

INTERNATIONAL JOURNAL OF RESEARCH IN COMPUTER APPLICATION & MANAGEMENT

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PATIENT'S SATISFACTION TOWARDS SERVICE QUALITY: A COMPARATIVE ANALYSIS OF GOVERNMENT AND MISSION HOSPITAL, MIRAJ

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ABSTRACT

In today's competitive environment, service quality is widely recognized as a critical determinant for success and survival of any organization. Any decline in customer satisfaction due to poor service quality would be a matter of concern. Service sector consists of different dimensions and among 'health care' stands as a vital factor which is a matter of concern when it comes to handling epidemics, emergencies etc. it is often quoted that 'quality lies in the eye of the beholder' who are the better judges of quality in health care than patients themselves. This paper aims to tackle service quality in terms of patient's satisfaction towards services, provided by government civil hospital and Missionary Wanless hospital in Miraj city. The SERVQUAL model is used to identify the relevant service quality rendered to patients and the outcome of the gap between expected and perceived quality with due emphasis on the key requirements of health care.

KEYWORDS

patient satisfaction, service quality, servqual model.

1. INTRODUCTION

It is health that is real wealth and not pieces of gold and silver – Mahatma K Gandhi. Good health is the basic need of any individual and it is said prevention is better than cure. Majority of us rarely visit the hospital but, an era has arrived where visits to the hospital has become an essential part of our daily life due to sedentary lifestyles, emphasis on fast food added with lack of exercise and proper diet. The Indian healthcare industry is growing at a rapid pace and is expected to become a US\$ 280 billion industry by 2020. Rising income levels and growing elderly populations are all factors that are driving this growth. In addition, changing demographics, disease profiles and the shift from chronic to lifestyle diseases in the country has led to increased spending on healthcare delivery. Even so, nearly one million Indians die every year due to inadequate healthcare facilities and 700 million people have no access to specialist care. 80% of specialists live in urban areas. In order to meet manpower shortages and reach world standards, India would require investments of up to \$20 billion over the next 5 years. Currently, India stands at a cross-road of high-end, multi-specialty private healthcare services on one end and lack of doctors, support staff, medicines and facilities at the other. High-end facilities and education platforms are concentrated near metropolitan centers (World Health Organisation in its 2012 report said that only 26% of healthcare professionals were available to address the needs of 72% of the country's population).

Considering the demand given above, the domestic healthcare sector is expected to rise to \$100 billion by 2015, according to the India Brand Equity Foundation. And 71% of this growth is expected to take place in hospitals.

Service sector consists of different dimensions and among them I have picked 'health care' which deals with different services such as, hospital services, diagnosis services, physicians consultancies and emerging fields. The paper aims to tackle the patient's satisfaction in terms of services provided by government civil hospital and Missionary Wanless hospital in Miraj city. The SERVQUAL model is used to identify the relevant service quality rendered to patients and the outcome of the gap between expected and perceived quality with due emphasis on the key requirements of health care.

Service quality has been revealed as a key factor in search for sustainable competitive advantage, differentiation and excellence in the service sector. Besides, it has been recognized as highly important for satisfying and retaining customers. Service quality measures implemented improves the operational efficiency in the healthcare sector, thereby resulting in optimum resource allocation, minimum wastage of the available resources and significant improvement in quality, leading in considerable improvement to the end users viz. patients of the hospital.

Thus, the purpose of the present paper is to develop a comparative study empirical framework for measuring hospital service quality, expending the existing models and literature on healthcare services to benefit academicians, practitioners and researchers to enhance the understanding of patient perceived hospital service quality addressing this gap in literature as there are a few reliable and valid instruments available; and many service providers are implementing measures that are not aligned to the complexities of the health care setting. Consequently understanding of service quality assists practitioners to meet the requirements in their daily operations.

The present study is being undertaken to assess the service quality of public and missionary owned hospitals plus to analyze the service gaps between perception and expectations of patients undergoing treatment in such hospitals.

2. SIGNIFICANCE OF THE STUDY

Lately Sangli-Miraj-Kupwad Corporation had been in the news due to various aerial borne, water borne diseases that landed many of its citizens into private, public, missionary owned hospitals. The hospitals inadequate infrastructure, lengthy treatment procedure, lack of skilled personnel, haphazard billing etc. has promoted the researcher to undertake the current area of study for research.

The researcher wishes to highlight the quality of services from its inception i.e. enquiry to discharge of the patient involved including hospital stay, treatment during hospitalisation, doctors prognosis, tests related-unrelated conducted, staff expertise in handling patients, sanitation maintained etc. plus how to bridge quality gap between services publicized to services rendered.

3. STATEMENT OF THE PROBLEM

Miraj City is part of the Sangli-Miraj-Kupwad Municipal Corporation formed in 1999. The city is recognized for performance of Hindustani classical music, for its medical services and as a place of religious harmony with Marathi and Kannada as the most widely spoken language. In the 19th century, Miraj was recognized for its Vaidyas, practitioners of traditional Ayurvedic medicine. Within India, Miraj has the highest number of hospitals per capita. Currently medical facilities are available in the form of civil hospital, Wanless hospital and other reputed private hospitals.

Miraj is noted for its pleasant climate that is conducive for health care, hence the patients come here for medical treatment from various parts of Maharashtra and Karnataka states. Patients prefer hospitals based on their quality of services viz. Tangibles, Reliability, Responsiveness, Assurance and Empathy. Though both government and private hospitals provide quality medical services, it is very important to evaluate them from patient's perspective. Keeping this in mind this research is carried out to analyze Patient's satisfaction towards service quality: A comparative analysis of Government and Mission Hospital, Miraj."

4. OBJECTIVES OF THE STUDY

1. To assess the service quality in these hospitals with respect to 5 dimensions viz. Tangibles, Reliability, Responsiveness, Assurance, Empathy.
2. To evaluate the patient satisfaction over service quality offered by Government (Civil) & missionary owned (Wanless) hospital in Miraj city.
3. To suggest measures to improve service quality faced by Civil hospital and Wanless hospital in the study area.

5. RESEARCH METHODOLOGY

RESEARCH DESIGN

1. SAMPLING TECHNIQUE

The sample of minimum size 300 is drawn using Stratified random sampling among total population of patients undergoing treatment in Civil and Wanless hospital (150-each) in Miraj city by stratifying it into mutually exclusive groups of patients in both the hospitals to study and compare the degree of satisfaction. Sample is selected randomly from each strata.

2. SAMPLE SIZE

The population considered for study belongs to patients undergoing treatment in Civil and Mission hospital in Miraj city. As the numbers of patients in these hospitals are from various states, especially from Maharashtra and Karnataka, it creates a large population for the study. Hence following formula is used for calculating the sample size for each of the hospitals.

$n = (z^2 * p * q) / e^2$, where

n= size of sample for very large population

p= 0.50, probability of success of the selection of sample

q=0.50, Probability of failure of the results

e=0.08 (8%), Tolerable error

z=1.96 The Critical Value for 5% level of significance (95% Confidence Level)

$n = (1.96^2 * .50 * .50) / (0.08)^2$

$n = (3.8416 * .25) / (.0064)$

n=150 Respondents for each hospital

Total respondents = 150 * 2= 300

3. RESEARCH STUDY AREA

As the research highlights patients satisfaction about the services available in civil and mission hospital of Miraj city, the area and the scope of the research is limited to these hospitals only.

6. DATA ANALYSIS

The purpose of this study is find how out consumers of hospitals perceive service quality and see how applicable the SERVQUAL model in the context of these hospitals by using its 5 dimensions to measure service quality viz. Tangibles, Reliability, Responsiveness, Assurance, Empathy. The data collected through questionnaire is represented in the following table by calculating Weighted Arithmetic Mean: $Wm = \sum Wt * R$ (where Wt is Likert scale and R is respondents)

TABLE 1: SERVQUAL PARAMETERS FOR CIVIL HOSPITAL

The ratings are 1: Completely Dissatisfied, 2: Somewhat Dissatisfied, 3: Neutral 4: Somewhat Satisfied 5: Completely Satisfied.

SERVQUAL Parameters		1	2	3	4	5	Total	Mean	Parameter Mean
Tangible	Physical Environment	3	4	5	25	113	150	4.61	4.72
	Equipment & facilities	1	3	6	11	129	150	4.76	
	Physical appearance of staff	1	3	5	13	128	150	4.76	
	In house service	3	4	3	14	126	150	4.71	
	Hygiene and Cleanliness	2	2	4	12	130	150	4.77	
Reliability	Qualification of staff	5	13	35	55	42	150	3.77	3.73
	Prompt services	7	15	42	57	29	150	3.57	
	Severity of the case	6	12	31	63	38	150	3.77	
	Service commitments	5	13	30	55	47	150	3.84	
	Accurate records, documents	7	14	32	61	36	150	3.70	
Responsiveness	Staff responsiveness	1	3	3	12	131	150	4.79	4.74
	Promptness in treatment	2	5	3	15	125	150	4.71	
	Caring attitude pre treatment	2	3	5	12	128	150	4.74	
	Attentiveness to request	2	5	3	14	126	150	4.71	
	Caring attitude post treatment	2	2	3	17	126	150	4.75	
Assurance	Politeness to queries	2	5	2	14	127	150	4.73	4.72
	Trust worthy behaviour	2	6	2	15	125	150	4.70	
	Welfare Schemes	3	4	5	12	126	150	4.69	
	Knowledge expertise	2	5	2	14	127	150	4.73	
	Word of mouth	3	4	1	13	129	150	4.74	
Empathy	Individual attention	3	3	3	15	126	150	4.72	4.76
	Convenient timings	1	2	4	13	130	150	4.79	
	Understanding specific needs	1	3	2	14	130	150	4.79	
	Patients interests	2	4	1	14	129	150	4.76	
	Unbiased services	2	3	2	16	127	150	4.75	
Comprehensive Weighted Mean									4.53

TABLE 2: SERVQUAL PARAMETERS FOR MISSION HOSPITAL

The ratings are 1: Completely Dissatisfied, 2: Somewhat Dissatisfied, 3: Neutral 4: Somewhat Satisfied 5: Completely Satisfied.

SERVQUAL Parameters		1	2	3	4	5	Total	Mean	Parameter Mean
Tangible	Physical Environment	4	5	15	75	51	150	4.09	4.07
	Equipment & facilities	1	4	21	71	53	150	4.14	
	Physical appearance of staff	2	5	15	73	55	150	4.16	
	In house service	3	5	23	74	45	150	4.02	
	Hygiene and Cleanliness	2	7	28	72	41	150	3.95	
Reliability	Qualification of staff	4	5	3	5	25	112	4.57	4.56
	Prompt services	5	7	5	2	27	109	4.51	
	Severity of the case	17	6	2	1	23	118	4.63	
	Service commitments	2	5	3	5	25	112	4.57	
	Accurate records, documents	2	7	4	2	31	106	4.50	
Responsiveness	Staff responsiveness	11	13	34	43	49	150	3.71	3.87
	Promptness in treatment	5	8	13	76	48	150	4.03	
	Caring attitude pre treatment	4	9	19	70	48	150	3.99	
	Attentiveness to request	4	15	39	44	48	150	3.78	
	Caring attitude post treatment	4	16	33	47	50	150	3.82	
Assurance	Politeness to queries	2	5	22	67	54	150	4.11	4.08
	Trust worthy behaviour	2	8	22	65	53	150	4.06	
	Welfare Schemes	6	7	19	62	56	150	4.03	
	Knowledge expertise	2	5	15	75	53	150	4.15	
	Word of mouth	3	7	18	73	49	150	4.05	
Empathy	Individual attention	5	9	15	70	51	150	4.02	4.10
	Convenient timings	2	4	18	68	58	150	4.17	
	Understanding specific needs	1	5	16	75	53	150	4.16	
	Patients interests	2	8	11	68	61	150	4.19	
	Unbiased services	4	5	15	79	47	150	4.07	
Comprehensive Weighted Mean									4.13

7. CONCLUSION

In conclusion, knowing how consumers perceive service quality and being able to measure service quality can benefit management of such health service organisations. Measuring service quality can help management provide reliable data that can be used to monitor and maintain improved service quality. Using the SERVQUAL model to assess service quality enables management to better understand the various dimensions and how they affect service quality and customer satisfaction. This will help them to identify those that have strengths and weaknesses and thereby make necessary improvements. The current research under study will help them to identify those that have strengths and weaknesses and thereby make necessary improvements.

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