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AN EMPIRICAL STUDY OF SERVICE QUALITY IN MEENAKSHI MISSION HOSPITAL AND RESEARCH CENTER, MADURAI

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Abstract:

Service Quality is the one among the major hard core concept in marketing of services. Hospital Marketing is an important sector where service quality aims to full fill the expectation level of services to the patients. This paper focuses to study the satisfaction of the patients towards the services offered by the Meenakshi Mission Hospital and Research Centre, Madurai. This descriptive study of nature since it explains about the nature of the situation prevailing. Primary data were collected from the one hundred and fifty patients on the basis of convenience sampling technique. Data were collected from the respondents through a well structured questionnaire. In this study the researcher has incorporated descriptive statistics, chi-square tests and gap score analysis. The findings of this research are designed in such a way that it focuses on understanding the expectations of the respondents, assessment of service quality offered to the respondents and completely focuses on service quality dimensions and to find out which dimension has high and low importance in Meenakshi Mission Hospital and Research Centre. The Outcome of the research study tries to suggest the ways to improve their services towards patients.

KEYWORDS:

Customer Satisfaction, Customer Expectations, SERVQUAL, Service Delivery.

INTRODUCTION

The Health Care Industry is one of the most prominent industries have been the service sector. In this fast world the number of hospital and techniques of service rendered by them are growing and changing rapidly. Irrespective of the pricing factors the customers pay more attention on “Quality” and “Service” rendered by the health care organizations. Quality is an elusive and indistinct construct. Often mistaken for imprecise adjectives like “Goodness, or luxury, or weight”, quality and its requirements are not easily articulated by consumers. The goals for health systems, according to the World Health Organization are good health, responsiveness to the expectations of the population, and fair financial contribution. Progress towards them depends on how systems carry out four vital functions. The provisions of health care services, resource generation, financing, and other dimensions for the evaluation of health care system include quality, efficiency, acceptability, and equity.

The Rapid Emergence of many chronic diseases, which require costly long-term care and treatment, is making many health managers and policy makers re-examine their health care delivery practices. An important health issue facing the world currently is HIV/AIDS. Another major public concern is diabetes. In 2006, According to the World Health Organization, at least 17 million people worldwide suffered from diabetes. Its incidence is increasing rapidly, and it is estimated that by the year 2030, this number will double.

The Rate of growth of The Health Care Industry in India is moving ahead neck with the

pharmaceutical industry and the country much has been said and done in the health care sector for bringing about improvement. Till date, approximately 12 % of the scope offered by The Health Care Industry in India has been tapped. The Health Care Industry in India is reckoned to be the engine of the economy in the year to come. The Health Care Industry in India is worth \$ 17 billion and is anticipated to grow by 13% every year. Expenses incurred by the Indian government on health are the highest amongst developing countries. An Indian expense on the health care sector comprises 5.25% of the GDP. Chances are that the health care market could experience a leak and attain a figure ranging between \$ 53 to \$ 73 billion five year from now. This in turn will reflect an increase in the gross domestic product to 6.2% GDP. The Health Care Industry in India earns revenues accounted for 5.2% of gross domestic product.

1.1 MEENAKSHI MISSION HOSPITAL AND RESEARCH CENTER (MMHRC)

Meenakshi Mission Hospital and Research Center (MMHRC), which extends its service from the temple city of Madurai, which is managed by the S.R. Trust. MMHRC, which initially started off with barely 50 beds in 1990, has over 21 years turned into a 700-bed multi-specialty premiere hospital where patients visit the hospital with the lot of hope and confidence of getting cured.

1.2 NEED OF THE STUDY:

This Research Study to identify the service quality of the Meenakshi Mission Hospital and Research Centre by which the hospital can further improve its performance and gain high reputation among the patients by achieving extreme customer satisfaction. Also This Research Study identifies the various important customer service attributes and make necessary changes in the Customer services offered by the Meenakshi Mission Hospital and Research Centre. Finally, The Outcome of this This Research Study helps to identify and offer additional value added services according to the expectations of the patients.

1.3 OBJECTIVES OF THE STUDY:

- To analyze the demographic characteristics of the patients and its influence on the service quality perceived.
- To access the gap between the perceived and expected service quality among the Patients.
- To identify the determinants of patient satisfaction in Meenakshi Mission Hospital

1.4 SCOPE OF THE STUDY

This Research is applicable to all Multi Speciality Hospitals offering same health care services to similar type of audience. As Meenakshi Mission Hospital and Research Center, Madurai mainly targets all categories of patients predominantly targeting rural based patients and the findings of the study is also focused to go through the various insights in a similar way. In this study the researcher has tried to assess the patient point of view to refer the performance of the service provider. The discussions and suggestion in the rest of the research also focuses majorly on factors influencing service quality and its implication. This study also gives room for further research to extend the study of service quality and satisfaction and more.

2. REVIEWS OF LITERATURE

Quality service has become a most important research study with its significant relationship to Costs Crosby, P.B. (1979), profitability Rust, R.T. & Zahorik, A.J. (1993), Customer Satisfaction (Bolton, R.N. & Drew, J.H. (1991); Boulding, W., Kalra, A. Staelin, R. & Zeithaml, V.A. (1993), Customer Retention (Reichheld, F.F. & Sasser, W.E. Jr (1990), and Service Guarantee (Kandampully, J & Butler, L (2001). Quality service has also become recognized as a driver of corporate marketing and financial performance. Buttle, F. (1996)

Service quality directly or indirectly affects customer satisfaction. A popular definition of service quality proposed by Berry, L.L., Parasuraman, A. & Zeithaml, V.A. (1988), is 'conformance to customer specifications'—that is, it is the customer's definition of quality that matters, not that of management. Evans, J.R. & Lindsay, W.M. (1999), proposed a view that customer satisfaction results from the provision of goods and services that meet or exceed customer wants and needs. Although it is widely acknowledged that there is a need for quality indicators of patient satisfaction with medical care, very little research in this area exists (Berman-Brown, R. & Bell, L. (1998).

Several tools have been developed for measurement of patients' perceptions and expectations.

These Tools vary in terms of definition, content, and measurement (Uzun, Ozge (2001), but the SERVQUAL instrument developed by Parasuraman, Zeithaml and Berry in 1988, remains the most widely used to: (i) Determine the relative importance of the five dimensions of tangibility, reliability, responsiveness, assurance, and empathy in influencing customer perceptions; and (ii) track quality trends over time. The SERVQUAL instrument has been empirically evaluated in the hospital environment, and has been shown to be a reliable and valid instrument in that setting (Babakus, E. & Mangold, W.G. (1992). Other studies of health care quality measurement (Canel, C. & Fletcher, E.A.A. (2001) ; Lam, S.S.K. (1997) had also used the SERVQUAL method of analysis. (Berman-Brown, R. & Bell, L. (1998) outlined a patient-centered audit that has been recognized as the first instrument to firmly establish the views of patients. However, as later acknowledged by the authors, even this measure is no more than an adaptation of the SERVQUAL framework (Parasuraman, Zeithaml and Berry 1988, 1991).

The SERVQUAL instrument has been extensively adopted in various industries, and its validity and reliability have been confirmed. Scardina, S. (1994); Arikan, Y.S. (1999) for example, reported that SERVQUAL was superior in validity and reliability for evaluating patient satisfaction in medical care. However, caution should be exercised, and adaptations must be within the stated guidelines to ensure that the integrity of the instrument is maintained.

3. RESEARCH METHODOLOGY

Research Design adopted for this study is “Descriptive Research”. It surveys and fact-finding Enquiries of different kinds. The major purpose of descriptive research is a description of the state of affairs as it exists at present. The population is indefinite and hence Convenience Sampling Method” will be adopted for selecting samples from the indefinite one. Primary Data has been collected through face to face interview and filling the questionnaire from the customers of Meenakshi Mission Hospital and Research Centre. The researcher has developed seven point scale to measure the level of expectation and perceived service quality of the patient's. Tools applied for analysis were descriptive study, chi-square tests, gap score analysis by applying SERVQUAL instrument.

4. ANALYSIS AND INTERPRETATION

4.1 DESCRIPTIVE STATISTICS

4.1.1 Age wise classification of the patients

Age wise classification	Frequency	Percent
Less than 20 years	10	6.7
Between 21 years to 30 years	42	28.0
Between 31 years to 40 years	47	31.3
Between 41 years to 50 years	19	12.7
Greater than 50 years	32	21.3
Total	150	100.0

Source: Primary data

Inference:-

From the above table 4.1.2, it is inferred that out of 150 samples collected, 31.3% Majority of the respondents belonging to the age group of 31 to 40, 28% of the respondents belongs to the age group of 21 to 30, 21.3% of the respondents belongs to the age group of greater than 50 years, 12.7% of the respondents belongs to the age group of 41 to 50 and the remaining 6.7% percentage of the respondents belongs to the age group of 20 years.

4.1.2 Education Level of the Patients

Education Level	Frequency	Percent
U.G	40	26.7
P.G	29	19.3
Diploma	14	9.3
Higher secondary	30	20.0
Below 10 th	37	24.7

4.1.4 Level of Education of the Patients

Source: Primary data

Inference

From the above table 4.1.4 it is inferred that out of 150 samples collected, 26.7% majority of the respondents' education level belongs to Under Graduation (UG) category, 24.7% of the respondent's education level belongs to below 10th Std Category, 26.7% majority of the respondents' education level belongs to Under Graduation (UG) category, 20 % of the respondents' education level belongs to Higher Secondary level category, 19.3% of the respondents' education level belongs to Post Graduation (PG) category and the remaining 9.3% percentage of the respondents belongs to Diploma Category.

4.1.3 Occupation of the respondent

Occupation	Frequency	Percent
Business	62	41.3
Professional	31	20.7
Student	31	20.7
Housewife	26	17.3
Total	150	100.0

4.1.5 Occupation of the respondent

Source: Primary data

Inference:-

From the above table 4.1.5 it is inferred that out of 150 samples collected, 41.3% majority of the respondent's occupation belongs to Business category, 20.7% of the respondent's occupation are belong to both professional and student categories, and the remaining 17.3% of the respondent's occupation belong to Housewife category.

4.1.4 Monthly family income of the respondent

Monthly Family Income	Frequency	Percent
Less than 10,000	42	27.3
Rs. 10,001 to Rs. 25000	28	20.3
Rs. 25,001 to Rs.50,000	33	21.3
Rs. 50,001 to Rs. 75000	37	24.4
Greater than Rs. 75000	10	6.7
Total	150	100.0

4.1.6 Monthly Family Income of the respondent

Source: Primary data

Inference:-

From the above table 4.1.6 it is inferred that out of 150 samples collected, 27.3% majority of the respondents belongs to the income group of Less than Rs.10, 000, 24.4% of the respondents belongs to the income group of between Rs.50, 001 to 75,000 , 21.3% of the respondents belongs to the income group of between Rs.25, 001 to 50,000 , 20.3% of the respondents belongs to the income group of between Rs.10, 001 to 25,000 , and the remaining 6.7% of the respondents are belongs to the income group of more than Rs.75, 000.

4.1.5 Referral to hospital by the patients

Referral to Hospital	Frequency	Percent
Family doctor referral	40	26.7
Friends	50	33.3
Relatives	46	30.7
Advertisement	14	9.3
Total	150	100.0

4.1.7 Referral to hospital to the patients

Source: Primary data

Inference:-

From the above table 4.1.7 it is inferred that out of 150 samples collected, 33.3% majority of the respondents hospital referrals is given through the friends, 30.7% of respondents hospital referrals is given through the relatives, 26.7% of respondents hospital referrals are given through the relatives, and the remaining 9.3% of respondents hospital referrals is given through the advertisement.

4.2 Reliability statistics for the Expectation and Perception

4.2.1 Reliability for Expectation

Cronbach's Alpha	N of Items
.804	24

4.2.1 Reliability for Expectation

4.3.2 Reliability for Perception

Cronbach's Alpha	N of Items
.933	24

4.2.2 Reliability for Perception

Inference:-

From the above table 4.2.1 and 4.2.2 it is inferred that the reliability statistics for expectation is 0.804 and the perception is 0.933. This shows that the data collected are reliable and the findings can be applied for the improvement of the services.

4.3 Cross tabulation and Chi-Square Test

4.4.1 Cross tabulation between the Age wise classifications of the patients with treatment undergone in this hospital

H0: There is no significant difference between Age and treatment undergone in this Hospital

H1: There is a significant difference between Age and treatment undergone in this Hospital

Age group	General Medicine	Andrology and Urology	Diabetology	E.N.T	Nephrology	Neurology	Gynaecology	Orthopaedics	Ophthalmology	Total
< 20 yrs	3	0	0	2	0	0	1	0	4	10
21yrs to 30 yrs	17	0	2	9	0	0	1	4	9	42
31yrs to 40 yrs	14	2	7	9	1	6	1	4	3	47
41 yrs to 50 yrs	9	0	4	1	0	3	0	1	1	19
> 50 yrs	8	1	8	2	0	2	1	7	3	32
Total	51	3	21	23	1	11	4	16	20	150

4.4.1 Cross tabulation between the patients undergone treatment and age wise classification

Chi-square

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	45.831 ^a	32	.054
Likelihood Ratio	50.971	32	.018
Linear-by-Linear Association	.106	1	.744
N of Valid Cases	150		

Inference:-

The above table 4.2.1 shows that the chi-square value is 0.054. Here the value is greater than 0.05. Therefore the H_0 is accepted. Hence there is no significant difference between age and treatment undergone in this hospital.

4.4.2 Cross tabulation between the age wise and income wise classification of the respondents

H_0 : There is no significant difference between age and income wise classification patients

H_1 : There is a significant difference between age and income wise classification of the patients

Education Level	Monthly family income					Total
	<Rs.10,000	Rs. 10,001 – Rs. 25000	Rs. 25,001 – Rs.50,000	Rs. 50,001 – Rs. 75000	> Rs. 75000	
U.G	15	9	10	5	1	40
P.G	3	9	6	5	6	29
Diploma	4	2	5	3	0	14
HSC	4	8	6	9	3	30
Below 10 th	9	7	8	13	0	37
Total	35	35	35	35	10	150

4.4.2 Cross tabulation between the age wise and income wise classification**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	28.709 ^a	16	.026
Likelihood Ratio	29.536	16	.021
Linear-by-Linear Association	2.173	1	.140
N of Valid Cases	150		

Inference

The above table 4.4.2 shows that the chi-square value is 0.026. Here the value is less than 0.05. Therefore the H_0 is rejected. Hence there is a significant difference between the age wise and income wise classification

4.4.3 Service Gap Score:**Step1: Designing SERVQUAL Instrument**

Perceptions		Expectations		Gap Score
Tangibles	P	Tangibles	E	P-E
MMHRC have up to date Equipment	6.2	Ideal Hospitals have modern Equipment	4.7	1.5
MMHRC physical installations are visually attractive	5.1	The physical installations should be visually attractive	4.9	0.2
MMHRC employees are well dressed and clean	4.9	The employees should be well dressed and clean	4.9	0
The appearance of MMHRC physical installations is conserved according to the service offered	5.0	The appearance of hospital installations should be conserved according to the service offered	4.9	0.1
Total	21.2		19.4	1.8
Average Gap Score [Total of E-P/4]				0.45
Reliability	P	Reliability	E	P-E
When MMHRC promise to do something in a certain time they really does it	4.9	When these hospitals promise to do something in a certain time they must do it	4.9	0
When you have any problem with MMHRC it is solidary and makes you feel secure	4.8	When the patient have any problems the latter must be solidary and make them feel secure	4.8	0
MMHRC can be trusted	4.8	These hospitals should be of confidence	4.4	0.4
MMHRC provided the service at the time promised	5.3	They should provide the service in time promised	4.4	0.9
MMHRC keeps its records correctly	5.1	They should keep their records correctly	4.4	0.7
Total	24.9		22.9	
Average Gap Score [Total of E-P/5]				0.40
Responsibility	P	Responsibility	E	P-E
MMHRC does not inform exactly when services will be executed.	4.9	It should be expected that they inform patients exactly when the services are to be executed.	4.2	0.7
You do not receive immediate services form MHRC employees	4.5	It is not reasonable to expect the immediate availability of hospital employees	4.6	-0.1
MMHRC employees are not always available to help Patients	4.6	Hospital employees do not need to be always available to help clients.	4.7	-0.1
MMHRC employees are always too busy to respond	4.8	It is normal for them to be too busy to readily respond to requests	4.3	0.5
Total	18.8		17.8	
Average Gap Score [Total of E-P/4]				0.25
Assurance	P	Assurance	E	P-E
You can believe MMHRC employees	4.7	Patients should be able to believe in the Hospital employees	4.3	0.4
You feel secure negotiating with MMHRC employees.	4.4	Patients should be able to feel safe in negotiating with Hospital employees.	4.4	0
MMHRC employees are polite	4.6	The employees should be polite	4.6	0
MMHRC employees do not obtain adequate support from the hospitals to perform their tasks correctly.	4.7	The employees should obtain adequate support from the hospitals to perform their tasks correctly	4.3	0.4
Total	18.4		17.6	
Average Gap Score[Total of E -P/4]				0.20

Empathy	P	Empathy	E	P-E
MMHRC does not pay individual's attention to you.	4.8	It should not be expected for hospitals to pay individual attention to patients.	4.4	0.4
MMHRC employees do not give personal attention to you	4.7	It should be expected for the employees to give personalized attention to patients.	4.7	0
MMHRC employees do not know their needs	4.7	It is absurd to expect the employees to know the patient needs	4.1	0.6
MMHRC does not have your best interest as its objective.	4.9	It is absurd to expect these hospitals to have the patient's best interest as their objective.	4.2	0.7
MMHRC does not have convenient working hours for all patients.	4.7	It should not be expected for the working hours to be convenient for all patients.	4.6	0.1
MMHRC give enough treatment for their patients	4.4	It gives enough treatment for patients	4.4	0
The treatment of MMHRC is in good quality	4.8	The treatment of hospitals has good quality	4.7	0.1
Total	33		31.1	
Average Gap Score[Total of E-P/7]				0.27

4.4.3 Service Gap Score:

Step1: Designing SERVQUAL Instrument

Step2: Calculation of Service Gap score

Scores for five different categories as calculated in step1 is averaged to compute the Service Gap score is given below:

Sl.No	Categories	Gap Scores
1	Average score for Tangibles	0.45
2	Average score for Reliability	0.40
3	Average score for Responsiveness	0.25
4	Average score for Assurance	0.20
5	Average score for Empathy	0.27
Total		1.57
Average (Total/5) un-weighted score		0.314

Inference:

From the above 4.4 table it is inferred that the service gap score for the Meenakshi Mission Hospital and Research Centre in Madurai city shows the lowest service gap in “Assurance” and “Responsiveness” dimension and little bigger service gap is occurring in the “Tangibles” and “Reliability” dimension.

5. FINDINGS AND DISCUSSIONS

The researcher by applying descriptive statistics determined the demographic profile of 150 samples determined, the majority of the respondents are in male (106) and the rest of them are female respondents (44) in this research study. It is observed that the descriptive statistics determined the demographic profile of 150 samples determined, the majority of the respondents 31.3% belongs to the age group of 31 to 40, 28% respondents have belonged to the age group of 21 to 30 and the remaining percentage of the respondents belongs to the age group of others. From the research it is understood that the demographic profile of 150 samples determined, the majority of the respondents 26.7% belongs to the Under Graduate, 24.7% belongs to the Post Graduate and the remaining percentage of the respondents

belongs to the educational qualification of others. The Majority of the respondents, 41.3% belongs to the Own Business category and 20.7% are belongs to the professionals and student and the remaining respondents belong to the other categories.

By applying the descriptive statistics, 27.3% majority of the respondents belongs to the income group of Less than 10,000, 20.3% of the respondents belongs to the income group of Rs 10,001 to 25,000 , 6.7% of the respondents belong to the income group of more than 75,000.

It is very clear that the majority of respondents 33.3% belongs to the referral by friends, 30.7% respondents belong to the referral by Relatives and the remaining percentage of the respondents belongs to the others. By applying the chi-square statistics there is no significant difference between age and treatment undergone in this hospital. By applying the chi-square statistics there is no significant difference between gender and Referral to the hospital. By applying the service gap score analysis for the Meenakshi Mission Hospital and Research Centre in Madurai city, it shows that lowest service gap in “Assurance” and “Responsiveness” dimension and little bigger service gap is occurring in the “Tangibles” and “Reliability” dimension.

6. SUGGESTIONS

- It is suggested to improve the patient's satisfaction level through providing more amenities to the patients, then the only number of patients are referred to Meenakshi Mission Hospital and Research Centre.
- It is suggested to reduce the waiting hours of the patients.
- It is suggested to reduce the price of the food in the canteen because the price fixed for food in the canteen is comparatively higher regarding to the quality of the food served.
- It is suggested to provide separate room patient cardiology department. The ward secretary shall give periodical advise to the patient and patient attenders regarding the procedure followed in a hospital.
- As the researcher has found that the cash counter is crowded and it gets delayed there, it is Suggested to have additional counters in order to pay faster.

7. CONCLUSION

This Research Project explained the service quality of Meenakshi Mission Hospital and Research Centre in Madurai city, Tamil Nadu, which enabled the researcher to accomplish its objectives, by thoroughly analyzing and identifying the service gap of Meenakshi Mission Hospital and Research Centre strengths and weaknesses of various service covers among the patients of various places. The Outcome of the study has proven that the service quality of the Meenakshi Mission Hospital and Research Centre strengths and Patient satisfaction towards the MMHRC. The Hospital has a higher reputation among the patients. Finally It is concluded that the Hospital could initiate various steps based on the recommendations given in this report. The Hospital by adopting some of the recommendations, if not they need to further improve its service quality .

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