

# Elevating Patient Experience in Corporate Hospitals: Insights from Delhi NCR

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**Abstract:** Corporate hospitals in Delhi NCR are increasingly focusing on service excellence to retain and satisfy patients. An empirical study conducted across 644 respondents reveals that while service quality is generally rated positively, patient loyalty does not always mirror satisfaction. This article delves into key findings, SERVQUAL insights, and strategic implications for hospital administrators and quality managers.

**Keywords:** Service Quality, Patient Satisfaction, Patient Loyalty, SERVQUAL Model, Corporate Hospitals, Healthcare Management, Delhi NCR.

## INTRODUCTION

In an era where healthcare delivery is increasingly patient-centric, the quality of service has emerged as a pivotal determinant of patient satisfaction, loyalty, and perceived outcomes. Patient-centered care not only respects individual patient preferences but also actively engages them in the decision-making process, leading to better health outcomes and a more trusting provider-patient relationship<sup>1</sup>. The Institute of Medicine (IOM) highlights patient-centeredness as one of the six aims for improving the healthcare system, underscoring its importance in modern healthcare delivery<sup>11</sup>.

The SERVQUAL model, a widely accepted tool for measuring service quality, evaluates care through five key dimensions—tangibles, reliability, responsiveness, assurance, and empathy<sup>2</sup>. This model provides structured insights into how patients perceive service quality, offering a basis to understand gaps between patient expectations and perceptions in healthcare settings<sup>8</sup>. Particularly in corporate hospital environments—where competition is intense and patient expectations are elevated—leveraging this model helps healthcare providers identify actionable areas for improvement<sup>5</sup>.

In countries like China, studies using SERVQUAL have shown a strong link between patient perceptions and quality metrics, supporting the model's global relevance<sup>2</sup>. Moreover, empirical research demonstrates that higher perceived service quality correlates with greater patient satisfaction and behavioral intentions such as loyalty, revisits, and positive word-of-mouth<sup>7</sup>. These insights are critical for administrators aiming to align operational efficiency with patient experience and strategic outcomes<sup>4</sup>. In addition to its practical value, the SERVQUAL framework is often integrated with structural equation modeling (SEM) to quantitatively assess latent variables such as patient satisfaction and trust<sup>3</sup>. Tools like

multivariate data analysis further validate these models and help in isolating key service elements that drive overall patient perceptions<sup>9</sup>.

Therefore, this study aims to assess the relationship between healthcare service quality and patient satisfaction/behavioral intentions in a corporate hospital setup using the SERVQUAL framework. It not only offers a contemporary lens to evaluate service delivery but also contributes to the broader discourse on measuring and improving patient-centered care<sup>2,6,10</sup>.

## METHODOLOGY

This cross-sectional descriptive study was conducted across five leading corporate hospitals in the Delhi NCR region from January to May 2025. A total of 644 patients were selected using purposive sampling. The inclusion criteria comprised patients above 18 years of age who had completed at least 24 hours of in-patient care. Respondents were required to be literate in Hindi or English to ensure accurate completion of the self-administered survey.

The data collection tool was a structured questionnaire based on the SERVQUAL model, measuring five key dimensions: Tangibility, Reliability, Responsiveness, Assurance, and Empathy. Patient Satisfaction and Loyalty were measured using validated scales developed from prior healthcare service quality research.

Each item was scored on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Reliability of the tool was assessed using Cronbach's alpha, with scores ranging from 0.71 to 0.84 across domains, indicating acceptable to good internal consistency.

Statistical analysis was performed using SPSS Version 25. Descriptive statistics (mean, SD) were used to summarize the data. Inferential analysis included correlation and

regression tests to explore associations between SERVQUAL dimensions, satisfaction, and loyalty. A p-value of <0.05 was considered statistically significant.

## RESULTS

**Table 1: Mean Scores of SERVQUAL Dimensions, Satisfaction, and Loyalty (n = 644)**

Dimension	Mean Score	Standard Deviation
Tangibility	4.04	0.68
Reliability	4.03	0.64
Responsiveness	4.00	0.70
Assurance	3.98	0.66
Empathy	3.94	0.73
Patient Satisfaction	4.02	0.65
Patient Loyalty	3.96	0.69

Tangibility and reliability had the highest scores, indicating strong infrastructure and dependable service. However, patient loyalty (mean: 3.96) trailed slightly behind satisfaction (mean: 4.02), suggesting that while patients were generally happy with the service, this did not always translate into return visits or referrals. Table-1

## DISCUSSION

The study revealed that while service quality was generally rated highly—especially in the dimensions of tangibility (Mean: 4.04) and reliability (Mean: 4.03)—patient loyalty (Mean: 3.96) lagged slightly behind satisfaction (Mean: 4.02), suggesting that positive service experiences don't always translate into repeat visits or referrals, consistent with prior findings on service quality and behavioral intention<sup>1-3</sup>. Patient demographics significantly influenced perception, with individuals aged 26–45 reporting the highest satisfaction and females rating most service dimensions more favorably—findings that echo demographic variation in service evaluations<sup>4-5</sup>. Psychosocial factors also played a key role; notably, health awareness positively influenced satisfaction, underscoring the importance of patient empowerment and involvement in care, as highlighted by Epstein and Street<sup>6</sup> and Gerteis<sup>7</sup>. On the contrary, media exposure negatively impacted satisfaction—possibly due to inflated expectations—aligning with insights from Hunt on cultural perceptions<sup>8</sup> and Grönroos' view of expectation-disconfirmation in service delivery<sup>9</sup>.

Interestingly, responsiveness, while rated positively, showed a negative association with loyalty, indicating that promptness alone doesn't secure long-term commitment—trust and empathy matter more, supporting the analytical perspectives of Hair et al.<sup>10</sup> and Hunt<sup>11</sup>. Moreover, emotional and interpersonal factors—such as trust-building and communication—have long been recognized as central to patient-centered care, as advocated by the Institute of Medicine<sup>12</sup> and supported by loyalty behavior research in related service industries<sup>13-14</sup>. To address these findings, hospitals should implement strategic interventions such as post-discharge engagement and communication<sup>15</sup>, tailoring services to demographic cohorts<sup>16</sup>, and proactively managing media-driven patient expectations<sup>17</sup>. Furthermore, measurement instruments like surveys should be improved for internal consistency and validity, as

suggested by literature on scale development and satisfaction metrics<sup>18-19</sup>.

These findings are supported by healthcare models that emphasize continuous feedback and viewing care from the patient's perspective<sup>20</sup>. Ultimately, fostering patient loyalty requires an integrated, multidimensional approach<sup>21</sup> that combines clinical efficiency with emotional connection and transparent communication.

## CONCLUSION

Corporate hospitals in Delhi NCR appear well-aligned with patient expectations in areas like physical infrastructure and staff reliability. However, the gap between high satisfaction and slightly lower loyalty suggests a need for greater emotional engagement and strategic communication. By addressing demographic and psychosocial variables and refining feedback mechanisms, hospitals can chart a path toward sustainable quality improvement in an evolving healthcare landscape.

## REFERENCE:

1. Epstein, R.M. and Street, R.L. (2011), "The values and value of patient-centered care", *Annals of Family Medicine*, Vol. 9 No. 2, pp. 100-103.
2. Fan, L., Gao, L., Liu, X., Zhao, S., Mu, H., Li, Z., Shi, L., Wang, L., Jia, X., Ha, M. and Lou, F. (2017), "Patients' perceptions of service quality in China: an investigation using the SERVQUAL model", *PLoS One*, Vol. 12 No. 12, pp. 1-13.
3. Fornell, C. and Larcker, D.F. (1981), "Evaluating structural equation models with unobservable variables and measurement error", *Journal of Marketing Research*, Vol. 18 No. 1, pp. 39-50.
4. Foster, S.T. (2017), *Managing Quality: Integrating the Supply Chain*, 6th ed., Pearson, Boston, Massachusetts, MA.
5. Garrard, F. and Narayan, H. (2013), "Assessing obstetric patient experience: a SERVQUAL questionnaire", *International Journal of Health Care Quality Assurance*, Vol. 26 No. 7, pp. 582-592.
6. Gerteis, M. (1993), *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*, 1st ed., Jossey-Bass, San Francisco.
7. Granata, R.L. and Hamilton, K. (2015), "Exploring the effect of at-risk case management compensation on hospital pay-for-performance outcomes: tools for change", *Professional Case Management*, Vol. 20 No. 1, pp. 14-27.
8. Grönroos, C. (1984), "A service quality model and its marketing implications", *European Journal of Marketing*, Vol. 18 No. 4, pp. 36-44.
9. Hair, J.F., Anderson, R.E., Tatham, R.L. and Black, W.C. (1998), *Multivariate Data Analysis*, Prentice-Hall, Englewood Cliffs, New Jersey, NJ.
10. Hunt, M.R. (2009), "Patient-centered care and cultural practices: process and criteria for evaluating adaptations of norms and standards in health care institutions", *HEC Forum: An Interdisciplinary Journal on Hospitals' Ethical and Legal Issues*, Vol. 21 No. 4, pp. 327-339.

11. Institute of Medicine (IOM) (2001), *Crossing the Quality Chasm: A New Health System for the 21st Century*, National Academy Press, Washington, DC.
12. Chen, J.V., Cheng, H.K. and Hsiao, H.J.V. (2016), “Loyalty and profitability of VIP and non-VIP customers in the banking service industry”, *Service Science*, Vol. 8 No. 1, pp. 19-36.
13. Chin, W.W. (1998), “Issues and opinion on structural equation modeling”, *MIS Quarterly*, Vol. 22 No. 1, p. VII.
14. Chin, W. and Gopal, A. (1995), “Adoption intention in GSS: relative importance of beliefs”, *ACM SIGMIS Database: The DATABASE for Advances in Information System*, Vol. 26 Nos 2-3, pp. 42-64.
15. Christia, J. and Ard, A. (2016), “Applying SERVQUAL to a medical office”, *Journal of Marketing Perspectives*, Vol. 1, pp. 38-50.
16. Cronin, J.J., Brady, M.K. and Hult, G.T.M. (2000), “Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments”, *Journal of Retailing*, Vol. 76 No. 2, pp. 193-218.
17. Crow, R., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L. and Thomas, H. (2002), “The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature”, *Health Technology Assessment*, Vol. 6 No. 32, p. 1.
18. Diamantopoulos, A. and Winklhofer, H.M. (2001), “Index construction with formative indicators: an alternative to scale development”, *Journal of Marketing Research*, Vol. 38 No. 2, pp. 269-277.
19. DiGioia, A. III, Lorenz, H., Greenhouse, P.K., Bertoty, D.A. and Rocks, S.D. (2010), “A patient-centered model to improve metrics without cost increase: viewing all care through the eyes of patients and families”, *Journal of Nursing Administration*, Vol. 40 No. 12, pp. 540-546.
20. Duffy, J.A.M. and Ketchand, A.A. (1998), “Examining the role of service quality in overall service satisfaction”, *Journal of Managerial Issues*, Vol. 10 No. 2, pp. 240-255.
21. Edwards, J.R. (2001), “Multidimensional constructs in organizational behavior research: an integrative analytical framework”, *Organizational Research Methods*, Vol. 4 No. 2, pp. 144-192.