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## Analyzing Service Quality in the Private Health Care After Covid-19-A Study on Evercare Hospital Dhaka, Bangladesh

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### ABSTRACT

While service quality remains a cornerstone of medical care, few studies have explored its dynamics in Bangladesh's private healthcare sector following the disruptive COVID-19 pandemic. This study addresses this research gap by analyzing the impact of service quality on patient satisfaction at Evercare Hospital, Dhaka, using the SERVQUAL framework. Data were collected from a sample of 120 patients (50% in-patient, 50% out-patient) via a self-administered structured questionnaire. The study utilized multiple linear regression analysis to evaluate the relationships between the five SERVQUAL dimensions and overall satisfaction. The results indicate that the model explains 65.7% ( $R^2 = 0.657$ ) of the variance in patient satisfaction. Specifically, reliability ( $\beta = 0.610$ ), assurance ( $\beta = 0.267$ ), and tangibility ( $\beta = 0.244$ ) demonstrated significant positive effects on satisfaction ( $p < 0.05$ ). Conversely, responsiveness ( $\beta = -0.140$ ,  $p = 0.153$ ) and empathy ( $\beta = 0.088$ ,  $p = 0.232$ ) were found to have no significant influence, likely due to staff shortages and safety tensions. Furthermore, an independent samples t-test revealed no significant difference in satisfaction levels between in-patients and out-patients. These findings provide critical directions for healthcare administrators to prioritize reliability and physical environment to enhance patient trust and satisfaction in a post-pandemic landscape.

### INTRODUCTION

Quality is the concept that has been shifted from goods to services but not that focusing and in light of the fact that the commodities are regarded as components of those services (Dobrzykowski, McFadden, & Vonderembse, 2016; Southard, 2016). This change reflects the growing need for high-quality service in a variety of areas, including healthcare. As a result, the issue of customer-perceived service quality is currently a key challenge for medical care quality. With a rising emphasis on human focus in healthcare, most service organizations have been stressing consumer perceptions of service quality since it assists in establishing strategies that induce client pleasure (Saravanan & Rao, 2007).

There has been a lot of study done by social scientists and scholars on this topic service excellence from the previous 25 years (Topp & Chipukuma, 2016; Karl, Peluchette, & McIntyre Hall, 2016). Health providers are believed to get importance in the government of maximum countries because the contribution to public healthiness can certainly influence societal wellbeing and financial productivity (Irfan and Ijaz, 2011; Sumaedi, Bakti, Rakhmawati, Astrini, Widiati, and Yarmen, 2016). Health providers in a clinic are so far from humanitarian ideal, together with lots of services as unworthy and dangerously unsatisfactory, due mostly to funding shortfalls and handling issues, but quick for those who can deal with the fee to pay for private health plans (Menezes, Scherer, Verdi, and Pires, 2017). For the improvement of patient satisfaction and quality in healthcare organizations, competition is important. Physicians

will provide unsatisfactory services to their patients in environments that don't offer any competition. This is because they believe that patients have no other choices and that there aren't any other options. Chaniotakis and Lympelopoulous (2009) stated that the same services are offered by hospitals, however they vary depending on the level of assistance they offer.

The goal of all Health systems and authorities around the globe is to provide excellent care and patient satisfaction (Ampofo & Opoku-Danso, 2017; Meesala & Paul, 2018). However, the majority of emerging nations lag substantially behind wealthy countries as a result of financial, human and material resource limitations (Tenkorang, 2016; Wu, 2011). Hospitals want to identify the most important aspects of hospitals that, with good management, may secure their continued existence and prosperity in the future. To make this happen, it is necessary to identify the tactical aspects. (Kim, Shin, Lee, Kim, Lee, riong, Choi, Ha, 2017). Better service quality is a crucial aspect that may help identify and improve the organization's performance in the age of extreme rivalry (Farooq, Salam, Fayolle, Jaafar, and Ayupp, 2018; Jamaluddin & Ruswanti, 2017). On abstract character, Researchers have given a lot of attention to the philosophical and conceptual relationship between client satisfaction and service quality, making it one of their central marketing tools (Farooq *et al.*, 2018).

Coronavirus disease (COVID-19) can be a transferrable disease caused by way of a newly exposed coronavirus. Lots of individuals infected with the COVID-19 virus might undergo mild to moderate lung disorder and also

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regain without even having a special cure. Seniors and the general public who have underlying health issues like cardiovascular illness, diabetes, obesity, chronic cardiovascular disease, and cancer will develop the acute disease. The ideal way to slow and stop transmission is usually always to be up to date in regards the COVID-19 virus and how it spreads. You can protect yourself and others against disease by washing your hands after drinking alcoholic beverages. Even though the COVID-19 virus is spread primarily by saliva or ejection from a person's nose, it is important to practice respiratory etiquette, such as coughing into an elbow or using a flexed elbow (WHO 2020).

The coronavirus COVID-19 is impacting 222 nations and territories across the world. Worldwide coronavirus instance: 57,58,87,049; deaths: 63,98,412(WHO-August03, 2022). Based on current estimates from the Bangladesh Bureau of Statistics (BBS-2022), the inhabitants of the nation there are approximately 168.22 million people in the country, with an average population density of 1,140 per square kilometer in 2021. In Bangladesh, Corona virus Cases: 20, 05,606; Deaths: 29,292(WHO-August 03, 2022).In 2015 the total number of hospitals in Bangladesh was 5,816 (Wikipedia). Now coronavirus test is conducted by 140 laboratories in private and public hospitals in Bangladesh.

The number of hospitals and their capacity for beds have significantly increased over the years of 10 years, giving attention to hospital care has become more and more important. Employing the SERVQUAL dimension plan, we analyze patient satisfaction regarding service quality at a private clinic in Bangladesh. That can be suitable since the focus has been Only hospital-grade performance, as perceived and measured by patients. For that reason, this study attempts to assess the perceptions of patients in regard to the service quality and consequent customer satisfaction privately associations with a SERVQUAL scale. Within this analysis, we analyze perceptions of quality care for patients at a private hospital practice in Bangladesh.

### Objectives

This research was done to examine the service quality and impact on patient satisfaction at private hospitals in Bangladesh after Covid-19. Another objective of this study is to figure out if there any differences exist between in-patient and out-patient regarding their satisfaction level based on the service quality dimension after Covid-19.

### LITERATURE REVIEW

This portion has been divided into two sections like literature on service quality and patient satisfaction.

#### Service Quality

The degree to which customers perceive the service is that how service quality is defined in management and marketing literature(Shi & He, 2014; Zeithaml Berry & Leonard 1996; Parasuraman 1996).From the medical

field, the functional measurement can be analyzed in accordance with different indicators, like the effort of these caregivers that will help your affected individual, their claims and compassion, time encouraged by health practitioners to obey the individual, and additionally the comfort and adequate expression of a healthcare facility payments (Jandavath & Byram, 2016; Rahman & Osmangani, 2015).

The SERVQUAL framework has been established as a versatile instrument for assessing perceived service quality across a wide array of organizational structures. This model measures service quality through five primary dimensions: reliability, responsiveness, assurance, empathy, and tangibility (Parasuraman, Zeithaml, & Berry, 1985; Zeithaml *et al.*, 1996). The academic literature highlights the extensive implementation of SERVQUAL in measuring service standards within various industrial contexts. This includes the financial sector (Ehigie, 2006), (Karatepe, Avci, & Tekinkus, 2005),(Mels, Boshoff, & Nel, 1997), (Poolthong, & Mandhachitara, 2009), (Jabnoun, & AlTamimi, 2003), (Zhou, Zhang, & Xu, 2002), the tourism and hospitality industry (Nadiri, & Hussain, 2005), (Butler, Oswald, & Turner, 1996), (Mei, Dean, & White, 1999), (O'Neill, Watson, & McKenna, 1994), insurance (Tsoukatos, & Rand, 2006), the restaurant industry (Qin, Prybutok, & Zhao, 2010) and website based promotion (Extended, & McMellon, 2004). Furthermore, scholarly attention has been directed toward the healthcare sector, with studies evaluating service quality in public health settings (Aagja & Garg, 2010), and (Andaleeb & Millet (2010)), respectively (Camilleri & O'Callaghan 1998), as well as private healthcare environments (Andaleeb & Millet, 2010), (Camilleri & O'Callaghan 1998), (Butt & Run, 2010).

Patients are not familiar with the technology or the equipment that is used to provide services to them, but their satisfaction depends on some specific issues like lack of pain, diseases are fully cured or not, and better recovery of their health. This issue doesn't happen with the test of their operative dimension, as technical knowledge of this particular role a patient is less interested to know (Jalil, Zakar, Zakar, & Fischer, 2017; Jandavath & Byram, 2016; Murti, Deshpande, and Srivastava, 2013). While the operational measurement is more simply apparent by patients than the operational dimension, both superior dimensions are critical to increasing security, comfort, and efficacy with treatment. This has a positive effect upon satisfaction with aid from a healthcare facility (Jalil *et al.*, 2017; Jandavath & Byram, 2016; Murti *et al.*, 2013). In addition to satisfaction studies, the health care sector has found a link between service quality and satisfaction. Anbori, Ghani, Yadav, Daher, and Su (2010) show that empathy and assurance dimensions (mostly postsecondary communication) have a strong impact on patients' willingness to return to a healthcare facility. Another analysis was done to determine the dimension of three variables that are relatively effective in determining patient satisfaction in the Northern Cyprus healthcare

sector, the SERVQUAL tool reveals that, in general, the tangible dimension of public associations does not seem to significantly influence fulfillment (Yeşilada, & Direktör, 2010).

**Patient Satisfaction**

However, individual satisfaction in the health sector is difficult to quantify; the issue become the topic of several research, focus on people’ retrieval of wellbeing and hence for societal welfare (Dang, Westbrook, Hartman, and Giordano 2016; Gupta, Rodeghier, and Lis, 2013; Nezenega, Gacho, and Tafere, 2013).Patient satisfaction is known among the main quality measurements and key success indicators from the healthcare sector (Amole, Oyatoye, & Kuye, 2015).

Experience using a medical care service may have an immediate effect happening the individual’s prospects of their service area (Parasuraman, Berry, & Zeithaml, 1991; Amole *et al.*, 2015). Pouragha and Zarei (2016) found that patients’ satisfaction with hospitals is influenced by the quality of their services. The most important part of any healthcare process, as well as the hospital’s outpatient and inpatient departments, is crucial. According to Sathiyaseelan and Gnanapala (2015), meeting a patient’s requirements and giving the services they demand is a sign of good support.

In the hospital industry, client satisfaction is crucial for long-term relationships with clients and ensuring sustainability. It’s not a big idea, so it stinks in many dimensions. Each dimension has a different value and affects patient satisfaction (Paul & Mittal, 2016).

**Hypothesis Development**

Any company must strive to satisfy its customers. This includes long-term retention as well as new client relationships. Customer satisfaction is crucial for sustainability and profitability in a healthcare environment where clients are key business processes (Tenkorang, 2016). Client satisfaction is determined by the perception of service quality (Asnawi, Afthanorhan, Awang, Mohamad & Karim, 2019). The result of comparing the clients’ expectations with their perceived functionality of service quality is customer satisfaction (Jiang & Zhang, 2016).

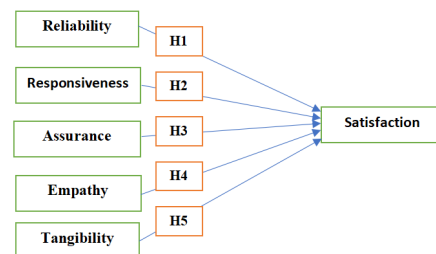
Extensive empirical evidence confirms a significant correlation between service quality and customer satisfaction (Kasiri. Sambasivan. Guan Cheng, & Sidin, 2017); Lien, Cao. & Zhou, 2017; Meesala & Paul, 2018; Paul et. al., 2016.; Priporas. Vedanthachari. Stylos, 2017). Despite this established theoretical link, several scholars have noted that the intricacies of this relationship remain insufficiently explored in contemporary research (Meesala & Paul, 2018; Anabila, 2019; Tenkorang, 2016). Several service sectors, including banking, transportation, and hospitality, have adopted SERVQUAL to assess service quality (Hussain et. al., 2015; Izogo & Ogba, 2015; Krishnamurthy SivaKumar & Sellamuthu, 2014; Li, Lowrie. Huang, Lu. Zhu. Wu, 2015; Paul et. al.,

2016). Kasiri and colleagues (2017) found in their research that patient satisfaction is strongly related to all dimensions of the SERVQUAL model. However, patient satisfaction in public and private hospitals is significantly different.

In addition, the study by Kassim & Asiah Abdullah (2010) found that consumer satisfaction is influenced in large part by perceived service quality. It is considered that service quality is an antecedent of customer contentment in a recent study, despite the fact that there is disagreement about the idea of the service quality-satisfaction relationship. This is especially true for health care, which is a service-related industry. Since patient happiness or satisfaction is essential to healthcare providers’ success, it can strengthen hospital image and result in increased service utilization, market share, and long-term competitive gain (Boadi, Wenxin, Bentum-Micah, Kwabena, & Asare, 2019).

This research will help to determine which SERVQUAL dimensions have the greatest impact on customer satisfaction. The following hypothesis is therefore offered:

- H1. Reliability has a positive and significant influence on patient satisfaction.
- H2. Responsiveness has a positive and significant influence on patient satisfaction.
- H3. Assurance has a positive and significant influence on patient satisfaction.
- H4. Empathy has a positive and significant influence on patient satisfaction.
- H5. Tangibility has a positive and significant influence on patient satisfaction.



**Figure-1:** Conceptual Framework. Source: Boadi *et al.* (2019)

**MATERIALS AND METHODS**

**Research Design**

This research is designed to examine the correlation between service quality in private hospitals in Bangladesh and patient satisfaction. This study uses self-administered questionnaires. This study employs a quantitative research design utilizing self-administered questionnaires to examine the correlation between service quality and patient satisfaction. Evercare Hospital Dhaka, a premier private healthcare institution in Bangladesh, was purposively selected as the study site. While focusing on a single hospital limits broad generalization, this choice was necessitated by safety protocols and restricted access.

Furthermore, the hospital's diverse patient demographics in terms of socio-economic backgrounds and health histories provided a rich context to explore service variants.

**Data Collection and Sample Size**

Data was collected using a structured questionnaire that was self-administered. The Likert scale ranged from 1 (strongly disagree) to 5 (strongly agree). The survey was completed in June-July, 2025. The survey has been delivered to inpatient and outpatients and was replied while they were waiting in the cabin or waiting to visit their physician, from the waiting area, together with appropriate set-up and also relaxation to fulfill out the poll. The researcher in charge of collecting the information has been present as the patients were answering the survey, to describe some doubts. 120 of the 150 sets of questionnaires completed that indicate the usable response rate of 80%. Due to the safety issue of COVID-19, one of the top private hospitals of Bangladesh named "Evercare Hospital Dhaka" has been selected. Although one private hospital

is not ideal, the socio-economic background and health history of patients at the hospital are essential to explore possible variants. This sample size, while specific to a single institution, is consistent with recent healthcare quality literature which emphasizes the depth of service evaluation over broad regional surveys (Alabdullah & Karwowski, 2024). To minimize selection bias and ensure a balanced representation of service experiences, the survey was administered equally to in-patients (50%) and out-patients (50%). To ensure accuracy and clarity, the researcher was present during the administration to address participant doubts and provide contextual explanations.

**Variables and Measurements**

Boadi *et al.* (2019) developed a survey instrument SERVQUAL for collecting data from selected hospitals patients. The survey included 18 items, outside of those three items belonging to patients' satisfaction have been adopted from Boadi *et al.* (2019)

Construct	Items of Questionnaire
Reliability	1. The hospital rendered its services promptly. 2. Hospital staff are available to help patients with their problems. 3. The hospital bills accurately.
Responsiveness	1. Patients receive prompt service. 2. The staff provides prompt service to patients. 3. The staff at hospitals are always available to assist patients.
Assurance	1. Staff feel secure with patients. 2. The staff were very knowledgeable. 3. The staff were polite.
Empathy	1. Patients are given personal attention by the hospital staff. 2. Patients' best interests are important to the hospital. 3. Consultation hours available at your convenience
Tangibility	1. The hospital is equipped with the most recent equipment. 2. The physical facilities of hospitals are visually appealing. 3. The staff at the hospital were all well-dressed.
Patient Satisfaction	1. The hospital's administrative services are excellent. 2. Service recovery is satisfactory. 3. Overall, I am satisfied with the hospital's service.

**Table 1:** Reliability

Cronbach's Alpha	N of Items
.870	18

**RESULTS AND DISCUSSION**

**Reliability Test**

Reliability is completed on all factors to find out whether the dimension scale is measuring internal consistency of

**Table 2:** Reliability Analysis

Construct	Cronbach's Alpha	N of Items	Variables
Reliability	.646	3	IV
Responsiveness	.622	3	IV
Assurance	.829	3	IV
Empathy	.723	3	IV
Tangibility	.854	3	IV
Patient Satisfaction	.741	3	DV

the measurement scale. Reliability is assessed through Cronbach's Alpha ( $\alpha$ ) coefficient where the significance of  $\alpha$  is 0.70 or over then the scales are considered as reliable (Hair, Black, Babin, & Anderson, 2010) and it ( $\alpha = 0.870$ ) found the same from table 1.

Additionally, a general rule of thumb for Cronbach's Alpha's minimal cut-off value is 0.60 as a minimum threshold for acceptance (Pallant, 2010; George, Ioana, Zait, 2015). According to Table 2, which details the findings of the internal consistency and reliability of measures, Cronbach's alpha values range from 0.622 to 0.854 for each construct. Because every variable met or exceeded the 0.60 benchmark, the survey instrument demonstrated sufficient internal consistency without the necessity of item deletion. Consequently, the findings indicate that the scales employed in this study possess the required level of measurement reliability.

**Descriptive Statistics of The Study Variables**

The socio-demographic profile of the respondents indicates that 58.3% of the respondents are male while

**Table 3:** Socio-demographic characteristics of the respondents

	Frequency	Percent	
Gender	Male	70	58.3
	Female	50	41.7
Age	25-29 years	33	27.5
	30-34 years	38	31.7
	35-39 years	26	21.7
	40-44 years	8	6.7
	45-49 years	13	10.8
	50-54 years	2	1.7
Educational Qualification	Secondary	3	2.5
	College	22	18.3
	Professional	14	11.7
	Teacher education	5	4.2
Monthly Income	University	76	63.3
	TK. 25,001-40,000	6	5.0
	TK. 40,001-60,000	48	40.0
Patient Type	TK. 60,001-80,000	66	55.0
	Out Patient	60	50.0
	In Patient	60	50.0
	Total	120	100.0

41.7% are female. Most of the respondents (31.7%) between ages 31-34 years and (27.5%) between ages 25-29 years. The results also revealed that 63.3% of the respondents have done postgraduate education. The findings also show that the highest number of respondents' (55%) income level falls between Tk. 60,001

to Tk. 60,000. The survey has been conducted equally over in-patient and out-patient out of 120 patients as shown in Table 3.

**Normality Test**

From table 4 we see that the lowest skewness values are -1.231 and the highest skewness value is 0.523; the lowest

**Table 4:** Normality Statistics

Construct	Items	Mean	S t d .	Skewness		Kurtosis	
		Statistic	Statistic	Statistic	S t d .	Statistic	S t d .
				Error	Error		Error
Reliability	The hospital rendered its services promptly	3.61	.759	-.375	.221	-.125	.438
	Hospital staff are available to help patients with their problems	3.77	.837	-.495	.221	-.156	.438
	The hospital bills accurately	3.86	.843	-.324	.221	-.490	.438
Responsiveness							
	Patients receive prompt service	3.78	1.022	-1.231	.221	1.562	.438
	The staff provides prompt service to patients	3.76	.961	-.361	.221	-.783	.438
Assurance	The staff at hospitals are always available to assist patients	3.43	.857	.523	.221	-.433	.438
	Staff feel secure with patients.	3.98	.572	-.004	.221	.132	.438
	The staff were very knowledgeable	3.63	.800	.183	.221	-.597	.438
Empathy	The staff were polite	3.68	.745	-.156	.221	-.213	.438
	Patients are given personal attention by the hospital staff	3.89	.765	-.157	.221	-.531	.438

	Patients' best interests are important to the hospital	3.03	.614	.428	.221	1.119	.438
	Consultation hours available at your convenience	3.38	.735	.155	.221	-.190	.438
Tangibility	The hospital is equipped with the most recent equipment	3.38	.989	-.200	.221	-.273	.438
	The physical facilities of hospitals are visually appealing	3.62	.747	-.716	.221	.144	.438
	The staff at the hospital were all well-dressed	3.53	.673	-1.101	.221	-.012	.438
P a t i e n t Satisfaction	The hospital's administrative services are excellent	3.65	.774	-.626	.221	.079	.438
	Service recovery is satisfactory	3.99	.587	.001	.221	-.025	.438
	Overall, I am satisfied with the hospital's service	3.55	.951	-.473	.221	.229	.438
	Valid N (listwise)						

kurtosis value is -0.597 and the highest value is 1.562 falls within -2 to + 2 (Hair *et al.*, -2010). so, all of our data considered as normally distributed.

**T Test: Inpatient vs Outpatient**

According to the results of the independent samples t-test, there is no significant difference for any of the

**Table 5:** Independent Samples Test

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. ( 2 - tailed)	Mean Difference	Std Error Difference	95% Confidence Interval of The Difference	
									Lower	Upper
Reliability	Equal variances assumed	1.742	.189	1.076	118	.284	.12222	.11364	-.10281	.34726
	Equal variances not assumed			1.076	111.632	.284	.12222	.11364	-.10295	.34739
Responsiveness	Equal variances assumed	.887	.348	1.889	118	.061	.24444	.12943	-.01186	.50075
	Equal variances not assumed			1.889	115.837	.061	.24444	.12943	-.01191	.50080
Assurance	Equal variances assumed	1.879	.173	1.697	118	.092	.18889	.11131	-.03153	.40931
	Equal variances not assumed			1.697	113.917	.092	.18889	.11131	-.03161	.40939
Empathy	Equal variances assumed	.078	.780	.964	118	.337	.10000	.10368	-.10532	.30532
	Equal variances not assumed			.964	117.977	.337	.10000	.10368	-.10532	.30532
Tangibility	Equal variances assumed	10.869	.001	1.669	118	.098	.21667	.12986	-.04049	.47382
	Equal variances not assumed			1.669	107.722	.098	.21667	.12986	-.04074	.47407
Satisfaction	Equal variances assumed	5.930	.016	1.488	118	.139	.17222	.11571	-.05692	.40136
	Equal variances not assumed			1.488	111.273	.139	.17222	.11571	-.05706	.40151

dimensions and patient satisfaction in relation to the patient's nature (in-patient and out-patient). According to Levene's test, the p-value is larger than 0.05, indicating that there isn't a statistically significant difference, and the t-values for all variables do not surpass the critical threshold (CV=1.96), indicating that the means are

identical. Both in-patient and out-patient have no different perceptions regarding all the service quality dimensions and satisfaction as well.

**Regression Test**

The assessments of service quality were used as

**Table 6: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of The Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.810a	.657	.642	.38137	.657	43.602	5	114	.000	1.928

a. Predictors: (Constant), Tangibility, Empathy, Reliability, Responsiveness, Assurance  
b. Dependent Variable: Satisfaction

independent variables in a regression analysis, and customer satisfaction was used as the dependent variable. The independent factors provide an explanation for the fluctuation of the dependent variable in a percentage of 65.7 percent, as indicated by the R square value of 0.657

seen in Table 6.

**ANOVA Table**

Table 7 shows that the F value of this research is 43.602 and the p-value significantly lower than 0.05. This

**Table 7: Anova**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	31.708	5	6.342	43.602	.000b
	Residual	16.580	114	.145		
	Total	48.288	119			

a. Dependent Variable: Satisfaction  
b. Predictors: (Constant), Tangibility, Empathy, Reliability, Responsiveness, Assurance

demonstrates the significance of multiple linear regressions. It satisfies Chang, Ng Sim, Yap and Yin (2015)'s recommendation that the p value should not exceed 0.05. This indicates that satisfaction with patients is at least partially related to any of the five independent variables. This explains why the suggested conceptual

framework applied in this study is effective.

**Coefficient**

The guideline for every predictor construct's tolerance (VIF) value ought to be greater than 0.20 and lower than 5 (Hair *et al.*-2010). The VIF for every construct is;

**Table 8: Coefficient**

		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	-.289	.307		-.943	.348					
	Reliability	.624	.066	.610	9.486	.000	.750	.664	.521	.728	1.373
	Responsiveness	-.124	.086	-.140	-1.440	.153	.304	-.134	-.079	.320	3.130
	Assurance	.277	.105	.267	2.648	.009	.326	.241	.145	.296	3.374
	Empathy	.098	.082	.088	1.203	.232	.289	.112	.066	.568	1.760
	Tangibility	.216	.063	.244	3.416	.001	.532	.305	.187	.593	1.687

a. Dependent Variable: Satisfaction

reliability 1.373, responsiveness 3.130, assurance 3.374, empathy 1.760, and tangibility 1.687. The results indicate that every VIF score is well below the cutoff of 5. As a consequence, collinearity among the predictor constructs is not a serious issue in this structural model, and we may proceed with the results report analysis. The value of the Standardized Coefficient Beta, which

is used to measure each component of this model, is displayed in Table 8. T-value and p-value indicate that a predictor variable is significantly affecting the criteria. The finding reveals that the biggest coefficient beta is 0.610, and that it is for reliability and for assurance (0.267), tangibility (0.244), and empathy (0.088). The findings regarding the significant impact of reliability

and assurance echo recent studies suggesting that in specialized healthcare settings, patient trust is heavily predicated on technical competence and consistent service delivery (Olaere *et al.*, 2024). This underscores the shift toward a more value-based healthcare model where outcomes and perceived fairness in service processes dictate overall institutional loyalty. This often indicates that this variable positively describes the dependent variable's overall satisfaction with the hospital's service quality. The dependent variable "patience satisfaction" is inversely related to responsiveness, as indicated by the coefficient  $b$  of responsiveness, which is  $-0.140$ .

If this component is making a statistically significant distinguishing contribution or not may be determined by the  $p$ -value. If the  $p$ -value is considerably less than  $0.05$ , then the independent variable and dependent variable are positively correlated. According to Chang *et al.*, if it is more than  $0.05$ , the relationship with the dependent variable isn't statistically significant (2015). Table 8 shows the  $p$ -value of reliability, assurance, and tangibility is significantly less than  $0.05$ , which suggests the measurement has a substantial influence on the patient's satisfaction on service quality of the hospital. However, responsiveness ( $p=0.153$ ) and empathy ( $p=0.232$ ) have no significant influence on the patient's satisfaction.

The statistical analysis confirms that reliability, assurance, and tangibility maintain a significant positive relationship with patient satisfaction, thereby providing empirical support for hypotheses H1, H3, and H5. Conversely, while empathy demonstrated a positive correlation, its impact was not statistically significant, leading to the rejection of H4. Furthermore, responsiveness exhibited a negative relationship and lacked statistical significance in influencing patient satisfaction; consequently, H2 was also rejected.

## CONCLUSION

This Analysis uses the SERVQUAL Model concept to describe the research framework between service qualities, satisfaction of patients towards private hospitals. With a good fit model, the R-square value was  $0.657$ . This demonstrates that the SERVQUAL Model, which incorporates the five variables of Reliability, Responsiveness, Assurance, Empathy, and Tangibility, was effective in illuminating the impact of these service quality factors on patients' satisfaction in private hospitals in Bangladesh.

Studies from the past confirm the finding that patient satisfaction is positively correlated with reliability, assurance, tangibility, and other factors. In contrast to past research that suggested a link between outpatients' satisfaction and empathy (Zaim & Van De Ven, 2010; Amjeriya & Malviya 2012; Van Deven 2014), this research shows a negligible positive relationship.

Despite the result specified that health care staff offered personalized attention to their patient, prioritized patient welfare, and maintained convenient consultation hours in

this Corona situation, the study indicates that empathy has no significant influence on patient satisfaction. It could be because most patients aren't interested in being kept longer in COVID-19-related health care. Therefore, it is difficult to expect great empathy.

The study reveals a negative and insignificant relationship between responsiveness and patient satisfaction. The outcome is different from previous research by Hassali and colleagues. (2014), Yousapronpaiboon (2013), Johnson (2013), Malviya (2012) and Ramez (2012). This could be because of the COVID-19 issue as the health care are not providing prompt services to patients due to a shortage of staffs (staff is doing duty less than the normal situation in terms of day or weekly shift) and Hospital Staffs are not willing to help patients as both patient and staff feel tense regarding their safety issue.

This research paper analyzes service quality and its dimensions. This research paper can reduce the research gap because it is one of the few pieces in Bangladesh that has examined the relationship between service quality, patient satisfaction, and private hospitals. The research findings can be useful for future researchers who are interested in similar subjects. Public and private health care systems in Bangladesh need to be more mindful of creating a pleasant and comfortable environment. The Bangladesh Government might consider investing in more sophisticated and complete equipment to ensure safety and raise the confidence for health care to enhance patients' satisfaction. The results of the studies can give a clear direction to the government to take the necessary steps and strategies that will help to enhance patient satisfaction based on overall service quality in those hospitals that are not taken after this COVID-19.

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