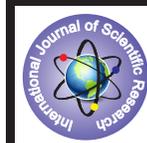


# Servqual in Primary Health Care Centers in Coimbatore District



## Commerce

**KEYWORDS :** SERVQUAL, Primary Health Care, Patient satisfaction, CRM, Technology usage

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### ABSTRACT

*The aim of this paper is to present a framework that can be used to identify the expectations of the general public with regard to Primary Health Care services-PHC, taking into consideration the SERVQUAL dimension. In addition this research paper suggests new directions for further developmental actions by the Government to improvise the service and to make the general public comfortable. The frame work is developed based on past theories and various reviews on PHC and SERVQUAL. The survey data from a sample of 80 respondents confronted to PHC in the District of Coimbatore, Tamil Nadu. The service expectation and related factors dimensions have been studied here considering the SERVQUAL Dimension. To test reliability of the questionnaire Cronbach's Alpha test was conducted and achieved a score of .77. The findings were largely consistent with three important factors Apart from the main analysis; the overall analysis reveals that general public have been pushed to undergo medical treatments in private concerns as they are good in CRM and well hygienic ambience which is never seen in a PHC. The Government has to take proper steps to improvise on up gradation of technology and high end medical equipment's to cope up with the private players. The general public must be motivated to make use of the PHC and the doctors must be held responsible to maintain a friendly environment with the patients without any discrimination. SERVQUAL can be improved by giving a considerable attention to the above factors.*

### INTRODUCTION

Primary health care (PHC) refers to “essential health care” that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”. In other words, PHC is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. PHC includes all areas that play a role in health, such as access to health services, environment and lifestyle. Thus, primary health care and public health measures, taken together, may be considered as the cornerstones of universal health systems. SERVQUAL is a very standardized and reliable instrument which identifies 5 dimensions of service quality. Service quality has become an important research topic in view of its significant relationship to factors such as cost, profitability, customer satisfaction, customer retention and service guarantee. With regard to PHC though it is not a new study this study would contribute for development of better PHC service concentrating on service Quality. The main theme of this paper is to determine the level of service quality provided to patients who undergo medical treatment in PHC in the district of Coimbatore. This city is taken for the research as it is now a smart city with mixed standard of living. This research would help the Coimbatore to be bestowed with better Primary Health Care services. The ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal:

- reducing exclusion and social disparities in health (universal coverage reforms);
- organizing health services around people’s needs and expectations (service delivery reforms);
- integrating health into all sectors (public policy reforms);
- pursuing collaborative models of policy dialogue (leadership reforms); and
- increasing stakeholder participation.

### RESEARCH OBJECTIVE

The aim of this paper is to examine and measure SERVQUAL

of the Public Primary Health Care centres in the city of Coimbatore and to offer suggestions based on the research study results.

RESEARCH METHODOLOGY	
Research Type	Descriptive research
Sample Size	80
Target Respondents	Patients of PHC from 28 PHC's
Area of Research	Coimbatore City, Tamil Nadu
Type of Sampling	Simple Random Sampling
Tools Used in this research	Factor Analysis
Objectives of the Research	Identify loop holes in order to improve SERVQUAL in PHC
Limitations of the study	Restricted to Government PHC and to the city of Coimbatore
Research Gap	Research can make a comparative statement between public and private players, concentrate in the area of Technological up gradation in PHC

### REVIEW OF LITERATURE

SNO	RESEARCHERS	YEAR	Research variables & area of research
1	Dr.Ranjit Chakraborty Anirban Majumdar	2011	Consumer Satisfaction In health care sector
2	Dr.Arash Shahin	2009	Service,Quality,Gaps, SERVQUAL,Customer, Expectations, Perceptions
3	Chingang Nde Daniel Lukong-Paul Berinyuy Sofia	2010	SERVQUAL, Service quality, customer satisfaction, grocery stores

To date, several authors have performed literature reviews in the context of primary care. For instance, Amado & Dyson (2008) applied a conceptual framework for formative evaluation to review the methods and measures that have been used to compare primary health care providers. Krings et al. (2010a, 2010b) classified performance indicators in primary care into categories at the level of structure, process and outcome. Hollingsworth et al. (1999) and Hollingsworth (2003, 2008) presented a review of non-parametric and parametric applications in health care, including primary care, focusing solely on efficiency measurement.

The research literature on service quality has thrown numerous models by different researchers across the world. Lehtimere and Jukka (1985) present a holistic view to measure, monitor, and operational customer perceptions of **service quality in health care organisation**. John (1989) opined that there are four dimensions of health care service quality: these are the caring dimension, the access dimension, and the physical environment. Babakus and Glynn (1992) evaluated SERVQUAL for its potential usefulness in a hospital service environment. Sharma and Chahal (1999) identified the need of evaluating the service quality of health care service. Bowers et al., (1994) studied the five common attributes of quality from SERVQUAL model. Caring and communication were found to be significant. Three of the generic SERVQUAL dimensions were found to be related significantly to patient satisfaction: empathy, responsiveness and reliability. The SERVQUAL model has been characterized by its creators as a simple and comprehensive

multi-dimensional measuring scale that has good reliability and validity in its results. The authors argue that it can be applied to a large and diverse number of services and commercial enterprises. At the same time this model has been criticized by some academics and practitioners (Cronin and Taylor, 1992; Babakus and Boller, 1992; Brown et al., 1993; Rust and Oliver, 1994; Dabholkar, Thorpe and Rentz, 1996). In particular, when the SERVQUAL model is used in various business sectors such as hospitals, fast-food companies and cleaners, its results showed that there may be a span of one to eight dimensions of service, depending on the type of business or industry considered. This indicates that the SERVQUAL model may not always be applicable to companies of different sectors in the same manner. Nevertheless, one could argue that as expectations and perceptions of customers are very important to assess the quality of services, the SERVQUAL model can be used to measure how customers perceive the quality of those services.

Proximity of health care services q1	1.000	.652
Expenditure incurred during the reference period q2	1.000	.697
services provided by health care professionals q3	1.000	.912
Ensure a clean and healthy environment q4	1.000	.921
Global technology and advanced Medicare facility q5	1.000	.776
numbers of visits to the health care center being encouraged q6	1.000	.627
cultivating knowledge about the disease to the patient and the family q7	1.000	.884
Following standard and strict norms q8	1.000	.873
effective qualified doctors and nurse q9	1.000	.690
Delivery care (the place where the women gave birth) being organised q10	1.000	.675
zero-tolerance policy towards use of old medicine q11	1.000	.642
baby care infrastructure q12	1.000	.578
Postnatal care (baby postnatal care within two months after delivery) q13	1.000	.685
expanding coverage and addressing the problems in PHC q14	1.000	.768
human resource pitfalls to be understood by the government q15	1.000	.548
Say no to unwanted medical treatment q16	1.000	.459
Maintenance of proper track records q17	1.000	.920
Never allow researchers to use PHC as lab q18	1.000	.799
Increases patient satisfaction & Loyalty by providing what they need q19	1.000	.817
provided with copies of patient authorization records q20	1.000	.844
Wide range of medicines on time q21	1.000	.592
strengthening health care q22	1.000	.920
infrastructure; and improved household practices q23	1.000	.810
community involvement to keep going good q24	1.000	.777
algorithms and operational guidelines to be given importance q25	1.000	.843
Bring out health schemes for poor q26	1.000	.593
Extraction Method: Principal Component Analysis.		

## FACTOR ANALYSIS

The first and the foremost initial process in factor analysis is to determine the linear components within the data set i.e., the Eigen values by calculating the Eigen values for R-matrix.SPSS extracts factors which has values more than 1 which is acceptable. Finally the rotated component analysis is used to shows the factor loadings for each scale construct. Based on the highest factor loadings each the following names have been given.

The factor matrix contains the coefficients which express the standardized variables in terms of the factors. These coefficients, the factor loadings, represent the correlations between the factors and the variables. In this case, the factors have been rotated so that each factor has significant loadings (more than 0.40) ideally with not more than one variable. The method for rotation used here is the Varimax procedure. This is an orthogonal method of rotation that minimizes the number of variables with

high loadings on a factor, thereby enhancing the interpretability of the factors. On the basis of Table, five components were identified for the 26 variables. Based on the item loadings, these factors were respectively labelled as follows:

1. The factor **“Following basic rules and regulations”** explains the 1<sup>st</sup> component combining statements (q8,q4,q3,q12,q11)
1. The factor **“Giving importance to patient and providing qualified doctors”** explains the 2<sup>nd</sup> component combining statements(q25,q20,q18,q15)
1. The factor **“Providing value added service”** explains the 3<sup>rd</sup> component combining statements (q17,q22,q14)
1. The factor **“Relationship management and initial health schemes”** explains the 4<sup>th</sup> component combining statements(q19,q24,q26,q23)
1. The factor **“Care to begin at the time of delivery”** explains the 5<sup>th</sup> component combining statements (q10,q6,q2)
1. The factor **“Adoption of new technology”** explains the 6<sup>th</sup> component combining statements (q1,q5)
1. The factor **“Keeping the patients knowledgeable”** explains the 7<sup>th</sup> component combining components (q7,q9)
1. The factor **“Cut down unwanted cost and provide a wide range of available medicine”** explains the 8<sup>th</sup> component(q21,q13,q16)

## CONCLUSION

This paper examined the importance of understanding and valuing the **SERVQUAL** of Primary Health Care centres in the district of Coimbatore. The paper being is relevant to three classes of advisors who relay in PHC services namely general public, Government and Doctors who provide this service are the three dimensions has been analysed. Therefore the purpose of this paper is just to analyse the view point of the general public with regard to **SERVQUAL** in PHC in the district of Coimbatore and to determine the role of the Government in improving the **SERVQUAL** in PHC. The analysis clearly reveals that a lot of changes have to be implemented by the Government to make PHC into a successful service providing option. The **SERVQUAL** can be improved by following the basic rules and regulations has to be strictly followed by the PHC's and proper treatments has to be given to the patients were the most important factor is to have qualified Doctors who are kind hearted to treat the lower class people in a respective way without any discrimination. In the name of medicine unwanted cost has to be cut down so that people of very low background are able to undergo medical treatment without any financial hazards. Relationship management and initial health schemes have to be improved a lot which may attract the community towards PHC service. Consequently even the general public have to come to a mind set of “Demand more you will be provided More” Thus until and unless the General public is not going to avail these services the Government will not take necessary steps to increase **SERVQUAL** in PHC. Certain key factors such as are obviously taken into account for the success of any health care centres, but on the other hand the major influencing factors are satisfaction, patient friendliness and scope for future visit. However even now there is no major development in improving the **SERVQUAL** in PHC, there are a lot of common loopholes which have not been removed. Well experienced Doctors, mentality to service the public without any hesitation, the role of Government in improving the **SERVQUAL** in PHC, Public demand are various routes which has posi-

five impact in determining the success of **SERVQUAL** in PHC. Thus far, however it is limited in scope as these problems are in exist for a longer time span and is still being in the research platform by various researchers. To date the nature and importance of PHC and the **SERVQUAL** being provided in it has been a subsequent success and failure. The increase in standard of living and growth of private clinics and hospitals with their mobile service has kept the part of PHC growth silent. Enabling the **SERVQUAL** in PHC by the Government to par with the private players will be the correct and only way to keep the general public satisfied with PHC. It is a known fact that those community who depend on PHC do not expect amazing facilities, but a decent medical care with a friendly atmosphere. An appreciation of Government interference has to be encouraged to cast in potential decisions in different lights which may be vital to make the public truly believe and accept the PHC for its high **SERVQUAL**.

## REFERENCE

1. Amado, C. A. F., & Dyson, R. G. (2008). On comparing the performance of primary care providers. *European Journal of Operational Research*, 185(3), 915-932.
2. Amado, C. A. F., & Dyson, R. G. (2009). Exploring the use of DEA for formative evaluation in primary diabetes care: An application to compare English practices. *Journal of the Operational Research Society*, 60(11), 1469-1482.
3. Cronin, J.J. and Taylor, S.A. 1992, 'Measuring service quality: A re-examination and extension', *Journal of Marketing*, 56 (3), pp. 55-68.
4. Chahal, Hardeep (2003), "Strategies for enhancing consumer satisfaction in Rural Health Services in J & K", *Indian Journal of Marketing*, 33 (9), pp.13-17.
5. Babakus, E. and Boller, G.W. (1992), 'An empirical assessment of the SERVQUAL scale', *Journal of Business Research*, 26 (6), pp. 253-68.
6. Brogowicz, A.A., Delene, M.M. and Lyth, D.M. (1990) 'A Synthesized Service Quality Model with Managerial Implications', *International Journal of Service Industry Management*, 1 (1), pp. 27-45.
7. Brown, T.J., Churchill, G.A. and Peter, J.P. (1993) 'Research note: improving the measurement of service quality', *Journal of Retailing*, 69 (1), pp. 126-39.
8. Bowers, M.R., Swan, J.E., Koehler, and William, F., (1994), "What attributes determine quality and satisfaction with health care services?", *Health Care Management Review*, 19 (4), p.49
9. Rust, R.T. and Oliver, R.L. (1994) 'Service Quality: Insights and Managerial Implications from the Frontier', in R.T. Rust and R.L. Oliver (eds.), *Service Quality: New Directions in Theory and Practice*, Thousand Oaks, CA: Sage Publications
10. Hollingsworth B, Dawson P, & Maniadaakis N. (1999). Efficiency measurement of health care: a review of nonparametric methods and applications. *Health Care Management Science* 2(3), 161-172.
11. Hollingsworth, B. (2003). Non-parametric and parametric applications measuring efficiency in health care. *Health Care Management Science* 6(4), 203-218.
12. Hollingsworth, B. (2008). The measurement of efficiency and productivity of health care delivery. *Health Economics*, 17, 1107-1128.
13. John Joly (1989), "Perceive Quality in Health Care Service Consumption: What are the structural dimensions?" *Developments in Marketing Science*, 12, Jon M.Hawes and John Thano Poulins (eds.), Orlando, FL, Academy of Marketing Science, pp.518-521.
14. Kringos, D. S., Boerma, W. G. W., Bourgueil, Y., Cartier, T., Hasvold, T., Hutchinson, A., Lember, M., Oleszczyk, M., Pavlic, D. R., Svab, I., Tedeschi, P., Wilson, A., Windak, A., Dedeu, T., & Wilm, S. (2010a). The european primary care monitor: structure, process and outcome indicators. *BMC Family Practice*, 11, 81-88.
15. Kringos, D. S., Boerma, W. G. W., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010b). The breadth of primary care: a systematic literature review of its core dimensions. *BMC Health Services Research*, 10, 65-77.
16. Lehtinen, J.R., and Jukha, M.C. (1985), "Applications of Service Quality and Services Marketing in Health Care, Organizations", Build-

ing Marketing Effectiveness in Health Care, Academy of Health SciencesMarketing,D.Terry

17. Rens van de Schoot,Utrecht University, the Netherland,Dagmar Strohmeier,University of Vienna, Austria Testing informative hypotheses in SEM increases power: An illustration contrasting classical hypothesis testing with a parametric bootstrap approach,International Journal of Behavioural Development

#### BOOKS FOR REFERENCE

18. Trisha Greenhalgh, Primary Health Care: Theory and Practice,John Wiley & Sons, 2013,ISBN: 1118693434,9781118693438
19. Linda M. Whiteford, Laurence C, Primary Health Care in Cuba: The Other Revolution,. Branch, Publisher Rowman & Littlefield Publishers, 2008,ISBN: 0742559947, 9780742559943
20. Gavin J Andrews, Professor Valorie A Susan J Elliott, Dr Allison Primary Health Care: People, Practice, Place, Williams, Publisher Ashgate Publishing, Ltd., 2012, ISBN 1409487962, 9781409487968