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Research Article

A Study on Healthcare Service Quality and Patient Satisfaction Using the Health Qual Model in Selected Eye Hospitals in Tiruchirappalli City

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Abstract: Healthcare service quality plays a vital role in determining patient satisfaction, trust and the overall effectiveness of healthcare institutions. In the present competitive healthcare environment, eye hospitals must provide not only effective medical treatment but also quality services that address patients' expectations and perceptions. The Health QUAL model provides a framework for evaluating healthcare service quality by considering various dimensions of patient care and service delivery. The present study, entitled "Health QUAL Model Initiatives in Eye Hospitals at Tiruchirappalli City," aims to examine the influence of healthcare service quality dimensions on patient satisfaction in selected eye hospitals in Tiruchirappalli city.

Keywords: Service Quality, Confirmatory Factor Analysis, Hospitals

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INTRODUCTION

Health QUAL is a model that aims to assess the quality of health services from the patient perspective, focusing on outcomes and care processes. In designing the health services quality assessment model, five dimensions were identified for care services: empathy, tangibility, safety, efficiency and improvement. Others argue that these should also include reliability, responsiveness and assurance and that in particular uses, a customized instrument is preferable. In relation to eye hospitals, actions associated with the elements of the model Health QUAL are:

- Customization of care to the patient
- Accuracy of eye exam
- Hospital cleanliness
- Appointment management
- The improvement of surgical safety
- Management of patient satisfaction

This list is based on the most common hospital services related to ophthalmology, including diagnostic, cataract and retina surgery, glaucoma surgery and consultation. For initiatives regarding empathy, it might be showing real interest in the patient's problem, giving adequate explanations and making sure that older patients or patients with bad eyesight can see properly. For tangibles, it is probably made sure that hospital cleanliness is taken care of, that the newest technology is used and that appropriate signage is available to direct patients to the ward and examination room. Lastly, safety could be the focus, where infection control would be observed, sterilized surgical instruments used,

the eyes properly treated and informed consent and instruction given to the patient post-operation. Efficiency relates to avoiding unnecessary delays, issues with diagnostic testing and overly complicated registration procedures and appointments. Improvement-based interventions can include creating and implementing a quality improvement program using patient suggestions and complaints and assessing treatment outcomes and patient experience. However, these are proposed initiatives and their effectiveness should be evaluated on an individual basis. All in all, a set of initiatives can be created and implemented in eye hospitals, which would improve both quality of care and customer satisfaction. Using the above initiatives as the basis, it is possible to design a comprehensive set of procedures to assess the current level of service quality. This tool is expected to be useful to eye hospitals based on these initiatives.

Theoretical Background of the Study

Quality of healthcare service is an important subject of study because it is expected to influence satisfaction, trust, loyalty and the effectiveness of the healthcare delivery system. According to prior literature review, quality of health care should not be evaluated entirely with regard to the medical equipment and technical treatment; instead, it should also include the patients' perceptions of the staff behavior, communication, safety, reliability, empathy and care outcomes. Several researchers have constructed and used various models to explain hospital administrators' how to bolster patient-centered care and the quality of healthcare services. The health quality model (Health QUAL) has become one of the most widely used models for describing patients' experiences and determining avenues for service improvement because of its healthcare-specific nature. Lee [1], introduced the 'health qual' scale by reviewing the dimensions of healthcare service quality suggested by previous studies, as well as quality awards and the international healthcare accreditation and certification system. This study was based on care process and outcomes and divided five dimensions of healthcare service quality found in the 'health qual' model, namely, empathy, tangibles, safety, efficiency and enhancement of care services. The findings showed that the enhancement of care services was the most vital among all five dimensions, accounting for 26.55% of all priorities and 19.82% of the top five priorities. This study established a conceptual foundation for evaluating healthcare service quality based on service characteristics and the degree of enhancement of healthcare services. Regarding the eye hospital in Tiruchirappalli City, the reviewed research established that the mode of operation at the eye hospital highlighted the importance of medical instruments, patient safety, nurse and doctor responsiveness, professional attention and the importance of medical instruments, patient safety, nurse and doctor responsiveness and professional attention, as well as the enhancement of eye hospital services. Barrios-Ipenza *et al*. [2], constructed and administered the scale the Health QUAL scale to users of outpatient services at two public-private partnership hospitals in Peru. The study measured satisfaction of users with healthcare personnel, non-healthcare personnel, facilities and equipment, perceived efficiency and trust, among 250 users. The study found that the satisfaction of the service users with healthcare personnel, non-healthcare personnel and facilities and equipment is a factor contributing to perceived efficiency. The study concluded that the use of the Health QUAL scale was valid enough to measure user satisfaction in the hospitals. This confirms the hypothesis that the evaluation of the quality of healthcare by the user depends on the joint efforts of clinical employees, administrative staff and physical facilities. In the context of eye hospitals, this idea holds, as the patient interacts with ophthalmologists, nurses, technicians, front desk personnel and other employees of the hospital.

Nemati *et al*. [3], also used the model of Health QUAL to compare the quality of healthcare service and trusting nurses in university and non-university hospitals in Iran. The study was conducted with 990 patients, who were measured on actual perceived quality and ideal expectations. The study found that the perceived quality was less than the expected quality. The overall gap was 0.64. The greatest perceived gap was the environment for university hospitals and the greatest gap for non-university hospitals was empathy. Another result of the study was that university hospitals had a significantly higher level of trust in nurses than non-university hospitals. The study emphasizes the importance of a positive hospital environment and the need for empathy and trust between doctor and patient. When delivering services at the eye hospital in Tiruchirappalli, attention should be given to the ophthalmic facilities available, the patients' expectations toward doctors and staff and their treatment experiences.

Shaikh and Sarkar [4], compared public and private health care organizations for patient satisfaction under a health scheme with the help of hospital administrators to promote patient-centred care and the Health QUAL instrument. Patients of the district of Malda determined the scores for environment, empathy, efficiency and effectiveness. They concluded that overall satisfaction for patients attending a public hospital was weaker than that at a private hospital. Hospital managers and policy makers must cooperate to involve hospital administrators in the enhancement of patient-centred care, the resolution of deficiencies in the quality of health services and the improvement of patients' experience and satisfaction. In the study, the use of the Health QUAL model was demonstrated in comparing patient experiences in healthcare settings. The present study will extend the findings by examining how well patients' expectations from eye hospitals were being met for environment, staff, efficiency and effectiveness. Alkhatib and Aloqaily [5], evaluated the

quality of service in private hospitals in Jordan using the variables of five dimensions of healthcare quality: healthcare personnel, non-healthcare personnel, tangibles, perceived efficiency and patient loyalty. Partial least squares analysis was used to evaluate the constructs of the model and their relationships. The findings of this study suggest that managers should learn and understand patients' perceptions so that they can improve hospital performance and develop effective managerial strategies. This study supports the relevance of clinical personnel, administrative support, hospital facilities and service efficiency as factors influencing healthcare quality. Astuti *et al*. [6], applied interpretative structural modeling to combine Community Satisfaction Index and Health QUAL (Health QUAL) to build an integrated model for measuring service quality in public hospitals. The authors presented five key dimensions associated with service quality, which are empathy, physical evidence, security, reliability and outcome improvement. Critical driver indicators of service quality included employee courtesy, detailed explanations to patients, medical equipment safety and diagnostic accuracy. The outcomes of this study have contributed to the theoretical discourse of healthcare service quality by underscoring the connections among psychosocial care, physical setting, protective environment and treatment outcome. In an ophthalmic hospital, these dimensions are relevant, which are based on patients' need for accurate diagnosis, safe procedures and explanations for ocular conditions and courteous exchanges with healthcare professionals.

Lee [1], studied on perceived healthcare service quality and its influence on patient trust, satisfaction, willingness to pay a premium and revisit intention in the AI-enabled healthcare contexts in Vietnam. The study analyzed five service quality dimensions among the 477 participants which include tangibles, reliability, responsiveness, assurance and empathy. Therefore, Health QUAL positively affected trust and satisfaction, particularly through responsiveness and tangibles. Trust and satisfaction partially mediated the path from service quality to behavioral intentions. Additionally, AI-enabled service reduced the path from service quality to trust and satisfaction. This research indicated the importance of feeling cared for by providing advanced facilities and sophisticated systems and feeling assured and well taken care of when confronting the highly technological environment. These factors should be considered when analyzing service quality, as far as ophthalmic hospitals are concerned. For ophthalmic hospitals, this study provides a sense of consistency in analyzing the effects of technological amenities and professional interaction on customer experience. The effect of AI-enabled service, however, is to be understood only if the ophthalmic hospital in the current study is applicable. Other research examined the association of service quality and patient satisfaction using different models than Health qual. Rahmatia *et al*. [7], who studied the quality of the inpatient service of Batara Siang Hospital in Indonesia using the SERVQUAL model. The authors examined the tangibility, reliability, responsiveness, assurance and empathy of 267 inpatients.

Concept of Service Quality and Customer Satisfaction

The study results showed that all the five SERVQUAL dimensions significantly impact patient satisfaction, with empathy having the most significant effect, followed by assurance, responsiveness, reliability and tangibility. The five SERVQUAL dimensions together accounted for 67.7% of the variation in patient satisfaction. The study identified patient centered communication, customer focus and staff responsiveness as important aspects in the delivery of healthcare services. This complements Health qual by showing that professional/caring relationships contribute to perceived quality. Al-Mhasnah *et al*. SERVQUAL was used to study the relationship between service quality and patient satisfaction in the hospitals of Jordan [8]. The study examined the dimensions of service quality like tangibles, reliability, assurance, empathy and responsiveness. The study findings empirically proved the fact that service quality in hospitals is significantly associated with patient satisfaction and therefore, the usefulness of the SERVQUAL instrument for measuring the quality of hospital services. In a study of 614 respondents and twenty public hospitals in Ghana, Anabila *et al*. [9], found that service quality had a significant positive relationship with patient satisfaction. They also noted additional positive impacts of patient satisfaction on behavioural intentions, as well as a mediating role for patient satisfaction in the relationship between service quality and behavioural intentions.

These research studies present a theoretical premise to view patient satisfaction as a vital outcome of the perceived quality of health care services. For an ophthalmic hospital, patient satisfaction can be construed as patients' perceptions of diagnostic precision, staff behaviour, waiting time, the course of treatment and the overall quality of the healthcare delivery system. Chen *et al*. [10], combined the structure-process-outcome model of Donabedian with the SERVQUAL questionnaire to develop a model of the perception of medical service quality in Taiwan. In the data collection, 400 questionnaires were collected from outpatient visits to three kinds of medical institutions and 315 valid questionnaires were used for statistical analysis. The results show that assurance can contribute to the perception of medical service quality and thus lead to improved medical outcomes, but tangible factors do not significantly contribute to medical outcomes. The study points out that the training, attitude and treatment methods of doctors and nurses, as well as the service process they follow, should be valued. This study provides a theoretical basis for justifying the importance of physical facilities in addition to professional expertise and service quality. For ophthalmic hospitals, while the scanning

system may be a factor, patients' trust in their ophthalmologists, the safety of procedures and the clarity of the explanations provided are also crucial. Mallat *et al*. [11], studied the outpatient satisfaction in private health sectors and created a six-dimensional model of service quality namely medical care technical quality, patient-provider communication, perceived cost, perceived waiting time, accessibility and physical facilities. This shows the effect of perceived service quality, trust and emotional states of patients on patient satisfaction. The author also suggested that in a future study the Health QUAL and SERVQUAL models could be comparatively applied to an outpatient setting. This paper emphasizes the necessity of measuring patient satisfaction by assessing the clinical, interpersonal, financial and organizational aspects of healthcare experience, which is especially relevant to eye hospitals since patients may evaluate the services based on different factors such as medical competence, communication, cost of treatment, waiting time, accessibility and physical infrastructure. Berger *et al*. [12], examined the role of patient feedback to hospitals in improving the quality of health care. Utilising interview, document and observation data from three Brazilian hospitals, they found that patient surveys, informal feedback and other feedback mechanisms may support hospitals in identifying concerns with healthcare services and designing strategies for quality improvement. The authors highlighted the importance of engaging healthcare professionals, putting feedback mechanisms in place and using quality indicators to assess the impact of the improvements. This research applies an organisational approach to the Health QUAL model and proposes that the assessment of service quality should be a springboard for correction rather than a mere reflection of patients' perceptions of healthcare quality. Feedback received from eye hospitals' patients may be valuable in identifying issues related to waiting times, registration, communication, staff attitudes, diagnostic process and subsequent treatment. Taken together, the seven articles demonstrated the multidimensional nature of healthcare service quality, highlighting its close relationship with patient satisfaction, trust and perceived efficiency, as well as its intimate association with patient satisfaction, patient trust and the perceived efficiency of healthcare services and patients' behavioural intentions. Lee [1], proposed and validated the Health QUAL model with dimensions of empathy, infrastructure, security, efficiency and improvement in providing an effective framework of healthcare services. The other researchers then applied or adapted his model to various healthcare settings.

Based on the studies, Lee [1], Nemati *et al*. [3], Barrios-Ipenza *et al*. [2] and Alkhatib and Aloqaily [5], indicated that healthcare personnel, supporting staff, infrastructure, efficiency and patient trust are the dimensions that exerted the greatest influence on health service quality. Astuti *et al*. [6], found that the dimensions of empathy, infrastructure, security, reliable patient diagnosis and improvement in healthcare services are among the most important. In addition, SERVQUAL and the other healthcare service quality models have identified the dimensions of professional care, infrastructure, communication, responsiveness, patient trust and patient satisfaction. Based on the above review, the underpinning theory of the present research, "Health QUAL Model Initiatives in Eye Hospitals in Tiruchirappalli City", views patients' perceptions of healthcare service quality as a summated effect of the dimensions of professional care, interaction with others, infrastructure, security, efficiency and improvement in providing healthcare services. These dimensions provide hospital administrators with a bolstered patient-centred care framework for examining patients' perceptions and recognising areas for improvement in eye hospitals. These findings are limited to being generalised to eye hospitals in Tiruchirappalli City, as the reviewed research was, as the reviewed research had been conducted in various countries and healthcare environments. Hence, the present research would be able to contribute to context-specific evidence regarding the perception of the relevant Healthcare QUAL dimensions, to what extent, among patients in eye hospitals and its association with patient satisfaction. This would be beneficial for the hospital administrators to bolster patient-centred care and to optimise quality improvement initiatives.

Research methodology the present study will use a descriptive-analytical research design to explore the Health QUAL model initiatives in eye hospitals in Tiruchirappalli city. The primary data has been collected from eye hospital visitors through a questionnaire developed based on the key dimensions of the Health QUAL model, such as empathy, tangibles, safety, efficiency and improvement of care services. The secondary data will be collected from books, research articles, journals and other healthcare publications. Additionally, an appropriate sampling technique will be used to select the samples. The collected data will be analyzed using various descriptive statistics, such as percentage analysis, mean, standard deviation and relevant statistical tests to determine patients' perceptions of quality and satisfaction with healthcare services. Through the study, the quality-of-care gap will be identified and recommendations will be proposed to improve eye care services among patients in Tiruchirappalli city. The present uses the simple random method to select the samples and the sample size was fixed at 310, which was tested with the Kaiser-Meyer-Olkin Measure of Sampling Adequacy. Results suggest the sample size is good for analysis (Table 1).

Table 1: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.759
Approx. Chi-Square	7021.648
Bartlett's Test of Sphericity df	630
Sig	0.000

Source: SPSS Output

The sampling frame the present is carried out in Trichy and sample frame of the study is selected fuve hospitals patients were considered:

- Joseph Eye Hospital
- Maxi-vision Super Specialty Eye Hospitals
- Vasan Eye Care Hospital
- The Eye Foundation Eye Hospital
- AG Eye Care Hospital

The collected data will be analysed using descriptive and inferential statistics, including percentage analysis, mean and standard deviation. Multigroup Structural Equation Modelling (MSEM) will be used to investigate the relationship between the dimensions of the Health QUAL model and patient satisfaction in eye hospitals in Tiruchirappalli city. The model is hypothesised to examine the direct and indirect effect of healthcare service quality on patient satisfaction and compare the relationships within different patient groups if significant. Confirmatory Factor Analysis (CFA) will be conducted to test the reliability and validity of the measurement model, while model-fit indices such as CMIN/DF, CFI, TLI, SRMR and RMSEA will be used to determine the overall fitness of the model. The analysis will be carried out using AMOS software to identify the key dimensions that influence patients' perception of healthcare service quality.

Hypotheses of Study

- **H1:** Empathy positive impact on patient satisfaction in eye hospitals
- **H2:** Tangible positive aspects of eye hospitals may lead to higher customer satisfaction scores
- **H3:** Safety has a positive influence on patient satisfaction in eye hospitals
- **H4:** Efficiency has a significant positive on patients in eye hospitals
- **H5:** The enhancement of health care services apparently has a positive effect on patient satisfaction
- **H6:** Reliability of service and patient satisfaction in eye hospitals has a positive impact

The demographic profile of the respondents is also an important factor to consider in understanding the types of patients participating in the study with respect to the Health QUAL Model Initiatives in Eye Hospitals in Tiruchirappalli city. The sample size of the study is 310 respondents and the demographic profile of the respondents is examined in terms of gender, age, marital status, educational qualifications, monthly income and place of residence. Gender: In terms of gender, the results of the study show that 156 respondents (50.32%) were male and 154 respondents (49.68%) were female. The study includes nearly equal proportions of males and females, which allows for a comprehensive assessment of perceptions regarding the quality of healthcare services at the eye hospitals (Table 2).

Table 2: Respondent Profile

Demographic factor	Variables	Number of Respondents	%
Gender	Male	156	50.32
	Female	154	49.68
Age	19–28	96	30.97
	29–38	105	33.87
	39–48	65	20.97
	49-58	44	14.19
Marital Status	Single	136	43.87
	Married	174	56.13
Education	schooling/Diploma	24	7.74
	Undergraduate	185	59.68
	Postgraduate	78	25.16
	Professional/Technical	23	7.42
Monthly Income	Below ₹20,000	107	34.52
	₹20,001–₹35,000	105	33.87
	₹35,001–₹50,000	42	13.55
	₹50,001- –₹65,000	33	10.65
	₹65,001- – Above	23	7.42
Area of Residence	Rural	53	17.10
	Semi-urban	52	16.77
	Urban	205	66.13

Table 3: MSEM Results

	Dependent Variables		Independent Variable	Estimate	S.E.	C.R.	p
H1	patient satisfaction in eye hospitals	<	Patient Empathy	0.011	0.011	0.999	0.318
H2	patient satisfaction in eye hospitals	<	Tangible positive aspects	0.020	0.011	1.980	0.047
H3	patient satisfaction in eye hospitals	<	Safety	0.389	0.208	1.966	0.052
H4	patient satisfaction in eye hospitals	<	Efficiency	0.017	0.037	0.440	0.660
H5	patient satisfaction in eye hospitals	<	enhancement of health care services	0.000	0.023	0.019	0.985
H6	patient satisfaction in eye hospitals	<	Reliability of service	0.026	0.045	0.586	0.558

Comparison by age the data reveal that the largest number of respondents (105; 33.87%) is in the age category of 29-38 years. In the same vein, 96 respondents (30.97%) are aged between 19 and 28 years, while 65 respondents (20.97%) are aged between 39 and 48 years. By and large, the largest number of respondents is made up of 44 respondents (14.19%) in the age category of 49-58 years.

On the issue of marital status, the results indicate that 174 respondents constituting 56.13% are married and 136 respondents representing 43.87% are single. The findings show that more of the respondents are married than single. With regard to their education, it is shown that 185 respondents (59.68%) are undergraduates, 78 respondents (25.16%) are postgraduates, 24 respondents (7.74%) are schooling/diploma and 23 respondents (7.42%) are professionals or technical experts. Seems like the majority of the study sample are undergraduates.

As regards the monthly income, findings show that 107 (34.52%) earn below 20,000, 105 (33.87%) earn between 20,001 and 35,000, 42 (13.55%) earn between 35,001 and 50,000, 33 (10.65%) earn between 50,001 and 65,000 and 23 (7.42%) earn above 65,000, which is the highest income. However, 23 (7.42%) of the respondents fall within this category, which is the highest in this income classification. On the level of residence, the results indicate that 205 respondents (66.13%) come from urban areas, while 53 respondents (17.10%) and 52 respondents (16.77%) come from rural and semi-urban areas, respectively. Almost two-thirds of the study's respondents reside in urban areas, surpassing the other two categories. To conclude, the demographic data of respondents show that it includes nearly the same number of males and females. The majority of respondents are between the ages of 29 and 38. More than half of the respondents are married and most of them have the undergraduate level of education.

Nearly a third of the respondents have income less than 20000 and most of them are living in urban areas. It is important to analyze the effect of these attributes in order to identify their role in determining customer satisfaction levels in eye hospitals in Tiruchirappalli city.

The Structural Equation Modelling (SEM) analysis examines the influence of six Health QUAL dimensions on patient satisfaction in eye hospitals in Tiruchirappalli city. The results indicate that patient empathy has a positive path coefficient of 0.011, with a critical ratio of 0.999 and a p-value of 0.318, suggesting that its influence on patient satisfaction is not statistically significant. Therefore, H1 is not supported. Tangible positive aspects have a positive path coefficient of 0.020, with a critical ratio of 1.980 and a p-value of 0.047, indicating a statistically significant positive relationship at the 5% significance level. Hence, H2 is supported. This finding suggests that the physical environment, cleanliness, medical equipment and facilities of eye hospitals may contribute to patient satisfaction. Safety has a positive path coefficient of 0.389, with a critical ratio of 1.966 and a p-value of 0.052. Since the p-value exceeds 0.05, H3 is not supported at the 5% significance level. Similarly, efficiency has a path coefficient of 0.017, a critical ratio of 0.440 and a p-value of 0.660, indicating that its relationship with patient satisfaction is not statistically significant; therefore, H4 is not supported. Enhancement of healthcare services has an estimated path coefficient of approximately 0.000, a critical ratio of 0.019 and a p-value of 0.985, showing no statistically significant relationship with patient satisfaction. Consequently, H5 is not supported. Reliability of service has a positive path coefficient of 0.026, a critical ratio of 0.586 and a p-value of 0.558, indicating that the relationship is not statistically significant; therefore, H6 is not supported. Overall, the findings reveal that tangible positive aspects are the only dimension demonstrating a statistically significant relationship with patient satisfaction in the estimated model. This highlights the potential importance of maintaining a clean hospital environment, providing appropriate ophthalmic equipment and ensuring comfortable facilities. However, the non-significant results for the other dimensions do not necessarily imply that they are unimportant to patients; rather, their independent effects were not statistically established by the present analysis (Table 3).

Managerial Recommendation

- **Upgrade Infrastructure and Facilities in Hospitals:** Eye hospitals should have clean examination rooms, comfortable waiting areas, hygienic eye treatment facilities, accessible washrooms and clear directional signboards. Maintenance of ophthalmic diagnostic and surgical equipment is also important as this was the only aspect which had a positive significant relationship with patient satisfaction

- **Enhance Patient Communication and Empathy:** Hospital administration must ensure that doctors, nurses and reception staff communicate politely to patients, listen to their concerns and explain diagnosis, treatment options, risks and post-operative instructions. The staff should provide special assistance to elderly patients and those with visual impairments
- **Improved Patient Safety:** Management must put in place strict infection control procedures, sterilize surgical instruments, identify the patient and eye to be operated on and obtain the informed consent of the patient. Conducting safety audits and training staff on safety protocols can help enhance patient confidence
- **Improve Operational Efficiency:** Eye hospitals should invest in efficient appointment scheduling, registration processes, diagnostic tests and digital queuing systems if possible. They could also ensure that waiting times are minimized and that there are no avoidable delays
- **Promote Continuous Service Improvement:** The management should seek feedback from patients through questionnaires or suggestion boxes, record and analyze any complaints and take corrective action. They could also conduct regular patient satisfaction surveys to identify areas of improvement

CONCLUSION

The current research explores the effect of the dimension of healthcare service quality on patient satisfaction of eye hospitals in Tiruchirappalli city. It can be inferred that patients' perception of eye-care services is more likely to be positively influenced by the dimension including patient empathy, tangible safety, efficiency, enhancement of healthcare services and reliability. Based on the analysis using structural equation modeling, the dimension including tangible positive aspects was statistically significantly positively related to patient satisfaction, whereas patient empathy, safety, efficiency, enhancement of healthcare services and reliability were not statistically significantly related to patient satisfaction at the 5% significance level. This result suggested that the eye hospitals should consider giving importance to providing a good physical environment, having a good hospital infrastructure and using quality ophthalmic equipment in order to improve patients' satisfaction.

However, the results cannot be utilized to conclude that the dimensions that were not statistically significant are not significant; they were only not statistically significant to each of the dimensions in this research. Therefore, the eye hospitals are suggested to use an approach that is holistic and customer-oriented when offering eye-care services, such as practicing clinical excellence, good communication, spending less waiting time and providing post-treatment care to the patients, so as to enhance patients' perception of eye-care services. To sum up, the current research helps contribute existing knowledge by demonstrating how, based on the model of the Health QUAL, the eye hospitals can identify the department that needs enhancement and design strategies to improve patient satisfaction with eye-care services in Tiruchirappalli city.

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