

**YANGON UNIVERSITY OF ECONOMICS  
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**A STUDY ON HOSPITAL SERVICE QUALITY IN PUBLIC  
HOSPITAL  
(CASE STUDY OF YANGON GENERAL HOSPITAL)**

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## **ABSTRACT**

This research was carried out with the objectives of determining the perception and expectation of patients on the healthcare services in Yangon General Hospital and finding out how patients evaluate the quality of services provided by Yangon General Hospital .This study was hospital based cross sectional descriptive study design , primary data collected from the randomly selected with structured questionnaire via personal interview with 200 patients from YGH during study period. It is found that among the five scores of SERQUAL model in this study ,tangible is the highest gap (- 0.71), responsiveness (-0.54) ,empathy(-0.56), assurance(-0.59) and the lowest gap is reliability (-0.41) respectively. The highest gap of tangible refers to patient's low perception on Staff offices are visually appealing. The second highest gap of responsiveness, their low perception on hospital provides prompt service to patients and doctors, nurses , staff take actions immediately when I make complain and doctors, nurses and staff are willing to help patients.The third highest gap is empathy. Patients also appear to have low perception on patients are treated with dignity and respect and hospital has the convenient hours for all patients for their health conditions. The fourth gap of patients perception upon YGH is assurance factor which covers the issues of doctors, nurses and staff are consistently courteous attitudes and behaviors that makes confident in patients ,politeness and consistently courteous. The fifth and last factor in SERQUAL dimensions is reliability which involves in patients perception of some error in medical records , solving patients basic problems as needed, providing service within timeframe. It is found that there are gaps between their expectation and perception and average perception score is lower than that of expectation. The results of survey showed YGH need to create organization wide commitment to infusing quality into every activity through continuous improvement.

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## **LISTS OF ABBREVIATIONS**

A&E	Accident and Emergency
ASEAN	Association of South East Asian Nations
EMS	Emergency Medical Service
HRH	Human resources for health
KANO	Service Quality Model
MOH	Ministry of Health
MS	Medical Superintendent
NGOs	Non Government Organizations
OPD	Outpatient Department
PMF	Plastic Maxillo Facial
SDGs	Sustainable Development Goals
SERQUAL	Service Quality Model
UHC	Universal Health Coverage
WHO	World Health Organization
YGH	Yangon General Hospital



# CHAPTER I

## INTRODUCTION

### 1.1 Rationale of the Study

Quality improvement is now a driving force in health care and is essential aspect of service delivery at all levels. The quality of service has become a major source of competitive strength in building patient satisfaction and loyalty. The general hospital, which is set up to deal with many kinds of diseases and injuries and typically has an emergency medical ward to deal with immediate threats to health and the capacity to dispatch emergency medical services and with facilities for surgery, laboratories, intensive care and so forth typically provides the health care facility in its region. Patient satisfaction leads to commitment, and creation of a mutually relationship with the service provider and the patient.

The global demand for an available, accessible, acceptable, and high quality health workforce is higher than ever [WHO,2006]. Although WHO forecast 18 million more health workers needed in low- and middle-income countries by 2030 to achieve SDGs, it is not only about numbers [WHO,2016]. The availability, accessibility, acceptability, and quality of health workforces are equally important [MOH,2014]. In response to this, WHO proposed a new Global Strategy on Human Resources for Health: Workforce 2030 to inform countries that appropriate, sustainable, and cost-effective strategies to eliminate needs-based shortages in the health workforce are the way forward. Since the World Health Report, 2006, Myanmar has been listed as one of the 57 crisis countries facing critical health workforce shortages [WHO,2006].

In Myanmar, majority of public hospitals are facing with higher workload relatively their resources. The main challenge facing the public hospital is that the service providers are unable to cope with the large number of patients seeking treatment daily. This condition usually contributes to poor service quality for public hospitals. Human resources for health (HRH) are the cornerstone of health systems (Anyangwe&Mtonga,2007), enabling improvements of health service coverage to be healthy [WHO,2016]. The quality of healthcare is also facilitated by HRH good management [J.Campbell et al.,2013].

In Myanmar, the number of people training as health professionals is increasing every year, along with government recruitment of health professionals. In total, five medical universities for doctors, two for dental surgeons, two for pharmacists, two for medical technicians, two for nursing, one for health assistants, as well as other training schools for midwives and nurses are producing new graduate health professionals every year [MOH,2015]. However, the voluntary attrition (resignation and absenteeism) rate was higher than the involuntary attrition (death or retirement) rate among health professionals, especially among medical doctors in Myanmar [N.M.M.Htun et al.,2009-2013], making retention of medical doctors a challenge.

Myanmar is short of human resources for health, mainly due to a mismatch between supply and demand for health professionals. Unequal distribution of health professionals, and increasing need for health professionals due to population growth and increasing life expectancy remain challenging for Myanmar. Working in the public health sector is unattractive to health professionals due to long working hours, heavy burden of workload, unfavorable working environment, and low remuneration [Myint &Sein,2015]. For improvement of specialties, specialist training entrance policy should be revised for enhancement of training capacity. Increased production and recruitment for support health professionals such as pharmacists, medical technicians, bioengineers, dieticians, and other health allied professionals should also be planned to reduce unnecessary workload of existing health professionals.

The role and responsibilities of each professional and their career pathway should be clear and well defined. Collaboration with the private sector, other ministries, and professional and international organizations also needs attention for skilling up, training, and improvement of healthcare services. The provision of enabling working and living conditions for the health workforce may improve motivation. Transparency of policy on HR and policy adherence are also important. Providing opportunities to participate in decision making at each level, and a bottom-up approach, is also a good way to improve HR management in a more realistic way.

Not only to measure the levels of satisfaction of patients but also to discover what matters to them before, during and after their visit to the hospital, putting the patient first is a challenge because that requires a huge change in the mindset of all the stakeholders in health care provision. Monitoring and evaluating patients' satisfaction with health care is a crucial input to

improving the quality healthcare professionals and policy makers. With a fast growth and necessity of hospital services, it becomes vital to know patient expectation and delivery services like tangibles, reliability, responsiveness, assurance and empathy. These service dimensions are prime for any service industry especially hospital sector. Nowadays, provision of the qualified health services in the hospital is important because hospital is an integral part of overall health system and the patients are the end users of its services. Patients' perception, depending on their expectation is the main indicator of quality of services. In Myanmar, majority of public hospitals are facing with higher workload relatively their resources. At the same time, the patients' point of view should be centered to achieve total quality management.

During the delivery of a healthcare service, overall patient satisfaction is defined as satisfaction with the series of interactions that occur. Enhancement of service quality and its measurement is one of the significant issues for developing efficiency of increased demand in the service and quality improvement is the key factor that affects patient satisfaction. Based on this study the findings will provide a better understanding of the complex issue of quality in the health sector .

This study mainly focuses on Yangon General Hospital, a central tertiary public hospital, additional research is needed ,replication and refinement of model is necessary. Yangon General Hospital, the largest hospital in Myanmar with specialist services, it can image some hospital service care in Myanmar. This study helps the hospital in understanding their position and also the probable service gaps. And also provides insights into the specific factors of the quality of hospital services that need to be addressed to meet the needs of patients.

## **1.2 Objective of the Study**

The objectives of the thesis are;

- To determine the perception and expectation of patients on the healthcare services in Yangon General Hospital ( based on SERVQUAL instrument)
- To find out how patients evaluate the quality of services provided by Yangon General Hospital

## **1.3 Method of Study**

To achieve the objective of the study, hospital based cross sectional descriptive study design was conducted at inpatients wards of Yangon General Hospital. Instruments for data collection was questionnaires. The study was mainly based on primary survey data collected in YGH and hospital service quality of Myanmar was studied by using secondary survey data. The sample patients are selected by using the simple random sampling technique and structured questionnaires via personal interview method is used in collecting the required information.

## **1.4 Scope and Limitation of the Study**

As a scope, this thesis focuses on the 200 sample patients selected from all inpatient wards of Yangon General Hospital. The major respondents are inpatients, those who was about to discharge after the stay of at least three days from the public hospital. Inclusion criteria namely:

- 1.The patients was admitted to one of the inpatient wards
2. The patients was aged 15 years and older
3. The patients are in normal condition and able to respond to the questionnaires
4. The patients' conditions are not critical and there is no risk of infection.

In a limitation, this thesis mainly focuses on Yangon General Hospital, a central public hospital in Yangon and not representing to other public hospitals in Yangon as well as Myanmar. The sample size was 200 which would be difficult to represent for the whole Yangon division.

Because of limited resources in financial, manpower, time and facility, the survey was done only in Yangon downtown region.

### **1.5 Organization of the Study**

This thesis is organized into five chapters. Chapter 1 is an introduction which provides a general information such as rationale of the study, objectives of the study, method of study, scope and limitations of the study and organization of the study. Chapter 2 presents literature review. Chapter 3 includes an overview of healthcare system and development of health care facilities in Myanmar which includes an overview of Yangon General Hospital such as profile, services offered, organization structure and facilities. Chapter 4 is the finding and survey analysis of Yangon General Hospital service quality. Chapter 5 is conclusion which includes the findings upon the results produced by this study and recommendations resulting from the former studies and survey analysis.

## CHAPTER II

### LITERATURE REVIEW

#### 2.1. Perception, Expectation and Service quality

**Perception** is the sensory experience of the world. It involves both recognizing environmental stimuli and actions in response to these stimuli. Through the perceptual process, we gain information about the properties and elements of the environment that are critical to our survival. There are three important components involved in perception—the perceiver, the target, and the situation.

**Expectation** is the act or state of expecting: anticipation in expectation of what would happen. a : something expected not up to expectations for an economic recovery .b: basis for expecting : assurance they have every expectation of success.

The term **service** has been defined differently in service quality literature. Define services as “those separately identifiable, essentially intangible activities which provide want-satisfaction and which are not necessarily tied to the sale of a product or another service” by Du Plessis and Rousseau (2003) and define services as “the intangible (untouchable or inconsumable) aspect of the dining out experience” by Payne-Palacio and Theis (2001). Policy, Plan , Strategy Myanmar Healthcare.

**Quality** means the comprehensive value judgment of the customer rendered in connection with a given unit, expressed by the degree of meeting or exceeding the material internal and external specifications relevant to the unit, as perceived by the customer.

The term “**service quality**” has been defined in several ways such as “a measure of the degree of discrepancy between consumer’s perceptions and expectations”.

#### 2.2. Attributes of service quality

The instrument that is most often used for measuring perceived quality of service in the marketing literature is from SERVQUAL (Parasuraman et al., 1988). The SERVQUAL model has provided a comprehensive conceptualization of service quality with an instrument to

measure perceived service quality, and provide more diagnostics and practical implications than were previously thought possible (Parasuraman et al., 1991, 1994; Angur et al., 1999). It consists of five service dimensions which are tangibles (physical facilities, equipment, and appearance of personnel), reliability (ability to perform the promised service dependably and accurately), responsiveness (willingness to help customers and provide prompt service), assurance (knowledge and courtesy of employees and their ability to inspire trust and confidence) and empathy (caring, individualized attention the firm provides its customers). Generally, hospital service quality perception is based on patient judgment of the services provided by the hospital, for example, the relationship between the patients and nurse, doctor and staff (Martinez Fuentes, 1999).

Healthcare service quality and patient loyalty demonstrates the confirmed probability to connect in a specific conduct (Oliver, 1980). While behavioral loyalty incorporates keeping on obtaining services from a similar provider, expanding the scale as well as extent of a relationship and willingness to recommend (Yi, 1990). The behavioral perspective of loyalty is just like as loyalty characterized in the service writing. Present study analyzed behavioral instead of attitudinal loyalty that has linked to customer satisfaction, pending service utilize and market share (Saad Andaleeb, 1998). For healthcare suppliers, customer satisfaction prompts to positive outcomes, for example, higher rates of patient maintenance, positive verbal exchange and higher profit (Zeithaml, 2000). On very basic level, patient satisfaction is a subjective judgment that outcomes from the examination of healthcare associations and understood correlation of the actual performance with the expectation of the people.

Healthcare service quality dimensions, i.e., physical environment, customer-friendly environment, responsiveness, communication, and privacy and safety are tested to relate with patient loyalty if patient satisfaction mediates between their relationships. Patient satisfaction additionally impacts the rate of patient consistency with doctor counsel and demands (Calnan, 1988). In this manner, satisfaction really influences the result of medicinal practices. Thus, patient's satisfaction evaluation has turned into an indispensable piece of healthcare associations (Reidenbach and McClung, 1999). Patient satisfaction serves as a medium between service quality and behavioral intentions (Shabbir et al., 2016). Cronin and Taylor (1992) and Dick and

Basu (1994) investigated that purchaser satisfaction is one of a few reasons for the development of client loyalty.

### **2.3 Hospital service quality**

Over the last 25 years, research on service quality has grown extensively and substantively. The service quality model gained a lot of attention after the controversial findings of Parasuraman et al. (PZB) in 1985. The model looked at service quality as a comparison differentiation between the customer perception and expectation of the service and the actual performance of the service received by the customer provided by the company at a certain period of time (Parasuraman et al., 1985). Furthermore, Parasuraman et al. (1985, 1988) explained that service quality is based on five dimensions (tangible, reliability, responsiveness, assurance, and empathy). The SERVQUAL model has provided a comprehensive conceptualization of service quality with an instrument to measure perceived service quality, and provide more diagnostics and practical implications than were previously thought possible (Parasuraman et al., 1991, 1994; Angur et al., 1999).

Until today, numerous researchers have developed service quality concepts across industries and countries (Aagja and Garg, 2010; Arasli et al., 2005, 2008; Angur et al., 1999; Bhat and Malik, 2007; Dabholkar et al., 1996; Jabnoun and Chacker, 2003; Karatape et al., 2005; Lim and Tang, 2000; Newman, 2001). In a developing country, Duggirala et al. (2008) found that hospital service quality consists of seven dimensions (personnel quality, infrastructure, administrative process, process of clinical care, safety, overall experience of medical care, and social responsibility). Meanwhile, Aagja and Garg (2010) developed public hospital service quality (PubHosQual) based on five dimensions: admission, medical service, overall service, discharge process, and social responsibility. In a developed country, Otani and Kurz (2004) found that admission process, physician care, nursing care, compassion to family and friends, pleasantness of surroundings, and discharge process were dimensions to measure hospital service quality in the USA.

In an Asian country, Butt and Cyril de Run (2010), and Sohail (2003) tested the SERVQUAL scale for measuring health care service quality, and they found that five dimensions existed to measure hospital service quality (tangibles, reliability, responsiveness, assurance, and



empathy). Generally, hospital service quality perception is based on patient judgment of the services provided by the hospital, for example, the relationship between the patients and nurse, doctor and staff (Martinez Fuentes, 1999). Chahal and Kumari (2010) suggest that patients base their perception of health care service quality on three dimensions: physical environment (comprising ambient condition, social factor and tangibles), interaction quality (comprising attitude and behaviour, expertise and process quality), and outcome quality (comprising waiting time, patient satisfaction and loyalty).

Meanwhile, Arasli et al. (2008) identified six service quality dimensions in public and private hospitals: empathy; giving priority to the inpatient needs; relationship between staff and patients; professionalism; food and the physical environment. Additionally, Brady and Cronin (2001) defined interaction quality, physical environment quality, and outcome quality as dimensions to measure service quality in the health care sector. Furthermore, Brady and Cronin (2001) explained that those three dimensions lead to service quality perceptions. In this context, interpersonal interaction between patients and services has the greatest impact on service quality perceptions. The patients' experience with hospital services, and the relationship between patients and the hospital are mainly influenced by functional and technical quality dimensions (Gronroos, 1984, Brady et al., 2006; Orava and Tuominen, 2002). For example, Trumble et al. (2006) explained that patients are able to evaluate the doctors and nurses skills when they are dealing with the patients.

The patients' ability to understand and their perception of the hospital services outcomes significantly influence the overall patients evaluation experiences (Cronin and Taylor, 1994; Lytle and Mokwa, 1992; Marley et al., 2004; Trumble et al., 2006; Zineldin, 2006). These results confirm that the patient and doctor relationship is greatly influenced by the interaction behavior of service providers (doctors) and boost patients confidence in their doctors (Gaur et al., 2011). Similarly, Gill and White (2009) highlighted that compliance with medical advice and treatment is significantly related to the perceived quality and health outcome (Sandoval et al., 2006). Although patient perception of the service quality level significantly influences the choice of hospital, it is not easy for a patient to understand the level of service quality provided due to a hospital being a complex area that is unique in all its characteristics and which involves many dimensions to evaluate service quality (Arasli et al., 2008; Hariharan et al., 2004; Hoel and

Saether, 2003). For example, Eleuch (2011) highlighted that patients lack the knowledge and skill to properly judge medical service quality for the technical aspects of services, such as surgeon's skills or practitioner's diagnostics.

Patients are more adequately qualified to measure functional quality dimensions, such as lab cleanliness, than technical quality aspects (Bakar et al., 2008). In this sense, patients' evaluation of the quality of hospital services refers to the interaction between patients and doctors, and this interaction will develop the confidence of the patients in the quality of the medical services provided by a hospital (Suki et al., 2011). Furthermore, in adopting service quality effectively in the hospital industry, management is required to clearly understand the nature of service quality and how to implement and adjust it in the context of hospital culture. Although the SERVQUAL dimensions have been validated in a western context, it is likely that the cultural differences of consumers will influence its applicability. Karatape et al. (2005) suggested that service quality measures developed in one culture might capture service quality sentiments in another culture. Although, there is a difference between government hospital, local private hospital, and foreign hospital, they are nonetheless competing in the same market in terms of offering complementary products and services for patients (Taner and Antony, 2006). Therefore, this study provides useful insights for academics and researchers in implementing the SERVQUAL model in a hospital perspective.

## **2.4 Public Hospital**

A public hospital, or government hospital, is a hospital which is owned by a government and receives government funding. In some countries, this type of hospital provides medical care free of charge to patients, covering expenses and wages by government reimbursement. A public hospital or government hospital is a hospital which is owned by a government and receives government funding. This type of hospital provides medical care free of charge, the cost of which is covered by the funding the hospital receives. Public hospitals are owned by governments and play an important role in the health care safety net, providing care for patients who may have limited access to care elsewhere. Public hospitals provide care for individuals across the United States: in urban and suburban areas, in small towns, and in rural areas. However, these institutions face unique challenges. Surveys of metropolitan public safety net hospitals suggest that these institutions provide care for a large proportion of patients who

have low income, are uninsured, or are covered by Medicaid. They serve a critical role as teaching institutions, and are often the first choice for trauma care. Furthermore, public hospitals provide a large amount of unreimbursed care. Advantages of Public Hospitals: Because they are partly or fully funded by a public municipality, public hospitals accept nearly every type of insurance and are very flexible. They are usually more affordable than private facilities.

## **2.5 SERVQUAL MODEL**

Service Quality is one of the main factors that can contribute to the success or failure of a manufacturing or service organization in today's competitive environment. It was used widely for measuring the quality of services, introduced in 1985 by Parasuraman, Berry and Zeithaml. SERVQUAL is used as a diagnostic technique for uncovering broad areas of an organization's service quality strengths and weaknesses?. Although the SERVQUAL Model was not designed to specifically measure healthcare services satisfaction, its use in understanding the service quality at healthcare centers has been profound as explained in several studies that have used it in both western and eastern countries ( Andaleeb, 2001). The use of the SERVQUAL as a tool for examining patient satisfaction transcends the cultural differences in the management of service centers like hospitals, shops etc and is able to bring out common customer indices for measuring service quality and satisfaction. The exact nature and approach of the SERVQUAL model of service quality evaluation and customer satisfaction measurement is explained in detailed by Parasuraman, A.,et.al.,(1988).Parasuraman, A.,et.al.,(1988) suggest that in a service setting, customer judge its quality by comparing their perceptions of what they receive with their expectations of what they should have received, they have determine two key elements in the attainment of high quality. The first one is the identification of customers service requirements and expectations whereby it is generally recognized that consumers evaluate the service they receive and their expectation are critically important in determining whether or not they are satisfied (Brown, S.W and Swartz,. T.A., 1989).it can be simplify that the consumers' expectations are the key criteria to the quality of service that a firm delivers. The second key factor of service quality is customer perception (Zeithaml, V. A., 1988) suggest that the notion of perceived quality reflects the opinion of the customer regarding the superiority or global excellence of a product or service.

Kuei (1997) considered service quality as a critical determinant criterion for competitiveness, Compare to product quality whereby it can be easily determine, service quality is very intangible and qualitative, The customer have to undergo the service in order to determine the level of service provided to them. Parasuraman, A.,et.al.,(1985) suggested that service quality should be represented as the difference or gap between service expectation and actual service performance. The model also suggested that service quality can be measured using the SERVQUAL scale consist of a set of 22 questions build form the five SERVQUAL dimensions. The model consist of the following five dimensions:

- i. Tangibles: physical facilities, equipment, and appearance of personnel
- ii. Reliability: to perform the promised service dependably and accurately
- iii. Responsiveness: to help customers and provide prompt service
- iv. Assurance: courtesy knowledge, ability of employees to inspire trust and confidence, and
- v. Empathy: caring, individualized attention the firm provides its customers.

In the hospital set up in particular, empathy in service delivery is very important for the patients considering the fact that the people need care and affection as well as attention since most sick people makes unusual demand of health professionals because of the pain they may be going thorough (Saltman, R., & Bankauskaite, V 2006). For this reason, SERVQUAL engages hospitals to find out form their patients whether the services which is staff are providing are caring and personalized enough because everyone comes with a different problem or challenge(Saltman, R., & Busse, R, 2002). By asking question as to whether the hospital is attentive to individual patient's, operate at convenient hours, whether employees are personally interested in helping the patients, and so have their best interest at heart and whether the hospital really understand their needs, the opinion which the patients bold about the hospital becomes evident.

The next most important dimension on patient service evaluation which the SERVQUAL model helps hospital to examine is what is called the level of service reliability of the hospital in the opinion of the patient. This is to allow the patient to give his or view about the extent to

which the patient views the hospital and its schedules as honest by answering questions pertaining to whether the hospital fulfills its promises of rendering particular service and rendering it at a particular time in an accurate and dependable manner (Seghieri, C., et.al.,2009). Among the things which patients expect of hospitals are punctuality, consistency and honesty. They also expect hospitals to show sincere interest in solving patients' problems and always get sure the services they provide right the first time ( Veillard, J., et.al.,2005).Finally the extent to which the records of customers are done to be as accurate as possible is also important criteria which patients use to examine the reliability of service providers.

The fourth dimension of service quality which measures service responsiveness has been experimented among healthcare service in different parts of the world by (Westaway,M. S., Rheeder, P., Van Zyl, D. G., & Seager, J. R, 2003). They claim that patients like all other service consumers also want promptness of service. By asking whether customer consider the hospitals employee to be precise in stating when specific services will be provided for them, how prompt these services are provide, the willingness to help the patients and the extent to which they avoid the excuse of not being too busy to respond to customers, the hospitals are able to know the mind of customer in respect of how responsive their services are to the public and then make necessary adjustments as and when they find appropriated.

The fifth and the last service quality dimension in the SERVQUAL model is the conviction that the physical evidence of service delivery directly affects the customer's interest or service appreciation and satisfaction. This view is a borrowed concept from the extension of the traditional marketing mix model to include issue pertaining to physical evidence. The analysis was done by many scholars which make of thesis is the at the tangible attributes which are the appearance of hospital facilities, hospital equipment, the personnel and the materials used for communication and any other physical attributes of services used in the hospital (Seghieri, C., Murante, A., Marcacci, L., & Nuti, S, 2008). These give a psychological impact on the healing process of the individual hence must always be neat and appealing as much as possible.

These dimensions can be analyzed on the basis of

(1) demographic, psychographic and/or other profiles;

(2) the relative importance of the five dimensions in influencing service quality perceptions; and

(3) the reasons behind the perceptions reported. SERVQUAL model defined customer's evaluation of quality as a function of the difference between expected service and perceived service, known as gap model Parasuraman, A., et.al., (1988).

Parasuraman pointed out five gaps that can result in unsuccessful service delivery in the following:

1. Consumer expectation: management perception gap (Gap 1): Management may have inaccurate perceptions of what consumers (actually) expect. The reason for this gap is lack of proper market/customer focus. It requires the appropriate management processes, market analysis tools and attitude.

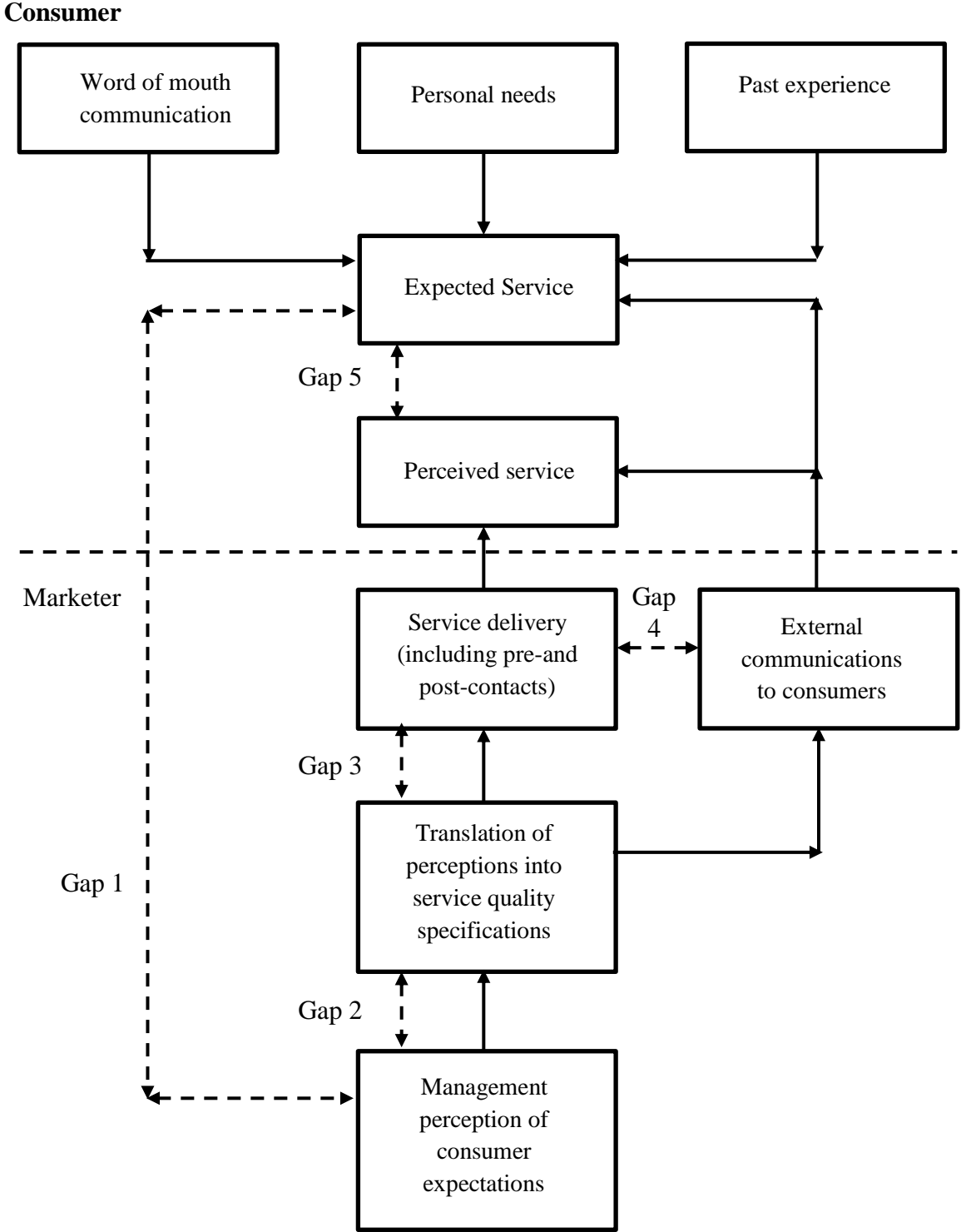
2. Service quality specification gap (Gap 2) : There may be an inability on the part of the management to translate customer expectations into service quality specifications. This gap relates to aspects of service design.

3. Service delivery gap (Gap 3): Guidelines for service delivery do not guarantee high-quality service delivery or performance. There are several reasons for this. These include: lack of sufficient support of the frontline staff, process problems, or frontline/contact staff performance variability.

4. External communication gap (Gap 4): Consumer expectations are fashioned by the external communications of an organization. A realistic expectation will normally promote a more positive perception of service quality. A service organization must ensure that its marketing and promotion material accurately describes the service offering and the way it is delivered.

5. These four gaps cause a fifth gap (Gap 5), which is the difference between customer expectations and perceptions of the service received. Parasuraman et.al defined this difference as service quality. Perceived quality of service depends on the size and direction of Gap 5, which in turn depends on the nature of the gaps associated with marketing, design and delivery of services.

**Figure (2.3) Gap Model of Service Quality**



Source: Parasuraman, A., Zeithaml, V.A., and Berry, L.L., 1985

According to (Bannerman, C., et.al.,2002) the SERVQUAL model is not only

## 2.6 Review on Previous Studies

Khon Aung Aung (2017) analyzed the perception and expectation of patients on the health care services in New Yangon General Hospital and finding out the important service quality attributes which influence on the health care service, and prioritizing the important attributes which need to handle urgently. Quantitative (Analytical) method was used. The main finding of this research were 51 percent of respondents expected highest from the hospital services before they had arrived. But 68.6 percent of the respondents perceived the hospital services as the best when they really met in reality. In the integration of KANO and SERVQUAL models, all the responses were under the category of one-dimensional in KANO model and the median Adjusted Importance (percent) was 3.64. About 70 percent of the respondents gave the highest score relating with the hospital services and about 24 percent stand for one level below highest score. About three fourth of the respondents gave the best score for the question how will you tell about the hospital and about 19 percent of the respondents voted for one level below the best score. As recommendations, the authority should focus more on all dimensions rather than assurance and empathy dimension because it may have less interference effect on perception and expectation of respondents. The Pearson's correlation showed positive correlation between perception and expectation, so by giving better services, the higher expectation will be in the mind of customers. Adjusted importance pointed out the respondents enjoyed more on the privacy of the patient room, tangible dimension, should be the top facility or dimension that should the authority fulfill for quality improvement in future. To achieve better quality services and better satisfaction score, tangible dimension and assurance dimension were the dimensions that need to be improved.

Nang Kathy Aung (2011) analyzed the clients' perception and satisfaction regarding public health service in Insein Township for (MPA) thesis. In health care, client satisfaction is an important evaluation instrument to determine the quality of services. In recent years, the concept has assumed much greater significance particularly in market based health systems. Hence this study endeavors to identify the background characteristics of the clients of Public Health Service Centre in Insein and their perception of efficiency of the service provided. Systematic sampling was employed to select 144 sample clients. Data were obtained through interview and focus group discussion on regular clinic days. Pre-tested questionnaire was also



administered to assess the satisfaction level of the clients. Of the respondents, 34.7% are daily earners and 28% are dependents. 74.3% of the respondents are women and 58.3% of the respondents earned between 50001 to 100000 Kyats monthly. Clients included a disproportionately high number persons from the lower socio economic categories. The proportions of persons of different education and employment closely reflected those in the township's general population. The study indicated that most of the interviewees were fairly satisfied with the technical skill of the staff and highly satisfied to the physical environment of the service center. Better staff and interpersonal skill, facility infrastructure, and waiting time have the largest effect in improving client satisfaction at public health facilities.

May Htoo Mar (2012) focuses on measuring the service quality of Yangon General Hospital (YGH) as the performance of health systems and also explores the validity of using a service quality construct in public services based on SERVQUAL instrument. Primary data is used and the samples are selected by simple random sampling technique. The required information are collected by using structured questionnaires via personal interview with 150 sample patients selected from 756 patients hospitalized in YGH. It is found that there are huge gaps between their expectation and perception and average perception score is significantly lower than that of expectation. According to Chi-square test of association, the results showed that there is no significant relationship between socio-demographic characteristics of patients and their satisfaction. The findings clarify the importance of creating a strong relationship between patients and the medical staff and also point out the need for medical staff to be responsive, credible, and empathetic when dealing with patients.

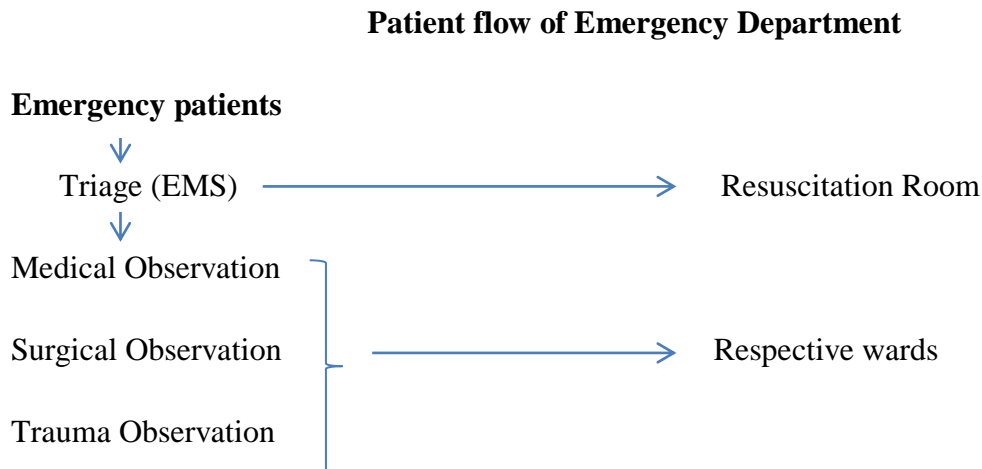
## CHAPTER III

### PROFILE OF YANGON GENERAL HOSPITAL

#### 3.1 Yangon General Hospital

Yangon General Hospital is located at Latha Township, the area is 34.72 Acres established in 1899 [ 121 Years Old ]. Firstly, 3 Storied building was built in 6 , May 1905, with 342 Beds. After 2nd World War upgraded to 546 Beds. In 1964, it was upgraded to 1500 bedded hospital with expansion of new specialists' wards and extension of new buildings. In 2016, upgraded again to 2000 bedded hospital ,sanction was attended with new 5 storeyed surgical complex, PET-CT (5 storeyed) and 5 storeyed cancer ward building.

**Figure(3.1)Patients Flow of Emergency Department**



Source: YGH Profile, MS office

As 2000 bedded, Tertiary Care Teaching Hospital, it has ( 4 ) Medical Wards,( 3 ) Surgical Wards,(27) Departments, Wards, Unit and Centre for inpatients and for outpatients: it has General & Specialist outpatient departments. As Out Patients Department, Scheduled time table on respective days according to their specialties.

For attending Out Patients Department require referral from primary health center or secondary hospitals. Facilities for investigations at Out Patients Department are Imaging and laboratory. If the patients need to admit admission is done to the respective wards for further treatment. And also give services for follow up cases at outpatient department.

Yangon General Hospital also has Emergency Department for receiving acute and emergency cases of round the clock service for acute cases of medical, surgical and trauma. Provide life saving urgent services as well as minor trauma and surgical cases.

Specialties available are: Emergency Medicine Department, Cardiac Medical Department, Cardiac Surgical Department, Neuromedical Department, Neuro Surgical Department, Gastro Enterology Department, Hematology Department, Plastic Maxillo Facial & Oral Surgery, Radiation Oncology Department, Medical Oncology Department, Nuclear Medicine Department, Physical Medicine & Rehabilitation, Dermatology Department, Geriatric Medicine Department, Diabetic & Endocrine Department, Ortho & Traumatology Department, Hand & Reconstructive Surgery Department, Anesthesiology Department, Forensic Medicine Department, Dental Department, Tropical & Infectious disease Department, Acute Burn Care Unit, Epilepsy Unit & Stroke Care Unit, Intensive Care Unit, Palliative Care Unit, Isolation Ward, Pain Treatment Center.

Diagnostic Departments of the following are available at YGH, Radiology Department, Clinical Pathology Department, Cardiac Catheterization Laboratory, Endoscopy (GI), E.E.G (Neuro). Auxiliary Departments available are Medical Store Department, Medical Record Department, Cancer Registry Unit, Blood Issue Section, Oxygen Supply Unit, Medical Social Work, Ambulance Services and Laundry services. Maintenance Engineering Departments are also available such as Civil, Electrical, Water & Sanitation and Biomedical Engineering departments.

As one of teaching hospital in Yangon General Hospital teaching programme such as Doctorate Course :Dr. Med Sc (General Medicine), (General Surgery),(Orthopedic) – (Hand, Spine),(Cardiac Medicine), (Neurology), (Neurosurgical),(Gastroenterology),(Clinical Hematology), (Anesthesiology), (Radiology), (Geriatric Medicine), (Endocrinology), (Tropical & Infectious Disease),(Plastic surgery),(Oral & Maxillo-Facial Surgery) and (Rehabilitation Medicine), Ph.D, Pathology, Microbiology, Master Course: M. Med.Sc (Pathology),(Medical Jurisprudence), (Orthopedic), (Anesthesiology),(Radiology),(Rehabilitation Medicine), (Dermatology), (Medical Oncology),(Radiation Oncology),(Nuclear Medicine),(Medicine), (Surgery), (Emergency Medicine),(Hospital Administration & Health Management), (Plastic Surgery),(Critical Care) and also not only Diploma Course: Dip. Med. Sc (General Practice),

(Family Medicine),(Primary Emergency Care),(STD & HIV Infection),Dip NSc, (Critical Care) but also Others such as (Nursing Training), (Paramedical Sciences) and (Radiology, Physiotherapy, Lab, Technicians) include in academic program.

**Figure(3.2) Manpower of YGH**

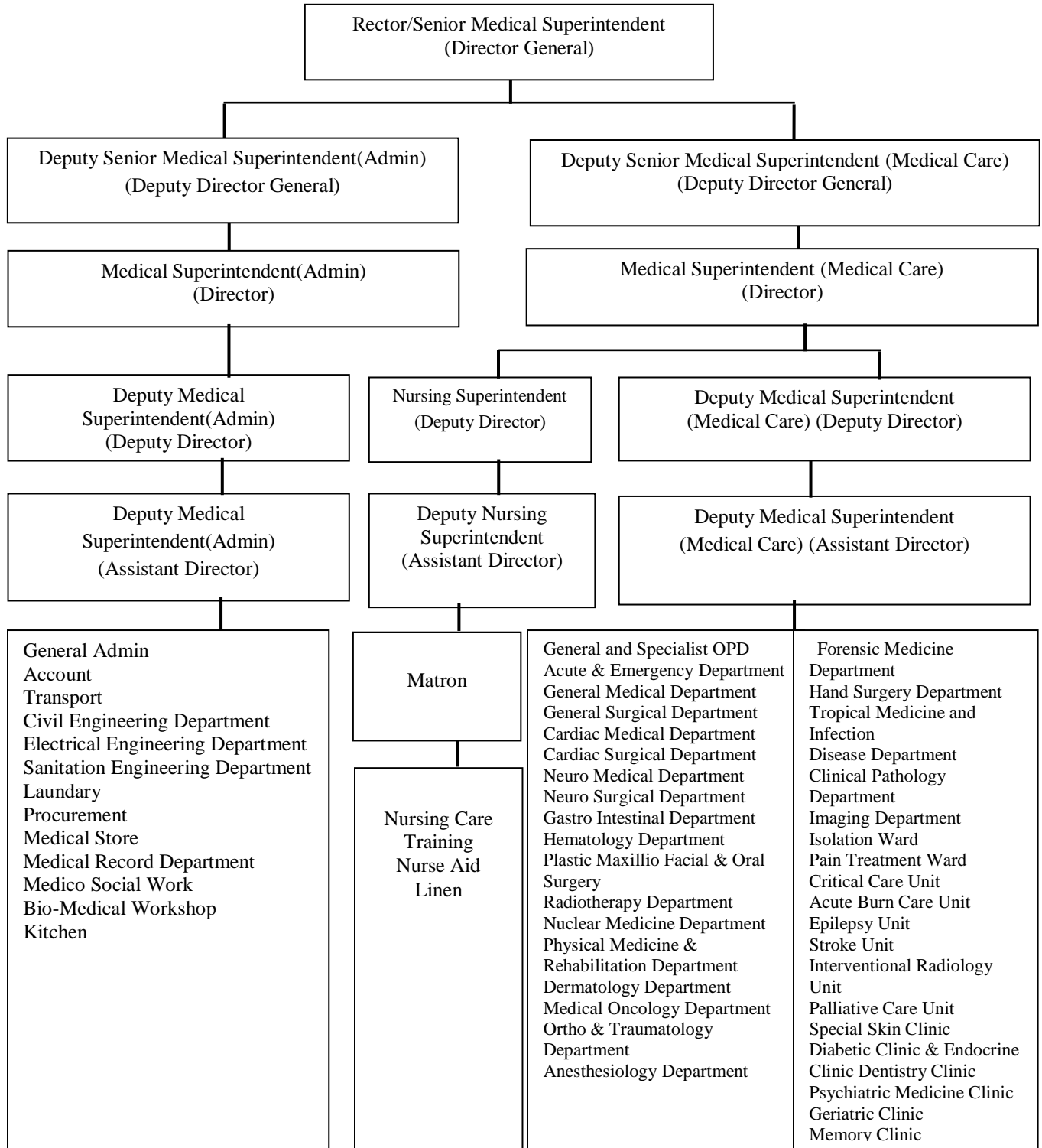
	<b>Sanctioned</b>	<b>Appointed</b>	<b>Vacancies</b>
Rector/Senior Medical Superintendent	1	1	-
Senior Medical Superintendent	2	1	1
Professor Head of Department	45	25	20
Medical Superintendent (Director)	2	2	-
Medical Superintendent (Deputy Director)	2	2	-
Associated Professor/ SCS	92	48	44
Deputy Medical Superintendent/ JCS/NS/AD	201	89	112
Specialist AS/ CAS	356	355	1
Officers (Office +Technical)	64	41	23
Sisters	56	53	3
Staff Nurses	328	297	31
Trained Nurses	649	445	204
Nurse Aid	86	81	5
Dresser	32	19	13
Technicians	305	192	113
Office Staff	320	136	184
Engineering Staff	104	28	76
Workers	412	352	50
<b>Total</b>	<b>3,057</b>	<b>2,177</b>	<b>880</b>

Source: YGH Profile, MS office

Figure(3.2)As the biggest tertiary hospital, Manpower of YGH shows total 2,177 and vacancy 880 for all kinds of staff including medical person (doctors, nurses)and non medical person such as office staff and engineers and also general workers.

### 3.2 Organization Structure of Yangon General Hospital

Figure(3.3) Organization Structure of YGH



Source: YGH Profile, MS office

The organization structure and performance of Yangon General Hospital are shown in above Figure. As Yangon General Hospital, 2000 bedded tertiary care hospital was led by Director General level Medical Superintendent and also led by two Deputy Director General level Medical Superintendent of admin and medical care. After that Director Level, Deputy Director level and Assistant Director level Medical Superintendent respectively.

**Figure(3.4) Hospital Performance indices of YGH**

<b>Hospital Performance Indices</b>						
<b>Category</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020 Jan- Jun</b>
Available Beds	1,714	2,005	2,056	2,021	2,178	2,114
Admission	76,907	90,201	89,776	87,636	89,072	34,551
Discharge	71,748	83,841	89,872	87,723	88,894	34,754
Deaths	4,947	6,334	6,165	6,071	6,475	3,050
Avg.No. of Admission/Day	2,107	246.45	245.96	240.1	244.03	189.84
Avg.No. of in-patient/Day	1,466	1,626	1,592	1,610	1,627	1,237
Avg.No. of out-patient/Day	1,462	1,784	1,842	2,019	2,066	1,535
% of Occupancy	85.5	81.31	77.44	79.67	74.7	58.51
Avg.Duration of Stay	7	7	6.47	6.7	6.68	6.48
Avg. T/O of Patient /Bed/Year	44.74	44.98	43.71	43.41	40.81	16.44
Gross Death Rate	6.45	7.02	6.86	6.92	7.28	8.78
No.of Surgical Operation	19,794	23,519	23,745	23,623	24,671	8,629
All Out-patient (New)	133,979	143,809	114,240	127,643	154,670	57,407
All Out-patient (Old)	239,461	269,247	325,991	352,760	365,801	120,618
All Out-patient (Total)	373,440	413,056	440,231	480,403	520,471	178,025
Sanctioned Beds	1,500	2,000	2,000	2,000	2,000	2,000

Source: YGH Profile, MS office

Figure(3.4) shows hospital performance indices of YGH ,available beds at 2015 was 1,714 and at 2019 available beds were increasing up to 2,178.Total admission cases at 2015 was

76,907 and at 2019 total admission cases were increasing up to 89,072. At 2015, average no. of inpatient per day was 1,466 and at 2,019, 1,627 respectively.

**Figure(3.5)Total Patients of Specialist Outpatient Department ,YGH**

<b>Specialist OPD</b>	<b>Total cases (Jan to June 2020)</b>
Medical Unit - 1	2,590
Medical Unit - 2	3,734
Medical Unit - 3	3,886
Medical Unit - 4	2,240
Surgical Unit - 1	1,978
Surgical Unit - 2	1,803
Surgical Unit - 3	1,873
Cardiac Medical	5,280
Cardiac Arrhythmia	1,326
Cardiac Surgical	1,879
Neuro Medical	2,848
Neuro Surgical -1	936
Neuro Surgical -2	1,224
GI	1,798
Haematology	3,712
Psychiatric	2,015
Diabetic	1,426
Epilepsy	608
Tropical Medicine	2,302

Source: YGH Profile, MS office

**Figure(3.6)Total Patients of Specialist Outpatient Department ,YGH**

<b>Specialist OPD</b>	<b>Total cases (Jan to June 2020)</b>
Hand	2,324
Ortho	3,642
Endocrine	890
DM Foot	199
Memory Clinic	37
Breast Clinic	113
Radiotherapy	48,900
Medical Oncology	16,582
Nuclear Medicine	5,371
Physical Medicine	3,857
Dermatology	12,507
Special Skin	1,755
Dental	3,913
PMF	2,153
Pain Clinic	401
Palliative Care	894
GDM	824
ED General	17,992
ED Trauma	12,103
<b>Total</b>	<b>178,025</b>

Source: YGH Profile, MS office

Figure(3.5)and (3.6)shows total cases of specialist outpatients department ,from Jan to June ,2020 and showed total patients number ward by ward .



## **CHAPTER IV**

### **SURVEY ANALYSIS**

#### **4.1 Survey Profile**

Public hospitals are now upgrading the facilities and promote their healthcare service quality. One of the largest public hospital, Yangon General Hospital is 2000 bedded, Tertiary Care Teaching Hospital, it has ( 4 ) Medical Wards, ( 3 ) Surgical Wards, (27) Departments, Wards, Unit and Centre for inpatients and for outpatients: it has General & Specialist outpatient departments. Among them ,medical, surgical, trauma ward and oncology wards from which those who was about to discharge after the stay of at least three days from the public hospital with inclusion criteria namely:

1. The patients was admitted to one of the inpatient wards
2. The patients was aged 15 years and older
3. The patients are in normal condition and able to respond to the questionnaires
4. The patients' conditions are not critical and there is no risk of infection are chosen in this study .From a total of 800 patients in these wards, 200 respondents have been selected by using simple random sampling technique. The questionnaire was presented in Myanmar and English .Structured questionnaires are used in collecting the data. Based on the five service dimensions of SERVQUAL, namely ,tangibles, reliability, responsiveness, assurance and empathy, it measured service quality.

#### **4.2 Survey Design**

The survey was conducted in the Yangon General Hospital with total sample of 200 .The survey questionnaire was structured questionnaire .The question design consists of 5 components socio-demographic characteristics ,hospital stay information, reason for choosing this hospital, perception , expectation and recommendation. Pilot survey was done before doing the survey.

In socio-demographic characteristics including age, gender and education level of respondents were asked .In hospital stay information ,whether the respondents lived ,reason for

choosing the hospital ,which ward e.g medical or surgical ward in which the respondents stay and length of hospital stay were asked. In perception and expectation component, the questions were categorized into 5 contents such as Reliability content from question number 1 to 4, Responsiveness content from question number 5 to 9, Assurance content from question number 10 to 13, Empathy content from question number 14 to 18 and Tangible content from question number 19 to 29. After that the questionnaire was an open question allowing respondents to add their comments or recommendations freely. They could state what needs improvement or express their appreciation to particular impressive services that had provided during their hospitalization.

The data collection period was in January 2021. Reliability test was done for dimensions, perception and expectation responses. The respondents' satisfaction level was measured by using SERQUAL model. After that, the data could be able to clarify into different categories like socio-demographic data, satisfaction data etc. After the determination of expectation and perception of the respondents followed by calculation of satisfaction score.

### **4.3 Survey Results**

#### **4.3.1 Socio-demographic Characteristics of the Respondents**

Totally 200 sample patients who had been admitted in 7 medical wards, 3 surgical wards and 2 oncology wards such as radiation oncology and medical oncology between January 1<sup>st</sup> to 31<sup>st</sup>, 2021 were involved in this study.

##### **4.3.1(a) Respondents by Age and Gender**

Findings of Age of respondents are as follows:

Table 4.1 shows that among the sample patients , the majority of respondents are more than 35 years 72.5% (145 patients), between 25-29 years old age group is 10.5% (21 patients) and between 30-34 years old age group is 9.5% (19 patients) followed by 7.5% were between 20-24 years old (15 patients).

**Table(4.1)Age Distribution of Respondents**

Age	Frequency	Percent(%)
20-24 years	15	7.5
25-29 years	21	10.5
30-34 years	19	9.5
More than 35 years	145	72.5
Total	200	100.0

Source: Survey data

**Table(4.2)Gender Distribution of Respondents**

Gender	Frequency	Percent(%)
Male	107	53.5
Female	93	46.5
Total	200	100.0

Source: Survey data

Table(4.2) shows 53.5% was male (107 patients) and female patients were 46.5%(93 patients) respectively among the sample patients.

#### **4.3.1(b) Education Level of the Respondents**

Table(4.3) shows most of respondents were middle school level about 30.5% (61 patients) of the total respondents,27.5% (55 patients) of respondents are primary school level and 21.5% (43 patients) of respondents are high school level respectively. Few respondents had achieved graduated and illiterate level 7.5% (15 patients) each .

**Table(4.3)Education Level of Respondents**

Education Level	Frequency	Percent(%)
Primary	70	35
Middle	61	30.5
High School	43	21.5
University	11	5.5
Graduated	15	7.5
Total	200	100.0

Source: Survey data

#### **4.3.1(c) Occupational Status of the Respondents**

Occupational status of respondents is classified by five categories and organized by table (4.4).

**Table(4.4)Occupational Status of Respondents**

Occupational Status	Frequency	Percentage(%)
Agriculture	21	10.5
Government	22	11.0
Seller	14	7.0
Private	33	16.5
Dependent	69	34.5
Students	41	20.5
Total	200	100.0

Source: Survey data

Among all the respondents ,34.5%(69 patients) are dependents,20.5%(41 patients ) are students ,33 patients (16.5%) of respondents are from private sector ,22 patients (11.0%) of respondents are from government sector ,10.5%(21 patients) of respondents are from agriculture sector and 7.0%(14 patients) are seller respectively.

#### 4.3.1(d) Average Monthly Income of the Respondents

According to surveyed data, majority of patients have no income. The monthly income of respondents is shown with six levels in table (4.5).

**Table(4.5)The Respondents by Average Monthly Income**

Monthly Income(Kyats)	Frequency	Percentage(%)
No income	70	35.0
<100,000	21	10.5
100,000-200,000	56	28.0
200001-300,000	29	14.5
300,001-400,000	12	6.0
>400,000	12	6.0
Total	200	100.0

Source: Survey data

From table (4.5), it is found that the respondents of 35.0% (70 patients)are persons who have no income(dependents) and10.5% (21patients) are low income group(<100,000 kyats). 28.0%(56 patients) and 14.5% (29 patients) of respondents are monthly income 100,000-200,000 kyats and monthly income 200,001-300,000 kyats .Only 6.0% (12 patients) of respondents with monthly income 300,001-400,000 kyats and >400,000 each respectively.

#### 4.3.1(e) Length of Hospital Stay of the Respondents

From table(4.6), majority of respondents 66.0%(132 patients) is ranged from 4 days-8 days.14.5%(29 patients) and 13.0%(26 patients) of respondents are over 18 days and ranged from 9 days -13 days respectively. The remaining 6.5%(13 patients) of respondents had been staying from 14 to 18 days in hospital.

**Table(4.6)The Respondents Length of Stay in Hospital**

Length of Stay	Frequency	Percentage(%)
4-8 days	132	66.0
9-13 days	26	13.0
14-18 days	13	6.5
Over 18 days	29	14.5
Total	200	100.5

Source: Survey data

#### 4.3.1(f) Reason for Choosing Yangon General Hospital

The 8 main reasons for choosing Yangon General Hospital by respondents in the sample are presented in table (4.7).As shown in table (4.7), the respondents of the survey 47.0%(94 patients) are attended to Yangon General Hospital by their own decision.17.5%(35 patients) of respondent's reason for chose are very close to my house and 10.0%(20 patients) of respondents had been choosing YGH for technology advanced in medical equipment .The four reason such as suggestion by family 7.5%(15 patients),direction of specialists , I like service quality of YGH 6.0%(12 patients ) each and as having very popular physicians is only 2.0%(4 patients) respectively.

**Table(4.7) Reasons of Respondents for Choosing Yangon General Hospital**

Reasons for choosing	Frequency	Percentage(%)
As I like	94	47.0
As suggestion of family	15	7.5
As suggestion of my friends	8	4.0
As having very popular physicians	4	2.0
As very close to my house	35	17.5
As direction of specialists	12	6.0
As I like service quality of YGH	12	6.0
As technology advanced in medical equipment	20	10.0
Total	200	100.0

Source: Survey data

#### **4.3.1(g) Advantages of Yangon General Hospital**

**Table(4.8) Advantages of Yangon General Hospital**

Advantage	Frequency	Percentage
Cost effectiveness	45	22.5
Advanced Medical Equipment for Medical Diagnosis	40	20.0
Specialists are always available	22	11.0
Best Medical Service Quality	73	36.5
More than one advantages	20	10.0
Total	200	100.0

Source: Survey data

The above table shows that five particular advantages of YGH and percentage of patients for each particular advantage as revealed by interview with the patients .According to table (4.8), the most important advantage of the YGH is best medical service quality and it represents 36.5% (73 patients) of respondents. Another important advantage is cost effectiveness and it represents 22.5% (45 patients), 20.0% (40 patients) represents the availability of having advanced medical equipment for medical diagnosis .11.0% (22 patients) represents always having specialists in YGH as also one advantage. 10.0% (20 patients) represents the availability of getting more than one advantages.

#### **4.3.1(h) Some Difficulties and Inconvenience for Patients during Hospital Stay.**

As shown in table (4.9), lack of visitors restriction is major problems for respondents and it represents about 68.5% (137 patients) of respondents. Crowded and lack of cleanliness is also inconvenience for 13.5% (27 patients) and 1.5% (3 patients) of respondents said poor ventilation. 16.5% (33 patients) represents others include can stay only one attendants and cannot do phone charging in ward etc.

**Table(4.9) Difficulties and Inconvenience for Patients during Hospital Stay**

Difficulties and Inconvenience	Frequency	Percentage
Crowded inpatients and lack of ward cleanliness	27	13.5
Poor Ventilation	3	1.5
Lack of visitor restriction	137	68.5
Others	33	16.5
Total	200	100.0

Source: Survey data

#### **4.4 Measuring Service Quality of YGH by using SERVQUAL**

The results of patient's satisfaction include in this section towards the five dimensions of service quality (SERVQUAL) being studied in this survey: reliability, responsiveness, assurance , empathy and tangibles.



**Table(4.10)Measuring Service Quality of YGH by using SERVQUAL(Reliability)**

Statements	Strongly Disagree	Disagree	Don't know	Agree	Strongly Agree	Total
Reliability expectation provide timely services as promised	-	-	-	5 (2.5%)	195 (97.5%)	200 (100%)
Reliability expectation sympathy and ensuring	2 (1.0%)	-	1 (0.5%)	4 (2.0%)	193 (96.5%)	200 (100%)
Reliability expectation willing to help	1 (0.5%)	-	-	7 (3.5%)	192 (96.0%)	200 (100%)
Reliability expectation error free records	-	-	-	5 (2.5%)	195 (97.5%)	200 (100%)
Reliability Perception timely service	1 (0.5%)	-	5 (2.5%)	91 (45.5%)	103 (51.5%)	200 (100%)
Reliability Perception sympathy and ensuring	3 (1.5%)	1 (0.5%)	7 (3.5%)	103 (51.5%)	86 (43%)	200 (100%)
Reliability perception willing to help	-	2 (1.0%)	7 (3.5%)	93 (46.5%)	98 (49%)	200 (100%)
Reliability perception error free records	-	-	22 (11%)	70 (35.0%)	108 (54.0%)	200 (100%)

Source :Survey data

Table(4.10) shows reliability in measuring quality service ,the highest of strongly agree of reliability expectation provide timely services as promised is 97.5% (195 patients) and the highest of strongly agree of reliability on perception timely service is 51.5%(103 patients). And also reliability expectation error free records is 97.5%(195 patients) and reliability perception error free records is 54.0%(108 patients).Follow by reliability expectation sympathy and ensuring on strongly agree is 96.5% (193 patients) and reliability expectation willing to help is 96%(192 patients), reliability perception sympathy and ensuring is 43%(86 patients) and reliability perception willing to help is 49%(98 patients) respectively.

**Table(4.11)Measuring Service Quality of YGH by using SERVQUAL(Responsiveness)**

<b>Statements</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Responsiveness expectation tell exactly treatment etc.	-	-	1 (0.5%)	2 (1%)	197 (98.5%)	200 (100%)
Responsiveness expectation explain about patient condition	-	-	-	2 (1.0%)	198 (99.0%)	200 (100%)
Responsiveness expectation provide prompt service	-	-	-	2 (1.0%)	198 (99.0%)	200 (100%)
Responsiveness expectation immediately take action to complaint	-	-	2 (1.0%)	2 (1.0%)	196 (98%)	200 (100%)
Responsiveness expectation willing to help	-	-	-	4 (2.0%)	196 (98%)	200 (100%)
Responsiveness perception tell exactly treatment etc.	-	1 (0.5%)	1 (0.5%)	88 (44%)	110 (55%)	200 (100%)
Responsiveness perception explain about patient condition	-	-	4 (2.0%)	85 (42.5%)	111 (55.5%)	200 (100%)
Responsiveness perception provide prompt service	-	3 (1.5%)	12 (6.0%)	89 (44.5%)	96 (48.0%)	200 (100%)
Responsiveness perception immediately take action to complaint	2 (1.0%)	-	18 (9.0%)	102 (51.0%)	78 (39.0%)	200 (100%)
Responsiveness perception willing to help	-	-	6 (3.0%)	96 (48.0%)	98 (49.0%)	200 (100%)

Source: Survey data

In Table(4.11), Responsiveness of expectation tell exactly treatment etc., explain about patient condition, provide prompt service, immediately take action to complaint and willing to

help are 98.5%(197 patients), 99.0%(198 patients), 99.0%(198 patients), 98%(196 patients) and 98% (196 patients) respectively. According to survey data, responsiveness perception tell exactly treatment etc., explain about patient condition, provide prompt service ,immediately take action to complaint and willing to help is 55%(110 patients), 55%(111 patients), 48.0%(96 patients), 39.0%(78 patients) and 49.0% (98 patients) respectively are strongly agree for responsiveness.

**Table(4.12)Measuring Service Quality of YGH by using SERVQUAL(Assurance)**

Statements	Strongly Disagree	Disagree	Don't know	Agree	Strongly Agree	Total
Assurance expectation attitude and behavior of HCP	-	-	-	5 (2.5%)	195 (97.5%)	200 (100%)
Assurance expectation skill of HCP	-	-	-	1 (0.5%)	199 (99.5%)	200 (100%)
Assurance Expectation on Polite of HCP	-	1 (0.5%)	-	3 (1.5%)	196 (98.0%)	200 (100%)
Assurance Expectation on HCP consistently Courteous	-	2 (1.0%)	-	3 (1.5%)	195 (97.5%)	200 (100%)
Assurance perception attitude and behavior of HCP	-	-	10 (5.0%)	97 (48.5%)	93 (46.5%)	200 (100%)
Assurance perception skill of HCP	-	2 (1.0%)	1 (0.5%)	89 (44.5%)	108 (54%)	200 (100%)
Assurance perception on Polite of HCP	-	1 (0.5%)	15 (7.5%)	97 (48.5%)	87 (43.5%)	200 (100%)
Assurance perception on HCP consistently Courteous	2 (1%)	4 (2%)	16 (8%)	96 (48%)	82 (41%)	200 (100%)

Source: Survey data

According to Table(4.12), Strongly agree to assurance expectation attitude and behavior of HCP, skill of HCP ,on Polite of HCP and on HCP consistently Courteous are 97.5%(195 patients), 99.5% (199 patients), 98.0% (196 patients) and 97.5% (195 patients) respectively. On

perception of patients for assurance of quality of service measuring are assurance perception attitude and behavior of HCP, skill of HCP, on Polite of HCP and assurance perception on HCP consistently Courteous are 46.5%(93 patients),54%(108 patients), 43.5% (87 patients) and 41% (82 patients) respectively.

**Table(4.13)Measuring Service Quality of YGH by using SERVQUAL(Empathy)**

Statements	Strongly Disagree	Disagree	Don't know	Agree	Strongly Agree	Total
Empathy Expectation HCP individual attention				3 (1.5%)	197 (98.5%)	200 (100%)
Empathy Expectation HCP carefully Listening to patient's need				4 (2%)	196 (98%)	200 (100%)
Empathy Expectation HCP dignity and respect	2 (1.0%)	-	2 (1.0%)	1 (0.5%)	195 (97.5%)	200 (100%)
Empathy Expectation YGH convenient hours for all patients	1 (0.5%)	-	1 (0.5%)	3 1(.5%)	195 (97.5%)	200 (100%)
Empathy Expectation hospital has their patient's best interest at heart	1 (0.5%)	-	2 (1.0%)	2 (1.0%)	195 (97.5%)	200 (100%)
Empathy perception HCP individual attention	-	1 (0.5%)	5 (2.5%)	96 (48.0%)	98 (49.0%)	200 (100%)
Empathy perception HCP carefully Listening	-	-	4 (2.0%)	103 (51.5%)	93 (46.5%)	200 (100%)
Empathy perception HCP dignity and respect	2 (1.0%)	1 (0.5%)	17 (8.5%)	94 (47%)	86 (43%)	200 (100%)
Empathy perception YGH convenient hours for all patients	1 (0.5%)	-	13 (6.5%)	102 (51%)	84 (42%)	200 (100%)
Empathy perception hospital has their patient's best interest at heart	1 (0.5%)	-	10 (5.0%)	84 (42%)	105 (52.5%)	200 (100%)

Source: Survey data

Table(4.13) shows, percentage of strongly agree to expectation and perception of empathy .According to survey data, empathy expectation HCP individual attention ,HCP carefully Listening to patient’s need ,HCP dignity and respect ,YGH convenient hours for all patients and hospital has their patient’s best interest at heart are (98.5%) 197 patients, (98%) 196 patients, (97.5%)195 patients , (97.5%)195 patients and (97.5%) 195 patients respectively. On behalf of perception about empathy on survey data are empathy perception HCP individual attention, HCP carefully Listening ,HCP dignity and respect, YGH convenient hours for all patients and hospital has their patient’s best interest at heart are (49.0%) 98 patients, (46.5%) 93 patients, (43%) 86 patients, (42%) 84 patients and (52.5%)105 patients.

**Table(4.14)Measuring Service Quality of YGH by using SERVQUAL(Tangible)**

<b>Statements</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Tangible Expectation Hospital has modern equipment.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)
Tangible Expectation Patients’ rooms, examination rooms and procedural room are visually appealing.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)
Tangible Expectation Patients’ dining room and bathroom are visually appealing.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)
Tangible Expectation Staff offices are visually appealing.	-	-	-	2 (1.0%)	198 (99.0%)	200 (100%)
Tangible Expectation Laboratory and X-ray department are visually appealing.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)

Tangible Expectation Hospital compound is visually appealing.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)
Tangible Expectation Doctors, nurses and staff have neat professional appearance.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)
Tangible Expectation Visually appealing materials associate with good treatment and nursing care.	-	-	-	2 (1.0%)	198 (99.0%)	200 (100%)
Tangible Expectation Visually appealing materials associate with well functioning and modern equipment.	-	-	-	3 (1.5%)	197 (98.5%)	200 (100%)
Tangibles Expectation Visually Appealing Safe Patient Room	-	-	-	2 (1.0%)	198 (99.0%)	200 (100%)
Tangibles Expectation Visually Appealing Transportation and Communication facilities	-	-	-	2 (1.0%)	198 (99.0%)	200 (100%)
Tangible Perception Hospital has modern equipment.	-	-	5 (2.5%)	74 (37.0%)	121 (60.5%)	200 (100%)
Tangible Perception Patients' rooms, examination rooms and procedural room are visually appealing.	-	-	10 (5.0%)	101 (50.5%)	89 (44.5%)	200 (100%)
Tangible Perception Patients' dining room and bathroom are visually appealing.	1 (0.5%)	1 (0.5%)	14 (7.0%)	100 (50.0%)	84 (42.0%)	200 (100%)

Tangible Perception Staff offices are visually appealing.	2 (1.0%)	-	20 (10%)	97 (48.5%)	81 (40.5%)	200 (100%)
Tangible Perception Laboratory and X-ray department are visually appealing.	1 (0.5%)	-	5 (2.5%)	105 (52.5%)	89 (44.5%)	200 (100%)
Tangible Perception Hospital compound is visually appealing.	-	1 (0.5%)	4 (2.0%)	90 (45.0%)	105 (52.5%)	200 (100%)
Tangible Perception Doctors, nurses and staff have neat professional appearance.	-	-	1 (0.5%)	102 (51.0%)	97 (48.5%)	200 (100%)
Tangible Perception Visually appealing materials associate with good treatment and nursing care.	-	-	6 (3.0%)	93 (46.5%)	101 (50.5%)	200 (100%)
Tangible Perception Visually appealing materials associate with well functioning and modern equipment.	-	-	7 (3.5%)	87 (43.5%)	106 (53.0%)	200 (100%)
Tangibles Perception Visually Appealing Safe Patient Room	-	-	13 (6.5%)	95 (47.5%)	92 (46%)	200 (100%)
Tangibles Perception Visually Appealing Transportation and Communication facilities	2 (1.0%)	1 (0.5%)	19 (9.5%)	86 (43.0%)	92 (46.0%)	200 (100%)

Source: Survey data

According to Table(4.14), tangible expectation and perception on strongly agree percentage of service quality measurement are as follows: tangible Expectation Hospital has

modern equipment, Patients' rooms, examination rooms and procedural room are visually appealing are (98.5%)197 patients each , Patients' dining room and bathroom are visually appealing is (99.0%) 198 patients, Staff offices are visually appealing ,Laboratory and X-ray department are visually appealing ,Hospital compound is visually appealing are (98.5%) 197 patients each ,Doctors, nurses and staff have neat professional appearance is (99.0%)198 patients, visually appealing materials associate with good treatment and nursing care, (98.5%) 197 patients and Visually appealing materials associate with well functioning and modern equipment and visually Appealing Safe Patient Room are (99.0%)198 patients expected respectively.

Accordingly on tangible perception on Table shows, tangible perception Hospital has modern equipment is (60.5%)121 patients, Patients' rooms, examination rooms and procedural room are visually appealing is (44.5%) 89 patients , Patients' dining room and bathroom are visually appealing (42.0%) 84 patients, Staff offices are visually appealing (40.5%) 81patients, Laboratory and X-ray department are visually appealing (44.5%) 89 patients, Hospital compound is visually appealing (52.5%) 105 patients, Doctors, nurses and staff have neat professional appearance(48.5%) 97 patients , Visually appealing materials associate with good treatment and nursing care (50.5%) 101 patients, Visually appealing materials associate with well functioning and modern equipment (53.0%)106 patients, Visually Appealing Safe Patient Room and Visually Appealing Transportation and Communication facilities (46%)92 patients each respectively.

**Table(4.15) Recommendation(n=200)**

No	Statements	Frequency	Percent(%)
1.	To Increase Manpower and material	10	5.0
2.	To increase Space	3	1.5
3	To reduce/control informal payment e.g night Darawan	3	1.5
4	No need recommendation	184	92.0
	Total	200	100.0

Source: Survey Data



According to Table(4.15)majority of the patients who admitted to Yangon General Hospital were no need recommendation (n=184,92%).Some patients recommended to increase manpower and some patients recommend to increase space in some area and they also recommend for reducing or controlling informal payments esp: darawan

### **Means of SERVQUAL Scores**

For each pair of statements, the gap between expectation and perception was computed as follow:

$$Q(\text{Quality gap}) = \text{Perception (P)} - \text{Expectation (E)}$$

**Table(4.16) Mean of SERVQUAL Scores((Reliability)**

<b>Ques. No.</b>	<b>Statements (Reliability)</b>	<b>Perception Mean Scores</b>	<b>Expectation Mean Scores</b>	<b>Difference Mean Score</b>
Q1	Doctors and nurses provide timely services as promised.	4.48	4.97	- 0.49
Q2	When patients have problems, hospital staffs are sympathetic and ensuring.	4.34	4.93	- 0.59
Q3	If patients have some problems, doctors and nurses are always willing to help.	4.44	4.95	- 0.51
Q4	Hospital insists on error-free records.	4.43	4.98	- 0.55
	<b>Total Mean Scores (Reliability)</b>	4.42	4.96	- 0.54

Source: Survey data

The means of SERVQUAL scores ,scores on expectation ,perception of patients and gap (G) between them in accordance with all statements are shown in tables(4.16).As above Table(4.16),according to Mean of SERVQUAL Scores from survey data, the largest difference in reliability is (-0.59) when patients have problems, hospital staffs are sympathetic and ensuring and the smallest difference in (- 0.49) doctors and nurses provide timely services as promised.

**Table(4.17) Mean of SERVQUAL Scores((Responsiveness))**

<b>Ques. No.</b>	<b>Statements (Responsiveness)</b>	<b>Perception Mean Scores</b>	<b>Expectation Mean Scores</b>	<b>Difference Mean Score</b>
Q5	Doctors, nurses and staff tell the patients exactly about when treatment, care and investigations will be performed.	4.54	4.98	- 0.44
Q6	Doctors, nurses and staff explain about medical conditions to patients thoroughly.	4.54	4.99	- 0.45
Q7	Hospital provides prompt service to me.	4.39	4.99	- 0.6
Q8	Doctors, nurses and staff take actions immediately when I make complain.	4.27	4.95	- 0.68
Q9	Doctors, nurses and staff are willing to help patients	4.46	4.98	- 0.52
	Total Mean Scores (Responsiveness)	4.44	4.98	- 0.54

Source: Survey data

Table(4.17) shows responsiveness of SERVQUAL mean scores, (- 0.68) is the largest difference according to Doctors, nurses and staff take actions immediately when I make complain and the smallest difference (- 0.44) according to Doctors, nurses and staff tell the patients exactly about when treatment, care and investigations will be performed.

Table(4.18) Mean of SERVQUAL Scores((Assurance) shows the largest difference (- 0.7) on doctors, nurses and staff are consistently courteous and the smallest difference (- 0.48) on doctors, nurses and staff are skillful in their work.

**Table(4.18) Mean of SERVQUAL Scores((Assurance)**

<b>Ques. No.</b>	<b>Statements (Assurance)</b>	<b>Perception Mean Scores</b>	<b>Expectation Mean Scores</b>	<b>Difference Mean Score</b>
Q10	Attitude and behavior of doctors, nurses and staff instill confidence in patients.	4.42	4.98	- 0.56
Q11	Doctors, nurses and staff are skillful in their work.	4.52	5.0	- 0.48
Q12	Doctors, nurses and staff are polite.	4.35	4.97	- 0.62
Q13	Doctors, nurses and staff are consistently courteous.	4.26	4.96	- 0.7
	<b>Total Mean Scores(Assurance)</b>	4.39	4.98	- 0.59

Source: Survey data

**Table(4.19) Mean of SERVQUAL Scores(Empathy)**

<b>Ques. No.</b>	<b>Statements (Empathy)</b>	<b>Perception Mean Scores</b>	<b>Expectation Mean Scores</b>	<b>Difference Mean Score</b>
Q14	Doctors and nurses give individual attention.	4.46	4.99	- 0.53
Q15	Doctors and nurses listen carefully to individual patient's needs.	4.45	4.98	- 0.53
Q16	Patients are treated with dignity and respect.	4.31	4.94	- 0.63
Q17	Hospital has the convenient hours for all patients.	4.34	4.96	- 0.62
Q18	Hospital has their patient's best interest at heart.	4.46	4.95	- 0.49
	<b>Total Mean Scores(Empathy)</b>	4.4	4.96	- 0.56

Source: Survey data

The means of SERVQUAL scores ,scores on expectation ,perception of patients and gap (G) between them in accordance with all statements are shown in following tables. Table(4.19) Mean of SERVQUAL Scores((Empathy) shows the largest difference (- 0.63) on patients are treated with dignity and respect and the smallest (- 0.49) on Hospital has their patient’s best interest at heart.

**Table(4.20) Mean of SERVQUAL Scores(Tangibles)**

<b>Ques. No.</b>	<b>Statements (Tangibles)</b>	<b>Perception Mean Scores</b>	<b>Expectation Mean Scores</b>	<b>Difference Mean Score</b>
Q19	Hospital has modern equipment.	4.58	4.99	- 0.41
Q20	Patients’ rooms, examination rooms and procedural room are visually appealing.	4.4	4.99	- 0.59
Q21	Patients’ dining room and bathroom are visually appealing.	4.33	4.99	- 0.66
Q22	Staff offices are visually appealing.	4.28	4.99	- 0.71
Q23	Laboratory and X-ray department are visually appealing.	4.41	4.99	- 0.58
Q24	Hospital compound is visually appealing.	4.5	4.99	- 0.49
Q25	Doctors, nurses and staff have neat professional appearance.	4.5	4.99	- 0.49
Q26	Visually appealing materials associate with good treatment and nursing care.	4.48	4.99	- 0.51
Q27	Visually appealing materials associate with well-functioning and modern equipment.	4.5	4.99	- 0.49
Q28	Visually appealing materials associate with comfort and safe patients’ room.	4.48	4.99	- 0.51
Q29	Visually appealing materials associate with good transportation and communication (ambulance, public phone) facilities.	4.5	4.99	- 0.49
	<b>Total Mean Scores(Tangibles)</b>	<b>4.45</b>	<b>4.99</b>	<b>- 0.54</b>

Source: Survey data

The difference between the means of expectations and perceptions scores with respect to each of five SERVQUAL dimensions by averaging the SERVQUAL Scores on the statements which make up the dimensions. According to calculation of gap scores, all gap scores were below zero .This indicates that none of perception of patients met their expectations. Ttable showed the means of SERVQUAL scores in terms of all dimensions. The more negative the SERVQUAL score, the more serious the service quality insufficiency in the eyes of patients. The means of the gap scores for five dimensions range from -0.71 to – 0.41. The tangible dimension of healthcare services provided by YGH has the highest gap score (- 0.71) and also one of tangible dimension , hospital has modern equipment shows the lowest gap score (- 0.41) .

**Table(4.21) Total Mean Scores of SERVQUAL Scores**

<b>Dimensions</b>	<b>Total Mean Scores</b>
Reliability	-0.54
Responsiveness	-0.54
Assurance	-0.59
Empathy	-0.56
Tangibles	-0.54

Source: Survey data

Table(4.21)shows according to calculation of gap scores, all gap scores were below zero . This indicates that none of perception of patients met their expectations. The more negative the SERVQUAL score, the more serious the service quality insufficiency in the eyes of patients .In this study all dimensions are below zero ,reliability (-0.54),responsiveness(-0.54),assurance (-0.59),empathy (-0.56) and tangibles (-0.54) respectively.

## CHAPTER V

### CONCLUSION

As it is well known, service quality is accepted as being an important factor that determines the effectiveness of the service provided. Therefore, service quality measurements are, in general, made by means of using patients' perception about the quality of the services. Promoting and protecting health is essential to human welfare and sustained economic and social development.

To explore the service quality of hospital health care, "patients expectation and perception" of care must first be understood. This study is the cross-sectional descriptive study about the measuring service quality of YGH. There are 200 respondents who were admitting and taking treatment on the general medical, surgical, oncology and trauma wards and to examine the perceived quality of healthcare services as indicated by the difference between patients' expectations and actual experience. This study also addressed the significant elements of patient perception influencing their overall satisfaction with healthcare services provided at YGH.

#### 5.1 Findings

This paper mainly focuses on hospital's overall services that provide the needs of the variety of patients and diseases. In order to investigate the service providers as well as the patient's performance, SERVQUAL model, widely accepted model for judging the service quality are used. The result of this study provides insights to healthcare providers to improve service quality and patient satisfaction in the public hospital . Theoretically, the model identifies several quality elements influencing patient's satisfaction and also identified five dimensions which represent patient-centered service quality indicators in the hospital setting.

First, patient's perceptions were analyzed with their socio-demographic characteristics. Among the sample patients, majority of respondent age were more than 35 years old. Majority of respondents were middle level (n = 61,30.5%), most of patients' hospital stay was between four to eight days(n= 132,66.0%)and least patients' hospital stay was between 14 to 18 days(n=13,6.5%). Most of the respondents were dependent (n=69,34.5%) and so most of them were no income(n=70,35.0%). So that the basic stratum of populations are mainly depend on

public hospital. Another reason to choose YGH is mainly due to their perception of technology advanced in medical equipment.

Second, it is regarded as patients' perceptions upon service quality of YGH. According to this study, some patients' perceived that service quality of YGH is poor and few of them answered that they received best service. Therefore, it can be concluded that some area of service quality of YGH should be improved.

Based on SERQUAL instruments, the descriptive measures of expectations and perceptions of patients as well as quality gap in YGH require some attention. Among the five scores of SERQUAL model in this study, tangible is the highest gap (-0.71), responsiveness (-0.54), empathy (-0.56), assurance (-0.59) and the lowest gap is reliability (-0.41) respectively. The highest gap of tangible refers to patient's low perception on Staff offices are visually appealing. Moreover, other factors such as Patients' rooms, examination rooms and procedural room are visually appealing and patients' dining room and bathroom are visually appealing are also disappointed in their perception. The second highest gap of responsiveness, their low perception on hospital provides prompt service to patients and doctors, nurses, staff take actions immediately when I make complain and doctors, nurses and staff are willing to help patients. Because of the imbalance manpower of YGH, these reasons are inevitable and also reasonable in present situations.

The third highest gap is empathy. Patients also appear to have low perception on patients are treated with dignity and respect and hospital has the convenient hours for all patients for their health conditions. The fourth gap of patients perception upon YGH is assurance factor which covers the issues of doctors, nurses and staff are consistently courteous attitudes and behaviors that makes confident in patients, politeness and consistently courteous. A few patients perceived that medical staff is unskillful in their workplace. The fifth and last factor in SERQUAL dimensions is reliability which involves in patients perception of some error in medical records, solving patients basic problems as needed, providing service within timeframe. Most of the patients believe that the doctor explanation about their diseases short to the point only but not detailed explanation. It represents over 48.7 % of the total respondents. Only a small number of patients think nurses explained thoroughly about their diseases instead of doctors.

## 5.2 Suggestion

Providing good service quality is of great strategic importance in the management of any service organizations. Unlike product, assessing quality of service is very complicated issue since it is naturally intangible and other inherent characteristics of services especially healthcare service. A Possible explanation is that there is a difficulty defining the adequate and the desired level of expectations on service quality due to the distinctive characteristics of the health care services, and its complex and risky nature.

Firstly, to get advantage and be a leading public hospital in Yangon, YGH should pay attention to all five dimensions in order to increase the level of overall patient's satisfaction. Patient satisfaction has become a key in gaining and maintaining hospital image, showing a hospital's success and long term improvement.

The "tangibles" dimension of YGH need to upgrade and renewed frequently to maintain high standards and also should fulfill and balancing other hospital essential equipment. In some patient's perception, cleanliness and current situation are poor in some area that it needs to implement effectively for that issue. In general, hospitals are associated with infection and so patients expect that hospitals should have neat appearance. Hence the management should also concentrate on the physical appearance of the hospital such as frequently cleaning the floor, providing the dust bin, use of gloves and uniform by healthcare staff. YGH management team should also maintain the service quality in that dimension to create the comfortable environment for patient's recovery.

According to the result, "empathetic explanation" of procedure done by hospital staff has great influence on patient satisfaction. During service process, patients have a high degree of uncertainty and an insufficient knowledge about medical care and detailed explanation by service providers who will also help patients to understand better how the service operates. Therefore, importance of improvement in information efficiency shouldn't be neglected in hospital service setting. Further, empathetic service such as patient care, respectfulness and helpfulness of service provider had a significant influence on patient's overall satisfaction. Some healthcare providers in hospital seem to forget how important these issues can be to patients.



The “responsiveness” dimension in this study consists of willingness to answer questions, willingness to assist, visiting at appropriate times and promptly responding to requests. The result of this study also presented that the lowest mean score among these items concerned willingness to answer patient’s questions. Health service providers need an improvement so that they can clearly explain the medical information when providing the medical care.

Hospitals should provide their promised services as “assurance” Excellent hospital always do things right the first time. Hence doctors can quickly analyze the patient’s problems and do the right things for the recovery of the patients. Hospital management needs to focus assurance for health providing service as to enhance patient’s confident level upon medical practitioners who deal politely and courteously. Knowledge and courtesy plus the ability to inspire trust and confidence can increase patient satisfaction.

The “reliability” dimension in this study consists of ability of medical staff to solve patient’s basic problems, providing service within timeframe, performs service dependably, works reliably and provides accurate information. The result indicated that the ability to perform service accurately needs improvement in some area. The ability to communicate effectively may be a barrier between healthcare staff and patients. Therefore, improvement in better communication skill is a must.

### **5.3 Recommendation**

Every public hospital needs to emphasize total quality management concept focuses on managing the total organization to deliver quality to patients. YGH as well as every public hospital mainly focuses on staff involvement, benchmarking and continuous improvement. So, YGH need to create organization wide commitment to infusing quality into every activity through continuous improvement. In health sector, government should provide the followings in order to build better health system,

- 1.Sustancial amount of health budget for hospital
- 2.Effective manpower allocation based on quality and skill
- 3.Infrastructure development and maintenance

4. Assessable and reliable quality services

5. Systematic and effective administrative procedures

6. Effective process of clinical care and continuous education

7. Adequate resources not only materials but also manpower

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## APPENDIX

### A Study on service quality measurement of Yangon General Hospital Questionnaires for Respondents

#### 1. Personal Information

(a) Admission date -----

(b) Age -----

(c) Male or Female -----

(d) Occupation -----

(e) Education -----

(f) Address -----

(g) Average monthly income -----

2. Reason for admitting hospital (disease) -----

3. Number of hospitalization -----

#### 4. Reasons for choosing this hospital

(a) As I like

(b) As suggestion of family

(c) As suggestion of my friends

(d) As having very popular physicians

(e) As very close to my house

(f) As direction of specialists

(g) As I like service quality of YGH

(h) As technology advanced in medical equipment

5. Please state that the advantage of this hospital

(a) Cost effectiveness

(b) Advanced medical equipment for medical diagnosis

(c) Specialists are always available

(d) Best medical service quality

6. Length of hospital stay -----

7. Please describe if you have some difficulties and inconvenience upon medical and other admin services that provided by hospital during hospital stay.

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8. Questions for testing about expectation and perception of patients in hospital service quality

<b>Reliability</b>		<b>Expectation</b>	<b>Perception</b>
1	Doctors and nurses provide timely services as promised.	1 2 3 4 5	1 2 3 4 5
2	When patients have problems, hospital staffs are sympathetic and ensuring.	1 2 3 4 5	1 2 3 4 5
3	If patients have some problems, doctors and nurses are always willing to help.	1 2 3 4 5	1 2 3 4 5
4	Hospital insists on error-free records.	1 2 3 4 5	1 2 3 4 5

<b>Responsiveness</b>		<b>Expectation</b>	<b>Perception</b>
5	Doctors, nurses and staff tell the patients exactly about when treatment, care and investigations will be performed.	1 2 3 4 5	1 2 3 4 5
6	Doctors, nurses and staff explain about medical conditions to patients thoroughly.	1 2 3 4 5	1 2 3 4 5
7	Hospital provides prompt service to me.	1 2 3 4 5	1 2 3 4 5
8	Doctors, nurses and staff take actions immediately when I make complain.	1 2 3 4 5	1 2 3 4 5
9	Doctors, nurses and staff are willing to help patients.	1 2 3 4 5	1 2 3 4 5
<b>Assurance</b>		<b>Expectation</b>	<b>Perception</b>
10	Attitude and behavior of doctors, nurses and staff instill confidence in patients.	1 2 3 4 5	1 2 3 4 5
11	Doctors, nurses and staff are skillful in their work.	1 2 3 4 5	1 2 3 4 5
12	Doctors, nurses and staff are polite.	1 2 3 4 5	1 2 3 4 5
13	Doctors, nurses and staff are consistently courteous.	1 2 3 4 5	1 2 3 4 5
<b>Empathy</b>		<b>Expectation</b>	<b>Perception</b>
14	Doctors and nurses give individual attention.	1 2 3 4 5	1 2 3 4 5
15	Doctors and nurses listen carefully to individual patient's needs.	1 2 3 4 5	1 2 3 4 5



16	Patients are treated with dignity and respect.	1 2 3 4 5	1 2 3 4 5
17	Hospital has the convenient hours for all patients.	1 2 3 4 5	1 2 3 4 5
18	Hospital has their patient's best interest at heart.	1 2 3 4 5	1 2 3 4 5
<b>Tangibles</b>		<b>Expectation</b>	<b>Perception</b>
19	Hospital has modern equipment.	1 2 3 4 5	1 2 3 4 5
20	Patients' rooms, examination rooms and procedural room are visually appealing.	1 2 3 4 5	1 2 3 4 5
21	Patients' dining room and bathroom are visually appealing.	1 2 3 4 5	1 2 3 4 5
22	Staff offices are visually appealing.	1 2 3 4 5	1 2 3 4 5
23	Laboratory and X-ray department are visually appealing.	1 2 3 4 5	1 2 3 4 5
24	Hospital compound is visually appealing.	1 2 3 4 5	1 2 3 4 5
25	Doctors, nurses and staff have neat professional appearance.	1 2 3 4 5	1 2 3 4 5
26	Visually appealing materials associate with good treatment and nursing care.	1 2 3 4 5	1 2 3 4 5
27	Visually appealing materials associate with well functioning and modern equipment.	1 2 3 4 5	1 2 3 4 5
28	Visually appealing materials associate with comfort and safe patients' room.	1 2 3 4 5	1 2 3 4 5

29	Visually appealing materials associate with good transportation and communication (ambulance, public phone) facilities.	1 2 3 4 5	1 2 3 4 5
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Index: 1 = strongly disagree

2 = disagree

3 = don't know

4 = agree

5 = strongly agree

11. Generally, I like all of services of this hospital.

1 = strongly disagree

2 = disagree

3 = don't know

4 = agree

5 = strongly agree

9. If you have general recommendations, please describe that for improving service quality of YGH.

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ဝန်ဆောင်မှုအရည်အသွေးတိုင်းတာခြင်းအပေါ် လေ့လာမှု

A Study on service quality measurement of Yangon General Hospital

Questionnaires for Respondents

၁။ ကိုယ်ရေးကိုယ်တာအချက်အလက်

(က)ဆေးရုံတက်သည့် ရက်စွဲ -----

(ခ) အသက် -----

(ဂ) အမျိုးသားသို့မဟုတ်အမျိုးသမီး -----

( ) အလုပ်အကိုင် -----

(င) ပညာအရည်အချင်း -----

(စ) လိပ်စာ -----

(ဆ) လစဉ်ပျမ်းမျှဝင်ငွေ -----

၂။ ဆေးရုံတက်ရန်အကြောင်းပြချက် (ရောဂါ) -----

၃။ ဆေးရုံမှတ်ပုံတင်နံပါတ် -----

၄။ ဤဆေးရုံကိုရွေးချယ်ရသည့်အကြောင်းရင်းများ

(က) မိမိကြိုက်နှစ်သက်သည့်အတွက်

(ခ) မိသားစု၏အကြံပြုသည့်အတွက်

(ဂ) သူငယ်ချင်းများ၏အကြံပြုသည့်အတွက်

( ဃ) နာမည်ကြီးသမားတော်များရှိသည့်အတွက်

(င) ကျွန်ုပ်၏အိမ်နှင့်နီးကပ်သည့်အတွက်

(စ) အထူးကုဆရာဝန်ကညွှန်ကြားသည့်အတွက်

(ဆ) YGH၏ဝန်ဆောင်မှုအရည်အသွေးကိုကျွန်ုပ်နှစ်သက်သည့်အတွက်

(ဇ) ဆေးဘက်ဆိုင်ရာပစ္စည်းကိရိယာများ၊အဆင့်မြင့်နည်းပညာများရှိသည့်အတွက်

၅။ဤဆေးရုံ၏အားသာချက်ကို ကျေးဇူးပြု၍ ဖော်ပြပါ

(က) ကုန်ကျစရိတ်နှင့်ထိရောက်မှုရှိခြင်း

(ခ)ရောဂါရှာဖွေရေးအတွက် ဆေးကုသမှုဆိုင်ရာပစ္စည်းကိရိယာများ အဆင့်မြင့်ခြင်း

(ဂ) အထူးကုဆရာဝန်များနှင့်ပြသနိုင်ခြင်း

(ဃ) အကောင်းဆုံးကျန်းမာရေးဝန်ဆောင်မှုပေးခြင်း

၆။ ဆေးရုံတက်ရောက်ကုသသည့်အချိန်ကာလ - -----

၇။ဆေးရုံတက်နေစဉ်ဆေးရုံမှပေးသောကျန်းမာရေးနှင့်အခြားဝန်ဆောင်မှုများတွင်သင့်၌အခက်အခဲများနှင့်အဆင်မပြေမှုများရှိပါက ကျေးဇူးပြု၍ ဖော်ပြပါ။

၈။ဆေးရုံဝန်ဆောင်မှုအရည်အသွေးများနှင့်ပတ်သက်၍လူနာများ၏မျှော်လင့်ချက်နှင့်ခံစားရရှိချက်အကြောင်းကို စစ်ဆေးရန်မေးခွန်းများ

ယုံကြည်စိတ်ချရမှု	မျှော်လင့်ချက်	ခံစားရရှိမှု
၁ ဆရာဝန်များနှင့်သူနာပြုများသည်တာဝန်ရှိသည့်အတိုင်း အချိန်မီ ဝန်ဆောင်မှုပေးသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂ လူနာများတွင်ပြဿနာရှိသောအခါဆေးရုံဝန်ထမ်းများသည်ကြင်နာသနားတတ်ကြသည်။စိတ်ချယုံကြည်မှုကိုရရှိစေသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၃ လူနာများတွင်ပြဿနာရှိသောအခါဆရာဝန်များနှင့်သူနာပြုများသည်အမြဲတမ်းကူညီရန်အသင့်ရှိကြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅

၄	ဆေးရုံသည်မှတ်တမ်းများကို အမှားအယွင်းမရှိအောင်သေချာရေးသားမှတ်တမ်း တင်သည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
တို့ပြန်မှု		မျှော်လင့်ချက်	ခံစားရရှိမှု
၅	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများက လူနာ များကိုကုသမှု၊ စောင့်ရှောက်မှုနှင့် ပြုလုပ်ရမည့် စစ်ဆေးမှုများအကြောင်း အတိကျပြောပြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၆	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများက လူနာများ၏ကျန်းမာရေးအခြေအနေကိုသေသေချာချာ ရှင်းပြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၇	ဆေးရုံသည်ကျွန်ုပ်အားချက်ချင်းဝန်ဆောင်မှုပေးပါ သည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၈	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများသည် ကျွန်ုပ်ပြောကြားချက်ကိုချက်ချင်းအရေးယူသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၉	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများသည်လူနာများကိုကူညီရန်ဆန္ဒရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
အာမခံချက်		မျှော်လင့်ချက်	ခံစားရရှိမှု
၁၀	ဆရာဝန်များ၊ သူနာပြုများ နှင့်ဝန်ထမ်းများ၏ သဘောထား နှင့်အပြုအမူသည်လူနာများအား ယုံကြည်မှုရှိစေသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅

၁၁	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများသည် သူတို့၏အလုပ်တွင် ကျွမ်းကျင်သည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၁၂	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများသည် ယဉ်ကျေးစွာ ဆက်ဆံကြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၁၃	ဆရာဝန်များ၊ သူနာပြုများနှင့် ဝန်ထမ်းများသည် အမြဲတစေ ကောင်းကောင်းမွန်မွန် ဆက်ဆံကြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
ကိုယ်ချင်းစာမှု		မျှော်လင့်ချက်	ခံစားရရှိမှု
၁၄	ဆရာဝန်များနှင့် သူနာပြုများသည် လူနာတစ်ဦးချင်းစီကို ဂရုစိုက်ကြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၁၅	ဆရာဝန်များနှင့် သူနာပြုများ လူနာတစ်ဦးချင်းစီရဲ့ လိုအပ်ချက်များကို ဖြည့်ဖို့ ဂရုစိုက်နားထောင်ကြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၁၆	လူနာများကို ဂုဏ်သိက္ခာရှိရှိ လေးစားစွာ ဆက်ဆံကြသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၁၇	ဆေးရုံရှိ အချိန်များသည် လူနာအား လုံးအတွက် အဆင်ပြေမှုရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၁၈	ဆေးရုံသည် လူနာများ၏ အကောင်းဆုံးစိတ်ကျေနပ်မှု ရစေသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
မြင်သာထင်သာရှိခြင်း		မျှော်လင့်ချက်	ခံစားရရှိမှု
၁၉	ဆေးရုံတွင် ခေတ်မီ ကိရိယာများ ရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၀	လူနာခန်း၊ စမ်းသပ်ခန်းနှင့် လုပ်ထုံးလုပ်နည်းဆိုင်ရာ အခန်းများ အဆင်ပြေမှုရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅

၂၁	လူနာများ၏ထမင်းစားခန်းနှင့်ရေချိုးခန်းများသည်အဆင်ပြေမှုရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၂	ဝန်ထမ်းရုံးများသည် လက်လှမ်းမှီ၍ အဆင်ပြေမှုရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၃	ဓာတ်ခွဲခန်းနှင့်ဓာတ်မှန်ဌာနသည် လက်လှမ်းမှီ၍ အဆင်ပြေမှု ရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၄	ဆေးရုံဝင်းသည် အမြင်တင့်တယ်သည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၅	ဆရာဝန်များ၊ သူနာပြုများနှင့်ဝန်ထမ်းများ သည် သပ်သပ်ရပ်ရပ်နှင့်ရာထူးအဆင့်လျှော်ညီသောအသွင်အပြင်ရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၆	ဆေးရုံသည်ကောင်းမွန်သောကုသမှု၊သူနာပြုစုမှုနှင့်သင့်တင် လျှောက်ပတ်သောပစ္စည်း ပစ္စယများဖြင့်လည်ပတ် ဆောင်ရွက် လျက်ရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၇	ဆေးရုံကြီးရှိခေတ်မီစမ်းသပ်စက်ကရိယာများစွာနှင့်လည်ပတ်ဆောင်ရွက် လျက်ရှိသည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
၂၈	လူနာခန်းများသည်လူနာအတွက်သက်တောင့်သက်သာရှိပြီး၊လုံခြုံအဆင်ပြေသည်	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅

၂၉	ဆက်သွယ်ရေး (လူနာတင်ကား၊ အများသုံးဖုန်း) နှင့်ဆေးရုံဝင်းအတွင်းတနေရာမှတနေရာ သွားလာ ရေးတို့သည် အဆင်ပြေချောမွေ့သည်။	၁ ၂ ၃ ၄ ၅	၁ ၂ ၃ ၄ ၅
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၁ = လုံးဝသဘောမတူ ၂ = သဘောမတူ ၃ = မပြောနိုင်ပါ  
 ၄ = သဘောတူ ၅ = လုံးဝသဘောတူသည်

၁၁။ ယေဘုယျအားဖြင့်ကျွန်ုပ်သည်ဤဆေးရုံ၏ ဝန်ဆောင်မှုအားလုံးကိုနှစ်သက်သည်။

၁ = လုံးဝသဘောမတူ

၂ = သဘောမတူ

၃ = မပြောနိုင်ပါ

၄ = သဘောတူ

၅ = လုံးဝသဘောတူသည်

၉။သင့်တွင်ယေဘုယျအကြံပြုချက်များရှိပါကရန်ကုန်ပြည်သူ့ဆေးရုံကြီး၏ဝန်ဆောင်မှုအရည်

အသွေးတိုးတက်စေရန်ဖော်ပြပါ။-----

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