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Socioeconomic Status (SES) As An Antecedent To Perception Of Healthcare Service Quality

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Abstract
This paper attempts to explore how socioeconomic status (SES) influences the perception of quality in healthcare services. There is a strong belief that there are healthcare inequities in patients and their attendees' reported experiences. SES affects perceived quality of healthcare services and its dimensions. The study adopted a cross-sectional quantitative design of research. A sample of 480 users of healthcare services in both the public and private hospitals was used for the study. The self-developed scale was used to measure service quality whereas the SES scale developed by Dhar and Dhar (2020) was used for identifying the SES levels. The descriptive statistics, reliability analysis, correlation, and multiple regression were used to analyze the data. Findings suggest that the SES is a strong predictor of perceived quality of healthcare services (0.41, $p < 0.001$) or 38 percent of variation. Higher SES respondents gave more emphasis on the **reliability and consistency** dimensions of healthcare service quality whereas the lower SES respondents gave higher emphasis on receptiveness and credibility dimensions. These results imply that socioeconomic disparities do influence the experience assessments of care. The research suggests that SES-sensitive strategies should be included in the healthcare quality improvement efforts to provide equitable patient experiences and outcomes.

Keywords: Socioeconomic Status, Healthcare Service Quality, Patient Perception, Health Equity

Introduction
The quality of healthcare services has become one of the key factors of patient satisfaction, trust and health outcomes in modern healthcare systems. Although there has been improvement in medical technology and models of service delivery, patient experience disparities have still been experienced especially among various socioeconomic groups. Income, education, and occupation are socioeconomic status (SES) factors that determine the expectations of people, their access to information, and their interactions with the healthcare providers (Adler and Newman, 2002). SES is therefore becoming an important factor that influences the understanding of the quality of healthcare services.

Quality of service within health care is multidimensional in nature and involves both the technical competence and delivery of health care functions with empathy, responsiveness, and assurance

(Parasuraman et al., 1988). Although the existing literature has examined service quality under the topic of general patient view, the empirical emphasis has not been advanced to the extent of SES distinguishing such views in the same healthcare environments. This loophole limits the capacity of policymakers and administrators to develop inclusive quality improvement plans.

Conceptual Framework

The conceptual model includes SES as the antecedent variable that effects the perception of the healthcare service quality dimensions: communication, tangibility, acumen, receptiveness, credibility, reliability and consistency, which measure the overall perceived quality of healthcare services. The model presupposes that the differences in SES can influence expectations and evaluative norms used in healthcare interactions.

Research Gap

The current research on healthcare services quality solely focuses on patient population and impact of SES levels (High, Medium, Low) on the perception formation. There is a dearth of empirical literature that uses SES as a core explanatory variable.

Null Hypotheses

H_{01}: SES does not impact perception of healthcare service quality.
H_{02}: SES does not impact the reliability and consistency dimensions of healthcare service quality.
H_{03}: SES does not impact the receptiveness and credibility dimensions of healthcare service quality.

Review of Literature

The SERVQUAL model has been traditionally used to measure the quality of healthcare services, as it conceptualizes quality as the difference between expectations and perceptions on five dimensions (Parasuraman et al., 1988). This model has enjoyed a much wider application in healthcare settings to measure patient satisfaction and service effectiveness (Andaleeb, 2001). Research has consistently shown that functional quality dimensions, especially empathy and responsiveness, have a strong bearing when it comes to overall patient assessments.

The socioeconomic status has been largely associated with health outcomes and patterns of healthcare utilization. Higher the SES, better the healthcare experience reported by people because of higher health literacy, confidence in communication, and access to resources (Adler and Newman, 2002). On the other hand, the lower SES groups tend to have structural and interpersonal stressors that have a detrimental impact on service perceptions.

Recent empirical studies indicate that SES does not only influence access to care but it also moderates the service delivery and satisfaction of patients. As an illustration, patients with a higher level of SES have higher expectations and also report that they have more satisfactory reliability and assurance criteria (Batbaatar et al., 2017). Nonetheless, SES interaction with service quality dimensions can also be studied through developed analytical models.

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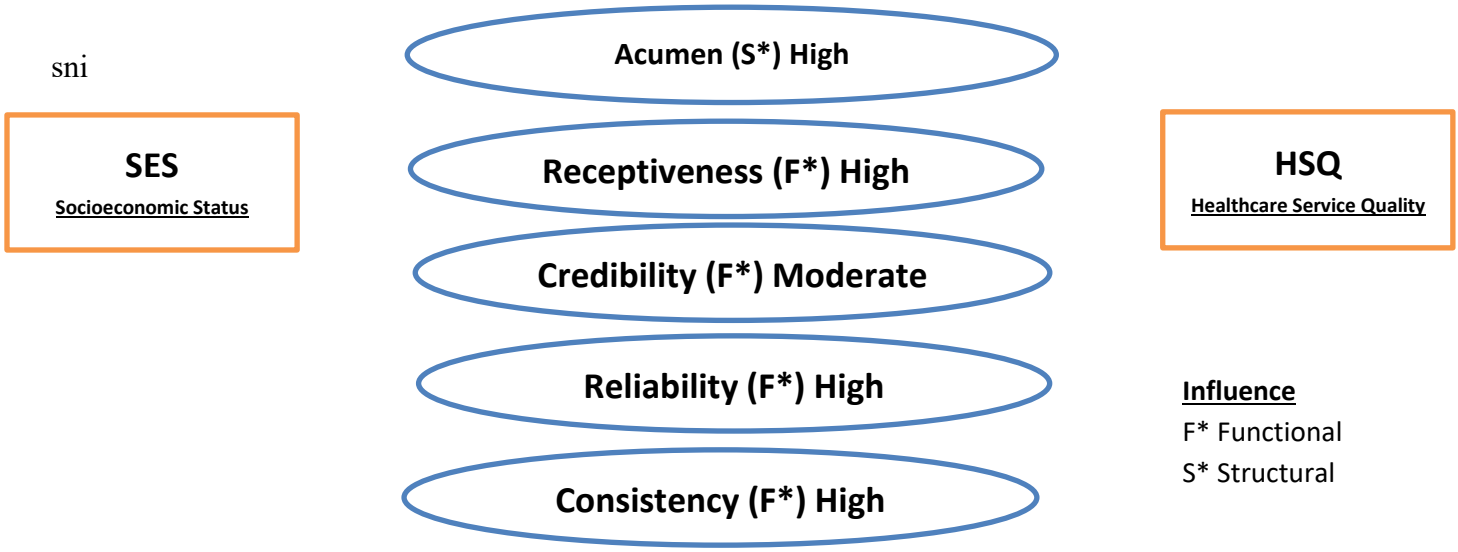

Figure 1. SES and Perceived Healthcare Service Quality Conceptual Framework.

This figure displays the postulated association between socioeconomic status (income, education and occupation) and the perceived quality of healthcare services that pass through the seven dimensions viz. communication, acumen, receptiveness, credibility, tangibility, reliability and consistency which end up to the overall perception of healthcare service quality.

Method

Data Collection and Study Design.

In this research, the cross-sectional quantitative research design was applied to analyze the correlation between socioeconomic status (SES) and perceived healthcare service quality. The respondents who received either outpatient or inpatient care were identified from public and private hospitals that had the facilities of outpatient and inpatient (200 beds) and were multi-specialty hospitals to obtain variability in service situations.

Four hundred and eighty respondents were contacted and administered self-developed scale and the data was collected between March and May 2025. Stratified random sampling was used to select the participants so that they represent all categories of SES proportionately. The institutional review committee provided ethical approval, and all respondents were informed and gave their consent before participating.

Measurement Instruments

The perceived healthcare service quality was gauged by a self-developed scale consisting of seven dimensions. Measuring each of the dimensions was done with the help of several items that were

rated on a five-point Likert scale between 1 (strongly disagree) and 5 (strongly agree). SES was measured by administering SES scale (Dhar and Dhar, 2020).

Data Analysis

The analysis of the data was done with the help of IBM SPSS Statistics Version 26. The use of descriptive statistics was used to summarize the demographic features and distributions of variables. Internal consistency of the measurement scales was tested by analyzing reliability with the help of Cronbach alpha because reliability test is the primary prerequisite of instruments based on perception validation. Pearson correlation analysis was used to examine the relationship between SES and healthcare service quality and its dimensions. The hypothesized impact of SES on the perceived healthcare service quality and the explanatory power of it were then tested through multiple linear regression analysis.

Results

Sample Characteristics and Descriptive Statistics

The respondents used in the study were 480, 52.1% Male and 47.9% Female. About 34.5% of the respondents were classified as having low SES, 38.1% medium SES and 27.4% high SES. The mean scores were moderate to high on perceptions of quality of healthcare services across the various dimensions with Consistency showing the highest mean score.

Table 1. Descriptive Statistics of Study Variables

Variable	Mean	Standard Deviation
Socioeconomic Status	3.12	0.74
Communication	3.67	0.70
Tangibility	3.68	0.71
Acumen	3.73	0.70
Receptiveness	3.41	0.77
Credibility	3.46	0.73
Reliability	3.74	0.69
Consistency	3.82	0.65
Overall Service Quality	3.62	0.68

The above table is a representation of comparative mean rating of the service quality dimensions across the categories of SES with a steady increasing opportunity between low and high SES respondents. This indicates that, respondents with high SES groups report higher mean scores on the seven dimensions of service quality, with the biggest differences being noticed between consistency and receptiveness.

Reliability and Correlation Analysis.

The information obtained through reliability analysis showed good internal consistency of all constructs, which confirms the suitability of measurement tools. The Pearson correlation analysis revealed that all dimensions of the healthcare service quality had statistically significant positive relationships with SES.

Table 2. Reliability and Correlation Matrix

Variable	Cronbach's Alpha	1	2	3	4	5	6	7	8
1. SES	0.81	1							
2. Communication	0.84	0.29	1						
3. Tangibility	0.87	0.42	0.54	1					
4. Acumen	0.85	0.31	0.48	0.59	1				
5. Receptiveness	0.82	0.45	0.51	0.63	0.57	1			
6. Credibility	0.83	0.28	0.46	0.52	0.61	0.56	1		
7. Reliability	0.88	0.33	0.50	0.59	0.65	0.60	0.58	1	
8. Consistency	0.89	0.47	0.55	0.64	0.68	0.69	0.61	0.70	1

This table displays the strength of the correlation between SES and each dimension of service quality with consistency and reliability being most strongly related. This number represents percentage sizes of the correlations, which means that consistency and reliability demonstrate the best positive relationship with socioeconomic status.

Regression Analysis

The primary hypothesis that was tested with the help of a multiple linear regression analysis is the effect of SES on perceived healthcare service quality. SES also became a meaningful predictor attributed to a considerable amount of variance in overall service quality perceptions.

Table 3. Regression Results: Effect of SES on Perceived Healthcare Service Quality

Predictor	β	Standard Error	t-value	p-value
Socioeconomic Status	0.41	0.05	8.21	<0.001
R^2	0.38			
Adjusted R^2	0.37			

The above table shows the regression model with direct impact of SES on perceived quality of healthcare services.

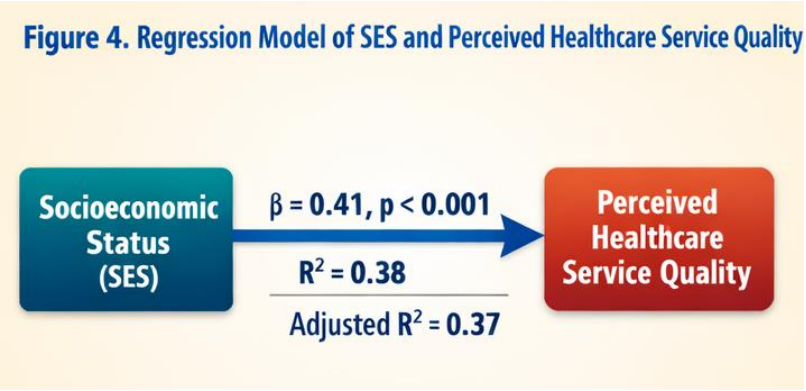

Figure 4. Regression Model of the SES and the perceived quality of healthcare services.
This number demonstrates the statistically significant positive impact of socioeconomic status on the perceived overall quality of healthcare services, with this value representing 38 percent of the total explained variance.

Data Interpretation and Analysis.
The analysis of data validates the existence of systematic and statistically significant correlation between socioeconomic status (SES) and perceived quality of healthcare services and hence H_{01} got rejected. Descriptive findings, on the one hand, show that the respondents tended to rate the healthcare services in a positive way; nonetheless, the gradients were constantly observed across the SES groups. Higher SES respondents had better perceptions on all dimensions of service quality but higher on consistency and reliability, thereby indicating that socioeconomic positioning determines both the evaluative criteria and the experience when accessing healthcare services hence H_{02} is rejected.

Correlation analysis also showed that the SES had a significant and positive correlation with all the dimensions of service quality. The *Consistency* and *Reliability* were the strongest related to each other, which means that patients with high SES are more likely to consider healthcare providers as competent, trustworthy, and dependable. However, less potent but nonetheless meaningful links with empathy and responsiveness indicate that interpersonal factors in care delivery might be more susceptible to socioeconomic inequalities.

The proposed null hypotheses were rejected as SES become a strong predictor of general perceived quality in healthcare services with a contributed variance amounting to 38%. This observation highlights the enormous importance of socioeconomic status in influencing perceptions of patients in relation to clinical outcomes only. The regression coefficient strength reflects that the positive changes in the SES are associated with the meaningful change in the service quality perceived. All these findings indicate that SES does not only play a background role but a structural one which determines the interpretation and assessment of healthcare services. The coefficient strength supports SES's functional influence on reliability and consistency. Aloh et al. (2020) concluded that higher care ratings contribute to perception of being reliable. Rahim et al. (2021) in their study emphasized reliability as reinforcer to determine satisfaction or dissatisfaction. Interventions targeting SES inequities can bridge perceptual gaps in public-private contexts. For high SES patients, education, expertise, and professional accreditation are crucial indicators of a doctor's capability. When hospitals display the qualifications of their doctors through nameplates, certificates, and online hospital profiles, it reassures patients and their attendees the reliability of the services provided. Publicly displaying a doctor's qualifications builds trust and credibility. High SES patients, who are more knowledgeable and discerning about healthcare standards, are likely to consider this as a sign of ethical medical practice. Hu & Huang (2017) evaluated the interventions aimed at reducing waiting times and improving outpatient satisfaction in Chinese public tertiary hospitals, demonstrating a significant decrease in waiting times and an increase in patient satisfaction. High SES patients often have busy schedules and demand healthcare services that respect their time. When hospitals minimize waiting times, it aligns with their expectations of efficiency and professionalism. Consistency encompasses the uniformity of medical procedures,

the timeliness of services, predictability of outcomes, and the sustained performance of healthcare staff. When a hospital consistently meets patient expectations through timely diagnostics, empathetic care, well-maintained infrastructure, and clear communication, it builds patient trust, loyalty, and enhances the overall perception of service quality.

Conclusion

This paper aimed to explore the importance of socioeconomic status (SES) in impacting the perceptions about the quality of healthcare services and specifically how structural and experiential aspects of care are rated by patients with various socioeconomic status. The results present some strong empirical information and support that SES is not just a demographic background variable but a critical variable that determines the perception, interpretation, and ultimate judgment of healthcare services. This study helps to refine the knowledge on the nature of healthcare service quality as a socially constituted phenomenon and not a homogenous or technologically focused phenomenon.

The findings reveal the higher SES level lead to positive perceptions about the quality of healthcare services and their constituent dimensions. People with higher socioeconomic status level have greater health literacy, more confidence in communication, and better knowledge of the institutional nature. Such aspects can allow the patients with higher SES to find their ways in healthcare settings more efficiently, express their issues in a more lucid manner, thereby get responsive and individual care. This means that their impressions of reliability and consistency, which are aspects that are directly related to trust, competence, and predictability, are much more robust.

On the other hand, the fact that lower SES respondents have relatively lower perceptions, especially in receptiveness and credibility, shows that the issue of experiencing inequity in healthcare provision remains. These conclusions indicate that though the provision of services in the healthcare sector may be formally available, the quality of interaction and perceived care provider attentiveness might differ with socioeconomic status. Patients with lower SES can experience communication issues and time shortages or implicit biases that can adversely impact their experiences. Consequently, their judgments of the quality of services are not only conditioned by technical sufficiency of services but also by interpersonal interactions that shape the sense of respect, empathy and emotional support.

Notably, the regression analysis highlights how significant SES is a predictor of perceived healthcare service quality as it explains a significant share of overall assessments. This observation supports the idea that the methods of quality improvement cannot be based only on standardized service protocols, or clinical performance indicators. Rather, they need to deal with the wider social determinants, which affect patient experiences. The healthcare systems, which fail to take into account socioeconomic diversity, face a risk of continuing the kind of a hidden inequality. In this case, the services might seem fair in theory but unfair in reality.

These findings have various implications. Healthcare administrators are to be aware of the fact that patient-centered care is to be tailored to the socioeconomic realities of the diverse populations.

Communication-related training sessions, cultural competence, and empathy can have some specific value in the context of reducing SES-related differences in the perceived quality of services. By being responsive and engaging individually, it is possible to make the lower SES patients feel active, respected, and appreciated during their healthcare experiences.
There is necessity of quality assessment systems that are SES-sensitive. Conventional patient satisfaction scales do not differentiate between socioeconomic stratification, which could conceal systematic variation in experience. The application of SES as an analytical perspective of quality monitoring may give a more realistic understanding of the origin of disparities and its manifestations. This practice is in line with the overall health equity goals and contributes to the creation of specific interventions that help to decrease the gaps in care experience.

The study also has a theoretical contribution in its capability to reinforce the applicability of service quality models in the context of healthcare research and to expand them by introducing the socioeconomic determinants explicitly. The conceptual framework emphasizes the reciprocal relationship between social structure and individual evaluation processes by placing SES as a precursor of service quality perceptions. This viewpoint stimulates future studies to focus on mediational and moderating factors, including patient expectations, communication patterns, and institutional trust that would further explain the role of SES in forming perceptions.

The research also leaves open the doors to further investigation although it makes contributions. The longitudinal research design might offer more information about the influence of the variations of socioeconomic conditions on the perceptions of healthcare quality as time progresses. Also, quantitative results can be supplemented with qualitative approaches to facilitate the complicated experiences and stories of patients in diverse groups of SES. These insights might be used to develop more context-respectful and people-centered healthcare services.

Conclusively, this study confirms that the socioeconomic status is a decisive factor that influences the perception of quality healthcare services. The results highlight that high quality of healthcare is not only the question of better clinical outcome, or operational efficiency but also the issue of the social conditions, which affect the experiences of patients. Entering into the realm of recognizing and reacting to socioeconomic differences in perception, healthcare systems can get a step closer to what is not only effective but also equitable, respectful, and inclusive care. This paper, therefore, offers a strong empirical basis of furthering the academic debate and policy towards more socially responsive medical care delivery models.

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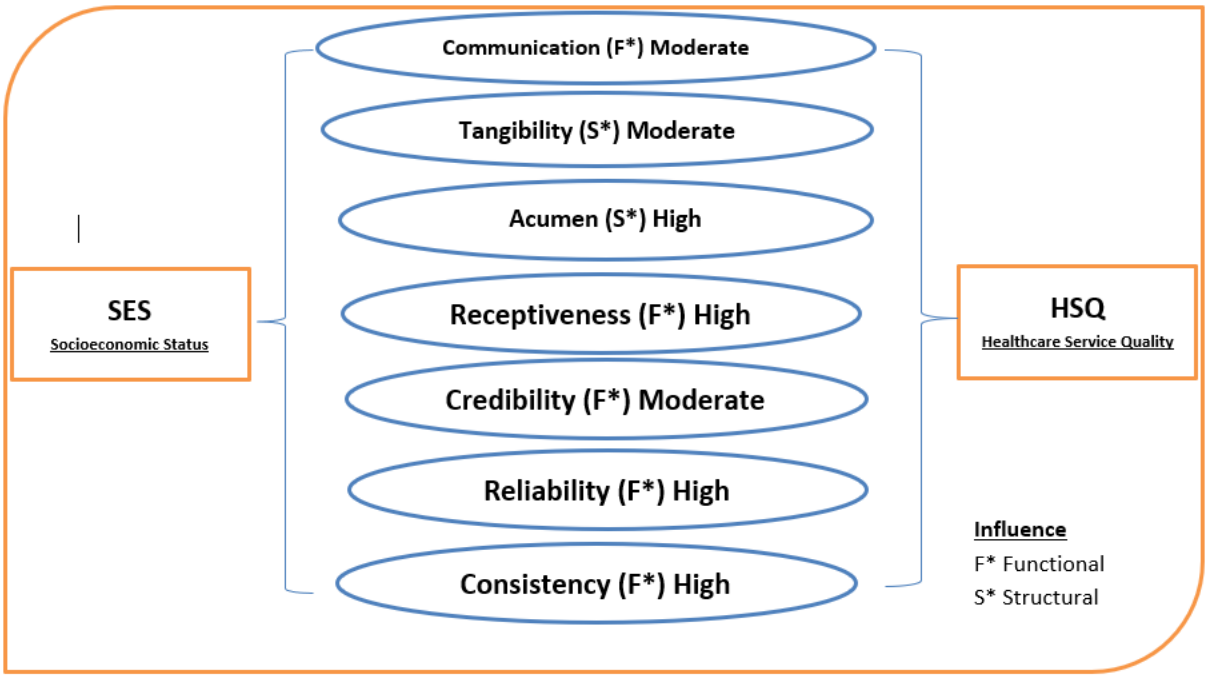

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