CHAPTER 5

RESEARCH FINDINGS AND CONCLUSION

5.1 INTRODUCTION TO RESEARCH FINDINGS

The purpose of this chapter is to examine the Patients expected and perceived Quality of hospital services using SERVQUAL. The data has been analyzed and interpreted in the previous chapter. The findings and conclusion arrived as per the objectives of the identified problem is discussed and explained with hypothesis in this chapter.

Healthcare is one of the most essential services in our society. The concept of caring the sick and nursing them to recover back to normal health is not something that one likes to associate with money. Healthcare industry is growing at a tremendous pace owing to its strengthening, services and increasing expenditure by public and private players.

- From chapter IV, the Table 4.1, 46.6. % of the patients belongs to male and 53.4% of the patients belong to female of selected four districts.

- From chapter IV the Table 4.2, 4.6.% of the patients belongs to less than 20 years, 27.4% of patients belongs to 21-40years, 39.3% of patients belongs to 41-60 years and remaining 28.7 % of patients belongs to above 60 years of selected four districts.
From chapter IV Table 4.3, 9.8% of the patients belongs to below SSLC level, 16.8% of the patients belongs to SSLC level, 15.6% of the patients completed their higher secondary class/diploma course, 40.7% of patients belongs to graduation category, and remaining 17% of the patients belongs to post graduation category.

From chapter IV the Table 4.4, 81.1% of the patients are married and remaining 18.9% of the patients belongs to unmarried category.

From chapter IV the Table 4.5, 34.7% of the patients are farmers, 27.9% of the patients are private employees, 7.1% of the patients are government employees, 13.7% of the patients are doing business and 16.6% of the patients belongs to others category.

From chapter IV Table 4.6, 16.8% of the patients having income of less than Rs 5000/month, 21.8% of the patients income level is Rs 5001-15000, 34.7% of the patients are having income level of Rs 15001–Rs 25000, 16.8% of the patients belongs to Rs 25001-35000 income category and remaining 9.8% are having income of more than Rs 35000.

From chapter IV Table 4.7, 52.0% of the patients belongs to government hospital and 48.0% of the patients are from private hospital.

From chapter IV Table 4.8, 18.9% of the patients are staying less than 1 day in the hospital, 41.8% of patients are staying 1-3 days in hospital. 21.4% of patients are staying 4-6 days in
hospital and remaining 17.9% of patients are staying more than 6 days in hospital.

- From chapter IV Table 4.9, 23.5% of the patients belong to Dindigul district, 33.3% of patients belong to Madurai district. 22.0% of patients belong to Theni district and 21.2% of patients belong to Tirunelveli district.

- From chapter IV Table 4.10, 4.2% of the patients travel less than 5 kms to reach hospital, 22.2% patients travel between 6-10 kms, 20.2% of patients travel between 11-15 kms, 15.8% of patients cover a distance between 16-20 kms and remaining 37.6% of patients travel above 20 kms.

- From chapter IV Table 4.11, 29.3% of patients have undergone general Check-up, 27.7% of patients get treated for fever, 1.7% of patients for ENT problem, 5.6% of patients for Cardiac diseases, 4.0% for Eye check up, 2.7% of patients get treated for Oncology, 0.2% of patients get treated for Neurology, 7.7% of patients got treatment for gynecology, 10.8% of patients get treated for Dental care, 5.0% of patients get treated for skin diseases and 5.4% of the patients get treated for other diseases.

- Based on mean rank from chapter IV above Table 4.12 It is shown that the order of priority for choosing hospital of patients by referred doctor is (4.05), by location (2.95), by brand name (3.28), due to tariff charges (3.98), by quality of service (3.16), and quick recovery is (3.58) respectively.

- From chapter IV Table 4.13, 42.0% of the patients belong to joint family, 58.0% of patients belong to nuclear family.
• From chapter IV Table 4.14, 46.8% of the patients spend on healthcare service of less than Rs 5000/- month, 43.5% of patients spend between Rs 5000-10000/-, and 9.8% of patients spend more than Rs 10000/-.

• From chapter IV Table 4.15, 53.2.% of the patients are having health insurance coverage and 46.8 % of patients are not having health insurance coverage.

• From chapter IV Table 4.16, 34.4% of patients covered under star Health, 27.7% of patients are under SBI, and 37.9% under LIC health insurance.

• From chapter IV Table 4.17, 59.7.% of the patients are having CM health insurance coverage and 40.3 % of patients are not having CM health insurance coverage.

• From chapter IV Table 4.18, based on mean score patients’ expectations on hospitals physical facilities and modern equipment (4.24) is the most important factor on perception items in SERVQUAL of patients. Hospitals may go for technological upgradation in equipments, followed by readiness of doctor to provide service (4.03), Doctors in the hospital can avoid sticking on to working hours of time, favourable attitude towards visitors (3.89), Doctors must be able to build trust and confidence in treating a patients, performance of services provided at the time they promise (3.84) and so on. False promises can be avoided. The least factor is considering patients problem best interest in their heart (3.62), Patients can be treated with individual care and love.
• From chapter IV Table 4.19, table, based on mean score of Behavioral intentions towards Specific hospital of items in SERVQUAL of patients, say positive points about hospital to other people (4.28) is the most influencing factor, followed by taking treatment in other (competitor) hospital that offers better treatment in prices (3.88). Complain to hospital personnel, if you have experience a problem with hospital service (3.71). The lowest score is pay a higher price than competitors charge for the benefits received by you currently receive from hospital (3.40).

• From chapter IV Table 4.20, table based on mean score of Importance Weights of Patients in SERVQUAL of patients, appearance (25.45) is the most influencing factor, followed by employee caring (23.14). The lowest score is Employees Courtesy (16.75) followed by Ability to Perform the Promise (17.13) preceded by willingness to help (17.77).

• From chapter IV Table 4.21, overall satisfaction of hospital service provided for the patients with Excellent (24.5%) condition comes in third level but Neither / Nor is 26.6% is highly influencing factor than the all other factors namely Bad (25.4%), Good (21%) and Very Bad is only 2.5%.

• From chapter IV Table 4.22, overall service quality of the hospital is Good 31.6% followed by Bad 23.3%, Very Bad 17.5%, Neither / Nor 15.6% and Excellent is 12.1% respectively.

• From chapter IV Table 4.23, Gap between expectation and perception of factors of Service quality which is a good
indicator for any service deficiency, which is calculated by Perception – Expectation. Empathy is the most predominating factor in choosing a hospital service (-0.01) followed by responsiveness in treating a patients’ (-0.16) tangible physical facilities along with latest equipment (-0.16), followed by assurance (-0.17) and the lowest gap is reliability (-0.22). Patients expectation is more than perception hence we get a negative mean score

- From chapter IV Table 4.24, Mean weight between expectation and perception of factors of service quality descending order tangible is -05.39, reliability -04.36, responsiveness -02.49, assurance -03.00, empathy -0.10 and overall service quality is 15.35 respectively. Based on mean score, service quality of empathy is the least (-0.10) and tangible is the highest (-0.539) difference between expectation and perception of service quality

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS I (with ref of Table 4.25)**

**Null Hypothesis:** There is no significant difference between Male and Female with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Reliability, Assurance, Overall service quality, Positive problem response and Non –switching to competitor of behavioural intention. Hence there is a significant difference between Male and Female with respect to Reliability, Assurance, Overall service quality, Positive problem response and Non –switching to competitor of behavioural intention. Based on mean score, the female patients have more opinion
than male patients with respect to Reliability, Assurance, Overall service quality, Positive problem response and Non –switching to competitor of behavioural intention because Female patients are more specific on service quality than male patients.

Since P value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respective to Empathy and overall behavioural intention. Hence there is a significant difference between male and female patients with respective to Empathy and overall behavioural intention. Based on mean score male patients have more perception on empathy than female patients but female patients have more behavioural intention than male patients.

There is no significant different between male and female with respect to Tangibility, responsiveness, word of mouth and willingness to pay more, since the P value is greater than 0.05. Hence the null hypothesis is accepted at 5% level with regard to Tangibility, responsiveness, word of mouth and willingness to pay more.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS II (with ref of Table 4.26)**

**Null Hypothesis:** There is no significant difference between Married and Unmarried with respect to Factors of Service Quality and Behavioural Intention of Patients

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Responsiveness, Assurance, Empathy and over all service quality. Hence there is a significant difference between married and unmarried with respect to Responsiveness, Assurance, Empathy and over all service quality. Based on mean score unmarried patients have
more perception on Responsiveness, Assurance, Empathy and overall service quality than married patients.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS III (with ref of Table 4.27)**

**Null Hypothesis:** There is no significant difference between government and private hospitals with respect to Factors of Service Quality and Behavioural Intention of Patients

Since $P$ value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Tangible, Responsiveness, Empathy, word of mouth, willingness to pay and overall behavioural intention. Hence there is a significant difference between government and private hospital with respect to Tangible, Responsiveness, Empathy, word of mouth, willingness to pay and overall behavioural intention. Based on mean score government hospital patients have more perception than private hospital with respect to Tangible, Responsiveness, Empathy, word of mouth, willingness to pay and overall behavioural intention.

Since the $P$ value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respect to Assurance and positive problem response. Hence there is a significant difference with respect to government and private hospital with respect to Assurance and positive problem response. Based on mean score the government hospitals patients have more perception than private hospital.

There is no significant different between government and private hospital with respect to reliability and non-switching to competitor, since the $P$ value is greater than 0.05. Hence the null hypothesis is accepted with respect to reliability and non-switching to competitor.
INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS IV (with ref of Table 4.28)

Null Hypothesis: There is no significant difference between joint and nuclear family with respect to Factors of Service Quality and Behavioural Intention of Patients

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Responsiveness, Empathy, over all service quality, positive problem response, non-switching to competitor, willingness to pay more and over all behavioural intention. Hence there is a significant difference between joint and nuclear family of Patients with respect to Responsiveness, Empathy, over all service quality, positive problem response, non-switching to competitor, willingness to pay more and over all behavioural intention. Based on mean score Nuclear family have more opinion on perception than joint family with respect to Responsiveness, Empathy, over all service quality, positive problem response, non-switching to competitor, willingness to pay more and over all behavioural intention.

Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respect to Assurance, and word of mouth. Hence there is a significant difference with respect to joint family and nuclear family. Based on mean score joint and nuclear family of Patients the patients have more perception than.

There is no significant different between joint and nuclear family with respect to tangible and reliability, since the P value is greater than 0.05. Hence the null hypothesis is accepted with respect to tangible and reliability.
INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS V (with ref of Table 4.29)

Null Hypothesis: There is no significant difference between health insurance covered and not covered with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Reliability, Responsiveness and non-switching to competitor. Hence there is a significant difference between the health insurance covered and not covered by patients with respect to Reliability, Responsiveness and non-switching to competitor.

There is no significant different between the health insurance covered and not covered with respect to tangible, empathy, assurance, overall service quality, positive problem response, word of mouth, willingness to pay more and overall behavioural intention, since the P value is greater than 0.05. Hence the null hypothesis is accepted with respect to tangible, empathy, assurance, overall service quality, positive problem response, word of mouth, willingness to pay more and overall behavioural intention health insurance covered and expected service quality of hospital.

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS VI (with ref of Table 4.30)

Null Hypothesis: There is no significant difference between CM health insurance covered and not covered with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Responsiveness, Assurance, Word of
Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respect to Tangible. Hence there is a significant difference between CM Health insurance covered and not covered with respect to tangible.

There is no significant different between CM Health insurance covered and not covered with respect to Reliability, empathy and overall service quality, since the P value is greater than 0.05. Hence the null hypothesis is accepted with respect to Reliability, empathy and overall service quality of CM Health insurance covered and not covered.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS VII (with ref of Table 4.31)**

**Null Hypothesis:** There is no significant difference among age group with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Tangible, Reliability, Responsiveness, Assurance, empathy, over all service quality, Word of mouth, positive problem response, non-switching to competitor and willingness to pay more. Hence there is a significant difference among age group in years with respect to Tangible, Reliability, Responsiveness, Assurance, empathy, over all service quality, Word of mouth, positive problem response, non–
switching to competitor and willingness to pay more. Based on Duncan Multiple Range test (DMRT), since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respect to overall behavioural intention. Hence there is a significant difference between age group in years with respect to overall behavioural intention.

There is no significant different between age group in years with respect to service quality factors. since the P value is not greater than 0.05 in any service quality factors and hence the null hypothesis is accepted with respect to age group in years and expected service quality of hospital.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS VIII (with ref of Table 4.32)**

**Null Hypothesis:** There is no significant difference among educational qualification group with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Tangible, Reliability, Responsiveness, Assurance, Empathy, over all service quality, Positive problem response, Non –switching to competitor and Willingness to pay more and overall Behavioural intention. Hence there is a significant difference between Educational qualification of Patients with respect to Tangible, Reliability, Responsiveness, Assurance, Empathy, overall service quality, Positive problem response, non –switching to competitor and Willingness to pay more and overall Behavioural Intention.

Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance, Word of mouth with respect to of Behavioural Intention. Hence there is a significant difference between with respect to
Educational qualification of patients and expected service quality level of hospital.

There is no significant different between Educational qualification of patients with respect to service quality factors, since the P value is not greater than 0.05 in any service quality factors and hence the null hypothesis is rejected with respect to Educational qualification of patients and expected service quality of hospital. Based in DMRT test of PG qualified patient is significantly differ with all other qualified in Empathy. The PG qualified patient is significantly differ with HSC, UG and Below SSLC, SSLC in Assurance. Also UG qualified patient is significantly differ with SSLC, HSC and Below SSLC, PG in Word of Mouth at 5% level.

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS IX (with ref of Table 4.33)

Null Hypothesis: There is no significant difference among Occupational group with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with Tangible, Reliability, Responsiveness, Assurance, Empathy, over all service quality, Word of mouth, Positive problem response, non-switching to competitor and overall Behavioural Intention. Hence there is a significant difference between occupation of patients with regard to factors of Service Quality level of hospitals is applied.

Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance, Willingness to pay more with respect to of Behavioural Intention. Hence there is a significant difference between with
respect to occupation of patients and expected service quality level of hospital.

There is no significant difference between occupation of patients with respect to service quality factors since the P value is not greater than 0.05 in any service quality factors and hence the null hypothesis is accepted with respect to occupation of patients and expected service quality of hospital.

Based on DMRT test of Others, Govt occupation is significantly differ with all other occupation respective to Non-Switching, Overall Behavioral Intention and Positive Problem Response.

Based on DMRT test of Farmers Occupation is significantly differ with Govt, Business and Private, Others in Willingness at 5% level

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS X (with ref of Table 4.34)

Null Hypothesis: There is no significant difference among monthly income of family group with respect to Factors of Service Quality and Behavioural Intention of Patients

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect Responsiveness, Assurance, Empathy, overall service quality, Word of mouth, positive problem response, Non switching to competitor, Willingness to pay more and Behavioural Intention factors. Hence there is a significant difference between monthly income of patients with regard to factors of Service Quality level of hospitals is applied.
Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respect to Tangible and overall service quality. Hence there is a significant difference between monthly income of patients with respect to expected service quality level of hospital.

There is no significant different between monthly income of patients with respect to Reliability. Since the P value is greater than 0.05 and hence the null hypothesis is accepted with respect to monthly income of patients’ and expected service quality of hospital.

Based on DMRT of 15001-25,000 monthly income is significantly differ with all other income in Empathy. Below 5000, above 35000 is significantly differ with all other incomes respective to positive problem response and non switching to competitor.

Based on DMRT below 5000 monthly income is significantly differ with 5001-25000, and 25001 to above 35000 monthly income in Tangible at 5% level.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XI (with ref of Table 4.35)**

**Null Hypothesis:** There is no significant difference among number of days stay in Hospital with respect to Factors of Service Quality and Behavioural Intention of Patients

Since P value is less than 0.01, the null hypothesis is rejected at 1 % level of significance with respect to Tangible, Reliability, Responsiveness, Empathy, over all service quality, Word of mouth ,Positive problem response, Non –switching to competitor, Willingness to pay more and overall Behavioural Intention. Hence there is a significant difference between
number of days stay in hospitals by patients with regard to factors of service quality level of hospitals is applied.

Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance. Assurance with respect to service quality factors. Hence there is a significant difference between with respect to number of days stay in hospitals by patients and expected service quality level of hospital.

There is no significant different between number of days stay in hospital by patients with respect to service quality factors. since the P value is not greater than 0.05 in any service quality factors and hence the null hypothesis is rejected with respect to number of days stay in hospitals by patients and expected service quality of hospital.

Based on DMRT test below one above six days in hospital is significantly differ with one to six number of days in hospital with respect to word of mouth, non switching to competitor, willingness to pay more and overall Behavioural intention.

Based on DMRT test below one, 4-6 number of days in hospital is significantly differ with 1-3, Above 6 in Assurance at 5% level

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XII (with ref of Table 4.36)**

**Null Hypothesis:** There is no significant difference between Monthly Expenditure on health services with respect to Factors of Service Quality and Behavioural Intention of Patients

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Tangible, Reliability, Empathy, Word
of mouth, Positive problem response, Non–switching to competitor, Willingness to pay more and overall Behavioural Intention. Hence there is a significant difference between monthly expenditure on health services by patients.

There is no significant different between monthly expenditure on health services by patients. Responsiveness, Assurance and overall service quality with respect to service quality factors, since the P value is greater than 0.05 and hence the null hypothesis is rejected with respect to monthly expenditure on health services by patients and expected service quality of hospital.

Based on DMRT test Monthly Expenditure on health services 5000-10000 is significantly differ with Below 5000, Above 10,000 with respect to word of mouth, Positive Problem Response, non switching to competitor and overall Behavioural intention.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XIII (with ref of Table 4.37)**

**Null Hypothesis:** There is no significant difference between Name of insurance with respect to Factors of Service Quality and Behavioural Intention of Patients.

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect Tangible, Reliability, Responsiveness, Assurance, Empathy, Word of mouth, Positive problem response, non–switching to competitor, Willingness to pay more and overall Behavioural Intention. Hence there is a significant difference between insurance scheme by patients with regard to factors of service quality level of hospitals is applied.
There is significant different between name of insurance services by patients with respect to any of the service quality factors. Since the P value is not greater than 0.05 and hence the null hypothesis is accepted with respect to name of insurance scheme by patients and expected service quality of hospital.

Based on DMRT test Star Health Insurance is significantly differ with other all Insurance with respect to word of mouth, Positive Problem Response, Non switching to competitor, willingness to pay more and overall Behavioural intention. The LIC Insurance is significantly differ with other all Insurance with respective to Tangible, Responsiveness, Assurance and Empathy

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XIV (with ref of Table 4.38)**

**Null Hypothesis:** There is no significant difference between Place with respect to Factors of Service Quality and Behavioural Intention of Patients

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance with respect to Non –switching to competitor and overall Behavioural Intention. Hence there is a significant difference between place of patients with respect to non –switching to competitor and overall Behavioural Intention

Since the P value is less than 0.05, the null hypothesis is rejected at 5% level of significance with respect to word of mouth and positive problem response. Hence there is a significant difference among place of hospital with respect to expected service quality level of hospital.
There is no significant different between place of hospital with respect to Tangibility, Reliability, Responsiveness, Assurance, Empathy, Willingness to pay more, and Behavioural Intention since the P value is greater than 0.05 and hence the null hypothesis is accepted with respect to place of hospital with respect to Tangible, Reliable, Responsiveness, Assurance, Empathy, Willingness to pay more, and Behavioural Intention.

Based on DMRT test Madurai, Tirunelveli is significantly different with other places in Word of Mouth at 5% level.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XV (with ref of Table 4.39)**

**Null Hypothesis:** There is no association between male and female and level of Satisfaction on service quality of patients

Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance, Based on row and column percentage, the service quality of gender adopted has 2.5% as very bad and 24.4% as bad and 26.6% neither/nor and as 21.0% as the service quality level perceived by the gender is 46.6% as male and 53.4% as female. Hence concluded that there is association between service quality adopted by gender and the quality of service perceived by gender at 1% level is significant, If the quality of gender adopted is low level it leads to low level of quality of service level by gender is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XVI (with ref of Table 4.40)**

**Null Hypothesis:** There is no association between age group in years and level of satisfaction on service quality of patients
Since P value is less than 0.01, the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the service quality of age group in years adopted has 2.5% as very bad and 24.4% as bad and 26.6% neither / nor and as 21.0% as good and 24.5% excellent whereas the age group in years perceived by patients 4.6% below 20% and 27% between 21 to 40 and 39.3% between 41 to 60 and 28.7% above 60%. Hence there is at 1% level is significant, If the quality of gender adopted is low level it leads to low level of quality of service level by gender is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XVII (with ref of Table 4.41)**

**Null Hypothesis:** There is no association between age group in years and level of Satisfaction on service quality of patients.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the age group in years adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither / nor and 21% as good and 24.5% excellent whereas the age group in years perceived by patients 4.6% below 20 and 27.4% between 21 to 40 and 39.3% between 41 to 60 and 28.7% above 60. Hence concluded that there is association between age group in years adopted by the patients at 1% level. If the quality of age group in years is low level it leads to low level of service quality level is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XVIII (with ref of Table 4.42)**

**Null Hypothesis:** There is no association between Marital Status and level of Satisfaction on service quality of patients.
Since the P value is less than 0.01 the null hypothesis is rejected at 1 % level of significance. Based on row and column percentage, the quality of Martial status adopted as 2.5 % as very bad and 25.4 % as bad and 26.6% neither / nor and 21% as good and 24.5% excellent whereas the quality of marital status perceived by patients 8.1% as married and 18.9% as unmarried. Hence concluded that there is association between marital status adopted and service quality level perceived by patients at 1% level. If the quality of marital status adopted is low level it leads to low level of service quality level is applied.

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XIX (with ref of Table 4.43)

Null Hypothesis: There is no association between Occupation and level of satisfaction on service quality of patients

Since the P value is less than 0.01 the null hypothesis is rejected at 1 % level of significance. Based on row and column percentage, the quality of occupation of patients adopted 2.5% as very bad and 25.4% as bad and 26.6% neither / nor and 21.0% as good and 24.5% excellent whereas occupation perceived by patients 34.7% as farmers and 27.9% as private employee and 7.1% as government employee 13.7% as business and 16.6% others. Hence concluded that there is association between occupation adopted and service quality level perceived by patients at 1% level. If the quality of occupation is adopted is low level it leads to low level of service quality level is applied.
INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XX (with ref of Table 4.44)

Null Hypothesis: There is no association between Monthly income of family and level of satisfaction on service quality of patient.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the quality of Monthly income of family adopted 2.5% as very bad and 25.4% as bad and 26.6% neither/nor and 21.0% as good and 24.5% excellent whereas the quality of monthly income of family occupation perceived by patients 16.8% as below 5000 and 21.8% between 5001 to 15000 and 34.7% between 5001-25000 and 16.8% between 25001-35000 and above 35000. Hence concluded that there is association adopted and service quality level perceived by patients at 1% level in hospital. If the quality of monthly income of family is adopted is low level it leads to low level of service quality level is hospital is applied.

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXI (with ref of Table 4.45)

Null Hypothesis: There is no association between Ownership of Hospital and level of satisfaction on service quality of patients

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the quality of Ownership of Hospital adopted as 2.5% as very bad and 25.4% as bad and 26.6% as neither/nor and 21.0% as good and 24.5% excellent whereas the quality of ownership of hospital perceived by patients 52.07% as government and 48.0% as private. Hence concluded that there is association adopted and service quality level perceived by patients at 1% level in hospital. If the
quality of ownership of hospital is adopted is low level it leads to low level of service quality level in hospital is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXII (with ref of Table 4.46)**

**Null Hypothesis:** There is no association between Number of days in hospital and level of satisfaction on service quality of patients.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the number of days in hospital adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither / nor and 21.0% as good and 24.5% as excellent whereas the number of days in hospital perceived by patients is 18.9% below 1 and 41.8% between 1-3 and 21.4% between 4-6 and 17.9% above 6. Hence concluded that there is association between number of days in hospital adopted and service quality level perceived by patients at 1% level. If the quality of number of days in hospital adopted is low level it leads to low level of service quality level is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXIII (with ref of Table 4.47)**

**Null Hypothesis:** There is no association between place of hospital and level of satisfaction on service quality of patients.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the place of hospital adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither / nor and 21.0% as good and 24.5% as excellent whereas the place of hospital
perceived by patients 23.5% in Dindigul 33.3% in Madurai and 22.0% in Theni and 21.2% in Thirunelveli. Hence concluded that there is association between place of hospital adopted and service quality level perceived by patients at 1% level. If the quality of place of hospital is low level it leads to low level of service quality level is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXIV (with ref of Table 4.48)**

**Null Hypothesis:** There is no association between Average arrival time from the source and level of satisfaction on service quality of patients.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the average arrival time from the source adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither/nor and 21.0% as good and 21.0% as excellent whereas the average arrival time from the source perceived by patients 4.2% below 5 and 22.2% between 6-10 and 20.2% between 11-15 and 15.8% between 16-20 and 37.6% above 20. Hence concluded that there is association between average arrival time from the source perceived by patients at 1% level. If the quality of average arrival time from source adopted is low level it leads to low level of service quality level in hospital is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXV (with ref of Table 4.49)**

**Null Hypothesis:** There is no association between nature of family and level of satisfaction on service quality of patients.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the nature of
family adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither nor and 21.0% as good and 24.5% as excellent whereas the nature of family perceived by patients is 42.0% as joint and 58.0% as Nuclear. Hence concluded that there is association between nature of family and quality service perceived by patients at 1% level. If the nature of family adopted is low level it leads to low level of service quality level in hospital is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXVI** (with ref of Table 4.50)

**Null Hypothesis:** There is no association between monthly expenditure on health service and level of satisfaction on service quality of patients.

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the monthly expenditure on health service as 2.5% as very bad and 25.4% as bad and 26.6% neither nor and 21.0% as good and 24.5% as excellent whereas the monthly expenditure on health services perceived by patients is 46.8% below 5000 and 43.5% between 5000 – 10000 and 9.8% above 10000. Hence concluded that there is association between monthly expenditure and quality service perceived by patients at 1% level. If the monthly expenditure on health service adopted is low level it leads to low level of service quality level in hospital is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXVII** (with ref of Table 4.51)

**Null Hypothesis:** There is no association between Health insurance covered and level of satisfaction on service quality of patients.
Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the health insurance covered adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither/nor and 21.0% as good and 24.5% as excellent whereas the health insurance covered perceived by patients is 53.2% as yes and 46.8% as no. Hence concluded that there is association between health insurance covered and quality service perceived by patients at 1% level. If the health insurance covered adopted is low level it leads to low level of service quality level in hospital is applied.

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXVII (with ref of Table 4.52)

Null Hypothesis: There is no association between Health insurance covered and level of satisfaction on service quality of patients

Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the name of insurance adopted as 1.6% as very bad and 29.3% as bad and 30.1% neither/nor and 19.5% as good and 19.55% as excellent whereas the CM health insurance perceived by patients is 34.4% as star health and 27.7% as SBI and 37.9% as LIC. Hence concluded that there is association between name of insurance and quality service perceived by patients at 1% level. If the name of insurance adopted is low level it leads to low level of service quality level in hospital is applied.

INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXVIII (with ref of Table 4.53)

Null Hypothesis: There is no association between CM Health Insurance and level of satisfaction on service quality of patients.
Since the P value is less than 0.01 the null hypothesis is rejected at 1% level of significance. Based on row and column percentage, the CM health insurance adopted as 2.5% as very bad and 25.4% as bad and 26.6% neither/nor and 21.0% as good and 24.5% as excellent whereas the CM health insurance perceived by patients is 59.7% as covered and 40.3% as not covered. Hence concluded that there is association between the CM health insurance and quality service perceived by patients at 1% level. If the CM health insurance adopted is low level it leads to low level of service quality level in hospital is applied.

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXIX (with ref of Table 4.54)**

**Null Hypothesis:** There is no significant difference among mean ranks towards factors of service quality

Since P value is less than 0.01, the null hypothesis is rejected at 1 percent level of significance. Hence concluded that there is significant difference among mean rank towards the factors of service quality. Based on mean rank, Responsiveness (3.17) is most important factors of service quality, followed by Empathy (3.14) Tangible (2.99), Reliability(2.89) and Assurance (2.81).

**INFERENTIAL ANALYSIS ON SAMPLE WITH RESPECT TO HYPOTHESIS XXX (with ref of Table 4.55)**

**Null Hypothesis:** There is no significant difference among mean ranks towards factors of behavioural intention of patients.
Since P value is less than 0.01, the null hypothesis is rejected at 1 percent level of significance. Hence concluded that there is significant difference among mean rank towards the factors of Behavioural Intention of patients. Based on mean rank, word of mouth (3.28) is the most influencing factor of Behavioural Intention of patients, followed by Willingness to pay more (2.46), Positive problem response (2.30), and Non-Switching to Competitor is (1.96).

**CORRELATIONS ANALYSIS ON SAMPLE WITH REFERANCE TO THE TABLE NUMBER: 4.56**

**Pearson Correlation Coefficient between factors of Service Quality of Hospitals.**

The correlation coefficient between Tangible and Reliability of service quality of is 0.306, which indicates 30.6 percentage positive relationships between Tangible and Responsiveness and is significant at 1% level. The correlation coefficient between Tangible and Responsiveness of service quality of is 0.565, which indicates 56.5 percentage positive relationships between Tangible and Responsiveness and is significant at 1% level. The correlation coefficient between Responsiveness and Empathy of service quality of is 0.434, which indicates 43.5 percentage positive relationships between Responsiveness and Empathy and is significant at 1% level and similarly the other factors are positively correlated with each other.
CORRELATIONS ANALYSIS ON SAMPLE WITH REFERANCE TO THE TABLE NUMBER: 4.57

Pearson Correlation Coefficient between factors of behavioral intention of patients

The correlation coefficient between Word of mouth and Willingness to Pay more of Behavioural Intention is 0.847, which indicate 84 percentage positive relationships between Word of mouth and Positive Problem Response and is significant at 1% level. The correlation coefficient between Word of mouth and Positive Problem Response of Behavioural Intention is 0.797, which indicate 79 percentage positive relationships between Word of mouth and Positive Problem Response and is significant at 1% level. The correlation coefficient between Word of mouth and Non-Switching to Competitor of Behavioural Intention is 0.727, which indicate 72 percentage positive relationships between Word of mouth and Positive Problem Response and is significant at 1% level. Similarly the other factors are positively correlated with each other. (add reasons)

CORRELATIONS ANALYSIS ON SAMPLE WITH REFERANCE TO THE TABLE NUMBER: 4.58

Pearson Correlation Coefficient Between Factors of Service Quality of Hospitals and Behavioural Intention of Patients.

The correlation coefficient between Tangible factor of service quality and Positive Problem Response of Behavioural Intention is -0.0333, which indicate 33 percentage negative relationships between
Tangible service quality factor and Positive Problem Response of Behavioural Intention and is significant at 1% level. The correlation coefficient between Tangible factor of service quality and Non-Switching to Competitor of Behavioural Intention is -0.366, which indicate 36 percentage negative relationships between Tangible service quality factor and Non-Switching to Competitor of Behavioural Intention and is significant at 1% level. The correlation coefficient between Tangible factor of service quality and Willingness to Pay more of Behavioural Intention is -0.435, which indicate 43 percentage negative relationships between Tangible service quality factor and Willingness to Pay more of Behavioural Intention and is significant at 1% level.同样地，其他因素是负相关，(add reasons)

CORRELATIONS ANALYSIS ON SAMPLE WITH REFERENCE TO THE TABLE NUMBER: 4.59

Pearson Correlation Coefficient Between Factors of Service Quality of Hospitals and Overall Satisfaction of Patients

The correlation coefficient between Tangible factor of service quality and overall satisfaction is -0.363, which indicate 36 percentage negative relationships between Tangible service quality factor and overall satisfaction and is significant at 1% level. The correlation coefficient between Reliability factor of service quality and overall satisfaction is -0.348, which indicate 34 percentage negative relationships between Reliability service quality factor and overall satisfaction and is significant at 1% level. The correlation coefficient between Responsiveness factor of service quality and overall satisfaction is -0.414, which indicate 41
percentage negative relationships between Responsiveness service quality factor and overall satisfaction and is significant at 1% level. The correlation coefficient between Assurance factor of service quality and overall satisfaction is -0.307, which indicate 30 percentage negative relationships between Assurance service quality factor and overall satisfaction and is significant at 1% level. The correlation coefficient between Empathy factor of service quality and overall satisfaction is -0.399, which indicate 39 percentage negative relationships between Empathy service quality factor and overall satisfaction and is significant at 1% level.

**CORRELATIONS ANALYSIS ON SAMPLE WITH REFERANCE TO THE TABLE 4.60**

**Pearson Correlation Coefficient Between Factors of Behavioral Intention and Overall Satisfaction of Patients**

The correlation coefficient between Word of mouth factor of Behavioural Intention with overall satisfaction is 0.419, which indicate 41 percentage positive relationships between Word of mouth factor of Behavioural Intention and overall satisfaction and is significant at 1% level. The correlation coefficient between Positive problem Response factor of Behavioural Intention with overall satisfaction is 0.339, which indicate 33 percentage positive relationships between Positive problem Response factor of Behavioural Intention and overall satisfaction and is significant at 1% level. The correlation coefficient between Non-Switching to Competitor factor of Behavioural Intention with overall satisfaction is 0.509, which indicate 50 percentage positive relationships between Non-Switching to Competitor factor of Behavioural Intention and overall satisfaction and is significant at 1% level. The correlation coefficient between Willingness to Pay More factor of Behavioural Intention with overall satisfaction is 0.342,
which indicate 34 percentage positive relationships between Willingness to Pay More factor of Behavioural Intention and overall satisfaction and is significant at 1% level. (add reasons)

MULTIPLE REGRESSION ANALYSIS OF SERVICE QUALITY GAP ON BEHAVIOURAL INTENTION WITH REFERENCE TO TABLE 4.61

Here the coefficient of X1 is -0.098 represents the partial effect of Tangible on Behavioural Intention, holding the other variables as constant. The estimated negative sign implies that such effect is negative that Behavioural intention score would decrease by 0.098 for every unit increase in Tangible and this coefficient value is significant at 5% level. The coefficient of X2 is -0.208 represents the partial effect of Reliability on Behavioural Intention, holding the other variables as constant. The estimated negative sign implies that such effect is negative that Behavioural intention score would decrease by 0.208 for every unit increase in anxiety and this coefficient value is not significant at 1% level. The coefficient of X3 is -0.002 represents the partial effect of Responsiveness on Behavioural Intention, holding the other variables as constant. The estimated negative sign implies that such effect is negative that Behavioural intention score would decrease by 0.002 for every unit increase in Responsiveness and this coefficient value is not significant at 5% level. The coefficient of X4 is -0.142 represents the partial effect of Assurance on Behavioural Intention, holding the other variables as constant. The estimated negative sign implies that such effect is negative that Behavioural intention score would decrease by 0.142 for every unit increase in Assurance and this coefficient value is significant at 5% level. The coefficient of X5 is -0.127 represents the partial effect of Empathy.
on Behavioural Intention, holding the other variables as constant. The estimated negative sign implies that such effect is negative that Behavioural intention score would decrease by 0.127 for every unit increase in Empathy and this coefficient value is significant at 1% level.

Based on standardized coefficient, Empathy (-0.172) is the most important factors to extract Behavioural Intention followed by Reliability (-0.137) and Tangible is (-0.134).

MULTIPLE REGRESSION ANALYSIS OF SERVICE QUALITY GAP ON OVERALL SATISFACTION WITH REFERENCE TO TABLE 4.62

Here the coefficient of $X_1$ is -0.017 represents the partial effect of Tangible on overall satisfaction, holding the other variables as constant. The estimated negative sign implies that such effect is negative that overall satisfaction score would decrease by 0.017 for every unit increase in Tangible and this coefficient value is significant at 1% level. The coefficient of $X_2$ is -0.025 represents the partial effect of Reliability on overall satisfaction, holding the other variables as constant. The estimated negative sign implies that such effect is negative that overall satisfaction score would decrease by 0.025 for every unit increase in anxiety and this coefficient value is significant at 1% level. The coefficient of $X_3$ is -0.002 represents the partial effect of Responsiveness on overall satisfaction, holding the other variables as constant. The estimated negative sign implies that such effect is negative that overall satisfaction score would decrease by 0.002 for every unit increase in Responsiveness and this coefficient value is not significant at 5% level. The coefficient of $X_4$ is -0.051 represents the partial effect of Assurance on overall satisfaction, holding the other variables as constant. The estimated negative sign implies that such effect is negative that overall satisfaction score would decrease by 0.051 for every unit increase in Assurance and this coefficient
value is significant at 1% level. The coefficient of $X_5$ is -0.032 represents the partial effect of Empathy on overall satisfaction, holding the other variables as constant. The estimated negative sign implies that such effect is negative that overall satisfaction score would decrease by 0.032 for every unit increase in Empathy and this coefficient value is significant at 1% level.

Based on standardized coefficient, Assurance (-0.442) is the most important factors to extract overall satisfaction followed by Empathy (-0.440) and Tangible is (-0.228).

**DISCRIMINANT ANALYSIS FOR PUBLIC AND PRIVATE HOSPITAL SERVICES WITH REFERENCE TO TABLE 4.63**

The above test displays the results of a one-way ANOVA for the independent variable using the grouping variable as the factor. According to the results in the table, out of 18 variables, only 10 variables in discriminant model is significant, since P value is less than 0.01. Wilks' lambda is another measure of a variable's potential. Smaller values indicate the variable is better at discriminating between groups. The table suggests that The way of employees behave with customer is best, followed by Employee's eagerness of instilling confidence in customers and etc.,

**Canonical Discriminant function of Un standardised and Standardized coefficients with reference to Table 4.64**

Based on the Canonical Discriminant Function coefficient, the linear discriminant equation can be written as

$$Y = 4.448 + 0.013X_1 + 0.014X_2 + 0.003X_3 + 0.036X_4 + 0.067X_5 + 0.312X_6 + 0.276X_7 + 0.211X_8 + 0.219X_9$$
Discriminant analysis classification results with reference Table 4.65

The classification table shows the practical results of using the discriminant model. Of the cases used to create the model, 250 of the 165 public sectors hospital patients (66%) are classified correctly. 231 of the 175 private sector hospital patients (375.8%) are classified correctly. Overall, 70.8% of the cases are classified correctly based on their quality of services.

STRUCTURAL EQUATION MODEL (SEM) ON SERVICE QUALITY OF HOSPITAL

Structural Equation Model based on Standardized Coefficient with reference to Table 4.66

Here the coefficient of Tangible is 1.334 represents the partial effect of tangible on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 1.334 for every unit increase in Tangible and this coefficient value is significant at 1% level. The coefficient of Reliability is 0.214 represents the partial effect of Reliability on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 0.214 for every unit increase in Reliability and this coefficient value is significant at 1% level. The coefficient of Responsiveness is 1.558 represents the partial effect of Responsiveness on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 1.558 for every unit increase in Responsiveness and this coefficient value is significant at 1% level. The coefficient of Assurance is 0.414 represents the partial effect of Assurance on service quality, holding the other variables as constant. The estimated positive sign implies that such
effect is positive that service quality would increase by 0.414 for every unit increase in Assurance and this coefficient value is significant at 1% level. The coefficient of satisfaction is 0.020 represents the partial effect of Satisfaction on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 0.020 for every unit increase in satisfaction and this coefficient value is significant at 5% level. The coefficient of Positive problem response is 0.852 represents the partial effect of Positive problem response 0.852 on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 0.852 for every unit increase in Positive problem response and this coefficient value is significant at 1% level. The coefficient of non switching to competitor is 1.219 represents the partial effect of Non switching to competitor 1.219 on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 1.219 for every unit increase in Non switching to competitor and this coefficient value is significant at 1% level. The coefficient of willing to pay more is 0.688 represents the partial effect of willing to pay more on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 0.688 for every unit increase in willing to pay more and this coefficient value is significant at 1% level. The coefficient of Behavioral intention is 0.719 represents the partial effect of Behavioral intention on service quality, holding the other variables as constant. The estimated positive sign implies that such effect is positive that service quality would increase by 0.719 for every unit increase in Behavioral intention and this coefficient value is significant at 1% level.
Model fit summary of Structural Equation Model with reference to Table 4.67

From the above Table 4.67 it is found that the calculated P value is 0.088 which is greater than 0.05 which indicates perfectly fit. Here GFI (Goodness of Fit Index) value and AGFI (Adjusted Goodness of Fit Index) value is greater than 0.90 which represent it is a good fit. The calculated CFI (Comparative Fit Index) value is 0.947 which means that it is a perfectly fit and also it is found that RMR (Root Mean Square Residuals) and RMSEA (Root Mean Square Error of Approximation) value is 0.032 and 0.063 respectively which is less than 0.08 which indicated it is perfectly fit.

5.2 CONCLUSION

Patients’ intention to avail the hospital services is the major concern for the hospital service providers. Retention of patients is important and inseparable for the survival and sustainability of the hospital in the hyper competitive environment. There are number of public hospital in our surrounding, still people prefer to go only to private hospitals because they offer good service. Even though the cost of service is high people prefer to go private hospitals because of favourable perception of reliability and tangibility. Almost all priority factors for choosing hospitals have equal importance except perhaps location. When location is not an important consideration, service quality assumes more significance. Because the hospital that provides better service will be getting more patients. In all items of service quality, perception is slightly less than expectation of patients. The only few exceptions are ease of discharge and convenient timing of service delivery for patients. It does not mean patients are expecting more. Rather it means that their satisfaction has not matched their expectation. The more facilities are available at the hospital; the better will be the feeling of patients. Therefore, hospitals, both in public and private sector, need to concentrate on
augmenting the facilities including modern equipments in the hospitals. However, the facilities provided should be need based and hospitals have to bear in mind that mere availability of facilities will not work in their favor. Availability of qualified doctors to make use of the facilities for treatment is equally important. It is in this context, the private hospitals are able to take on the government hospitals. The study confirms that general feeling about a hospital is a leading factor when it comes to choice of hospital. So every hospital should work to create a favorable public opinion. People view hospital service in the four districts of Tamilnadu as medium in quality. So there is tremendous need and scope for improvement in all areas.

The research explores quality of service given by the hospitals in order to satisfy needs of patients which is a social concern. Therefore, the hospitals should maintain their quality and have to be providing a good facility to the welfare of our society.

5.3 SCOPE FOR FURTHER STUDIES

The study focused on the determinants of service quality in hospital industry. Future research can be carried out in the same industry globally by taking other dimensions of service quality into consideration, which will facilitate to enhance the quality of service, patient satisfaction and in turn positive behavioral intention.

Certain hospitals specialize in certain areas where as there are hospitals which cater to all requirements. Service quality assessment of specialty hospitals as against general hospitals need to be done. This is important as only public hospitals provide certain services especially those during crisis like epidemic break-out. In the same breath it is also worthwhile to study how well private sector health care industries can be converted into
mass healthcare system. This will through ideas has to how to improve rural health care center in India.

While service quality of hospital is of paramount importance, this study has not gone into service quality provided by the doctors which is of equal importance. In depth, analysis is worth doing to evaluate service quality of doctors both in public hospitals and in private hospitals. This can be expanded to analyze how effective could be privatization of public health care system.

Further study can be taken up to find out which system of medicine is more suitable in different contest in terms of service quality.