



SERVICE QUALITY OF THE MULTISPECIALTY HOSPITALS IN SALEM DISTRICT

Dr. P. Marishkumar

Assistant Professor, Department of Management Studies, V.M.K.V Engineering College,
Vinayaka Missions University, Periyaseeragapadi, Salem - 641 046, India.

Introduction

In today's economy, changing customer demands, increased expectations for superior quality of products or services and the global competition have created a competitive situation among different industrial sectors. The ability to identify profitable customers and then customize marketing on the basis of customer value has enabled many companies to punch above their credence. Quality has become an icon for customers while selecting a service or product and at the same time it has been considered a strategic advantage for the organizations to gain success and to sustain in the business world. Service organizations are now well aware of the fact that they need to take preventive quality measures to gain customer satisfaction and retention. The world has never been so interdependent. All trends point to co-operation as a fundamental, growing force in business. Today marketing is not just developing, delivering and selling, it is moving towards developing and maintaining mutually long-term relationships with customers. This new business philosophy is called "relationship marketing", which has attracted considerable interest both from marketing academics and practitioners.

Concept of Service Quality

Service quality refers to the collective effort of service performance, which determines the degree of satisfaction of users of all the services. The degree of customer satisfaction bears a direct relation to quality of service where good quality of service gives better customer satisfaction and the bad one leads to dissatisfaction of the customers. Service quality can be

defined as the personal experience of the customer with the service provider. Researchers divide service quality into two components: technical quality and functional quality. Technical quality is defined primarily on the basis of technical accuracy and procedures. Functional quality refers to the manner in which service is delivered to the customer. While much debate has revolved around the precise measurement of service quality, the most common approach to measurement is based on the five dimensions identified by Parasuraman, Zeithaml and Berry namely, tangibles, assurance, reliability, responsiveness, and empathy.

Statement of the Problem

Hospital industry is an important component of the value chain in Indian healthcare industry rendering services and recognized as delivery segment of the healthcare industry, which is growing at an annual rate of 14%. India's cost advantage and explosive growth of private hospitals, equipped with latest technology and skilled healthcare professionals has made it a preferred destination. In the present context, service quality is critical to the success of the hospital industry because the patients demand more information than ever and do not hesitate to switch to another health care provider if they don't obtain satisfaction. Thus, the provision of quality service and improving patient satisfaction are key strategies to the long-run success and profitability of health care providers. Therefore, the hospitals, as a matter of fact, take the satisfaction of customers into account as a main goal of the strategies. Every day, millions of people receive high-quality health care that helps to maintain or restore their health and ability to function. However, quality problems are reflected in a wide variation in the use of health care services, including an unacceptable level of errors. Besides, India's hospital industry faces significant shortage of qualified manpower in all categories of doctors, nurses and paramedical staff. The quality of the public health care sector is quite low and inadequate and the patients are dissatisfied with the level of service provided in the public hospitals. This is, indeed, similar to developing countries. Though the transformation of hospitals into today's sophisticated medical facilities was driven by advances in science, affordability of the high cost of technology will necessitate significant adaptations to technology in the context of Indian markets. This is especially important in the light of the escalating costs of material and equipment. Though the above are the problems faced by the hospitals, creating, implementing and monitoring the systems to improve quality and patient safety have become a major focus in the present scenario. To thrive in future health systems, hospitals will need to transform to patient-centered and information-rich organizations.

Therefore, the researcher thinks that it is worth to study the perception of the patients towards the service quality of the multispecialty hospitals in Salem district.

Objectives of the Study

The study has the following objectives:

1. To study the importance of service quality in hospital industry in general.
2. To study the various healthcare services offered by the select multispecialty hospitals in Salem district.
3. To study the perception of the patients towards service quality of the select multispecialty hospitals in Salem district.
4. To find out the gap in the service performance of the select multispecialty hospitals in Salem district.
5. To suggest measures to improve the service quality of the select multispecialty hospitals based on findings of the study.

Scope of the Study

The scope of the study is assessing the perception of the patients towards service quality of the multispecialty hospitals in Salem district. This study is restricted to 6 multispecialty hospitals, which include 5 private multispecialty hospitals namely Sri Gokulam Hospital, SKS Hospital, S. Palaniandi Mudaliar Memorial Hospital, Shanmuga Hospitals & Salem Cancer Institute and Vinayaka Mission Hi-tech Hospital, and 1 Government Super Specialty Hospital. The service quality is a vast subject consisting of a number of dimensions. The most common service quality dimensions namely, assurance, empathy, reliability, responsiveness, and tangibility only are analyzed in the present study.

Sampling Design

This study is confined to the patients of the select multispecialty hospitals in Salem district. There are 64 multispecialty hospitals in Salem district and these hospitals are considered the universe of the study. In the present study, the sampling involves two stages. In the first stage, out of the 64 multispecialty hospitals, 10% of the multispecialty hospitals

i.e. 6 multispecialty hospitals are selected on random basis. In the second stage, by adopting quota sampling, 100 respondents are selected from each multispecialty hospital. The sampling details are given in the following table.

TABLE 1
Sampling Distribution

Name of the Hospital	No. of Samples
Sri Gokulam Hospital	100
SKS Hospital	100
S. Palaniandi Mudaliar Memorial Hospital	100
Shanmuga Hospitals & Salem Cancer Institute	100
Vinayaka Mission Hi-tech Hospital	100
Government Super Specialty Hospital	100
Total	600

Tools for Data Collection

This study is empirical in nature based on survey method. The first-hand information for this study was collected from the offices of the select multispecialty hospitals in Salem district. As an essential part of the study, the primary data were collected from 600 patients with the help of interview schedule for a period of 6 months. The secondary data were collected mainly from journals, reports, books and records. The data so collected have been entered into a master table and tabulated to arrive at useful conclusions.

Factors Influencing Respondents to Prefer Services

Several factors motivate the patients to prefer medical treatment from particular hospital. The staff of the hospital and their friends and relatives encourages patients to prefer medical treatment from a particular hospital. The following table depicts the motivating factors of the respondents to prefer medical treatment from their hospitals.

**Level of Importance of the Factors Influencing the Respondents to Prefer Treatment
in the Multispecialty Hospitals**

Influencing Factors	Level of Importance					Total	Mean Score
	Very Important	Important	Neither Important nor not Important	Not Important	Not at all Important		
Hospital image	330 (55.00)	268 (44.67)	2 (0.33)	0 (0.00)	0 (0.00)	600 (100.00)	4.53
Patient delight	197 (32.83)	270 (45.00)	65 (10.83)	40 (6.67)	28 (4.67)	600 (100.00)	3.94
Professional advice	161 (26.83)	275 (45.83)	101 (16.83)	44 (7.33)	19 (3.17)	600 (100.00)	3.85
Quality of services	352 (58.67)	248 (41.33)	0 (0.00)	0 (0.00)	0 (0.00)	600 (100.00)	4.58
Range of services	315 (52.50)	237 (39.50)	48 (8.00)	0 (0.00)	0 (0.00)	600 (100.00)	4.44
Convenience of access	150 (25.00)	225 (37.50)	97 (16.17)	84 (14.00)	44 (7.33)	600 (100.00)	3.59
Administrative procedures	144 (24.00)	257 (42.83)	155 (25.83)	28 (4.67)	16 (2.67)	600 (100.00)	3.80
Payment mode	124 (20.67)	124 (20.67)	171 (28.50)	122 (20.33)	59 (9.83)	600 (100.00)	3.22
Coverage of health insurance	151 (25.17)	162 (27.00)	146 (24.33)	90 (15.00)	51 (8.50)	600 (100.00)	3.45
Cost of treatment	218 (36.33)	275 (45.83)	89 (14.83)	16 (2.67)	2 (0.33)	600 (100.00)	4.15
Overall	215 (35.83)	234 (39.00)	87 (14.50)	42 (7.00)	22 (3.67)	600 (100.00)	3.96

Source: Primary Data

Education and Satisfaction towards Services of the

Multispecialty Hospitals

Educational Status	Level of Satisfaction					Total	Mean Score
	Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Highly Dissatisfied		
Up to H.Sc	15 (9.80)	30 (19.61)	46 (30.07)	37 (24.18)	25 (16.34)	153 (100.00)	2.82
ITI/Diploma	21 (16.03)	21 (16.03)	33 (25.19)	36 (27.48)	20 (15.27)	131 (100.00)	2.90
Degree	21 (11.80)	37 (20.79)	51 (28.65)	42 (23.60)	27 (15.17)	178 (100.00)	2.96
PG and above	11 (7.97)	29 (21.01)	50 (36.23)	34 (24.64)	14 (10.14)	138 (100.00)	2.92
Total	68 (11.33)	117 (19.50)	180 (30.00)	149 (24.83)	86 (14.33)	600 (100.00)	2.88

Source: Primary Data

Association between Education and Satisfaction

Calculated Chi square value	D.F	Table Value at 5%	Result
11.097	12	21.026	Not significant

Findings

1. The mean score reveals that quality of services (4.58) is the most important factor for the respondents to prefer medical treatment from the multispecialty hospitals, followed by hospital image (4.53).
2. There is no significant association among the satisfaction levels of the respondents belonging to different genders, age groups, educational status groups, occupations, monthly income groups and type of patients towards services of the select multispecialty hospitals. A significant association is found among the satisfaction levels

of the respondents belonging to different hospitals and type of hospitals towards services of the select multispecialty hospitals in Salem district.

3. Male respondents, respondents in the age group 41-50 years, respondents having degree qualification, professionals, respondents whose monthly family income is above Rs.35000, patients of the Sri Gokulam Hospital, patients of private multispecialty hospitals and outpatients are more satisfied towards services of the multispecialty hospitals in Salem district.
4. The gender, age, education, monthly family income, and type of patients have no significant effect on their satisfaction towards services of the select multispecialty hospitals. Type of hospital has significant effect on the respondents' satisfaction towards services of the select multispecialty hospitals.
5. There is no significant relationship among the acceptance levels of the respondents belonging to different genders, age groups, educational status groups, occupations, monthly income groups and type of patients towards perceived service quality in the select multispecialty hospitals in Salem district. A significant relationship is found among the acceptance levels of the respondents belonging to different hospitals and type of hospital towards perceived service quality.
6. Male respondents, respondents in the age group 31-40 years, respondents having postgraduation and above qualifications, employed category, respondents whose monthly family income is Rs.25001-35000, patients of the Sri Gokulam Hospital, patients of private hospitals and outpatients have higher acceptance level towards perceived service quality in the select multispecialty hospitals.

Suggestions

1. Keeping in mind the patient, as a responsible citizen, it is imperative for the hospital staff to attend the case as a call of duty. The select multispecialty hospitals must have to focus on quality improvement strategy to remove the quality flaws by giving the first priority to the items with biggest gaps and subsequently to the items with lowest gaps. Therefore, the select multispecialty hospitals should ensure that staff are well-trained and understand the specific needs of patients and provide services accordingly.
2. The select multispecialty hospitals must ensure communication and motivation to

achieve the requisite success to meet the growing needs of the patients. They must provide high quality medical care at an affordable price. This will require capacity, experience and resources.

3. A basic change in the outlook of doctors is required which must manifest in the culture and mission statement of the select multispecialty hospitals. Physician creativity on the job, satisfaction and retention as strategies for improving efficiency ensuring that doctors' time is spent only on activities requiring their expertise. Services of nurses should also be specialized rather than generalized in the interests of patients. This would not only add to organizational efficiency but also reduce stress of the overburdened speciality doctors.
4. The staff of the select multispecialty hospitals should never turn their back on the patients. Since service quality is identified as the most important factor in patient's choice, select multispecialty hospitals should focus on hiring competent personnel, and train them in order to increase their efficiency and develop interpersonal communication skills. In other words, the multispecialty hospitals should empower their staff to exercise responsibility, judgments and creativity in responding to patients' problems.
5. The patient must be made privy to important disclosures about performance of medicos, the number of surgeries and treatments performed on prior patients, the rate or percentage of success and as well as other aspects deemed confidential. This kind of transparency will help improve more patient satisfaction. Presently, a patient has the right to obtain critical information and disclosures under the Right to Information Act in government hospitals only. Likewise, disclosures must be made beforehand by the private multispecialty hospitals to their patients.

Conclusion

The purpose of the research is to analyze the perception of the patients towards service quality of the select multispecialty hospitals in Salem district. For this purpose, 600 patients were selected from 6 multispecialty hospitals. Absence of innovativeness, higher fee, lack of detailed disclosures, reducing rate of reliability, absence of patient compliant monitoring cell, lack of government control, absence of feedback from patients, absence of transparency and lack of quality improvement initiatives are the problems of the respondents in the select multispecialty hospitals. The findings of the study indicate that there exists service performance gap i.e. low level of perceived service quality with respect to all the dimensions

which are studied. In order to reduce the gap, the researcher has suggested measures in his present work.

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