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Improving Employees' Service Quality to Enhance the Organizational Performance In Victoria Hospital in Myanmar

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Abstract

This study investigates the improvement of employees' service quality to enhance organizational performance at Victoria Hospital in Myanmar. Amid growing demands for quality healthcare, private hospitals face increasing pressure to meet international service standards. Using mixed methods and action research, this study explores how dimensions of service quality—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication—impact hospital performance. A total of 215 outpatient department (OPD) staff participated in Pre-ODI and Post-ODI assessments through surveys and 17 participated in qualitative interview. SWOT and Weisbord analyses identified critical service issues. The Organizational Development Interventions (ODIs) addressed these challenges through structured training, improved infrastructure, and enhanced communication systems. Quantitative results from Paired Sample T-tests showed statistically significant improvements ($p < .001$) across all service quality dimensions. Qualitative findings echoed these results, highlighting improved patient confidence, faster service delivery, and more compassionate care. The research concludes with a Service Quality Development Plan to sustain these improvements through continuous training, process refinement, and performance monitoring. The Service Quality Development Plan provides targeted interventions in key SERVQUAL dimensions, showing that ODIs can enhance service quality, strengthen management, and improve organizational performance, offering a scalable framework for Myanmar's private healthcare sector.

Keywords: Healthcare Service Quality, Service Management, Organizational Performance

Introduction

In recent years, private hospitals in Myanmar have made concerted efforts to improve healthcare service quality in response to rising patient expectations and increasing competition. Myanmar's private healthcare sector has expanded rapidly, with leading hospitals such as Victoria Hospital (EDGE certified), Aryu Hospital (ISO 9001 certified), and Kan Thar Yar International Specialist Hospital (Myanmar's Hospital of the Year 2019) demonstrating its growing competitiveness and commitment to global standards. The Ministry of Health has

introduced national guidelines emphasizing patient safety, infection control, and staff competency, while many private hospitals are striving to meet international service standards such as those outlined by the Joint Commission International (JCI), which focus on patient safety, quality management, and clinical care excellence through infrastructure upgrades and professional development initiatives (Ministry of Health, 2022). Notably, some hospitals such as Victoria Hospital, which holds the EDGE (Economic Dividends for Gender Equality) certificate, have demonstrated commitment to global benchmarks in service excellence (Victoria Hospital, 2025).

Despite these advancements, challenges persist in ensuring consistent service quality across all dimensions—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication. Gaps in quality are exacerbated by fragmented oversight, inconsistent training programs, and reliance on manual processes across Myanmar's private healthcare sector. These national healthcare challenges, including uneven staff training, resource constraints, and inconsistent patient care processes, directly manifest as performance issues at Victoria Hospital, particularly in patient wait times, communication gaps, and service consistency. Victoria Hospital, a leading private facility in Yangon, reflects this broader national context. Through organizational diagnosis techniques, including SWOT analysis, the Weisbord Six-Box Model, stakeholder interviews, and field observations, significant gaps in service consistency, communication flow, and patient responsiveness were identified.

The current study is driven by the need to address these gaps through a structured Organizational Development Intervention (ODI), aimed at enhancing employee performance and overall service quality in the hospital's outpatient department (OPD). Organizational Development Interventions are particularly appropriate in this context because they offer systematic, evidence-based approaches to improving workforce engagement, service delivery processes, and organizational culture, which are critical for addressing service quality issues in private healthcare. By applying a mixed-methods action research framework, the study investigates how targeted improvements in staff engagement, service delivery processes, and infrastructure can elevate hospital performance and patient satisfaction. This research contributes not only to institutional growth at Victoria Hospital but also offers insights for broader service quality development within Myanmar's evolving private healthcare sector.

Statement of the Research Purpose

The purpose of this research is to enhance healthcare service quality, service management and organizational performance at Victoria Hospital, a private healthcare provider in Myanmar, by identifying and addressing internal service-related challenges. As patient expectations rise and public healthcare standards improve, private hospitals face increasing pressure to match international benchmarks in service excellence. This study seeks to diagnose the root causes of service inefficiencies and employee behavior issues that hinder reliable, empathetic, and competent patient care.

Using a comprehensive organizational diagnosis framework, including the Weisbord Model and SWOT analysis, the study uncovers critical issues such as inconsistent reliability,

low assurance, delayed responsiveness, weak communication, and lack of patient-centered behavior among staff. These challenges reflect misalignments between the hospital's stated purpose—to deliver high-quality, patient-focused care—and its actual service delivery. Interviews with internal stakeholders and on-site observations further reveal structural, leadership, and reward system gaps that undermine employee engagement and service quality.

To address these gaps, the research will design and implement targeted Organization Development Interventions (ODIs) such as structured staff training, communication enhancements, and infrastructure improvements. The study will evaluate the impact of these ODIs through a mixed-method approach—quantitatively via pre- and post-assessments using Paired Sample T-tests and qualitatively through stakeholder feedback.

Ultimately, this research aims to determine whether improvements in service quality dimensions—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication—can significantly enhance organizational performance. The findings will inform a Service Quality Development Plan to support sustainable improvement and strengthen the hospital's competitive position in Myanmar's healthcare sector.

Research Questions

1. What is the current situation of Victoria Hospital in terms of healthcare service quality and service management, as well as organizational performance?
2. What organization development interventions (ODI) can be designed and implemented to improve healthcare service quality and service management, ultimately enhancing organizational performance at Victoria Hospital?
3. Is there a significant difference between the level of healthcare service quality, service management, and organizational performance at Pre ODI and Post ODI stages?
4. What insights on reliability, assurance, responsiveness, empathy tangibility, competence, and communication to enhance organizational performance. Can be generated from interviews?
5. What Service quality development plan may be designed based on the quantitative and qualitative findings to address the identified issues and improve healthcare service quality, service management, and organizational performance at Victoria Hospital?

Significance of the Study

This research study applies OD interventions on healthcare service quality and service management to enhance the organizational performance of Victoria Hospital. The researcher gains more knowledge, theories of service quality, and service management. This research study supports Victoria Hospital's Nurses, Receptionists, Customer Service Representatives, Medical Assistants, Pharmacists, Medical record personnel, Billing Specialists, Support staff, International Relations & Public Relations in service quality and improves organizational performance.

As for the employees, this research provides insight into their areas for improvement in delivering services to patients. This research's OD intervention can improve the employees'

knowledge and experience in related fields. Finally, this research study is not only important for the researcher but also for Victoria Hospital and its employees for future development and organizational performance.

Literature Review

The relationship between service quality and organizational performance in healthcare has been the subject of extensive scholarly investigation. Within the scope of this study, the conceptual framework was constructed upon core dimensions—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication—which are posited to influence organizational performance in Victoria Hospital, Myanmar. These variables are central to the SERVQUAL model and key drivers of patient satisfaction, operational efficiency, and hospital performance. Each dimension—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication—directly influences patient-centered outcomes.

Previous research supports the strong, positive relationship between these service quality dimensions and performance outcomes. For instance, Ali et al. (2021) assessed how SERVQUAL dimensions—specifically responsiveness, reliability, assurance, empathy, and tangibles—affect patient satisfaction in private hospitals. Their findings confirmed that service quality dimensions substantially shape patients' satisfaction, a key performance indicator in healthcare settings. Similarly, Altuntas et al. (2012) employed Multi-Criteria Decision Making (MCDM) based on SERVQUAL scales in Turkish hospitals and found that reliability, responsiveness, assurance, empathy, and tangibility positively influence perceived service quality. These empirical findings provide theoretical justification for incorporating these dimensions into the current study, as they align with the premise that service quality is a direct antecedent of organizational performance.

Although Ngoko (2015) study was conducted in a non-healthcare service context, its insights into service quality management and organizational performance are highly relevant and transferable to healthcare settings. The research confirmed that service quality management, especially reliability, significantly enhances organizational performance. In the healthcare domain, Dsouza and Sequeira (2012) analyzed the impact of quality management and patient service quality using the MBNQA framework. Their findings demonstrated that structured quality management—encompassing leadership, strategic planning, and customer focus—alongside improved patient care quality, leads to significant improvements in healthcare outcomes and performance. This theoretical link reinforces the rationale for focusing on both service quality and service management as core research variables, as improvements in these areas are empirically associated with higher performance metrics.

Moreover, Shah et al. (2022) explored how quality management practices affect inter-organizational performance in healthcare. Their study emphasized the importance of communication, relationship quality, and conflict resolution in enhancing performance outcomes, further justifying the inclusion of communication and competence as key variables in this research. Competence, in this context, extends beyond technical skill to encompass the ability of healthcare professionals to apply knowledge effectively, adapt to patient needs, and

collaborate across departments, all of which are essential for service excellence.

These prior studies collectively confirm that implementing effective quality management strategies, particularly those aligned with SERVQUAL dimensions, significantly improves organizational effectiveness. Organizational Development Interventions and change management frameworks are effective for improving service quality in healthcare. Examples include Kotter's 8-Step Model and Lewin's Change Theory. Integrating these frameworks creates a structured way to turn service quality insights into organizational improvements.

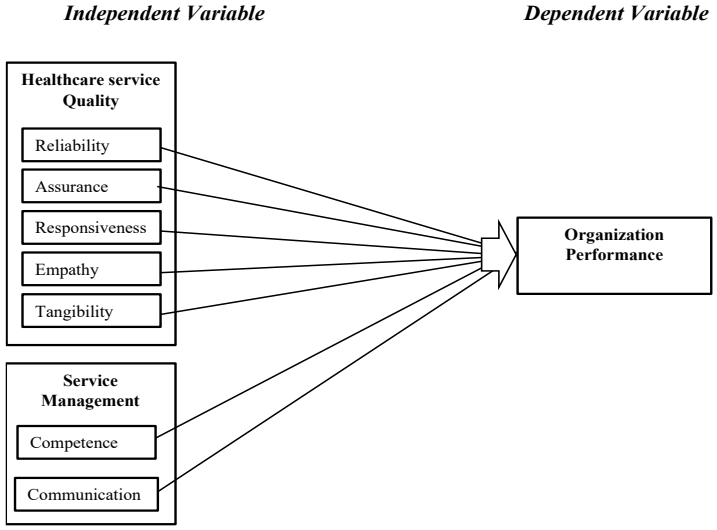
Drawing on this foundation, the present study integrates established service quality dimensions into the context of Victoria Hospital in Myanmar. This study integrates SERVQUAL insights with ODI and change management principles to provide a theoretical basis for enhancing healthcare service quality, employee performance, and organizational outcomes while examining their impact on hospital performance. It aims to examine the healthcare service quality and service management contribute to measurable improvements in hospital performance. By aligning international research insights with local healthcare challenges, the study's framework offers a contextually grounded and empirically informed approach to elevating healthcare service quality, service management and organizational performance in Myanmar's private hospital sector.

Conceptual Framework

Based on previous related studies, a conceptual framework was developed for the study, as illustrated in Figure 1.

Figure 1

The Conceptual Framework of the research study

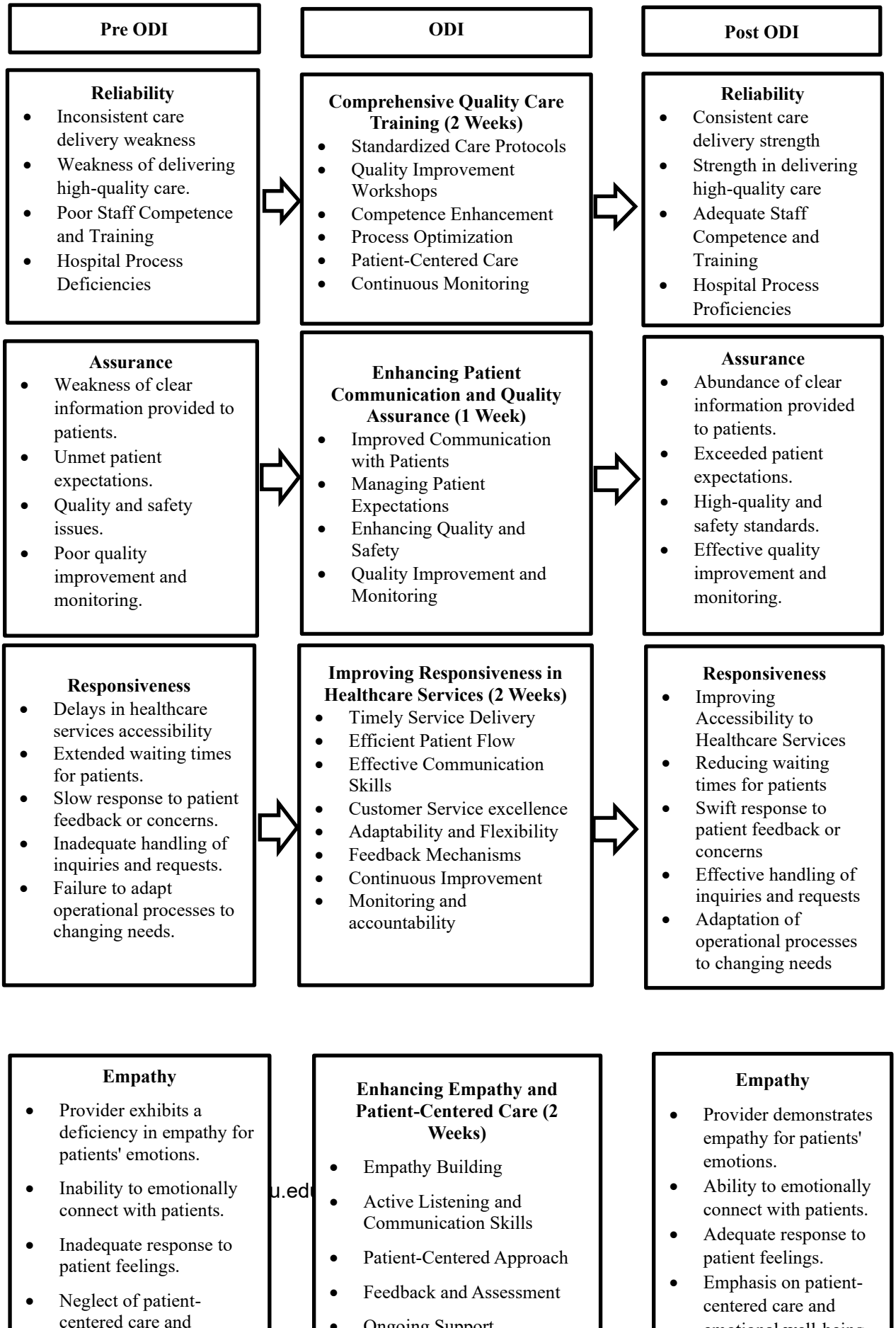


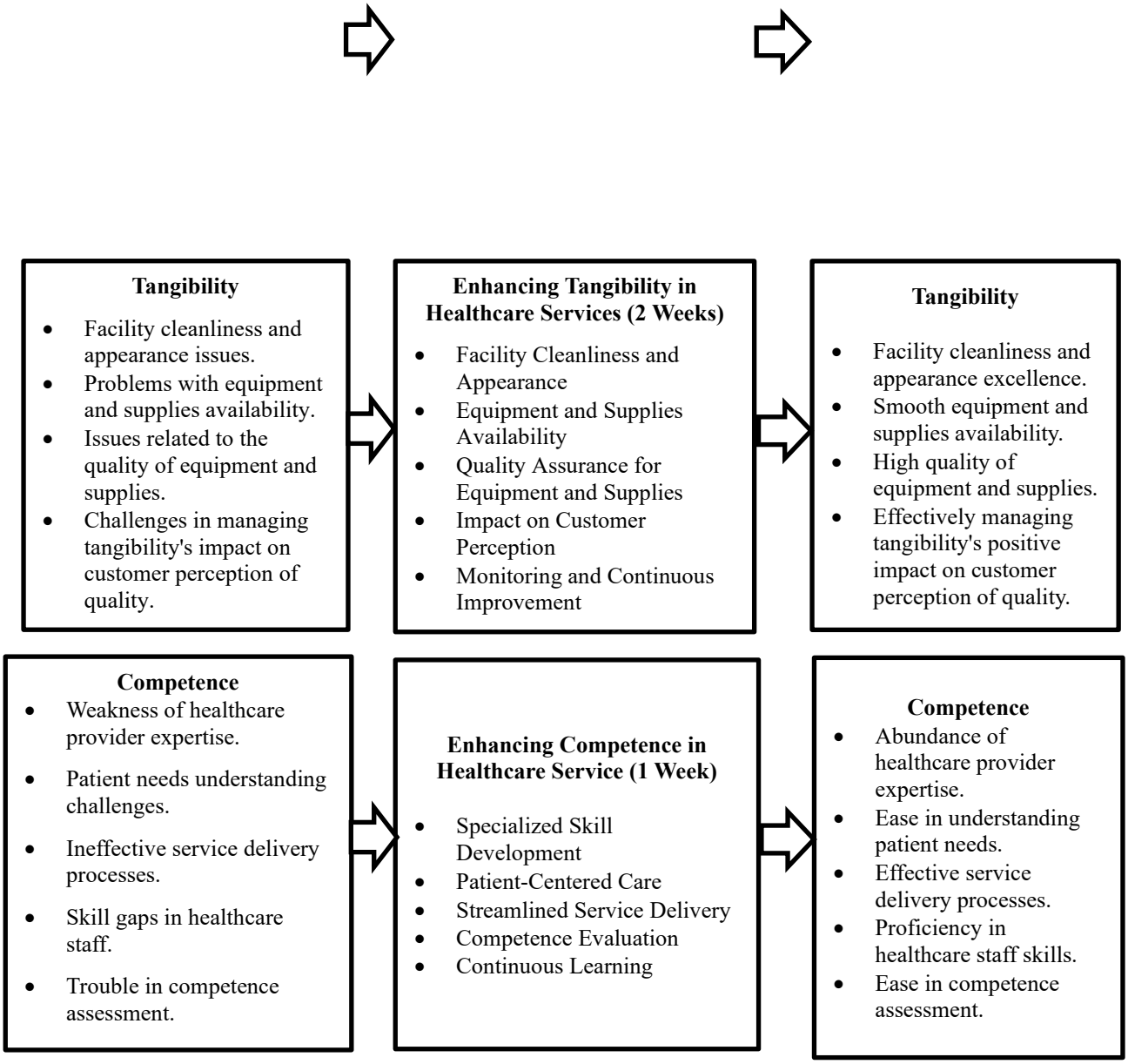
Note: Developed by researcher

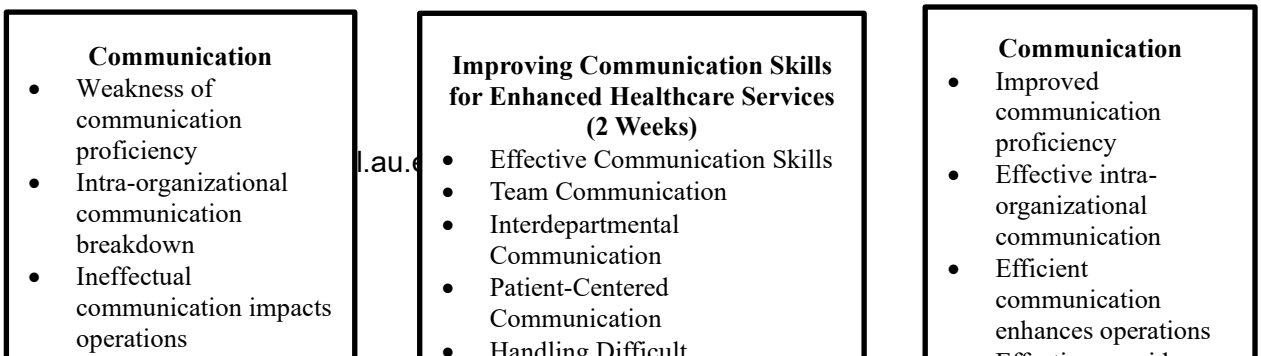
Action Research Framework

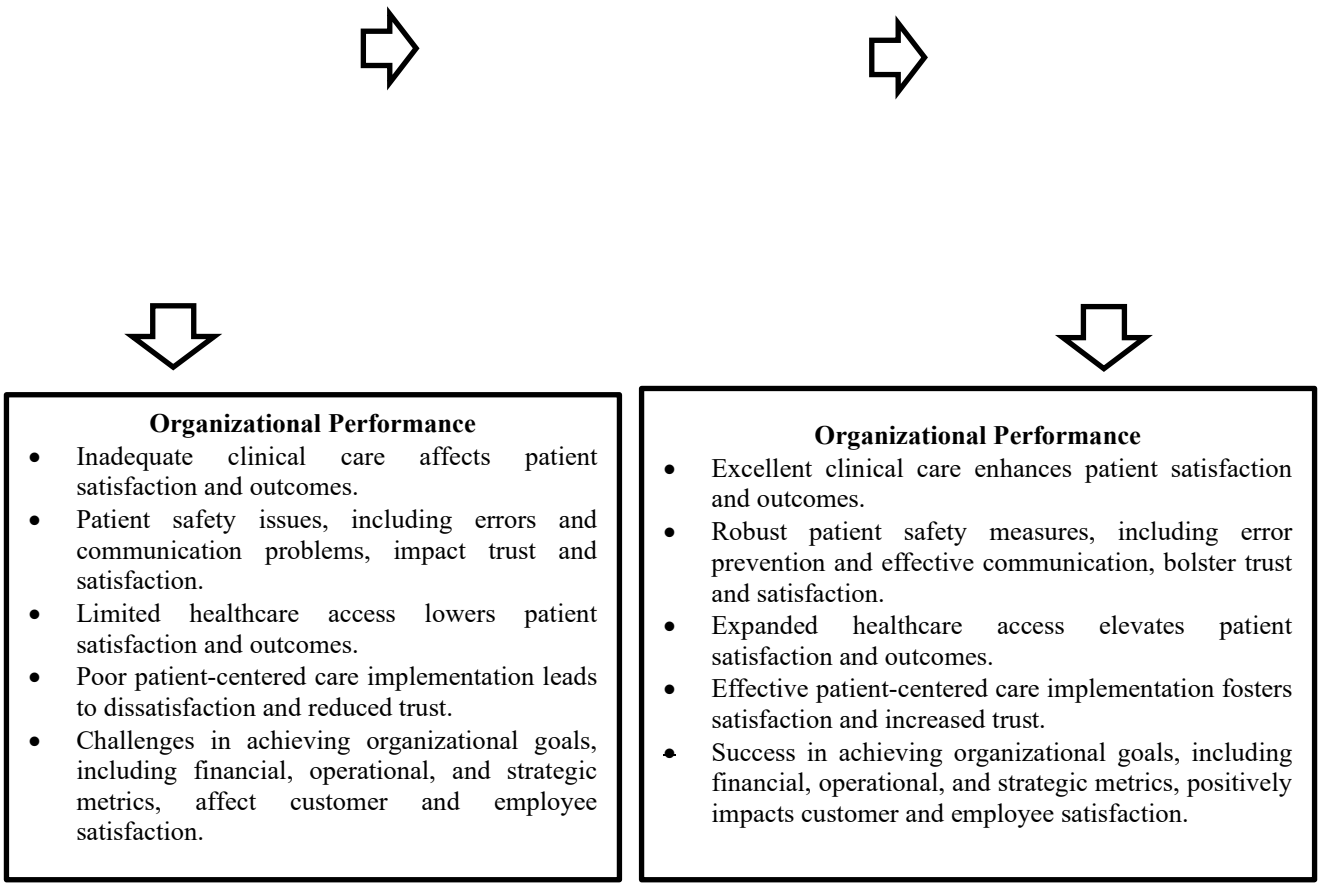
Figure 2

Action Research Framework




Tangibility
Facility cleanliness and appearance issues.
Problems with equipment and supplies availability.
Issues related to the quality of equipment and supplies.
Challenges in managing tangibility's impact on customer perception of quality.
Enhancing Tangibility in Healthcare Services (2 Weeks)
Facility Cleanliness and Appearance
Equipment and Supplies Availability
Quality Assurance for Equipment and Supplies
Impact on Customer Perception
Monitoring and Continuous Improvement
Tangibility
Facility cleanliness and appearance excellence.
Smooth equipment and supplies availability.
High quality of equipment and supplies.
Effectively managing tangibility's positive impact on customer perception of quality.
Competence
Weakness of healthcare provider expertise.
Patient needs understanding challenges.
Ineffective service delivery processes.
Skill gaps in healthcare staff.
Trouble in competence assessment.
Enhancing Competence in Healthcare Service (1 Week)
Specialized Skill Development
Patient-Centered Care
Streamlined Service Delivery
Competence Evaluation
Continuous Learning
Competence
Abundance of healthcare provider expertise.
Ease in understanding patient needs.
Effective service delivery processes.
Proficiency in healthcare staff skills.
Ease in competence assessment.


Communication
Weakness of communication proficiency
Intra-organizational communication breakdown
Ineffectual communication impacts operations
Improving Communication Skills for Enhanced Healthcare Services (2 Weeks)
Effective Communication Skills
Team Communication
Interdepartmental Communication
Patient-Centered Communication
Communication
Improved communication proficiency
Effective intra-organizational communication
Efficient communication enhances operations



The Action Research Framework for Pre-ODI and Post-ODI is a dynamic and systematic approach aimed at enhancing the quality of healthcare services, service management, and organizational performance. The Organization Development Intervention (ODI) at Victoria Hospital trained 215 Outpatient Department staff, including receptionists, cashiers, pharmacy staff, and assistants. To minimize disruption, training was conducted in four batches, each running full-day sessions. The ODIs were based on SWOT and Weisbord Model analyses, which identified problems in reliability, assurance, responsiveness, empathy, tangibility, competence, and communication.

From July to October 2024, a series of targeted courses were delivered:

- **Comprehensive Quality Care Training** (5-19 July, led by U Lynn Lynn Phyo) addressed reliability and service management, focusing on reducing delays and improving consistency.
- **Enhancing Patient Communication and Quality Assurance** (22-31 July, led by Daw Thandar Aung) improved communication, active listening, and record handling.
- **Improving Responsiveness in Healthcare Services** (1-12 August, by U Lynn Lynn Phyo) focused on time management, prioritization, and patient flow.

- **Enhancing Empathy and Patient-Centered Care** (15-28 August, by Daw Thandar Aung) promoted emotional intelligence and compassionate care.
- **Enhancing Tangibility in Healthcare Services** (2-13 September, by U Lynn Lynn Phyo) emphasized cleanliness, comfort, and facility upkeep.
- **Enhancing Competence in Healthcare Services** (16-25 September, by Daw Thandar Aung) focused on role-specific training and continuous improvement.
- **Improving Communication Skills** (26 September-12 October, by Daw Thandar Aung) advanced both patient and internal communication.

These interventions aimed to strengthen staff skills, improve service quality, and foster a patient-centered culture. They were collaboratively implemented by the researcher, OPD head, CEO, and Corporate Learning Institute, resulting in better healthcare delivery, patient satisfaction, and alignment with international standards.

Research Methodology

$H1_0$: There is no significant difference of Reliability between Pre ODI and Post ODI stage.

H1a: There is a significant difference of Reliability between Pre ODI and Post ODI stage.

$H2_0$: There is no significant difference of Assurance between Pre ODI and Post ODI stage.

H2a: There is a significant difference of Assurance between Pre ODI and Post ODI stage.

$H3_0$: There is no significant difference of Responsiveness between Pre ODI and Post ODI stage.

H3a: There is a significant difference of Responsiveness between Pre ODI and Post ODI stage.

$H4_0$: There is no significant difference of Empathy between Pre ODI and Post ODI stage.

H4a: There is a significant difference of Empathy between Pre ODI and Post ODI stage.

$H5_0$: There is no significant difference of Tangibility between Pre ODI and Post ODI stage.

H5a: There is a significant difference of Tangibility between Pre ODI and Post ODI stage.

$H6_0$: There is no significant difference of Competence between Pre ODI and Post ODI stage.

H6a: There is a significant difference of Competence between Pre ODI and Post ODI stage.

$H7_0$: There is no significant difference of Communication between Pre ODI and Post ODI stage.

H7a: There is a significant difference of Communication between Pre ODI and Post ODI stage.

$H8_0$: There is no significant difference of Organizational Performance between Pre ODI and Post ODI stage.

H8a: There is a significant difference of Organizational Performance between Pre ODI and Post ODI stage.

This study adopted a mixed-method research design integrated with action research to examine the relationship between healthcare service quality, service management, and organizational performance at Victoria Hospital in Myanmar. It aimed to assess differences between Pre and Post ODI to determine how independent variables—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication—affect organizational performance. Quantitative data were collected via structured questionnaires with demographic questions and 39 items on a 5-point Likert scale, adapted from prior studies (Carini et al., 2019; Endeshaw, 2020; El Samen & Alshurideh, 2012; Fatima et al., 2018; Fiorio et al., 2018; Hughes, 2008; Li & Chen, 2016; Soita, 2023). Validity was confirmed through expert review and pilot testing, and reliability assessed with Cronbach's alpha exceeded 0.70 for all variables. Qualitative data were gathered through open-ended questions to capture detailed personal insights. This mixed-method approach combined measurable data with rich narratives, aligning with action research to enact and evaluate change through ODIs.

The preliminary diagnosis involved three days of semi-structured interviews with the CEO, Board of Directors, and management team, along with non-participant observation of patient flow, staff interactions, and operational processes. SWOT analysis and the Weisbord Six-Box Model identified issues such as overcrowded waiting areas, long wait times, poor staff-patient communication, employee disengagement, and slow registration procedures. These findings informed the research questions and guided the ODIs toward improving service quality, communication, and operational efficiency.

The sampling frame included 735 employees across departments, from which 215 outpatient department (OPD) employees—receptionists, cashiers, pharmacy staff, and assistants—were selected for both ODI participation and Pre and Post ODI questionnaires. Employees were chosen based on direct patient interaction and the ability to attend all training sessions, with the OPD selected due to high patient complaints and suitability for training. For qualitative analysis, 17 key informants were purposively selected from leadership roles, including the CEO, Directors, General Managers, and Senior Managers, to capture diverse perspectives on service delivery, organizational processes, and intervention outcomes.

The ODI process targeted 215 OPD employees in four batches, with sessions from 9:00 AM to 5:00 PM covering reliability, communication, responsiveness, empathy, tangibility, and competence through lectures, exercises, and role-playing. The action research cycle included diagnosing issues, planning interventions, implementing training, observing outcomes, and reflecting for improvement.

Quantitative analysis employed descriptive statistics (mean, standard deviation, frequency) and inferential tests, including paired sample t-tests for Pre and Post-ODI

differences. Qualitative data were analyzed via content analysis using a three-coder system comprising the researcher and two senior professionals, ensuring consistent theme extraction.

Due to practical constraints and patient mobility, the study did not survey patients directly. Instead, service quality was assessed through OPD employees' perspectives, who observe patient satisfaction patterns daily. While providing valuable frontline insights, this approach does not replace direct patient satisfaction data.

Results and Discussion

Demographic Data of Participants

Table 1

Demographic Profile of Participants' Gender Analysis

Gender	Counts	% of Total
Male	24	12.2%
Female	172	87.8%
Total	196	100%

The analysis of the participants' demographic profile based on gender reveals that a majority of the respondents are female, accounting for 172 individuals (87.8%) of the total sample. In contrast, male participants comprise a significantly smaller portion, with only 24 individuals (12.2%). This indicates a notable gender imbalance among the participants, with females dominating the sample population. The total number of respondents is 196 (100%), ensuring that the gender analysis reflects the complete participant group.

Table 2

Demographic Profile of Participants' Age Analysis

Age	Counts	% of Total
18 - 20	14	7.1 %
21 - 30	132	67.3 %
31 - 40	44	22.4 %
41 - 50	4	2.0 %
51 - 60	1	0.5 %
Over 60	1	0.5 %
Total	196	100%

The demographic analysis of participants' age shows that the largest proportion of respondents falls within the 21-30 age group, accounting for 132 individuals (67.3%) of the

total sample. This indicates that the majority of the participants are young adults.

The second-largest age group is 31-40 years, with 44 individuals (22.4%), followed by those 18- 20 years old, making up 14 individuals (7.1%). Participants aged 41-50 years represent a smaller portion, with only 4 individuals (2.0%), while those in the 51-60 years and over 60 years categories are the least represented, with 1 individual each (0.5%).

Overall, the analysis highlights that the participant population is predominantly composed of younger individuals, with minimal representation from older age groups. The total sample size is 196 (100%), ensuring a complete age-based demographic analysis.

Table 3

Demographic Profile of Participants' Education Analysis

Education	Counts	% of Total
Below High School	8	4.1 %
High School	97	49.5 %
Bachelor Degree	86	43.9 %
Master Degree	5	2.6 %
Total	196	100%

The demographic analysis of participants' education levels reveals that the majority of respondents have completed high school, accounting for 97 individuals (49.5%) of the total sample. This is followed closely by those with a bachelor's degree, representing 86 individuals (43.9%).

A smaller portion of the participants, 8 individuals (4.1%), have an education level below high school, while only 5 individuals (2.6%) have attained a master's degree.

Overall, the results indicate that most participants have achieved either a high school or bachelor's degree education, with minimal representation from those with lower or higher levels of formal education. The total sample size is 196 (100%), ensuring a comprehensive analysis of the education demographics.

Table 4

Demographic Profile of Participants' Working Experience Analysis

Working Experience	Counts	% of Total
Under 3 years	99	50.5 %
3 to 5 years	24	12.2 %
5 to 10 years	51	26.0 %
10 to 15 years	19	9.7 %
15 to 20 years	2	1.0 %
20 years above	1	0.5 %
Total	196	100%

The demographic analysis of participants' working experience shows that the largest proportion of respondents have less than 3 years of experience, accounting for 99 individuals

(50.5%) of the total sample. This indicates that a significant portion of participants are relatively new to the workforce. Participants with 5 to 10 years of experience form the second-largest group, representing 51 individuals (26.0%), while those with 3 to 5 years of experience account for 24 individuals (12.2%).

Smaller proportions are observed in the more experienced categories, with 19 individuals (9.7%) having 10 to 15 years of experience, 2 individuals (1.0%) with 15 to 20 years, and only 1 individual (0.5%) having more than 20 years of experience. Overall, the analysis indicates that the majority of the participants are early-career professionals, with limited representation from those with extensive work experience. The total sample size is 196 (100%), providing a complete working experience profile.

Quantitative Analysis

Table 5

Comparative Descriptive Analysis of Pre-ODI and Post-ODI

Variable	No. of Items	Pre-ODI Mean (SD)	Post-ODI Mean (SD)	Improvement mean difference
Reliability	5	2.72 (0.9058)	3.26 (0.4398)	0.542
Assurance	5	2.72 (0.8736)	3.26 (0.4244)	0.536
Responsiveness	5	2.60 (0.8380)	3.20 (0.4014)	0.596
Empathy	4	2.45 (0.7980)	3.14 (0.3480)	0.700
Tangibility	5	2.45 (0.8432)	3.14 (0.3550)	0.688
Competence	5	2.51 (0.8602)	3.17 (0.3822)	0.664
Communication	5	2.43 (0.8600)	3.16 (0.3672)	0.728
Organization Performance	5	2.44 (0.8594)	4.41 (0.8318)	1.964

In Table-5, the comparative descriptive analysis between Pre-ODI and Post-ODI results indicates a consistent and notable improvement across all measured variables. Organization Performance demonstrated the highest increase with a mean difference of 1.964, rising from 2.44 (SD = 0.8594) to 4.41 (SD = 0.8318), signifying the strongest impact of the intervention. Among the service quality dimensions, Communication showed the greatest improvement (mean difference = 0.728), followed by Empathy (0.700), Tangibility (0.688), and Competence (0.664). Responsiveness, Reliability, and Assurance also increased by 0.596, 0.542, and 0.536 respectively. These results reflect a marked enhancement in the perceptions of service quality and organizational performance after the ODI, indicating the effectiveness of the intervention in improving multiple facets of healthcare service delivery. The reduction in standard deviation values post-ODI also suggests greater consistency in responses. Overall, the findings support the positive role of the development intervention in elevating both service quality dimensions and organizational outcomes.

Table 6

Paired Sample T-Test Analysis of Variables between Pre-ODI and Post-ODI

Variable	Pre-ODI		Post-ODI		t	P
	Mean	S.D	Mean	S.D		
Reliability	2.72	0.9058	3.26	0.439	-16.3	< .001
Assurance	2.72	0.8736	3.26	0.424	-15.3	< .001
Responsiveness	2.60	0.8380	3.20	0.401	-17.7	< .001
Empathy	2.45	0.7980	3.14	0.348	-20	< .001
Tangibility	2.45	0.8432	3.14	0.355	-18.1	< .001
Competence	2.51	0.8602	3.18	0.382	-18	< .001
Communication	2.43	0.8600	3.16	0.367	-19.2	< .001
Organization Performance	2.44	0.8594	4.41	0.832	-20.7	< .001

Table 6, the results of the paired sample t-test for the ODI (organization development intervention) were analyzed across all variables: Reliability, Assurance, Responsibility, Empathy, Tangibility, Competence, Communication, and Organizational Performance. The analysis aimed to determine whether there was a statistically significant difference between Pre-ODI and Post-ODI.

Table 6 shows that all the variables obtained a p value <0.05, therefore

H10 stating that there is no significant difference of Reliability between Pre ODI and Post ODI stage is rejected.

H20 stating that there is no significant difference of Assurance between Pre ODI and Post ODI stage is rejected.

H30 stating that there is no significant difference of Responsiveness between Pre ODI and Post ODI stage is rejected.

H40 stating that there is no significant difference of Empathy between Pre ODI and Post ODI stage is rejected.

H50 stating that there is no significant difference of Tangibility between Pre ODI and Post ODI stage is rejected.

H60 stating that there is no significant difference of Competence between Pre ODI and Post ODI stage is rejected.

H70 stating that there is no significant difference of Communication between Pre ODI and Post ODI stage is rejected.

H80 stating that there is no significant difference of Organization Performance between Pre ODI and Post ODI stage is rejected.

The results of the paired sample t-test for the Organization Development Intervention (ODI) were analyzed across the variables of Reliability, Assurance, Responsiveness, Empathy, Tangibility, Competence, Communication, and Organizational Performance. The purpose was

to assess whether the ODI brought about statistically significant improvements between the Pre-ODI and Post-ODI stages.

As shown in Table 6, all variables yielded p-values less than 0.05, indicating significant differences Pre-ODI and Post-ODI the intervention. Therefore, the null hypotheses (H10 to H80), which stated that there were no significant differences in each of these dimensions, were all rejected.

Summary of Quantitative Analysis Result Discussion

The quantitative analysis of this study indicates that the Organizational Development Intervention (ODI) at Victoria Hospital significantly enhanced healthcare service quality, service management, and organizational performance, as shown by Descriptive Analysis and Paired Sample T-tests. Reliability improved substantially from Pre-ODI to Post-ODI ($p < .001$), leading to the rejection of H10 in favor of H1a, reflecting stronger adherence to clinical protocols and operational consistency that support better decision-making and outcomes. Assurance, representing confidence in staff competence and adherence to standards, increased significantly ($p < .001$), supporting H2a, emphasizing the role of structured quality practices in reinforcing performance. Responsiveness, measuring promptness in addressing patient needs, also improved significantly ($p < .001$), validating H3a, suggesting enhanced operational agility and timely service delivery. Empathy, a critical component of patient-centered care, demonstrated the largest improvement ($p < .001$), supporting H4a, highlighting the impact of interventions that foster emotional intelligence, active listening, and patient engagement. Tangibility, reflecting the physical environment, facilities, and equipment, increased significantly ($p < .001$), confirming H5a, showing that a well-maintained, functional, and visually appealing environment strengthens patient perceptions of quality. Competence, reflecting staff skills and knowledge, improved significantly ($p < .001$), supporting H6a, indicating that enhanced professional capabilities boost organizational commitment, efficiency, and service reliability. Communication effectiveness also rose significantly ($p < .001$), validating H7a, demonstrating that clear, multi-channel communication improves coordination, decision-making, and patient satisfaction. Finally, overall organizational performance showed a highly significant increase ($p < .001$), supporting H8a, confirming that improvements across reliability, assurance, responsiveness, empathy, tangibility, competence, and communication collectively enhanced institutional efficiency, patient outcomes, and service delivery. Overall, the quantitative findings confirm that the ODI effectively promoted improvements across all measured variables, emphasizing the value of comprehensive service management strategies and targeted organizational development interventions in sustaining high-quality healthcare and robust performance.

Qualitative Analysis

Qualitative Content Analysis Summary

The qualitative content analysis comparing Pre-ODI and Post-ODI feedback reveals a

significant transformation in healthcare service quality, service management, and overall organizational performance. Staff interviews consistently indicated that the Organizational Development Intervention (ODI) led to marked improvements across all key operational and service domains.

Healthcare Service Quality. Prior to the ODI, service quality was widely criticized. Leadership and clinical staff described the system as unreliable, citing frequent inconsistencies in care delivery and weak adherence to clinical protocols. The CEO labeled reliability as "below average," while the Medical Director pointed to "variability in treatment outcomes." Departments reported recurring disruptions, patient dissatisfaction, and operational inefficiencies that undermined trust in care delivery.

Post-ODI, a clear turnaround was observed. Staff noted enhanced reliability, with the CEO rating service quality as "excellent" due to strengthened commitment to quality and best practice implementation. The Medical Director highlighted the impact of "rigorous clinical protocols" and staff across various units emphasized more consistent service delivery, fewer disruptions, and the adoption of workflow optimization strategies. Although some challenges, such as staff shortages, persisted, these were met with proactive planning and mitigation efforts.

Service Management. Service management prior to the ODI was viewed as fragmented and ineffective. Senior leaders and administrative personnel described a lack of coordination, frequent delays, and systemic inefficiencies. The CEO acknowledged the absence of memorable success experiences, while the Medical Director pointed out ongoing issues aligning care delivery with patient needs. Staff dissatisfaction was common, and administrative disarray affected overall service quality.

Following the ODI, perceptions shifted considerably. Leaders highlighted significant progress in patient satisfaction, with the CEO noting strong survey results and improved management systems. Clinical protocols were revised, leading to better patient outcomes and positive feedback. Operational staff successfully managed increased patient volumes through more effective scheduling and resource distribution. Administrative functions also saw improvements; revamped procedures led to quicker record processing and reduced appointment delays, reflecting higher efficiency and responsiveness.

Organizational Performance. Before the ODI, the hospital struggled with poor coordination, limited staff motivation, and a reactive culture. Feedback described a system plagued by communication failures and slow service, with patients often left uninformed and staff feeling excluded from decision-making. These issues highlighted deep-rooted structural areas for improvement.

In contrast, post-ODI feedback showed a noticeable shift toward proactive, collaborative performance. Staff reported stronger interdepartmental communication and a more structured approach to service management. Leadership engagement improved, with team members feeling more involved in decision-making and empowered to contribute to solutions. Patient-centered care also became more prominent, with improved response times and integration of feedback into service planning. As one manager explained, "We now feel like part of the solution," signaling a more inclusive and accountable organizational culture.

While certain areas, like financial coordination, still require refinement, the overall

trajectory is positive. Staff concluded that the organization has moved from reacting to problems toward preventing them—marking a fundamental shift in performance culture.

In summary, the ODI drove substantial institutional change, improving service delivery, management effectiveness, and organizational coherence.

Qualitative Coding Analysis Summary

The coding analysis across healthcare service quality, service management, and organizational performance demonstrates the hospital's significant progress in delivering high-quality, patient-centered care. These improvements are driven by strategic leadership, enhanced clinical practices, and operational efficiency.

Healthcare service quality coding shows a strong leadership commitment to excellence, supported by adherence to evidence-based standards and continuous quality initiatives. Codes such as "Commitment to Quality" and "High Reliability" reflect this dedication. Departments like clinical and pharmacy services were recognized for their consistency and effectiveness ("Clinical Adherence," "Medication Delivery"). However, challenges like "Staff Shortages" and "Supply Chain Disruptions" remain, indicating the need for better resource planning. The shift toward patient-centered care is evident in efforts to involve patients in treatment decisions and offer tailored wellness services ("Involvement in Care Plans," "Personalized Wellness Programs"). Staff responsiveness under high demand conditions and empathetic handling of patient concerns were also notable strengths ("Empathetic Complaint Resolution").

Service management coding highlights improvements across operational, administrative, and support functions. Leadership reported better patient outcomes and satisfaction, supported by codes like "Improved Patient Satisfaction Survey" and "Revised Treatment Protocols." Enhanced scheduling ("Optimized Scheduling") and efficient supply chain processes ("Streamlined Supply Chain Processes") helped reduce delays. The implementation of a "New Feedback System" allowed quicker response to patient concerns, improving service responsiveness. Administrative improvements—such as "Upgraded Billing System" and "Efficient Appointment Handling"—led to smoother workflows. Personalized care approaches and enhanced support services further improved the overall patient experience. Clearer financial communication and reliable medication delivery also strengthened trust.

Organizational performance coding illustrates how the hospital has consistently met or exceeded patient expectations. This success is underpinned by improvements in care protocols, clinical guidelines, and service personalization ("Enhanced Patient Care Protocols," "Updated Clinical Guidelines"). Operational efficiency and improved coordination ("Streamlined Processes," "Improved Staff Coordination") contributed to higher service standards. Patient engagement and satisfaction grew through "Effective Complaint Resolution" and "Proactive Customer Service." Transparent financial practices and responsive administration built further trust. Confidence in clinical care was reinforced by "Adherence to Clinical Guidelines," ongoing staff training, and rigorous quality control. Additionally, advances in communication—such as "Patient Portal Updates," "Appointment Reminders," and the use of liaison teams—further improved patient interaction and information flow.

Juxtaposed

This integrated analysis of quantitative and qualitative findings demonstrates that the Organizational Development Intervention (ODI) had a significant positive impact on

healthcare service quality and organizational performance. Reliability improved substantially (paired sample t-test $p < .001$), with consistent service delivery, better protocol adherence, and upgraded systems enhancing operational dependability. Assurance also increased significantly ($p < .001$), with patients reporting greater trust due to safer environments, cleaner facilities, and more transparent processes. Responsibility showed notable growth ($p < .001$), as staff became more flexible in meeting patient needs, handling financial concerns, and adjusting care proactively. Empathy improved markedly ($p < .001$), reflecting enhanced emotional support, personalized attention, and inclusive communication that strengthened patient-staff relationships. Tangibility advanced with visible improvements in facilities, hygiene, and infrastructure ($p < .001$), creating a more comfortable patient environment. Competence exhibited consistent progress ($p < .001$), with reduced errors, faster service delivery, and higher professionalism achieved through training and strict adherence to protocols. Communication effectiveness increased ($p < .001$), promoting clearer interactions, timely feedback, and stronger trust. Overall, organizational performance saw the greatest improvement ($p < .001$), with enhanced coordination, care delivery, and patient satisfaction. In sum, the ODI yielded measurable improvements across all key dimensions, confirming both statistical significance and practical impact. These findings underscore the importance of sustaining interventions focused on clinical quality, operational efficiency, patient-centered care, and staff development to maintain and further enhance healthcare service outcomes.

Conclusions and Recommendations

What is the current situation of Victoria Hospital in terms of healthcare service quality, service management, and organizational performance?

Victoria Hospital is currently struggling in many core service quality areas. Patients face delays in diagnostics, inconsistent service delivery, and long waiting times, which undermine reliability and efficiency. Assurance is weak because staff often lack confidence and fail to communicate effectively, causing patients to question the hospital's competence. Responsiveness is also low, with slow treatment and poor patient flow management due to staff shortages and limited resources. Overall, the hospital's poor empathy, gaps in staff competence, and ineffective communication significantly reduce patient trust and organizational performance.

What organization development interventions (ODI) can be designed and implemented to improve healthcare service quality and service management?

Victoria Hospital implemented a set of ODIs focused on critical areas like reliability, assurance, responsiveness, empathy, tangibility, competence, and communication. Comprehensive training sessions were introduced to improve workflow efficiency, scheduling, and service reliability. Staff received training on communication, patient-centered care, and emotional intelligence to foster a more compassionate culture. Facility maintenance and tangible service aspects were also addressed through best practices in cleanliness and patient comfort. Together, these structured interventions helped align hospital services with international healthcare standards while improving staff performance and patient satisfaction.

Is there a significant difference between the level of healthcare service quality, service management, and organizational performance at Pre-ODI and Post-ODI stages?

The results clearly show a significant difference. Post-ODI scores for service quality

improved across all variables, including reliability, assurance, responsiveness, empathy, and tangibility. Competence and communication, two key aspects of service management, also increased considerably, reflecting better-trained and more confident staff. The biggest improvement was in organizational performance, which rose from a mean score of 2.44 to 4.41, showing stronger patient trust and satisfaction. The paired sample t-test confirmed that these differences were statistically significant, proving that the ODI interventions were effective.

What insights on reliability, assurance, responsiveness, empathy, tangibility, competence, and communication to enhance organizational performance can be generated from interviews?

The interview analysis highlighted clear contrasts between Pre-ODI and Post-ODI conditions. Before interventions, patients and staff reported unreliable services, frequent delays, weak communication, and low empathy from healthcare providers. After the ODI, improvements were observed in scheduling, responsiveness, and patient-centered care, though staff shortages still caused occasional problems. Tangible factors such as cleanliness and facility maintenance improved noticeably, enhancing the overall patient experience. The most significant progress was in communication, where digital tools and structured protocols built transparency, trust, and better coordination across departments.

What service quality development plan may be designed based on the findings?

A comprehensive service quality development plan has been proposed to address ongoing challenges. Reliability will be strengthened through standardized clinical protocols, real-time monitoring, and better resource allocation. Assurance can be improved through continuous staff training, quality assurance frameworks, and regular performance evaluations. Responsiveness should be enhanced with digital scheduling, automated patient flow systems, and rapid-response teams for urgent needs. In addition, empathy, tangibility, competence, and communication will be systematically improved through patient-centered initiatives, facility upgrades, leadership development, and multi-channel engagement strategies to ensure sustainable improvements in hospital performance.

This study evaluated how Organizational Development Interventions (ODIs) can enhance service quality, service management, and organizational performance at Victoria Hospital in Myanmar. By targeting core service quality dimensions—reliability, assurance, responsiveness, empathy, tangibility, competence, and communication—the research identified significant pre-existing service gaps and demonstrated measurable improvements following the ODI. Quantitative analyses, including Paired Sample T-Tests revealed statistically significant enhancements in service quality and a strong positive correlation with organizational performance. Qualitative findings echoed these results, with patients noting more consistent service delivery, shorter waiting times, improved staff-patient communication, and a more compassionate care environment.

Each research question was explicitly addressed: Victoria Hospital's current service quality and management challenges were mapped through both quantitative and qualitative findings; ODIs were designed to target these issues and successfully improved organization performance; and Post-ODI analysis confirmed significant positive differences in healthcare service quality, service management, and organizational performance.

Based on these outcomes, the study proposed a comprehensive Service Quality Development Plan focusing on process standardization, continuous training, patient-centered care, infrastructure upgrades, and digital solutions. Recommendations are prioritized by timeframe:

Short-term: Implement targeted staff training in reliability, responsiveness, and communication; adopt digital appointment systems and workflow optimizations.

Medium-term: Establish continuous professional development programs, leadership training, and quality assurance frameworks; enhance patient feedback mechanisms and patient-centered initiatives.

Long-term: Upgrade facilities and infrastructure, integrate advanced digital solutions such as automated patient flow and telemedicine, and institutionalize a culture of continuous improvement.

Additionally, the Service Quality Development Plan is adaptable to other private hospitals in Myanmar, providing a scalable framework that can be customized according to institutional size, staffing, and patient needs. Future studies are recommended to examine the long-term sustainability of ODIs, explore the integration of emerging technologies such as telemedicine and AI, and assess the human impact of these interventions through in-depth patient experience research. These avenues can further refine service improvement strategies and contribute to a resilient and patient-centered healthcare system.

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