



## Customers View on Healthcare Quality Management Practices in Multi-Speciality Hospitals with Reference to Madurai District, Tamil Nadu, India

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#### Key Words

Quality, satisfaction, SERVQUAL, gap analysis, expectation, perception, customer services

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**Received:** 25 December 2021

**Accepted:** 12 February 2022

**Published:** 10 March 2022

**Citation:** T. Jeyarajasekar and M. Amal, 2023. Customers View on Healthcare Quality Management Practices in Multi-Speciality Hospitals with Reference to Madurai District, Tamilnadu, India. *Int. Bus. Manage.*, 16: 1-9, doi: 10.59218/makibm.2022.1.9

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#### ABSTRACT

For the overall development of a nation, the healthcare sector plays an important role as a healthy human resource indicates the prosperity of a nation. Therefore, every player in the healthcare sector needs to provide optimum levels of quality to their customers in order to remain ahead from the competitors. But achieving that desired ultimate position in today's scenario is not an easy task for the healthcare service providers as it requires recognition, suppression and removal of many hindrances present in the way towards the top. Quality in the hospital setting has multidimensional meanings as well as can be accessed and understood through numerous parameters that are identified as prime concerns for effective and proactive interventions. Many studies have been conducted in the last couple of decades regarding this interesting yet challenging field of health care and almost everyone has unanimously voted for the customer/patient's satisfaction as the most important parameter for judging the service quality of a hospital which directly affects its expansion and growth programs. Research findings of majority of the studies have demonstrated that more the customers become satisfied with the hospital, more is the affirmative recommendation expected from them. Quality in service processes determines the benefits for the customers and commercial success for the providers. The term service quality has a broader definition as well as application and it depends upon the school of thought from where it has been originated. Some define it as the combination of technical quality and functional quality where technical quality stands for what is offered and functional quality stands for how it is offered. It may also be defined as the difference in customer perception and their expectations before and after availing a product or service.

## INTRODUCTION

Service quality can be referred as the shared endeavor or performances that ensure the satisfaction levels amongst the users<sup>[1]</sup>. Again the service qualities provided through the offerings have a direct relationship with the increased levels of customer satisfaction and vice versa<sup>[2]</sup>. Service quality can be defined as the personal experience of the customer with the service provider<sup>[3]</sup>. The quality of services can also be broadly divided into two type namely technical and functional quality<sup>[4]</sup>. Simply stating, technical quality is the accuracy and technicality involved in the service delivery whereas functional quality is the procedure through which services are delivered to the customer. Some researchers have defined it as the experience and thereby generated impression about the relative supremacy or mediocrity of a service provided<sup>[5]</sup> and it guides the attitude of the customers towards the company either positively or negatively<sup>[6-8]</sup>.

The evaluation process of services differs from that of the goods. The service offerings are believed to be high in experience qualities as the service delivery is all about a feeling or outcome not about owning it like a product. Similarly, they are also high in terms of credence attributes as many times the customers are not sure about the quality of services availed by them instantly as it's an intangible, variable, perishable and inseparable feeling. These characteristics are not applicable to the products sector as they are high in terms of search qualities through which the consumer can evaluate and experience a product before actually going for it<sup>[9]</sup>. Within these wider frameworks of explanations, if a company wants to provide optimum levels of quality in its offerings, then it has to understand its customer base thoroughly including their demographics, tastes, preferences etc., identify the problems in the service delivery process before anyone does and proactively solve them, establish reliable and validated measures of performances, constantly measure the expectations and perception levels of the customers and above all ensure the provision of high standard service quality delivery at all the times<sup>[10-15]</sup>.

**Importance of service quality in hospital sector:** The service quality is the critical parameter for the success of any organization today. Over the year we can see that the types of improvements arrived in the field of service quality have resulted in increased bottom lines, lowering of costs and positive feedbacks by the customers and their willingness to pay a premium price<sup>[16]</sup>. As the hospital sector is mainly dominated by the provision of services rather than the physical goods, therefore it is essential to apply the concept of marketing in general and services marketing in

particular. The apex body of healthcare sector, the World Health Organization, has suggested the following criterion for a quality healthcare venture:

- **Effectiveness:** Evidence-based healthcare practices which results in improved health outcomes for individuals and communities based on their specific needs
- **Efficiency:** Delivery of consistent health care efforts by maximum resource utilization and minimizing the wastage
- **Accessibility:** Timely delivery of healthcare services in a reasonably close proximity of locations and the milieu where skills and resources are properly utilized
- **patient-centric:** Finding the aspirations of the target customers and tailoring the health care services accordingly by considering their preferences
- **Equitability:** Provision of health care services without considering the race, ethnicity, gender, location, socio-economic status of the customers.
- **Safety:** Understanding the needs of the customers and delivering the appropriate level of healthcare services that minimize the risk and harm to the users

The perception about the services of a hospital by the patients affects its reputation and profitability in the long run<sup>[17]</sup>. Due to this, the service providers are trying to find the key determinants which affect the customer's expectation so that they can improvise their levels of service delivery and achieve customer satisfaction. It will also help them in cutting time and costs while handling the customer complaints. Thus, we can see the strategic importance of service quality in the hospital industry. As in the studies done over the years suggest about service quality and customer satisfaction pushes the company towards sustainable competitive advantage, we need to understand and measure the difference between the expectation and perception levels of customers. It is the fundamental requirement for the new age health care providers as the patients themselves or the Institutional health service buyers make their decision depending upon the level of satisfaction<sup>[18,10]</sup>. In addition to the effects of increase loyalty and retention of customers, it also helps in compliance with the advice of the physician<sup>[19,20]</sup>. Thus, achievement of satisfaction from the customers in this frequently altering and extremely unpredictable competitive marketplace becomes the first and foremost strategy to differentiate the company from the rest.

**Objectives of the study:** Based on the various issues as discussed, the followings are the objectives framed for the study.

- To assess the various factors influencing customer’s choice towards availing healthcare services at various hospitals
- To map the difference between the expectations and perceptions of people before and after availing the healthcare services at different hospitals
- To identify and analyze the major service quality gaps in public and private hospitals
- To evaluate the overall satisfaction levels of patients towards various hospitals

**Hypotheses:** This study is based on the formulation of the following null hypotheses:

- **H<sub>01</sub>:** There is no significant difference between the expectation and perception scores towards various SERVQUAL parameters amongst the respondents
- **H<sub>02</sub>:** There is no significant difference between the respondents at the public and private hospitals regarding their levels of perceptions and expectations on all variables of the SERVQUAL scale
- **H<sub>03</sub>:** There is no significant difference between the satisfaction levels of the respondents in the public and private hospitals towards the healthcare services

**MATERIALS AND METHODS**

This study has been conducted by taking into account both data and information from the primary and secondary modes. It is an analytical and empirical study based on survey method. The target population considered for the study was those persons belonging to SEC A, B or C as per the new socio-economic grid classified by the MRSI (Market Research Society of India) who had been visiting the hospital. The sampling was based on non-probability purposive method and the sample size is 436. A Seven-point Likert Scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [7 = entirely agree], [6 = mostly agree], [5 = somewhat agree], [4 = neither agree nor disagree], [3 = somewhat disagree], [2 = mostly disagree], [1 = entirely disagree] (Table 1).

The multidimensional SERVQUAL scale has been used in our questionnaire as the instrument for capturing the expectations and perceptions of the target respondents. Since its inception in the 1980s, this scale has been widely applied across various industries, contexts and social settings and found to be quite robust. It is the most dominant scale in the services sector when we discuss about the measuring the service quality from the expectations and

Table 1: SERVQUAL Instrument used for the study

Assurance	Expectations	Perceptions
1	Doctors and staff will be courteous and friendly in the excellent hospitals	Doctors and staff are courteous and friendly
2	Doctors possess a wide spectrum of knowledge in the excellent hospitals	Doctors possess a wide spectrum of knowledge
3	Patients are treated with dignity and respect in the excellent hospitals	Patients are treated with dignity and respect
4	Patients should be explained about their medical condition thoroughly in the excellent hospitals	Patients are explained about their medical condition thoroughly
<b>Empathy</b>		
5	Feedbacks are obtained from patients in the excellent hospitals	Feedback is obtained from patients
6	Services are available round the clock	Services are available round the clock convenient to patients
7	Doctors and staff will have their patients’ best interests at heart in the excellent hospitals	Doctors and staff have patients’ best interests at heart
8	Doctors and staff understand the specific needs of patients in the excellent hospitals	Doctors and staff understand the specific needs of patients
9	Doctors and staff give patients personal attention in the excellent hospitals	Doctors and staff give patients personal attention
10	Doctors and staff deal with patients in a caring fashion in the excellent hospitals	Doctors and staff deal with patients in a caring fashion
<b>Reliability</b>		
11	Services will be provided at the appointed time in the excellent hospitals	Services are provided at the appointed time
12	Services to be carried out right at the first time	Services are carried out right at the first time
13	Doctors and staff should be professional and competent	Doctors and staff are professional and competent
14	Excellent hospitals will insist on system of error-free and fast retrieval of documents	System of error-free and fast retrieval of documents exists
15	There should consistency of charges in the excellent hospitals	There is a consistency of charges
<b>Responsiveness</b>		
16	An excellent hospital provides prompt services	Prompt services are given
17	Doctors and staff are responsive in the excellent hospitals	Doctors and staff are responsive
18	Attitude of doctors and staff will instill confidence in patients in the excellent hospitals	Attitude of doctors and staff instills confidence in patients
19	Waiting time does not exceed one hour in the excellent hospitals	Waiting time does not exceed one hour
<b>Tangibility</b>		
20	An excellent hospital will have up-to-date and well-maintained medical facilities and equipment	The hospital has up-to-date and well-maintained medical facilities and equipment
21	An excellent hospital will have a clean and comfortable environment and with good directional signs	The hospital has a clean and comfortable environment with good directional signs
22	Doctors/staff at the excellent hospitals will be neat in appearance	Doctors and staff are neat in appearance

Specifically developed for the study after detailed analysis of various questionnaire used by other researchers over the years

Table 2: Distribution of samples on the basis of area, gender and age

	Public		Private		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
<b>Area</b>						
Urban	163	75.80	183	82.80	346	79.40
Rural	52	24.20	38	17.20	90	20.60
<b>Gender</b>						
Male	149	69.30	166	75.10	315	72.20
Female	66	30.70	55	24.90	121	27.80
<b>Age (the millennial generation)</b>						
Below 25 Years	20	9.30	19	8.60	39	8.90
Between 25-45 Years	132	61.40	139	62.90	271	62.20
Above 45 Years	63	29.30	63	28.50	126	28.90
<b>Total</b>	<b>215</b>	<b>100.00</b>	<b>221</b>	<b>100.00</b>	<b>436</b>	<b>100.00</b>

Primary data

Table 3: Distribution of samples on the basis of nature of visit and expenses incurred per visit

	Public		Private		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
<b>Nature of visit</b>						
First visit	48	22.30	35	15.80	83	19.00
Repeat Visit	167	77.70	186	84.20	353	81.00
<b>Expenses</b>						
<1000	12	5.60	8	3.60	20	4.60
1000-3000	72	33.50	61	27.60	133	30.50
3001-5000	80	37.20	77	34.80	157	36.00
5001-10000	49	22.80	49	22.20	98	22.50
>10000	2	0.90	26	11.80	28	6.40
<b>Total</b>	<b>215</b>	<b>100.00</b>	<b>221</b>	<b>100.00</b>	<b>436</b>	<b>100.00</b>

Source: Primary data

perceptions levels. Since it is a tried and tested scale, we have decided to use this as our instrument for the research.

**Demographic Profiling of the respondents:** We have conducted total 436 nos. of successful interviews for the study which can be further divided as per the below mentioned demographic profiling (Table 2).

Out of the 436 respondents, almost 80% (i.e., 79.40 to be precise) of people were from the urban areas where as 20.60% of people belonged to interiors. Of the total, 315 (around 72.20%) were males where as the rest 121 (27.80%) were females. Age wise, 62.20% of the total respondents were from the baby boomers generation, (i.e., in between 26-45 years) whereas, around 28.90% of people were in the age group of greatest generation (i.e. above 45 years). Merely 8.90% of the people were in the age bracket of the millennial generation, (i.e., below 25 years.)

Almost 90% of the respondents (i.e. 89.00% to be precise) were married with or without children (including the Widowed/Divorced/Separated mass) followed by 6.40% who were unmarried. Around 4.60% were older couples staying alone. More than half of the respondents (i.e., 52.10% to be precise) were having their literacy rate in graduation and above category followed by 26.60% of people who had qualification up to class 10th. Around 21.30% of people were undergraduates. Monthly household income (MHI) wise, almost 49.50% of the respondents were in the income group of Rs. 40,001/- to 60,000/- only

followed by 31% of respondents in Rs. 20,001/- to 40,000/- only group, 14.50% in more than Rs.60,000/- only and 5% in less than Rs. 20,000/- bracket.

Around 81% of the respondents were paying their repeat visits to the hospitals where as the rest 19% were the first timers. When asked about the average spending per visit to a hospital, around 36% mentioned their expenses in the range of Rs. 3,001/- to 5,000/- only followed by 30.50% of people between Rs. 1,000/- to 3,000/- only, 22.50% between Rs. 5,001/- to 10,000/- only and 4.60 % in less than Rs.1,000/- only category (Table 3).

**Factors Influencing respondents to prefer services in a particular hospital:** When they were asked about the reasons for visiting the particular hospitals,

majority mentioned the quality of healthcare services as the primary influencing factor followed by other reasons such as range of services, costs of treatment, professional advises etc. Comparatively factors such as patient's delight, different payment modes and administrative procedures scored less across both hospital types. If we divide the data sector wise, we can get the difference of attitude of people towards the hospital types. Private sector hospitals were majorly preferred due to higher quality of services where as the public sector hospitals scored more in terms of their affordability (Table 4).

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Table 4: Importance of Factors

Influencing Factors	Level of importance					Total	Mean score		
	Not at all important	Not important	Somewhat not important	Neither important nor not important	Somewhat important			Important	Very important
Quality of services (N)	1	1	3	23	73	151	184	436	6.11
(Percentage) --	(0.23)	(0.23)	(0.69)	(5.28)	(16.74)	(34.63)	(42.20)		
Range of services (N)	0	0	6	22	104	162	142	436	5.94
(Percentage) --	(0.00)	(0.00)	(1.38)	(5.05)	(23.85)	(37.16)	(32.57)		
Cost of treatments (N)	0	0	6	23	70	136	201	436	6.15
(Percentage) --	(0.00)	(0.00)	(1.38)	(5.28)	(16.06)	(31.19)	(46.10)		
Professional advice (N)	1	3	13	32	90	154	143	436	5.85
(Percentage) --	(0.23)	(0.69)	(2.98)	(7.34)	(20.64)	(35.32)	(32.80)		
Hospital image (N)	1	8	9	35	83	124	176	436	5.91
(Percentage) --	(0.23)	(1.83)	(2.06)	(8.03)	(19.04)	(28.44)	(40.37)		
Convenience of access (N)	1	1	5	26	116	136	151	436	5.91
(Percentage) --	(0.23)	(0.23)	(1.15)	(5.96)	(26.61)	(31.19)	(34.63)		
Coverage of health insurance (N)	3	21	18	41	116	127	110	436	5.45
(Percentage) --	(0.69)	(4.82)	(4.13)	(9.40)	(26.61)	(29.13)	(25.23)		
Patient delight (N)	0	7	26	97	176	96	34	436	4.99
(Percentage) --	(0.00)	(1.61)	(5.96)	(22.25)	(40.37)	(22.02)	(7.80)		
Payment modes (N)	2	12	20	50	180	114	58	436	5.22
(Percentage) --	(0.46)	(2.75)	(4.59)	(11.47)	(41.28)	(26.15)	(13.30)		
Administrative procedures (N)	3	19	29	66	182	88	49	436	4.98
(Percentage) --	(0.69)	(4.36)	(6.65)	(15.14)	(41.74)	(20.18)	(11.24)		

Source: Primary data

advises etc. Comparatively factors such as patient's delight, different payment modes and administrative procedures scored less across both hospital types. If we divide the data sector wise, we can get the difference of attitude of people towards the hospital types. Private sector hospitals were majorly preferred due to higher quality of services where as the public sector hospitals scored more in terms of their affordability.

**Service quality gap analysis (the SERVQUAL scale):** As the name suggests, GAP analysis generally refers to the activity of studying the differences between the customer perception and expectation before and after availing the services. In this context, an attempt has been made to assess and compare the levels of service quality provided by the selected public and

private hospitals and to find if there were significant differences between the expected and perceived levels on the various dimensions (Table 5).

The average means scores and subsequent GAP scores between the expectations and perceptions are shown here for all the 5 dimensions and associated 22 statements of the SERVQUAL scale. In general we did not get any negative scores across all the factors which can be inferred as neither the public nor the private hospitals were matching the expectation levels of the patients. Comparing the gap scores between public and private entities, narrower gaps were found for the private hospitals which describe relatively higher perception scores for them. Comparatively the gap scores for the tangibility factor followed by empathy and responsiveness parameters were higher than other aspects of assurance and reliability. Decoding the table

Table 5: GAP analysis scores (overall, public vs private)

SERVQUAL		Overall MS		Public MS		Private MS		Gap scores		
Parameters	Statements	E	P	E	P	E	P	Overall	Public	Private
Assurance Overall E = 6.24 P = 4.93 GAP = 1.30	Courteous and friendly behaviour	6.20	4.81	6.11	4.50	6.28	5.10	1.39	1.61	1.18
	Wide spectrum of knowledge	6.33	5.26	6.36	5.24	6.30	5.29	1.07	1.13	1.01
	Dignity and respect during treatment	6.18	4.81	6.19	4.71	6.17	4.91	1.37	1.48	1.26
	Medical conditions are explained thoroughly	6.24	4.85	6.23	4.71	6.24	4.99	1.39	1.52	1.26
Empathy overall E = 6.12 P = 4.29 GAP = 1.83	Regular feedbacks from the patients	5.91	3.49	5.86	3.14	5.96	3.82	2.43	2.72	2.14
	Availability of services 24x7	6.09	4.08	6.07	3.79	6.10	4.38	2.00	2.29	1.72
	Patients' best interests at heart	6.12	4.60	6.18	4.40	6.05	4.80	1.51	1.78	1.26
	Understanding patient specific needs	6.17	4.57	6.18	4.43	6.17	4.70	1.61	1.75	1.47
	Personal attentions given to the patients	6.21	4.51	6.20	4.40	6.21	4.63	1.69	1.81	1.58
	Dealing with the patients in a caring fashion	6.21	4.49	6.20	4.33	6.22	4.65	1.72	1.87	1.57
Reliability Overall E = 6.13 P = 4.50 GAP = 1.63	Provision of services at the appointed time	6.15	4.32	6.13	4.19	6.17	4.45	1.83	1.95	1.72
	Services are carried out right from beginning	6.15	4.51	6.13	4.36	6.18	4.66	1.64	1.76	1.52
	Professional and competent doctors and staffs	6.22	4.80	6.25	4.71	6.19	4.88	1.42	1.54	1.31
	System of error free and fast retrieval of documents	6.06	4.20	6.04	4.00	6.08	4.39	1.86	2.03	1.69
	Consistency of charges	6.08	4.67	6.07	4.58	6.09	4.76	1.40	1.49	1.32
Responsiveness Overall E = 6.16 P = 4.34 GAP = 1.82	Prompt services	6.21	4.31	6.22	4.12	6.20	4.49	1.90	2.10	1.71
	Responsive nature	6.20	4.40	6.22	4.15	6.17	4.64	1.80	2.07	1.53
	Positive Attitude	6.16	4.44	6.17	4.36	6.14	4.52	1.72	1.81	1.62
Tangibility Overall E = 6.13 P = 4.19 GAP = 1.95	Minimal waiting time	6.09	4.21	6.11	3.96	6.07	4.46	1.87	2.15	1.61
	Up-to-date and well-maintained facilities and equipment	6.32	4.40	6.31	4.14	6.34	4.64	1.93	2.16	1.70
	Clean and comfortable environment	6.15	3.84	6.15	3.27	6.14	4.40	2.31	2.88	1.74
	Doctors and staff are neat in appearance	5.93	4.32	5.84	4.09	6.02	4.54	1.61	1.75	1.48

Source: Primary data (Mean scores of expectations and perceptions)

Table 6: t-test on average opinions of sample respondents towards expectation and perception on SERVQUAL parameters (Overall)

Parameters		Mean	Standard deviation	Standard error mean	t-values
<b>Service quality</b>					
Assurance	Expected score	6.24	0.52	0.02	36.151*
	Perceived score	4.93	0.76	0.04	Empathy
Empathy	Expected score	6.12	0.50	0.02	40.577*
	Perceived score	4.29	0.88	0.04	
Reliability	Expected score	6.13	0.45	0.02	38.532*
	Perceived score	4.50	0.81	0.04	
Responsiveness	Expected score	6.16	0.50	0.02	38.133*
	Perceived score	4.34	0.92	0.04	
Tangibility	Expected score	6.13	0.48	0.02	38.424*
	Perceived score	4.19	0.94	0.05	

N.B: \*Significant at 5% level (p<0.05) for DF: 435, Source: Primary data

Table 7: Satisfaction scores (overall, public vs private)

Range of satisfaction	Overall (436)	Public (215)	Private (221)
Extremely dissatisfied	5.96	9.30	2.71
Very dissatisfied	9.63	12.09	7.24
Somewhat dissatisfied	13.53	15.81	11.31
Neither satisfied nor dissatisfied	19.50	18.60	20.36
Somewhat satisfied	28.67	25.12	32.13
Very satisfied	20.64	17.67	23.53
Extremely satisfied	2.06	1.40	2.71
Mean scores	4.25	3.96	4.53

Source: Primary data (All figures are in Percentage except the mean scores)

further, it was found that there existed higher gaps in terms of obtaining feedbacks, communicating with the patients and their peers, absence of grievance handling procedures, provision clean and comfortable environment, round the clock availability of services, infrastructure and well-maintained equipments, prompt services, longer waiting time to avail the healthcare services etc. which indicated many areas where we need to strengthen the facilities (Table 6).

The calculated t-values shown against all parameters of the SERVQUAL scale, i.e., assurance (36.151), empathy (40.577), reliability (38.532), responsiveness (38.133) and tangibility (38.424) were found to be significant at 5% level (p<0.05). This showed the significant difference between the expectations and perceptions of respondents towards all the parameters of the scale. Therefore, the null hypothesis of (H<sub>01</sub>) was rejected. In consideration of the result, it can be stated that, in general the patients in both public and private hospitals perceived the healthcare services less in comparison to their expectations.

**Overall satisfaction towards the hospitals:** When asked about the overall level of satisfaction towards the particular hospital, around 51.37% (Combined scores of somewhat satisfied, very satisfied and extremely satisfied) of the respondent expressed their satisfaction where as 29.13% (Combined scores of somewhat dissatisfied, very dissatisfied and extremely dissatisfied) expressed their dissatisfaction. Around 19.50% of the people were neither satisfied nor dissatisfied. Sector wise, around 58.37% of people in private where as 44.19% in public hospitals were fairly satisfied. It shows the difference in satisfaction levels between the public and private entities (Table 7).

## RESULTS

**Objective 1:** When the respondents were asked about the various factors that affect their decisions of choosing the hospitals, service quality came up as the prime factor influencing the decisions followed by others like range of the services, cost of treatment, professional advice given by the doctors, image of the hospital, accessibility etc. For factors like administrative procedures, varieties in payment mode etc. lukewarm responses were obtained. Observation between the public and private hospitals revealed that, the comparative score for service quality was higher amongst the people visiting the private sector whereas the cost factor was the major attribute within the people visiting the public hospitals.

**Objective 2:** When the gap scores amongst the people visiting the hospitals were compared, all positive gap scores were found between the expectation and perception levels which can be inferred as neither the public nor the private hospitals were able to match the expectations of the customers visiting there. When significance test was applied to find out the difference of gap scores existing between the expectation and perception scores, the calculated t-value came up against each parameters of the SERVQUAL scale were found to be significant at 5% level of probability (p<0.05), which described the difference between the expectation and perception scores across all parameters of assurance, empathy, reliability, responsiveness and tangibility variables of the SERVQUAL scale.

**Objective 3:** When sector wise comparison was made amongst the people visiting the public and private hospitals, narrower gaps were observed between the

expectation and perception levels at the private hospitals than the public hospitals. When test of significance was applied to find out the difference of opinions of people at public and private hospitals, the calculated t-value against each parameters of the SERVQUAL scale were found to be significant at 5% level probability ( $p < 0.05$ ), which described the difference between the public and private hospitals across all parameters of assurance, empathy, reliability, responsiveness and tangibility variables of the SERVQUAL scale.

**Objective 4:** Comparatively, more respondents were found to be satisfied with the private hospitals than the public hospitals.

- Between the urban and rural people, the urban customers visiting the hospitals were more satisfied than the rural mass
- Gender wise, the male population was more satisfied than the female respondents
- Comparison between various age groups revealed the younger generation (between 18-25 years) people to be better satisfied than the other age groups
- When the marital status was cross tabulated with the satisfaction scores, the married respondents showed better satisfaction scores than the unmarried and older couple staying alone group
- In term of literacy levels, the people in the graduation and above category had higher satisfaction scores
- People in the high income group (HIG) were better satisfied than the people in the other income groups

### CONCLUSION

In the present study, we have made an attempt to assess the perceptions of the patients towards the service quality. To extend the research a step forward, the same study can be conducted in different categories of hospitals or in Tier 2, Tier 3 cities and rural areas of the state. Also, future research can be conducted to examine difference between the perceptions of in-patients and out-patients or across different specialties in the same hospital. Given the ever changing nature of business environment, further research is very essential to develop newer standard instruments to measure service quality as perceived by the customers. For further research, qualitative interviews can be conducted with the respondents for collecting more in-depth details regarding the subject including the open-ended, descriptive and follow-up discussions.

### SUGGESTIONS AND RECOMMENDATIONS

In a hospital, every activity should be patient centric, i.e., every activity; every programme of a hospital should be performed by keeping the welfare of patients in mind. It is very crucial for the doctors and other paramedical staffs to attend the case as a call of duty not as a favour that they are doing. Therefore, the hospitals should make sure that staffs are well trained, able to understand the specific needs of patients and offer services accordingly. Neutral, clear and empathetic dialogues should be employed between the patients/their relatives/attendants and the hospital staffs in order to allow free flow of communication. Even simple gestures like acknowledging them, listening to them patiently, addressing the patients by their names, respectful communications, spending some extra time with them, seating beside them while on ward visits, carrying a smile during the procedure, be up front and showing empathetic behaviour etc. can generate familiarity and confidence amongst the customers.

Both in public and private hospitals, where we have conducted the study, many patients reported their dissatisfaction due to the long waiting hours before availing the healthcare services. Many reasons like unavailability of doctors, absenteeism, delay reporting on duties, unavailability at the working areas, unethical and corrupt practices like claiming bribes for providing various facilities, prescription of non-generic and large quantities of medicines and prescribing unnecessary tests and non-refund policy of high value medicines that causes hindrances in providing the customer a flawless environment to heal. Similarly complains were obtained for the delay and chaos in lab testing areas, overcrowding at the medicine counters, OPD units etc. which can be addressed by implementing stringent administrative measures as well as adaptation of operations management concepts in the hospitals. The idea is to reduce the waiting time for availing the healthcare services which in turn can help in achieving the customer satisfaction.

In hospitals, usually the doctors and other staffs work in hectic schedules, handle emergency situations even in the odd hours. This generates stress and that further translate into their behaviours which causes the unpleasant situation while dealing with the patients and their relatives. In this regard, behavioural-training as well as stress management sessions can be employed for the doctors and staffs to improve upon their soft skills which will further help in improving the behavioural aspects.

The attitude and behaviours of the doctors and other staffs are also directly related to their job satisfactions. In this regard, the hospitals must set up



various measures to improve their recruitment policy, training and retention of physicians, other paramedic staffs. They must follow the minimal staffing ratio for all doctors, nurses and attendants to the patients. Healthy human resource developmental activities like fair-pay systems, unbiased performance appraisal system, adequate training and development initiatives, proper and adequate motivation, appreciation, proper working conditions, fair workloads and shift assignments, can reduce the job strain and thereby retain the good performing staffs for a longer period of time.

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