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Research paper

Voices from Within: Analyzing Employee Perceptions of Service Quality and Quality Improvement Practices in The Indian Healthcare Sector

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Abstract

Background: Understanding service quality from the perspective of healthcare employees is vital for redesigning effective and sustainable healthcare systems. While patient expectations and perceptions are well-researched in the literature, employee perceptions remain underexplored, particularly in resource-constrained settings such as India's healthcare sector.
Methods: A cross-sectional quantitative study was conducted with 500 employees across 23 charitable and private hospitals in the state of Punjab, India. The questionnaire was designed, including the generic SERVQUAL items, quality improvement (QI) practices, and organizational assessment items. Reliability was confirmed via Cronbach's alpha; factor validity was assessed through EFA. Independent t-tests and ANOVA explored demographic variations.
Results: Reliability (M=3.72) and Responsiveness (M=3.68) were the most positively rated service quality domains, whereas Empathy (M=3.19) and Tangibles (M=3.47) scored lowest. There were mixed perceptions regarding activities related to quality improvement, while training rates were moderate, and employee engagement remained low. Technicians reported the lowest satisfaction levels across all job roles ($p<0.001$). EFA confirmed existing variable structures with a significant Bartlett's Test ($p < .001$), and KMO of 0.757.
Conclusion: Hospital employees perceive themselves as responsive and reliable but face emotional fatigue, poor infrastructure, and fragmented QI engagement. Technicians in require targeted interventions. Empowering staff voices in quality strategies is essential for meaningful and lasting healthcare reform.

Keywords: *Service Quality (SQ)' Employee Perceptions; Quality Improvement (QI); Quality Initiatives; SERVQUAL; Hospitals.*

1. Introduction

Mosadeghrad (2013) defined Quality healthcare as "consistently delighting the patient by providing efficacious, effective, and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patient's needs and satisfy providers". Healthcare quality has long been studied from the patient's perspective. While external customer satisfaction is crucial, it often overshadows the voices of internal stakeholders, that is, the employees. According to Torres-Moraga et al. (2013), service quality assessment must include both the service receivers (patients) as well as the service providers (employees). However, specifically in the healthcare industry, the studies have mainly focused on measuring service receivers' satisfaction and experiences during the service quality assessment (Parasuraman et al., 1988) and ignored the crucial service providers' role (Chen and Chen, 2014; Ogunnowo et al., 2015). In hospitals, health services and their consumers are linked by service-providing employees, such as doctors, nurses, dieticians, and physiotherapists (Nashrath et al., 2011), and SQ is an evaluation of the overall quality of the service interaction between these personnel and patients (Parasuraman et al., 1988). Hospital employees, then, are well-placed to judge the quality of service that they deliver to patients. As the real drivers of service delivery, hospital staff perceptions hold valuable insights into operational strengths, gaps in quality, and the effectiveness of organizational improvement strategies.
India's healthcare delivery system is categorized into two major components - public and private. The government, i.e., the public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of Primary Healthcare Centers (PHCs) in rural areas. The private sector provides most secondary, tertiary, and quaternary care institutions, with a major concentration in metros, tier-I, and tier-II cities. (IBEF, Ministry of Commerce and Industry, GOI, Retrieved on 25-06-2025, Healthcare System in India, Healthcare India - IBEF). Private players are playing a major role in the delivery of quality services as these organizations understand the needs of patients by offering them services that are of the hour, be it a domiciliary hospitalization

benefit or home collection of samples. The private sector is in a dominant position at present in Indian healthcare delivery. Over six years since the Center's flagship health insurance scheme, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched in 2018, two-thirds of the total money spent under the scheme each year went to private hospitals across the country. There is a higher proportion of private impaneled facilities than that of the national average, which signals that the private sector is the dominant sector and the preferred choice for treatment (Joseph et al., 2021). In India, Punjab is a North Indian state with an area of 50,362 km^2 and a population of about 27.7 million. Punjab has 22 districts, 141 towns and cities, and 12673 villages Census of India. 2011 (Cheema, n.d.) [Last accessed on 2025 June 25]. So, in the context of Punjab, where charitable and private hospitals are vital to the healthcare ecosystem, understanding the employee insights becomes essential.

Recent literature emphasizes how employee engagement and organizational environment shape service quality and QI outcomes. A comprehensive mixed-methods systematic review (2024) identified factors such as leadership support, data access, workload pressures, and professional inclusion as critical determinants of staff engagement in QI activities (Elizalde et al., 2024). Also, a recent study in Indian hospitals demonstrated that job engagement positively mediates the relationship between workforce sustainability and service quality, highlighting how staff involvement enhances quality outcomes (Nagendrappa & Nandini, 2023). Additionally, Srivastava and Prakash (2019) found that internal service quality, including administrative support and interdepartmental coordination, significantly influences healthcare staff performance and satisfaction. While these studies don't examine employee perceptions directly, they underscore systemic factors like engagement and internal quality that show how staff perceive and deliver service quality. This study advances by examining employees' own perceptions of service quality dimensions and their involvement in QI practices within charitable and private hospitals in India.

This study aims to explore the perceptions of hospital employees regarding service quality and their involvement in Quality Improvement (QI) initiatives. It delves into both the technical and interpersonal dimensions of service delivery, highlighting internal experiences that are not so often captured in traditional service quality assessments. As the Indian healthcare sector strives for equitable, efficient, and patient-centered care, giving voice to the opinions of the workforce is a practical step toward meaningful healthcare reform.

2. Methodology

2.1. Study design and setting

This cross-sectional quantitative study was conducted across 23 charitable and private multi-specialty hospitals in Punjab, India, which all provided written consent for the study. The size of the hospitals varies from 50 beds to more than 1000 beds. The survey period was from December 15, 2024, to January 31, 2025. A total of 500 permanent employees participated in the study, representing various departments and positions within these institutions. The convenience sampling method was used due to the practical challenges of accessing structured employee data in privately managed hospitals.

2.2. Survey instrument

The questionnaire was structured into two sections: Section A: For Demographic variables (gender, age, job level, department, etc.), while Section B consisted of a total of 30 Likert-scale response items, including 20 items based on the SERVQUAL model, with an additional 7 items on QI practices, and the remaining 3 items on organizational assessment of quality (Refer to Appendix 1).

2.3. Reliability and pilot testing

A pilot study was conducted on 100 respondents to verify scale reliability. Cronbach's alpha scores ranged from 0.652 to 0.901 across different constructs, with an overall score of 0.902 (Table 1), confirming strong internal consistency.

Table 1: Reliability Testing

Scale/ Construct	Items	Cronbach's Alpha
Tangibles	4	0.751
Reliability	4	0.652
Responsiveness	4	0.658
Assurance	4	0.823
Empathy	4	0.700
Quality Improvement	7	0.739
Assessment of Quality	3	0.901
Overall Scale	30	0.902

2.4. Sampling and eligibility criteria

Based on an estimated hospital workforce of approximately 10,000 employees across 23 hospitals, the final calculated sample size was adjusted to 500, factoring in response rates. The Sample Size Calculation is done as follows:

- Estimated Employee Population: Approx. 10,000 across 23 hospitals
- Initial sample size without adjustment: 385 respondents.
- Adjusted for the finite population (if known): Based on the number of employees in the selected multi-specialty hospitals across Punjab, to be around 10000, the adjusted sample size would be:

n_{adj} = 385 / [1 + (385-1/10,000)] = 370.85= 371

- Adjusted for the non-response rate (20%): nfinal = nadj / (1 – non-response rate)

For a non-response rate of 12.3%: n_{final} = 371 / (1 –12.3%) = 423 (approximately).

Thus, the collection of data should be from at least 423 respondents to ensure the validity, assuming a 95% confidence level, 5% margin of error, and accounting for a 12.3% non-response rate. But, after discussions of both authors with the statistical expert regarding the

statistical tests to be used, 500 respondents were finalized as the final sample size. The inclusion criteria encompassed permanent staff with over six months of experience. Contractual and part-time employees were excluded from the study.

3. Results

3.1. Demographic overview (refer to Table 2)

Out of 500 respondents, 58.8% were male, and 41.2% female. The largest age group was 25–35 years (34.4%). Most employees held at least a UG or PG qualification (56.2%). Administrative staff formed the largest cohort (38%), followed by Technicians (17.2%) and Physicians (14.8%). Nearly half (47%) had less than a year of work experience, indicating a relatively new and young workforce.

Table 2: Demographic Profile of Respondents

Demographic Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	294	58.8
	Female	206	41.2
Age	Under 25 years	134	26.8
	25-35 years	172	34.4
	35-45 years	105	21.0
	Above 45 years	89	17.8
Qualification	Primary	57	11.4
	Secondary	115	23.0
	Diploma	47	9.4
	UG	114	22.8
	PG & above	167	33.4
Position	Physician	74	14.8
	Nurse	76	15.2
	Technician	86	17.2
	Admin Staff	190	38.0
	Others	74	14.8
Job Level	Staff	178	35.6
	Supervisor	186	37.2
	Department Head	78	15.6
	Manager	58	11.6
Department	Medical	193	38.6
	Nursing	62	12.4
	Diagnostics	44	8.8
	Admin	44	8.8
	Others	157	31.4
Experience	Less than one year	235	47.0
	2-4 years	76	15.2
	3-5 years	06	1.2
	5-7 years	73	14.6
	8-10 years	65	13.0
	More than 10 years	45	9.0
Marital Status	Single	145	29.0
	Married	152	30.4
	In a relationship	59	11.8
	Divorced	81	16.2
	Widowed	63	12.6
Total		500	100

3.2. Service quality perceptions (table 3)

Reliability had the highest mean score (M=3.72), reflecting confidence among employees in their ability to manage workflow and perform consistently. Responsiveness followed closely (M=3.68), showing employees felt they were proactive and able to respond quickly to patient needs. This finding supports the findings of Gremler et al. (2001), who emphasized the impact of employee-customer relationships on perceived quality in their study.

Tangibles (M=3.47) and Empathy (M=3.19) scored the lowest, indicating concerns about outdated infrastructure and emotional strain. This is consistent with the findings of Camilleri and O'Callaghan (1998) and Hasin et al. (2001), who found that environment and interpersonal connection are vital to perceived quality.

Table 3: Dimensions of Service Quality

Dimension	Item	Mean	SD
Tangibles	The hospital has availability of up-to-date equipment	3.35	1.34
	The hospital's building and physical facilities are visually appealing	3.54	1.32
	You always look professional in appearance	3.45	1.34
	Rooms and toilets are clean in your hospital	3.51	1.23
	Dimension Mean	3.47	1.32
Reliability	You show a high level of commitment to work	3.69	1.24
	You always work as a team and have trust in each other in the team	3.72	1.24
	Your service delivery is always on time for patients	3.80	1.20
	You have effective interpersonal and communication skills	3.47	1.38
	Dimension Mean	3.72	1.24
Responsiveness	You always listen to the patients and understand their needs	3.65	1.31
	You are always friendly and willing to help others	3.70	1.28
	You have a sense of responsibility and provide prompt service	3.46	1.48

	You respond quickly to an emergency	3.69	1.24
	Dimension Mean	3.68	1.26
Assurance	You always respect patients' privacy	3.46	1.36
	You are skilled and knowledgeable about your work	3.48	1.38
	You help in resolving patient problems	3.66	1.33
	You give individualized attention to the patients	3.66	1.25
	Dimension Mean	3.57	1.33
Empathy	Your attitude towards the patient is caring and warm	3.34	1.34
	You try to understand the patients' emotions before responding	3.54	1.32
	You have genuine concerns for the patients	3.69	1.24
	You try to fulfill patients' requests, if any	3.19	1.28
	Dimension Mean	3.66	1.18
Overall Service Quality	Overall Mean	3.62	1.27

3.3. Quality improvement practices (refer to tables 4 & 5)

QI practices showed moderate scores. Employees acknowledged that structures were in place to act on adverse events (M=3.59), but the coordination across departments (M=3.23) and corrective action mechanisms (M=3.29) were weaker. Participation in QI activities was uneven; while 59.8% had used QI tools in daily work, only 18.45% reported very active involvement.

Table 4: Dimensions of Quality Improvement Plan

	Mean	SD
People and processes are in place to identify, analyze, and act upon all adverse events to prevent future occurrences	3.59	1.35
Corrective action is taken if progress toward achieving hospital-wide quality goals is not adequate	3.29	1.44
There is little coordination of QI efforts across departments and the hospital	3.23	1.43
Celebrate successful QI projects and give recognition to project team members	3.54	1.27
Overall Quality Improvement Mean	3.41	1.37

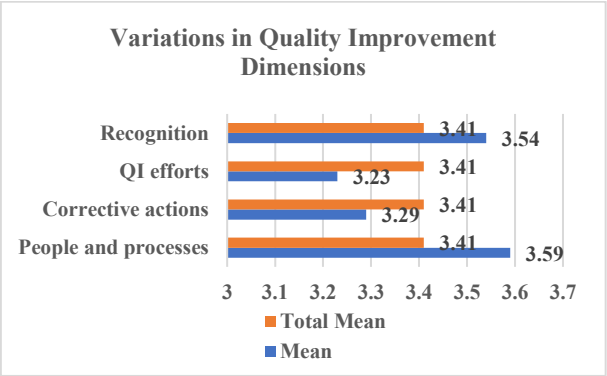

Fig. 1: Bar Graph Showing Mean Variations in Quality Improvement Dimensions.

Table 5: Level of Involvement in Improvement Activities

Activity	Very Actively (%)	Actively (%)	Involved but not actively (%)	Not Involved (%)	Don't Know (%)	Mean
Involved in QI activities/projects	92(18.45)	157(31.4)	104(20.8)	78(15.6)	69(13.8)	3.25+1.303
Receive formal QI training	93(18.6)	196(39.2)	80(16.0)	88(17.6)	43(8.6)	3.42+1.21
Ever used QI principles, methods, or tools in daily work	82(16.4)	217(43.4)	84(16.8)	66(13.2)	51(10.2)	3.43+1.21

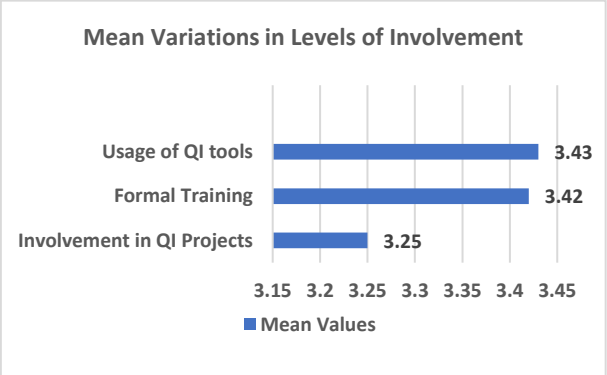

Fig. 2: Bar graph showing Mean Variations in Levels of Involvement in Improvement Activities

3.4. Institutional assessment (refer to table 6)

A surprising insight emerged from employee responses to whether they'd be comfortable having a family member treated at their own hospital (M=3.21). This neutral stance hints at a lack of internal trust and aligns with Sexton et al. (2006), who linked such hesitation to disengaged work cultures.

Table 6: Assessment of Quality

Assessment Item	Well Above expectations (%)	Above expectations (%)	Meets expectations (%)	Below expectations (%)	Well below expectations (%)	Mean
Comfortable having a family member treated here, also in your absence	89(17.8)	158(31.6)	76(15.2)	125(25.0)	52(10.4)	3.21(1.285)
The hospital's emphasis on enhancing patient care has led to major performance gains	106 (21.2)	163(32.6)	99(19.8)	68(13.6)	64(12.8)	3.36(1.303)
Patient satisfaction is where it should be	96(19.2)	168(33.6)	113(22.6)	91(18.2)	32(6.4)	3.41(1.173)

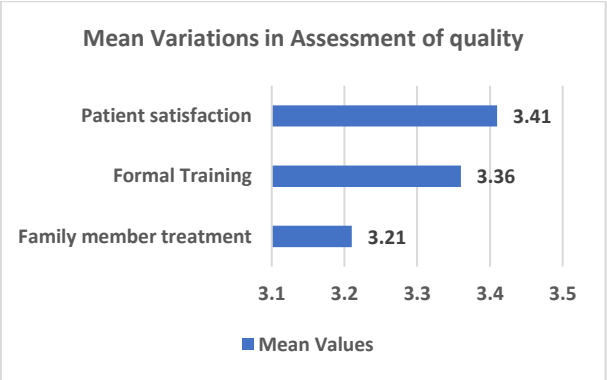

Fig. 2: Bar Graph Showing Mean Variations in the Assessment of Organizations' Quality Culture.

3.5. Data validity and factor analysis (refer to tables 7 & 8)

To decide whether the subscales were appropriate for factor analysis, two statistical tests were applied, namely, Bartlett's test of sphericity and Kaiser–Meyer–Olkin (KMO) (KMO Measure of Sampling Adequacy). Bartlett's test of sphericity was applied to examine the interdependence of the subscales of the questionnaire, which was followed by the KMO criterion (KMO measure of sampling adequacy) to examine the sample sufficiency (Kaiser, 1974). The KMO value was 0.757, and Bartlett's Test was significant ($p < .001$), confirming the data's suitability for factor analysis. EFA revealed nine components that aligned with the generic SERVQUAL and QI constructs. No new variables emerged, indicating strong construct validity.

Table 7: KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.757
Bartlett's Test of Sphericity	Approx. Chi-Square	6283.419
	df	435
	Sig.	.000

Table 8: Exploratory Factor Analysis

Component Matrix[a]									
	Component								
	1	2	3	4	5	6	7	8	9
The hospital has availability of up-to-date equipment.	.732	.091	-.110	.114	-.070	-.178	-.112	-.153	.020
The hospital's building and physical facilities are visually appealing	.633	.159	-.233	-.169	.220	.067	-.078	.391	-.020
You always look professional in appearance.	.643	.061	-.256	.469	.138	.086	-.025	-.045	.008
Rooms and toilets are clean in your hospital.	.699	-.129	-.085	-.039	-.165	-.002	.210	-.059	.045
You show a high level of commitment to work.	.595	-.002	-.186	.198	-.088	-.338	.160	.008	.221
You always work as a team and have trust in each other in the team.	.529	.116	-.276	.157	.215	.058	.488	-.041	-.241
Your service delivery is always on time for patients.	.477	.154	-.077	-.046	-.186	.507	-.164	-.187	.456
You have effective interpersonal and communication skills.	.604	-.039	-.014	-.178	-.238	.066	.007	-.358	-.406
You always listen to the patients and understand their needs.	.571	.066	-.160	-.421	-.202	-.101	-.013	.336	.094
You are always friendly and willing to help others.	.476	.015	.080	.015	-.549	-.218	-.104	-.218	-.142
You have a sense of responsibility and provide prompt service.	.482	.118	-.244	.188	.038	.473	.116	.114	.006
You respond quickly to an emergency.	.556	.102	-.130	-.171	.332	-.132	-.246	-.155	-.202

You always respect patients' privacy.	.745	.124	-.007	.128	-.160	-.132	-.064	.239	.051
You are skilled and knowledgeable about your work.	.649	.162	-.169	-.086	.197	-.158	-.073	.176	.067
You help in resolving patient problems.	.522	.065	.045	-.542	.055	-.043	-.046	-.110	.287
You give individualized attention to the patients.	.578	.147	-.042	-.256	.258	.062	.244	-.207	-.066
People and processes are in place to identify, analyze, and act upon all adverse events to prevent future occurrences.	.497	-.046	.031	.213	-.413	.258	-.181	.099	-.316
Corrective action is taken if progress toward achieving hospital-wide quality goals is not adequate.	.545	.055	-.011	.386	.078	-.016	-.163	-.185	.161
There is little coordination of QI efforts across departments and the hospital.	.499	-.224	.302	-.234	-.077	-.265	-.200	.171	-.004
Celebrate successful QI projects and give recognition to project team members	.347	-.144	.198	.308	.507	-.149	.003	.043	-.130
Involved in QI activities/projects	.392	-.420	.255	-.379	.210	.023	.236	.032	-.200
Receive formal QI training	.309	-.376	.270	-.019	-.232	.292	.453	.327	.091
Ever used QI principles, methods, or tools in daily work	.367	-.395	.271	.222	-.180	-.214	.323	-.205	.132
Comfortable having a family member treated here, also in your absence.	.481	-.191	.394	-.269	.202	.253	-.222	-.227	.063
The hospital's emphasis on enhancing patient care has led to major performance gains.	.393	-.311	.364	.363	.044	-.126	-.266	.257	.033
Patient satisfaction is where it should be	.275	-.312	.430	.168	.256	.315	-.185	-.028	.025
You try to understand the patients' emotions before responding.	.133	.562	.457	.076	.011	.000	.029	.043	-.014
Your attitude towards patients is caring and warm.	.075	.574	.446	.021	-.087	.031	.059	.116	-.157
You have genuine concerns for the patients	.095	.621	.539	.008	-.039	.031	.126	.027	-.087
You try to fulfill patients' requests, if any.	.015	.220	.300	.070	.128	-.191	.286	-.163	.368
Extraction Method: Principal Component Analysis. a. 9 components extracted.									

3.6. Overall satisfaction by demographics (refer to tables 8 to 10)

T-tests revealed no significant difference in satisfaction between male and female employees. However, one-way ANOVA identified statistically significant differences across job positions ($p < 0.001$). Technicians reported the lowest satisfaction (M=3.22), with Tukey's HSD confirming these differences when compared to Physicians, Nurses, and Admin Staff.

Table 9: Differences in Overall Satisfaction by Gender

Variable	Gender	N	Mean	SD	t	df	Sig. (2-tailed)	Mean Difference	95% CI
Overall Satisfaction	Female	294	3.5106	0.5857	0.375	498	0.708	0.02348	-0.09966, 0.14661
	Male	206	3.4871	0.81569	0.354	348.12	0.723	0.02348	0.15390

Table 10: Differences in Overall Satisfaction by Job Positions

Variable	Job Position	N	Mean	SD	F	Sig.
Overall Satisfaction	Physician	74	3.64	0.80	5.92	<0.000
	Nurse	76	3.53	0.68		
	Technician	86	3.22	0.64		
	Admin Staff	190	3.60	0.57		
	Others	74	3.41	0.81		

4. Discussions

The data show that hospital employees believe in their services from the perspective of reliability and responsiveness. Employees are confident in their ability to perform and respond to patient needs, echoing findings by Tsai and Huang (2002) and Vieira (2005), who emphasized the influence of employee behavior on patient satisfaction. Yet, the lowest scores in empathy and infrastructure hint at staff

burnout and limited emotional resources. This emotional distance, which is exacerbated by long shifts, high patient loads, and minimal institutional support, is compromising the delivery of compassionate care to the patients and ultimately impacting patient satisfaction.
Quality improvement appears to be more of a formal requirement than an inclusive culture. The findings suggest that although QI tools and frameworks are in place, the employees do not always feel actively involved in decision-making or any improvement initiatives. This procedural approach of the management strongly affects the transformative potential of QI.
The lack of confidence in the hospital's care by employees for their own family, as surveyed, is a red flag. It speaks volumes about the lack of trust, culture, and perceived institutional integrity among healthcare employees. Technicians emerged as the most dissatisfied group, suggesting that they may be overlooked in recognition, training, and leadership development. It is in contrast with the findings of Comm and Dennis (2000), who argued that employee satisfaction is vital because it will determine the success or failure of what the customer experiences. So, this gap must be addressed if hospitals wish to build cohesive and motivated teams.

5. Conclusion

This study sheds light on the internal dynamics of service delivery through the lens of healthcare employees. While reliability and responsiveness domains were strong among employees, empathy and infrastructure need strategic attention. Participation in quality improvement initiatives was seen, but not deeply embedded in the culture. The voices of staff, especially technicians, must be heard and considered in any quality reform agenda. Also, it should be emphasized that Internal satisfaction, trust, and participation are not ancillary; they are prerequisites for sustainable service quality.

Limitations

This study was conducted using a convenience sample from selected private and charitable hospitals in Punjab, which may limit the generalizability of findings to public hospitals or different regions. Self-reported responses may introduce bias or social desirability effects. Furthermore, while the study captured multiple dimensions of service quality and QI practices, qualitative insights could further enrich the understanding of contextual challenges faced by different job roles.

Future Directions

While this study highlights strengths and systemic gaps in employee perceptions of service quality, further exploration is needed. Future research could examine: How can hospitals foster an inclusive QI culture among technicians, who consistently reported lower satisfaction? Additionally, exploring digital monitoring tools for QI activities, structured mentorship programs for employees, and targeted empathy-building interventions could yield practical strategies for future reforms. Comparative studies across public, private, and charitable hospitals may also clarify how institutional contexts shape employee engagement in quality initiatives.

Declarations

Availability of data and materials:
All data generated or analyzed during this study were included in this manuscript as supplementary files.

Ethics Approval and Consent to Participate Declarations

This research concerns human participation, and the ethics application was approved by the Institutional Ethics Committee (GNDUIEC) of Guru Nanak Dev University, Amritsar, Punjab, India, on 21st November 2022, with IEC number (1093/HG). This research was conducted by the principles of the Declaration of Helsinki. Informed consent was obtained from each participant on the first page of the survey questionnaire.

Consent for Publication

Not applicable

Competing Interest

No competing interests to disclose.

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Appendix 1

Dear Sir/madam,
I would like to conduct a study on "To study the perception of hospital employees regarding service quality and various quality improvement approaches towards redesigning service quality in the healthcare organizations of Punjab." from Guru Nanak Dev University, Amritsar. I would like to have your frank opinion in the following survey. The data will be kept confidential.
Demographic Details:
Gender: Male/Female Age: Under 25 years/ 25-35 years/ 35-45 years/ Above 45
Qualification: Primary/Secondary/Diploma/UG/PG & above
Position: Physician/Nurse/Technician/Admin Staff/Others, pl specify
Job level: Staff/Supervisor/Department Head/Manager
Department: Medical/Nursing/Diagnostics/Admin/Housekeeping/F&B/Others, pl specify
Experience: Less than one year/2-4 years/5-7 years/8-10 years/More than 10 years\
Marital Status: Single/Married/In a relationship/Divorced/Widowed
Five-level Likert items (5 = strongly agree, 4= agree, 3 = neither agree nor disagree, 2= disagree, 1 = strongly disagree)

S. No.	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
	Tangibles					
1.	Hospital has availability of up-to-date equipment.					
2.	Hospital's building and physical facilities are visually appealing					
3.	You always look professional in appearance.					
4.	Rooms and toilets are clean in your hospital.					
	Reliability					
5.	You show high level of commitment for work.					
6.	You always work as a team and have trust on each other in the team.					
7.	Your service delivery is always on-time for patients.					
8.	You have effective interpersonal and communication skills.					
	Responsiveness					
9.	You always listen to the patients and understand their needs.					

10.	You are always friendly and willing to help others.					
11.	You have a sense of responsibility and provide prompt service.					
12.	You respond quickly to an emergency.					
	Assurance					
13.	You always respect patients' privacy.					
14.	You are skilled and knowledgeable about your work.					
15.	You help in resolving patient problems.					
16.	You give individualized attention to the patients.					
	Empathy					
17.	Your attitude towards patient is caring and warm.					
18.	You try to understand the patients' emotions before responding.					
19.	You have genuine concerns for the patients.					
20.	You try to fulfil patients' requests, if any.					
	Quality Improvement					
21.	People and processes are in place to identify, analyse, and act upon all adverse events to prevent future occurrences					
22.	Corrective action is taken if progress toward achieving hospital-wide quality goals is not adequate.					
23.	There is little coordination of QI efforts across departments and hospital.					
24.	Celebrate successful QI projects and give recognition to project team members					
		Very Actively	Actively	Involved but not actively	Not Involved	Don't Know
25.	Involved in QI activities/projects					
26.	Receive formal QI training					
27.	Ever used QI principles, methods or tools in daily work					
	Assessment of Quality	Well Above expectations	Above expectations	Meets expectations	Below expectations	Well below expectations
28.	Comfortable having a family member treated here also in your absence.					
29.	Hospital's emphasis on enhancing patient care has led to major performance gains					
30.	Patient satisfaction is where it should be					