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The Impact of Quality Service Provided by SRM Hospital on Outpatients

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Abstract

Consumer's perceptions about the health care services play an important role when choosing a hospital. The quality of service is crucial to both the outpatients and the service providers. The dimensions of the service quality are reliability, responsiveness, assurance, empathy, and tangibles. Customer's expectations and experiences vary with services. When there is a shortfall between expectation of service level and perception of actual service delivery, it is called customer gap. The causes of customer gap include; not knowing what customers expect, not selecting the right service designs and standards, not delivering to service standards and not matching performance to promises. This paper focuses on the level of service quality rendered by SRM's hospital, the patient-physicians' relationship and to examine the pre and post service of outpatients in the SRM's hospital. A structured questionnaires and interviews were constructed to provide answers to the research questions using a sample size of 50 [employees and outpatients]. It was found out that some outpatients were satisfied with the services rendered by the hospital with reservations for more improvement. It was also found out that, there were gaps between the outpatients' expectation and perception about the service rendered by the hospital. It was recommended that a competent marketing executive should be employed since marketing is the voice of the healthcare industry.

Keywords: Service quality; Healthcare; Outpatients; Expectation; Perception; India.

Introduction

The primary goal of every organisation is to reach its peak with respect to its mission and vision statement. Key to this ultimate organisational dream is service or product quality, largely

provided for customers. In a survey done among Chief Executives in the United States, Times Magazine observed that approximately 47 per cent listed customer satisfaction as the main goal of their business (Boone & Kurtz, 1999). In a recent study on service quality and satisfaction, results suggested that customer niche is very unique, with several inimitable characteristics (Asiedu, & Sarfo, 2013).

With the influx of several healthcare organisations, it is important to examine healthcare service delivery quality. An important model in this domain is the SERVQUAL model, which was originally developed by Parasuraman et al., (1988). This model was later redefined in 1991 as a multi-dimensional scale to capture customer perceptions and expectations of service quality which involves the calculation of the differences between expectations and perceptions on a number of specified criteria (Brown et al., 1993). SERVQUAL highlights the major quality requirements of delivered service in five dimensions namely Reliability, Responsiveness, Assurance, Empathy and Tangibles (Zeithaml, & Bitner, 2003). This quality can also be influenced by several factors.

The study by Brady et al., (2001) replicated the superiority of SERVPERF model for measuring service quality. The SERVPERF model measure the perception on various dimensions of service quality.The patient places trust in the service provider that they will do the best according to their knowledge and ability to help them heal. Health care involves a certain amount of vulnerability. The doctor has a level of knowledge about the body, its functioning and diseases which puts them in a powerful position.

Quality service is therefore defined as 'trust' in health care, and usually defined as a set of expectations that the patient has from the doctor and the health care system to help them heal. This set of expectations includes appropriate diagnosis, correct treatment, non-exploitation, genuine interest in the welfare of the patient and transparent disclosure of all information. As a result, service quality in health care is like a forward looking covenant between the doctor and the patient.

Changing Trends in Healthcare Service Quality

Quality in health care is defined as the totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs (Korwar, 1997). India has been witnessing an increasing concern regarding the quality health care services especially after globalisation and liberalization policies. With the increase in urbanization and standard of living of the people, the awareness on health care services also increases. The consumer's expectation on the quality in health care services is increasing at a faster rate. Service quality has been shown to be an important element in the consumer's choice of hospitals (Lynch, & Schuler, 1990). Health care service quality is giving patients what they want [patient quality], what they need [professional quality], and doing so using fewest resources, without error, delays and waste, and within higher level regulations [management quality] (Overtreit, 1992). Health care deals with different services such as hospital services, diagnosis services, physician consultancies and some other emerging fields.

In the present study, the focusing services are all health care services rendered to patents. Perceived quality of care has demonstrated effect on household decision making with respect to demand for healthcare. Perceptions of quality care may ultimately be responsible for whether a particular patient or user will be willing to return to a facility and, or refer other people. Given that, research has proved that satisfaction assessment and service quality perceptions are closely connected, it can be useful to examine Lambo's comment in terms of user's perceptions of quality (Fowler, et al 1999). According to Lambo (1989), capacity utilization at the primary level is grossly low.

Consequently, there is overcrowding of the secondary facilities due to patients "lack of faith" in the lower facilities. A lack of faith that is premised on users' perception of the systems output quality as doubtful and therefore offering little or no help in needful hours. Clearly, providers concept of quality of care cannot readily be evaluated technically by consumers of healthcare; thereby making their perception of quality [hence satisfaction] all the more important to ensure customer retention rates at the primary care (Dawn, & Thomas, 2004). Therefore, the general problem of interest in this study is the issue of quality of care to outpatients.

Gopichandran (2013) Doctor/health care provider's behaviour and approach

In the rural and the migrant interviews, certain behavioural factors of the doctor/health provider were highlighted in his research as important for a good health care provider-consumer relationship. According to his research behavioural competence was classified as a major dimension of trust during the first iteration of his analysis. But he stressed on a more important theme that has emerged as perceived technical competence as more important as behavioural competence and people were willing to accept transgressions in behavioural codes as long as their health got better. Therefore in his research decided that behaviour and approach of the doctor played the role of factors determining trust rather than dimensions of trust. Some of the components of the behaviour and approach of the health care provider that were identified by the community were:

i. ***Kindness and compassion***

"More than half of the healing takes place because of the kind words of the doctor. Only the remaining is because of the treatment. When we come to a new hospital we are clueless. At that time the doctor should be kind and talk to us patiently. The reason why we prefer private doctors to PHC is because the private doctor talks to us patiently. He spends time with us and checks us up thoroughly. He talks to us and explains everything. That is very important…" – an elderly man in a rural area.

ii. ***Putting themselves in the patient's shoes and understanding them***

iii. ***Listening to the patient***

iv. ***Addressing all doubts and questions***

"The doctor also patiently answers all the doubts and questions that I have. I told him that I am not sure what to eat and what not to eat. He told me that I can eat anything except sweets and meat. He also asked me to reduce the amount of sugar that I put in coffee and tea. He was very kind to me and did not talk rudely at all" – elderly woman with diabetes in a rural area.

v. ***Explaining the treatment***

vi. ***Touching the patient***

"Once I had an insect bite in my leg. My leg became very much swollen. It was very painful. So I went to the PHC in Guduvanchery. The doctor there just looked at me and wrote something in the prescription and sent me away. She did not even touch me (holds the hand of the interviewer and gestures). She did not even take my pulse. I felt very upset." – A young migrant construction worker.

Amoah-Binfoh and Bempah (2014) Model of Quality Service

According to Amoah-Binfoh and Bempah (2014), healthcare services means making available healthcare or Medicare services to the different categories users in such a fashion that they get quality services, at a reasonable fee structure, on right time/place and in a decent way. The patient perceptions on quality cannot be ruled out. Summary of their model is illustrated in Figure 1.

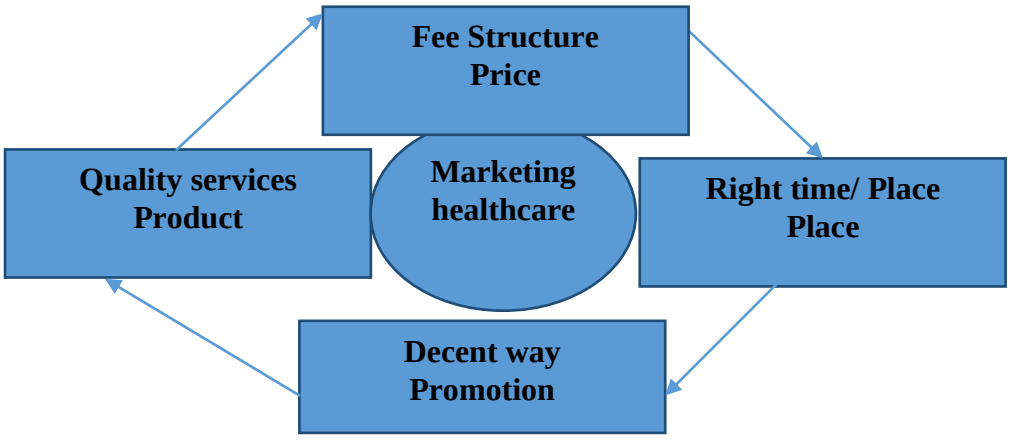

Figure 1: Model of Quality Service

In effect, this study seeks to examine the importance of quality service rendered by SRM hospital, assess the patients and health-workers relationship and to examine the pre and post service of outpatients.

Method

This research specifically used none probability which is the accidental method of sampling because it gives the researchers the opportunity to accidentally choose respondent who in their opinion are thought to be relevant to the research topic.

The period of research was conducted from October, 2014 to January, 2015. Sample size is explained as the required number of units that the research wants to work with or the number of units under study. The sample size of the study was 50 participants.

The main setting for this study was SRM Medical College Hospital, (private) Kattankulathur Tamil Nadu, India. This is a 750-bed hospital houses a wide spectrum of medical specialties and subspecialties. The staff tends to 1,000 patients daily. Employees from such corporate as Carborundum Universal, TATA and Johnson Controls Automotive seek treatment, along with people from all over Kancheepuram district.

Discussion

Both inpatients and outpatients vary in requirements and increasingly demanding higher standards of service. Now most of the service providers have improved patients/customers service in order to compete with their competitive service environment. From the above analysis, it was clear that income has a major role to play in the outpatient services.

Whereas the affordability of the hospital was very keen, skills and competency have a strong association with regards to outpatients (safety, concern, reliability, empathy and assurance). Also there should be an improvement in the modern technology pertaining to operation and diagnostic treatment. Technology advances coupled with the rising needs of people created tremendous demands for new services (quality). For continuous improvement communication is very important therefore the hospital has to consistently improve their communication channels.

Results

From the Table 1, it is clear that the association between the main variables [age, gender, occupation and location] were not significant. This implies that the analysis has failed to accept the null hypothesis. Thus it was concluded that there is no association between age, gender, occupation and location with regards to outpatients' service.

Likewise, for the analysis between income and outpatients services, convenience location of the hospital rejected the null hypothesis. Thus there was no association between income and outpatient services. There was a significant association between income and cost & physical ambience of the Hospital, therefore the null hypothesis was accepted.

For determining the association between diagnostic services and outpatients relationship building, years of knowing SRM hospital (.033), skills and competency(.003) were lesser than .05. Thus, at 5% level of significance, the null hypothesis was accepted. The null hypothesis was rejected since there was no association between modern diagnosis & treatment, modern operation and outpatients relationship building (ORB).

However, for determining the association between skills & competency and outpatients relationship building (ORB), the corresponding p values were .002 (friendliness & Courtesy), .000 (listening to patients) and .002 (safety and concern) at 5% level of significant. This implies that the null hypothesis stands accepted. Therefore there was a significant association between skills & competency and outpatients relationship building (ORB).

Similarly, there was a significant association between communication level and pre & post service of outpatients. The corresponding p values were .000 (Receive message), .013 (New programs) and .001 (Call for review). This also implies that null hypothesis stands accepted. Therefore it can be concluded that there was a significant association between communication and pre & post services of outpatients.

Table 1: Chi-Square Test of Variables

Variables	Categories	χ^2 Value	*df*	*p*
Demographic	Age	8.600	4	.072
	Gender	.720	1	.396
	Occupation	4.000	4	.406
	Income	27.280	3	.000
	Location	4.080	3	.253
Diagnostic services	Years of knowing SRM hospital	8.720	3	.033
	Skills and competency	14.320	3	.003
	Modern diagnosis &treatment	1.000	2	.607
	Modern operation	3.160	2	.206
Skills & competency	Efficiency nursing	20.200	4	.000
	Friendliness & Courtesy	15.120	3	.002
	Listening to patients	42.880	2	.000
	Safety and concern	13.000	2	.002
Income	Convenience Location	5.320	2	.070
	Cost for you	9.160	2	.010
	Overall cleanliness	9.040	3	.029
	Communication level	3.040	2	.219
Level Communication	Receive message	19.480	2	.000
	New programs	8.680	2	.013
	Call for review	14.440	2	.001

Recommendations

The researchers recommend that a competent marketing executive should be employed in SRM hospital and other like settings in India since marketing is the voice of the healthcare industry. Marketing must be solid internally as well as externally.

As service quality is holistic, both management and clinicians must be involved in delivering absolute services to meet patients' expectation.

Lastly, in this intense competitive environment, a health care institution survives, not by doing whatever it can, but by doing what it does best within the constraint of patients' demand.

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Conflict of Interest Statement

The authors declare that they do not have any conflict of interest.

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