ABSTRACT

Introduction: Health Systems Responsiveness (HSR) is one of the three intrinsic goals of a health system, reflecting its ability to meet the legitimate non-clinical expectations of the patients. In maternity care, responsiveness plays a crucial role in ensuring respectful, patient-centered services and improving maternal experiences. Despite Sri Lanka's strong maternal health indicators, gaps may exist between what mothers expect and what they actually experience during childbirth care.

Objectives: To assess the service gap between expected and perceived responsiveness among mothers delivering at the National Hospital, Kandy (NHK), and to identify factors influencing this gap.

Methodology: A hospital-based descriptive cross-sectional study was conducted among 384 postnatal mothers who underwent normal vaginal delivery at NHK. A non-probability consecutive sampling technique was used. Data was collected using an interviewer-administered questionnaire which assessed both expected and perceived responsiveness across the eight domains defined by the World Health Organization: Dignity, Confidentiality, Choice of Provider, Prompt attention, Autonomy, Communication, Quality of basic amenities and access to social support during care.

Domain-wise and overall responsiveness scores were calculated, and the service gap was derived using the SERVQUAL gap model (Perceived-Expected). Statistical analysis was performed using SPSS, applying the Wilcoxon signed-rank

test to assess the significance of gaps, and Mann-Whitney U, Kruskal-Wallis, and Spearman's correlation test to identify associated factors. Ethical approval was obtained from relevant authorities prior to data collection.

Results and discussion: The study population had a mean age of 28.99 years, with the majority being rural residents and having completed secondary education. Overall, high expectations were observed across all responsiveness domains particularly in communication, autonomy and quality of basic amenities.

Perceived responsiveness scores were generally high; however, a significant negative gap was observed in four domains, largest in Autonomy and then Communication, Choice of provider and Quality of basic amenities. Domains of Dignity, Confidentiality, Prompt attention and Social support during care did not show any statistically significant gaps.

Statistical analysis revealed that sociodemographic factors like education level, Employment status, and income were significantly associated with the responsiveness gap, with higher socio-economic groups demonstrating greater expectations and larger perceived gaps.

Conclusion: A significant service gap exists between expected and perceived responsiveness among mothers delivering at NHK, particularly in domains, Autonomy, Communication, choice of provider and quality of basic amenities. These findings highlight the need for targeted interventions focusing on patient-centered care, improved communications, enhanced decision-making opportunities and strengthening of hospital infrastructure.

Improving responsiveness requires a multifaceted approach, including staff training, policy-level changes and addressing socio-demographic disparities. Improving maternal responsiveness is essential for enhancing maternal satisfaction, trust in the healthcare system and overall quality of care.

Key Words: Health systems Responsiveness, Maternity service gap, SERVQUAL.