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## **PATIENTS EXPECTATION TOWARDS SERVICE QUALITY DIMENSIONS IN MULTI-SPECIALTY HOSPITALS**

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### **Abstract**

The purpose of this paper is to measure service quality of the hospital in multi-specialty hospitals. This paper assesses patients' expectation pertaining to hospital service quality. Data collected from 250 patients are analyzed by using the SERVQUAL model. The model compares patients' expectation of service received across five dimensions of service quality including reliability, responsiveness, assurance, empathy and tangibility. The results of this study reveal that overall service quality score is positive, however, there is significant different between demographic factors of the patients and their expectation. The findings of the study will help the management team to understand areas of improvement. Top management can apply research findings to design and prioritize hospital strategies for improving service quality

**Keywords: Hospitals, Multi-specialty, service quality, SERVQUAL, health care.**

### **Introduction**

India's hospital facilities have been rapidly growing in the last fifty years. Times have changed and specialisation has become the order of the day. However, the hospital-small and big have realised that their survival hinges on patient management. Further, the degree of competition in the private healthcare industry has been increasing over the years. The areas of challenging for the Indian multispecialty hospital in the face of stiff competition are increasing customer expectations, increasing customer relationship complexities, new trends and developments, greater mobility, faster development of new services, customers in competitive environment and up graduation of technology to cope up with modern management environment for meeting perceived satisfaction of customers. Hence this study focuses on patients expectation towards service quality dimensions in multispecialty hospitals.

### **Review of literature**

Andaleeb (2001) explained patients' perceptions about health services seem to have been largely ignored by health care providers in developing countries. The study is, therefore, patient-centered and identifies the service quality factors that are important to patients; it also examines their links to patient satisfaction in the context of Bangladesh. A field survey was conducted. Evaluations were obtained from patients on several dimensions of perceived service quality including responsiveness, assurance, communication, discipline, and baksheesh. Using factor analysis and multiple regression, significant associations were found between the five dimensions and patient satisfaction. Implications and future research issues are discussed.

Sureshchandar, Chandrasekharan Rajendran, Anantharaman (2002) in their research work strives to bring to light some of the critical determinants of service quality that have been overlooked in the literature and proposes a comprehensive model and an instrument framework for measuring customer perceived service quality. The instrument has been designed with specific reference to the banking sector. Data have been collected from customers of banks in a huge developing economy. The proposed instrument has been empirically tested for unidimensionality, reliability and construct validity using a confirmatory factor analysis approach. The present study offers a systematic procedure that could form the cornerstone for providing further insights on the conceptual and empirical comprehension of customer perceived service quality and its constituents.

Sungjin Yoo (2005) in his study examines the determinants of consumer satisfaction (CS) with hospitals and clinics using SERVPERF and to measure differences across institutions. Several interesting results are found. First, the major determinants of customer satisfaction at clinics are aspects related with 'tangibles' and 'empathy' dimensions of services. Secondly, the factor related with 'reliability' is important determinant of CS at hospitals. Finally, CS has a significant effect on word of mouth (WOM) and patronage for clinics, whereas CS has a significant effect on WOM but not on patronage for hospitals.

### **Objective of the study**

- To measure the patients expectation towards service quality dimensions in multispecialty hospitals.

### **Methodology**

- Data: Primary data was used and it is collected through the issue of questionnaire
- Sampling method: Convenience sampling method was adopted.
- Sample size: 250 patients
- Area of study: Coimbatore
- Period of study: April 2016 to September 2016

### **Discussions of the study**

The SERVQUAL model was used to find out the patients' expectation about the quality of service offered by the Multi-specialty hospitals in Coimbatore district in Tamil Nadu. The findings of the study were discussed below:

**Table 1****Demographic factors of the patients**

Demographic factors		No of patients	Percentage
Age	Less than 25 yrs	34	13.6
	25 - 35 years	58	23.2
	35 - 45 years	57	22.8
	45 - 55 years	59	23.6
	Above 55 yrs	42	16.8
	Total	250	100
Gender	Male	134	53.6
	Female	116	46.4
	Total	250	100
Marital status	Married	192	76.8
	Unmarried	58	23.2
	Total	250	100
Education	School level	33	13.2
	UG	75	30
	PG	75	30
	Professional	51	20.4
	Others	16	6.4
	Total	250	100
Occupation	Govt Emp	16	6.4
	Pvt Emp	127	50.8
	Business	40	16
	Student	51	20.4
	Others	16	6.4
	Total	250	100
Family Monthly Income	Less than Rs.25000	16	6.4
	Rs.25000 - Rs.35000	33	13.2
	Rs.35000 - Rs.45000	76	30.4
	Rs.45000 - Rs.55000	67	26.8
	Above Rs.55000	58	23.2
	Total	250	100

Table 1 states the demographic profile of the patients of multi speciality hospitals. With respect to age, highest of 23.6% of the patients belong to 45 to 55 years. With respect to gender, highest of 53.6% of the patients are male. With respect to Marital status, highest of 76.8% of the patients are married people. With respect to education, highest of 30% each of the patients are undergraduates and post graduates. With respect to occupation, highest of 50.8% of the patients are private employees. With respect to family monthly income, highest of 30.4% of the patients earn an income of Rs.35000 to Rs.45000.

The service quality statements are classified into five dimensions namely Tangibility,

Reliability, Responsiveness, Assurance and Empathy. Chi-square test has been applied to test the significant relationship between the demographic variables of the patients and their expectation towards five service quality dimensions.

**Hypothesis:** “There is no significant relationship between the patients’ demographic variables and their expectation towards service quality dimensions in multi-specialty hospitals”

**Table 2**

**Relationship between the patients’ demographic variables and their expectation towards service quality dimensions in multi-specialty hospitals**

		Age	Gender	Marital status	Education	Occupation	Family monthly income
Tangibility	Chisq value	109.972	7.977	10.716	89.344	56.267	145.64
	Sig	0.000	0.046	0.013	0.000	0.000	0.000
Reliability	Chisq value	338.82	18.319	61.31	270.06	256.03	300.74
	Sig	0.000	0.011	0.000	0.000	0.000	0.000
Responsiveness	Chisq value	242.96	10.921	49.187	212.22	202.53	320.47
	Sig	0.000	0.091	0.000	0.000	0.000	0.000
Assurance	Chisq value	149.92	16.871	13.661	154.82	132.23	126.92
	Sig	0.000	0.002	0.008	0.000	0.000	0.000
Empathy	Chisq value	150.52	23.358	25.359	165.26	181.03	285.71
	Sig	0.000	0.000	0.000	0.000	0.000	0.000

The Chi-square table states the following results at 5% level of significance

- **Tangibility:** The significant value of Age, Gender, marital status, Education, Occupation and Family monthly income are 0.000, 0.046, 0.013, 0.000, 0.000 and 0.000. As the significant values are less than 0.05, there exists significant relationship between the patients’ demographic variables such as Age, Gender, marital status, Education, Occupation and Family monthly income and their expectation towards Tangibility dimension in multi-specialty hospitals. Hence the hypothesis is rejected.
- **Reliability:** The significant value of Age, Gender, marital status, Education, Occupation and Family monthly income are 0.000, 0.011, 0.000, 0.000, 0.000 and 0.000. As the significant values are less than 0.05, there exists significant relationship between the patients’ demographic variables such as Age, Gender, marital status, Education, Occupation and Family monthly income and their expectation towards Reliability dimension in multi-specialty hospitals. Hence the hypothesis is rejected.
- **Responsiveness:** The significant value of Age, marital status, Education, Occupation and Family monthly income are 0.000, 0.000, 0.000, 0.000 and 0.000. As the significant values are less than 0.05, there exists significant relationship between the patients’ demographic variables such as Age, Gender, marital status, Education, Occupation and Family monthly income and their expectation towards Responsiveness dimension in multi-specialty hospitals. Hence the hypothesis is rejected.

- **Assurance:** The significant value of Age, Gender, marital status, Education, Occupation and Family monthly income are 0.000, 0.002, 0.008, 0.000, 0.000 and 0.000. As the significant values are less than 0.05, there exists significant relationship between the patients' demographic variables such as Age, Gender, marital status, Education, Occupation and Family monthly income and their expectation towards Assurance dimension in multi-specialty hospitals. Hence the hypothesis is rejected.
- **Empathy:** The significant value of Age, Gender, marital status, Education, Occupation and Family monthly income are 0.000, 0.000, 0.000, 0.000, 0.000 and 0.000. As the significant values are less than 0.05, there exists significant relationship between the patients' demographic variables such as Age, Gender, marital status, Education, Occupation and Family monthly income and their expectation towards Empathy dimension in multi-specialty hospitals. Hence the hypothesis is rejected.

### **Conclusion**

Service is the global judgement related to overall superiority of service. The Multi-specialty hospitals has maintained the best services with the patients and therefore it has lead to customer loyalty. The hospital has considered all the five dimensions as important in making the customer loyal and retaining the customers with them it. Hence it will be profitable to both the customer and the hospital.

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