

## **Service Quality And Patient's Satisfaction In Health Care Sector With Special Reference To Erode District**

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### **I. Introduction**

There is a growing consensus within the NHS of the significance of obtaining feedback from patients in order to improve the quality of health care,consequently, many patient satisfaction surveys are now undertaken by health care sector. Knowledge about the patients' perception towards health care quality is one of the most important steps towards introducing reforms in the health care sector. Against a background of growing consumerism, satisfying patients has become a key task for all healthcare activities. Satisfaction in service provision is increasingly being used as a measure of health system performance. Customer satisfaction's importance is well-documented in the marketing literature and is speedily gaining extensive recognition in the healthcare industry. Many hospitals apply modern marketing ideas to serve customer markets in a more efficient and effective way. An important strategic variable in this respect is service quality. This paper attempts to explore the concept of service quality in a health care sector and patients satisfaction in hospitals in Erode district.

### **II. Review of literature**

In his article "service quality in hospital more favorable than you might think". **M.Sadiq Sahail** has attempted to determine patient's expectations and perception of the quality of service provided by private hospital in Malaysia and also measured the service quality gap between expectation and perception. A total of 186 responses were obtained and the response rate was 18.6%.Only 150 questionnaires were used in the final analysis. The result also indicated that the patient in Malaysia were general satisfied with the physical elements of service quality. The final conclusion of the study was that Malaysian health care providers were doing a better job in achieving customer satisfaction compared with other countries such as in Hong Kong and Turkey.

In her study "Service quality perspectives and satisfaction in health care system"- A study of select hospital in Hyderabad **Priya Deshpande** investigated in six hospital selected for the study, three were government hospital and three were private hospital. The main aim of the study was to evaluate the service quality of select hospital and to compare quality across hospitals especially those of government and private hospitals. In the study 200 customer were selected to collect the primary data of research. The finding of the study is that the performance of private hospitals is better than that of government hospitals.

#### **Scope of the study**

The present study focuses on patients satisfaction on the various dimensions of service quality in health care sector and testing the validity of the SERVQUAL instruments proposed by Parasuraman,Zeithaml and Berry(1988).

**Objectives:** To study the patients' satisfaction towards medical care in the hospitals.

#### **Methodology**

**Sample Design:** Convenience sampling has been used in the study.

**Selection of District:** Erode district has been selected for convenience.

#### **Selection of Hospitals**

Corporate hospitals such as KMCH( Kovai Medical Centre),LOTUS Hospital,MMCH (Maruthi Medical Centre Hospital) has been selected for the study.

**Data source**

In order to study the service quality of hospitals in Erode district, a structured questionnaire was used as an instrument to collect the data. In this study the questionnaire has been personally administered on sample size of 500 chosen on the convenient basis from Erode district, Tamilnadu. In this study SERVQUAL method were used to determine the service quality and patients’ satisfaction towards medical care in the hospitals. Over all mean gap score for service quality dimension and variances in the gap scores of the customer (patient) based on their demographic variables and hospital related profile analysis were determine in this study.

**Period of the study**

The period taken for the study is 6 months i.e Jan 2015 – June 2015.

**III. Results And Discussion**

**Overall mean gap scores**

Table 1 presents the overall mean gap scores for all the five service quality dimensions.

**Table No.1: Overall Mean Gap Scores**

Dimensions	Expectation Scores	Perception Scores	Mean Gap Scores
Tangible	4.085	3.903	0.182
Reliability	4.088	3.913	0.175
Responsiveness	4.561	3.67	0.891
Empathy	4.406	3.834	0.572
Assurance	4.141	3.896	0.245

Table 1 reveals that,the five service quality dimensions,the highest mean gap score of 0.891 was found for the dimension of “Responsiveness”and for Reliability and Tangibles the gap score were lower at 0.175 and 0.182 respectively.

**Demographic variables and Mean gap scores**

In order to study the variances in the gap scores of the customers (patients) based on their demographic characteristics and hospital related profile, the following analysis has been carried out.

Table 2 presents the mean gap score for the five service quality dimensions such as Tangibles, Reliability, Responsiveness, Empathy and Assurance for the four group of sampled respondents which measures the level of satisfaction.

**Table No.2: Age And Mean Gap Scores**

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Upto 30 yrs	0.160	0.161	0.902	0.594	0.263
31 – 45 yrs	0.181	0.187	0.824	0.530	0.225
46 – 60 yrs	0.180	0.173	0.909	0.577	0.226
Above 60 yrs	0.237	0.179	0.976	0.608	0.268

It is observed from Table 2 that the customer of all four age group had the highest gap score for “Responsiveness” and lowest gap score for “Tangibles” in the category upto 30 years (0.160)followed by 31- 45 years(0.181), similarly in the age group 46 -60 years (0.173) above 60 years(0.179) was found the lowest gap score for “Reliability” dimension.

In order to study whether the differences in the satisfaction score of the different age groups for various dimensions of service quality are significant or not, analysis of variance (ANOVA) has been applied and following null hypothesis has been tested.

**Ho :** There is no significant difference in the gap scores of different age group with respect to the service quality dimensions.

The result are reported in Table 3.

**Table No.3: Summary Of ANOVA – ‘F’ Ratios For Gap Scores With Respect To Age**

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
‘F’ ratios	4.935 (0.002*)	0.428 (0.733 <sup>NS</sup> )	1.306 (0.272 <sup>NS</sup> )	1.147 (0.330 <sup>NS</sup> )	2.104 (0.099 <sup>NS</sup> )

**Note :** \* - Significant at 1% level ; NS - Not Significant

Analysis of variance ( Table 3) indicates that the difference in gap score of variance age group are significant for the dimensions of service quality “Tangibles” and not significant for Reliability, Responsiveness, Empathy and Assurance. Hence the null hypothesis is accepted for one dimension and rejected for four dimensions.

### Gender and Mean gap scores

Table 4 shows that mean gap scores for the gender groups of sampled respondents for the five dimensions of service quality.

**Table No.4: Gender And Mean Gap Scores**

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Male	0.186	0.168	0.898	0.558	0.248
Female	0.178	0.184	0.882	0.591	0.240

It is clear from Table 4 that, of the various dimensions of service quality, the male as well as female category of respondents had a highest gap score for “Responsiveness” at 0.892 and 0.882 respectively. With the view to study whether gap score differ significantly for the gender groups, Analysis of Variance has been performed and the following null hypothesis has been tested.

**Ho :** Difference in gender does not lead to differences in the gap scores for service quality.

**Table No.5: Summary Of Anova – ‘F’ Ratios For Gap Scores With Respect To Gender**

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
‘F’ ratios	0.336 (0.563 <sup>NS</sup> )	0.750 (0.387 <sup>NS</sup> )	0.088 (0.766 <sup>NS</sup> )	1.009 (0.316 <sup>NS</sup> )	0.287 (0.592 <sup>NS</sup> )

**Note :** NS - Not Significant

Table 5 shows that Tangibles ,Reliability, Responsiveness, Empathy and Assurance gap scores have no significant difference for the two gender groups. Hence the null hypothesis is rejected for all dimensions.

### Annual family income and Mean gap scores

In Table 6,the mean scores for the different income groups of the sampled respondents have been presented.

**Table No.6: Annual Family Income And Mean Gap Scores**

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Upto Rs.50,000	0.223	0.158	0.890	0.567	0.268
Rs.50,001 – 1,00,000	0.187	0.172	0.931	0.608	0.246
Rs.1,00,001 -1,50,000	0.162	0.179	0.879	0.532	0.232
Rs.1,50,001 - 2,00,000	0.203	0.319	0.986	0.732	0.272
Above Rs.2,00,001	0.148	0.154	0.808	0.538	0.222

Table 6 exhibits that the sampled respondents in the all income group were high mean gap score as regards the dimension “Responsiveness”.

An attempt has been made here to study the significance of the difference between the satisfaction scores of the different income groups for various dimensions of service quality.

**Ho:** There is no significant difference in the gap scores for the service quality dimensions for different income groups of customers.

**Table No.7: Summary Of ANOVA – ‘F’ Ratios For Gap Scores With Respect To Annual Family Income**

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
‘F’ ratios	3.931 (0.004*)	3.448 (0.009*)	0.729 (0.572 <sup>NS</sup> )	2.067 (0.084 <sup>NS</sup> )	1.102 (0.355 <sup>NS</sup> )

Note : \* - Significant at 1% level ; NS - Not Significant

As per Table 7, Tangibles and Reliability dimension were significant and Responsiveness, Empathy, Assurance dimensions were insignificant with respect to annual family income. The null hypothesis does not hold good for two dimensions of service quality viz “Tangibles and Reliability.”

**Name of the hospital and Mean gap scores**

Table 8 represents the mean gap scores of the sample respondents categorized according to the hospitals where they get treatment.

**Table No.8: Name Of The Hospital And Mean Gap Scores**

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
KMCH	0.226	0.214	1.050	0.671	0.263
Lotus hospital	0.210	0.218	0.856	0.572	0.264
MMCH( Maruthi Medical Centre & Hospital)	0.113	0.092	0.765	0.475	0.206

It is observed from Table 8 that, dimension “Empathy” got highest gap score for KMCH hospital(0.671), dimension “Responsiveness” got highest gap score for LOTUS, MMCH hospital (0.856,0.765) respectively. In order to study whether there is significant difference between the satisfaction scores related to KMCH, LOTUS and MMCH hospitals for the various dimensions of service quality, Analysis of variance has been applied. In this connection the following null hypothesis has been formulated and tested.

**Ho:** There is no significant difference in the gap scores for the service quality dimensions related to hospitals.

**Table No.9: Summary Of ANOVA – ‘F’ Ratios For Gap Scores With Respect To Name Of The Hospital**

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
‘F’ Ratios	30.554 (0.000*)	22.618 (0.000*)	10.564 (0.000*)	12.518 (0.000*)	6.081 (0.002*)

Note : \* - Significant at 1% level

Table 9 shows significant results for all dimensions with respect to hospital. Hence the null hypothesis is accepted.

**Frequency of visiting to hospital and Mean gap scores**

Table 10 reveals that the mean gap scores of the customer frequency of visiting to hospitals.

**Table No.10: Frequency Of Visiting To Hospital And Mean Gap Scores**

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Upto 3 times	0.179	0.153	0.876	0.575	0.236
4- 6 times	0.186	0.216	0.891	0.550	0.269
7 -9 times	0.185	0.210	0.952	0.595	0.239
Above 9 times	0.283	0.250	1.208	0.750	0.234

It is clear from Table 10 that dimension “Responsiveness” got highest gap score in frequency of visiting to hospital. The significance of the difference in the satisfaction scores of the respondents differing with respect to number of times of visit to hospital is tested here.

**Ho:** There is no significant difference in the gap scores for the service quality dimensions with respect to number of times of visit to hospital.

**Table No.11: Summary Of ANOVA – ‘F’ Ratios For Gap Scores With Respect To Number Of Times Of Visit To Hospital**

<b>Dimensions</b>	<b>Tangible</b>	<b>Reliability</b>	<b>Responsiveness</b>	<b>Empathy</b>	<b>Assurance</b>
‘F’ Ratios	1.278 (0.281 <sup>NS</sup> )	3.859 (0.010*)	0.972 (0.405 <sup>NS</sup> )	0.836 (0.474 <sup>NS</sup> )	1.141 (0.332 <sup>NS</sup> )

**Note :** \* - Significant at 1% level ; NS – Not Significant

As per table 11 all the dimensions of service quality except “Reliability” emerged non- significant for the customer visiting the hospital. Therefore the null hypothesis is rejected for only one dimension of service quality.

### **Findings**

From the study, it is found that of the five service quality dimensions, Over all mean gap score is highest ( 0.891) was found for the dimension “Responsiveness” and for “Reliability” and “Tangibles” Over all mean gap score were lower at 0.175 and 0.182 respectively.

Analysis of variance indicates that the difference in gap score of variance age group are significant for the dimensions of service quality Tangibles and not significant for Reliability, Responsiveness, Empathy and Assurance. Tangibles ,Reliability, Responsiveness, Empathy and Assurance gap scores have no significant difference for the two gender groups. Tangibles and Reliability dimension were significant and Responsiveness, Empathy, Assurance dimensions were insignificant with respect to annual family income. The null hypothesis does not hold good for two dimensions of service quality viz “Tangibles and Reliability.” In respect of name of the hospital the results shows significant for all dimensions.

All the dimensions of service quality except “Reliability” emerged non- significant for the customer visiting the hospital. Therefore the null hypothesis is rejected for only one dimension of service quality.

### **IV. Conclusion**

From the findings of the study, the researcher found that the service of “Responsiveness” is highly influenced by the respondents. That is the respondents like patients are having maximum level of satisfaction to the hospital services.

### **Reference**

- [1]. M SadiqSohail, 2003, “Service quality in hospitals: More favourable than you Mightthink”, *Managing Service Quality*, pg. 197.
- [2]. Priya Deshpande, service quality perspective and satisfaction in healthcare system – a study of select hospitals in Hyderabad,” *the Indian journal of marketing*, Vol XXXVI,
- [3]. No 4 April 2006, Jagriti offset press pp 3-6.