



SERVICE QUALITY IN HEALTH CARE CENTRES

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KEYWORDS

INTRODUCTION

The growing importance of the role that hospital services play in both the economy as a whole and organizations in particular cannot be over-estimated. This encompasses not only "pure" service industries as such, but companies selling physical goods where the element of service in their offering is increasingly one of the few sources of competitive differentiation. And while a focus on the customer underpins the marketing of both physical goods and services, it's critical to understand the limitations of traditional marketing when it comes to developing the most effective tools and techniques for services marketing.

Health care services have a distinct position among other services due to the high risky nature of services and the general lack of expertise possessed by consumers. To maintain and improve the quality of health care services, besides relying on clinical and economic criteria, administrators should utilize the feedback through patients' perceptions of care surveys.

A better understanding of how consumers evaluate the quality of health care will help administrators and service providers, in determining and improving the weaker aspects of their health care delivery system. With continuous monitoring of patient perceptions and improvements based on patient feedback, quality of care and patient satisfaction will improve.

In India, the health care services are provided by both private and public hospitals. Public hospitals consumed more investment on the infrastructural facilities and provision of free medical services. The people living with poor standard of living prefer the medical services from the public hospitals because of their poor financial conditions. The feeling of free services among the patients is generating social responsibility and the responsibility to safeguard the public properties. On the other side, the staff working in the public hospitals is becoming more lethargic in their duties because of mismanagement of all resources at the government hospitals. Hence, the public hospitals are losing their images and value in public minds.

The private hospitals in India are growing at a faster rate on par with the international standards. India is becoming one of the important countries which provide the quality medical services at cheaper rate. It attracts many foreign patients to India. Even, it is not at a reachable level to the people living in India especially people with lower middle income and poor people. Some private hospitals are not following any ethical values in the medical profession. They are running only for profit motive. Both these incidents namely reluctance of public hospitals and higher service charges of private hospitals influence the patients' attitude towards the hospitals in a negative way. The service quality at public hospital is declining whereas the service quality in private hospital is increasing.

OBJECTIVES

Based on the above-mentioned issues, the following objectives are framed for the present study:

- 1) To study socio economic status of the patients and their personality traits.
- 2) To analyze the patients' perceived and desired levels of service quality of their hospitals.

HYPOTHESES

Based on the objectives of the present study, the following hypotheses are framed:

- i) There is no significant difference among the patients in the private and the public health care centers regarding their level of perception and expectation on all service quality variables;
- ii) There is no significant association between the profile of the patients and their views on the various service quality factors; and
- iii) There is no significant impact of service quality factors on the patient's satisfaction and loyalty.

METHODOLOGY

Driven by scientific and technologic advances, the patients demand a higher level of accuracy, reliability and overall better service than in the past. Because of the Internet, customers are well informed and research solutions to their problems. Due to this new paradigm in health care, hospital administrations need to be skilled practitioners in marketing of their services. The administrators with these skills can improve quality standards and add long term value because they know how to provide superior service and develop innovative.

SERVQUAL MODEL

The instruments used in the study to capture service quality contain 22 Likert type items. These instruments are categorized under five broad dimensions namely, (1) Tangibility, (2) Reliability, (3) Responsiveness, (4) Assurance and (5) Empathy. The 22 service quality items considered under the five broad dimensions can be given as below:

DIMENSIONS OF SERVICE QUALITY

I	TANGIBILITY
1.	Cleanliness and hygiene are excellent
2.	Hospital has up-to-date equipment
3.	Uses of modern technology in services
4.	Hospital's personnel appear neat
II	RELIABILITY
5.	Medical reports are accurate
6.	Offers prompt service every time
7.	Provide adequate information about my medical condition
8.	Provide the services as promised
9.	Employees always respected my privacy
III	RESPONSIVENESS
10.	Employees informed me exactly when services would be performed
11.	Administration staff were efficient in dealing with my queries
12.	Willing to help patients

13.	Hospital reception answered my phone calls promptly
IV	ASSURANCE
14.	Experienced personnel on duty on weekends
15.	Employees are caring
16.	Employees are courteous at all items
17.	Use of proficient medical staff
V	EMPATHY
18.	Giving individualized medical attention
19.	Offers convenient times to use their hospital services
20.	Understanding towards my feelings of discomfort
21.	Staff are pleasant to deal with
22.	Obtain feedback from patients

To measure the service quality under these instruments, a nine point scale has been developed with the level of services scaled from 1 to 7 where, 1 means *low* and 7 means *high*. The scores, thus obtained, are used to calculate the total and mean scores of each of the items and the dimensions.

SAMPLING DESIGN

The present study proposes to cover the private and public hospitals in Dindigul District. As census method is not feasible, the researcher has proposed to follow sampling. The population of the study is the number of the private and the public hospitals in the Dindigul District. In total, there are 123 hospitals in Dindigul district. This number has 65 private and 58 public hospitals. The number of hospitals is identified as higher in Dindigul which constitutes 26.83 per cent to the total.

Sample Size of the Study

The sample size of the hospitals selected from the district is based on Cohran formula.

$$n = \frac{Ntpq}{Nd^2 + t^2pq}$$

Whereas

- n - Number of sample size
- t - 't' value at five per cent of significance
- p - probability of occurrence of private hospitals
- q - probability of occurrence of public hospitals
- d = 5/100

$$n = \frac{123 \times 1.96 \times 0.5 \times 0.5}{123 \times 0.05^2 + 1.96 \times 0.5 \times 0.5} = \frac{60.27}{.7975} = 75.57 = 76.$$

The sample size of hospital selected for the present study is 76.

Selection of Patients

At the second stage of the sampling, 6 patients per hospital had been selected for the study purposively. The sample size of the study came to 456 patients which consist of 240 and 216 patients in private and public hospitals respectively.

FINDINGS

The rank correlation coefficient worked out for all the sample health care centers showed that there was a significant relationship between the perceived and the desired level of service quality for all the individual factors which implies that at higher perceived level of service quality, the desired level of service quality is also higher.

The study indicated that the performance of the private sector health care centers in terms of both desired and perceived levels of service quality were found to be higher than the public sector health care centers. As a result, the service quality gaps were also found to be more in the case of public sector health care centers. The rank correlation coefficient worked out for all the sample health care centers showed that there was a significant relationship between the perceived and the desired level of service quality for all the individual factors which implies that at higher perceived level of service quality, the desired level of service quality

is also higher.

An overall and a category wise analysis on the significance of difference in the quality of services provided between the public and private sector health care centers and the significance of the relationship between the selected socio economic indicators and the selected factors under perceived level of service quality are examined.

From the analysis it can be concluded that in terms of service quality gap, the public sector health care centers were found to be in a favourable position with a lower gap recorded in the case of the majority of the factors under Tangibility and Responsiveness dimension, while in terms of Reliability, Assurance and Empathy dimension, for majority of factors, the private sector health care centers were in favourable situation.

A comparison of the values of the perceived and desired levels of service quality indicated that Reliability, Assurance and Empathy have shown a higher values for perceived level, while, the dimensions on Tangibility and Responsiveness have shown a higher values for desired level.

Thus, this analysis provides the suggestion that in the case of Tangibility, Reliability, Assurance and Empathy the patients expect more from health care centers and the management of health care centers must try to satisfy the patients on these dimensions.

The factors which have recorded the highest and lowest difference between the public and private sector health care centers were selected for examining the relationship. In the case of socio economic factors, the gender difference is considered as the social variable while the monthly income of the patients is taken the economic variable. The significance of the relationship is being tested with the help of the chi square test.

The major socio economic variables considered were the gender of the customers and the monthly income of the respondents' families. While gender was considered a social variable, the level of income was taken as the economic variable. In the case of the service quality variables, 10 factors which have recorded the highest and the lowest scores under five broad dimensions of the perceived level of service quality were considered.

Comparison of the calculated values with the table values for all the selected service quality factors by categories of social and economic factors provided the inference that the calculated values for all the tables were greater than the critical values obtained for the appropriate degrees of freedom. This has led to the rejection of the null hypotheses and provided the conclusion that 'there is a significant relationship between the socio economic status of the customers and the various factors under perceived level of service quality'. Hence, the hypothesis 'there is a significant relationship between the socio economic status and the perceived level of service quality' has been accepted.

SUGGESTIONS

The hospitals are advised to focus on the modern service quality since the level of education among the customers is growing at a faster rate. They are expecting the service quality at par with the international standard.

The gap between the private and the public hospitals may be reduced by the introduction of discriminating pricing strategy at the public hospitals. Even though the public hospitals are having much facilities and infrastructure, the maintenance of these assets are very poor. It may be because of poor funding by the government. Hence, the public health care centers may be permitted to charge their services to the rich people. By that fund, they can meet the cost of service provided to the poor people.

The private hospital managements are advised to focus on the creation of patients' loyalty. Now-a-days, the patients' loyalty is approaching to zero level because of some bitterness faced by the

patients' at hospitals. Since the cost of allocating new patients' is too high than the cost of retaining existing patients, the private hospital managements should consider this matter seriously.

Even though, the private hospitals are rendering better service quality to their patients', there is service quality gap in all aspects related to important services. The private hospital managements examine the service quality gap among their patients' and make necessary steps to reduce the gap.

The increase in the number of female staff may also be thought of at this point, as it has been shown that female patients' usually prefer female doctors for their problems and, as such, will have a positive affect on the satisfaction of female patients'.

The management of health care centers should establish a customer cell which has to reveal their customers expectation and perception on their service quality periodically. Then only they can update their facilities and infrastructure to meet the needs of their customers. Whenever it is essential, the management may apply the discriminatory pricing strategy in order to satisfy all customers segment.

CONCLUSION

The analysis of the data provided the conclusions that almost in all the five dimensions, the perceived level of service quality was far lower than the desired levels. For a majority of the factors, the gaps were found to be more in the case of public sector than that of the private sector health care centres. The study could also reestablish the conclusions of the earlier studies that the customers consider the Reliability dimension as the foremost important factor in health care centres.