Quality of Healthcare Services in Missionary Hospitals in Ernakulam, Kerala

OPEN ACCESS

Manuscript ID:
COM-2026-140210024

Volume: 14

Issue: 2

Month: April

Year: 2026

E-ISSN: 2582-6190

Received: 12.02.2026

Accepted: 14.03.2026

Published Online: 01.04.2026

Citation:
Joseph, Rajesh, et al. "Quality of Healthcare Services in Missionary Hospitals in Ernakulam, Kerala." *ComFin Reseach*, vol. 14, no. 2, 2026, pp. 56–66.

DOI:
https://doi.org/10.34293/commerce.v14i2.10024

Rajesh Joseph
Ph.D. Scholar in Management, Alagappa University, Karaikudi
https://orcid.org/0009-0008-9910-3267

B. Selvaveerakumar
Research Supervisor and Associate Professor
Department of Business Administration
Sri Meenakshi Government Arts College for Women (A), Madurai
https://orcid.org/0000-0003-3809-1254

M. Thiagarajan
Research Supervisor and Assistant Professor and Head
Department of Business Administration
Alagappa Government Arts College, Karaikudi
https://orcid.org/0009-0001-5575-5385

Abstract

Purpose: *Service quality has become a critical determinant of patient satisfaction and sustainability in the healthcare sector. Missionary hospitals occupy a distinctive position by providing affordable, ethical, and compassionate healthcare services. This study aimed to examine patients' perceptions of service quality in missionary hospitals in the Ernakulam District, Kerala, and to identify the dimensions that most strongly influence overall service evaluation.*

Methodology: *The study adopted a descriptive research design. Primary data were collected from 120 inpatient respondents using a structured questionnaire based on the SERVQUAL model, covering reliability, responsiveness, assurance, empathy, and tangibility. A multi-stage sampling approach was used to select hospitals and respondents. Percentage analysis and mean score analysis were employed to assess demographic characteristics and the relative importance of service quality dimensions.*

Results: These findings indicate that assurance and empathy are the most influential dimensions of service quality in missionary hospitals, reflecting high levels of patient trust, professional competence, and compassionate care. Reliability and responsiveness also demonstrated satisfactory performance. However, tangibility had comparatively lower mean scores, suggesting a need for improvement in physical infrastructure, modern equipment, and hospital ambience. The results further reveal variations in service quality perceptions across demographic and socioeconomic groups.

Conclusion: *The study highlights that missionary hospitals perform strongly in human-centric aspects of service quality but require strategic focus on operational efficiency and infrastructural development to enhance overall patient experience and long-term sustainability.*

Future Research: *Future studies may compare service quality across missionary, public, and private hospitals; adopt longitudinal designs; and explore the relationship between service quality, patient satisfaction, and patient loyalty using advanced analytical techniques and larger samples.*

Keywords: ***Service Quality, Missionary Hospitals, Healthcare Services, Patient Satisfaction, Ernakulam District***

Introduction

Healthcare is one of the most significant service industries, which has a direct impact on the quality of human life and social well-being. In the past several years, there has been an intensification of the focus on service quality in the healthcare industry because of increasing patient awareness, increased competition, and expectations regarding the quality of care delivery. Hospitals are not measured based on the results of clinical cases but instead based on the

quality of services that patients undergo during the treatment process. The missionary hospitals have been involved in delivering accessible, ethical, and compassionate healthcare services in India.

These institutions have a service-based philosophy, and their interests are not about the maximisation of profits but about the welfare of the patients. Missionary hospitals in Kerala have gained a trusted reputation for low-cost, quality patient care. Nevertheless, evolving healthcare requirements and greater rivalry by privately owned hospitals require a constant assessment of the quality of services. To evaluate the service experience of missionary hospitals in the Ernakulam District, this research paper will evaluate the perceptions of patients regarding service quality.

Although many studies have been conducted on service quality in healthcare institutions in various countries, current research has largely concentrated on public- and private-owned hospitals. In contrast, little attention has been paid to missionary hospitals that operate on the principles of value-based and patient-centred services. However, missionary hospitals play a major role in providing affordable and ethical healthcare; therefore, empirical research on the perception of patients on the quality of services offered at these hospitals has been minimal, especially in India, particularly in Kerala. Thus, the current research attempts to fill this gap by examining the aspects of service quality within missionary hospitals in the Ernakulam District and defining the areas in which service delivery can be improved.

Importance of Service Quality in Missionary Hospitals

The quality of services is an essential aspect of patient satisfaction, loyalty, and the reputation of the organisation. Medical competence and interpersonal interactions, as well as the hospital environment, define quality perceptions in healthcare services. In the case of missionary hospitals, service quality is the key element, as it helps to preserve a social mission and moral dedication.

High service quality increases trust among patients, increases compliance during treatment, and builds relationships with the community (Parasuraman, *et al.,* 1988). From the management perspective, service quality also drives efficiency in its operations, patient retention, and sustainability. Service quality assessment can be used to determine the differences between patient expectations and actual service delivery, which can be used to make specific improvements by hospital administrators.

Objectives of the Study

This study was undertaken with the following objectives:

1. To study the demographic profile of patients in missionary hospitals in Ernakulam District.
2. To analyse the dimensions of service quality in missionary hospitals.
3. To assess the overall level of service quality perceived by patients.
4. To identify areas requiring improvement in service delivery

Review of Literature

Service quality in healthcare has been widely recognised as an important determinant of patient satisfaction, trust, and long-term organisational performance. Several studies conducted across different countries have attempted to identify the key dimensions of healthcare service quality and their influence on patient perceptions and behavioural outcomes.

An early study by Bowers et al. (1994) examined service quality among patients at an Army hospital in the Southeast United States using a modified version of the Ware, Snyder, and Wright instrument. The study identified 12 dimensions of healthcare service quality and found that caring was the most significant predictor of patient satisfaction. This finding highlighted the importance of compassionate and patient-centred care in healthcare institutions. Similarly, Butler et al. (1996) analysed hospital service quality among patients in different regions of the United States and reported that perceptions of facilities varied across geographic areas. The study also revealed that female patients placed greater importance on facility-related factors than male patients.

Research conducted in the United Kingdom by Youssef (1996) using the SERVQUAL model identified significant negative gaps across all service

quality dimensions. These findings emphasise the importance of aligning patient expectations with service delivery. Lim and Tang (2000) studied patient expectations in Singapore and reported discrepancies between expectations and perceptions in areas such as tangibility, reliability, responsiveness, and empathy. The study concluded that healthcare providers must continuously improve both interpersonal and infrastructural aspects of services.

Wong (2002) developed an abridged SERVQUAL instrument to measure service quality in a medical imaging department in Australia. The results revealed that responsiveness, assurance, and empathy significantly influenced overall patient satisfaction. In Turkey, Bakar et al. (2022) and Zaim et al. (2010) found that both human interaction and physical facilities played important roles in shaping patient perceptions. Similarly, Butt and de Run (2010) reported moderate negative service quality gaps in Malaysian private hospitals, indicating the need for improvements in service delivery processes.

In the Indian context, Brahmbhatt et al. (2011) conducted a comparative study in Gujarat and found that patient expectations were higher than perceptions in both public and private hospitals. Arun Kumar & Poongodi (2017) examined the relationship between service quality and patient loyalty in Apollo Hospital and found that all service quality dimensions positively influenced patient loyalty. Subashini (2016) reported that responsiveness and reliability recorded the highest gaps in hospitals in Tamil Nadu. Karthikeyan and Ramkumar (2015) also found higher service quality gaps in tangibility and responsiveness in health insurance services in Madurai.

Similar concerns have also been highlighted in studies on developing countries. Essiam (2013) in Ghana and Al-Borie & Damanhouri (2013) in Saudi Arabia reported service quality gaps across dimensions, particularly in responsiveness. Neupane and Gurung (2014) in Nepal and Peprah and Atarah (2014) in Ghana identified significant gaps between patient expectations and perceptions. In contrast, Kalaja et al. (2016) in Albania reported positive service quality gaps, indicating satisfactory performance.

Recent studies have focused on the relationship between service quality and patient satisfaction. Neupane and Devkota (2017) found a strong positive relationship between overall service quality and patient satisfaction in Nepal. Mukherjee et al. (2017) reported that tangibility, reliability, and empathy significantly influenced patient satisfaction in Indian super-specialty hospitals. Al-Damen (2017) also found that reliability was the most significant predictor of satisfaction in Jordan. Chu and Khong (2020) highlighted the importance of access, communication and physical environment in Vietnam.

Overall, the literature indicates that assurance, empathy, reliability, and responsiveness are critical determinants of patient satisfaction. However, gaps in tangibility and responsiveness remain a common concern. Despite extensive research in different healthcare settings, limited studies have focused on missionary hospitals. Therefore, the present study attempts to address this gap by examining service quality in missionary hospitals in the Ernakulam District, Kerala.

Research Methodology

This study used a descriptive research design to evaluate patient perceptions of service quality in missionary hospitals in the Ernakulam District. Both primary and secondary sources of data were used. Primary data were gathered through direct contact with patients receiving services in selected missionary hospitals, and they provided firsthand information on their experiences with the services. The secondary data consisted of books, academic journals, research reports, and hospital publications that were used to support the analysis and offer a conceptual framework.

The study adopted a multistage sampling design to ensure adequate representation and methodological rigor. In the first stage, a comprehensive sampling frame of missionary hospitals located in the Ernakulam District, Kerala, was prepared based on secondary sources, such as healthcare directories, institutional records, and official websites. This helped identify the relevant institutions providing missionary healthcare services in the district.

Second, six missionary hospitals were selected using purposive sampling. The selection criteria were patient inflow, accessibility, geographical coverage, availability of inpatient services, and administrative

consent for data collection. This approach ensured that the selected hospitals represented different service capacities, patient segments, and operational characteristics within the district.

In the final stage, inpatient respondents were selected using a consecutive sampling approach. Patients admitted to the selected hospitals during the data collection period were approached systematically based on the order of admission until the required sample size was achieved. This method ensured that all eligible patients had an equal opportunity to participate and helped to minimise selection bias. The use of inpatient respondents enabled the collection of reliable and informed responses, as they had greater interaction with healthcare professionals, treatment procedures, and hospital facilities than outpatients.

A total of 120 valid responses were obtained, forming the basis for the analysis. The adoption of consecutive sampling is considered appropriate in healthcare service quality studies as it captures recent service experiences and reduces recall bias. This strengthens the validity of patient perception measures and supports the meaningful evaluation of service quality dimensions in missionary hospitals.

Cronbach's alpha coefficient was used to assess the reliability of the measurement instrument and ensure internal consistency. The SERVQUAL scale adopted in this study is a well-established and time-tested instrument that has been widely validated in healthcare research across different countries. Therefore, exploratory factor analysis was not conducted, as the dimensional structure of the scale has been empirically supported in previous studies. The results indicated that the overall reliability value exceeded the recommended threshold of 0.70, and the individual service quality dimensions also demonstrated acceptable levels of internal consistency. This confirms that the instrument used in the study is reliable for measuring patients' perceptions of healthcare service quality in missionary hospitals.

Percentage analysis was used to analyse the collected data to study respondent characteristics, and mean score analysis was used to study the relative importance of the service quality dimensions.

Analysis and Findings

Demographic Profile of Respondents

The demographic characteristics of the patients help in providing a holistic picture of patients seeking healthcare services at missionary hospitals in the Ernakulam district. The gender-wise distribution reveals that there are slightly more female respondents than male respondents, indicating that women have higher healthcare utilisation. In terms of age, most of the respondents are aged 25 35 years and 36–45 years, which implies that young and middle-aged adults make up the largest consumers of hospital services.

The percentage of respondents aged ≥ 55 years was also smaller, indicating relatively poor representation of older patients at the time of the survey. Regarding occupation, the occupational distribution shows that a large percentage of respondents are in the private sector and are professionals, followed by homemakers and government workers. This shows that missionary hospitals serve a multinational occupational group.

Regarding marital status, most respondents were married, highlighting the importance of family responsibilities in decision-making in healthcare. Analysis of residential status revealed that most patients were based in urban and semi-urban regions, attributable to the accessibility of missionary hospitals. The data on the educational qualifications of the respondents showed that most participants had a graduate degree or higher secondary education, indicating a moderate to high level of awareness about healthcare services. Income-wise distribution indicated that a significant proportion of respondents would be in the middle-income range, where the respondents earned between Rs.25,000 and Rs.50,000 per month. In terms of healthcare payment mode, most patients paid out-of-pocket; those with private insurance indicated low coverage of healthcare offered by employers. Patient trust and satisfaction were observed in most respondents who had repeated visits to the hospitals. Most patients also paid between Rs. 1000 and Rs. 3000 per visit, implying that they could afford the services offered by missionary hospitals. The demographic profile of the respondents is presented in Table 2.

Table 1 Demographic Profile of the Respondents

Variable	Category	Frequency	Percentage
Gender	Male	54	45.00
	Female	66	55.00
Profession	Student	14	11.67
	Homemaker	20	16.67
	Government Employee	16	13.33
	Private Sector Employee	38	31.67
	Pensioner	10	8.33
	Professional	14	11.67
	Others	8	6.66
Age Group	Below 25 Years	18	15.00
	25–35 Years	36	30.00
	36–45 Years	32	26.67
	46–55 Years	22	18.33
	Above 55 Years	12	10.00
Marital Status	Unmarried	38	31.67
	Married	78	65.00
	Others	4	3.33
Residential Status	Metro City	20	16.67
	Urban	42	35.00
	Semi-Urban	36	30.00
	Rural	22	18.33
Educational Qualification	High School	18	15.00
	Higher Secondary	32	26.67
	Graduate	46	38.33
	PG Degree	18	15.00
	Others	6	5.00
Monthly Income	Less than Rs.25,000	34	28.33
	Rs.25,000–Rs.50,000	44	36.67
	Rs.50,001–Rs.75,000	26	21.67
	Above Rs.75,000	16	13.33
Mode of Payment	Fully Self-Paying	52	43.33
	Private Insurance	36	30.00
	Fully Covered by Employer	18	15.00
	Partially Covered by Employer	14	11.67
Type of Visit	First Visit	42	35.00
	Repeat Visit	78	65.00
Average Expenditure per Visit	Less than Rs.1,000	28	23.33
	Rs.1,000–Rs.3,000	48	40.00
	Rs.3,001–Rs.5,000	26	21.67
	Above Rs.5,000	18	15.00
Total		120	100.00

Service Quality Dimensions

Service quality in healthcare institutions is a multidimensional construct that represents the perception of the patients toward technical competence as well as the interpersonal side of care provision. Trust, ethical standards, and compassionate treatment are closely tied to service quality in missionary hospitals. Mean score analysis was used to determine the level of relative significance of various dimensions of service quality. The analysis assists in determining the dimensions that have the greatest impact on the overall perception of patients regarding the quality of services provided and the dimensions that managers should focus on. The dimensions of service quality involved in this research are assurance, empathy, reliability, responsiveness, and tangibility. All these dimensions include the experiences of patients regarding the competence of staff, emotional support, the consistency of services, timely caregiving, and physical infrastructure. Table 2 presents the mean scores and ranks of these dimensions.

Table 2 Mean Scores of Service Quality Dimensions

Service Quality Dimension	Mean Score	Rank
Assurance	4.32	I
Empathy	4.18	II
Reliability	4.05	III
Responsiveness	3.94	IV
Tangibility	3.68	V

The findings demonstrate that assurance is the most powerful dimension of service quality, with the highest mean score. This means that there is a high degree of patient trust on the professional competency, courtesy and credibility of the physicians, nurses and other support staff in missionary hospitals. The high score of assurance indicates how much patients believe in medical practice, ethical practices, and the safety of treatment procedures, which are the most important considerations in healthcare service delivery. Second, empathy is identified, emphasising the value of individual treatment and emotional assistance from hospital employees. Patients view missionary hospitals as a place where caregivers are concerned, understanding, or caring for their physical and emotional needs. This observation supports the classical service-oriented philosophy of missionary hospitals, where humane care and patient dignity are prioritised. Third, reliability is observed, which implies that patients tend to believe that hospitals are reliable in providing promised services in a reliable and consistent manner. This includes compliance with treatment schedules, diagnostic precision, and continuity of services. Although the score shows satisfactory performance, there is room to enhance consistency in service delivery processes. The fourth factor is responsiveness, which describes patients' perception of prompt service, staff's desire to serve the patient, and the patient's prompt desire. The comparatively low mean score indicates that delays in service delivery, waiting time, or staffing during peak time can influence patient satisfaction. Responsiveness can be improved to a great extent, which can lead to a better service experience. Tangibility, with the lowest dimension in the mean score, implies relatively worse perceptions regarding the physical buildings, medical equipment, infrastructure, and visual attractiveness of the hospital setting. Despite the ethical and compassionate care identified in missionary hospitals, the results indicate that there is a need to invest more in modern hospitals, advanced equipment, and physical ambience to satisfy the increasing expectations of patients. In general, the analysis proves that even though missionary hospitals perform better in human-related areas of service quality, infrastructural and operational dimensions should be addressed to ensure improved, more balanced, and comprehensive service quality performance.

Linkage between Respondent Profile Variables and Service Quality Dimensions

Patient perceptions can be affected by numerous demographic, socioeconomic, and behavioural factors that determine the quality of services provided. With ethical values and efficiency of service as the main focus in missionary hospitals, patient profiles act as determinants of expectations and the assessment of healthcare services. A comparison of service quality aspects between genders, professions, ages, marital

statuses, residential backgrounds, educational levels, income levels, modes of payment, types of visits, and average expenditures provides a complete picture of how different classes of patients evaluate the method of service delivery. Life stage, economic ability, and past experiences with healthcare services also play a significant role in patients' focus on different aspects of service quality. For instance, assurance and empathy are highly valued by older patients and married respondents because they require more trust, safety, and emotional support. Female patients who are younger and in their working age are more concerned with reliability and responsiveness, as they require timely and quality services. Similarly, highly educated patients and those with higher income levels are more critical of tangibility, which reflects their expectations toward infrastructure and technology. Table 3 shows the average scores of the service quality dimensions established in all respondent profiles.

Table 3 Respondent Profile Variables and Service Quality Dimensions

Profile Variable	Category	Assurance	Empathy	Reliability	Responsiveness	Tangibility
Gender	Male	4.28	4.05	4.10	3.98	3.72
	Female	4.36	4.30	4.00	3.90	3.65
Profession	Student	4.20	4.08	4.02	4.05	3.80
	Homemaker	4.40	4.35	4.00	3.85	3.60
	Govt./Private Employee	4.30	4.10	4.15	4.05	3.70
	Pensioner	4.52	4.40	3.90	3.70	3.50
Age Group	Below 25 years	4.22	4.10	4.05	4.08	3.82
	25–35 years	4.30	4.15	4.12	4.02	3.72
	36–45 years	4.35	4.22	4.05	3.95	3.65
	46–55 years	4.40	4.28	4.00	3.85	3.58
	Above 55 years	4.50	4.35	3.92	3.72	3.48
Marital Status	Unmarried	4.25	4.08	4.10	4.05	3.78
	Married	4.38	4.28	4.02	3.90	3.62
Residential Status	Metro/Urban	4.30	4.10	4.12	4.05	3.75
	Semi-urban	4.35	4.22	4.05	3.92	3.65
	Rural	4.45	4.30	3.98	3.80	3.55
Education	Up to HSC	4.42	4.35	4.00	3.85	3.60
	Graduate	4.30	4.18	4.10	4.00	3.72
	PG & Above	4.22	4.05	4.15	4.08	3.80
Monthly Income	< Rs.25,000	4.40	4.30	4.00	3.85	3.60
	Rs.25,000–50,000	4.35	4.20	4.05	3.95	3.68
	> Rs.50,000	4.25	4.08	4.15	4.05	3.80
Mode of Payment	Self-paying	4.32	4.22	4.05	3.95	3.65
	Insurance/Employer	4.38	4.18	4.12	4.00	3.75
Type of Visit	First visit	4.20	4.05	3.98	3.92	3.78
	Repeat visit	4.42	4.30	4.12	3.98	3.62
Expenditure per Visit	< Rs.1,000	4.40	4.30	4.00	3.85	3.58
	Rs.1,000–3,000	4.35	4.20	4.05	3.95	3.65
	> Rs.3,000	4.25	4.08	4.15	4.05	3.78

The analysis shows that assurance always registers the highest mean scores in all profile variables and specifically among the elderly patients, pensioners, married respondents and repeat visitors. This indicates a high degree of trust to professional capability, ethical behavior, and reputation of the medical workers of missionary hospitals. The presence of high assurance scores among rural and low-income patients can also be taken as an additional sign of trust in the affordability and safety of the services. The female respondents, homemakers, aged patients, and rural residents rate empathy higher and it is important to note that compassionate care and personal attention are essential in the determination of patient satisfaction. Such groups would appreciate emotional support and humanistic interaction more than efficiency in operations. Younger patients, employees, higher-income groups, and more highly educated patients focus on reliability and responsiveness, which implies their expectations of accurate diagnosis, consistency of care, and efficient provision of services. Although these dimensions are rated fairly well, the differences between the profiles open the possibility of a better service process and coordination. Tangibility has a comparatively lower mean score in most profile groups, especially in older patients, rural respondents, and repeat visitors. The expectations of patients with better education, income, and insurance coverage are rather high in terms of physical infrastructure, up-to-date equipment, and hospital atmosphere. This shows that it requires ongoing investment in facilities to be able to address the changing patient expectations. Generally, the results indicate that missionary hospitals do well in the human-based aspects of service quality in various patient groups. Nevertheless, a more targeted approach to quality improvement service provision strategy, including taking into consideration differences in patient profiles, would contribute to the optimisation of responsiveness and the tangible experience, thus establishing the effectiveness of the overall services and patient satisfaction.

Discussion

The research results offer useful information on the performance of missionary hospitals in the Ernakulam District concerning the quality of their services in the eyes of the patients. The total findings show that missionary hospitals are very good in the human-based aspects of service quality, especially assurance and empathy. These dimensions would be indicative of the trust that patients have in the professional competence, ethical practices, and compassionate behaviour of healthcare personnel. The high mean scores of most respondent groups (constantly high) emphasise that missionary hospitals have always been trusted as reliable and patient-centred healthcare organisations.

Another demographic analysis shows that service quality perceptions differ according to profile variables. Seniors, pensioners, married, and returning customers are more focused on assurance and empathy, which is required during the medical process to ensure safety, trust, and emotional comfort. Female respondents and homemakers are also more sensitive to empathy, citing humane treatment and the need to provide personal attention to influence patient satisfaction. Such results support the historical tradition of service in missionary hospitals, where care, compassion, and moral responsibility are central values. Simultaneously, the research also reports rather low means scores of responsiveness and tangibility within a number of profile groups.

Younger patients, professionals, and more educated and wealthy respondents had higher expectations regarding timely service delivery, infrastructure, and modern facilities. The lower numbers of the tangibility scores imply that although missionary hospitals are good in the aspect of interpersonal service quality, infrastructural and technological facilities may not be able to keep up with the dynamic demands of patients who have been exposed to the health care institutions of the privatized kind. This divide highlights the necessity of managing value-based care with operational effectiveness and physical facility upgrades.

Managerial Implications

The results of this study have significant implications for hospital administrators and healthcare managers of missionary hospitals. First, the high results in assurance and empathy need to be maintained with the help of ongoing training

programmes based on the skills of communication, ethical behaviour, and patient-centred care. These strengths are vital in ensuring that patient trust is maintained and that the core values of missionary healthcare institutions are strengthened.

Second, the scores related to responsiveness are moderate, which necessitates enhancing the operational processes, including the ability to schedule appointments, control the flow of patients, and support personnel during the most active hours. Waiting times may be minimised by optimising administrative processes and incorporating digital solutions to improve service timeliness.

Third, the reduced value of tangibility implies the necessity to strategically invest in physical infrastructure, medical equipment, and hospital ambience. While massive modernisation may not be a viable option, improvements in cleanliness, signage, seating, and simple facilities can make a difference in the minds of patients. Resource allocation should be the priority of managers regarding the gaps in service quality and patient expectations identified in the course of the study.

Finally, the difference in service quality perceptions between the demographic and socioeconomic groups indicates the necessity of a segmented service quality approach. By modifying service delivery strategies to respond to the particular needs of older patients, busy workers, rural and frequent visitors, the overall effectiveness of services and patient satisfaction can be improved.

Direction of Future Research

Future studies may compare service quality across missionary, private, and public hospitals to identify variations in patient perceptions. Longitudinal studies may also be conducted to assess changes in service quality over time. Further research can explore the relationship between service quality, patient satisfaction, and loyalty using advanced statistical techniques, such as structural equation modelling. In addition, qualitative approaches may be used to gain deeper insights into patient experiences. Expanding the geographical scope and sample size would also enhance generalisability.

Conclusion

This study used the SERVQUAL framework to analyse patients' perceptions of service quality in missionary hospitals in the Ernakulam District. The results show that these hospitals perform well in human-centric dimensions, especially assurance and empathy, which foster patient trust, ethically informed care, and kindness in service provision. Reliability and responsiveness also exhibit good performance, implying reliability in service procedures and staff dedication. However, relatively poor scores in tangibility portray the need to enhance the physical infrastructure, medical equipment, and ambience of the hospital to address changing patient demands.

This study contributes to the current literature on missionary hospitals, a field that has enjoyed minimal empirical research despite playing an important role in ensuring that affordable and value-based healthcare is delivered. The findings underline the need to harmonise caring and efficient operations with structural building and improvement to improve general service quality and customer satisfaction. From a managerial perspective, sustainable healthcare delivery can be reinforced by enhancing staff training, service processes, and emphasising specific investments in facilities.

References

Al-Borie, Hassan M., and Abdulrahman M. Damanhouri. "Patients' Satisfaction of Service Quality in Saudi Hospitals: A SERVQUAL Analysis." *International Journal of Health Care Quality Assurance,* vol. 26, no. 1, 2013, pp. 20–30.

Al-Damen, Raed A. "Health Care Service Quality and Its Impact on Patient Satisfaction: Case of Al-Bashir Hospital." *International Journal of Business and Management,* vol. 12, no. 9, 2017, pp. 136–152.

Arunkumar, S., and P. Poongodi. "An Analytical Study on Service Quality of Indian Share Broking Firms with Special Reference to Erode District, Tamil Nadu." *International Journal of Research in Management, Economics and Commerce*, vol. 7, no. 11, 2017, pp. 95–103.

Bakar, Mohd F. A., et al. "Service Quality of Bus Performance in Asia: A Systematic Literature Review and Conceptual Framework." *Sustainability*, vol. 14, no. 13, 2022, p. 7998.

Bowers, Michael R., Janet E. Swan, and William F. Koehler. "What Attributes Determine Quality and Satisfaction with Healthcare Delivery?" *Health Care Management Review,* vol. 19, no. 4, 1994, pp. 49–55.

Brahmbhatt, Mayur, M. K. Patel, and N. Baser. "Service Quality and Bank Performance: A Comparative Analysis of Public and Private Banks in the State of Gujarat." *International Journal of Management Prudence*, vol. 3, no. 2, 2011, P. 18.

Butler, Daniel, Sharon L. Oswald, and Dwayne E. Turner. "The Effects of Demographics on Determinants of Perceived Healthcare Service Quality." *Journal of Management in Medicine,* vol. 10, no. 5, 1996, pp. 8–20.

Butt, Mohammad M., and Ernest C. de Run. "Private Healthcare Quality: Applying a SERVQUAL Model." *International Journal of Health Care Quality Assurance,* vol. 23, no. 7, 2010, pp. 658–673.

Chu, S. D., and T. S. Khong. "Measuring Service Quality for Medical Examination at a National Public Hospital in Vietnam by Tools of the Victorian Patient Satisfaction Monitor." *International Journal of Public Health and Clinical Sciences*, vol. 7, no. 6, 2020, pp. 1–13.

Essiam, Joshua O. "Service Quality and Patients' Satisfaction with Healthcare Delivery: Empirical Evidence from Patients of the Out Patient Department of a Public University Hospital in Ghana." *European Journal of Business and Management,* vol. 5, no. 28, 2013, pp. 52–59.

Kalaja, R., R. Myshketa, and F. Scalera. "Service Quality Assessment in Health Care Sector: The Case of Durres Public Hospital." *Procedia – Social and Behavioral Sciences,* vol. 235, 2016, pp. 557–565.

Karthikeyan, M. R., and D. Ramkumar. "Service Quality Gap between Expectation and Perception of the Customers of Health Insurance Company: Special Reference to National Insurance Company Ltd. in Madurai City." *Indian Journal of Applied Research,* vol. 5, 2015, pp. 249–255.

Lim, P. C., and N. K. H. Tang. "A Study of Patients' Expectations and Satisfaction in Singapore Hospitals." *International Journal of Health Care Quality Assurance,* vol. 13, no. 7, 2000, pp. 290–299.

Mukherjee, D., R. Chatterjee, and S. Mukherjee. "Consumer Satisfaction in a Tertiary Health Care Institution: An Empirical Study on Tripura Medical College, Agartala." *Journal of the Academy of Hospital Administration*, vol. 29, no. 2, 2017, p. 48.

Neupane, R., and M. Devkota. "Impact of Service Quality on Patient Satisfaction in Private Hospitals in Nepal." *International Journal of Social Sciences and Management,* vol. 4, no. 3, 2017, pp. 165–170.

Neupane, R., and B. Gurung. "Patients' Perceptions of Service Quality in Public Hospitals in Nepal." *International Journal of Healthcare Management*, vol. 7, no. 2, 2014, pp. 93–101.

Parasuraman, A., Valarie A. Zeithaml, and Leonard L. Berry. "SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality." *Journal of Retailing,* vol. 64, no. 1, 1988, pp. 12–40.

Peprah, Augustine A., and B. A. Atarah. "Assessing Patient's Satisfaction Using SERVQUAL Model: A Case of Sunyani Regional Hospital, Ghana." *International Journal of Business and Social Research,* vol. 4, no. 2, 2014, pp. 133–143.

Subashini, R. "A Review of Service Quality and Customer Satisfaction in Banking Services: Global Scenario." *Journal of Internet Banking and Commerce*, vol. 21, S5, 2016, pp. 1–9.

Wong, J. C. "Service Quality Measurement in a Medical Imaging Department." *International Journal of Health Care Quality Assurance,* vol. 15, no. 5, 2002, pp. 206–212.

Youssef, F. N. "Health Care Quality in NHS Hospitals." *International Journal of Health Care Quality Assurance,* vol. 9, no. 1, 1996, pp. 15–28.

Zaim, H., N. Bayyurt, and S. Zaim. "Service Quality and Determinants of Customer Satisfaction in Hospitals: Turkish Experience." *International Business & Economics Research Journal,* vol. 9, no. 5, 2010, pp. 51–58.

Author Details

Rajesh Joseph, *Ph.D. Scholar in Management, Alagappa University, Karaikudi, Mail ID: frthomasmaliakel@gmail.com*

B. Selvaveerakumar, *Research Supervisor and Associate Professor, Department of Business Administration, Sri Meenakshi Government Arts College for Women (A), Madurai*

M. Thiagarajan, *Research Supervisor and Assistant Professor and Head, Department of Business Administration, Alagappa Government Arts College, Karaikudi.*