

A STUDY ON SERVICE QUALITY IN PUBLIC HOSPITALS AND ITS EFFECTS ON PATIENTS SATISFACTION IN TIRUCHIRAPPALLI DISTRICT, TAMILNADU

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Abstract— The objective of study is to examine the service quality of public hospital and its effects on patients' satisfaction for the development of public hospital service by using percentage analysis with 120 respondents which in turn provide a conclusion to overcome financial and managerial issues of public hospital and help to satisfy the patient.

Keywords—: Hospital, Service Quality, Healthcare System, Indian Healthcare Delivery System.

I. INTRODUCTION

DEFINITION AND MEANING OF HOSPITAL

According to Medical definition “hospital is a place for receiving medical or surgical care, usually as an inpatient (resident). An ill person in the US may be ‘in the hospital, ‘and his ailing UK counterpart would say he is ‘in hospital’”.

According to Collin English dictionary “A hospital is a place where people who are ill are looked after by nurses and doctors”.

‘Health is wealth’ so Hospital is place which act as an indicator for human development. Hospital is a complex organization and an institute which provides health to people through complicated but specialized scientific equipments and team of trained staff educated in the problems of modern medical science.

DEFINITION AND MEANING OF SERVICE QUALITY

According to (Parasuraman, Zeithaml and Berry, 1988) “Service Quality is defined as the difference between customers’ expectations and perceptions of service and can often be seen as a way to build a competitive advantage”.

Service quality (SQ), in its contemporary conceptualization, is a comparison of perceived expectations (E) of a service with perceived performance (P), giving rise to the equation $SQ = P - E$. A business with high service quality will meet or exceed customer expectations whilst remaining economically competitive.

HEALTH CARE SYSTEMS AND STRUCTURE

Hospital systems are organizations established to meet the health needs of target populations. Hospital systems includes the work done in providing primary care, secondary care, and tertiary care, as well as in public health.

Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care systems. For examples: Common chronic illnesses usually treated in primary care may include, for example: Hypertension, diabetes, asthma, COPD, depression and anxiety, back pain, arthritis or thyroid dysfunction. Primary care also includes many basic maternal and child health care services, such as family planning services and vaccinations. Secondary care is the health care services provided by medical specialists, dental specialists and other health professionals who generally do not have first contact with patients.

For examples: cardiologists, urologists, endodontists, and oral and maxillofacial surgeons. Tertiary care is specialized consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment, such as at tertiary referral hospital care services are cancer management, neurosurgery, cardiac, surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions. Generally Hospitals today offer Core level services, Expected level

services, augmented level services. Apart from these services, hospital also offer “Health diagnosis programme” which is a comprehensive, complete health check up provided for busy executives, professional Businessmen. The health diagnosis programme consists of Master health check up, Executive health check up, and Diabetics health checks, etc.

INDIAN HEALTH CARE DELIVERY SYSTEM

Indian health care delivery system is categorized into two major components – public and private. A private hospital is one which owned and governed by a person or many people who are managing the whole finances on their own. A public hospital, on the other hand, is completely and entirely run by the government’s funding and money. Technically the difference between private hospital and public hospitals lies with the governance of the hospital. The services provided by private and public hospitals are more or less same. But in a patient’s point of view, the main difference between private and public hospitals is the facilities and the care given to a patient. Of course, it cannot be denied that extra facilities and care come at a cost.

OBJECTIVE OF THE STUDY

To examine the overall Patient Satisfaction in various service of Public Hospitals in Trichy.

RESEARCH METHODOLOGY

The data for the study has been collected from both primary and secondary sources. The non-probability convenience sampling is used in the study to collect the required information through structured questionnaire by using seven point scales from 120 patients who visited the public hospital by using percentage analysis.

LIMITATION OF THE STUDY

1. The sample size restricted to 120 due to limited span of time and study area is limited to Tiruchirappalli district only.

2. There is possibility of personal bias, illiterate and careless in response given by the respondents

LITERATURE REVIEW

Tarım and Zaim (2003) are remarkable. Studies in the field of service quality stated that the patients’ opinions receiving service from hospitals on service quality influence hospital incomes (Raju and Lonial, 2002). Similarly, it was found in various studies that service quality is related to enterprise performance (Zeithaml, 1998; Boulding, Kalra, Staelin and Zeithaml, 1993) and client satisfaction (Cronin, Taylor, 1992; Oliver, 1993; Taylor and Baker, 1994). Service quality perceptions are closely related to the patients’ satisfaction level (Varinli, İlkay and Erdem, 1999;

Güllülü, Özer and Candan, 2000; and Williams and Calnan, 1991). Three main opinions were put forward regarding the causality relationship between service quality and patient satisfaction. First, service quality emerged before patient satisfaction (Brady and Cronin, 2002; Parasuraman, Zeithaml and Berry, 1994; Parasuraman et al., 1988; Cronin and Taylor, 1992; and Woodside, Frey and Daly, 1989). Studies arguing that patient satisfaction emerged before service quality (Bitner, 1990; Bolton and Drew, 1994; Bitner and Hubbert, 1994) is the second opinion. The last one asserts that there is no continuous and repeated priority relationship between service quality and satisfaction (Dabholkar, 1995 and McAlexander and Kaldenberg, 1994). Although there is no complete consensus on causality relationship between service quality and satisfaction, it is widely accepted that service quality emerged before satisfaction; i.e., it determines satisfaction level (Dursun and Çerçi, 2004). It is seen that measuring service quality, which plays a significant role in patients’ satisfaction level and the hospital success, is important. Another notable service quality dimension measurement is related to the quality: perceived or technical. Clarifying the output that the patient obtains from a healthcare service takes time.

Besides, evaluating the results obtained by the patient can sometimes be difficult and even impossible. The elements that determine patients’ service quality perception are indirect criteria such as doctor-patient relationship and/or hospital setting, which remain more outside the scope of the technical dimension (Bowers, Swan and Kohler, 1994; Ettinger, 1998 and Donabedian, 1996).

ANALYSIS AND INTERPRETATION

**TABLE -1
GENDER**

GENDER	FREQUENCY	PERCENT	CUMULATIVE %
MALE	63	53%	53
FEMALE	57	47%	100
Total	120	100%	

INFERENCE: From the above we inferred that 53 % of the respondents are male and 47% of the respondents are female.

**TABLE -2
AGE GROUP**

AGE	FREQUENCY	PERCENT	CUMULATIVE %
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18-25	58	48.33%	48.33
26-30	8	6.66%	54.99
31-40	13	10.83%	65.82
41-50	14	11.66%	77.48
51-60	27	22.5%	100
Total	120	100%	

INFERENCE: From the above table we inferred that 48.33%, of respondents are 18 – 25 age limit and 6.66 % of the respondents are 26- 30 yrs age limit respectively.

TABLE -3
INCOME

INCOME	FREQUENC Y	PERCEN T	CUMULA TIVE %
Above 3,60,000	4	3.33%	3.33
2.5 L to 3.5 L	20	16.66%	19.99
1.5 L to 2.5 L	10	8.33%	28.32
50 K to 1.5 L	19	15.83%	44.15
Below 50 K	67	55.83%	100
Total	120	100%	

INFERENCE: From the above table clearly states that 55.83% of respondents are below 50 k income and 3.33% of respondents are above 3, 60,000 L income group.

TABLE 4
OVERALL PATIENT SATISFACTION OF
ANCILLARY SERVICES

ANCILLARY SERVICES	FREQU ENCY	PERC ENT	CUMUL ATIVE PERCEN T
Highly Dissatisfied	3	2.5%	2.5
Dissatisfied	16	13.3%	15.8
Somewhat Dissatisfied	1	.8%	16.7
Undesired	9	7.5%	24.2
Somewhat Satisfied	37	30.8%	55.0
Satisfied	23	19.2%	74.2

Highly Satisfied	31	25.8%	100
Total	120	100%	

INFERENCE: 30.8% of respondents are somewhat satisfied on ancillary services.

TABLE 5
OVERALL PATIENT SATISFACTION OF FRONT
OFFICE SERVICES

FRONT OFFICE SERVICES	FREQU ENCY	PER CEN T	CUMUL ATIVE PERCEN T
Highly Dissatisfied	15	12.5 %	12.5
Dissatisfied	6	5.0%	17.5
Somewhat Dissatisfied	21	17.5 %	35.0
Undesired	14	11.7 %	46.7
Somewhat Satisfied	17	14.2 %	60.8
Satisfied	22	18.3 %	79.2
Highly Satisfied	25	20.8 %	100
Total	120	100 %	

INFERENCE: 20.8% of respondents are highly satisfied on front office services.

TABLE 6
OVERALL PATIENT SATISFACTION OF
PHYSICIAN/NURSING SERVICES

PHYSICIAN/NURSI NG SERVICES	FREQU ENCY	PERC ENT	CUMUL ATIVE PERC ENT
Highly Dissatisfied	18	15.0%	15
Dissatisfied	12	10.0%	25
Somewhat Dissatisfied	5	4.2%	29.2
Undesired	1	.8%	30.0

Somewhat Satisfied	28	23.3%	53.3
Satisfied	40	33.3%	86.7
Highly Satisfied	16	13.3%	100
Total	120	100%	

INFERENCE: 33.3% of respondents are satisfied on physician/nursing services.

TABLE 7
OVERALL PATIENT SATISFACTION OF OUT-PATIENT DEPARTMENT SERVICES

OUT-PATIENT DEPARTMENT SERVICES	FREQUENCY	PERCENT	CUMULATIVE PERCENT
Highly Dissatisfied	3	2.5%	2.5
Dissatisfied	16	13.3%	15.8
Somewhat Dissatisfied	5	4.2%	20.0
Undesired	1	.8%	20.8
Somewhat Satisfied	51	42.5%	63.3
Satisfied	22	18.3%	81.7
Highly Satisfied	22	18.3%	100
Total	120	100%	

INFERENCE: 42.5% of respondents are somewhat satisfied on out-patient department services.

TABLE 8
OVERALL PATIENT SATISFACTION OF IN-PATIENT DEPARTMENT SERVICES

IN-PATIENT DEPARTMENT SERVICES	FREQUENCY	PERCENT	CUMULATIVE PERCENT
Highly Dissatisfied	9	7.5%	7.5

Dissatisfied	1	.8%	8.3
Somewhat Dissatisfied	17	14.2%	22.5
Undesired	9	7.5%	30.0
Somewhat Satisfied	39	32.5%	62.5
Satisfied	34	28.3%	90.8
Highly Satisfied	11	9.2%	100
Total	120	100%	

INFERENCE: 32.5% of respondents are somewhat satisfied on In-patient department services.

TABLE 9
OVERALL PATIENT SATISFACTION OF BILLING SERVICES

BILLING SERVICES	FREQUENCY	PERCENT	CUMULATIVE PERCENT
Highly Dissatisfied	3	2.5%	2.5
Dissatisfied	6	5%	7.5
Somewhat Dissatisfied	26	21.7%	29.2
Undesired	14	11.7%	40.8
Somewhat Satisfied	11	9.2%	50.0
Satisfied	38	31.7%	81.7
Highly Satisfied	22	18.3%	100
Total	120	100%	

INFERENCE: 31.7% of respondents are satisfied on billing services.

TABLE 10
OVERALL PATIENT SATISFACTION OF
LABORATORY
SERVICES

LABORATORY SERVICES	FREQUENCY	PERCENT	CUMULATIVE PERCENT
Highly Dissatisfied	11	9.2%	9.2
Dissatisfied	6	5%	14.2
Somewhat Dissatisfied	16	13.3%	27.5
Undesired	7	5.8%	33.3
Somewhat Satisfied	21	17.5%	50.8
Satisfied	31	25.8%	76.7
Highly Satisfied	28	23.3%	100
Total	120	100%	

INFERENCE: 23.3% of respondents are highly satisfied on Laboratory services

FINDINGS

- 53 % of the respondents are male and 47% of the respondents are female.
- 48.33%, of respondents are 18 – 25 age limits and 6.66 % of the respondents are 26- 30 yrs age limit respectively.
- 55.83% of respondents are below 50 k income and 3.33% of respondents are above 3, 60,000 L income group.
- 30.8% of respondents are somewhat satisfied on ancillary services.
- 20.8% of respondents are highly satisfied on front office services.
- 31.7% of respondents are satisfied on billing services.
- 33.3% of respondents are satisfied on physician/nursing services.
- 42.5% of respondents are somewhat satisfied on out-patient department services.
- 32.5% of respondents are somewhat satisfied on In-patient department services.
- 23.3% of respondents are highly satisfied on Laboratory services.

SUGGESTION & CONCLUSION

Real progress in health of public hospital depends vitally on stronger health based interventions in healthcare system and hence, there is a need to integrate both health promotion and disease prevention. Sustainability of services in the face of increasing tasks facing health systems cannot be delivered by the public hospitals alone.

Public hospitals systems need to work in partnership with other agencies including media and non-governmental organizations that have a wealth of untapped resources. Government can transfer some of service department responsibilities to the private sector these two measures can help to overcome financial and managerial issues and help to satisfy the patients.

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