

Service Quality of Private Hospitals : The Patient's Assessment (A Case Study of Meerut District)

Dr. Sapna Jain

Assistant Professor, Shri K.K. Jain (PG) College, Khatauli, Dist. Muzaffarnagar

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Abstract

The World is changing very fast. since, the inception of LPG, the demand for services has increased unexpectedly. Thus, service sector has become a rapidly growing area of the world economy and the health services organisations play an important role in such growth. In a decade or so, the rise and growth of private hospitals providing various health care services in India and in Meerut as well. With the opening of more than 200 medical care centres or hospitals. The health care market has grown and turn out to be a competitive affair. This study is exploratory by nature, which holds light of quality gaps in our health care sector, which can be worked upon to make the patients more comfortable and happy. However, some criteria like severity of illness, doctor's characteristics and treatment were not taken into consideration which could have an impact on the responses given.

Keywords: Hospitals, Service quality, SERVQUAL, Healthcare.

Classification-JEL : I11, I15, L33, L97.

1. INTRODUCTION

The World is changing very fast. since, the inception of LPG, the demand for services has increased unexpectedly. Thus, service sector has become a rapidly growing area of the world economy and the health services organisations play an important role in such growth.

In a decade or so, the rise and growth of private hospitals providing various health care services in India and in Meerut as well has been tremendous. With the opening of more than 200 medical care centres or hospitals. The health care market has grown and turn out to be a competitive affair.

Service industry contributes 57 percent

to India's GDP and has emerged as the largest and fastest growing sector of the economy. Service sector has also substantially contributed to foreign investment flows, exports and employment. In 2016, the Indian healthcare market had a turnover of \$110 billion and is expected to touch \$372 billion by 2022.

Healthcare delivery constitutes 65% of the overall Indian healthcare market. Due to this phenomenal growth of service sector in modern India, the importance of service management and service quality is also expected to excel.

Indian health care delivery system is categorized into two major components-public and private sector, the private sector provides majority of secondary and tertiary care

institutes with major concentration in major or metros, tier 1 and tier 2 cities.

Though the scope of health care market is promising, there are resource constraints under which services hospitals must function, it has become essential for hospital managers to understand and measure consumer perspectives, so that any perceived gaps in delivery of services is identified and suitably addressed.

Providing patients with the services according to their needs and expectations is crucial for survival and success of the organization in the competitive environment of the health care market. Accurate recognition of the customers' needs and expectations is the most important step in defining and delivering high-quality services. The patients' expectation are derived from their perception of the ideal care standards or their previous experiences in the use of services. Different study results show that meeting the patients' expectations is related to his/her high satisfaction from the related services, in the same way as unmet expectations relate to dissatisfaction. After delivering the services, service providers also must monitor how well the customers' expectations have been met.

Different methods exist for determining the patients' expectations and the way they are met. However, the SERVQUAL model, developed by Parasuraman et al, is one of the best and most used models for evaluating customer expectations and their perceptions of the quality of the services. In this model, the quality is equal to performance minus expectations. SERVQUAL is based on the idea that the quality is a subjective evaluation of the customer, as the service is not a physical item but an experience. Hence, customer perception is better compared with other measures of performance. SERVQUAL is useful in showing the difference between the patients' preferences and his/her

actual experience and specifies the areas that need improvement. The analysis of service quality enables hospital management to allocate the financial resources for improving performance in the areas that have more influence on the customers' perception of service quality.

2. METHODOLOGY

a) Sampling : The study sample was selected from among all patients who were hospitalized in 8 private hospitals of Meerut. The inclusion criteria common proportionality to the size. The inclusion criteria comprised adult patients aged 15 years and older who were stayed at least 24 hours in the hospital and willing to participate in the study. The samples were selected randomly in each hospital, and the questionnaires were given to them on the day of discharge. The illiterate patients were interviewed by a trained interviewer. Finally, 100 of the 250 questionnaires distributed between the patients (response rate = 40%) were filled out and gathered for analysis.

b) Survey instrument : The study questionnaire was composed of 2 parts : the first part includes 6 questions relating to the socio-demographic data of the patient. In the second part, the SERVQUAL questionnaire, 18 items in 3 service quality dimensions : tangibles (4 items), reliability/responsiveness (7 items) and empathy (7 items). The SERVQUAL questionnaire has been translated to Hindi language.

c) Tool : A five-point Likert scale was used, ranging from strongly disagree (1) to strongly agree (5) to assess the level of patients' expectation and perception of service quality.

Data analysis was done using SPSS 17.0 software. Exploratory factor analysis (EFA) was used for determining the dimensions of service quality. Cronbach's Alpha test was administered.

(d) Objectives of the Study :

i) To identify the dimension of SERVQUAL that ensures maximum satisfaction for customers in private hospitals using OPD services in Meerut.

ii) To identify differences in service quality of private hospitals in Meerut.

e) Hypothesis : According the Hypothesis of the study is:

H₀- There is no relation between service quality performance and customer satisfaction of OPD services.

3. RESULTS AND DISCUSSIONS

Table 1 depicts the demographic profile of the respondents, where there were 54% of female and 46% of male respondents, the age group of majority of respondents were from 61 years who comprised of 27%, and respondents education on level was graduation or equivalent. 59% of the respondents were from urban area and 41% were from rural area. Most of the patients have reported good health.

Education level	Illiterate	7	7
	High school		
	And Intermediate	45	45
	Graduation	48	48
Residence	Urban	59	59
	Rural	41	41
Hospital ward	Internal	25	25
	Surgery	33	33
	Gynecology	17	17
	Other	25	25
Health	Excellent	7	7
	Good	55	55
	Average	34	34
	Bad	4	4

TABLE 1

Socio-demographic data of the sample (N = 100)

Variables		N	%
Gender	Male	46	46
	Female	54	54
Age	< 30	18	18
	31-40	17	17
	41-50	23	23
	51-60	15	15
	> 61	27	27

Cronbachs co-efficient alpha was calculated for each dimension of the study Table 2.

By using SERVQUAL instrument, expectation (e) and perception (p) of each respondent was assessed according to LB items and the service quality gaps evaluated by measuring the gap score (p-e) The score on each dimension of the scale was the calculated as the means of the corresponding items scores and mean expectation and perception values of each dimension was tested for differences between mean scores of dependent samples at 0.05 level of significance by analyzing the data using SPSS.

TABLE 2

Item Score Analysis of Expectation and Perception of Service Quality of OPD Services

Dimensions and items	E	P	- PE	P value
Reliability/Responsiveness				
1. Sincere interest of personnel in solving patients' problems	5.25	6.74	1.50	< 0.001
2. Providing services at appointed time	6.04	6.50	0.46	< 0.009
3. Error-free and fast retrieval of documents	5.68	6.38	- 0.30	< 0.041
4. Telling when services will be performed	5.72			

5. Prompt performance of medical and non-medical services	6.66	6.30	- 0.36	< 0.003
6. Willingness of personnel to help patients	6.50	5.53	- 0.03	< 0.0001
7. Attending of personnel whenever called	6.52	6.62	- 0.10	
Empathy				
8. Polite and friendly dealing of personnel with patients	6.24	6.24	0	
9. Knowledgeable personnel to answer patients' questions	5.00	5.00	0	
10. Individual attention to patients	6.64	6.34	- 0.30	
11. Availability of 24-hour services	6.64	5.50	- 1.14	< 0.0001
12. Attention to the patients' beliefs and emotions	5.80	5.68	0.12	< 0.001
13. Having patients' best interest at heart	6.46	6.20	- 0.26	
14. Understanding specific needs of patients	6.46	6.28	- 0.20	
Tangibles				
15. Neat and well-dressed personnel	6.74	6.24	- 0.34	< 0.045
16. Clean and comfortable environment of the hospital	6.58	5.48	- 0.12	
17. Modern and up-to-date equipment	6.56	5.96	- 0.20	
18. Visually appeal of physical facilities	5.76	6.62	- 0.10	

*p value ,0.05 is considered statistically significant.

In Health care sector service delivery has to be qualitative, in accordance to the customer expectations, Specially functional quality is emerging as a critical issue, as this study throws light on hospitals not having good understanding of customer expectations. Service quality is being increasingly expressed as a function of consumer expectation of services to be provided compared with their perceptions of the actual service experience.

Thanks to internet, customers have become more knowledgeable about medical and health care services increasing their expectations on hospitals services.

The high expectations scores, where mean scores across majority of the items are above 5.5 on 7 point scale high quality service expectations of customers at the hospitals.

The results of service encounter is the satisfaction gaps of the customers against their expectations and the actual service perceptions. Mean perception scores observed gives conflicting results, with scores among majority of survey items being less than the expectations expect against two items in 'tangibles'- physical

facilities, and modern equipment'. These findings demonstrate that the patient's perception of offered services was falling short of their expectations in all aspects of the SERVQUAL scale of the OPD services.

Service quality gaps across the dimensions of 'tangibles' was observed to be statistically significant at <0.001. The gap score of all items indicates appreciable deficiencies, which can be a areas of improvements of OPD services in the hospitals. Consumer ratings for paired expectation and perception scores is observed to be similar in reliability items.

Statistically significant quality gaps are also identified in 'responsiveness' in prompt services and 'access to specialist'. This gaps can be referred to the requirement for additional resources and training of the OPD staff on customer service.

The dimension of Assurance' also indicates quality gaps, giving scope for improvements in those areas, however statistically significant gap exists across the item 'adequate support by staff'. This perception

needs further analysis and probing to understand the reason of this gap.

The dimensions of 'empathy' too have significant quality gaps, but there is reasonable convergence in the E/P scores.

The study had significant implications for the hospital management, as service quality gaps of five dimensions were identified thus directing focus on areas of improvements efforts to make OPD services more customers friendly.

4. CONCLUSION

This study is exploratory by nature, which holds light of quality gaps in our health care sector, which can be worked upon to make the patients more comfortable and happy. However, some criteria like severity of illness, doctor's characteristics and treatment were not taken into consideration which could have an impact on the responses given.

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