

# Beyond Treatment: The Role of Hospital Service Quality in Driving Continuity of Care in Multi-Speciality Hospitals in Rajasthan

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**Abstract:** *A crucial measure of the effectiveness of the healthcare system and patient-centeredness is continuity of care, especially in multispecialty hospital settings where departments and providers change frequently. Recent research shows that hospital service quality, particularly non-clinical aspects, is a crucial factor in determining continuity of medical care, even though clinical competence is still crucial. This study offers a structured narrative literature review of peer-reviewed research published between 2020 and 2025. The review draws on the SERVQUAL model and the World Health Organisation continuity of care framework, synthesising evidence on communication quality, responsiveness, empathy, discharge planning, coordination, and organisational efficiency. Findings indicate that higher service quality enhances patient trust, adherence, and long-term engagement while reducing fragmentation, preventable readmissions, and post-discharge complications. Significant research gaps persist in Indian multi-speciality hospitals, particularly in Rajasthan.*

**Keywords:** Quality of hospital services; continuity of care; patient experience; discharge planning; care coordination; multi-speciality hospitals; Rajasthan.

## I. INTRODUCTION

Continuity of care is the extent to which the patients view healthcare services as cohesive, coordinated and responsive to their needs across time. It is always linked with better health outcomes; less unnecessary utilisation cost reduction in healthcare and increased satisfaction among patients. Continuity is particularly difficult to maintain in multi-speciality hospitals where patients often have to deal with various clinician's diagnostic units and administrative systems within the scope of one care episode.

Continuity of care has traditionally been studied in a clinical sense, mainly emphasizing the relationships between the provider and information exchange. But recent studies are becoming more aware of the fact that the quality of hospital services, especially non-clinical service aspects, is a determining factor in continuity. Transparency of information, discharge counselling staff responsiveness, empathy, cleanliness, waiting times, and interdepartmental coordination are some of the factors that have direct effects on patient understanding, trust and post hospitalisation engagement.

Multi-speciality hospitals in India work in a complex environment with a large workload of patients poor infrastructure conditions, lack of electronic health record integration and disparate administrative styles. Rajasthan is a clear reflection of these hurdles, where there is a significant difference between the public and the private hospitals and in urban and semi-urban areas. In spite of these facts there is no empirical evidence on the association between the quality of hospital services and continuity of care in Indian multi-speciality hospitals.

The review summarizes recent publications (2020–2025) regarding the role of the hospital service quality in continuing medical care and in particular to Rajasthan. Through the combination of service quality and continuity frameworks the study will inform the hospital management strategies subsequent empirical research as well as health policy design.



## **II. CONCEPTUAL FRAMEWORK**

### **2.1 Hospital Service Quality**

Hospital service quality is commonly conceptualized using the SERVQUAL framework, which identifies five dimensions: responsiveness, reliability, empathy, assurance, and tangibles. In hospital settings, these dimensions encompass both interpersonal interactions (e.g., communication and empathy) and organizational processes (e.g., waiting times, discharge procedures, and infrastructure quality). These services attribute shape patient perceptions, satisfaction, and trust, which are recognized antecedents of sustained engagement with healthcare services.

### **2.2 Continuity of Care**

The World Health Organization defines continuity of care as the degree to which patients experience coordinated and connected healthcare services across time and settings. The framework identifies three interdependent elements including relational continuity (continuous patient-provider connections) informational continuity (efficient utilization and communication of patient data) and management continuity (uniform and integrated care plans between providers and settings).

The quality of service in hospitals cuts across the three elements. Relational continuity should be strengthened by effective communication and empathy; informational continuity should be strengthened by proper documentation and clear discharge instructions; and coordination among departments should be promoted through efficiency in managing the entire process.

## **III. METHODS**

A narrative literature review method was adopted in this study to examine the relationship between hospital service quality and continuity of care. This approach was considered appropriate because it allows the integration and interpretation of findings from a wide range of previously published studies, helping to build a conceptual understanding of the topic rather than focusing only on statistical aggregation. The narrative method enables researchers to explore patterns, relationships, and emerging themes within existing literature and is commonly used in healthcare service research where studies vary in design, context, and methodology.

For the purpose of identifying relevant literature, major academic databases including PubMed, Scopus, Web of Science, and Google Scholar were systematically searched. These databases were selected because they contain a large body of peer-reviewed international research in healthcare management, medical services, and health systems. The search focused on articles published between 2020 and 2025, ensuring that the review captured the most recent developments and perspectives on hospital service systems, patient behaviour, and continuity of care. Limiting the timeframe to recent years also helped reflect contemporary transformations in healthcare, including digitalisation, patient-centred care models, and improvements in hospital management practices.

A set of carefully selected keywords and search terms was used to locate relevant studies. These included combinations such as hospital service quality, continuity of care, patient experience, discharge planning, care coordination, patient satisfaction, and hospital service management. Boolean operators were used to combine these terms in order to retrieve studies that addressed multiple aspects of hospital service delivery and its influence on patient outcomes. This strategy ensured that the literature search remained focused while still capturing a broad range of studies related to hospital services and patient continuity.

The initial search produced a large number of articles across different healthcare contexts and research disciplines. These articles were then screened based on relevance, publication type, and methodological quality. Only peer-reviewed journal articles and scholarly publications were considered for inclusion in the review. Studies that focused specifically on hospital-based service delivery, patient experience, discharge processes, and coordination of care were prioritised. Articles that examined service quality in healthcare settings across various health systems were also considered valuable because they provided comparative insights and theoretical perspectives relevant to the study.



Particular attention was given to studies conducted in low- and middle-income countries (LMICs), as well as research focused on the Indian healthcare context. Healthcare systems in these regions often face unique challenges such as resource constraints, workforce shortages, administrative inefficiencies, and uneven access to healthcare services. Understanding how service quality influences continuity of care within these settings is therefore especially important. Research addressing hospital management practices, patient trust, communication between healthcare providers and patients, and coordination between departments was considered particularly relevant.

After the screening process, the selected articles were carefully reviewed and analysed to identify common patterns, themes, and conceptual relationships. The findings from these studies were then thematically synthesised using established conceptual frameworks. In particular, the SERVQUAL model - which evaluates service quality across dimensions such as reliability, responsiveness, assurance, empathy, and tangibles was used to interpret how hospital services influence patient perceptions and satisfaction. Additionally, the World Health Organization (WHO) framework on continuity of care was applied to understand how coordination between healthcare providers, follow-up care, and patient engagement contribute to sustained healthcare outcomes.

Through this structured narrative review process, the study was able to consolidate existing knowledge on hospital service quality and continuity of care, highlighting key determinants, gaps in the literature, and areas requiring further empirical research. The synthesis of findings provided a conceptual foundation for understanding how improvements in hospital service systems can enhance patient experience and support long-term continuity of medical care.

## **IV. RESULTS**

### **4.1 Service Quality and Continuity of Care**

Across multiple studies, hospital service quality was consistently associated with improved continuity of care. Zehra et al. (2024) demonstrate that environmental quality, process efficiency, and interaction quality significantly enhance patient trust and satisfaction, leading to stronger relational continuity and higher adherence to follow-up care.

### **4.2 Communication and Informational Continuity**

Communication quality emerged as one of the strongest determinants of continuity. Burch et al. (2024) report that patients receiving clear and consistent communication experienced lower mortality, fewer readmissions, and improved quality of life. Saragosa et al. (2023) identify hospital-to-home transitions as critical points where communication failures frequently disrupt continuity.

### **4.3 Coordination and Organisational Efficiency**

Evidence synthesised by Khatri et al. (2023) highlights the importance of coordinated workflows, interdepartmental communication, and integrated information systems in supporting management continuity. Rahman (2024) further shows that strong continuity reduces unnecessary healthcare utilisation, particularly among patients with chronic and multimorbid conditions.

### **4.4 Discharge Planning**

Discharge planning consistently emerged as a high-impact service-quality intervention. Structured discharge protocols including medication counselling, follow-up scheduling, and patient education were strongly associated with improved post-discharge continuity and reduced complications. The WHO identifies discharge as a critical failure point where service-quality interventions yield substantial benefits.

## **V. DISCUSSION**

The findings indicate that hospital service quality influences continuity of care through multiple interconnected mechanisms that shape both patient behaviour and organisational efficiency. One of the most significant mechanisms is effective communication between healthcare providers and patients. When doctors, nurses, and hospital staff provide



clear explanations about diagnoses, treatment procedures, medication instructions, and follow-up care, patients are better able to understand their health conditions and the importance of continuing treatment after discharge. Improved communication also reduces confusion and anxiety among patients and their families, thereby increasing their confidence in the healthcare system. As a result, patients are more likely to adhere to prescribed medication, attend follow-up appointments, and maintain long-term engagement with healthcare providers.

Another important factor influencing continuity of care is the coordination of organisational processes within hospitals. Efficient administrative systems, structured discharge planning, and effective coordination between departments play a critical role in ensuring that patients experience smooth transitions across different stages of care. When hospital services such as admission procedures, diagnostic testing, specialist consultations, and discharge instructions are well integrated, patients receive consistent and organised care throughout their treatment journey. Proper coordination also ensures that medical information is accurately communicated between healthcare professionals and across departments, reducing the likelihood of errors, duplication of services, or gaps in treatment. These processes ultimately contribute to better continuity of care by ensuring that patients move seamlessly from hospital treatment to post-hospital follow-up and community-based care.

The overall service experience of patients also plays a crucial role in determining whether continuity of care is maintained. Positive service experiences such as respectful treatment by staff, timely responses to patient needs, clean and well-maintained hospital environments and efficient service delivery help build trust and satisfaction among patients. Trust is particularly important because it influences patients' willingness to return to the same healthcare provider for future care and to follow medical advice consistently. When patients perceive hospital services as reliable, empathetic, and patient-centred, they are more likely to maintain a long-term relationship with healthcare providers, which strengthens continuity of medical care over time.

In the context of Rajasthan's multi-speciality hospitals, the importance of service quality becomes even more pronounced. These hospitals often involve complex care pathways where patients interact with multiple specialists, departments, and administrative units. Such complexity increases the risk of fragmentation in care delivery, where patients may experience gaps in communication, delays in services, or confusion about treatment processes. In resource-constrained healthcare settings, these challenges can be further intensified by limited workforce capacity, high patient loads, and administrative inefficiencies. However, the findings suggest that targeted improvements in hospital service quality such as better communication practices, structured discharge planning, improved patient support services, and stronger coordination among departments can significantly enhance continuity of care.

Even within limited resources, hospitals can strengthen continuity by focusing on patient-centred service strategies, including improving staff responsiveness, simplifying administrative procedures, and ensuring that patients receive clear guidance regarding follow-up care. These service improvements not only enhance patient satisfaction but also contribute to better health outcomes by encouraging patients to remain engaged with healthcare services after their initial treatment. Therefore, strengthening hospital service quality emerges as a practical and effective strategy for improving continuity of care in Rajasthan's multi-speciality hospitals and similar healthcare environments in low- and middle-income regions.

## **VI. IMPLICATIONS**

### **6.1 Managerial Implications**

Hospital administrators should prioritise communication training, standardised discharge protocols, interdepartmental coordination mechanisms, and improvements in administrative and environmental quality.

### **6.2 Policy Implications**

Health policy initiatives should integrate service-quality indicators into accreditation frameworks, promote continuity-of-care audits, and strengthen post-discharge follow-up systems at the state level.



## VII. CONCLUSION

This review demonstrates that hospital service quality is a central determinant of continuity of medical care. Improvements in communication, discharge planning, coordination, empathy, and organisational efficiency strengthen relational, informational, and management continuity, ultimately enhancing patient outcomes. For multi-speciality hospitals in Rajasthan, service-quality enhancement represents a scalable and policy-relevant pathway to reducing fragmentation and improving long-term care continuity.

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