A Study On Customer Satisfaction of Service Quality Of Multi Speciality Hospitals In Tiruchirappalli Corporation

S. Jerome

Department of Commerce (Shift -II), St. Joseph’s College (Autonomous), Tiruchirappalli – 620 002

ABSTRACT

Health Sector is an important industry which provides basic health needs to the public. So that Indian government is make it as public sector. In Tamil Nadu is providing medical facilities at free of cost. After basic needs of human being medical needs is essential. This kind of important service must be provided with high quality. Quality service in Health care is considering as heart with human being. Without quality service in health care means that the sentence without meaning. The study area of the research is selected as a Tiruchirappalli Corporation. There are 5 hospitals were selected and each hospital 30 patients were selected as sampling of the study. Sampling size is 150 respondents. The primary data were collected through well structured questionnaire. Medical services are needed at the time of pain of the patient. Don’t make Patients’ wait for any services like scanning, blood test, etc., so researcher suggest that staff nurses make sure or confirm the availability of scanning centre timings and staff availability of the needed services.

*Corresponding author
Dr. S. Jerome
M.Com, M.Phil, Phd
Assistant Professor,
Department of Commerce (Shift -II),
St. Joseph’s College (Autonomous),
Tiruchirappalli – 620 002
INTRODUCTION

Globalization made the world as a village through technological developments. So consumers is searching best and quality product and services throughout world. Quality is the ‘mandra’ any successful product and services in heavy competitive business world. Quality is an important element for sustainable business operations. Quality product and services makes the organization good will as brand image from customer perspective. In the modern world customer is the king; customer has every right choose the product and services they consume. People from foreign countries are searching quality services in India in an affordable cost. India is second top country among the Asian countries are providing medical tourism.

During the last few decades, the number of Multi Specialty medical centers providing health care services in Tiruchirappalli has been growing, and the private sector health care services market has turned out to be a competitive environment. Quality is such an important aspect that it is considered a really major concept in our real life. It is considered as a strategic weapon. And the vital need of increasing service organization and advancing their services necessities the measuring of service quality. The peer competitions have made the hospitals to provide superior services in order to retain in the competitive environment. Hospitals provide the various types of the services but with different quality if the therefore quality can be considered as one of the important strategy to create the competitive advantage.

Health Sector is an important industry which provides basic health needs to the public. So that Indian government is make it as public sector. In Tamil Nadu is providing medical facilities at free of cost. After basic needs of human being medical needs is essential. This kind of important service must be provided with high quality. Quality service in Health care is considering as heart with human being. Without quality service in health care means that the sentence without meaning.

Definitions of Quality and services

According to various definitions of quality, the core interpretation of quality is “Customer’s expressed and implied requirements are met fully”.

According to ISO, 1994 Quality is “the totality of features and characteristics of a product or service that bears on its ability to meet a stated or implied need”.

Gilmore says that “Quality is the degree to which a specific product satisfies the wants of a specific customer”¹.
Philip Kotler (1997) defined service as ‘an action or an activity which can be offered by a party to another party, which is basically intangible and can not affect any ownership.

**REVIEW OF LITERATURE**

Faris S. Alghamdi (2014) examines the impact of service quality perception on patient satisfaction and determines which dimension from 5 dimensions (tangible, reliability, responsive, assurance, and empathy) has the greatest impact on patient satisfaction. A total of 183 eligible patients participated in this study. To test the study hypothesis, multiple regression analysis was carried out. Analysis of variance revealed that the overall result showed a statistically significant impact of health service quality on patient satisfaction \((p=0.000)\). Patient satisfaction was influenced by health service quality, with the empathy dimension as the greatest influence on patient satisfaction\(^2\).

Abdulwahab Aljughaiman ed.al (2018) evaluates patient satisfaction with orthodontic treatment received in public and Private hospitals. An estimated sample of 243 patients was calculated based on a 5% margin of error, 95% confidence interval, 80% of response distribution and population size (20,000). The patients treated by public orthodontists were significantly more satisfied with other domains (situational aspect and residual category) than by the Private orthodontists. The doctor-patient relationship was the most important factor in satisfaction with orthodontic treatment. Overall, patients treated in public hospitals were more satisfied with orthodontic treatment than those in Private hospitals\(^3\).

Muhammad Shafiq (2017) develop a scale that measures hospital service quality in Asian hospitals, regardless of their nature or ownership. To address this research need, this study adapted the SERVQUAL instrument to develop a service quality measurement scale. Data were collected from inpatients and outpatients at 9 different hospitals, and the scale was developed using structural equation modeling. The developed scale was then validated by identifying service quality gaps and ranking the areas that require managerial effort. The findings indicated that all 5 dimensions of SERVQUAL are valid in Asian countries, with 13 items retained. Reliability, tangibility, responsiveness, empathy, and assurance were ranked first, second, third, fourth, and fifth, respectively, in terms of the size of the quality gap. The gaps were statistically significant, with values \(\leq .05\); therefore, hospital administrators must focus on each of these areas. By focusing on the
identified areas of improvement, health care authorities, managers, practitioners, and decision makers can bring substantial change within hospitals.  

**Importance of the study**

In hospitals, the customers are patients, and the service providers are doctors, Administrative staff, medical Assistant or nurses, who vary in terms of their intellectual skills, knowledge competencies, and professional attitude. Generally, services in hospitals are intangible, such as the skills of doctors, the hospital atmosphere, a caring staff, and hygiene, and they represent a combination of tangible and intangible products. Patients’ assessment of services is based on their entire understanding and shaped by the effectiveness of the operation, the hospital atmosphere, hygiene in rooms and wards, and the devotion of surgeons, nurses, and staff.

Service quality and patient satisfaction have a significant impact in health care. Patients’ perceptions of hospital facilities affect the image and cost-effectiveness of the hospital. Perceived service quality also determines patients’ loyalty and word-of-mouth behavior. Due to increased patient expectations, health care service workers have been encouraged to recognize the factors that are essential to expanding health care services, which can lead to patient satisfaction and allow health care services to decrease the time and money they spend.

As customers, patients describe the quality of services delivered in a limited way because they have insufficient knowledge about technical aspects of the service. Nonetheless, based on customers’ perceptions, expectations, and observations, both technical and nontechnical aspects of services can be evaluated. Patients’ feelings are crucial to improving services. Patients’ arguments are important, in line with the “marketing concept,” which focuses on ensuring customer satisfaction and considering that patients are neither right nor wrong but satisfied.

**Statement of the Problem**

In Global perspectives, India remains as a developing country; this economic status continue till after 50 years without quality product and services. Quality product and services is in order of the day; customers expect quality services of affordable amount they spent. China is getting top in International business growth because they provide quality services each every sector.

Quality services in hospitals namely doctors treatment, drugs and medicines maintenance, staff nurses care, cleanliness, infrastructure and other medical facilities and so on. In recent days many of them were losing their lives due usage expiry medicine drugs; it happens carelessness of doctors, nurse and hospital staff. Carelessness of employees of other service sector or manufacturing sector leads to heavy loss; but carelessness of health care personnel leads to loss of human life. The
present study is an attempt to know the customer satisfaction of service quality of Multi Speciality hospitals in Tiruchirappalli Corporation.

**Objectives of the study**

The researcher has framed the following objective for the study

1) To find out the level of customer satisfaction of service quality in Multi Speciality hospitals in Tiruchirappalli District

2) To analyze the service quality factors that influence patient’s satisfaction of Multi Speciality hospitals.

3) To offer suitable suggestions to improve service quality in hospitals

**METHODOLOGY**

The present study is descriptive by nature. The study area of the research is selected as a Tiruchirappalli Corporation. There are 5 hospitals were selected and each hospital 30 patients were selected as sampling of the study. Sampling size is 150 respondents. The primary data were collected through well structured questionnaire. The secondary data were collected from various websites, books, journals and official records.

**Analyses and Interpretations**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Age</th>
<th>No. of the Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>up to 20 years</td>
<td>42</td>
<td>28.0</td>
</tr>
<tr>
<td>2.</td>
<td>21-30 years</td>
<td>35</td>
<td>23.3</td>
</tr>
<tr>
<td>3.</td>
<td>31 - 40 years</td>
<td>18</td>
<td>12.0</td>
</tr>
<tr>
<td>4.</td>
<td>41-50 years</td>
<td>29</td>
<td>19.3</td>
</tr>
<tr>
<td>5.</td>
<td>Above 50 years</td>
<td>26</td>
<td>17.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>150</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S. No</th>
<th>Gender</th>
<th>No. of the Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Male</td>
<td>57</td>
<td>38.0</td>
</tr>
<tr>
<td>2.</td>
<td>Female</td>
<td>93</td>
<td>62.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>150</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S. No</th>
<th>Domicile</th>
<th>No. of the Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rural</td>
<td>38</td>
<td>25.3</td>
</tr>
<tr>
<td>2.</td>
<td>semi urban</td>
<td>71</td>
<td>47.3</td>
</tr>
<tr>
<td>3.</td>
<td>Urban</td>
<td>41</td>
<td>27.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>150</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary Data

The above table shows that 28% of the respondents belong to the age group up to 20 years. 23.3% of the respondents belong to the age group of 21-30 years. 19.3% of the respondents belong to the age group of 41-50 years. 17.3% of the respondents belong to the age group of above 50 years. 12% of the respondents belong to the age group of 31-40 years.
It is understood that maximum 28% of the respondents belong to the age group up to 20 years.

The above table shows that 62% of the respondents are female. Remaining 38% of the respondents are male.

It is found that majority 62% of the respondents are female.

The above table shows that 47.3% of the respondents are coming from semi urban background. 27.4% of the respondents are coming from urban area. 25.3% of the respondents are coming from rural background.

It is perceived that maximum 47.3% of the respondents are coming from semi urban background.

**Karl Pearson’s Co-Efficient Of Correlation Between Respondents’ Age and their overall perception of service quality of hospitals**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions of service quality</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Correlation value</th>
<th>Statistical Interface</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>infrastructure</td>
<td>1.41</td>
<td>1.868</td>
<td>(-)0.080</td>
<td>0.956 &gt; 0.05 Not Significant</td>
</tr>
<tr>
<td>2.</td>
<td>Quality of Doctors treatments</td>
<td>1.33</td>
<td>1.926</td>
<td>0.130</td>
<td>0.302 &gt; 0.05 Not Significant</td>
</tr>
<tr>
<td>3.</td>
<td>Quality of medicines</td>
<td>1.07</td>
<td>2.918</td>
<td>(-)0.170</td>
<td>0.044 &gt; 0.05</td>
</tr>
<tr>
<td>4.</td>
<td>Staff Response</td>
<td>1.61</td>
<td>1.946</td>
<td>0.078</td>
<td>0.821 &gt; 0.05 Not Significant</td>
</tr>
<tr>
<td>5.</td>
<td>Medical services</td>
<td>1.20</td>
<td>2.926</td>
<td>(-)0.060</td>
<td>0.743 &gt; 0.05 Not Significant</td>
</tr>
<tr>
<td>6.</td>
<td>Room cleaning services</td>
<td>1.24</td>
<td>0.954</td>
<td>1.563</td>
<td>0.354 &gt; 0.05</td>
</tr>
<tr>
<td></td>
<td>Overall perception about service</td>
<td>6.04</td>
<td>2.882</td>
<td>0.325</td>
<td>0.121 &gt; 0.05 Not Significant</td>
</tr>
<tr>
<td></td>
<td>quality of Multi Speciality hospitals</td>
<td></td>
<td></td>
<td></td>
<td>0.325 &gt; 0.05</td>
</tr>
</tbody>
</table>

**Research hypothesis**

There is a significant relationship between age of the respondents and their overall perception of choices and preference of hotels

**Null hypothesis**

There is no significant relationship between age of the respondents and their overall perception of choices and preference of hotels

**Statistical tools**

Karl Pearson co-efficient correlation Test was used for the above table

**Findings**

The above table reveals that there is no significant relationship between age of the respondents and their Overall perception about service quality of Multi Speciality hospitals. Hence, the calculated value is less than table value (P<0.05). So the research hypothesis is accepted and the null hypothesis is rejected
Findings:

• It is understood that maximum 28% of the respondents belong to the age group up to 20 years
• It is found that majority 62% of the respondents are female.
• It is perceived that maximum 47.3% of the respondents are coming from semi urban background.
• 71 percent of the respondents were agree about hospital has good ambience
• 70 percent of the respondents agree about hospital extra facilities like canteen, pharmacy store, labs etc
• 59 percent of the respondents agree about hospital has excellent trauma/emergency services
• 57 percent of the respondents were strongly agreed about recommended by other doctors,
• 61 percent of the respondents were strongly agreed about hospital provides Quality facilities to patients like rooms, stretchers, wheel chairs, food etc
• 61 percent of the respondents were strongly agreed about level of availability of required drugs in the pharmacy

Suggestions

• To achieve competitive advantage in Multi Speciality hospitals must keep improving their service from time to time to make sure the level of service quality is at the maximum level to gain patients high satisfaction and have an impact on patient’s future behavioral intention.
• Multi Speciality hospitals should provide effective training and courses for all staff including nurses, doctors and general staff to enhance their skills in communication and motivation for them to provide a good service to patients.
• Medical services are needed at the time of pain of the patient. Don’t make Patients’ wait for any services like scanning, blood test, etc., so researcher suggest that staff nurses make sure or confirm the availability of scanning centre timings and staff availability of the needed services.

CONCLUSION

Health Sector is an important industry which provides basic health needs to the public. So that Indian government is make it as public sector. In Tamil Nadu is providing medical facilities at free of cost. After basic needs of human being medical needs is essential. This kind of important service must be provided with high quality. Quality service in Health care is considering as heart with human being. Without quality service in health care means that the sentence without meaning. This research examined the concept of hospital service quality, patient satisfaction and behavioral intention from the perspective of patients.
REFERENCES:

6. H.L.Gilmore “Product Conformance Cost”, Quality Progress, June 1974; 16
8. Abdulwahab Aljughaiman ed.al “Patient Satisfaction with Orthodontic Treatment Received in Public and Private Hospitals in Dammam, Saudi Arabia”, open access Journal of Medical Sciences, 2018; 6(8): 1492–1497