

Assessment of service quality dimensions in healthcare industry “A Comparative study on patient’s satisfaction with Mayiladuthurai Taluk Government vs. Private Hospitals.

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ABSTRACT: Average service quality perception toward Government hospitals lead to increasing demand for good quality Government health care in Mayiladuthurai Taluk. Observing the growth of private health care sector, highly number of patients get satisfied with the service quality of private hospitals in Mayiladuthurai Taluk. This study attempts to identify the service quality factors that influence patient satisfaction with Government vs. private hospitals. A survey was conducted on patients of nine different hospitals and ward in Mayiladuthurai Taluk. The Convenient sampling method was used in the research to obtain information regarding patients’ perceptions toward 13 service quality dimensions of Government and Private hospitals. Multiple-regression was used to identify the service quality factors that influence patients’ satisfaction. And descriptive statistics represented the patient’s satisfaction level with different service quality factors.

Keywords: Service quality, health care, hospitals, patients’ perception, patient satisfaction.

I. INTRODUCTION

According to Koichiro Otani, Patient satisfaction has been an important issue for health care managers. Many studies have developed and applied patient satisfaction as a quality improvement tool for health care providers. Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. This measurement has developed along with a new feature: the patient's perspective of service quality of care. The relationship between health care providers and patients has been reported to be the most influential factor for patient satisfaction. Recommendations from family or friends become an important source of information for selecting health care providers. Recommendation as well as satisfaction is based on personal experience concerning the services that, one has received from health providers^[1].

Measuring and reporting on patient satisfaction with health care has become a major industry. The number of Medline articles featuring “patient satisfaction” as a key word has increased more than 10-fold over the past two decades, from 761 in the period 1975 through 1979 to 8,505 in 1993 through 1997. Patient satisfaction measures have been incorporated into reports of hospital and health plan quality. Is patient satisfaction worth measuring? How can it best be measured? And how are we to use the results? These three questions—one philosophical, one empirical, and one practical—form a framework for evaluating the place of patient satisfaction in the patient outcomes movement as a whole. From this perspective, viewing care “through the patient's eyes” is an ethical and professional imperative. Individual clinicians, medical groups, hospitals, and health plans all have reason to be interested in patient satisfaction, and not only because satisfied customers add to the bottom line. Indeed, arguments over the place of patient ratings and reports in the catalog of health care outcomes usually turn not on whether measuring patient satisfaction is important, but on whether satisfaction can be measured reproducibly and meaningfully. “Patient satisfaction” is not a unitary concept but rather a distillation of perceptions and values. Perceptions are patients' beliefs about occurrences. They reflect what happened. Values are the weights patients apply to those occurrences. They reflect the degree to which patients consider specific occurrences to be desirable, expected, or necessary.^[2]

Health care can be divided into a number of different branches. Conventionally these include

- **Hospital care.** Hospitals can be distinguished between acute and long-stay care. Acute care covers the full range of medical specialties; long stay care has principally been used for psychiatric care and continuing nursing care. The current trend is for long stay to be minimized and for acute hospitals to offer a full range of care.
- **Primary care.** Primary care refers to basic medical treatment and non-hospital care, including general or family practitioners, professions ancillary to medicine (including dentistry, optics and pharmacy) and domiciliary health care (home nursing, occupational therapy, etc.). In some countries, the preferred distinction falls between hospital and "ambulatory" care. Ambulatory care includes primary care and most day care in hospital.
- **Public health.** This field includes not only preventive medicine (e.g. screening, inoculation or health education) but also several areas not necessarily linked with conventional health services, including housing, water supplies, sewerage, and food hygiene.

Public health is probably the most important issue for the health of a population; primary care is the main focus of medical care in practice. Medicine in hospitals is probably the least important in terms of its impact on health or illness, but it costs the most, has the highest status and is the focus of most political attention.^[25]

Dissatisfaction with public health care sector is shifting demand toward private health care sector in Mayiladuthurai Taluk. The trend of utilization of public health care services in the area had been declining downwards past few years, while the rate of utilization of private health care facilities for the same period had been increasing upwards.

In this study, the researcher intended to identify the impact of service quality dimensions of Mayiladuthurai Taluk Government and Private hospitals on patient satisfaction.

1.1 Research Objectives:

The objectives of the research are;

1. To analyze the service quality factors that influence patient's satisfaction with Government vs. Private Hospitals in Mayiladuthurai Taluk.
2. To identify how patients rate the service quality factors of Government vs. Private Hospitals in Mayiladuthurai Taluk.
3. To compare the treatment provided level by Government vs. Private Hospital in Mayiladuthurai Taluk.
4. To offer the valuable suggestions from the findings.

II. REVIEW OF LITERATURE AND RELATED STUDIES

In general, service quality, to which the health sector is no exception, is divided into two main components; namely they are, technical and functional quality (Gronroos, 1984^[15]; Parasuraman et al., 1985^[19]) Technical quality (clinical quality) is defined as the technical diagnosis and procedures (e.g., surgical skills), while functional quality refers to the manner of delivering the services to the patients (e.g. attitudes of doctors and nurses toward the patients, cleanliness of the facilities, quality of hospital food. Because most patients lack medical expertise for evaluating the technical attributes, the service marketing approach, which focuses on functional quality perceived by patients, has been widely used to evaluate the health services, (Buttle, 1996^[10]; Dursun and Cerci, 2004^[14]).

Many researchers (Oliver, 1981^[17]; Brady and Robertson, 2001^[9]; Lovelock, Patterson and Walker, 2001) conceptualize customer satisfaction as an individual's feeling of pleasure or disappointment resulting from comparing a product's perceived performance (or outcome) in relation to his or her expectations.

Generally, there are two general conceptualizations of satisfaction, namely, transaction-specific satisfaction and cumulative satisfaction (Boulding et al., 1993^[7]; Jones and Suh, 2000^[16]; Yi and La, 2004^[21]). Transaction-specific satisfaction is a customer's evaluation of his or her experience and reactions to a particular service encounter (Cronin and Taylor, 1992^[13]; Boshoff and Gray, 2004^[6]), and cumulative satisfaction refers to the customer's overall evaluation of the consumption experience to date (Johnson, Anderson and Fornell, 1995).

2.1 What is Patient Satisfaction?

Patient satisfaction is multifaceted and a very challenging outcome to define. Patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction scores. Historically, physicians, especially surgeons, have

focused on surgical technique and objective outcomes as measures of “patient satisfaction,” while patients place great value on the surgeon-patient interaction.^[3]

2.2 Improving Patient – Physician Communication:

Patient-physician communication has been shown to be key in improving patient satisfaction. Patient-physician communication can be challenging, but presents a tremendous opportunity for improvement.^[3]

2.3 Improving Patient Satisfaction:

Managing patient expectations and psychosocial factors, such as pain and depression that can drive patient satisfaction can be difficult. Individualizing patient preoperative counseling and shared decision-making can help to identify patient-specific factors, such as chronic pain and depression that may negatively impact patient satisfaction scores. By setting appropriate preoperative expectations and managing pain and depression, physicians can help patients achieve good outcomes.^[3]

2.4 What is services quality?

What do we mean when we speak of services quality? Company personnel need a common understanding in order to be able to address issues such as the measurement of service quality, the identification of causes of service quality shortfalls, and the design and implement of corrective actions.^[22]

2.5 Different Perspectives of Service Quality:

The word quality means different things to people, according to the context; David Garvin identifies five perspective on quality.^[22]

1. The transcendent view
2. The product – based approach
3. User – based definitions
4. The manufacturing – based approach
5. Value – based definitions

2.6 The Distinction between Service Quality and Customer Satisfaction

A review of the emerging literature suggests that there appears to be relative consensus among marketing researchers that service quality and customer satisfaction are separate constructs which is unique and share a close relationship (Cronin and Taylor, 1992^[13]; Oliver, 1993^[18]). Most researchers in the services field have maintained that these constructs are distinct (Bitner, 1990^[5]; Carman, 1990^[11]; Boulding *et al.*, 1993^[8]; Spreng and Mackoy, 1996^[20]). Table 1 identifies a number of key elements that distinguish customer satisfaction from service quality.

Table 2.1.1.

Table shows the distinction between customer satisfaction and service quality

Customer Satisfaction	Service Quality
Customer satisfaction can result from any dimension, whether or not it is quality related.	The dimensions underlying quality judgements are rather specific.
Customer satisfaction judgements can be formed by a large number of non-quality issues, such as needs, equity, perceptions of fairness.	Expectations for quality are based on ideals or perceptions of excellence.
Customer satisfaction is believed to have more conceptual antecedents.	Service quality has less conceptual antecedents.
Satisfaction judgements do require experience with the service or provider.	Quality perceptions do not require experience with the service or provider.

Source: Adapted from various sources (Oliver, 1993^[18]; Spreng and Mackoy, 1996^[20]; Choi *et al.*, 2004^[12])

2.7 Service – Based Components of Quality

From focus group research, Valarie Zeithaml, Leonard Berry, and A. Parasuraman identified 10 criteria used by consumers in evaluating service quality. In subsequent research, they found a high degree of correlations between several of these variables and so consolidate them into five broad dimensions:^[22]

- Tangibles (appearance of physical elements)
- Reliability (dependable, accurate performance)
- Responsiveness (promptness and helpfulness)

- Assurance (competence, courtesy, credibility and security)
- Empathy (easy access, good communications and customer understanding)

Only one of these five dimensions, reliability, has a direct parallel to findings from Garvin’s research on manufacturing quality. ^[22]

2.8 Capturing the Customer’s Perspective of Service Quality:

To measure customer satisfaction with various aspects of service quality, Valarie Zeithaml and her colleagues developed a survey research instrument called SERVQUAL. It’s based on the premise that customers can evaluate a firm’s service quality by comparing their perceptions of its service with their own expectations ^[22]

2.9 Limitations of SERVQUAL:

Although SERVQUAL has been widely used by service companies, doubts have been expressed about both its conceptual foundation and methodological limitations. ^[22]

Table 2.1.2.

Table shows the Generic Dimensions Customers Used by Customers to Evaluate Service Quality

Dimensions	Definitions
Credibility	• Trustworthiness, believability, honesty of the service provider
Security	• Freedom from danger, risk, or doubt.
Access	• Approachability and ease of contact
Communication	• Listening to customers and keeping them informed in language they can understand.
Understanding the customer	• Making the effort to know customers and their needs.
Tangibles	• Appearance of physical facilities, equipment, personnel, and communication materials.
Reliability	• Ability to perform the promised service dependably and accurately.
Responsiveness	• Willingness to help customers and provide prompt service.
Competence	• Possession of the skills and knowledge required to perform the service.
Courtesy	• Politeness, respect, consideration, and friendliness of contact personnel.

III. RESEARCH METHODOLOGY

This study identified and obtained information on the patient (outpatient) satisfaction with the service quality dimensions of government and various private hospitals in Mayiladuthurai Taluk, Tamilnadu, India. For these reasons, this study can be considered as descriptive research, which is defined as a type of conclusive research which major objective is to describe existing phenomena.

Many researchers have conducted studies in measuring service quality in the past twenty years. In 1982, McCleary and Weaver indicated that good service is defined on the basis of identification of measurement behaviors that are important to customers. Zemke and Albrecht (1985) suggested that service plays an important role in defining a restaurant’s competitive strategies and identified systems and strategies for managing service. In 1988, Parasuraman, Zeithaml and Berry developed a multiple-item scale for measuring service quality called SERVQUAL. SERVQUAL is a generic instrument for measuring perceived service quality that is viewed as the degree and direction of discrepancy between consumers’ perceptions and expectations. Thus, service quality, as perceived by consumers, stems from a comparison of what they feel service providers should offer with their perceptions of the performance of service provided by service providers ^[4]

4.1 Sampling method:

A non-probability judgment sampling plan was implemented in the study. This method was used in this research because some judgment on the part of the researcher was necessary in order to make sure the “right” respondents were chosen among the patients in the one government and eight private hospitals in Mayiladuthurai Taluk. Help was given to those patients who had problems in the interpretation of the

questionnaire.

4.2 Data collection procedures:

The researcher used a self-administered questionnaire to collect data for the research. Self-administered questionnaire is the survey in which respondents take responsibility for reading and answering the questions. It is considered as a superior mode for minimizing bias and improving response rates. The effects of independent variables on the dependable variable are assessed by the 5-point Likert attitude scale.

Secondary information were gathered from different secondary sources such as books, magazines, journals, newspapers and online databases via internet etc. These data are usually available, can be obtained quickly and inexpensive. Sample survey or cross-sectional survey was the main method to explore attitudes of patients' satisfaction with government and private hospitals in Mayiladuthurai Taluk. This is a method of primary data collection in which information is based on communication with a representative sample of target population at a point in time. In this research, a total of 140 questionnaires were distributed to the patients visiting one government and eight different private hospitals, who met the sampling requirements. A total of 122 questionnaires were returned to the researcher so the response rate is approximately 87.14%. Data collection took nearly 2 weeks from September 20th to September 30th, 2013.

IV. PRESENTATION OF DATA AND CRITICAL DISCUSSION OF RESULTS

From the data collection, researcher observe highly number of patients perceptions goes to private hospital services is better to compare with government hospital services.

Table 4.1.1

Descriptive statistics shows the significant relationship between independent and dependent variables

	Mean	Std. Deviation	N
Satisfied Service Sector	1.5574	0.49875	122
Doctor Qualification & Medicine Updating	1.9590	0.72039	122
Speed in Completing Medical Examination	2.0820	0.73395	122
Expertise Service Providers	2.0410	0.67294	122
Accuracy & Timely Report	2.3770	0.77489	122
Personal Relationship	2.0984	0.72054	122
Cost Feasibility	2.0574	2.02994	122
Modern Equipment for Diagnosis	2.2623	0.77995	122
Environment & Toilet Cleanliness	3.1230	1.15406	122
Care of Nursing	1.9426	0.71926	122
Friendliness & Courtesy of Staff Members	2.0164	0.73837	122
Convenience to Visit	2.1803	0.65576	122
Convenience in Maintaining Timing	2.5328	0.83502	122
Treatment Outcome Level	1.9918	0.75510	122

4.2 Multiple Regression Analysis:

Table 4.2.1-

Regression table shows the significant relationship between Predictor and dependent variables Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	0.613 ^a	0.376	0.301	0.41691	0.376	5.013	13	108 ^a	0.000

a. Predictor: (Constant), Treatment Outcome Level, Cost Feasibility, Personal Relationship, Convenience to Visit, Expertise Service Providers, Modern Equipment for Diagnosis, Friendliness & Courtesy of Staff Members, Environment & Toilet Cleanliness, Accuracy & Timely Report, Speed in Completing Medical Examination, Care of Nursing, Doctor Qualification & Medicine Updating, Convenience in Maintaining Timing.

ANOVA^a

Table shows the significant relationship between predictor and dependent variables

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	11.327	13	0.871	5.013	0.000 ^b
	Residual	18.772	108	0.174		
	Total	30.098	121			

a. Dependent Variable: Satisfied Service Sector

b. Predictor: (Constant), Treatment Outcome Level, Cost Feasibility, Personal Relationship, Convenience to Visit, Expertise Service Providers, Modern Equipment for Diagnosis, Friendliness & Courtesy of Staff Members, Environment & Toilet Cleanliness, Accuracy & Timely Report, Speed in Completing Medical Examination, Care of Nursing, Doctor Qualification & Medicine Updating, Convenience in Maintaining Timing.

Coefficients^a

Table shows the significant relationship between predictor and dependent variables

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.318	0.179		7.366	0.000
1 Doctor Qualification & Medicine Updating	0.067	0.082	0.097	0.824	0.412
Speed in Completing Medical Examination	0.019	0.080	0.029	0.244	0.807
Expertise Service Providers	0.109	0.079	0.146	1.375	0.172
Accuracy & Timely Report	-0.080	0.070	-0.124	-1.143	0.256
Personal Relationship	-0.011	0.064	-0.016	-0.170	0.866
Cost Feasibility	0.041	0.020	0.167	2.011	0.047
1 Modern Equipment for Diagnosis	0.083	0.067	0.129	1.235	0.219
Environment & Toilet Cleanliness	-0.272	0.049	-0.629	-5.588	0.000
Care of Nursing	0.154	0.078	0.222	1.976	0.051
Friendliness & Courtesy of Staff Members	-0.058	0.074	-0.086	-0.780	0.437
Convenience to Visit	0.070	0.074	0.093	0.956	0.341
Convenience in Maintaining Timing	-0.025	0.071	-0.041	-0.348	0.729
Treatment Outcome Level	0.182	0.084	0.276	2.170	0.032

a. Dependent Variable: Satisfied Service Sector

$$\text{Equation: } Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + b_7X_7 + b_8X_8 + b_9X_9 + b_{10}X_{10} + b_{11}X_{11} + b_{12}X_{12} + b_{13}X_{13}$$

Where, Y = Satisfied Service Sector (Dependent Variable)

X₁ = Doctor Qualification & Medicine Updating (Independent Variable)

X₂ = Speed in Completing Medical Examination (Independent Variable)

X₃ = Expertise Service Providers (Independent Variable)

X₄ = Accuracy & Timely Report (Independent Variable)

X₅ = Personal Relationship (Independent Variable)

X₆ = Cost Feasibility (Independent Variable)

X₇ = Modern Equipment for Diagnosis (Independent Variable)

X₈ = Environment & Toilet Cleanliness (Independent Variable)

X₉ = Care of Nursing (Independent Variable)

X₁₀ = Friendliness & Courtesy of Staff Members (Independent Variable)

X₁₁ = Convenience to Visit (Independent Variable)

X₁₂ = Convenience in Maintaining Timing (Independent Variable)

X_{13} = Treatment Outcome Level (Independent Variable)

$$Y = 1.318 + 0.067X_1 + 0.019X_2 + 0.109X_3 - 0.080X_4 - 0.011X_5 + 0.041X_6 + 0.083X_7 - 0.272X_8 + 0.154X_9 - 0.058X_{10} + 0.070X_{11} - 0.025X_{12} + 0.182X_{13}$$

From the table 5.2.1, it can be observed that Patient Satisfied Service Sector have high positive relationships with Doctor Qualification & Medicine Updating, Speed in Completing Medical Examination, Expertise Service Providers, Cost Feasibility, Modern Equipment for Diagnosis, Care of Nursing, Convenience to Visit, Treatment Outcome as R is equal to 0.613 which is near to “2= Good”. Moreover, patient service satisfaction was explained by all Independent variables equal to 37.6% ($R^2 = 0.376$). From the F-test, the Null hypothesis can be accepted, which means there is no relationship among the independent variables has no influence on Patient service sector satisfaction ($F = 5.013$, Sig. = 0.000) at 0.05 confidence levels.

Table 4.2.3:
List of Hypothesis

	Hypothesis	Sig.	Result
H1 ₀	There is no Sig. relationship between Doctor Qualification & Medicine Updating in Govt. & Pvt Hospital influence patients satisfaction	0.412	Accept H ₀
H1 _a	There is a Sig. relationship between Doctor Qualification & Medicine Updating in Govt. & Pvt Hospital influence patients satisfaction		Reject H _a
H2 ₀	There is no Sig. relationship between speeds in completing medical examination in Govt. & Pvt Hospital influence patients' satisfaction.	0.807	Accept H ₀
H2 _a	There is a Sig. relationship between speeds in completing medical examination in Govt. & Pvt Hospital influence patients' satisfaction.		Reject H _a
H3 ₀	There is no Sig. relationship between expertise service providers in Govt. & Pvt Hospitals influence patients satisfaction.	0.172	Accept H ₀
H3 _a	There is a Sig. relationship between expertise service providers in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a
H4 ₀	There is no Sig. relationship between Accuracy & Timely Report in Govt. & Pvt Hospitals influence patients satisfaction.	0.256	Accept H ₀
H4 _a	There is a Sig. relationship between Accuracy & Timely Report in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a
H5 ₀	There is no Sig. relationship between Personal Relationship in Govt. & Pvt Hospitals influence patients satisfaction.	0.866	Accept H ₀
H5 _a	There is a Sig. relationship between Personal Relationship in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a
H6 ₀	There is no Sig. relationship between Cost Feasibility in Govt. & Pvt Hospitals influence patients satisfaction.	0.047	Fail to
H6 _a	There is a Sig. relationship between Cost Feasibility in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a / Accept H _a
H7 ₀	There is no Sig. relationship between modern equipment for diagnosis in Govt. & Pvt Hospitals influence patients satisfaction.	0.219	Accept H ₀
H7 _a	There is a Sig. relationship between modern equipment for diagnosis in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a
H8 ₀	There is no Sig. relationship between Environment & Toilet Cleanliness in Govt. & Pvt Hospitals influence patients satisfaction.	0.000	Fail to
H8 _a	There is a Sig. relationship between Environment & Toilet Cleanliness in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a / Accept H _a
H9 ₀	There is no Sig. relationship between cares of nursing in Govt. & Pvt Hospitals influence patients satisfactions.	0.051	Accept H ₀
H9 _a	There is a Sig. relationship between cares of nursing in Govt. & Pvt Hospitals influence patients satisfactions.		Reject H _a
H10 ₀	There is no Sig. relationship between Friendliness & Courtesy of Staff Members in Govt. & Pvt Hospitals influence patients satisfaction.	0.437	Accept H ₀
H10 _a	There is a Sig. relationship between Friendliness & Courtesy of Staff Members in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a

H11 ₀	There is no Sig. relationship between conveniences to visit in Govt. & Pvt Hospitals influence patients satisfaction.	0.341	Accept H ₀
H11 _a	There is a Sig. relationship between conveniences to visit in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a
H12 ₀	There is no Sig. relationship between conveniences in Maintaining Timing in Govt. & Pvt Hospitals influence patients satisfaction.	0.729	Accept H ₀
H12 _a	There is a Sig. relationship between conveniences in Maintaining Timing in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a
H13 ₀	There is no Sig. relationship between treatment outcomes in Govt. & Pvt Hospitals influence patients satisfaction.	0.032	Fail to
H13 _a	There is a Sig. relationship between treatment outcomes in Govt. & Pvt Hospitals influence patients satisfaction.		Reject H _a / Accept H _a

From the data collection, researcher observed that, highly patients are preferred Private Hospitals because Beta value shown the table 5.2.1 (coefficient) treatment outcome level has the greater impact on patient satisfaction in both government and private hospital by beta value is equal to 0.276, followed by care of nursing at beta value is equal to 0.222, cost feasibility at beta value is equal to 0.167, expertise service providers at beta value is equal to 0.146, modern equipment for diagnosis at beta value is equal to 0.129, doctor qualification & medicine updating at beta value is equal to 0.097, convenience to visit at beta value is equal to 0.093, speed in completing medical examination at beta value is equal to 0.029.

According to impact based on the beta values the dimensions can be ranked as:

1. Treatment Outcome, 2. Care of Nursing, 3. Cost Feasibility, 4. Expertise Service Providers, 5. Modern Equipment, 6. Doctor Qualification & Medicine Updating, 7. Convenience to Visit, 8. Speed in Completing Medical Examination.

VI. CONCLUSION

The need for continuous improvement of quality and safety in the provision of patient care has become axiomatic. The resultant paradigm shift from an acceptance of the status quo to a drive for constant improvement in clinical practice has required the engagement of multiple monitoring and improvement strategies. The purpose of this report is to identify and review the literature that examines patient satisfaction in the context of clinical practice improvement especially in Mayiladuthurai Taluk. The research was conducted to identify the key service quality factors of government and private hospitals that affect patients' satisfaction and assess how patients rate the service quality dimensions of both government and private hospitals. Out of Thirteen, Eight service quality dimensions comparison have positive impacts on patient satisfaction. It identifies the important service quality dimensions of the government and private hospitals to better understand the requirements of the patients to increase their satisfaction. Therefore, the study suggests that the Chiefs of Government and Private hospitals should pay adequate attention to the service quality dimensions which are critical influencer of patients' satisfaction, eventually increase overall patient satisfaction with their services. Correct treatment and delivering promised service are critical issues to increase reliability in health care setting. Researcher found that the patients were satisfied with Cost Feasibility, Environment & Toilet Cleanliness and Treatment Outcome of the service quality factors in both Government and Private Hospitals. Both Government and Private hospitals must consider this issue with greater importance. Knowledge, skills, credentials inspire patients' trust and confidence. If a patient feels alienated, uninformed or uncertain about his / her health status and outcomes, it may affect the healing process. When the nature of the treatment is clearly explained, patients' queries are responded, and it may alleviate patients' feelings of uncertainty. Thus the communication between service providers and patients has to be improved. Along with that the appearance of the physical facilities, modern and advanced equipment of the hospitals increase customer satisfaction. Cost is perceived as the least important factor influencing patients' satisfaction. That reflects that their priority is excellent service from private hospitals for which they are ready to pay fair price. Thus the government hospitals have to put emphasis on the above mentioned important factors to be more competitive in local and regional market. Health is universally regarded as an important index of human development.

In this study data were gathered from the patients in nine (one government & eight private) hospitals in Mayiladuthurai Taluk. The results may not be generalizable to all the patients in other hospitals in and around

area. Further study may include more number of hospitals and also may target hospitals located in different in Mayiladuthurai and other regional areas.

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