

CHAPTER - 6

FINDINGS, SUGGESTIONS AND CONCLUSIONS

Sixth chapter presents summary of the findings of the study along with the themes of the data collection presented in the previous chapters and suggestions have been made for Service Quality improvement in hospitals under study and also in general to the Healthcare sector. At the end of the chapter conclusions and opportunities for further research are addressed.

6.1. INTRODUCTION:

After careful consideration and study of literature reviews, the present study methodology was designed and interview questionnaire was prepared and administered. Many studies at macro level have been conducted to measure quality of care in hospitals. Area specific and agency specific studies are also necessary to have a clear picture about the quality maintenance of healthcare services by hospitals. Hence the present study i.e. "A study on Service Quality measurement in Healthcare sector" is undertaken.

6.2. FINDINGS:

Based on the objectives of the study hypotheses were formulated and tested and the results are depicted in tables 5.12, 5.21, 5.30, 5.39 and 5.48. On the basis of the statistical inferences, observations and literature review, the following findings have been considered.

1. The rise of literacy rate, increasing levels of income, life style, awareness through media, industrial economies, technology, changing world population contributed to greater attention being paid to Healthcare. Liberalization, Privatization and Globalization (LPG) allowed Foreign Direct Investment (FDI) which also reduced import duty on medical equipments and technology, thus opening up the Healthcare sector is leading to inevitable rise in competition among the Healthcare providers. Increase in number hospitals, is inclining towards service quality becomes essential in health sector.
2. Government sector is providing free of cost / nominal charges for both curative and preventive health services from primary to tertiary level like that of the Public Health

Sector, Private Sector, Private non-profit sector (Voluntary Health Agencies), National Health Programmes, and Indigenous Systems of medicine which differ in rendering their services. While on the other hand in rural areas healthcare services are offered through Village Health Guides and trained Dias, Sub-Centres, Primary Health Centres, Community Health Centres, in Urban areas Government Area hospitals and dispensaries based on population and at District level District hospitals and Apex hospitals at state level.

3. Government plays vital role in healthcare management. The Central Government's responsibility consists mainly of policy making, planning, guiding, assisting, evaluating and coordinating the work of the State Governments so that the health services cover every part of the country. Proper policies, procedures, steps had been taken by the Central as well as State Governments to implement the National Health Policy objectives towards achieving Health for all and offering regular medical services to the poor and needy.

Even though health is the responsibility of the states, under the Constitution, the Central Government has been financing the national disease control, family welfare and reproductive and also the programmes that are related to child health. Each state therefore, has developed its own system of health care delivery, independent of the Central Government.

4. A well known Service Quality frame work SERVQUAL developed by Parasuram A, Zelthaml V.A and Berry has frequently been used. SERVQUAL scale is most valuable when it is used periodically to track quality trends that which determine the

average gaps between patients' perceptions and expectations for each service attribute and to compare organizations' SERVQUAL score against those of competitors.

Service quality has a chain of effects on profits through retention of patients by the below mentioned flow i.e., employee satisfaction to patient satisfaction, patient satisfaction to patient retention, patient retention to market share, market share to revenues, revenues to profits, profits to service improvements and service improvements to patient satisfaction.

5. Market forces, like medical tourism, insurance and corporate sector have accelerated the demand for quality in Healthcare services. The adoption of Hospital quality accreditation for quality assurance should be a strategic decision of a health care provider.
6. The Demographic characteristics vary according to the age group as usually the patients of age group ≤ 30 years usually prefer Government and Missionary hospitals as their illness is usually from primary and secondary health care related problems. The researcher observed that patients of age groups 31–40 years, 41–50 years, 51–60 years and 61 and above are availing tertiary health care from Private hospitals and it is also observed constant percentage of decrease in availing medical facilities of Government and Missionary hospital in these age groups.
7. While on the other hand the Demographic characteristics even vary with the family Income levels. It is observed that most of the patients who belong to Income groups below Rs. 60000/- and Rs. 60000/- to 120000/- are availing medical facilities of Government and Missionary hospitals (i.e. 42.5% and 48.75% from Government and

40 % and 42.5% from Missionary hospitals respectively). Due to lack of hygienic environment and education, people from low income levels may fall sick from communicable diseases very frequently and cannot afford private hospitals every time. The researcher also observed that most of the patients (90%) of income levels Rs. 60000/- to Rs. 120000/-, Rs.120000/- to Rs. 180000/-, Rs. 180000/- to Rs. 240000/- and Rs. 240000/- to and above (i.e. 39%, 27.5%, 16% and 7.5% respectively) are utilizing medical services of private hospitals i.e. middle class, upper middle class and upper class patients are utilizing private hospitals medical services.

8. The study further proves that the demographic characteristics vary even with the levels of education like as per the recent statistics; Krishna district has recorded a literacy rate of 70.03%. As per the present study 66.25% literates are availing medical facilities of select hospitals of Krishna District of Andhra Pradesh (i.e. survey has been carried-out on 400 patients of sample out of which 265 patients are literates). Highest 73.5% of literates are availing medical facilities from private hospitals, next highest 66.25% of patients utilizing missionary hospitals medical services and lastly 58.25% availing government hospitals services. Literacy rates are primarily influenced by Income levels. 91.25% of low income groups are availing medical services from Government hospitals and 82.5% of low income groups from missionary hospitals.
9. On average overall out-patients of Government hospitals opined 2 service quality attributes (i.e. 13 and 20) are negative out of 22 SERVQUAL attributes. The researcher found that nursing and paramedical staff pretends busy to patients and not showing sincere interest in solving patient problems in the absence of doctors and

administrative staff. Individual attention limited to nursing staff only not by available few doctors. On other side in Private hospital on an average except one service quality attribute no. 4 is under expectation and remaining 21 attributes met and exceeded Out-patients' expectation levels. This is for the reason that management want to keep their hospital buildings and premises clean and neat but not with materials associated with the services. Coming to Missionary hospital i.e. Gifford Memorial Hospital all 22 SERVQUAL attributes are positive. This reflects hospital courtesy is enough to offer all service quality attributes to its patients so as to meet their expectations.

10. Next on an average no service gaps found between perceptions and expectations opined by overall in-patients of select Government and Missionary Hospitals of Krishna District. This shows In-patients of all service quality attributes met and exceeded expectation levels of select Government and Missionary hospitals. This is due to efforts of Government and Missionary hospitals management to give best possible treatment to their patients up to possible extent by creating more awareness among public towards disease and health by displaying placards, offering stated medical services in IPD supporting with diagnostic services, skilled and experienced medical and paramedical. On other side an average one service quality attribute no. 4 is negative opined by In-patients of select Private hospitals i.e. placards/boards or statements on walls to bring awareness among public towards health and diseases.

11. Even on an average all 22 SERVQUAL attributes towards service quality opined by overall patients (both O/P & I/P) are positive in select Government and Missionary Hospitals except Private Hospitals. This indicates that Government and Missionary

hospitals have sufficient physical facilities, equipment, neat appearance and behaviour of hospital staff, creating awareness among public by conducting medical camps, displaying placards, offering stated medical services supported by diagnostic services with skilled and experienced medical and paramedical staff. The reason behind this is the influence of demographic factors such as age, gender and socio-economic status (SES) on patients. These factors are often closely interrelated to patients' satisfaction levels. Due to the reason that patients of low SES have low expectations on service quality of health care services provided by the Government and Missionary hospitals and they are getting satisfied with the same. Patients of high SES have high expectations on serviced quality of health care and are being fulfilled by the private hospitals. Mostly in Private hospitals service quality attribute no. 4 is negative and remaining 21 SERVQUAL attributes met and exceeded patients' expectation levels. This shows that the private hospitals management show interest on modern equipment, operation theatres, rooms and wards, skilled medical and paramedical staff and their appearance and behaviour, specialized medical and supporting services, stand on hospital promises to do something by a certain time, show sincere interest in solving patients' problems, gets things done right the first time, error free records, prompt service and conduct medical camps to show their specialties, services and facilities to public not to bring awareness among public towards health and disease by displaying placards, boards and statements on walls. Management feels placards / writing statements on walls, put boards associated with the services disturbs hospital elevation, spoils the interior.

12. The average Unweighted and Weighted SERVQUAL scores of Private and Missionary hospitals are more than the scores of Government hospitals. This makes known patients' service quality of Private and Missionary hospitals good enough than Government hospitals.
13. Further the ANOVA test values of overall Out-patients of select hospitals are not significant as P value is >0.05 (i.e. level of significance is found to be not significant at 95 percent confidence level). This means that there is no significant difference in service quality in the mean variance among the responses given by out-patients' perception of all Government Hospitals, Private Hospitals and Missionary Hospital, because the overall ANOVA value of out-patients is 0.079.
14. On the other hand the ANOVA test values of overall In-patients of select hospitals are not significant as P value is >0.05 (i.e. level of significance is found to be not significant at 95 percent confidence level). This means that there is no significant difference in service quality in the mean variance among the responses given by in-patients' perception of all Government, Private and Missionary Hospitals, because the overall ANOVA value of in-patients is 0.152.
15. In addition to the above the ANOVA test values of overall patients (both O/P & I/P) of select hospitals are significant as P value is <0.05 (level of significance is found to be significant at 95 percent confidence level). In other words, there is significant difference in service quality in the mean variance among the responses given by overall patients' (both O/P & I/P) perceptions of all Government, Private and

Missionary Hospitals, because the overall ANOVA value of overall out & in-patients is 0.019.

16. As per the priorities opined by the sample patients of present study, Tangibles prioritized 1st place, Reliability 2nd, Responsibility 3rd, Assurance 4th and Empathy prioritized 5th place. The researcher found that there is no change in order of SERVQUAL scale dimensions proposed by introducers A Parasuraman, Valerie A. Zeithaml, and Leonard L. Berry and revealed results of present study. This might be the reason that proposers of SERVQUAL had been conducted intensive research on SERVQUAL scale and its dimensions and order of dimensions.
17. Coming to patient satisfactory levels, the researcher found that Out-patients of Missionary hospital are satisfied with 72.27%, Private hospitals with 68.69% and Government hospitals with 63.34%. This indicates patients of Missionary hospitals are more satisfied than patients of Private and Government hospitals. On an average 66.91% of out-patients are satisfied with the service quality of all select Government, Private and Missionary hospitals.
18. Satisfactory levels of in-patients of select Private hospitals are more satisfied with 70.72% than patients of Missionary hospital with 67.86% and patients of Government Hospital with 64.95%. Overall 68.13% of in-patients are satisfied with the services offered by different category hospitals.
19. Satisfactory levels of overall patients (both O/P & I/P) of select Missionary and Private hospitals are more satisfied than patients of Government hospitals. Patients of Missionary hospital are more satisfied with 70.07%, Private hospitals with 69.70% and patients of Government Hospitals with 64.15%. Usually patients of low SES

have inherently adjustable nature and do not expect more. This may be the reason that most of the poor patients' are availing medical facilities of Government and Missionary hospitals and are satisfying with the medical services being offered by them. Thus, the present study results confirms that the demographic factors and socio economic status plays vital role in patients' satisfaction towards services offered by the hospitals.

6.3. SUGGESTIONS:

1. Low productivity and low service quality may be reviewed and avoided by describing employee duties and responsibilities in the manner of job descriptions, by conducting employee job satisfaction surveys and measuring employee performance by appraisals.

It is suggested to Hospital managements to prepare clear and separate job descriptions department wise. These job descriptions should not only provide clear information to employees regarding their skills, abilities, education, nature of duties and responsibilities, immediate supervisor, training and education programmes but also mention types and nature of disciplinary actions too. So that employees not only know their regular duties, responsibilities but also disciplinary actions against their mistakes leading to patient dissatisfaction and low productivity.

Satisfied employees give quality out-put and specified productivity. Along with clear employee job description it is suggested to hospital managements to conduct employee job satisfaction surveys at regular intervals to measure level of employee

satisfactions and their views on different aspects relating to their work and working conditions.

It is suggested to Hospital managements to encourage employee involvement in medical, supporting services and patients' satisfaction related matters. Employee involvement can be done by employee performance appraisals. These employee performance appraisals rate the employees in terms of their performance. Before rating the employees, management needs to compare employee performance with their job descriptions. Diminution in performance has to undergo counseling and training programmes conducted by the management to enhance their abilities sometimes has to face disciplinary actions too. Because of all the above reasons employees work cautiously and put maximum efforts to satisfy patients' needs and wants and do not pretend busy to patients and show sincere interest in solving patients' problems.

2. It is recommended to local Government authorities along with State and Central Government health departments communicate the availability of national health programmes by Central Government, medical services offered by the State Governments and the local Government hospitals through placards, public service announcements or advertisements to make known by the general public, vast and proper utilization of medical services by the public.
3. It is difficult to implement Hospital quality accreditations for Government hospitals but continuous improvement by regular medical audits, patients and employees satisfaction surveys and by recruiting candidates who are having academic

background of Hospital Administration/Management for the post of Hospital Superintendents who are liable for entire hospital administration brings quality output in medical services by the Government hospitals. Due to affordability it is suggested to private hospitals to take quality certifications from quality standard institutions offering by both national and international standards institutions to provide more standardized and quality medical services to their patients.

4. People from low income levels fall sick from communicable diseases very frequently due to lack of hygienic environment and education. Lack of proper sanitation, drainage facilities and low income levels leads to this situation. Proper initiatives should be taken by government to overcome these problems.
5. Service quality gaps existed in Government hospitals in relation to personnel in the hospital pretends busy to respond patients' requests, personal attention towards patients and moreover patient attention limited to nursing staff only not by the doctors. Attractive compensation and facilities makes qualified doctors to join in Government sector and continuous monitoring by administrative staff may fulfill these service gaps in Government sector.
6. Creating awareness among public towards diseases, causes and effects of diseases, precautions for good health and offer preventive health care for general public are the responsibilities of every doctor and hospital not only by government but also by private doctors and hospitals. It is suggested to private hospitals along with their routine medical services, creating awareness among general public towards health by displaying information using modern technology.

7. Select Missionary hospital Patients are satisfied with all SERVQUAL scale attributes. Hospital courtesy is enough to offer all service quality attributes to its patients so as to meet their expectations. Apart from general medical services, it is suggested to Missionary hospitals to start specialized departments to offer specialized medical services or new hospitals to serve poor and needy. It is suggested to Governments also to encourage Missionary hospitals by exempting various taxes.
8. It is suggested to hospital management to put their revenue, efforts, manpower and interests on Tangibles prioritized 1st place, Reliability 2nd, Responsibility 3rd, Assurance 4th and Empathy prioritized 5th place prioritized and suggested by both experts and patients.
9. Success of any hospital/organization depends on continuous and constant effort made by it to meet and match the needs of the patients/customers with their expectations. Enhance the levels of patients satisfaction is an essential task for every hospital to sustain in this competitive environment. Quality has emerged as a key competitive component of service organizations. Regular patient satisfaction surveys enable hospital managers to become aware of the changing levels of patients' satisfaction and operational efficiency of hospital. Logical approaches to know patient satisfaction, dissatisfaction, factors associated with these, patient expectations and service gaps are from regular feedbacks of patients by structured questionnaire and patient surveys to measure service quality gaps between perceptions and expectations by modified SERVQUAL scale on regular interval basis for proper alternatives/steps to consider/identify solutions accordingly. Hence it is suggested to follow the above

approaches by hospital managements/administrations to measure patient satisfactory levels.

10. It is suggested for the Government authorities to ponder why only low income group (91.25% based on the present study) are utilizing medical services offered by the Government hospitals though patients' percentage of satisfaction (64.15%) is reasonably high. This might be demographic factors and socio economic status. Continuous improvements in medical services, monitoring, adoption of new policies and procedures based on the current environment, budgeting may overcome this.

Apart from the suggestions obtained from the present study some other suggestions given below to improve hospitals service quality.

11. Arrange complaint and suggestions boxes at visible and important areas in hospitals and provide access to meet concerned hospital departmental heads / managers / medical superintendents for major and complicated problems either administrative / medical related.
12. It is suggested to Hospital management to instruct their employees to wear their employee identity cards regularly. If any inconvenience or misbehavior by any employee it will be easy for the patients to complaints against them. On other side employees feel belongingness and have confidence that they are also part and parcel of the hospital.
13. As Government hospitals, it is advised to Private hospitals to display hierarchy of the hospital so that patients come to know who are who and know first point of contact if anything goes wrong.

6.4. CONCLUSIONS:

Both public and private hospitals attempt to develop their Service Quality to fulfill the needs of the patients. However, public hospitals like many public institutions suffer from low productivity and low Service Quality while the private hospitals make use of this opportunity.

The present study results confirms that the demographic factors and socio economic status plays vital role in patients' satisfaction towards Service Quality.

The above philosophy was proved in the present study based on the revealed results of gaps between perceptions and expectations of service quality opined by patients of various category hospitals (i.e. Government, Private and Missionary owned hospitals) and the same philosophy was confirmed once again based on satisfactory levels of patients in respect of SERVQUAL dimensions.

The collective findings of the present study titled "A study on Service Quality measurement in Healthcare sector" highlighted the service gaps between patients' perceptions and expectations of service quality and patients satisfactory levels in different category of hospitals. This study confirms SERVQUAL scale finds short falls in the service quality being offered by the hospitals and based on the results managements may take necessary steps accordingly.

The study findings concluded that SERVQUAL scale is valid and reliable with some modifications which could identify the short falls of service quality in healthcare sector exclusively in the context of hospitals.

6.5. OPPORTUNITIES FOR FURTHER RESEARCH:

1. Like Government and Private hospitals to have generalized idea on service quality offered by them to their patients, further study need to be conducted on Missionary hospitals to have generalized idea. This is because Missionary Hospitals are rigid. Expect one the others have not permitted the researcher to carry-out the present study.
2. Hospitals of all categories have been taking necessary steps to do continuous improvements in their service quality and services offered by them. The period of the study is restricted to two years i.e. 2008 – 2010. Hence periodical studies may be carried-out to do comparison between different categories of hospitals periodical wise.
3. As the study is area and agency specific conducted only in the Krishna District of Andhra Pradesh, the same studies may be carried-out in other districts or other states to know service qualities being offered by the hospitals in those particular districts or states.
4. The size of the sample considered for the present study constitutes only a small segment of the population. Larger sample may give findings broadly.