Testing SERVQUAL Scale Items in Vaccination Management System: A Case Study in Bangladeshi Hospitals

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Abstract

Since the outbreak of the Covid19 pandemic in late 2019, the global economy has been confronted with constant challenges and paradigm shifts. The pandemic posed a massive challenge to Bangladesh's healthcare system, which is already plagued by numerous problems. Here, the ratio of healthcare workers to patients is significantly lower than the international average. Having observed a lack of research focusing on the service quality of the various Covid19 vaccination points, the researchers conducted this study which aims to use a SERVQUAL framework to examine customer experiences obtaining the Covid19 vaccine in Bangladeshi hospitals. The primary data for this study were collected using both qualitative and quantitative methodologies. Initially, participants in a focus group discussion expressed their appreciation for the digital registration procedure. In addition, the majority praised the user-friendly layout of the registration website and app. On the other hand, the incapacity of some hospital staff to respond to individual questions was brought up during the conversation. Following the focus group discussion, selected people over the age of 40 who had received at least one dose of the Oxford/AstraZeneca COVID-19 vaccination were given a selfadministered questionnaire, to which the researchers got 131 responses. Although the responses to a few of the research constructs were mainly favorable, the data reveal some space for improvement in terms of physical facilities and medical equipment. The survey also found that many patients were dissatisfied with the lack of empathy demonstrated by staff members at vaccination clinics. Some respondents further felt that there is a lack of media presence at the vaccination points.

Index Terms— COVID-19, SERVQUAL, Reliability, Accessibility, Tangibility, Responsiveness, Communication, Assurance, Empathy, Discipline, and Perceived Cost.

I. INTRODUCTION

Since the advent of the Covid19 pandemic in late 2019, the global economy along with all its components has been facing continuous challenges and paradigm shifts in its entirety. Bangladesh is one of the countries which are suffering severely in terms of an increase in

unemployment and a halt in GDP growth. However, Bangladesh did manage to fight back by handling the management of vaccination with great finesse compared to many other countries in the global arena. Since 27th January, 2021 up to the time of data collection for this research, more than 7 million Bangladeshi citizens have registered for the

vaccination process to be provided by numerous vaccination centers across the major cities of Bangladesh. Among these individuals, 5.8 million citizens received the first shot of Oxford/AstraZeneca COVID-19 vaccine from the designated vaccine centers established by the Government of Bangladesh (Das and Weiwei, 2021). [1]

Even though the statistics portray a trend of positivity towards the country's fight against the Coronavirus (COVID-19 (Coronavirus) Response, 2022) historically, Bangladesh has faced various issues in the healthcare system, including poor management in healthcare institutions, a lack of capacity to meet the needs of a considerable number of patients, and a shortage of qualified healthcare staff, to name a few. However, during a worldwide pandemic, it may be critical to providing greater service quality throughout the country's healthcare sector by reducing overall system service quality gaps. The research focused on respondents who were netizens above the age of 40 and has taken at least one shot of the Oxford/AstraZeneca COVID-19 vaccine.

II. OPERATIONAL DEFINITION

- a. According to the World Health Organization (WHO), hospitals are an integral part of a healthcare system which is required to provide continuous services for acute as well as complex conditions.
- b. SERVQUAL model which is an empiric model developed by Zeithaml, Parasuraman and Berry divides the consumers' service quality needs into five dimensions. These dimensions are reflective of what constitutes the basis of patient satisfaction: For example: i) Reliability: The dimension which dictates whether the service providers are able to perform the service which was promised to the consumers with accuracy and dependability. ii) Assurance: The dimension in which the service providers are able to gain the consumers' trust by means of their knowledge, courtesy competence. iii) Tangibles: The quality of the physical facilities, equipment etc. which complements quality service delivery. iv)

- Empathy: The dimension in which the service providers communicate with the consumers with understanding, care and individualized attention. v) Responsiveness: The service providers' spontaneous willingness to deliver their service promptly and efficiently.
- c. Service Characteristics are the some of the defining attributes of services that distinguishes itself from a pure tangible good. Understanding these attributes are vital to any research aimed at improving service quality. The characteristics are i) Intangibility - which indicates that services can provide value to the consumer without any tangible evidence; ii) Perishability – is the characteristic which describes the way that the service cannot be stored for consumers' later usage; iii) Inseparability is the attribute of service which explains that the production services cannot be separated from the consumption as both of these events occur simultaneously; iv) Heterogeneity - signifies the fact that each consumption of service varies with each consumption; it can range from the variability of the same service provided by different providers to the variation of the same service provided by the same individual or organization(Moeller, 2010).

III.LITERATURE REVIEW

The SERVQUAL concept has been used in research on the hospital industry. Siddiqua and Choudhury (2014) [3] used an adapted SERVQUAL survey to measure the quality of service in private hospitals in Dhaka City. Rahman and Kutubi's (2013) [4] study was based on patient satisfaction with private hospitals in the country. The questionnaire they used was based on eleven dimensions of customer satisfaction, out of which they found eight to have any mentionable impact. These were 1. Empathy, 2. Responsiveness, 3. Reliability, 4. Communication, 5. Tangibles, 6. Process features, 7. Assurance, 8. Cost. Siddiqui and Khandaker (2007) [5] compared the service provided by three types of hospitals

- Public, Private and Foreign. They initially used nine variables—reliability, accessibility, tangibility, responsiveness, communication, assurance, empathy, discipline, and perceived cost, of the research tool, in a SERVQUAL type they finalized framework. Later. variables— availability of physicians, empathy empathy of nurses, of physicians, of assurance/competence physicians, availability of drugs, responsiveness of nurses, tangibility, and perceived cost.

IV. JUSTIFICATION OF THIS RESEARCH

Various studies have concluded that medical and non-medical healthcare professionals are insufficient. (The Medical Practice and Private Clinics and Laboratories — Regulation-Ordinance-1982 of Bangladesh) The ratio of healthcare personnel to patients is substantially below the international level. Furthermore, another research study in a public hospital in Dhaka city revealed that the quality of a hospital's service and patient happiness are inextricably linked (Hossain et al., 2017).

Although there appears to be widespread interest and understanding of vaccines, no research or data linking SERVQUAL and customer experiences in Bangladeshi hospitals has been found. On the other hand, hospitals and policymakers understand how individuals are treated in hospitals, particularly during vaccinations.

V. RESEARCH METHODOLOGY

Methodology: Both qualitative and quantitative methods were used for the purposes of the study. While the quantitative methods enabled the researchers to understand the patients' points of view on pre-determined constructs, the qualitative method by means of a Focus Group Discussion, opened the doors to pointing out more experiential aspects from the patients' perspectives. Both of the research techniques were carried out to explore the patients' perceptions on the service quality provided by the staff at the Covid vaccination center.

Sampling: The target respondents were netizens above the age of 40, who has taken at least one

shot of the Oxford/AstraZeneca COVID-19 vaccine. Because of time constraints and the specificity of the target group of patients, the researchers managed to survey 131 respondents that fit the criteria of the target patient profile. Data Collection: The survey was being conducted by means of a self-administered questionnaire which was prepared in the Google platform and distributed to Forms respondents online by communication mediums. The questionnaire comprised 20 questions which were designed to reflect and measure the consumer/patient perceptions with respect to the five dimensions of the SERVQUAL. Each respondent was required to answer the questions on a seven-point Likert scale which ranged from 1 (strongly disagree) to 7 (strongly agree). For the purposes of qualitative research, a focus group discussion was carried out among 9 persons.

VI. FINDING AND ANALYSIS

Based on the analysis of the chosen SERVQUAL variables, the Cronbach's Alpha for each resulted in a greater value or very close to 0.70 which shows that the measurement scale and the research model is reliable. Based on the calculations, the SERVQUAL Factors, i.e., Reliability (α =0.695), Assurance (α =0.785), Tangibles (α =0.743), Empathy (α =0.728), and Responsiveness (α =0.729) have valid α values which implies that the reliability of the model is acceptable.

The mean scores from the 7-point Likert Scale data show all of the variables being responded to scores greater than zero, indicating an overall inclination towards agreement among the respondents in terms of all the factors and variables. However, some of the variables under the factors 'Tangibles' (TN-1=0.36; TN-2=0.52; TN-4=0.24) and 'Empathy' (EM-2=0.94; EM-3=0.84) shows the lowest mean scores in responses; the resulting scores stipulate that some of the respondents leaned towards disagreement and neutrality. (SPSS Outputs are provided in the Appendix).

Demographic Profile of Focus Group Discussion

There was a total of 9 participants in the Focus group discussion. Among them 5 were male and 5 females. The group consists of people working in private sectors, housewives, retired personnel, and aged between 40 - 70.

Key findings from Focus Group Discussion

The focus group discussion was conducted prior to conducting the survey. This helped to get some more in-depth qualitative data on the service quality provided by the covid vaccination centers. From the discussion we found that for most of the participants who are aged and not skilled in using smartphone or computer took help from their children or relatives to register for the vaccine in Surokkha Website or app. The service receivers who registered themselves were very pleased with the Surrokkha Website and App, especially with the user-friendly interface and simplicity. Regarding the service providers, participants mentioned that most of the time the vaccine centers at like receptionists, volunteers and law enforcement personnel were very cooperative, caring, passionate and treated them well. participants also highly appreciated that the registration process was digital. They opined that the respective authority was able to keep the process unbiased and very systematic due to that. All the citizens had equal opportunities due to introducing this 'Surokkha App'.

However, from the discussion it was evident that there are certainly some room for improvement. The participants suggested there could be some kind of written instructions in the entrance guiding them about the location and procedure. They also thought the staff were not being able to respond to individual questions, like whether someone should take the vaccine if he/she is already covid positive. Also, according to the participants, the vaccine campaign needs to be more aggressively advertised through media to raise awareness all over the country.

Demographic Profile of Survey Respondents

A total of 131 respondents participated in the online survey who have received at least one dose of Covid Vaccine from a vaccination center in Bangladesh. Among them 54 (41.22%) were female and 77 (58.78%) males.

Table A1: Frequency and Percentage by Gender

Gender	Freq.	Percent	Cum.
Female	54	41.22	41.22
Male	77	58.78	100.00
Total	131	100.00	

Table A2 shows that total 44 (33.59%) respondents were below 40 years age, which is highest proportion. 24 (18.32%) were 40-50 years age, 35 (26.72%) were 50-60 years, 23 (17.56%) were 60-70 years and 5 (3.82%) respondents were above 70 years age.

Table A2: Frequency and Percentage by Age

Age	Freq.	Percent	Cum.
Below 40	44	33.59	33.59
Years			
40-50 Years	24	18.32	51.91
50-60 Years	35	26.72	78.63
60-70 Years	23	17.56	96.18
Above 70	5	3.82	100.00
Years			
Total	131	100.00	

Table A3 shows that 14 (10.69%) respondents have HSC level education, 38 (29.01%) were graduates, 55 (41%) were post graduates which is the highest proportion, and 24 (18%) were other like HSC or doctorate degrees.

Table A3: Educational Qualification

Educational	Freq.	Percent	Cum
Qualification			
HSC Level I	14	10.69	10.69
Graduate	38	29.01	39.69
Post	55	41.98	81.68
Graduate			
Other	24	18.32	100.00
Total	131	100.00	

Cronbach's Alpha

Based on the analysis of the chosen SERVQUAL variables, the Cronbach's Alpha for each resulted in a greater value or very close to 0.70 which shows that the measurement scale and the research model is reliable. Based on the calculations, the SERVQUAL Factors, i.e., Reliability (α =0.695), Assurance (α =0.785), Tangibles (α =0.743), Empathy (α =0.728), and Responsiveness (α =0.729) have valid α values which implies that the reliability of the model is acceptable.

The mean scores from the 7-point Likert scale data show all of the variables being responded has scores greater than zero, indicating an overall inclination towards agreement among the respondents in terms of all the factors and variables. However, some of the variables under the factors 'Tangibles' (TN-1=0.36; TN-2=0.52; TN-4=0.24) and 'Empathy' (EM-2=0.94; EM-3=0.84) shows the lowest mean scores in responses; the resulting scores stipulate that some of the respondents leaned towards disagreement and neutrality. (SPSS Outputs are provided in the Appendix).

Table: Cronbach's Alpha on each SERVQUAL Factor

SERVQUAL Factors	Cronbach's Alpha
Reliability	0.695
Assurance	0.785
Tangibility	0.743
Empathy	0.728
Responsiveness	0.729

Reliability

93% of the respondents think Staff at covid vaccine center keep their service promise, 89% think Staff at vaccine center show strong interest to solve inconvenience. 90% of respondents think staff at vaccine centers perform service correctly the first time, 77% Think Staff at vaccine centers insist on error free service.

So, in the reliability parameter, there's scope for improvement in insisting on error free service.

1. Staff at covid	Freq.	Percent	Cum.
vaccination			
center keep			
their service			
promise			
Strongly	1	0.76	0.76
Disagree			
Somewhat	1	0.76	1.53
Disagree			
Neutral	5	3.82	5.34
Somewhat	9	6.87	12.21
Agree			
Agree	63	48.09	60.31
Somewhat	52	39.69	100.00
Agree			
Total	131	100.00	

2. Staff at	Freq.	Percent	Cum.
vaccine center			
show strong			
interest to solve			
inconvenience			
Disagree	2	1.53	1.53
Somewhat	3	2.29	3.82
Disagree			
Neutral	8	6.11	9.92
Somewhat	21	16.03	25.95
Agree			
Agree	70	53.44	39.39
Somewhat	27	20.61	100.00
Agree			
Total	131	100.00	

3. Staff at	Freq.	Percent	Cum.
vaccine center			
perform service			
correctly the			
first time			
Disagree	1	0.76	0.76
Somewhat	4	3.05	3.82
Disagree			
Neutral	7	5.34	9.16
Somewhat	8	6.11	15.27
Agree			
Agree	71	54.20	69.47
Somewhat	40	30.53	100.00
Agree			
Total	131	100.00	

4. Staff at	Freq.	Percent	Cum.
vaccine center			
insist on error			
free service			
Strongly	1	0.76	0.76
Disagree			
Disagree	7	5.34	6.11
Somewhat	6	4.58	10.69
Disagree			
Neutral	14	10.69	21.37
Somewhat	19	14.50	35.88
Agree			
Agree	62	47.33	83.21
Strongly Agree	22	16.79	100.00
Total	131	100.00	

Keeping service Promise: two-sample t test by Gender

The mean for females is 6.25 and for male it is 6.16, where combined mean is 6.20. So, the mean is higher for females by 0.090. So, females are agreeing more in the statement staff at covid vaccine center kept their service promise. However, the difference in t test is 0.27 or 27%, so we can say this is not statistically significant.

Table: Keeping service promise t test with equal variance by gender Two-sample t test with equal variances

Group	Obs.	Mean	Std. Err.	Std. Dev.	[95% Conf.]	Interval
Female	54	6.259259	.0922776	.678099	6.074174	6.444345
Male	77	6.168831	.1084322	.9514891	5.074174	6.384793
Com.	131	6.206107	.0740709	.8477804	6.059566	6.352647
Diff		.0904281	.1508515		2080353	.3888914

Diff=mean(female)-mean (male)

$$t = 0.5995$$

Ho: diff = 0 degrees of freedom = 129

Ha: diff < 0 Ha: diff ! = 0 Ha

diff>0

Pr(T < t) = 0.7250

pr(|T| > |t| = 0.5499 Pr(T < t) = 0.2750

Responsiveness

80% respondents agree that Staff at the vaccine center inform citizens when service will be provided. 85% agree Staff at vaccine center

give citizen prompt service, 85% agree Staff at vaccine center are always willing to help citizen, 69% think Staff at vaccine center are never too busy to respond to patients' requests. So, from the above we can see that 31% of respondents feel neutral or think that staff look too busy to respond to patients' requests.

5. Staff at	Freq.	Percent	Cum.
vaccine center			
inform citizen			
when service			
will be provided			
Strongly	3	2.29	2.29
Disagree			
Somewhat	8	6.11	8.40
Disagree			
Neutral	13	9.92	18.32
Somewhat Agree	7	5.34	23.66
Agree	65	49.62	73.28
Strongly Agree	35	26.72	100.00
Total	131	100.00	

6. Staff at vaccine	Freq.	Percent	Cum.
center give			
citizen prompt			
service			
Disagree	2	1.53	1.53
Somewhat	5	3.82	5.34
Disagree			
Neutral	11	8.40	13.74
Somewhat Agree	14	10.69	24.43
Agree	70	53.44	77.86
Strongly Agree	29	22.14	100.00
Total	131	100.00	

7. Staff at	Freq.	Percent	Cum.
vaccine center are			
always willing to			
help citizen			
Disagree	1	0.76	0.76
Somewhat	3	2.29	3.05
Disagree			
Neutral	13	9.92	12.98
Somewhat Agree	22	16.79	29.77
Agree	66	50.38	80.15
Strongly Agree	26	19.85	100.00
Total	131	100.00	

8. Staff at vaccine	Freq.	Percent	Cum.
center are never			
too busy to			
respond to			
patients' requests			
Strongly	1	0.76	0.76
Disagree			
Disagree	11	8.40	9.16
Somewhat	10	7.63	16.79
Disagree			
Neutral	18	13.74	30.53
Somewhat Agree	21	16.03	46.56
Agree	58	44.27	90.84
Strongly Agree	12	9.16	100.00
Total	131	100.00	

Assurance

Four questions were asked to measure the assurance parameter. 80% participants agreed that the behavior of the staff gives confidence, 81% agreed that stuffs were consistently courteous, 65% agreed that citizens feel safe sharing thoughts with the stuff, and 65% agreed that the stuffs have sufficient knowledge to answer queries.

From the responses we can observe that there is scope for improvement training staff so that citizens feel more safe sharing thoughts with the staff. Also, additional training can be provided on increasing knowledge of the staff.

9. The behavior	Freq.	Percent	Cum.
of the staff at			
vaccine center			
gives confidence			
to the service			
Strongly	1	0.76	0.76
Disagree			
Disagree	4	3.05	3.82
Somewhat	5	3.82	7.63
Disagree			
Neutral	17	12.98	20.61
Somewhat Agree	19	114.50	35.11
Agree	58	44.27	79.39
Strongly Agree	27	20.61	100.00
Total	131	100.00	

10. Citizen feel safe in sharing thoughts with the staff at vaccine center	Freq.	Percent	Cum.
Strongly Disagree	2	1.53	1
Disagree	3	2.29	3.82
Somewhat	9	6.87	10.69
Disagree			
Neutral	30	22.90	33.59
Somewhat Agree	20	15.27	48.85
Agree	50	38.17	87.02
Strongly Agree	17	12.98	100.00
Total	131	100.00	

11. Staff at	Freq.	Percent	Cum.
vaccine center are			
consistently			
courteous to			
patients			
Strongly Disagree	1	0.76	0.76
Disagree	2	1.53	2.29
Somewhat	5	3.82	6.11
Disagree			
Neutral	16	12.21	18.32
Somewhat Agree	19	14.50	32.82
Agree	69	52.67	82.50
Strongly Agree	19	14.50	100.00
Total	131	100.00	

12. Staff at	Freq.	Percent	Cum.
vaccine center			
have sufficient			
knowledge to			
answer queries			
Strongly Disagree	1	0.76	0.76
Disagree	5	4.82	4.58
Somewhat	3	2.29	6.87
Disagree			
Neutral	35	26.72	33.59
Somewhat Agree	26	19.85	53.44
Agree	50	38.17	91.60
Strongly Agree	11	8.40	100.00
Total	131	100.00	

Empathy

72% respondents think the stuffs gave individual attention to them, 77% think the opening hour of vaccination center is convenient for all, 61% think the stuff gave priority to citizen's interest, and 64% think the stuffs understand their specific requirements, so, we can see that there's scope for improvement and training to increase service seekers perception on priority provided to them and specific requirement.

13. Staff at vaccine center give individual attention to service receiver	Freq.	Percent	Cum.
Strongly Disagree	1	0.76	0.76
Disagree	7	5.34	6.11
Somewhat Disagree	9	6.87	12.98
Neutral	17	12.98	25.95
Somewhat Agree	35	26.72	52.67
Agree	50	38.93	91.60
Strongly Agree	11	8.40	100.00
Total	131	100.00	

14. Staff at vaccine center give priority to citizen's interest	Freq.	Percent	Cum.
Strongly Disagree	1	0.76	0.76
Disagree	5	3.82	4.58
Somewhat Disagree	9	6.87	11.45
Neutral	34	25.95	27.40
Somewhat Agree	30	22.90	60.31
Agree	41	31.30	91.60
Strongly Agree	11	8.40	100.00
Total	131	100.00	

15. Staff at	Freq.	Percent	Cum.
vaccine center			
understand			
citizen's specific			
requirements			
Disagree	9	6.87	6.87
Somewhat	13	9.92	16.79
Disagree			
Neutral	23	17.56	34.35
Somewhat Agree	39	29.77	64.12
Agree	39	29.77	93.89
Strongly Agree	8	6.11	100.00
Total	131	100.00	

16. Staff at vaccine center understand citizen's specific requirements	Freq.	Percent	Cum.
Disagree	13	9.92	9.92
Somewhat Disagree	9	6.87	16.79
Neutral	6	4.58	21.37
Somewhat Agree	9	6.87	28.24
Agree	69	52.67	80.92
Strongly Agree	25	19.08	100.00
Total	131	100.00	

Tangibles

70% of the respondents think the physical facilities are visually appealing, 80% think the vaccine centers have a neat appearance and outfit.

50% of the respondents think vaccination centers have modern looking equipment, 42% disagree and 16% were neutral.

Only 44% think the vaccine centers have sufficient presence in the media, 27% were neutral and 27% disagree.

17. Staff at	Freq.	Percent	Cum.
vaccine center			
have modern			
looking			
equipment			
Strongly	4	3.05	3.05
Disagree			
Disagree	22	16.79	19.85
Somewhat	16	12.21	32.06
Disagree			
Neutral	22	16.79	48.85
Somewhat Agree	27	20.61	69.47
Agree	28	21.37	90.84
Strongly Agree	12	9.16	100.00
Total	131	100.00	

18. The physical	Freq.	Percent	Cum.
facilities at			
vaccine centers			
are visually			
appealing			
Strongly	7	5.34	5.34
Disagree			
Disagree	15	11.45	16.79
Somewhat	15	11.45	28.24
Disagree			
Neutral	24	18.32	46.56
Somewhat Agree	19	14.50	61.07
Agree	38	29.01	90.08
Strongly Agree	13	9.92	100.00
Total	131	100.00	

19. The physical	Freq.	Percent	Cum.
facilities at			
vaccine centers			
are visually			
appealing			
Strongly Disagree	1	0.76	0.76
Disagree	6	4.58	5.34
Somewhat	5	3.82	9.16
Disagree			
Neutral	14	10.69	19.85
Somewhat Agree	24	18.32	38.17
Agree	53	40.46	78.63
Strongly Agree	28	21.37	100.00
Total	131	100.00	

20. The physical	Freq.	Percent	Cum.
facilities at			
vaccine centers			
are visually			
appealing			
Strongly Disagree	6	4.58	4.58
Disagree	20	15.27	19.85
Somewhat	10	7.63	27.48
Disagree			
Neutral	36	27.48	54.96
Somewhat Agree	28	21.37	76.34
Agree	21	16.03	92.37
Strongly Agree	10	7.63	100.00
Total	131	100.00	

VII. DISCUSSION

The growing need for efficient management of proper Covid19 vaccination necessitates the undergoing of thorough research in measuring the service quality of vaccination centers in Bangladesh. This research was conducted to assess the patients' perspectives on the service quality dimensions of the Covid vaccination centers. This SERVQUAL data analysis depicts the current scenario of these centers and methodically estimates the quality of overall service provided by the staff from the patients' perspectives. The results of this study may be used to determine the gaps in service quality and in turn, improve upon the patient satisfaction by means of personnel training, increasing the amount of care and empathy in patient-staff interactions, and the procurement of up-to-date equipment for the medical centers. The overall SERVQUAL study is aimed to enhance the quality of the hospitals and clinics which are dedicated in treatment vaccination of Covid19.

VIII. RECOMMENDATION

Analyzing the findings of the research, it suggested that the following steps be taken by the vaccination centers in order to ensure enhanced quality and higher rates of consumer satisfaction: a) updated equipment must be procured in the centers as well as the overall clinic/hospital where the vaccination center is situated, b) the physical facilities should be improved to ensure a clean and hygienic

environment for the patients, c) the vaccination points and the healthcare organizations should have a greater media presence, the necessary updates relating to the pandemic should always be displayed in their websites as well as the physical locations, d) the staff members who are assigned for vaccination purposes should be better trained so that they can empathize with the patients and understand their individual needs and requirements during their visit at the center.

Following is a list of recommendations based on the research findings to ensure improved quality and higher rates of client satisfaction in covid vaccination centers:

- a) Staff members responsible for vaccinations should be better trained to empathize with patients and understand their unique needs and requirements during their stay at the center.
- Physical facilities should be enhanced to ensure that service seekers are clean and sanitary.
- More modern technology is required in the center.
- d) The vaccine campaign should have a more substantial media presence, raising public awareness and encouraging individuals to be vaccinated at neighboring vaccination clinics.

IX. CONCLUSIONS AND LIMITATIONS

The success of organizations in the healthcare industry can largely be measured by the satisfaction level from the perspective of the patients. Amidst the current pandemic, the industry is in an ever-expanding need for high quality healthcare with an added emphasis on an environment which focuses on proper usage of masks, sanitizers and other utensils to provide the assurance of cleanliness and hygiene. With the increasing Covid related fatalities, the healthcare sectors deal with extreme repercussions of service failures to a degree which is unprecedented from the organizations' points of view. Therefore, it is pivotal to consistently strive to identify the shortcomings of all aspects of Covid healthcare and learn from the results of the service quality research findings.

Like any other study, it is not feasible to ensure a perfect set of parameters to accurately measure every single shortcoming of the chosen service sector. Due to the lack of time, funding, manpower and logistics along with the influences of bureaucracy, brokers and unions etc the study cannot be considered as 100% perfect. Moreover, the study was limited to the opinions of a selected group of 131 netizens. More detailed research by means of face-to-face survey and interview with more patients along with other qualitative techniques may portray a clearer picture of the service quality scenario of the vaccination centers in Bangladesh as a whole.

REFERENCES

- Das, A. and Weiwei, X., 2021. Donated doses help lift spirits in Bangladesh. [online] China Daily. Available at: https://global.chinadaily.com.cn/a/2021 05/14/WS609db4b0a31024ad0babdc2e.html>
- 2. Moeller, S., 2010. Characteristics of services a new approach uncovers their value. Journal of Services Marketing, 24(5), pp.359-368.
- Siddiqua, J. and Choudhury, A. H. (2014). Service quality: An empirical study of private hospitals in Dhaka city. ASA University Review, Vol. 8 No 1
- 4. Rahman, M.R., &Kutubi, S.S. (2013). Assessment of service quality dimensions in healthcare industry A study on patient's satisfaction with Bangladeshi private Hospitals.
- Siddiqui, Nazlee&Khandaker, Shahjahan. (2007). Comparison of Services of Public, Private and Foreign Hospitals from the Perspective of Bangladeshi Patients. Journal of health, population, and nutrition. 25. 221-30.
- 6. Andaleeb, S., 2000. Service quality in public and private hospitals in urban Bangladesh: a comparative study. Health Policy, 53(1), pp.25-37.

- 7. Andaleeb, S., Siddiqui, N. and Khandakar, S., 2007. Patient satisfaction with health services in Bangladesh. Health Policy and Planning, [online] 22(4), pp.263-273. Available at: https://doi.org/10.1093/heapol/czm017 [Accessed 15 August 2021].
- 8. The World Bank. 2022. COVID-19 (Coronavirus) Response. [online] Available at: https://www.worldbank.org/en/country/bangladesh/coronavirus [Accessed 19 April 2022].

APPENDICES

MODEL OF QUESTIONNAIRE

SERVQUAL		SERVQUAL Variables	Agreement Scale						
			SD	D	SWD	N	SWA	A	SA
			-3	-2	-1	0	+1	+2	+3
Reliability	RL-1	Staff at vaccine center keep their							
(RL)	KL-1	service promise							
	RL-2	Staff at vaccine center show strong							
	KL-2	interest to solve inconvenience							
	RL-3	Staff at vaccine center perform							
	KL-3	service correctly the first time							
	RL-4	Staff at vaccine center insist on error							
	KL-4	free service							
Assurance	AS-1	The behavior of the Staff at vaccine							
(AS)	AS-1	center confidence in citizens' minds							
	AS-2	Citizen feels safe in sharing thoughts							
	Ab-2	with the staff at vaccine center							
	AS-3	Staff at vaccine center. are							
	A5-3	consistently courteous to patients							
		Staff at vaccine center have							
AS-4		sufficient knowledge to answer							
		queries							
Tangibles TN-1		Vaccine centers have modern							
Tungiores	11, 1	looking equipment							
	TN-2	The physical facilities at vaccine							
	111 2	centers are visually appealing							
		Staff at vaccine center have neat							
	TN-3	appearances and outfits in							
		accordance with the characteristics							
		of their work environment							
	TN-4	Vaccine centers have sufficient							
		presence in the media							
Empathy	EM-1	Staff at vaccine Center give							
(EM)		individual attention service receiver							
	EM-2	Staff at vaccine Center have interest							
		of citizen at their priority							
	EM-3	Staff at vaccine center understand							
		citizens' specific requirements							
	EM-4	The operating hours of vaccine							
		center are convenient to all its citizen							

Data Analysis Results Imported from SPSS Scale: Reliability (RL)

Reliability Statistics

Cronbach' Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.695	.710	4

Case Processing Summary

	0	-	
		N	%
Cases	Valid	131	100.0
	Excluded a	0	.0
	Total	131	100.0

Listwise deletion based on all variables in the proced

Item Statistics

		Std.	N
	Mean	Deviation	
RL-1	2.19	.921	131
RL-2	1.79	1.013	131
RL-3	2.02	.992	131
RL-4	1.42	1.370	131

Scale: Assurance (AS)

Case Processing Summary

		N	%
Cases	Valid	131	100.0
	Excluded a	0	.0
	Total	131	100.0

Reliability Statistics

	Cronbach's	
	Alpha Based on	
Cronbach's	Standardized	N of
Alpha	Items	Items
.785	.785	4

Item Statistics

	Mean	Std. Deviation	N
AS-1	1.53	1.297	131
AS-2	1.15	1.359	131
AS-3	1.54	1.165	131
AS-4	1.09	1.243	131

Scale: Tangibles (TN)

Case Processing Summary

		N	%
Cases	Valid	131	100.0
	Excluded a	0	.0
	Total	131	100.0

Listwise deletion based on all variables in the procedure.

Reliability Statistics

	Cronbach's Alpha	
Cronbach'	Based on	
s Alpha	Standardized Items	N of Items
.743	.735	4

Item Statistics

	Mean	Std. Deviation	N
TN-1	.36	1.687	131
TN-2	.52	1.734	131
TN-3	1.48	1.355	131
TN-4	.24	1.613	131

Scale: Tangibles (TN)

Case Processing Summary

	use 2 recessing summing				
		N	%		
Cases	Valid	131	100.0		
	Excluded a	0	.0		
	Total	131	100.0		

Listwise deletion based on all variables in the procedure.

Reliability Statistics

	Cronbach's Alpha	
Cronbach's	Based on	N of
Alpha	Standardized Items	Items
.743	.735	4

Item Statistics

	Mean	Std. Deviation	N
TN-1	.36	1.687	131
TN-2	.52	1.734	131
TN-3	1.48	1.355	131
TN-4	.24	1.613	131

Scale: Empathy (EM)

Case Processing Summary

		N	%
Cases	Valid	131	100.0
	Excluded a	0	.0
	Total	131	100.0

Listwise deletion based on all variables in the procedure.

Reliability Statistics

	Cronbach's Alpha	
	Based on	
Cronbach's	Standardized	N of
Alpha	Items	Items
.728	.739	4

Item Statistics

	Mean	Std. Deviation	N
EM-1	1.10	1.318	131
EM-2	.94	1.288	131
EM-3	.84	1.312	131
EM-4	1.43	1.529	131

Scale: Responsiveness (RS)

Reliability Statistics

	Cronbach's Alpha Based on	
Cronbach's Alpha	Standardized Items	N of Items
.729	.744	4

Case Processing Summary

		N	%
Cases	Valid	131	100.0
	Excludeda	0	.0
	Total	131	100.0

Listwise deletion based on all variables in the procedure.

Item Statistics

	Mean	Std. Deviation	N
RS-1	1.74	1.256	131
RS-2	1.77	1.099	131
RS-3	1.73	1.014	131
RS-4	1.05	1.464	131