PATIENTS' PERSPECTIVE ABOUT HEALTH CARE SERVICE QUALITY IN PRIVATE HOSPITALS IN PUNJAB

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ABSTRACT

Defining and measuring the quality of service has been a major confront in healthcare industry. With recent progresses in healthcare, quality has become an opposite issue. Quality of service has been discovered to be the key factor in search for sustainable competitive benefit, differentiation and excellence in the service sector. So it is very important for the healthcare stakeholders to pay heed on quality attributes.

Keeping in mind the above observations, the present study was designed and conducted to determine the service quality the private hospitals of Punjab. This study was conducted on primary as well as secondary sources. In this paper the SERVQUAL instrument was used to check the quality of service provided by the hospitals. The SERVQUAL questionnaire was used to assess the patients' expectations and perceptions of service quality that included 34 items across 5 dimensions: tangibility (8 items), reliability (5 items), responsiveness (9 items), assurance (5 items) and empathy (7 items). The Sampling unit of the study was limited to 100 bedded private hospitals in Punjab. The inclusion criteria comprised of adult patients aged 18 years and above who stayed at least 24 hours in the hospital. About 400 in-patients were interviewed using this structured questionnaire.

The results also illustrated that patients' expectations had not been met with the observed dimensions. The result also showed that there was no relationship between age and patients' satisfaction. This paper also provides insights into the specific factors of the quality of hospital services that need to be dealt with to meet the needs of patients. This would provide organization with knowledge to concentrate on probable deficits and improve the level of service quality in the private hospitals.

Keywords: service quality, private hospitals, SERVQUAL, patient satisfaction.

INTRODUCTION:

Today's era is called the "Era of Consumers". In today's cut-throat competition the consumer is considered as the king. Many policies of different organizations are aimed to keep the consumer happy and satisfied. It is very important for every organization to keep its consumers satisfied in order to maintain its competitiveness in the market. This does not only help the organization to maintain their shares in the market, it also even helps it to increase the size of its share. It might also be very helpful in increasing the overall market size. Consumers when considered at the macro level exhibit similar traits. But when we take a closer look and come down to the micro level, we find that the consumers are different as compared to one another on one aspect or another based on a variety of attributes (Kotler, 2003).

Patients are a hospital's lifeblood and as a customer, they expect a high standard of customer service throughout the stay. Now consumers are well informed, more sophisticated and more demanding than in the past, therefore experts yield consent that the key to survival in the service industry today, almost without exception, is the quality of the service. The foundation of the service industry is without any doubt the ability to deliver superior service quality that result in customer satisfaction. (Kumar Reena, 2003)

Success of a Hospital depends upon taking care of patients' expectations, perceptions, and verdict on the quality of services. Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience. Patients' perceptions about healthcare systems seem to have been largely ignored by health care managers in developing countries (Aldana et al, 2001). Identifying the needs and expectations of patients is a significant step in providing high quality services. With today's consumers being better informed, more sophisticated and more demanding than in the past, experts agree that the key to survival in the service industry today, almost without exception, is the quality of the service

A service is an intangible product involving a deed, a performance or an effort that cannot be physically possessed (Berry, 1990). Services are a form of product that consist of activities, benefits, or satisfactions offered for sale that are intangible and do not result in ownership of anything (Kotler and Armstrong, 2004, page 276). Services are bought on the basis of promises of satisfaction (Dibb et. al., 2001). Promises with the images and appearances of symbols, help consumers make judgments about tangible and intangible products.

Service quality is defined as customers' perception of how well a service meets or exceeds their expectations (Zeithaml et. al., 1990). Service quality is judged by customers not by organization. Therefore service marketers are forced to examine their quality from customers' viewpoint. Thus it is important for service organizations to ascertain what customers expect and then develop service products which meet or exceed their expectations.

Dimensions of Service Quality:

Parasuraman et al. (1985, 1988, and 1990) commenced a series of research projects which gave birth to the service quality model "SERVQUAL". Initially, the model was based on 10 dimensions of service quality – later reduced to 5 dimensions, encompassing:

- Tangibles (physical facilities, equipment and appearance of personnel
- Reliability (ability to perform the services accurately and dependably
- Responsiveness (willingness to help customers and provide prompt services
- Assurance (providers' knowledge, courtesy and ability to convey trust and confidence
- Empathy (caring and individualized attention given to customers, which includes both access to and understanding of the customers

REVIEW OF LITERATURE:

Jenkinson et al (2002) studied the various aspects of healthcare which influence satisfaction with care and recommend hospital services to others and to study the level to which satisfaction is a meaningful indicator of patient experience of healthcare services. The analysis of 2249 questionnaires was done. Almost 90% of respondents indicated that they were satisfied with the care. They found that age and overall self-assessed health were weakly associated with satisfaction.

A multiple linear regression explained that the major facts for patient satisfaction were physical comfort, emotional support, and respect for patient preferences. This seems to suggest that satisfaction with patient care and willingness to recommend a medical facility does not mean that all aspects of that care were successfully delivered.

Sedat et al (2007) focused on the study to measure the Patients' Expectations, based on Patient's Rights. Analysis was done between age, gender, education, health insurance, and the income of the family and patient's expectations. For this purpose, they collected data from 396 patients from the different parts of the city. It was recommended by the them that the educational and public awareness studies on the patients' rights must be done in order to increase the expectations of the patients. They observed that Patient Expectation Levels are less than "required Expectation Level". Legal regulations have higher standards than Patient Expectation. It is thought that high satisfaction levels are due to low Expectation Levels and this does not show the high quality of health service.

Alfansi and Atmaja (2008) studied the dimensions of service failures in the hospital industry in four cities in Bengkulu province, Southwest Sumatra, Indonesia. The questionnaires which were distributed in the survey was 300 and 300 questionnaires were returned and analyzed. The result of the analysis reveals that service failure constructs can be segmented into six dimensions like Medical reliability errors, Physical evidences errors, Poor information, Medical treatment mistakes, expensive service, and poor Complaint handlings. This study signaled that hospital patients can be segmented into three segments, like demanding segment, complainer segment, and salient patient segment. They recommended for the hospital to study patient complaint behaviour and tailor its recovery strategy to match the need of patients.

Mortazavi et al (2009) intended this research to establish whether there was a relationship between patient satisfaction and loyalty to the service organizations. A total of 240 patients in four private hospitals were included to fill a survey questionnaire. The study used six explicit satisfaction dimensions, including nursing care, operating room, admission and managerial service, meal, cost and patient room to recommend its hypotheses. This research showed that those patients who are more satisfied with their service experiences had a constructive inclination toward their hospital and performs loyally accordingly. This finding harmonized with attitudinal loyalty which reflects emotional dependency to a product or a service. Therefore, such emotional dependency offers an opportunity to construct and capitalize on the positive reflection of hospital. The effect of this research showed that patient satisfaction of nursing services perceived to be the most significant among six specific-satisfaction dimensions under examination.

Manimaran et al (2010) found the highest service gap in reliability which indicates that the patients are expecting reliable records for their expenses and error free records. The next highest service gap is on responsiveness which shows that patients wants to know about their treatment details brief and effective. By the way of providing responsible data and details about the patients treatment history may reduce the service gap certainly. There is a gap in the Patients expectations and perceptions for hospital's personnel and doctors responsiveness for their job. Patients expect that doctors and personnel must be courteous and ready to answer for their treatment related queries. Patients' expectations and perceptions shows a service gap which reveals there is no empathy on patients. The patients expect individual attention and their need should be considered and resolved immediately.

Ali et al (2010) found that age, education, the time of the last visit and the facilities used did not have a measurable relationship with the respondents' loyalty to the private hospitals in Yemen. The main objective of the study was to provide to the decision-makers of government and private sector insights about patient perceptions of the quality of services and potential patient loyalty to private hospitals. Eight hundred and nineteen respondents, who were admitted for at least 1 day in a private hospital, were evaluated. They found that tangibility and responsiveness have lesser role in the patients' loyalty and willingness to go back to the same facility. Empathy and assurance, which mainly represent interpersonal communication, had strong influence on patient's willingness to come back to the hospital. Their study found gender, reliability, assurance, empathy and cost as key determinants for potential patient's loyalty in private hospitals in Yemen.

RESEARCH METHODOLOGY:

This study was conducted on primary as well as secondary sources. In this paper the SERVQUAL instrument was used to check the quality of service provided by the hospitals. The SERVQUAL questionnaire was used to assess the patients' expectations and perceptions of service quality that included 34 items across 5 dimensions: tangibility (8 items), reliability (5 items), responsiveness (9 items), assurance (5 items) and empathy (7 items). The Sampling unit of the study was limited to 100 bedded private hospitals in Punjab. The inclusion criteria comprised of adult patients aged 18 years and above who stayed at least 24 hours in the hospital. About 400 in-patients were interviewed using this structured questionnaire.

OBJECTIVES:

1. To study the patients' expectations & perception about hospitals services
2. To find out the source of information about the hospitals to the patients
3. To study the effect of demographic factors on patients' satisfaction

A Descriptive research was conducted for this study. Secondary sources were first explored to obtain insights into the literature regarding service quality in hospitals. The next stage involved gathering information directly from actual and potential users of hospitals i.e. in-patients. This was accomplished through an in-depth nature of questionnaire toward identification of the factors explaining patients' satisfaction with hospital services from in-patients chosen conveniently from a population. The SERVQUAL questionnaire was used to assess the patients' expectations and perceptions of service quality that included 34 items across 5 dimensions: tangibility (8 items), reliability (5 items), responsiveness (9 items), assurance (5 items) and empathy (7 items). The Sampling unit of the study was limited to 100 bedded private hospitals in Punjab. The inclusion criteria comprised of adult patients aged 18 years and above who was hospitalized at least 24 hours. 400 in-patients were interviewed using this structured questionnaire. The study was conducted in Punjab comprising districts namely Mohali, Amritsar, Ludhiana, Bathinda & Jalandhar. These districts were chosen for primary research because the important and popular hospitals of Punjab are situated mainly in these districts.

DATA ANALYSIS:

The respondents of this study were 400 people, of whom 47.5% were male and 52.5% were female. The majority of these respondents were middle or old aged people: 8.5 % for the 18-25 years of age group, 21% for the group 25-35 years of age, 30 % were between 35-45 years of age and 40.5% above 45 years of age. In addition, they were educated people, 12.5% of them were below Matric, and 16% were higher secondary, 39.5% graduate, 25% for the post graduate and 3% for the doctorate degree. They were working in different fields, ranging from professional people to housewife, 9.79% and businessman 2.13%. Concerning the annual income group, 16% respondents were having no income, 9% were earning below 3 lakh, 48% were receiving between 3-5 lakh and 22.5% respondents' income was above 5 lakh.

To study the patients' expectations & perception about hospitals services:

From the table 1, mean score and standard deviation for overall expectation were found to be 4.5910 and 0.15796 respectively and for overall perception mean score and standard deviation were 4.1569 and 0.38201 respectively.

From the data calculated using the paired-sample t-test in table 2 on the overall expectation and overall perception of service quality, it can be accomplished that there is a statistically significant difference in overall expectation and overall perception.

To find out the source of information about the hospitals to the patients:

Respondents to the questionnaire were asked for the source of information about the hospital. The choices available were doctor referral, word of mouth, advertisements, and internet.

Source of information for the patients:
From the table 3, it is inferred that 50% respondents got information about the hospital from their doctors, while 65 % patients got the information about the hospital from word of mouth from their family, relatives and friends. 13.20% got the information from advertisement and 5%searched the hospital on the internet. The majority of the respondents told that their source of information about the hospital was word of mouth from relatives and friends and doctor referral.

Reason to select the hospital by the patients:
From the table 4, it is concluded that 32% of the respondents selected the hospital because of their own experience, 43.2% selected the hospital because of doctor's advice, 19.20% chose the hospital due to insurance policy, and 52.5% visited the hospital because of the advice of their family/friends. Only 8% of respondents were influenced by the advertisements, 5% visited the hospital due to lower price, 12% went to hospital as it was convenient to reach and 19% visited the hospital in emergency. The majority of the respondents selected the hospital because of the advice from the family/friends and doctor.

To study the effect of demographic factors on patients' satisfaction:
In this section, the effect of demographic factors (age, gender, education level, and income group) was tested on patients' satisfaction. T-test and ANOVA test were used to determine the association between the factors.
Table 5 showed the mean scores of satisfaction according to age groups of inpatients under study. Mean score of satisfaction for age group 18-25 was found to be highest (4.0941) and for inpatients above 45 years of age was lowest (3.9728).
ANOVA testing was used to determine if there is a relationship between the age of the patients and the level of satisfaction for the private hospitals under study. The significance of the resulting model was examined under the associated ANOVA output presented in Table 6. The model had F-value (3, 196) = 1.014 and the p-value were 0.386 (more than 0.05). This meant that the hypothesis was not statistically significant at $\alpha = 0.05$ level in explaining that there is no relationship between the age group and patient satisfaction for the private hospitals under study.
From the table 7, mean score and standard deviation for male inpatients in private hospitals under study were found to be 4.0632 and 0.37517 respectively and for female inpatients mean score and standard deviation were 3.9467 and 0.49283 respectively.
An independent T-test was conducted to determine if there is a significance difference in the patient satisfaction on the basis of gender for private hospitals under study. The significance of the resulting model was examined under the t-test output presented in Table 8. Findings showed there was a significant difference in the scores for males (M=4.0632, SD=.37517) and females (M=3.9467, SD=.49283) conditions; t (398) = 2.89, p = 0.009 (less than 0.05). Therefore these results suggested that there was a significance difference in the patient satisfaction on the basis of gender in the private hospitals under study.
Table 9 showed the mean scores of satisfaction according to educational qualification of inpatients for the private hospitals under study. Mean score of satisfaction for graduates was found to be highest (4.038) and for postgraduates was lowest (3.92).
ANOVA testing was used to determine if there is a difference in the patient satisfaction on the basis on educational qualification for the private hospitals under study. The significance of the resulting model was examined under the associated ANOVA output presented in Table 10. The model had F-value (4, 395) = 1.223 and the p-value were 0.301 (more than 0.05). This meant that the hypothesis was statistically significant at $\alpha = 0.05$ level in explaining that there is no significance difference in patient satisfaction on the basis of educational qualification in private hospitals.
Table 11 showed the mean scores of satisfaction according to income groups of inpatients for the private hospitals under study. Mean score of satisfaction for inpatients having income less than 3 lakh was found to be highest (4.2111) and for inpatients having no income was found to be lowest (3.92).
ANOVA testing was used to determine if there is a relationship between the income groups of the patients and the level of satisfaction for private hospitals under study. The significance of the resulting

model was examined under the associated ANOVA output presented in Table 12. The model had F-value (3, 396) = 3.436 and the p-value were 0.017. This meant that the hypothesis was not statistically significant at $\alpha = 0.05$ level in explaining there is a significant difference between the income groups of the patients and patient satisfaction

CONCLUSION:

In present circumstances where the hospital is renowned as a social institute and patient is the only reason for its existence, the hospital must endeavor for patient oriented services. The result of the study reveals that there is a service gap in overall expectation-perception scores. Considering the significant gap between patients' expectations and perceptions of quality of service in private hospitals, which may be due to the nature of services, timeliness of care, different characteristics of patients and amenities and behaviour of the personnel, it comes into view that hospital management may gain from identification of patients' expectations and perceptions to develop an suitable and comprehensive strategy for improvement of hospital procedures and satisfaction of patients' needs in the present and future, despite the limitation in resources. The result also showed that there was no relationship between age, education qualification and patients' satisfaction but there is a significance difference on the satisfaction on the basis of gender and income group.

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TABLES

Table1: Overall Expectation and Overall Perception score for private hospitals

	Mean	N	Std. Deviation	Std. Error Mean
Overall Expectation	4.5910	400	0.15796	0.00790
Overall Perception	4.1569	400	0.38201	0.01910

Table 2: Paired t-test For Overall Expectation and Overall Perception for private hospitals

	Paired differences					t	Df	Sig.(2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Overall Expectation-Overall Perception	.43417	.38296	.01915	.39653	.47181	22.674	399	.000

Table 3: Source of Information

A.	Doctor Referral	50.2%
B.	Word of mouth (Family & friends)	65%
C.	Advertisement in a magazine, News Paper, TV, radio	13.2%
D.	Internet (hospital website, social website)	5%

Figure 1: Percentage Distribution of the Respondents about Source of Information

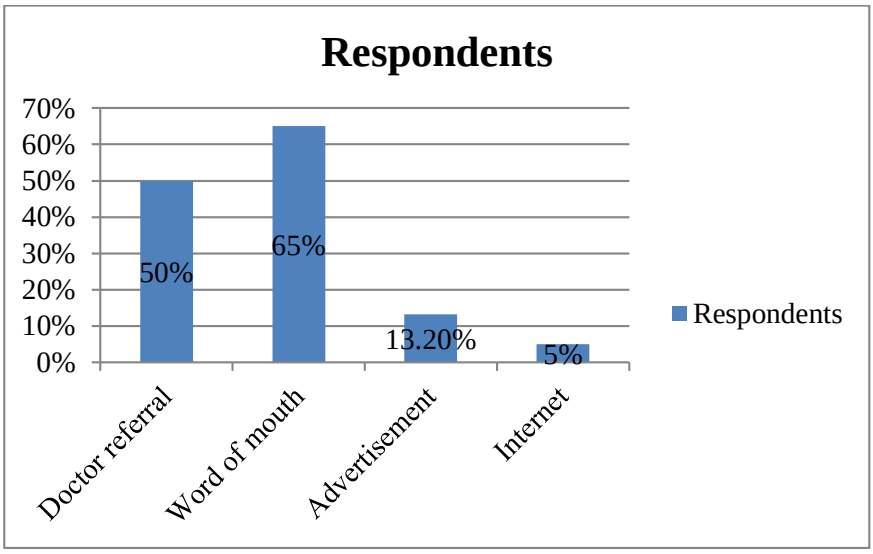

Table 4: Reason to select the hospital

A.	Own Experience	32%
B.	Doctor Advice/Reference	43.2%
C.	Your Insurance Policy	19.2%
D.	Advice from Family/ Friends	52.5%
E.	Advertisement in a Magazine, News Paper, TV, Radio	8.2%
F.	Lower Price/ package	5%
G.	Convenient to reach	11.5%
H.	In Emergency	19%

Figure 2: Percentage Distribution of the Respondents' Reason to select the hospital

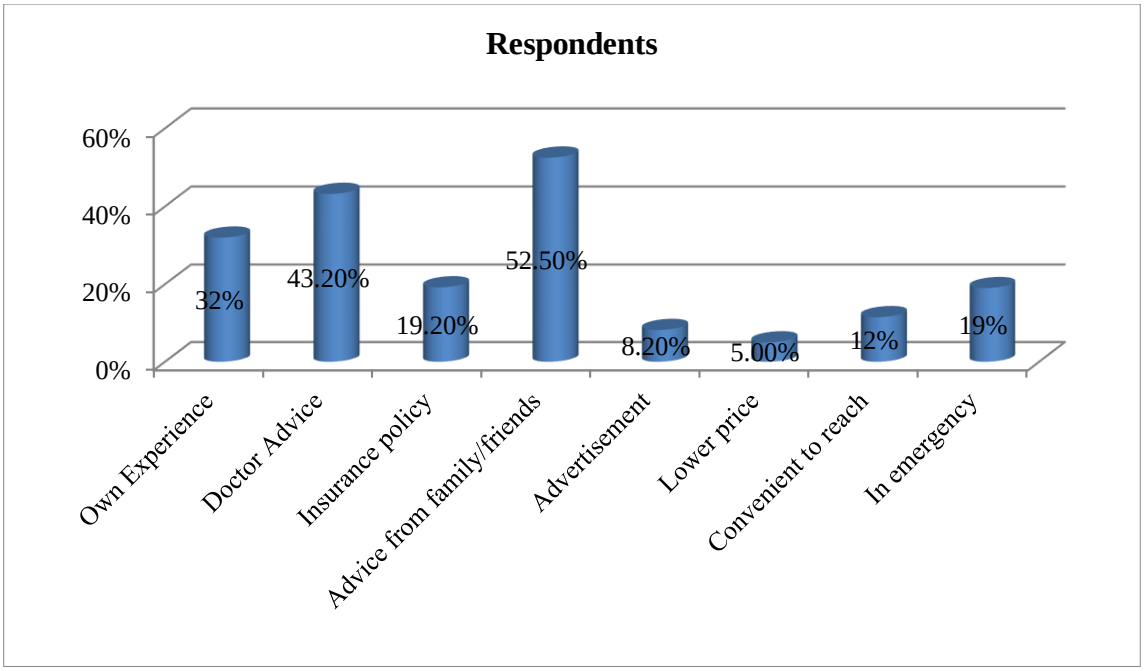

Table 5: Statistics by age group for the private hospitals

Age groups	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
18-25	34	4.0941	.36923	.06332	3.9653	4.2229	3.00	4.60
25-35	84	3.9762	.55224	.06025	3.8563	4.0960	2.00	4.80
35-45	120	4.0333	.39521	.03608	3.9619	4.1048	3.00	4.80
Above 45	162	3.9728	.42965	.03376	3.9062	4.0395	3.00	4.80
Total	**400**	**4.0020**	**.44417**	**.02221**	**3.9583**	**4.0457**	**2.00**	**4.80**

Table 6: ANOVA by age group for the private hospitals

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.600	3	.200	1.014	.386
Within Groups	78.118	396	.197		
Total	**78.718**	**399**			

Table 7: Statistics by gender for the private hospitals

Gender	N	Mean	Std. Deviation	Std. Error Mean
Male	190	4.0632	.37517	.02722
Female	210	3.9467	.49283	.03401

Table 8: t-test by gender for private hospitals

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	6.116	.014	2.639	398	.009	.11649	.04414	.02971	.20328
Equal variances not assumed			2.674	386.936	.008	.11649	.04356	.03085	.20213

Table 9: Statistics by Educational Qualification for the private hospitals

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Matric	50	4.0320	.51644	.07304	3.8852	4.1788	3.20	4.80
Higher Secondary	80	4.0200	.39949	.04466	3.9311	4.1089	3.00	4.60
Graduate	158	4.0380	.41510	.03302	3.9727	4.1032	2.00	4.80
Post graduate	100	3.9200	.49727	.04973	3.8213	4.0187	2.20	4.60
Doctorate	12	3.9667	.22293	.06435	3.8250	4.1083	3.60	4.20
Total	**400**	**4.0020**	**.44417**	**.02221**	**3.9583**	**4.0457**	**2.00**	**4.80**

Table 10: ANOVA by educational qualification for the private hospitals

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.963	4	.241	1.223	.301
Within Groups	77.756	395	.197		
Total	**78.718**	**399**			

Table 11: Statistics by income groups for the private hospitals

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
No	87	3.9350	.44865	.05016	3.8352	4.0348	3.00	4.60
Below 3 Lakh	36	4.2111	.34124	.05687	4.0957	4.3266	3.60	4.80
3-5 Lakh	194	3.9856	.45639	.03277	3.9209	4.0502	2.00	4.80
Above 5 Lakh	83	4.0133	.43115	.04545	3.9230	4.1036	3.00	4.80
Total	**400**	**4.0020**	**.44417**	**.02221**	**3.9583**	**4.0457**	**2.00**	**4.80**

Table 12: ANOVA by income group for the private hospitals

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.997	3	.666	3.436	.017
Within Groups	76.721	396	.194		
Total	**78.718**	**399**			

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