

Satisfaction level of patients towards the service of Government and Private hospitals in Kerala

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Abstract

Service Quality is measured in terms of variability between expected and Perceived services. It is very difficult to maintain quality and satisfaction in the healthcare sector. The primary function of every hospital is patient care. As patients are the main users, the success of any hospital depends on the quality of services provided by it to its customers or patients. The term quality in the service sector differs from tangible market. The quality of a commodity can be evaluated and expressed in absolute terms, but it is not possible in the case of service sector. Service quality has been defined as “the outcome of an evaluation process where the consumer compares his expectations with the service he has received” or the difference between expected service and perceived service. If the perceived services fall below the expected services customers are disappointed. The customers will get satisfied if their perception is above their expectation. This paper attempts to study the satisfaction level of patients towards the service of Government and Private hospitals in Kerala.

INTRODUCTION

A hospital is a health care institution providing patient treatment. Its quality depends on its facility available and its workforce, The primary function of every hospital is patient care. As patients are the main users, the success of any hospital depends on the quality of services provided by it to its customers or patients. Quality of goods and services is accepted as an important factor that determines the demand of goods and services. Competitive advantage of firms also depends on the quality of its outputs. The term quality in the service sector differs from tangible market. The quality of a commodity can be evaluated and expressed in absolute terms, but it is not possible in the case of service sector. Service quality has been defined as “the outcome of an evaluation process where the consumer compares his expectations with the service he has received” or the difference between expected service and perceived service. Perception is the processes by which we select, organize and interpret information inputs to create a meaningful picture. Customers compare the perceived services with the expected services.

As the hospital has to serve different categories with different expectations, Service quality studies of hospitals are mainly based on the satisfaction of patients or their judgment about service quality. The expectation

regarding the quality of the service may be different to different peoples. Patients form service expectation from many sources such as past experience, word of mouth and advertising etc.

Satisfaction is a person's feelings of pleasure or disappointment that result from comparing a product's perceived performance (or outcome) to expectations. Service quality has been defined as "the outcome of an evaluation process where the consumer compares his expectations with the service he has received" or the difference between expected service and perceived service. Parasuraman, Zeithaml, and Berry (1988) stated that, "Service quality is unique to every services because of its characteristics intangibility, heterogeneity, and inseparability of production and consumption". Services are different from tangible products in terms of how they are produced, consumed, and evaluated. First of all, consumers can judge or experience the quality of tangible goods prior to purchasing those tangible products. However, they are not able to judge the quality of intangible service. Secondly, services, especially those involving high labour are heterogeneous, their performance often varies from producer to producer, from customer to customer, and from day to day (Zeithaml, Parasuraman, & Berry, 1990). Lastly, production and consumption of most services are inseparable (Zeithaml et al., 1990). In other words, quality of service is often seen during service delivery, usually in an interaction between the customer and the provider, rather than being engineered at the manufacturing plant, and delivered intact to the customer (Zeithaml et al., 1990). According to Berry and Parasuraman (1991), "services are dominated by experience qualities, attributes that can be meaningfully evaluated only after purchase and during production- consumption". In addition, customers do not evaluate service quality solely on the outcome of a service. They also consider the process of the service delivered whenever the event is completed (Zeithaml et al., 1990). Perception is the processes by which we select organize and interprets information inputs to create a meaningful picture of the world. Customers compare the perceived services with the expected services. If the perceived services fall below the expected services customers are disappointed. The customers will got satisfied if their perception is above their expectation

Services are intangible and customers are often present during the process. Therefore, physical environment can have an influence on customer perception of service quality (Baker et al., 2002; Parasuraman et al., 1988). Customers' satisfaction is a combination of their cognitive and affective response to service encounters. Service quality is the overall evaluation of a firm's service delivery system.. Customers' assessment of the product/service, its demand, alternative services available in the market and information gathered from others help them to evaluate the product/service in comparison with other products/services. Cognitive evaluation through information search results in customers' affective responses in the form of satisfaction or dissatisfaction. In such an evaluation, if customers' expectations are met with respect to human, technical and tangible aspects of the service, they are more likely to feel satisfied with the product/service.

The dimensions of patient perceived Hospital Service Quality (HSQ) are

- Level of Satisfaction on Nursing care

- Level of Satisfaction on Doctors competence and medical care
- Level of Satisfaction on Supportive services
- Level of Satisfaction on Discharge process and billing System
- Level of Satisfaction on Hospital charges (Cost)
- Level of Satisfaction on Equipments and instruments
- Intensive Care Unit facility
- Pharmacy facility
- Knowledge of the staff Cleanliness and hygiene
- Confidence and support given to me
- Follow up
- Parking facility

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The quality of service in hospital is measured in two dimensions, technical and functional. Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and are currently in use in health-care organisations. Information relating to this is not generally available to the public, and remains within the purview of health-care professionals and administrators. Functional quality relates to the manner of delivery of health-care services.

SCOPE AND IMPORTANCE OF THE STUDY

Hospital business is growing day by day in Kerala. Hospital is generally considered as a service oriented industry. Hospitals in Kerala offers a wide range of services to its customers.

In modern days most of the hospitals are turned into profit oriented ones. In this competitive world competition among hospitals is also increasing. In the era competition main concern is for survival and competition. When the urge for profit increases, quality of services is sacrificed and the patients have to suffer a lot. This type of studies reveals the facts regarding the quality of services offered by different types of hospitals and the awareness level and satisfaction level of patients regarding the services offered by the hospitals.

OBJECTIVES

- 1.) To measure the perception of patients towards the service quality of hospitals in Kerala
- 2.) To examine the experience and the level of satisfaction of patients on the services of hospitals in Kerala.

METHODOLOGY

The study is both descriptive and analytical in nature. It is analytical because the researcher has to use facts or information collected from patients and analyse these to make a critical evaluation of the material. Both primary and secondary data are to be used for the study. The primary data will be collected by using a structured interview schedule distributed to the patients or potential customers of hospitals, while secondary data and literature will be obtained from various books, journals, published and unpublished works and the available medical publications.

SAMPLE DESIGN

Multi stage stratified random sampling method has applied to select the sample. For the purpose of the study, in the first stage the hospitals are classified into government hospitals and private hospitals. Again the Government are classified into Medical Colleges, District General hospitals and Primary Health Centres. Similarly Private hospitals are also classified into Private Medical Colleges and Private Medical Clinics. Finally one hospital each was selected at random from each category and the required number of sample patients has been selected from each type of hospital. Total 550 samples were selected for the study

Analysis and Interpretation

Profile of the Patients

Sl.No.	Category	No. of Repondents	Percentage
1	Age		
	Below 20	96	17.5
	20-30	262	47.6
	31-40	72	13.1
	41-50	96	17.5
	Above 50	24	4.4
2.	Gender		
	Male	240	43.6
	Female	310	56.4
3.	Educational Qualification		
	Upto SSLC	191	34.7
	Diploma	97	17.6
	Graduate	166	30.2

	Post Graduate	48	8.7
	Others	48	8.7
4.	Occupational Status		
	Self Employed	144	26.2
	Govt. Employee	121	22.0
	Private Employees	119	21.6
	Professional	72	13.1
	others	94	17.1
5.	Annual Income		
	Less than 1,00,000	120	21.8
	1,00,000-2,00,000	192	34.9
	2,00,000-3,00,000	215	39.1
	3,00,000-4,00,000	0	0
	Above 5,00,000	23	4.2
6.	Area of Residence		
	Urban	215	39.1
	Semi Urban	168	30.5
	Rural	167	30.4
7.	Nature and Type of Hospitals		
	a. Government/ Public Sector		
	Medical College	120	21.8
	District Hospitals	72	13.1
	Taluk Hospitals	48	8.7
	Primary Health centre	24	4.4
	Others	48	8.7
	b. Private Hospitals		
	Medical Colleges	48	8.7
	Multi Speciality	95	17.3
	Super speciality	95	17.3

Wilks' Lambda

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1	.109	1202.345	13	.000

Functions at Group Centroids

GOVT/PVT	Function
	1
Government/Public Sector	-2.977
Private Sector	2.748

Unstandardized canonical discriminant functions evaluated at group means

Standardized Canonical Discriminant Function Coefficients

	Functions
	1
Level of Satisfaction on Nursing care	.349
Level of Satisfaction on Doctors competence and medical care	.495
Level of Satisfaction on Supportive services	.368
Level of Satisfaction on Discharge process and billing System	.111
Level of Satisfaction on Hospital charges (Cost)	.677
Level of Satisfaction on Equipments and instruments	-.298
Intensive Care Unit facility	-1.866
Pharmacy facility	-.172
Knowledge of the staff	1.890
Cleanliness and hygiene	.697
Confidence and support given to me	.561
Follow up	-2.429
Parking facility	.630

The factors affecting the satisfaction among patients of public and private sector banks were explained by applying multiple discriminant analysis. From the statistics of discriminant analysis, the Wilks Lambda characterised by the chi-square was found significant(Wilks Lambda .109 with chi –square 1202.345, P<0.05). So the model was found valid for interpretation. The output also gave a centroid matrix, where the negative co-efficient belonged to Government sector hospitals and the positive co-efficient to private sector hospitals. From

the standardised canonical discriminant function it was seen that highest negative co-efficient was -2.429, the follow up process and the second highest negative co-efficient was -1.866, Intensive Care Unit facility. But the highest positive co-efficient was 1.890 for knowledge of the staff and second highest positive co-efficient 0.697 for Cleanliness and hygiene. Therefore it could be concluded that in Government sector hospitals follow up process and Intensive care unit facility and in private sector hospitals knowledge of the staff and Cleanliness and hygiene were the critical factors and these factors created more satisfaction among patients in these two hospital sectors

Findings

Major finding are

1. Regarding the age of respondents majority of them belongs to the age group 20-30(47.60%)
2. Majority(56.40%) of the patients were female and the rest(43.60%) are male
- 3.Regarding the educational qualification majority of the respondents have educational qualification upto SSLC(34.70%)
4. Of the selected respondents majority are self employed(26.20%)
5. Majority of the respondents belong to the income group 2,00,000 – 3,00,000(39.10%)
6. Considering the area of residence, majority of the people are from urban area(39.10%)
7. Regarding the nature and type of hospital most people depend on Government Medical College(21.80%)
8. From the discriminant analysis it is inferred that, in Government sector hospitals follow up process and Intensive care unit facility and in private sector hospitals knowledge of the staff and Cleanliness and hygiene were the critical factors and these factors created more satisfaction among patients in these two hospital sectors.

Conclusion.

Health care sector has become vital for the existence of human life, as the living standard changes, people would prefer more quality services. So this industry has to give importance to quality standards so as to maintain its customers. From the study it is clear that majority of the patients are youngsters, i.e in the age group 20-30, and most people depend on government hospitals. The satisfaction levels of the patients are measured from various dimensions. In Government sector Follow up process and Intensive Care Unit facility created more satisfaction whereas knowledge of the staff and cleanliness and hygiene was the factor affecting the satisfaction level in Private sector hospitals. So the hospitals in these two sectors should give importance for these factors so as to improve the satisfaction level of the patients. Hospitals are facing tough competition, so every hospital has to improve its quality from various dimensions so as to withstand in this competitive world.

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