



PATIENTS PERCEPTION AND EXPECTATION ON HOSPITAL SERVICE QUALITY FACTORS IN KANNIYAKUMARI DISTRICT – AN EMPIRICAL ANALYSIS

T. Christhu Rani¹ and Dr. S. Nadarajan²

¹Ph.D Scholar (Regular) St.Jude's College Thoothoor, Kanniyakumari district, Tamil Nadu.

²Associate Professor & Head, St.Jude's College Thoothoor, Kanniyakumari District, Tamil Nadu.
(Affiliated to Manonmanian Sundaranar University, Abishekapatti, Tirunelveli, Tamil Nadu India).

ABSTRACT :

The purpose of the study is to analyse the patients perception and expectation on hospital service quality factors. The sample respondents are selected from the patients of Kanniyakumari district. There are thirty four variables were identified of which seven variables were identified as significant variables. The significantly associating profile variables with the level of perception on the Health Service Quality factors are infrastructure, quality of man power, processing time, procedure and regulation, social responsibility, clinical of care, safety. The highly perceived and expected profile variables are family income, personal income, spouse level of education.



KEYWORDS : Patients Perception ; Patients expectation. Hospital Service Quality Factors.

INTRODUCTION

Quality is a multidimensional concept and contains different views in the literature. The health care services are divided into two major dimensions of quality, named as technical and functional service quality. Technical quality links to what customers acquire while functional quality links to how customers acquire it. The quality which is perceived and considered as subjective view is reflected as more expressive type of quality as the patients can directly judge it. During the healthcare service progression, functional quality is more frequently formed and sensed by the patients. It is considered as more significant variable which manipulate the perceptions of patients regarding to the quality of services.

STATEMENT OF THE PROBLEM

Health care institutions need to go beyond a medical view and embrace a holistic social approach to health care. Patients' perceptions of health care quality is critical to health care organizations' success because of its influence on satisfaction and hospital profitability. Perceived health care quality, significantly, affects patients' behaviours such as loyalty and word of mouth. Patients' expectations are assumed to play a role in the process by which an outcome can be said to be satisfactory or unsatisfactory. Expectations have an important influence on the patients' overall satisfaction with a health care experience. Patient satisfaction is influenced by the degree to which care fulfils expectations.

OBJECTIVES OF THE STUDY

The main objective of this study is to analyse the perception and expectation on Hospital service quality factors (HSQF).

METHODOLOGY

The present study is mainly based on primary data. The primary data have been collected with the help of pre-structured interview schedule. A pilot study was conducted among 30 patients in public and 30 patients in private sector hospitals at Nagercoil town. Based on their feed back, the addition, deletion and stratification were carried out to prepare the final interview schedule. The number of public and private hospitals in the district are 46 and 324 respectively. The sample size of the study is determined with the help

of the formula of $n = \left[\frac{Z\sigma}{D} \right]^2$ whereas n- sample size; z-statistics at five per cent level – 1.96; σ -standard deviation of patient satisfaction at pilot study; and D-Degree of error acceptance. In the present study, the standard deviation of patient satisfaction at public and private hospitals are 0.4894 and 0.4591 respectively. The determined sample size of patients came to 368 and 324 respectively.

TOOLS OF ANALYSIS

The 't' has been administered to find out the significant difference among the private and public sector hospitals regarding various aspects related to the service qualities in hospitals.

The 'F' statistics has been administered to study the association between profile of patients and level of perception on health service quality factors.

Patients Perception on HSQF

The levels of perception on the HSQF in the hospitals have been examined by the levels of perception on all the seven important HSQ factors among the patients. The score of each factor in HSQ is derived by the mean score of the variables in it. The mean scores of all the seven HSQ factors in the private and public hospitals have been computed separately. The 't' test has been applied to test the significant difference among the two group of hospitals, regarding their level of perception on its HSQFs. Is given in table1.1

TABLE 1.1
Perception on HSQF at the Hospitals

Sl.No.	HSQF	Mean score among patients in		t – statistics
		Private	Public	
1.	Infrastructure	3.5125	2.7380	3.1078*
2.	Quality of manpower	3.6841	2.5164	3.8962*
3.	Processing time	3.6288	2.8149	3.0388*
4.	Procedure and Regulation	3.5410	2.6923	3.2667*
5.	Social responsibility	3.6067	2.7375	2.6891*
6.	Clinical care	2.8091	3.5483	-2.2359*
7.	Safety	3.7351	2.5424	4.0776*

*Significant at five per cent level.

Table 1..1 illustrates the mean score of the seven HSQFs and its 't' statistics. The highly perceived HSQ factors in the private hospitals are 'quality of manpower' and 'safety indicators' since their mean scores are 3.6841 and 3.7351 respectively. In the public hospitals, these are 'social responsibility' and 'process of clinical care' since their mean scores are 2.7375 and 3.5483 respectively. Regarding the level of perception

on the HSQ factors, the significant difference among the private and public hospitals have been noticed in all the seven factors since their respective 't' statistics are significant at five per cent level.

Association between the Profile of Patients and their Perception on HSQF

Since the profile of the patients may be associated with their levels of perception on HSQFs, the present study has made an attempt to examine it with the help of One Way Analysis of Variance. The included profile variables are thirteen. The result of One Way ANOVA is given in Table 1.2.

TABLE 1.2
Association between Profile of Patients and Level of Perception on HSQFs

Sl. No.	Profile variables	F statistics in						
		Infrastructure	Quality of manpower	Processing time	Procedure and Regulation	Social responsibility	Clinical care	Safety
1.	Nativity	3.0547	3.2568	4.1177*	2.9608	2.5344	3.0441	2.9867
2.	Age	2.9084*	2.7861*	2.0211	1.9611	1.8444	2.0339	2.6518*
3.	Gender	3.0911	3.4014	3.0667	3.1884	3.0214	2.3664	2.5384
4.	Level of education	2.9544*	2.8717*	2.9986*	2.1142	1.9096	2.0862	1.7664
5.	Occupation	2.5818*	2.8161*	2.0881	1.4546	2.6667*	2.6887*	1.9619
6.	Marital status	2.1733	2.0667	1.8343	2.5241	2.7867*	2.9193*	1.6066
7.	Spouses' level of education	2.9588*	2.1076	2.8902*	3.0891*	2.7086*	2.0445	2.9281*
8.	Personal income per month	2.8881*	2.9091*	2.9661*	3.3144*	3.2896*	2.9617*	2.9844*
9.	Nature of family	2.0244	3.5562	3.6371	3.4088	3.5676	3.0782	3.3142
10.	Family size	2.0778	2.9664*	2.1144	2.0969	1.9334	2.2082	2.0411
11.	Number of educated population	2.1089	2.4334	2.0889	2.4082	2.5882	2.7669*	2.1779
12.	Number of earning members per family	3.3441*	3.2842*	2.1773	1.9443	2.3882	2.5664	1.9661
13.	Family income	2.9446*	2.8033*	2.9584*	2.8664*	3.2441*	2.0222	2.9441*

*Significant at five per cent level

Regarding the perception on infrastructure, the significantly associating profile variables are age, level of education, occupation, spouse's level of education, personal income, number of earning members per family and family income and personality since their respective 't' statistics are significant at five per cent level. The significantly associating profile variables with the level of perception on quality of manpower

are age, level of education, occupation, personal income, family size, number of earning members per family and family income whereas in the perception on processing time, these profile variables are nativity, level of education, spouses' level of education, personal income and family income.

The significantly associating profile variables in the level of perception on the procedure and regulation are spouses' level of education; personal income and family income. Whereas in the level of perception on social responsibility, these are occupation, marital status, spouses' level of education, personal income and family income. Regarding the perception on the clinical care, these profile variables are occupation, marital status, personal income and number of educated family members. Regarding the perception on the safety, the significantly associating profile variables are age, spouse's level of education, personal income and family income.

The analysis reveals that the important profile variables associating with the level of perception are personal income and family income which is similar the findings.

Expectation on HSQFs

The levels of expectation on the various factors in the HSQ have been computed by the mean score of the level of expectation on the variables in each HSQ factor. The mean score of level of expectation on the HSQ factors in the private and public hospitals have been computed separately in order to exhibit the level of expectation on the HSQFs in hospitals. Regarding the level of expectation on HSQ factors, the significant difference among the private and public hospitals has been examined with the help of t' test. The results are summarized in Table 1.3.

TABLE 1.3
Level of expectation on HSQFs

Sl.No.	HSQFs	Mean score in hospitals		t – statistics
		Private	Public	
1.	Infrastructure	3.8485	3.4541	0.7876
2.	Quality of manpower	3.8021	3.6211	0.4331
3.	Processing time	3.9244	3.1143	2.9617*
4.	Procedure and Regulation	3.9049	3.0565	3.4108*
5.	Social responsibility	3.2443	3.9897	-2.4818*
6.	Clinical care	3.8246	3.0844	2.9441*
7.	Safety	3.8117	2.9944	3.0767*

*Significant at five per cent level.

The highly expected HSQ factors in the private hospitals are process of clinical care and processing time since their mean scores are 3.8246 and 3.9244 respectively. In the public hospitals, these are social responsibility and quality of manpower since their mean scores are 3.9897 and 3.6211 respectively. Regarding the level of expectation on the HSQFs, the significant difference among the patients in the private and public hospitals has been noticed in the case of expectation on all seven HSQFs since their respective t' statistics are significant at five per cent level. The higher level of expectation on HSQFs is noticed in private hospitals compared to public hospitals which replicates the findings of.

Association between the Profile of Patients and their Expectation on HSQFs

The level of expectation on the HSQ factors may be associated with the profile of the patients. Hence, the present study has made an attempt to examine the above said aspects with the help on One Way Analysis of Variance. All the 13 profile variables and the score on the level of expectation on HSQFs have been included for the analysis. The results are given in Table 1.4.

TABLE 1.4
Association between Profile of Patients and their level of Expectation on HSQFs

Sl. No.	Profile variables	F statistics						
		Infrastructure	Quality of manpower	Processing time	Procedure and Regulation	Social responsibility	Clinical care	Safety
1.	Nativity	3.0245	2.1043	3.1144	2.9091	3.6508	3.3141	2.7666
2.	Age	2.9848*	2.9891*	2.0884	2.1044	2.2076	2.9556*	2.5889*
3.	Gender	3.0244	3.1661	2.4542	2.8676	3.3227	3.4586	3.3224
4.	Level of education	2.6884*	2.8366*	3.1774*	2.1608	2.2091	2.8541*	2.4142*
5.	Occupation	2.1144	2.5032*	2.6884*	2.8304*	2.8566*	2.6881*	2.8089*
6.	Marital status	2.2067	2.6082	2.4464	2.3969	2.4842	2.7162*	2.4227
7.	Spouses' level of education	2.4017	2.9682*	2.1173	2.0844	2.5861	2.8374*	2.8556*
8.	Personal income per month	2.2341	2.4142	1.8962	1.3209	1.9041	2.0245	3.3447*
9.	Nature of family	3.0266	2.7986	3.2046	3.0249	3.1449	3.1886	3.2884
10.	Family size	2.1147	2.8566*	2.0896	2.1782	2.3142	2.4549	2.8849*
11.	Number of educated population	2.4202	2.1363	2.2062	2.2068	2.3164	2.1073	2.2088
12.	Number of earning members per family	2.9044	2.8061	3.3781*	2.8882*	2.7117	2.6545	3.6158*
13.	Family income	2.9661*	2.7934*	2.9891*	3.3147*	3.0284*	3.5848*	3.2844*

*Significant at five per cent level

Regarding the level of expectation on infrastructure, the significantly associating profile variables are age, level of education and family income since their respective 'F' statistics are significant at five per cent level whereas in the case of expectation on quality of manpower, the significantly associating profile variables are age, level of education, occupation, spouses' level of education, family size and family income. Regarding the level of expectation on processing time, the significantly associating profile variables are level of education, occupation, number of earning members per family and family income which replicates the findings of.

The significantly associating profile variables with the level of expectation on procedure and regulation, these profile variables are occupation, number of earning members per family and family income whereas in the case of social responsibility, these profile variables are occupation and family income. Regarding the level of expectation on clinical care, the significantly associating profile variables are age, level of education, occupation, marital status, spouse level of income and family income. In the level of expectation on the safety, the significantly associating profile variables are age, level of education, occupation, spouse's level of education, personal income, family size, number of earning members per family and family income.

FINDINGS

The highly perceived HSQ factors in the private hospitals are quality of manpower and safety indicators whereas in the public hospitals, these are social responsibility and processing time, significant differences among the two groups of hospitals have been noticed in the perception on the all the seven HSQ factors. The significantly associating important profile variables with the level of perception on the HSQ factors are family income, personal income, spouse's level of education.

The highly expected HSQ factors by the patients' in the private hospitals processing time and procedure and regulation whereas in public hospitals, these are social responsibility and quality of manpower. Regarding the level of expectation on the HSQ factors, significant differences among the two groups of hospitals have been noticed in the expectation on 'processing time', procedure and regulation, safety, social responsibility and procedure regulation. The significantly associating important profile variables with the level of expectation on the HSQ factors are family income, occupation and level of education among the patients.

CONCLUSIONS

The present study concluded that the significant hospital service quality factors includes infrastructure, quality of manpower, processing time, procedure and regulation, social responsibility, clinical care and safety. The level of expectation on the all service qualities among the patients are partly fulfilled by the service providers in health care industry. Hence the hospital authorities are advised to enrich their service quality continuously.

REFERENCE

1. Gronroos, C., (1984), "A service quality model and its marketing implication", **European Journal of Marketing**, 18(4), pp.36-44.
2. Yesilada, F., and Direktor, E., (2010), "Health care service quality: A comparison of public and private hospitals?", **African Journal of business management**, 4(6), pp.962-971.
3. Fottler, M.D., and Blair, J.D., (2002), "Introduction : a new concepts in healthcare stakeholders management theory and practice", **Healthcare management resource**, 27(2), pp.50-51.
4. Gronroos, C., (1984), "A service quality model and its marketing implications", **European Journal of Marketing**, 18(4), pp.36-44.
5. Angelopoulou, P., Kangis, P. and Babis, G., (1998), "Private and Public Medicine: A comparison of Quality Perceptions", **International Journal of Healthcare quality assurance**, vol.11, No.1, pp.45-54..
6. Young Mahon, P., (1996), "An analysis of the concept of patient satisfaction as it relates to Contemporary Nursing Care", **Journal of Advanced Nursing**, pp.1241-1248.
7. Tripathi, P.C., (2007), **A Text Book of Research Methodology in Social Sciences**, Sultan Chand and Sons, New Delhi, Sixth Edition, p.1-2. .
8. Fred N. Kerlinger, (1983), **Foundation of Behaviour Research**, 2nd Edition, Swijeet Publications, Delhi, p.11.
9. William J. Goode and Paul K. Halt (1953), **Methods in Social Research**, McGraw Hill, Tokyo, p.133.
10. Rohit Verma and John C., Gasdale, (1995), "Statistical power in operations management research", **Journal of Operations Management**, 13(2), pp.139-152.