7. Research Methodology

7.1 Research Design
Exploratory

7.2 Sampling Methods

Two stage sampling method is used, first Quata Sampling and then Convenience sampling. As sample unit in health care do not constitute a homogeneous group so for better analysis different geographical region are selected in Gujarat state, quota sampling is used. The sample items are selected using Convenience sampling. To obtain better representation of the population, samples are consisting of respondents from different age group, gender, income range, employment, marital status and education level.

7.3 Universe

Patients and Attendants

7.4 Target Population

Customers (Patients/ Attendants) are selected from different hospitals in Gujarat state.

7.5 Sampling Unit

Individual

7.6 Sample Size

Estimated 500 Actual 480

7.7 Extend

This study is limited to the Gujarat state only. Keeping in view professional ethics and integrity names of the hospitals have been kept in abeyance.

7.8 Research Instrument

Structured Questionnaire
Research Methodology

7.9 Sources of data

**Secondary Data:** For conceptual clarity information that is obtained from previously published materials such as books, magazines, journals, health care publications and websites.

**Primary data:** Information will be gathered using Structured Questionnaires as the survey instrument.

7.10 Research objectives

The increasing perception of quality of services in healthcare customers’ systematic demands and hospital core performance leads to an increasing concern for understanding patient/consumers and patient/consumer families’ needs in a hospital environment. In fact, given the humanitarian nature of health services, patient/consumer satisfaction in healthcare is not only important for the sustained profitability or survival of the hospital, but also for increased effectiveness and efficiency, and for better treatment outcomes. Healthcare organizations, specifically hospitals, are continuously trying to improve on their image and their services.

The present study explores the relationships among market orientation and quality of services in multi specialty hospitals.

- To study market orientation practices of selected multi specialty hospitals in Gujarat state.
- To study service quality dimensions of selected multi specialty hospitals in Gujarat State.
- To study the impact of market orientation practices on service quality dimensions of multi specialty hospitals in Gujarat state.
- To assess how demographic and other factors are affecting on perceptions of quality of services in multi specialty hospitals in Gujarat State.
Research Methodology

7.11 Research process

A structured survey is designed and administered to patient/consumers in person. A total of 10 measures having two dimension of Market Orientation (Customer Focus, Need Assessment) which are used to assess Market Orientation. A total of 55 measures of Quality of services having eight Dimensions of Service Quality (Infrastructure, Personnel quality, Process of clinical care, Administrative procedures, Safety indicators, corporate image, Social responsibility; and Trustworthiness) of the hospital. Here first objective is to find out effect of Market Orientation on quality of services of Multi Specialty Hospitals and second objective is to evaluate effect of demographic and other factors on perception of quality of services in Multi Specialty Hospitals in Gujarat State.

7.12 Hypotheses

Hypothesis 1a. Customer focus positively impacts the Infrastructure dimension of service quality in multi specialty hospitals.

Hypothesis 1b. Needs assessment positively impacts the Infrastructure dimension of service quality in multi specialty hospitals.

Hypothesis 2a. Customer focus positively impacts the personnel quality dimension of service quality in multi specialty hospitals.

Hypothesis 2b. Needs assessment positively impacts the personnel quality dimension of service quality in multi specialty hospitals.


Hypothesis 4a. Customer focus positively impacts the Administrative procedures dimension of service quality in multi specialty hospitals.
Hypothesis 4b. Needs assessment positively impacts the Administrative procedures dimension of service quality in multi specialty hospitals.

Hypothesis 5a. Customer focus positively impacts the Safety indicators dimension of service quality in multi specialty hospitals.


Hypothesis 6a. Customer focus positively impacts the Hospital Image dimension of service quality in multi specialty hospitals.

Hypothesis 6b. Needs assessment positively impacts the Hospital Image dimension of service quality in multi specialty hospitals.

Hypothesis 7a. Customer focus positively impacts the Social responsibilities dimension of service quality in multi specialty hospitals.


Hypothesis 8a. Customer focus positively impacts the trustworthiness of hospital dimension of service quality in multi specialty hospitals.

Hypothesis 8b. Needs assessment positively impacts the trustworthiness of hospital dimension of service quality in multi specialty hospitals.

Hypothesis 9. Demographic and Other factors affecting on perception of quality of services in multi specialty hospitals.

7.13 Questionnaire design

Two-part questionnaires are distributed for completion. The first part of the questionnaire consisted of questions about socio-demographic characteristics and other reviews and details of Respondents while the second part contained questions about the market orientation and quality of service received by the patients.
In this research, market orientation dimension and perceived service quality dimensions are prepared and measured. The instrument to measure market orientation dimensions is adapted from the MORTN scale, originally developed by Deshpande and Farley (1998). Green and Inman 146 K.W. Green, S. Chakrabarty and D. Whitten (2006) thoroughly assessed the scale and identified two dimensions: MORTN scale comprises a customer-focus dimension, and needs-assessment dimension. These dimensions directly support the definition offered by Deshpande and Farley (1998). For the service quality dimensions are taken from (“A conceptual framework of service quality in healthcare Perspectives of Indian patients and their attendants” Panchapakesan Padma, Chandrasekharan Rajendran and L. Prakash Sai) this comprise eight dimensions like Infrastructure, Personnel quality, Process of clinical care, Administrative procedures, Safety indicators, Hospital Image, Social Responsibility; and Trustworthiness of the hospital. Both the scales have been thoroughly assessed for dimensionality, validity and reliability (Cronin and Taylor, 1992; Green and Inman, 2006). Both have also been subsequently used to successfully measure Market Orientation and Service Quality. The scales were slightly modified to accommodate Multi Specialty Hospital and are presented in Appendices A and B and C.

Related hospitals are identified, and data are collected for analyzing demographic factors, market orientation and service quality from the samples of customers from each hospital. Here sincere and extensive efforts are taken to get as wide representation as much as possible.

7.14 Tools and techniques

To test the above hypotheses, multiple - item scales are adopted from previous studies for the measurement of the constructs. The questionnaires are distributed and collected by one of the authors, applying a “personally administrated questionnaire” method. The unit of analysis is the Multi Specialty Hospitals more than 3 specialty are selected, with the customer (Patient/Attendant) is the key informant. All constructs are planning to measure using 7-point Likert scales ranging from “strongly disagree” (1) to “strongly agree” (7). The sample consisted of 6 Multi specialty Hospitals. The data are summarized by sample, and descriptive statistics are computed. The data analysis is done using statistical tools like SPSS, and Excel.
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The primary segment analysis largely focuses on analyzing market orientation and quality of services perception by customers of hospitals. The market orientation dimension scales and service quality dimension scales are assessed for internal reliability for each sample with help of the Cronbach’s alpha for all the antecedents which showed potential significance of the questionnaire related to the particular antecedent. The data are summarized by sample, and descriptive statistics are computed. The correlation and regression analysis are performed to assess the type and strength of the relationship between the market orientation dimensions as the independent variables and each of the service quality dimension as a dependent variables for all 6 Hospitals.

The secondary segment consist of demographic data analysis of the respondents the analysis of these factors mainly focus on Age Group (Years), Gender, Income Range, Employment, Educational Level, Marital status. Other things which are also considered for analysis are Mode of payment, Place of residence and no. of Visits. These variable aids valuable to look at the perception of quality of services offered.

7.15 Statistical analysis

The obtained data are analyzed with SPSS 17.0 software (Statistical Package for the Social Sciences, version 17.0, SSPS. Here first calculated the Cronbach’s a coefficients of all service determinants with the SPSS program to test the reliability of the scale used in the study. If a value of coefficient alpha is greater than 0.70, indicating sufficient reliability (Jabnoun and Al Rassasi, 2005). The means are correlated, and regression analysis is performed to assess the type and strength of the relationship between the market orientation dimensions as the independent variables and each of the quality dimensions as a dependent variables. Pearson’s correlation coefficient is used to determine the correlation between the variables of Market Orientation and Service Quality.