



Service Quality: A Delivery and Experience of Patients in Hospitals

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ABSTRACT

Healthcare is one of India's largest sectors in terms of employment and revenue. It is a rapid growing industry which not only comprises of medical treatments but also professional care and quality services to patients. Private healthcare sector consists of fifty eight per cent of hospitals in the country with about eighty one per cent doctors associated with them. A hospital is a healthcare institution providing treatment with specialised medical professionals, nursing staff and medical equipments. A patient is none other than the recipient of healthcare services. Keeping patients in focus; Service Quality comes into light, which can be defined as providing better services than the client expects. Service Quality in hospitals is an intangible feature. This study navigates through patients in private hospitals which are NABH accredited; assessing their awareness and experience of the healthcare services delivered using SEVQUAL tool.

KEYWORDS: Service Quality, SERVQUAL, Healthcare, Private Healthcare, Hospitals

INTRODUCTION

Indian population is about 17.1% of total world population (June 2019)¹. Technological advancements and ease of access through the window of internet allows healthcare consumers to gain knowledge which increases their demand of medical services. Quality is a standard given or points out a lack of defect in an object or services. To maintain quality inputs that results in quality outputs in the service sector; Service



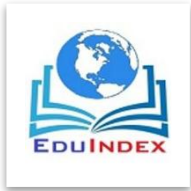
Quality is the term to focus upon. Service Quality in simple terms for the present day is the comparison of perceived expectations of a service with perceived performance. Patient is the recipient of medical treatment. Contemporarily noting patients look for a holistic healthcare environment and understanding their experience of the services helps to assess the overall quality of private hospitals. The healthcare sector is changing at tremendous speed and there has to be an expressway to develop and built to deliver the expected services along with efficient medical treatment. Healthcare sector is divided into Public and Private, where majority population interacts and utilizes the Private Healthcare sector. Private Healthcare is further divided based on ownership: Family-run Hospitals and Corporate Hospitals.

REVIEW OF LITERATURE

(Kotler and Armstrong, 1996) defines service quality as the totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs. Service Quality is a prominent determinant of competitiveness which helps to distinguish and gain a competitive advantage. Superior Service Quality in Hospitals establishes a significant landmark on the Healthcare map. (Mohamed and Shirley, 2009) accentuates that the hospitals have to give prominence about their service quality as it is considered core of strategic competition. (Huseyin, 2008) highlights the characteristics and advantages of service quality on the part of hospitals that elevates their success and perseverance towards the national and international environment. (Kumar. G, 2012) suggests that if client expectations are exceeded, the reaction is positive and negatively when client experience is poorer than expected. SERVQUAL model, developed by Parasuraman is one of the efficient and widely used models for assessing service quality. SERVQUAL highlights dissimilarity between patient's preferences and actual experience, specifying areas of improvement.

OBJECTIVES OF THE STUDY

1. To find out the awareness level of the clients' services in multi-speciality hospitals.
2. To measure the Service Quality in multi-speciality Private Hospitals.



METHODOLOGY OF THE STUDY

Data was collected from primary as well as secondary sources. A descriptive research design was selected. The primary data was collected through a structured questionnaire where, the first part comprises of the demographic profile, second part directed towards the first objective of this study and third part, a five point Likert scale with the assistance of SERVQUAL related tool. The target respondents were patients and bystanders who experienced the hospital services, which were observed from two Family-run, multi-speciality NABH Hospitals. The questionnaire response was collected by the researcher which required personal translation in the local language. The sample size was 71 with convenience sampling technique applied for data collection.

DATA ANALYSIS

Table: 1. Gender Classification

Sl. No.	Gender	Frequency	Percentage
1	Male	29	41%
2	Female	42	59%
Total		71	100%

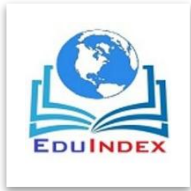
Source:
Primary Data

From Table: 1, Fifty Nine per cent of the respondents were Female and forty one per cent of the respondents were Male.

Table: 2. Age Classification

Sl. No.	Age	Frequency	Percentage
1	Below 15	5	7%
2	15-25	16	23%
3	26-35	19	27%
4	36-45	9	13%
5	46-55	11	15%
6	55 & Above	11	15%
Total		71	100%

Source: Primary Data



From Table: 2, Seven per cent of the respondents belongs to the below 15 age category, 23 per cent belongs to 15-25 age category, 27 per cent belongs to 26-35 age category, 13 per cent belongs to 36-45 age category and 15 per cent each belongs to 46-55 as well as 55& above age category.

Table: 3. Educational Qualification Classification

Sl. No.	Educational Qualification	Frequency	Percentage
1	SSLC	11	15%
2	HSC/PUC	17	24%
3	UG	25	35%
4	PG	3	4%
5	Lower Educational Background	15	21%
Total		71	100%

Source: Primary Data

From Table 3, Fifteen per cent respondents are SSLC qualified, 24 per cent are HSC/PUC qualified, 35 per cent are Under-graduates, 4 per cent are Post-graduates and 21 per cent of the respondents are with various other qualifications or lower educational background.

Table: 4. Occupation Classification

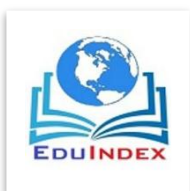
Sl. No.	Occupation	Frequency	Percentage
1	GOVT.	4	6%
2	PVT.	26	37%
3	SELF	9	13%
4	HOMEMAKERS AND STUDENTS	32	45%
Total		71	100%

Source: Primary Data

From Table 4, Six per cent are Government employees, 37 per cent Private sector employees, 13 per cent are self-employed with 45 per cent occupied as a Home-maker or a student.

Table 5, Service Awareness

Sl. No.	Response	Q1	In %	Q2	In %	Q3	In %	Q4	In %	Q5	In %	Q6	In %
1	Yes	60	85%	37	52%	29	41%	62	87%	57	80%	31	44%
2	No	11	15%	34	48%	42	59%	9	13%	14	20%	40	56%



Total		71		71		71		71		71		71
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Source: Primary Data

From Table 5, In relation to Q1; Eighty Five per cent respondents are aware of the multi-speciality services in the hospitals, 15 per cent respondents are unaware. Q2; 52 per cent of respondents are aware of the Medical camps & other social works services by the hospital, 48 per cent are unaware. Q3, 41 per cent are aware of the online services and 59 per cent are unaware. Q4; 87 per cent respondents are aware of the pharmacy services, 13 per cent are unaware. Q5, 80 per cent are aware of the non-medical services and 20 per cent unaware. Q6, 44 per cent of respondents have been briefed regarding the available service and 56 per cent have not been informed.

Table: 6, To find the relationship between mean rank and Service Quality satisfaction levels of Patients with respect to Tangibles

Tangibles			
Service quality satisfaction level	Mean rank	Rank	P value
Pleasing ambience, hygienic and comfortable atmosphere	2.80	3	.000
Comfortable and adequate waiting area	2.67	5	
Visible boards and information display	3.25	2	
Smart, neat and presentable staff	3.56	1	
Modern and up-to-date equipment	2.72	4	

Source: Primary Data

H₀: There is no significance difference between mean ranks towards the Tangible factors.

Table: 6 shows the result of Friedman test, since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance. Therefore it can be concluded that there is a significant difference between mean ranks towards the tangible factors. Based upon the mean rank value, maintaining service quality through tangibles; Staff presentability ranks 1 (3.56) where the patients are impressed with the smartness of the staff. Followed by visible boards and information display at rank 2 (3.25) indicating the patients find the information boards attractive, visible and informative. Following at rank 3 is the hospital ambience and



infrastructure features (2.80), rank 4 with modern and up-to-date equipment (2.72), and the last rank 5 given to comfortable and adequate waiting areas (2.67).

Table: 7, To find the relationship between mean rank and Service Quality Satisfaction levels of Patients with respect to Reliability

Reliability			
Service quality satisfaction level	Mean Rank	Rank	P value
Error free record managing system	1.96	3	.826
Timely services	2.00	2	
Conflicts and problems	2.04	1	

Source: Primary Data

H₀: There is no significance difference between mean ranks towards the Reliability factors.

Table: 7, shows the result of Friedman test, since P value is greater than 0.05, the null hypothesis is accepted at 5% level of significance. Therefore it can be concluded that there is no significant difference between mean ranks towards the reliability factors. This indicates that the reliability factors do not have a negative effect on the service quality and patients are satisfied. Solving conflicts and problems are ranked 1 (2.04) followed by Timely services at rank 2 (2.00) and an error free records management system at rank 3 (1.96).

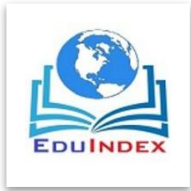
Table: 8, To find the relationship between mean rank and Service Quality satisfaction levels of Patients with respect to Empathy

Empathy			
	Mean Rank	Rank	P value
Good individual attention	2.70	2	.000
Adequate staff to assist	2.73	1	
Avoiding unnecessary time wastage and discomfort	2.61	3	
Affordable rates	1.95	4	

Source: Primary Data

H₀: There is no significance difference between mean ranks towards the Empathy factor.

Table: 8, shows the result of Friedman test, since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance. Therefore it can be concluded that there is a



significant difference between mean ranks towards the empathy factors. Based upon the mean rank value, maintaining service quality through empathy; Patients feel there are adequate staff to assist with rank 1 (2.73), followed at rank 2 is good individual attention (2.70), rank 3 is avoiding unnecessary time wastage and discomfort (2.61) along with affordable rates at rank 4 (1.95).

FINDINGS OF THE STUDY

1. Majority of the respondents of this study are Females (59%).
2. Majority of the respondents (35%) are Under-graduates.
3. 85% respondents are aware of the multi-speciality services in the hospitals, 52% of respondents are aware of the Medical camps & other social works services by the hospital, 87% respondents are aware of the pharmacy services, 80% are aware of the non-medical services, 44% of respondents have been briefed regarding the available service.
4. Tangibility and Empathy are areas which require improvement whereas Reliability holds the medal towards positive service quality for patients

CONCLUSION AND RECOMMENDATION

Satisfaction is the patient's completion response, where satisfaction levels are recorded with the response from their experience. The analysis of service quality helps hospitals to allocate the required time and resources for enhancing performance in the required areas. In regards to the awareness of services; an area for improvement is observed, where briefing the patients about the available services in the hospital is necessary.

Tangibility and Empathy are areas that require a boost.

Tangibility: It was observed that Hospital ambience, seating area requirements and up-to date modern equipment requires a face-lift. The patients feel the overall fulfilment is deficient when the physical amenities are not up to the mark.

Reliability: This segment stands out as patients feel accurate record management systems is maintained, punctual appointment timeline and a keen interest by staff to resolve conflicts immediately are a plus point. Technical updates are up to the mark that maintains the patient's satisfaction levels.

Empathy: Empathy is a delicate field where it varies from person to person. The least score factor is best affordable rates. Here the question raised was if the patient has achieved overall satisfaction for the rates he has invested in the hospital. The responses indicate that better services could be included for the rates a patient spends in the hospital.

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Think India Journal

ISSN: 0971-1260 Vol-22, Special Issue-19

International Conference on Multidisciplinary Research in Global Challenges and Perspectives of Sustainable Development

on 21th December 2019 at St. Jerome's College, Anandhanadarkudy,
Nagercoil, Tamilnadu, India



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