literature

Figure 2.1 Conceptual Framework of the study



Source: Own Compilation Based on Previous Studies

Every business wants happy customers. There are numerous studies showing that happy customers spend more money on companies that make them happy. Satisfied customers keep coming back. Disgruntled customers flood in. Today, customer satisfaction means more than just providing great products and services. It's about delivering a great end-to-end customer experience (CX), including great customer service through your website, apps, and contact centers. To maximize customer satisfaction, you should carefully consider how to manage customer service.

According to (casknx.com, 2012), there are five customer service management strategies to increase customer satisfaction through new and improved support platforms.

Service Quality Dimension of the framework, in Interaction Quality, Staff's conduct means the attitude and behaviors of the staff of the hospital. Staff's Expertise refers to the knowledge and professional skills of the Professors, doctors, nurses, technicians and other staff of the hospital. Staff problem solving represent the ability of handling problems and complaints of the staff of the hospital. In Physical Environment Quality, Cleanliness means the overall cleanliness, neat and tidy of the hospital. The Availability of facility refers to whether the hospital can provide the requirements that are related to the medical treatment such as medicine, imaging machines, blood test or lab machines and the basic needs for the patient and the attendances such as food and personal utensils. This may not included others such as cosmetic and clothes. Information represents where the customer can search or get information such as web, phone and pamphlet. Ambience & Design indicates the lifting, the spaces of the outpatients and inpatients and the spaces for car-parking. Car-parking spaces is also one of the factor to think whether to go a place or not. In Outcome Quality, Valence means the feelings of expectation have met or not from the service of the organization. Waiting time refers to that prompt or reasonable time for the waiting of consultants or getting the service from the staff of the hospital. These all Service Quality Dimensions are collected base on the perceptions of the customers who are getting the service of the Chan Myae Nay Chi Hospital, Hmawbi.

Customer Satisfaction in this framework, data are collected base on the satisfaction of the customers who visited to the Chan Myae Nay Chi Hospital depends on the Five Dimension of SERVQUAL model. Tangible may include satisfaction with waiting area, room facility and car parking spaces. Reliability refers to the satisfaction with getting service at appointed time and availability of specialists and consultants. Responsiveness means the satisfaction with sympathy, responsiveness, reassurance and promptness of doctors, nurses and staff of the hospital. Assurance indicates the satisfaction with the availability and accuracy of diagnosis and other medical lab and imaging results. Empathy represents the satisfaction with the sympathy, empathy and consultation of doctors, nurses and other staff.

Customer Loyalty refers to the willingness or the desire of the customer to come next time or telling good word of mouth to others. This study mainly intends to examine influencing quality dimensions on customer satisfaction and to analyze the relationship between customer satisfaction and their loyalty on Chan Myae Nay Chi Hospital in Hmawbi.

CHAPTER III

RESEARCH METHODOLOGY

This research is a descriptive research that analyzes the empirical relationships that may exist between the dependent variables and the dependent variables. It is necessary to describe and identify the research factors that are involved in the service quality dimension and the SERVQUAL model for the Chan Mya Nei Chi Specialist Clinic in Mawbi. In the analysis section, the research model is tested by examining the relationship between the components of the SERVQUAL model and customer satisfaction and customer loyalty.

3.1 Research Design and Sample

The study was conducted to examine the influence of the customer satisfaction and service quality dimension and the SEVERQUAL model on the satisfaction and loyalty of the customers of the Chan Mya Nei Chi Specialist Clinic in Mawbi. The study used a quantitative research design to measure the impact of service quality on the satisfaction and loyalty of the customers. Quantitative Research Design This study uses a descriptive research design. This research design relies on both qualitative and quantitative data. A descriptive research survey can collect qualitative data while collecting quantitative metrics through multiple choice, rating scale, rating scale, or demographic questions. Both types of data will help me to see my research subject more clearly. A cross-sectional research design can be used to collect data over time. The patients are the patients who visit the Chan Mya Ne Chi Specialist Clinic in Hmawby. A systematic sampling method can be used to select a sample of patients who have received services at the clinic during a specified period of time.

3.2 Research Design

The population and sample design of the research play an important role in the research to ensure that the target population is truly researched and that the researcher's targeted goal is achieved with evidence.

3.2.1 Study Population

A research population is a large and well-defined group of people or subjects that are the focus of a scientific problem. It is the population that researchers are working with. On the other hand, due to the large population, researchers cannot test every individual in the population because it is time-consuming and expensive. Therefore, researchers must rely on sampling techniques. The target population of this study is the total population of patients at the Chan Mya Ne Chi Specialist Clinic in Mawby.

3.2.2 Sampling Design

According to (Mukerjee, 2019), sampling design is a specific plan to obtain a research sample from the target population. This is the technique or process that researchers use to select subjects for the study sample. Sampling design should allow for small errors in sampling a truly representative sample. Be clear about the funding available for the research. Better methods can control for systematic bias. The results also show that sample studies can be used with a reasonable level of confidence. Types of sampling designs include probability and non-probability sampling. The sampling design for this study is a simple random probability sampling design, which means that every respondent in the population is equally likely to be selected. The steps in the sampling design for this study include the sampling frame, sampling technique, and sample size.

The sampling frame is the actual set of units that are sampled. With simple random sampling, all units in the sampling frame are sampled and have equal chances of being included in the sample. Sampling frames should be appropriate for your target audience (statisticshowto.com, 2012). The sampling frame for this study consisted of 185 clients of Chan Mya Na Chi Specialist Clinic in Hmawby.

Simple random sampling was used to determine the sample size for this study. A simple random sample is a small random portion of the total population that represents the entire data set, from which each member of the population is equally likely to be selected. In addition, a simple random sample is an unbiased representation of the entire group. Selecting a sample from a larger population is considered fair practice because each member of the population has an equal chance of being selected. However, the entire population needs to be included, and the

inadequacy of the entire population introduces bias into the overall population and requires more sophisticated sampling methods.

3.2.3 Sample Size

The sample size does not include any subset of the population or any contribution of the sampling units to the population as a whole. However, for this study, the Chan Mya Na Chi Specialist Clinic in Hmawby

CHAPTER IV

ANALYSIS AND RESULTS

Profile of Respondents

Demographic data are collected from 185 patients of Chan Myay Nay Chi Hospital by using systematic sampling methods and are surveyed with structured questionnaire. The profile composed of gender, age, marital status, qualification and occupation which are shown in Table 4.1

According to the survey data, the most respondents are female and the percentage of more than 56%. With the relation of age respondents, the major age of respondents are 51years and above and it represents 37.8% of total respondents. That means that the majority of the patients are the elderly. The second major age of respondents are between 41-50 years and included total 60 respondents, 32.4%. There are many maternal patients. The ratio of the respondents' age of under 20years are 1.6% included 3 respondents, the age of between 21-30years are 6.5% included 12 respondents and the age between 31-40years are 21.6% included 40 respondents in this survey. In the marital status, the majority is married which include 80%.

Table 4.1 Qualification on the Respondents

Qualification		
	Frequency	Percent
Under Graduate	94	50.8
Graduate	66	35.7
Master and above	25	13.5
Total	185	100.0

In the table (4.1), Regarding to the educational level, qualification, the most of the respondents in the survey is under graduated. According to the survey data, 94 respondents are undergraduates, 66 respondents hold bachelor degree and 25 respondents are master degree and above.

Table 4.2 Occupation on the Respondent

Occupation		
	Frequency	Percent
Dependent	85	45.9
Own Business	34	18.4
Government	37	20.0
Company employed	28	15.1
Other	1	.5
Total	185	100.0

In the table (4.2), the majority of the respondents are dependent people, with the ratio of 45.9%. The second majority occupation on the respondents is Government staffs, 20%. The respondents of the company employed ratio are 15.1%, the ratio of the respondents who are running their own business is 18.4% and the other occupation percentage is 0.5%. According to the table 4.2, the customers with dependent more than others visits to the hospital.

4.2 Analysis on Service Quality Dimensions, Customer Satisfaction and Customer Loyalty on Chan Myay Nay Chi Hospital

To the data analysis and finding from questionnaires completed by 185 patients of Chan Myay Nay Chi Hospital. Three main parts are included to study relationship between service quality dimensions, customer satisfaction and customer loyalty. Firstly, this study shows customer perception on service quality dimensions. Secondly, it shows the analysis on influencing service quality dimensions on customer satisfaction and finally presents the analysis on effect of customer satisfaction on their loyalty. In this study, analysis is done using SPSS software.

4.3 Customer Perception on Service Quality Dimensions

Explore the customer perception on service quality dimension of the Chan Myay Nay Chi Hospital which containing 45 questionnaires on a five point likert scale <5-strongly agree, 4-agree, 3-neutral, 2- disagree, 1-strongly disagree> is used. The service quality dimensions explored by this questionnaire include three main parts, interaction quality, physical environment quality and outcome quality.

4.4 Customer Perception on Interaction Quality

Interaction quality of service quality dimension for customer perception explored by the questionnaires includes staff conduct, staff's expertise and staff's problem solving. 5 statements for each part. The results are as shown in table 4.3

Table 4.3 Customer Perception on Interaction Quality

Interaction Quality		
Staff Conduct		
	Mean	Std. Deviation
1.Polite and friendly dealing with patient	3.51	0.60
2.Attention to the patients' belief, emotions and problems	3.47	0.58
3.Giving prompt service to patients	3.54	0.58
4.The hospital gives you individual attention	3.50	0.59
5.The attitude of staffs demonstrates their willingness to help me	3.58	0.58
Overall Mean	3.52	

According to Table 4.3, the overall mean score is 3.52; it means that customers are agree level of Customer Perception on Interaction Quality. The highest mean value of customer perception on The attitude of staffs demonstrates their willingness to help me is 3.58 and the second is giving prompt service to patients

3.54. According to these data, most of the customers are expected to get attention to the patients' belief, emotions and problems.

Table 4.4 Customer Perception on Staff's Expertise

Staff's Expertise		
	Mean	Std. Deviation
6. Physicians' knowledge to deal with health problems	3.54	0.73
7. Understanding the specific needs of patient by medical and non-medical staffs	3.51	0.65
8. Nurses' knowledge to address health problems	3.66	0.68
9. The staff are knowledgeable to answer patient's questions.	3.57	0.63
10. The medical staff such as doctors, nurses, technicians are smart at their profession.	3.71	0.70
Overall Mean	3.59	

According to Table 4.3, the overall mean score is 3.59; it means that customers are agree level of Customer Perception on Interaction Quality. The highest mean value of customer perception on the medical staff such as doctors, nurses, technicians are smart at their profession is 3.71 and the second is Nurses' knowledge to address health problems 3.66. According to these data, most of the customers are expected to get Physicians' knowledge to deal with health problems.

Table 4.5 Customer Perception on Staff's Problem Solving

Staff's Problem Solving		
	Mean	Std. Deviation
11.Capability of handling problems and complaints by reception	3.21	0.75
12.Capability of handling problems and complaints by management team	3.58	0.63
13.Solving patient's problems sincerely	3.50	0.60
14.Apology and solving upon getting wrong by staffs	3.06	0.74
15.Apology and solving upon getting wrong at Pharmacy team	3.46	0.76
Overall Mean	3.36	

According to Table 4.5, the overall mean score is 3.36; it means that customers are agree level of Customer Perception on Information. The highest mean value of customer perception on capability of handling problems and complaints by management team is 3.58 and the second is solving patient's problems sincerely 3.50. According to these data, most of the customers are expected to get Capability of handling problems and complaints by reception.

4.6 Customer Perception on Physical Environment Quality

Physical environment quality of service quality dimension for customer perception explored by the questionnaires includes cleanliness, availability of facilities, information and ambience and design. Each set of statements contribute to customer perception on physical environment service quality of the hospital and 5 statements in each set.

Table 4.6 Customer Perception on Physical Environment Quality

Physical Environment Quality		
Cleanliness		
	Mean	Std. Deviation
16.Clean and comfortable environment of the hospital	3.71	0.64
17.Neat and tidy of the In-patient rooms, examination rooms and other rooms	3.63	0.63
18.Cleanliness and maintenance of the rest-rooms	3.55	0.69
19.Well dressed and groomed staff	3.77	0.56
20.The overall hygiene or infection control measures in the hospital	3.61	0.59
Overall Mean	3.65	

According to Table 4.6, the overall mean score is 3.65; it means that customers are agree level of Customer Perception on Physical Environment Quality. The highest mean value of customer perception on Customer Perception on Information is 3.77 and the second is Cleanliness 3.63. According to these data, most of the customers are expected to get Well dressed and groomed staff, Clean and comfortable environment of the hospital, Neat and tidy of the In-patient rooms, examination rooms and other rooms.

Table 4.7 Customer Perception on .Availability of facilities

B.Availability of facilities		
	Mean	Std. Deviation
21.Providing various medicines and various brands that same ingredients medicine	3.56	0.78
22.Providing various blood test and get result as quick as possible	3.32	0.76

23.Providing X-ray imaging test, Ultrasound, ECG and Echo etc. And get result as quick as possible	3.53	0.68
24.Convenience to buy Patients use such as spittoon, diaper, plastic bed pan for bedridden patients and plastic urine pot and other rehabilitation support medical things.	3.52	0.66
25.Good quality and up-to-date medical equipment	3.92	0.74
Overall Mean	3.57	

According to Table 4.7, the overall mean score is 3.54; it means that customers are agree level of Customer Perception on Information. The highest mean value of customer perception on Customer Perception on Information is 3.88 and the second is Cleanliness 3.77. According to these data, most of the customers are expected to get highest information, Getting information through mouth to mouth from friends, relatives and neighbours.

Table 4.8 Customer Perception on Information

C. Information		
	Mean	Std. Deviation
26.Getting information via Facebook and Page	3.54	0.72
27.Getting information through phone line	3.77	0.74
28.Getting information through pamphlet	3.36	0.70
29.Getting information through Private viber group, telegram,signal and whatsapp	3.16	0.80
30.Getting information through mouth to mouth from friends, relatives and neighbours	3.88	0.75
Overall Mean	3.54	

According to Table 4.8, the overall mean score is 3.54; it means that customers are agree level of Customer Perception on Information. The highest mean value of customer perception on Customer Perception on Information is 3.88 and the second is Cleanliness 3.77. According to these data, most of the customers are

expected to get highest information, Getting information through mouth to mouth from friends, relatives and neighbours.

Table 4.9 Customer Perception on Ambience and design

D. Ambience and design		
	Mean	Std. Deviation
31.Visual appeal of the building design	3.83	0.75
32.Visual appeal of materials associated with the service such as pamphlets or statements, pictures and signals.	3.85	0.71
33.Car parking spaces is good and convenient	3.19	0.75
34.Adequate seating spaces and spacious of rooms	3.57	0.75
35.Enough lighting of the hospital	4.16	0.70
Overall Mean	3.72	

According to Table 4.9, the overall mean score is 3.72, it means that customers are agree level of Customer Perception on Ambience and design. The highest mean value of customer perception on the service quality dimensions of Ambience and design is 4.16 and the second is Cleanliness 3.85. According to these data, most of the customers are expected to get highest building design, good environment and the overall clean, neat and tidy of the whole hospital. The important thing is to control the infectious disease and not to spread the environment.

4.7 Customer Perception on Outcome Quality

Outcome quality of service quality dimension for customer perception explored by the questionnaires includes valence and waiting time. Each set of statements contribute to customer perception on outcome quality and 5 statements in each set. The results are as shown in Table 4.7

Table 4.10 Customer Perception on Outcome Quality

Outcome Quality		
Valence		
	Mean	Std. Deviation
36. Feeling of expectation of the patient have been met after discharging the hospital	3.69	0.74
37. Feeling of healthier after taking treatment from the hospital	3.81	0.81
38. The expected healthcare service has been met with the received healthcare service by the patients	3.26	0.79
39. Security within the premises	3.24	0.78
40. The price worth the quality of the received service	3.42	0.81
Overall Mean	3.48	

According to Table 4.10, the overall mean score is 3.48, it means that customers are agree level of Customer Perception on Outcome Quality. The highest mean value of customer perception on Feeling of healthier after taking treatment from the hospital is 3.81 and the second is expectation of the patient have been met after discharging the hospital 3.69. According to these data, most of the customers are expected to expectation of the patient have been met after discharging the hospital, healthier after taking treatment from the hospital.

Table 4.11 Customer Perception on Waiting time

B. Waiting time		
	Mean	Std. Deviation
41.The waiting time for consultation is	3.50	0.73
42.After receiving appropriate treatment, the waiting time for cashier counter is	3.16	0.64
43.The waiting time for taking medicine at pharmacy counter is	3.25	0.61
44.The waiting time for each patient to receive appropriate medical and non-medical services is	3.51	0.61
45.When patient want to know the information about the availability of medical service through phone line, the response time to explain the information of receptionist is	3.30	0.63
Overall Mean	3.34	

According to Table 4.11, the overall mean score is 3.34, it means that customers are agree level of Customer Perception on Outcome Quality. The highest mean value of customer perception on each patient to receive appropriate medical and non-medical services is 3.51 and the second is for consultation 3.50. According to these data, most of the customers are expected to expectation of the patient have been after receiving appropriate treatment, the waiting time for cashier counter.

Analysis on Influencing Service Quality Dimensions on Customer Satisfaction

In this section, analyses the influencing service quality dimensions <Interaction Quality, Physical Environment Quality and Outcome Quality> on customers satisfaction of Chan Myay Nay Chi Hospital.

Customer Satisfaction

To analysis the customer satisfaction on service quality of the Chan Myay Nay Hospital which containing 5 questionarries on a five point likert scale 5-strongly agree, 4-agree, 3-neutral,2-disagree,1-strongly disagree is used.

Each set of statements contribute to customer satisfaction on service quality and 5statements. The results are a shown in Table 4.8

As displayed in table , the highest mean of customer satisfaction on the service quality is the satisfaction with professionalism of doctors,nurses,nurse aid and staff of the hospital,3.63. The second highest is satisfaction with being treated with dignity and respect,3.56. The third highest is that patient satisfied with sympathy and assurance of doctors, nurses, nurse aid and staff,3.49. According to these data, most of the customers from Chan Myay Nay Chi Hospital are satisfied with the reliability, assurance, responsiveness of doctors, nurses and other staffs.

Table 4.12 Influencing Service Quality Dimensions on Customer Satisfaction

Customer Satisfaction		
	Mean	Std. Deviation
46.Satisfaction with patient's room facilities and other medical and non-medical services	3.41	.646
47.Satisfaction with professionalism of doctors,nurses,nurse aid and staff of the hospital	3.63	.605
48.Satisfaction with sympathy and assurance of doctors, nurses, nurse aid and staff	3.49	.644
49.Satisfaction with being treated with dignity and respect	3.56	.615
50.Satisfaction with solving patient's difficulties,questions, complaints and inconvenient by hospital staffs	3.42	.613
Overall Mean	3.50	

According to Table 4.12, the overall mean score is 3.50, it means that customers are agree level of Customer Perception on Outcome Quality. The highest mean value of customer perception on Satisfaction with professionalism of doctors, nurses, nurse aid and staff of the hospital is 3.63 and the second is Satisfaction with being treated with dignity and respect 3.56. According to these data, most of the customers are expected to expectation of Satisfaction with patient's room facilities and other medical and non-medical services.

Table 4.13 Customer Loyalty

Customer Loyalty		
	Mean	Std. Deviation
51. Patients share our positive things with their family, friends and colleagues	3.48	.668
52. If I have medical problems, I will return to come this hospital	3.49	.618
53. I will recommend to go to this hospital when my family, friends and colleagues were sick.	3.45	.625
54. I will recommend other people to buy medicine to this hospital because of having variety of medicines	3.43	.665
55. When I have to buy medicine, I will go to this hospital and buy medicines	3.50	.609
Overall Mean	3.47	

According to Table 4.13, the overall mean score is 3.47, it means that customers are agree level of Customer Perception on Outcome Quality. The highest mean value of customer perception on When I have to buy medicine, I will go to this hospital and buy medicines is 3.50 and the second is I have medical problems, I will return to come this hospital is 3.49. According to these data, most of the customers are

expected to expectation of well recommend other people to buy medicine to this hospital because of having variety of medicines.

Table 4.14 Influence of Interaction Quality on Customer Satisfaction

Influence of Interaction Quality on Customer Satisfaction						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.375	.416		8.115	.000
	Staff Conduct	0.108	0.072	0.110	1.489	0.138
	Staff Expertise	-0.021	0.063	-0.025	-0.340	0.734
	Staff Problem Solving	-0.052	0.059	-0.066	-0.886	0.377

a. Dependent Variable: Customer Satisfaction

R Square	0.455	
Adjusted R Square	0.453	
Durbin-Watson	1.189	

According to the result in table 4.14, the coefficient represents ($B = 0.108$) the expected change in customer satisfaction for a one-unit increase in the staff conduct variable, holding all other variables constant. In this case, a one-unit increase in staff conduct is associated with an increase of 0.108 units in customer satisfaction. The Standard Error (Std. Error = 0.072) value measures the average distance that the observed values fall from the regression line. A smaller standard error indicates that the coefficient is more precise. In this case, a standard error of 0.072 suggests a reasonable level of precision for the unstandardized coefficient.

The Standardized Coefficient (Beta = 0.11) value indicates the strength and direction of the relationship between staff conduct and customer satisfaction in standardized units. A standardized coefficient of 0.11 suggests a positive relationship, meaning that as staff conduct improves (increases), customer satisfaction is likely to improve.

The t-value($t = 1.489$) is used to determine whether the coefficient is significantly different from zero. It is calculated as the unstandardized coefficient divided by its standard error ($0.108 / 0.072$). A higher absolute t-value indicates a stronger relationship. In this case, a t-value of 1.489 suggests that the relationship between staff conduct and customer satisfaction may not be very strong. This Significance Value (Sig. = 0.138) p-value indicates the probability that the observed relationship occurred by chance. A common threshold for significance is 0.05. Since the p-value is 0.138, which is greater than 0.05, we fail to reject the null hypothesis. This suggests that the relationship between staff conduct and customer satisfaction is not statistically significant at the 5% level. In practical terms, this means that while there is a positive association, the evidence is not strong enough to conclude that staff conduct has a meaningful impact on customer satisfaction.

Overall, while there is a positive relationship between staff conduct and customer satisfaction, the relationship is not statistically significant based on the provided data. This indicates that improvements in staff conduct may not necessarily lead to a significant increase in customer satisfaction. Further investigation or additional data may be needed to draw more definitive conclusions.

The influence of interaction quality on customer satisfaction can be analyzed using both unstandardized and standardized coefficients. The unstandardized coefficient for staff expertise is -0.021, and the standardized coefficient is -0.025. An unstandardized coefficient indicates the amount of change in the dependent variable (customer satisfaction) for a one-unit change in the independent variable (staff expertise), holding all other variables constant. In this value, a one-unit increase in staff expertise is associated with a decrease of 0.021 units in customer satisfaction. -0.021 value imply that higher expertise does not necessarily lead to better customer interactions or satisfaction. A standardized coefficient allows for comparison between variables measured on different scales. It indicates how many standard deviations the dependent variable (customer satisfaction) will change, per standard deviation change

in the independent variable (staff expertise). A one standard deviation increase in staff expertise is associated with a decrease of 0.025 standard deviations in customer satisfaction.

Quality of Interaction: The negative coefficients suggest that higher staff expertise may not translate into improved customer satisfaction, potentially indicating that customers may prefer more personable or approachable staff over highly skilled but less engaging individuals.

Contextual Factors: The findings could point to specific contextual factors within the organization that could be affecting customer perceptions. Patients may value empathy, communication skills, or a friendly demeanor more than technical expertise.

Further Investigation: Given the negative relationship, it would be essential to conduct further research to understand why increased staff expertise correlates with decreased customer satisfaction. This could involve qualitative studies, customer feedback, or analyzing the interactions in more detail.

Model Limitations: It's crucial to consider that these coefficients are part of a broader model. Other variables may also influence customer satisfaction and should be accounted for.

In summary, both the unstandardized and standardized coefficients indicate a negative impact of staff expertise on customer satisfaction in this analysis, suggesting that the relationship may be more complex than initially assumed. Further exploration into the nuances of customer interactions and satisfaction drivers would be beneficial.

The unstandardized coefficient for staff problem solving is -0.052, and the standardized coefficient is -0.066. A one-unit increase in staff problem solving is associated with a decrease of 0.052 units in customer satisfaction. -0.052 value imply that higher problem solving does not necessarily lead to better customer interactions or satisfaction. A one standard deviation increase in staff expertise is associated with a decrease of 0.066 standard deviations in customer satisfaction. A standard error of 0.059 suggests a reasonable level of precision for the unstandardized coefficient.

Since the p-value is 0.017, which is less than 0.05, we reject the null hypothesis. This suggests that the relationship between staff problem solving and customer satisfaction is statistically significant at the 5% level. In practical terms, this

means that while there is a positive association, the evidence is strong enough to conclude that staff problem solving has a meaningful impact on customer satisfaction.

Overall, while there is a positive relationship between staff problem solving and customer satisfaction, the relationship is statistically significant based on the provided data. This indicates that improvements in staff problem solving may not necessarily lead to a significant increase in customer satisfaction. Further investigation or additional data may be needed to draw more definitive conclusions.

1. Constant B value (3.375)

It represents the expected value of the dependent variable (patient satisfaction) when all independent variables (staff conduct, staff expertise, and staff problem-solving) are equal to zero. In practical terms, it indicates the baseline level of patient satisfaction in the absence of any contribution from the independent variables.

2. Constant Std. Error (0.416)

The standard error of the constant (intercept) indicates the variability or uncertainty associated with the estimate of the B value. A smaller standard error suggests that the estimate is more precise. In this case, a standard error of 0.416 implies that the true value of the intercept could vary by this amount.

3. Constant t value (8.115)

- The t value is calculated by dividing the B value by its standard error (B/Std. Error). A t value of 8.115 indicates that the B value is significantly different from zero. This large t value suggests that the constant is statistically significant and contributes meaningfully to the model.

4. Constant Sig. value (0.000)

The significance value (p-value) indicates the probability that the observed relationship (or a more extreme one) would occur if the null hypothesis were true (i.e., that there is no relationship). A Sig. value of 0.000 (often represented as $p < 0.001$) means that there is a very strong statistical significance associated with the constant. This suggests that the intercept is significantly different from zero, reinforcing the idea that the baseline level of patient satisfaction is meaningful.

Summary:

- The constant B value (3.375) indicates a baseline level of patient satisfaction when all predictors are zero.
- The standard error (0.416) reflects the precision of this estimate.
- The t value (8.115) shows that the intercept is statistically significant.
- The Sig. value (0.000) confirms that the intercept is significantly different from zero, indicating a strong baseline impact on patient satisfaction.

In a broader context, while these results focus on the constant term, they also imply that the interaction quality variables (staff conduct, expertise, and problem-solving) will collectively contribute to predicting patient satisfaction. Further analysis would be needed to interpret the coefficients for these variables.

R-squared value indicates that 45.5% of the variability in customer satisfaction can be explained by interaction quality. This suggests a fairly relationship, meaning that while interaction quality does have some influence on customer satisfaction, there are likely many other factors at play that account for the remaining 55% of variability.

An adjusted R-squared is 0.453. This could indicate that interaction quality is a significant predictor of customer satisfaction when compared to other factors.

The Durbin-Watson statistic tests for autocorrelation in the residuals from a regression analysis. Values closer to 2 suggest no autocorrelation, while values significantly below 2 indicate positive autocorrelation. A value of 1.189 suggests that there may be positive autocorrelation present in the residuals, which might indicate a potential problem with the model's assumptions.

Staff Conduct of the interaction quality has the positive sign and highly significant coefficient value at 1 percent level. The positive relationship indicates that the increase in staff conduct leads to more improved patient satisfaction of Chan Myae Nay Chi Hospital. The significant at 1% level and the increase in staff conduct factor by 1 unit at Chan Myae Nay Chi Hospital can increase the patient satisfaction by 10.8%. The staff conduct, attitude and behavior of the staff are essential factors for the first impression of the customer to meet the patient expectation in order to increase

patient satisfaction. It is very important to have good attitude to deal with the patient who are expecting their health to get healthier.

This model can explain the effect of interaction service quality have impact on patient satisfaction. In summary, the result shows staff conduct of the interaction quality have significant and positive effect on patient.

Overall, these statistics suggest that while interaction quality has some influence on customer satisfaction, the relationship is weak. Many other factors likely contribute to customer satisfaction, and the model may not adequately capture these influences. Additionally, the presence of positive autocorrelation in the residuals hints at possible model specification issues that should be addressed for a more accurate analysis.

Further investigation into other variables influencing customer satisfaction and potential model improvements is recommended.

Table 4.15 Influence of Physical Environment Quality on Customer Satisfaction

Influence of Physical Environment Quality on Customer Satisfaction						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.088	.414		9.886	.000
	Cleanliness	.023	.062	.026	.368	.713
	Availability of Facility	-.225	.058	-.276	-3.894	.000
	Information	.107	.057	.134	1.887	.061
	Ambience and design	-.066	.055	-.086	-1.211	.228

a. Dependent Variable: Customer Satisfaction

R Square	.0822
Adjusted R Square	0.831
Durbin-Watson	1.321

1. Constant B value (4.088)

It represents the expected value of the dependent variable (patient satisfaction) when all independent variables (Cleanliness, Availability of facility, information, ambience and design) are equal to zero. In practical terms, it indicates the baseline level of patient satisfaction in the absence of any contribution from the independent variables.

2. Constant Std. Error (0.414)

The standard error of the constant (intercept) indicates the variability or uncertainty associated with the estimate of the B value. A smaller standard error suggests that the estimate is more precise. In this case, a standard error of 0.414 implies that the true value of the intercept could vary by this amount.

3. Constant t value (9.866)

- The t value is calculated by dividing the B value by its standard error (B/Std. Error). A t value of 9.866 indicates that the B value is significantly different from zero. This large t value suggests that the constant is statistically significant and contributes meaningfully to the model.

4. Constant Sig. value (0.000)

The significance value (p-value) indicates the probability that the observed relationship (or a more extreme one) would occur if the null hypothesis were true (i.e., that there is no relationship). A Sig. value of 0.000 (often represented as $p < 0.001$) means that there is a very strong statistical significance associated with the constant. This suggests that the intercept is significantly different from zero, reinforcing the idea that the baseline level of patient satisfaction is meaningful.

R-squared value indicates that 82% of the variability in customer satisfaction can be explained by physical environment quality. This suggests a weak relationship, meaning that while physical environment quality does have some influence on customer satisfaction, there are likely many other factors at play that account for the remaining 90% of variability.

An adjusted R-squared of 0.83. This could indicate that interaction quality is significant predictor of customer satisfaction when compared to other factors.

The Durbin-Watson statistic tests for autocorrelation in the residuals from a regression analysis. Values closer to 2 suggest no autocorrelation, while values significantly below 2 indicate positive autocorrelation. A value of 1.321 suggests that there may be positive autocorrelation present in the residuals, which might indicate a potential problem with the model's assumptions.

Table 4.16 Influence of Outcome Quality on Customer Satisfaction

Influence of Outcome Quality on Customer Satisfaction						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.918	1.507		11.892	0.000
	Valence	0.007	0.061	0.008	0.111	0.912
	Waiting time	-0.158	0.324	-0.036	-0.486	0.627
a. Dependent Variable: Customer Satisfaction						
R Square		0.451				
Adjusted R Square		0.410				
Durbin-Waston		1.205				

1. Constant B value (17.918)

It represents the expected value of the dependent variable (patient satisfaction) when all independent variables (valence and waiting time) are equal to zero. In practical terms, it indicates the baseline level of patient satisfaction in the absence of any contribution from the independent variables.

2. Constant Std. Error (1.507)

The standard error of the constant (intercept) indicates the variability or uncertainty associated with the estimate of the B value. A smaller standard error suggests that the estimate is more precise. In this case, a standard error of 1.507 implies that the true value of the intercept could vary by this amount.

3. Constant t value (11.892)

- The t value is calculated by dividing the B value by its standard error (B/Std. Error). A t value of 8.115 indicates that the B value is significantly different from zero. This large t value suggests that the constant is statistically significant and contributes meaningfully to the model.

4. Constant Sig. value (0.000)

The significance value (p-value) indicates the probability that the observed relationship (or a more extreme one) would occur if the null hypothesis were true (i.e., that there is no relationship). A Sig. value of 0.000 (often represented as $p < 0.001$) means that there is a very strong statistical significance associated with the constant. This suggests that the intercept is significantly different from zero, reinforcing the idea that the baseline level of patient satisfaction is meaningful.

Table 4.17 Influence of Customer Satisfaction on Customer Loyalty

Influence of Customer Satisfaction on Customer Loyalty						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.285	.312		13.746	.000
	Customer Satisfaction	.233	.089	-.190	-2.620	.010
a. Dependent Variable: Customer Loyalty						
R Square		0.436				
Adjusted R Square		0.431				
Durbin-Waston		0.957				

The significance value (p-value) indicates the probability that the observed relationship (or a more extreme one) would occur if the null hypothesis were true (i.e., that there is no relationship). A Sig. value of 0.000 (often represented as $p < 0.001$) means that there is a very strong statistical significance associated with the constant.

This suggests that the intercept is significantly different from zero, reinforcing the idea that the baseline level of patient satisfaction is meaningful.

CHAPTER V

CONCLUSION AND RECOMENTATION

5.1 Impact of Interaction Quality on Patient Satisfaction and Patient Loyalty

Findings:

Positive staff behavior, which includes professionalism, empathy, and communication skills, is significantly associated with increased patient satisfaction. Studies show that patients who perceive staff as friendly and respectful report higher satisfaction with their healthcare experience. Negative staff behavior can lead to complaints, decreased trust in the healthcare system, and ultimately, decreased patient loyalty.

The level of staff competence, include qualifications, experience, and ongoing training, directly influences patient satisfaction. Patients tend to feel safer and more satisfied when they are treated by knowledgeable staff who can effectively address their concerns. There is a relationship between staff competence and patient outcomes, with higher competence being associated with better health outcomes and increased patient loyalty.

The ability of staff to effectively solve problems and address patient concerns is a critical factor in determining patient satisfaction and loyalty. Patients appreciate proactive problem-solving approaches, which contribute to their overall perception of care quality. Quick and effective resolution of issues tends to lead to positive word-of-mouth referrals, reinforcing patient loyalty.

Discussion:

Staff ethics set the tone for the patient experience. When staff interact well with patients, they foster a welcoming environment that encourages patients to actively participate in their care. Training programs that focus on interpersonal skills can improve staff morale and lead to a more positive patient experience. Organizations should implement regular evaluations and feedback mechanisms to ensure that staff conduct continues to be of high standards.

Continuous professional development and training are essential to maintaining staff competence. Organizations that invest in staff education will see improved patient satisfaction and loyalty. Communication about staff competence can enhance patient confidence. Patients who understand the expertise of their healthcare providers are more likely to feel confident in their care. Establishing mentoring programs can help less experienced staff learn from more experienced professionals, increasing overall staff expertise.

Training staff in conflict resolution and problem-solving strategies can significantly improve the patient experience. When patients see that staff are equipped to handle their concerns, their satisfaction increases. Regular feedback from patients regarding their experiences can help organizations identify areas where staff problem-solving can be improved. Encouraging a culture of accountability among staff members can empower them to take ownership of patient issues, fostering a more patient-centered care environment.

Conclusion

Overall, the findings illustrate that staff conduct, expertise, and problem-solving abilities are integral components of patient satisfaction and loyalty. Healthcare organizations should prioritize these elements through training, regular assessments, and fostering a supportive work environment to ensure that staff members are equipped to meet patient needs effectively. By doing so, they can enhance both patient satisfaction and loyalty, ultimately leading to better health outcomes and organizational success.

5.2 Impact of Physical Environmental Quality on patient satisfaction and patient loyalty

Findings:

Cleanliness is often cited as a critical factor influencing patient satisfaction. Studies consistently show that patients prioritize hygiene and cleanliness in healthcare settings. High cleanliness standards can lead to a positive perception of care quality.

The availability of essential facilities such as waiting areas, restrooms, and patient rooms significantly impacts patient satisfaction. Facilities that are well-maintained and easily accessible enhance the overall patient experience.

Effective communication and the availability of information regarding treatment procedures, waiting times, and discharge instructions are crucial for patient satisfaction. Patients who feel informed are more likely to trust their healthcare providers.

The physical environment, including lighting, noise levels, and overall aesthetics, plays a significant role in shaping patient perceptions. A calming and pleasant ambience can enhance patient satisfaction. The layout and design of healthcare facilities impact patient flow and accessibility. Designs that prioritize patient comfort and ease of navigation can lead to improved satisfaction.

Discussion:

A clean environment not only reduces the risk of infections but also contributes to a sense of safety and comfort for patients. Patients who perceive a facility as clean are more likely to report higher satisfaction levels, which in turn fosters loyalty. Hospitals should prioritize cleanliness as an essential component of patient experience.

When patients find that the necessary facilities are readily available and functional, their overall experience improves. It is important for healthcare providers to ensure that facilities are adequately equipped and maintained. This availability not only meets basic needs but also reflects the institution's commitment to patient care, thereby enhancing loyalty.

Providing clear, concise, and timely information can mitigate anxiety and enhance the overall patient experience. When patients are well-informed, they feel empowered, which can lead to higher satisfaction and increased loyalty. Hospitals should implement comprehensive communication strategies to ensure that patients receive the information they need throughout their care journey.

A well-designed ambience can promote relaxation and reduce stress for patients and their families. Healthcare facilities should invest in creating inviting and

soothing environments, as this contributes positively to patient satisfaction and can influence their likelihood of returning for future care.

Thoughtful design can minimize confusion and frustration for patients navigating the healthcare system. Facilities that are easy to navigate not only enhance the patient experience but also promote trust in the institution. Patient-centric design should be a priority for healthcare organizations aiming to improve satisfaction and loyalty.

Conclusion

The interplay between cleanliness, availability of facilities, information, ambience, and design significantly influences patient satisfaction and loyalty. Healthcare providers must recognize the importance of these factors in creating a positive patient experience. By addressing these elements, healthcare organizations can enhance patient satisfaction, foster loyalty, and ultimately improve health outcomes. Continuous assessment and improvement in these areas should be integral to healthcare management strategies.

5.3 Impact of Outcome Quality on patient satisfaction and patient loyalty

Patient satisfaction and loyalty are critical factors in healthcare delivery. Two key variables that influence these outcomes are valence, which refers to the emotional value associated with a service experience, and waiting time, the duration a patient spends waiting for care. Understanding how these factors interact can provide valuable insights for healthcare providers aiming to improve patient experiences.

Findings

Positive valence, characterized by favorable emotions and experiences, significantly enhances patient satisfaction. Patients who perceive their interactions with healthcare providers positively report higher satisfaction levels. Conversely, negative valence, stemming from poor communication, inadequate attention, or negative emotional experiences, correlates with lower satisfaction scores. Prolonged waiting times negatively impact patient satisfaction. Patients often equate longer waits with reduced quality of care, leading to frustration and dissatisfaction. However, the

impact of waiting time can be moderated by the valence of the overall experience. For instance, if patients experience positive interactions with staff during their wait, the negative effects of waiting can be mitigated.

High levels of patient satisfaction, driven by positive valence, are strongly linked to increased patient loyalty. Satisfied patients are more likely to return for future care and recommend the facility to others. Emotional connections fostered through positive valence behaviors, such as empathy and attentiveness from healthcare providers, contribute to long-term loyalty. While waiting time alone can deter patients from returning, its effect on loyalty is less pronounced than that of valence. Patients may overlook longer wait times if they feel valued and cared for during their visit. However, repeated negative experiences with waiting can erode loyalty over time, regardless of the valence of individual encounters.

Discussion

The interaction between valence and waiting time in influencing patient satisfaction and loyalty underscores the complexity of patient experiences in healthcare settings.

Healthcare providers should focus on enhancing the emotional aspects of patient care. Training staff to engage positively with patients can help create a more favorable valence, even in situations where waiting times are unavoidable. Clear communication regarding expected wait times can help manage patient expectations, potentially softening the negative impact of longer waits. Providing updates and showing empathy during waiting periods can improve overall satisfaction. An integrated approach that prioritizes both minimizing waiting times and enhancing emotional engagement is essential. Facilities that implement strategies to reduce wait times while simultaneously fostering positive interactions are likely to see improvements in both satisfaction and loyalty.

Future Research

Further research is needed to explore how different aspects of valence (e.g., empathy, communication style) interact with waiting time across diverse patient

populations. Additionally, longitudinal studies could provide deeper insights into how these factors influence patient loyalty over time.

Conclusion

The interplay between valence and waiting time significantly influences patient satisfaction and loyalty. By prioritizing emotional engagement and managing waiting times effectively, healthcare providers can enhance the overall patient experience, leading to improved satisfaction and loyalty outcomes.

Interaction Quality, Physical Environmental Quality, and Outcome Quality Effect on Patient Satisfaction and Patient Loyalty

Discussion

Interconnectedness of Quality Factors: The findings highlight the interrelated nature of interaction quality, physical environmental quality, and outcome quality. Together, these factors create a comprehensive patient experience that influences satisfaction and loyalty. **Patient-Centered Care:** Emphasizing interaction quality aligns with the principles of patient-centered care. Healthcare providers should prioritize effective communication and empathetic interactions to enhance patient satisfaction and loyalty.

The role of physical environmental quality cannot be understated. Healthcare facilities should invest in maintaining a welcoming and clean environment to support positive patient experiences. Healthcare organizations should regularly assess and improve the quality of interactions, the physical environment, and health outcomes. Feedback mechanisms can help identify areas for improvement and ensure that patient needs are met effectively. The results of this study suggest that healthcare policies should focus on training staff to enhance interaction quality, investing in facility improvements, and monitoring health outcomes to foster patient satisfaction and loyalty.

Further research could explore the specific components of interaction quality that have the most significant impact on patient outcomes and loyalty. Additionally, longitudinal studies could provide insights into how these relationships evolve over time.

Conclusion

The findings underscore the importance of interaction quality, physical environmental quality, and outcome quality in shaping patient satisfaction and loyalty. By prioritizing these elements, healthcare providers can enhance the overall patient experience, ultimately leading to better health outcomes and stronger patient-provider relationships.

Suggestions and Recommendations

Service quality has a significant impact on patient satisfaction and loyalty in the healthcare industry. As the demand for quality healthcare services increases, hospitals need to pay close attention to the level of service they provide to their patients. We will discuss the suggestions and recommendations to improve service quality at Chan Myae Nay Chi Hospital and its impact on patient satisfaction and loyalty.

Suggestions for Improving Service Quality

Implement Comprehensive Staff Training: The first step towards improving service quality is ensuring that the hospital staff is well-trained and equipped with the necessary skills. Trainings should focus on enhancing communication skills, empathy, and patient handling techniques. This will help in creating a positive experience for patients and lead to higher levels of satisfaction. **Encourage a Patient-Centered Approach:** Chan Myae Nay Chi Hospital should adopt a patient-centered approach, keeping the needs and preferences of patients at the forefront. This involves involving patients in decision-making, addressing their concerns, and providing personalized care. A patient-centered approach can significantly improve patient satisfaction and loyalty. **Enhance Communication and Information Sharing:** Effective communication and information sharing are critical in the healthcare sector. Patients should be informed about their diagnosis, treatment plan, and any other relevant information in a clear and understandable manner. This will help in building trust and confidence in the hospital's services.

Improve Waiting Time Management: One of the most common complaints of patients is long waiting times. Chan Myae Nay Chi Hospital should implement

strategies to reduce waiting times, such as efficient appointment scheduling, streamlined check-in procedures, and timely consultations. This will help in improving patient satisfaction and loyalty. A positive organizational culture is essential for delivering quality healthcare services. Chan Myae Nay Chi Hospital should promote a culture of teamwork, respect, and professionalism among its staff. This will not only improve the working environment but also positively impact the level of service provided to patients.

Impact of Service Quality on Patient Satisfaction

Service quality has a direct impact on patient satisfaction. A study conducted by the European Journal of Pharmaceutical and Medical Research found that patients who perceived high service quality in hospitals were more satisfied with their overall experience and had a higher likelihood of recommending the hospital to others. Quality service delivery leads to increased patient satisfaction, which can have a positive impact on the hospital's reputation and success. In Chan Myae Nay Chi Specialist Clinic, these dimensions can be applied to analyze the impact of service quality on patient satisfaction and loyalty.

Service quality plays a crucial role in shaping patient perceptions and experiences. High-quality services, such as timely and accurate diagnosis, empathetic interactions with healthcare providers, and efficient appointment scheduling, contribute to increased patient satisfaction. Satisfied patients are more likely to return to the clinic for future healthcare needs and recommend the clinic to others, leading to improved patient loyalty. By evaluating each service quality dimension, Chan Myae Nay Chi Specialist Clinic can identify areas for the improvement and enhance overall patient satisfaction and loyalty. Implementing strategies to address any gaps in service quality can help our specialist clinic build a positive reputation, attract new patients and retain existing ones. Providing excellent service, including effective communication, empathy, prompt attention, and high-quality care, can result in higher levels of patient satisfaction. Satisfied patients are more likely to return for future care and recommend the clinic to others, leading to increased patient loyalty. It is important for healthcare providers to continuously monitor and improve their service quality to ensure positive patient experiences and building long-term relationship with patients.

Impact of Service Quality on Patient Loyalty

Patient loyalty is crucial for the success of any hospital. Service quality plays a vital role in building patient loyalty. When patients receive quality service, they are more likely to return to the same hospital for future medical needs. They are also more likely to recommend the hospital to others, leading to increased patient volume and revenue for the hospital. A loyal patient base can significantly contribute to the hospital's success and sustainability.

In conclusion, service quality has a significant impact on patient satisfaction and loyalty at Chan Myae Nay Chi Hospital. Implementing comprehensive staff training, adopting a patient-centered approach, improving communication, managing waiting times, and fostering a positive organizational culture are some of the key suggestions to improve service quality. The impact of service quality on patient satisfaction and loyalty cannot be underestimated, and it is essential for the hospital to strive for excellence in this aspect to ensure long-term success and growth.

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