

ASSESSMENT OF SERVICE QUALITY IN MULTISPECIALTY HOSPITALS WITH REFERENCE TO MADURAI

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INTRODUCTION

The growth of the service industry can be attributed to changing lifestyles, changing industrial economies and changing technology. The service sector touches a wide gamut of activities, namely, healthcare, education, welfare, communications, travel, banking, professional services, insurance, advertising, credit rating, information technology and so on. And in spite of the pressure of political, legal, economic, social, technological and competitive forces on this sector, it has grown at an exponential rate. Business and employment opportunities promise to be in plenty in the private sector. Service quality is a comparison of expectations with performance. A business with high service quality will meet customer needs whilst remaining economically competitive. Improved service quality may increase economic competitiveness. This aim may be achieved by understanding and improving operational processes; identifying problems quickly and systematically; establishing valid and reliable service performance measures and measuring customer satisfaction and other performance outcomes.

HEALTH CARE IN INDIA

The Indian health care sector with its highly fragmented hospital and health care systems, suffers from a skewed distribution of hospitals. In Maharashtra, there are 3118 hospitals; Kerala has 2046, whereas Himachal Pradesh has only 62 hospitals. This is primarily due to the difference in the extent of private sector participation in the health care sector. Ninety per cent hospitals are owned by private sectors in states like Andhra Pradesh, Maharashtra, Gujarat, Kerala and Tamil Nadu.

SERVICE QUALITY GAPS

There are seven major gaps in the service quality concept. The model is an extension of Parasuraman et al. (1985). According to the following explanation (ASI Quality Systems, 1992; Curry, 1999; Luk and Layton, 2002)

Gap 1: Customers' expectations versus management perceptions: as a result of the lack of a marketing research orientation, inadequate upward communication and too many layers of management.

Gap 2: Management perceptions versus service specifications: as a result of inadequate commitment to service quality, a perception of unfeasibility, inadequate task standardization and an absence of goal setting.

Gap 3: Service specifications versus service delivery: as a result of role ambiguity and conflict, poor employee-job fit and poor technology-job fit, inappropriate supervisory control systems, lack of perceived control and lack of teamwork.

Gap 4: Service delivery versus external communication: as a result of inadequate horizontal communications and propensity to over-promise.

Gap 5: The discrepancy between customer expectations and their perceptions of the service delivered: as a result of the influences exerted from the customer side and the shortfalls (gaps) on the part of the service provider. In this case, customer expectations are influenced by the extent of personal needs, word of mouth recommendation and past service experiences.

Gap 6: The discrepancy between customer expectations and employees' perceptions: as a result of the differences in the understanding of customer expectations by front-line service providers.

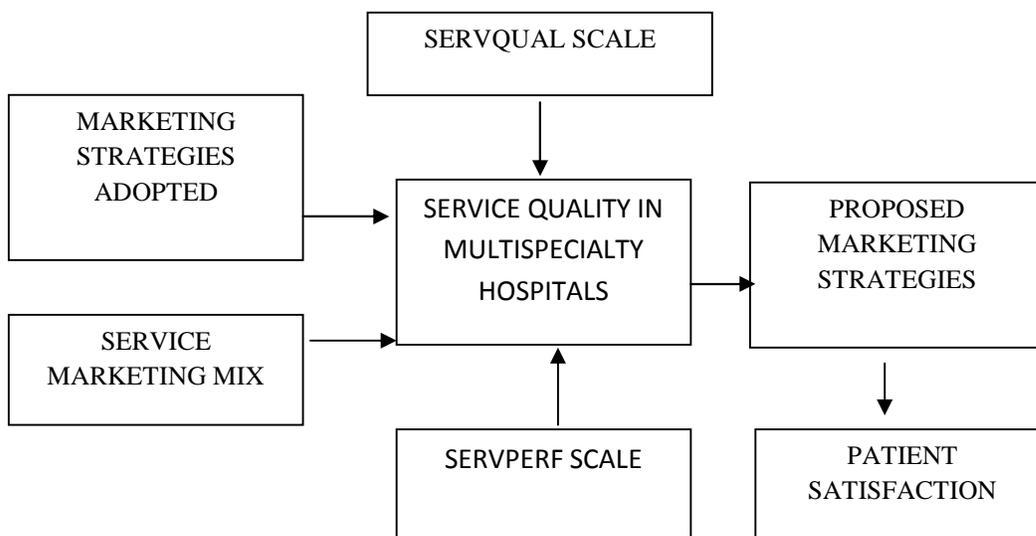
Gap 7: The discrepancy between employee's perceptions and management perceptions: as a result of the differences in the understanding of customer expectations between managers and service providers.

NEED FOR THE STUDY

The consumers in health care industries are highly aware of the facilities at the various hospitals at the nearby cities. Their expectations are also growing at a faster rate. Due to globalization and liberalization, the competition in health care industry is also growing day by day. Hence, the health care management should analyze the needs of their customers consistently. They formulate the marketing strategies which are appropriate to their customer segment. They should enrich their marketing orientation in a continuous manner. The multispecialty hospitals are following these aspects very carefully and capture the market share also. The analysis on the marketing orientation and implementation of marketing strategies by multispecialty hospitals and their impact on the attitude of patients towards hospitals is the need of the era. Hence, this research study has made an attempt to analyze this aspect.

PROPOSED RESEARCH MODEL

Even though there are so many studies related to the service quality in health care units, the satisfaction of the patients in health care industries, comparative study on private and public hospitals, quality management in health care industry and marketing programmes in health care industry, there is only a few studies related to the linkage between the marketing aspect of hospital services and the satisfaction of their patients especially in the Indian health care industry. Hence this study has made an attempt to fulfill the research gap by proposing the following research model:



OBJECTIVES OF THE STUDY

The objectives of this research study are:

- (i) To reveal the profile of the patients in the multispecialty hospitals;
- (ii) To analyze their perception on service quality and services offered by the multispecialty hospitals;
- (iii) To analyze the marketing orientation of the multispecialty hospitals;
- (iv) To examine the impact of marketing orientation of the hospitals on the perception of the patients on the multispecialty hospitals.
- (v) To evaluate the marketing strategies adopted by the multispecialty hospitals;
- (vi) To analyze the impact of marketing strategies on the overall Attitude towards the multispecialty hospitals; and
- (vii) To identify the suitable suggestions to the multispecialty hospital management.

RESEARCH DESIGN

The descriptive research design has been followed in this research study since the study has its own predetermined objectives and methodology to be followed to fulfill the objectives. Apart from this, the present study explains the attitude of the patients towards the health care services and also the perception of the staff on the marketing orientation and the strategies adopted by the health care units.

POPULATION OF THE STUDY

The number of multispecialty hospitals in Madurai, Tamilnadu is the population of the present study. The distribution of multispecialty hospitals in Madurai is presented in the table below:

Sl.No.	Nature of Ownership	Number of Hospitals	Percentage to the Total
1.	Trust	46	24.73
2.	Limited Company	50	26.88
3.	Partnership	42	22.58
4.	Proprietorship	48	25.81
	Total	186	100.00

SAMPLING DESIGN

The sampling procedure followed in this research study is multi-stage random sampling since the samples are selected at three different stages. At the initial stage, all the 186 hospitals have been included for the present study. Hence it is a census study. At the second stage, the patients are selected as the sample of the part of present study. In total, three patients are selected from each hospital purposively for the study. Hence it is the purposive sampling at this stage. The total sample size of patients came to 558. Since the response rate on the interview schedule is 55.37 per cent to the total of 558, the number of sampled patients came to 309. At the third stage, two doctors and two staff (nurses and administrative staff) have been taken as sample from each hospital. These doctors and staff are selected at random. The sampled doctors and staff are 744 (372+372). Since the response rate from the doctors and staff are 32.53 and 72.04 per cent to its respectively, the total sampled staff (doctors and staff) came to 389. At this stage, it is related to random sampling. Hence, the applied sampling procedure of the study is multi-stage sampling (Tripathi, 2005).

COLLECTION OF DATA

The data from patients and staff have been collected with the help of two separate interview schedules. Out of 558 patients from the 186 hospitals, the responded patients are only 309 patients within a period of three months of time. At the same time, out of the 372 doctors and the 372 staff (nurses and administrative staff) in the 186 hospitals, the fully responded doctors and staff are 121 and 268 respectively. Hence, 309 patients and 389 staff have been included for the study.

SUMMARY OF FINDINGS

The important nativity among the patients is urban. The dominant age groups among the patients are 51 to 60 years and above 60 years. The most important age group among the urban and the rural patients are 51 to 60 years. The important gender among the urban and rural patients is male.

The important nature of family among the patients is nuclear family system. The dominant family sizes among the urban and the rural patients are 3 to 4 and 5 to 6 respectively. The important number of earning members per family among the respondents is one. The number of earning members per family is higher among the urban respondents than among the rural respondents.

The level of media exposure is found higher among the urban patients than among the rural patients. Regarding the innovativeness, the important level among the patients is moderate level. The level of innovativeness among

the urban patients is found higher than among the rural patients. The personality trait score is higher among the urban patients than among the rural patients.

The service quality of multispecialty hospitals has been measured with the help of twenty five variables. The highly perceived service quality variables among the urban patients are all services under one roof, service to the expectations of patients and water and basic facilities. Among the rural patients, these are reliability of service, handling of queries and all services under one roof. Regarding the perception on service quality variables among the urban and the rural patients significant difference has been noticed in the perception on knowledgeable staff, well equipped operation theatre, handling of queries, cleanliness of the hospitals, reliability of service, service to the expectations of patients, neatly dressed staff, physician co-operation, prompt service and delivering service to the patients.

The important service quality factors identified by the factor analysis are empathy, responsiveness, reliability, assurance and tangibles. The highly perceived service quality factors among the urban patients are reliability and tangibles whereas among the rural patients, these are also reliability and tangibles. But the rate of perception on these service quality factors is identified as higher among the rural patients. Regarding the perception on service quality factors among the urban and the rural patients significant difference has been noticed in the case of responsiveness, reliability, assurance and tangibles.

The marketing strategies adopted by the multispecialty hospitals have been analyzed with the help six important measures namely medical specialization, financial accommodation, health packages, customer analysis, competitor analysis and promotional measures. The highly viewed variables in medical specialization among the doctors are the existence of departments of cardiology and urology whereas among the staff these, are the existence of the departments of neurology and nephrology. Regarding the view on the implementation of medical specialization, significant differences among the doctors and staff have been noticed in the cases of the existence of surgery, gynecology, neurology, nephrology, urology, and cardiology.

The significantly and positively influencing variables in marketing strategy on the overall attitude towards hospitals are medical specialization, financial accommodation, customer analysis, competitor analysis, and promotional measures. In the case of the big hospitals, these variables are medical specialization, financial accommodation, customer analysis, competitor analysis and promotional measures whereas in the case of small hospitals, these variables are financial accommodation, health packages, customer analysis and promotional measures.

CONCLUSION

This research study concludes that the perception on the service quality of multispecialty hospitals is higher among the rural patients than among the urban patients. The perception on the physician behaviour, supporting staff and atmospherics in multispecialty hospitals are also seen as higher among the rural patients than among the urban patients. It might be due to the expectation of the rural patients which may be lesser than the expectation of the urban patients. The significantly influencing aspects in multispecialty hospitals on the overall attitude towards the hospitals are the attitude of the patients on the overall service quality, physician behaviour and supporting staff behaviour. The multispecialty hospitals are different on the basis of their sizes. The hospitals which understand the needs of the customers from different segments very well are performing in a better manner. Hence, the multispecialty hospitals are advised to do customers and competitors analysis initially and then formulate appropriate marketing strategies to succeed in the market.

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