



To Study the Gap Between High Quality Medical Services and Positive International Patient Experience in A Multispeciality Hospital

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ABSTRACT

India has become a trusted destination for patients around the world seeking affordable, high-quality healthcare. Yet even the best medical treatments can fall short if the overall patient experience doesn't meet expectations, especially for international visitors who are far from home and navigating a new culture. This study explores the gap between excellent clinical care and the real-life experiences of international patients at Pushpawati Singhania Research Institute (PSRI), New Delhi.

Objectives: The aim was to understand what international patients truly feel about their hospital journey from the moment they arrive in India to the time they leave. Specifically, the study looked to: (a) Measure their satisfaction with hospital services, (b) Identify any pain points during their stay, (c) Explore how they found out about PSRI, (d) Offer practical suggestions to make their experience better

Methodology: Over one month, feedback was collected from 100 international patients using a detailed questionnaire built on the SERVQUAL model. Patients rated aspects like staff behavior, communication, hospital cleanliness, food quality, and how well they felt cared for—both medically and personally.

Results: Out of 100 international patients surveyed at PSRI Hospital, the majority hailed from Afghanistan and other SAARC nations, with 67% being repeat visitors to India. Most patients (56%) came to know about the hospital through friends or family, followed by 29% through healthcare facilitators. The primary reason for visiting was outpatient consultations (60%), while others sought daycare procedures (20%), preventive checkups (10%), surgical interventions (6%), or kidney transplants (4%). Patient feedback across five SERVQUAL dimensions revealed generally positive experiences.

Conclusion: At its core, this study shows that great medicine needs to be paired with great hospitality. While PSRI is already doing a commendable job in terms of clinical care, small changes—like adding culturally familiar meals or offering better communication support—could turn a good experience into a truly outstanding one. After all, healing isn't just about treatment—it's also about comfort, dignity, and feeling understood.

Keywords: Medical tourism, patient satisfaction, SERVQUAL, international healthcare, hospital service quality, India

Introduction

India is rapidly gaining recognition as a global medical tourism destination due to its cost-effective yet high-quality healthcare services. However, high standards in clinical treatment do not necessarily ensure a positive patient experience, particularly for international patients whose expectations encompass both medical and cultural aspects.

India attracts thousands of foreign patients each year due to its highly trained medical professionals, modern infrastructure, and affordable pricing. Yet, patient satisfaction is multifaceted. Healthcare is not just about

treating an illness, it's about caring for the person behind the patient. This philosophy becomes even more critical in today's globalized healthcare environment, where international patients are traveling thousands of miles not just for affordable treatment, but for trust, comfort, and respect.

India's multispecialty hospitals, like PSRI in New Delhi, are well-equipped in terms of medical technology and expertise. However, as this study reveals, many international patients still encounter barriers that compromise their overall experience. These include unfamiliar environments, language barriers, lack of cultural accommodations, and challenges with basic amenities.

As healthcare evolves toward patient-centered models, the experience of care delivery becomes as important as the clinical outcomes. International patients often face additional stressors, including language barriers, cultural differences, dietary needs, and logistical uncertainties.

This paper aims to investigate whether the high quality of medical services aligns with the overall patient satisfaction in an Indian multispecialty hospital. It identifies service gaps and offers targeted interventions to improve the overall healthcare journey for foreign patients.

Study Objectives

This study aims to:

- Understand how international patients perceive their experience at an Indian multispecialty hospital.
- Identify gaps between patients' expectations and the reality of services delivered.
- Analyze how patients hear about and choose hospitals like PSRI.
- Suggest practical improvements to enhance the overall patient journey.

Methodology

A descriptive, survey-based study was conducted at Pushpawati Singhanian Research Institute (PSRI), New Delhi. The study sample comprised 100 international patients (inpatients and outpatients) who received treatment between March and April 2016. The sample included individuals from countries like Afghanistan, Nigeria, Bangladesh, Nepal, and Tibet.

Data were collected through structured questionnaires designed around the SERVQUAL framework. This tool evaluates service quality across five dimensions:

1. Tangibles: Appearance of physical facilities, equipment, personnel.
2. Reliability: Ability to perform promised services dependably.
3. Responsiveness: Willingness to help patients promptly.
4. Assurance: Competence and courtesy of staff, and their ability to instill trust.
5. Empathy: Providing caring, individualized attention to patients.

The questionnaire included demographic details and service-specific questions. Patients were asked to rate various service aspects using a Likert scale from "Excellent" to "Poor." Patients were interviewed in English.

Results

Patient Demographics:

The majority of international patients at PSRI Hospital came from Afghanistan, with 406 patients visiting in January and 469 in February alone (Table 1). These numbers reflect not just proximity, but the deep trust the Afghan community has developed in PSRI's medical services. Smaller yet significant groups also came from Nigeria, Bangladesh, France, and other countries, forming a culturally rich and diverse patient population.

67% of the patients had been to India before, making them repeat visitors. This signals that for many, India and specifically PSRI has become a trusted healthcare destination. The remaining 33% were first-timers, often arriving with cautious optimism, having heard stories of recovery and compassion from those who came before them.

JANUARY, 2016					FEBRUARY, 2016		
S.NO	NATIONALITY	OPD	IPD	Total	OPD	IPD	Total
1	Afghanistan	392	14	406	457	12	469
2	Bangladesh	6	1	7	11	1	12
3	Myanmar	0	0	0	0	0	0
4	Nepal	10	0	10	0	0	0
5	Tibetan	4	0	4	8	0	8
6	Pakistan	0	0	0	14	1	15
7	British	1	0	1	0	0	0
8	Iraq	1	1	2	3	1	4
9	Nigeria	11	1	12	3	1	4
10	French	0	0	0	12	4	16

11	America	0	0	0	2	1	3
12	Australia	1	0	1	0	0	0
13	Congo	0	0	0	1	0	1
14	Thailand	0	0	0	0	0	0
15	Bhutan	1	0	1	0	0	0
16	Somali	4	4	8	3	1	4
17	Ethiopia	0	0	0	0	0	0
18	Kenya	0	0	0	3	1	4
19	Russian	6	0	6	6	0	6
20	Kyrgyzstan	0	0	0	4	0	4
21	Dutch	1	0	1	0	0	0
22	Ghana	1	0	1	1	0	1
23	Guinea	1	0	1	4	1	5
24	SYRIAN	0	0	0	1	0	1
25	Italian	2	0	2	0	0	0
26	Rwanda	0	0	0	1	0	1
27	China	0	0	0	0	0	0
28	Kazak	2	0	2	2	0	2
29	Yemen	1	0	1	0	0	0
30	Turkmenistan	3	3	6	0	0	0
	TOTAL	448	24	472	536	24	560

TABLE 1.- SHOWS THE TOTAL NUMBER OF INTERNATIONAL PATIENTS IN THE MONTHS OF JANUARY AND FEBRUARY 2016 AND THEIR NATIONALITY

Sources of Hospital Awareness:

The hospital's greatest ambassadors weren't ads or fancy websites, but people friends, family members, and fellow patients. A striking 56% of international patients said they came to PSRI based on personal recommendations. For many, this kind of word-of-mouth carries more weight than any brochure.

Other channels included healthcare facilitators, embassy referrals, and online searches. A few found their way to PSRI through doctors in their home countries who had seen positive outcomes from patients referred to India.

Reasons for Visit:

The primary reason for visiting PSRI was outpatient consultations, with 60% of patients seeking diagnosis or follow-up care. Another 20% came for daycare procedures, like dialysis, chemotherapy, or endoscopy, which are vital yet time-sensitive. A smaller group just 4% underwent major surgeries, including kidney transplants. Some patients came for preventive health checkups, while others arrived after exhausting all options in their own countries. For many, India wasn't just another choice, it was the last, best hope.

Service Evaluation:

- **Registration Process:** From the very first point of contact, most patients felt welcomed and cared for. The registration process, often a barrier in many institutions, was smooth for most. 80% of patients rated their registration experience from "Good" to "Excellent", citing friendly staff and clear guidance.
- **Medical and Nursing Staff:** Patients consistently praised the doctors and nurses for their attention to detail, respectful communication, and cultural sensitivity. The empathy shown by the clinical staff left a lasting impression, particularly on those already burdened by long travel, pain, or fear.
- **Accommodation:** While patients were generally satisfied with room hygiene, cleanliness, and nursing care, food was a common point of concern. Not due to quality, but because of a lack of cultural alignment.
- **Catering Services:** For many patients, especially those from Afghanistan and the Middle East, food is more than sustenance it's comfort, identity, and familiarity. Unfortunately, 24% of respondents rated food services as "Needs Improvement", citing the lack of traditional dishes and halal food. Some Muslim patients also expressed discomfort that halal meals were not prepared by Muslim staff, which they felt was important both spiritually and emotionally.
- **Overall Services:** 88% of patients said they would recommend PSRI to others (Fig.1). Ratings for promptness and care ranged predominantly between "Good" and "Excellent."

Identified Gaps and Areas for Improvement:

Despite overall satisfaction, patients highlighted a few areas where the hospital experience fell short:

1. Culturally Appropriate Meals

- No regional food options (e.g., Afghani, Nigerian)
- Lack of halal preparation standards

- Felt emotionally disconnected from their diet
- 2. Religious Facilities
 - Muslim patients expressed the need for a dedicated prayer space or mosque.
 - Many improvised prayers in their rooms, which didn't feel respectful or dignified.
- 3. Family & Children Amenities
 - Patients with children had no access to play areas or child-friendly zones.
 - Long hospital hours were stressful for both children and parents.
- 4. Communication Barriers
 - Housekeeping and some support staff lacked basic English-speaking skills.
 - Patients relied on interpreters who weren't always available, creating frustration.
- 5. Wi-Fi Access
 - Many patients asked for free and reliable internet to stay connected with family or consult relatives back home.
 - Lack of connectivity added to their sense of isolation.

This study shows that PSRI is doing many things right from skilled medical care to a streamlined IPS process. But it also reveals how the human aspects of healing food, faith, family, and familiarity can't be overlooked. If hospitals want to lead in medical tourism, they must remember that international patients are not just cases, but guests with unique needs, emotional expectations, and deep cultural roots.

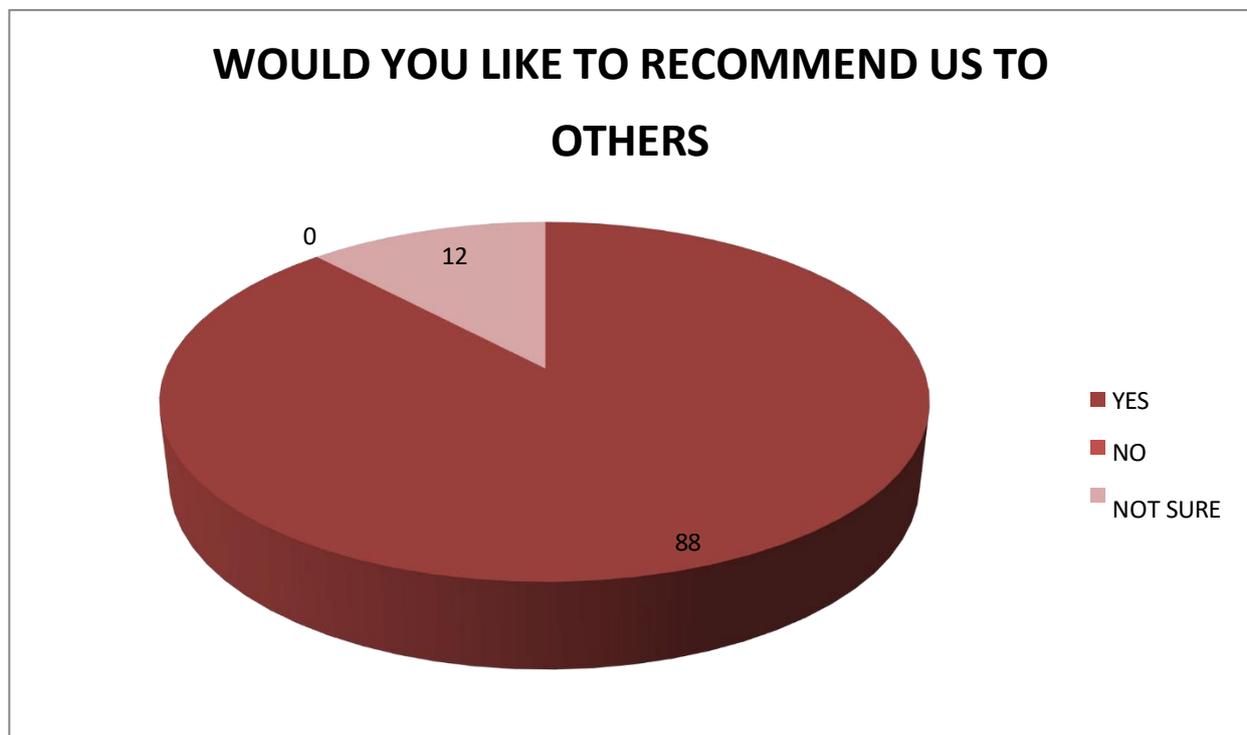


FIGURE 1

Discussion

This study, conducted at PSRI Hospital in New Delhi, paints a compelling portrait of international patient care not just in terms of clinical delivery, but in how foreign patients perceive, navigate, and emotionally process their medical journey in a different country. These patients, many of whom had already experienced healthcare systems back home, came to India driven by hope, affordability, and trust yet their experience here turned out to be a blend of comfort and compromise, healing and homesickness.

Clinical Excellence: The Backbone of Trust

The most reassuring finding was that patients overwhelmingly trusted the doctors and nursing staff. They felt heard, cared for, and safe. In a medical tourism context, where language, culture, and procedures may be foreign, this level of interpersonal warmth is critical. It creates a sense of home in a clinical space, where even strangers can feel like family. Clinical satisfaction extended to diagnostic accuracy, treatment outcomes, and bedside manner. This, without question, is the hospital's greatest strength. Yet, as the SERVQUAL model correctly anticipates, technical excellence is only one half of the care experience. The other half is functional, how the care is delivered, perceived, and remembered.

A recurring theme in patient feedback was cultural mismatch. Many patients especially those from Afghanistan, Nigeria, and the Middle East, found the hospital's food unfamiliar, spiritually incompatible (no

halal certification), or simply unappetizing. While nutrition is a technical requirement in recovery, food is also comfort, identity, and emotion. The absence of familiar meals contributed to a subtle but deep disconnect.

Additionally, the absence of a prayer room for Muslim patients was more than a logistical gap it was an emotional one. For many, faith is integral to healing. Patients improvised in private rooms, but the lack of a designated space made them feel spiritually displaced.

Several patients came with families, including young children. Without designated play areas or family lounges, hospital stays became stressful not only for children but for the patients trying to recover while managing them. These families felt unsupported in their non-medical needs, even though those directly impacted their well-being. Similarly, the lack of free and reliable Wi-Fi, a small but crucial amenity was repeatedly mentioned. In today's world, where staying connected can ease isolation, reduce anxiety, and support mental well-being, this absence was felt deeply by international patients far from home.

While doctors and IPS staff generally communicated well, language gaps with housekeeping and non-clinical support staff created misunderstandings and frustration. Patients often had to rely on gestures or wait for an interpreter, which made them feel helpless in basic situations, like asking for water or extra bedding. This disconnect, though seemingly minor, compounds over time and can erode a patient's overall perception of care. It also serves as a reminder that every hospital staff member, not just the medical team, is part of the patient's healing journey.

The gap identified in this study between high-quality medical services and international patient satisfaction isn't a flaw in medical competence. It's a missed opportunity in emotional and cultural intelligence. And it's one that many Indian hospitals, especially those catering to global patients, must urgently address.

Conclusion

Providing top-notch clinical care is only one side of the patient experience equation. The other involves addressing the personal, emotional, and cultural needs of patients. For India to maintain and enhance its standing in global medical tourism, hospitals must adopt a more nuanced, patient-centered approach.

Hospitals should prioritize training, infrastructure upgrades, and policy reforms that recognize the international patient as not just a clinical case but a guest with unique needs.

PSRI Hospital represents the strengths of Indian healthcare skilled professionals, advanced treatments, and affordability. But true excellence lies in empathy. It's in the little things: understanding someone's dietary restrictions, offering a quiet space to pray, or simply ensuring that every staff member can understand a patient's basic needs.

This study reminds us that patients may forget what you said or did, but they will never forget how you made them feel. And for international patients far from home, that feeling matters more than ever.

Recommendations

1. Culturally Diverse Meals: Include cuisine options familiar to patient demographics (e.g., Afghani, Nigerian meals). Employ trained halal cooks if needed.
2. Spiritual Needs: Establish prayer rooms and create a quiet, respectful space for meditation or religious practice.
3. Family & Child Services: Create playrooms, child-safe zones, and family lounges.
4. Language Support: Provide multilingual signage and ensure non-clinical staff have basic English training.
5. Free Wi-Fi Access: Make internet connectivity standard for patients and their families.
6. Patient Ambassadors: Use success stories and satisfied patients as brand promoters through testimonials.

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