Patient’s Satisfaction Towards the Quality of Services Offered in Government Hospitals in Western Districts of Tamil Nadu

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Abstract
Service quality and patients satisfaction are important concepts to hospital industry. It is therefore important for hospitals to know how to measure the patient’s satisfaction and more critical of the quality of service they experience. The service quality offered by government hospitals on various dimensions is discussed in this study and how it can be applied in the context of various other hospitals. The data used were gathered from in-patients of government hospitals in the western districts of Tamil Nadu. The purpose of the research was to identify patient’s satisfaction towards various dimensions that influence the quality of service in the government hospitals in the western districts of Tamil Nadu. Using a sample of 286 respondents, a self-completion questionnaire was given to in-patients in government hospitals, to determine their satisfaction of service quality in government hospitals. The results show that patient’s satisfaction is rather low and that there is still a room for government hospitals to improve on their performance.

Keywords – Healthcare Industry; Service quality; patient satisfaction; government hospitals; tangibility; assurance; empathy; responsiveness and reliability.

Introduction
Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauze responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction. The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients. Patient satisfaction depends up on many factors such as Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences.

Patient satisfaction is increasingly considered to be one of the most important factors in the measurement of quality of medical care. Monitoring consumer satisfaction of health care is an important input to improving the quality of health services. Patients' priorities and views on quality care are well-documented in Western countries but there is a dearth of research in this area in developing countries like India.

Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key to gaining and maintaining market share. Patient’s satisfaction regarding medical care organizations like tertiary care hospital is important in the provision of services to patients. So the researcher has made an attempt to measure the service quality in the government
hospitals of western districts of TamilNadu. An empirical investigation was made by the researcher in view of measuring the factors relating to their satisfaction towards the quality of services provided. This study will throw a highlight of getting an insight into the patient’s satisfaction towards government hospitals in the selected areas.

Service Quality in Hospitals
A hospital is an institution of health care providing treatment with specialized staff and equipment, but not always providing for long-term patient stay. Today hospitals are centers of professional health care provided by physicians and nurses. There are several kinds of hospitals. The best-known is the general hospital, which is set up to deal with many kinds of diseases and injuries, and typically has an emergency ward to deal with immediate threats to health and the capacity to dispatch emergency medical services. A general hospital is typically the major health care facility in its region, with a large number of beds for intensive care and long-term care, facilities for surgery and childbirth, bio assay laboratories, and so forth. Larger cities may have many different hospitals of varying sizes and facilities. Hospital services are different and distinct from boarding and grooming services-yet both are easily accessible. Patients just come for diagnosis and/or therapy and then leave (outpatients), but some others stay the nights (inpatients). Putting the patient first is a challenge that requires not just a huge change in the mindset of all the stakeholders in health care provision, but also the means by which to measure the levels of satisfaction of patients, and to discover what matters to them before, during and after their visit to any hospital. Patient quality initiatives, with their softer, experiential focus than clinical audit, with its precise and scientific methods of measurement, demand different measurement techniques.

Customers perceive services in terms of quality of service and how satisfied they are with their overall experience. These customer oriented terms quality and satisfaction have been the focus of attention for executives and researchers alike over the last decade or more. Companies today recognize that they can compete more effectively by distinguishing themselves with respect to service quality and improved customer satisfaction.

Service quality is a critical element of customer perception. In the case of pure services, service quality will be the dominant element in customer’s evaluations. In case, where customer’s service or services are offered in combination with physical product, service quality may also be very critical in determining customer satisfaction.

Literature Review
Khanchitpol Yousapronpaiboon, William C. Johnson(2013) conducted a cross-sectional field study among 400 hospital out-patients in Thailand indicates that SERVQUAL’s five latent dimensions had a significant influence on overall service quality. Responsiveness had the most influence; followed by empathy, tangibles, assurance; and finally reliability. It also demonstrated that service quality can be assessed in diverse service settings such as hospital out-patient departments.

S.Sharmila, Dr.Jayasree Krishnan (2013) studied the patient satisfaction and its determinants, measurement issues and present medical practices among 320 respondents. The result indicated that the quality of services provided results in their repeated visits and increased patient satisfaction.

S.M. Irfan, Aamir Ijaz and M.M. Farooq (2012) investigated the quality of services delivered to patients by public hospitals in Pakistan among 369 respondents with the dimensions, namely, empathy, tangibles, timeliness, responsiveness and assurance. The study indicated that public hospitals are not making visible efforts to deliver quality of services to their patients and meet their needs and wants.

Ramaiah Itumalla (2012) studied on how the hospitals could better manage their services and harness information technologies to enhance their services among 210 patients who availed health services from a private hospital in Hyderabad, India. By using a Consumer Satisfaction Index [CSI] the researcher found that CSI score for service quality in selected hospital is 75.87 out of a possible 100.
Annamalai Solayappan, Dr. Jothi Jayakrishnan, Sethu Velmani (2011) investigated the perception and expectation of patients regarding hospital services by using service quality gap model with 300 in-patients. It is found that there is a huge gap in the hospital services like physical appearance, lack of interest in solving problems and personal care.

Dr Markanday Ahuja Vipin Mitta, Dr. Seema Mehlawat (2011), empirically explored the relationship between hospital quality management and service quality performance for a sample of patients of eye care hospitals in Haryana. It was interesting note that the service being provided were perceived to be better than expectation for the dimensions like reliability, assurance and empathy.

Rajinder Singh (2010) found that consumer satisfaction is important to the hospital because it is generally assumed to have a significant determinant of repeat visit, positive word-of-mouth, and patients’ loyalty. Patients’ perceptions about health services seem to have been largely ignored by health care providers in developing countries. The important reasons to visit government hospitals are fewer charges, geographical proximity, recommended by their friends or relatives. Patients are found to be dissatisfied with the doctors’ checkup.

Statement of the Problem

The hospitals have been established to provide a healthy well-being and alleviate the health issues of the people which are faced today due to several reasons. The hospitals play a vital role in providing prompt services on time being. But contrary to the above statements, the government hospitals are not adhering to the patient’s expected service quality the government hospitals today, do not have adequate facilities and infrastructure to provide timely medical treatment to patients lack (or) poor infrastructure, non-availability of advanced medical facilities, inadequate competent doctors, nurses and employees, poor service quality lack of efficient and effective service are some of the common issues the are mostly talked among the public.

All the study emphasis that service quality measurement can be done on the dimensions like tangibility, assurance, empathy, responsiveness and reliability. The study so far done pertains either to hospitals in aboard or private hospitals where the service quality is perceived to be higher. The researcher has made an attempt to measure the service quality with the existing dimensions in the general hospitals among the in-patients.

Need For the Study

In a fast growth and necessity of hospital services, it becomes vital to know the delivery of services provided by government hospitals like tangibles, reliability, responsiveness, assurance and empathy. These service dimensions are prime for any service industry especially the hospital sector. This study helps the hospital industry in understanding their position.

Majority of people are from rural background and they are not having enough education on proper health, hygiene and sanitations. Since these people are from poor economic background, they solely depend on the government hospitals for their treatments. The common man believes that the government hospitals are providing low quality service to the patients. This factor made the researcher to study the patient’s satisfaction towards the service quality offered by government hospitals in the western districts of Tamilnadu.

Objectives of the Study

- To study the patients’ satisfaction towards the quality of service offered in government hospitals in western districts of Tamilnadu.
- To find out the relationship between perceived quality of services and patient satisfaction.
Methodology Adopted

The researcher has chosen the quantitative approach with the intention of testing some aspects and dimensions of service quality that are most relevant to the government hospital service. A single cross-sectional design was adopted with a goal to look in some characteristics of the government hospital service and make assumptions and inferences about them.

The study was carried in 6 districts namely Karur, Erode, Trippur, Coimbatore, Salem and Namakkal of TamilNadu. A multistage sampling method was used. In determining the sample size, the number of beds in every hospital was considered to constitute the population size (N= 3568). The sample size was estimated to be 346. respondents were estimated using the proportionate sampling technique. Due to time constraints and non-responsive nature of the respondents, the sample was decreased to 286 respondents and for this purpose the researcher has adopted convenience sampling method. Data was collected through interview schedule. The collected data was analysed using percentage analysis, factor analysis and multiple regressions.

Analysis & Findings

Demographic profile

The sample is almost divided into half with female respondents of 49% and male respondents of 51%. The age parameter counted 36.01% falling under the age group of 40-60 followed by 31.12% between 20 and 40 age group. In terms of educational qualification, 65% respondents have completed their upper primary and 35% have completed their primary education. 32.5 % of the respondents belong to worker category and 32.2 % of the respondents are either self-employed or jobless. 35 % of the respondent have income more than Rs.5000 followed by 30% of the respondent with the income range of Rs.2001-3000.

Service Quality Dimensions in Hospital

To find the dimensions of service quality the items are factor analyzed using principle component extraction with a Varimix rotation. The researcher rotated the components 29 times to get the significant variables under five factors namely Tangibility, Reliability, Responsiveness, Assurance and Empathy. The Kaiser-Meyer-Olkin (KMO) measures of sampling adequacy in the study is 0.764.
Extraction Method: Principal Component Analysis.

The Eigen values for factor 1, 2, 3, 4 and 5 are 5.267, 1.684, 1.489, 1.432, and 1.303. Percentage of variance for factors 1, 2, 3, 4 and 5 are 18.162, 5.806, 5.136, 4.936, and 4.493 respectively. It indicates that five factors are extracted from 29 factors which have cumulative percentage up to 68.553% of the total variance.

<table>
<thead>
<tr>
<th>Component</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of convenience</td>
<td>.621</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting place for op</td>
<td>.546</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ct scan, mri scan, ultra sound</td>
<td>.542</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In patient’s room cleanliness</td>
<td>.481</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedspread &amp; pillow cleanliness</td>
<td>.432</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward working system</td>
<td></td>
<td>.731</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food quality</td>
<td></td>
<td>.623</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors and workers availability</td>
<td></td>
<td>.490</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood bank operating system</td>
<td></td>
<td>.478</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of enough medicine</td>
<td></td>
<td>.449</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood group availability in blood bank</td>
<td></td>
<td>.442</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case history of patients given</td>
<td></td>
<td></td>
<td>.732</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine quality</td>
<td></td>
<td></td>
<td>.589</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psyche section treatment</td>
<td></td>
<td></td>
<td></td>
<td>.540</td>
<td></td>
</tr>
</tbody>
</table>

Rotated Component Matrix
Variables like convenience, waiting place for outpatients, Lab facilities for CT scan, MRI & ultrasound, In-patients room and bed cleanliness are highly correlated with each other and they are grouped in the factor ‘Tangibility’ (Factor 1). The variables ward system functioning, quality of food, availability of doctors and workers, availability of blood banks, requirement of specific bloods on time and availability of timely medicines are highly correlated with each other and they are classified under ‘Reliability’ (Factor 2). Quality of treatment given, treatment provided in various other sections, nurse attention towards patients, quality of medicine supplied and presentation of case history are highly related to each other and are grouped under ‘Responsiveness’ (Factor 3). Consultation with doctor’s, diagnosing and information given to patients about diseases, attention paid to every individual and services provided by siddha section are highly related with each other and classified under ‘Empathy’ (Factor 4). The variables patient’s safety and security, patient’s satisfaction towards workers and hearing & solving patient’s problem are related to each other and grouped under ‘Assurance’ (Factor 5).

**Relationship between Patient’s Satisfaction & Service Quality Dimensions**

The dependent variable (criterion) for regression analysis was the overall patient’s satisfaction and as independent variables (predictors) were each of the above said service quality dimensions. Because of the fact that each dimension has varied items, a mean was computed for each of the dimensions and this mean was used in each test. The names adopted for these means were Tangibles, Reliability, Responsiveness, Assurance, and Empathy. Also, this analysis was based on the answers of perceptions since the research interest revolves around the real experience. The hypotheses are presented above are in parallel with the tables, so as to base the arguments of whether they are supported or not:

| Quality of treatment provided by doctor | .537 |
| Nurse service towards patients | .445 |
| Doctor’s consultancy | .621 |
| Information about disease to patients | .509 |
| Sidda section treatment | .496 |
| Patients individual attention | .464 |
| Patient’s safety & security | .553 |
| Patients satisfaction towards workers | .459 |
| Problem solving strategies | .416 |

Extraction method: Principal Component Analysis.
Rotation method: Varimax with Kaiser normalization.
A. Rotation converged in 18 iterations.

The R square of variance in the dependent variable (patient’s satisfaction) could be explained by the independent variables (Tangibility, Reliability, Responsiveness, Assurance and Empathy). The R-square of .402 shows a correlation between the variables.
## Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>-.330</td>
<td>.252</td>
<td>-1.307</td>
</tr>
<tr>
<td>Tangibility</td>
<td>.430</td>
<td>.095</td>
<td>.285</td>
<td>4.549</td>
</tr>
<tr>
<td>Reliability</td>
<td>.200</td>
<td>.102</td>
<td>.126</td>
<td>1.957</td>
</tr>
<tr>
<td>Assurance</td>
<td>.256</td>
<td>.069</td>
<td>.204</td>
<td>3.697</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>.129</td>
<td>.061</td>
<td>.111</td>
<td>2.108</td>
</tr>
<tr>
<td>Empathy</td>
<td>.216</td>
<td>.105</td>
<td>.126</td>
<td>2.057</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Service Quality of the hospital

From the analysis, the results of the R-square value (0.402) show good correlation between the patient’s satisfaction and service quality dimensions (Tangibles, Reliability, Assurance, Responsiveness, Empathy).

The six dimension’s Beta value (Tangibles=0.430, Reliability=0.200, Assurance=0.256, Responsiveness=0.129, Empathy=0.216), shows a positive correlation between the patients satisfaction and service quality dimensions. Tangibility and assurance is statistically significant at the 1% significance level, and reliability, responsiveness and empathy is statistically significant at the 5% significance level. Since the significance value also supports the hypotheses, it is concluded that there is a significant relationship between patient’s satisfaction and the service quality dimensions (Tangibles, Reliability, Assurance Responsiveness, Empathy). From the multiple regression analysis we form the following regression equation.

Patient’s satisfaction (y) = -0.330 + 0.430 * Tangibility + 0.200 * Reliability + 0.256 * Assurance + 0.129 * Responsiveness + 0.216 * Empathy

### SUMMARY & CONCLUSION

The government hospital is performing good but still it need to focus on certain areas which increases satisfaction level of patients and maintaining good relationship with the patients at all levels. Dissatiﬁcations arise when expectations are not met. Alternatively, a survey on patients' satisfaction should be done every three months to know the changing needs of the patients. It is also good for the hospital to know their drawbacks. Government hospitals should develop modern operation theatre and the doctor should spend more time with patients.

The expectations of the patients are found to be higher in all aspects. It is more important for the superintendent to consider the fact and take necessary actions to improve the overall service to get satisfied patients. Since almost all the hospitals are under government control, the government has to make an initiative in achieving the patient’s satisfaction. Since cleanliness is the most priority in hospitals the government could take more initiative by appointing an officer for premises maintenance. Inspection should be carried out by the concern authority on a regular basis. The ward working system of the hospital is considered to be the most difficult task since proper information about the relevant ward is not provided on timely basis. So, a centralisation system can be maintained to get information on the working system of ward for overcoming the difficulties. Some of the patients feel that the nurse interaction towards patients is indifferent. The orientation classes or interaction classes can be conducted to motivate the nurses to practice a good interaction with patients. Availability of doctor’s and their consultancy in many government hospitals is considered to be less. Appointing new and dedicated doctors can be done to provide a special care.
All in consideration, the government hospital should focus on all the dimensions of service quality. Efforts to improve these dimensions can improve performance, which in turn will lead to higher service quality and patients satisfaction. Hospital superintendent should, therefore, regularly measure service quality to acknowledge patients’ satisfaction and hence make necessary adjustments in performance.

The analysis or the empirical results showed that patients’ satisfaction and the service quality is most important for hospital industry. The result also shows that there is a significant difference between patients’ satisfaction and the service quality dimensions. So the patient’s satisfaction of government hospital on service quality is an important in the competitive scenario. The study also reveals that the service quality is influenced by the various nature of the patients. Even one percentage of increase in quality service increases the satisfied patient’s percent.

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