

AN ASSESSMENT ON QUALITY OF SERVICE PROVIDED
BY PRIVATE MULTISPECIALTY HOSPITALS IN
TIRUCHIRAPALLI, TAMILNADU

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Abstract

The private sector performing an important role in India's health care delivery system. The quality of health care delivered by the private hospitals is playing an important role today. The private sector is the dominant sector with majority of the people seeking indoor and out patients care. Quality inputs can only deliver quality outputs. The first and foremost task of hospitals is to deliver quality services to patients and also to improve the quality of services where the situation is found very critical. The major emphasis of the study is to identify the service quality gap. For this study, a questionnaire was developed to measure the service quality gap by measurement wise. Three Multispecialty hospitals in the study area with sample size of 150 (50 in-patients from each) are selected to measure the quality gap based on convenience sampling. The result indicates that as far as the quality gap between the expected and perceived service is concerned almost all the independent factors have no relation with respect to all the dimensions.

Keywords: Health Care, Private Hospitals, Service Quality, Expected service, Perceived Service.

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1. INTRODUCTION

The private sector plays an important role in India's health care delivery system. Through a wide arrangement of health care facilities, this sector caters to the needs of both urban and rural populations and has expanded widely to meet increasing demands. Consumption patterns indicate that health care seekers depend highly on the private sector. The facilities available in the hospital play a decisive role in improving the quality of services. The sophisticated equipment's are found expensive and the hospitals find it difficult to install than. Since the quality inputs are not available in many hospitals, quality outputs are not possible. The private health care sector has grown significantly over time. The quality of health care delivered by the private hospitals is a major area of concern. The private sector is the dominant sector with majority of the people seeking indoor and out patients care. Quality inputs can only deliver quality outputs. The first and foremost task of hospitals is to deliver quality services to patients and also to improve the quality of services where the situation is found very critical. The improvement in the medical services can be achieved through scientific inventions and innovations. Sophisticated equipment's and technologies have now virtually transformed the whole process of treatment. Finally, the patients suffer. So, the quality service is a major role in health care services.

2. REVIEW OF LITERATURE

Sunil C. D'Souza and A.H. Sequeira [1] in their study explained that in today's highly competitive environment, health care organizations are increasingly realizing the need to focus on service quality as a measure to improve their competitive position. They examined service quality through a case study of a health care organization in Mangalore and Karnataka, with a tertiary health provision. The population consisted of patients aged 18–65 years and 45 patients were considered through a purposive sampling technique. The results indicated that there is a need to improve doctors' care. Service attributes related to this dimension requires management attention to improve the doctors' care for quality. They concluded by highlighting the dearth in services marketing research for service quality measurement through patient perspective in health care organizations.

Dr.R.Kavitha [2] in her investigation to evaluate the service quality of select hospitals and to compare quality across hospitals especially those of private hospitals found that the performance of private hospitals is better than those of government hospitals.

Priya Deshpande [3] in her study to assess the service quality of select hospitals and to evaluate quality across hospitals especially those of govt. and private hospitals, concluded that the performance of private hospitals is superior to those of government hospitals.

Peer, Mohammed [4] in his dissertation investigates customers' expectations and perceptions of service quality at a private medical practice. The providers' inability to deliver an acceptable quality of service and customer dissatisfaction is more likely to lead to critical customer behaviours such as switching medical providers and/or influencing others negatively in their perception of a provider's service quality. In order to meet customers' expectations of service quality, organizations must have a system in place that enables them to identify the service expectations of their customers and, furthermore, must ensure that these expectations are met. The study found that service quality provided at the medical practice is good. However, attention needs to be given to the differing expectations and perceptions of the medical practices patients, with the aim of closing the gap were identified.

3. STATEMENT OF THE PROBLEM

Medical care has been playing a very important role in all over the world. Lot of public is suffering from various accident & diseases. Hence hospitals have been established to alleviate the problems of the people. Therefore hospitals should give on time treatment to patients. Some of the problems are lack of sufficient and timely medical treatment to patients. The other problems are non-availability of medical facility, inadequate competent doctors, nurses and employees, etc. The majority of the resident's lives in the rural areas that are not aware of the diseases spawn by water and food.

4. OBJECTIVE

The objective of the study is to assess the service quality gap of Multispecialty hospitals in Tiruchirapalli District.

5. RESEARCH METHODOLOGY

This study is an empirical research based on survey method. Data required for this study are both primary and secondary. Primary data relating to patients of the hospital were collected through personal interview with the patients and secondary data relating to the hospital were collected from the records of the selected hospital. The researcher had personal discussions with the patients of hospital and they were personally contacted and interviewed to elicit relevant information from the patients. Interview schedule was constructed for the collection of data. The important attributes that came out from the output were classified into five dimensions. The survey was conducted among 150 patients (50 each) from the leading Three Multispecialty Hospitals in Tiruchirapalli. Over all mean gap score for service quality dimension and variances in the gap scores of the patient based on their demographic variables and hospital related profile analysis were determine in this study. The sampling technique used in this study is convenience sampling. F-tests have been employed to study the difference between the identified independent variables and the dependent variables such as quality gap.

6. 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

Dimensions	Expectation Scores	Perception Scores	Mean Gap Scores
Tangible	7.075	5.503	1.570
Reliability	7.078	5.724	1.351
Responsiveness	7.458	5.676	1.782
Empathy	7.415	5.731	1.684
Assurance	7.041	5.796	1.245

Table 1 reveals that, the five service quality dimensions, the highest mean gap score of 1.782 was found for the dimension of Responsiveness and lowest mean gap score of 1.351 was found for the dimension of Reliability.

Demographic variables and Mean gap scores

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

Table No.2

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Upto 25 years	0.158	0.151	0.802	0.482	0.258
26 to 40 years	0.175	0.178	0.742	0.503	0.214
41 to 55 years	0.170	0.162	0.874	0.467	0.205
Above 56 years	0.218	0.168	0.836	0.526	0.253

It is observed from Table 2 that, out of the patients of all four age group, the highest gap score is for 'Responsiveness' and lowest gap score is for 'Reliability' in the category up to 25 years (0.151), followed by 41-55 years (0.162) and above 56 years (0.168), similarly in the age group 26 -40 years (0.175) was found the lowest gap score for dimension 'Tangible'.

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 results are tabulated below.

Table No.3

F- Ratios for Gap Scores With Respect To Age

Dimensions	Tangibles	Reliability	Responsiveness	Empathy	Assurance
F-ratios	3.495	0.413	1.213	1.171	2.118
	(0.001) significant	(0.623) Not Significant	(0.327) Not Significant	(0.317) Not Significant	(0.087) Not Significant

Note: Significant at 0.5% level

The above ANOVA table indicates that the difference in gap score of variance age group are significant for the dimensions 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 respondents for the five dimensions of service quality.

Table No.4

Gender and Mean Gap Scores

Category	Tangilble	Reliability	Responsiveness	Empathy	Assurance
Male	0.165	0.159	0.789	0.523	0.226
Female	0.158	0.176	0.762	0.579	0.231

It is clear from Table 4 that, of the various dimensions of service quality, the male as well as female category of respondents has the highest gap score for Responsiveness at 0.789 and 0.762 respectively.

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

F- Ratios for Gap Scores With Respect To Gender

Category	Tangilble	Reliability	Responsiveness	Empathy	Assurance
F-ratios	0.263	0.687	0.078	1.005	0.276
	(0.436)	(0.363)	(0.724)	(0.298)	(0.586)
	Not Significant	Not Significant	Not Significant	Not Significant	Not Significant

Note: Significant at 0.5% level

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.15000	0.212	0.149	0.827	0.543	0.254
Rs.15001 – Rs.30000	0.172	0.168	0.873	0.598	0.239
Rs.30001 – Rs.45000	0.158	0.172	0.826	0.489	0.217
Rs.45001 – Rs.60000	0.198	0.302	0.892	0.698	0.259
Above Rs.60000	0.139	0.148	0.799	0.519	0.218

The above Table 6 shows that of all income groups tested against various dimensions, high mean gap score was seen for the dimension “Responsiveness”. An attempt has been made 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

F- Ratios for Gap Scores With Respect To Annual Family Income

Category	Tangibles	Reliability	Responsiveness	Empathy	Assurance
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F-ratios	3.293	3.246	0.689	2.021	1.124
	(0.003) Significant	(0.007) Significant	(0.527) Not Significant	(0.098) Not Significant	(0.386) Not Significant

Note: Significant at 0.5% level

From the above Table 7, Service Quality dimensions of Tangibles and Reliability 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, that is, Tangibles and Reliability.

7. FINDINGS

From the analysis, it is found that of the different service quality factors, the overall mean score gap is highest (1.782) for the dimension of Responsiveness and lowest (1.351) for the dimension of Reliability. Analysis of variance indicate that the difference in gap score of various age groups are significant for the dimension “Tangibles” and not significant for “Reliability, Responsiveness, Empathy and Assurance”. Tangibles, Reliability, Responsiveness, Empathy and Assurance gap scores have no significant difference on the two gender groups. Service Quality dimensions of Tangibles and Reliability were significant and Responsiveness, Empathy, Assurance dimensions were insignificant with respect to annual family income.

8. CONCLUSION

In this study, the assessment of service quality gap of private multispecialty hospitals has been made and the quality gap had been studied. The objectives were to identify the factors based on the quality dimensions such as Tangibles, Reliability, Responsiveness, Assurance, and Empathy that influence the quality gap. As far as the quality gap between the expected and perceived service is concerned almost all the independent factors have no relation with respect to all the dimensions. The exception being age as an independent factor influences the quality gap in respect of the dimensions Assurance and Empathy and also all the dimensions combined together. Monthly income influences the quality gap in respect of Reliability and Tangibles respectively. Except this exception, the quality gap is not influenced by any of the factors. Thus

it can be concluded that the quality of service provided by the private multispecialty hospitals is uniformly good irrespective of the individual patient's status.

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