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PRIORITIZING SERVICE QUALITY DIMENSIONS TOWARDS FACULTY DEVELOPMENT: A CASE OF A SRI LANKAN MEDICAL SCHOOL

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Aims

During the last two decades the education sector around the globe was challenged with the need for market orientation in education delivery as a consequence of heightened competition among education institutions and escalating student demands for quality education. This has resulted in many educational organizations to concentrate more on the quality in academic and non-academic services offered to their students more than ever before. Although late to adopt, the same trend has emerged in the developing countries in the recent past.

Service quality measurement creates a platform for making informed decisions on service quality improvements which will invariably have a positive impact on the institution and its stake holders. Therefore this study examined medical undergraduates' perceptions of service quality gaps in selected areas of student support services in a state medical school in Sri Lanka and the influence of student demographic factors on service quality ratings.

Methods

A quantitative study was conducted using the SERQUAL questionnaire, which is a self administered questionnaire. It is a multiple item scale measuring student expectations and perceptions on service quality along a 7 point likert scale under five dimensions: tangibles (physical facilities, equipments and appearance of personnel), reliability (ability to perform the promised service dependably and accurately), Responsiveness (willingness to help students and provide prompt service), assurance (knowledge and courtesy of employees and their ability to inspire trust and confidence), empathy (caring individualized attention the institution provides its students). Cronbach's alpha, descriptive statistics, t-tests and ANOVA were used to analyse data using SPSS 14.0 software.

Results

The mean student perception scores for all service quality attributes measured by the tool were lower than the respective expectation scores, indicating a negative service quality gap. Highest service quality gaps were in tangibles dimension followed by reliability, assurance, empathy and responsiveness. Service quality perceptions on selected dimensions also differed significantly across gender, living setting (urban/ rural) and student seniority. Student perceptions towards reliability and empathy significantly differed across gender, male students perceiving higher than their female counterparts. Student perceptions on tangibles and reliability also differed significantly among urban and rural students, rural students perceiving lower than urban students. Student perception and expectation scores for all dimensions significantly differed according to seniority. Mean student perception and expectation scores were reduced with advancing seniority; highest scores for both expectations and perceptions were among most junior students and lowest among most senior students. Therefore the most significant service quality gaps were identified among female students from rural areas who were in their final couple of years of study.

Conclusion

The quality of student support services provided by the medical school does not meet the expectations of medical undergraduates. This has resulted in negative quality gaps for all dimensions measured by the SERVQUAL tool, highlighting the necessity to implement quality improvement initiatives to alleviate quality gaps. Therefore this tool can be considered by all learning organizations to broaden their understanding of the existing learning environments which may be limited to quantity measures with quality ratings.