Chapter V

Findings, Suggestions and Conclusion
CHAPTER—V

FINDINGS, SUGGESTIONS AND CONCLUSION

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CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

FINDINGS

This portion deals with representation of major findings of the study in relation to the service quality of Government and Mission hospitals in Tiruchirappalli, Tamil Nadu. The chapter is presented in the following manner:

(i) Findings based on the Socio-demographic characteristics
(ii) Findings based on the hospital treatment
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(iv) Findings based on Expectations of the respondents
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The study has derived substantial statistical evidences related to hypotheses of the study. It is added with suggestions and conclusion of the study.

5.1 Findings based on the Socio-demographic characteristics

1. In Government hospital, majority (64.4 per cent) of the respondents were female. In Mission hospital, more than half (52.4 per cent) of the respondents were female. In total, more than half (58.4 per cent) of the respondents were female. (Table no.4.2)

2. In Government hospital, more than half (52.0 per cent) of the respondents were living in rural area. In Mission hospital, 51.2 per cent of the respondents were living in rural area. In Total, 51.6 per cent of the respondents were living in rural area. (Table no.4.2)

3. In Government hospital, 34.0 per cent of the respondents were in the age group of 30 to 40 years. In Mission hospital, 41.2 per cent of the respondents were in the age of less than 30 years. In Total, 32.4 per cent of the respondents were in the age of less than 30 years. (Table no.4.2)
4. In Government hospital, 40.8 per cent of the respondents were Under Graduates. In Mission hospital, 36.0 per cent of the respondents were Under Graduates. In Total, 38.4 per cent of the respondents were Under Graduates. (Table no.4.2)

5. In Government hospital, 23.2 per cent of the respondents were Government employees. In Mission hospital, 40.0 per cent of the respondents were Government employees. In Total, 31.6 per cent of the respondents were Government employees. (Table no.4.2)

6. In Government hospital, more than half (59.2 per cent) of the respondents lived in nuclear family. In Mission hospital, 56.8 per cent of the respondents lived in nuclear family. In Total, 58.0 per cent of the respondents lived in nuclear family. (Table no.4.2)

7. In Government hospital, 51.6 per cent of the respondents had 3 to 4 members in their family. In Mission hospital, 52.4 per cent of the respondents had more than 4 members in their family. In Total, 45.8 per cent of the respondents had 3 to 4 members in their family. (Table no.4.2)

8. In Government hospital, 39.6 per cent (one-third) of the respondents received monthly income of Rs.8001 to Rs.12000. (Table no.4.3.1)

9. In Mission hospital, 45.6 per cent of the respondents received monthly income of Rs.10001 to Rs.15000. (Table no.4.3.2)

5.2 Findings related to Hospital treatment

1. In Government hospital, 42.8 per cent of the respondents were admitted for the second time in the hospital. In Mission hospital 46.0 per cent of the respondents were admitted for the second time in the hospital. In total 44.4 per cent of the respondents were admitted for the second time in the hospital. (Table no.4.4)

2. In Government hospital, 31.2 per cent of the respondents preferred this hospital as it was cost effective. In Mission hospital a considerable few (25.2 per cent) of the respondents preferred this hospital as it was cost effectiveness. In total, few 28.2 per cent of the respondents preferred these hospitals as they were cost effective. (Table no.4.4)
3. With regard to the type of treatment, in Government hospital, 37.2 per cent of the respondents were admitted for Orthopaedic treatment. In Mission hospital, 28.4 per cent of the respondents were admitted for Maternity care. In total, 32.0 per cent of the respondents were admitted for Orthopaedic treatment. (Table no.4.4)

FINDINGS RELATED TO THE OBJECTIVES

Objective no.1- To study the overall quality of services offered to the in-patients by Government and Mission Hospitals, Tiruchirapalli.

5.3 Findings based on overall expectation and perception of the respondents

5.3.1 Expectation

5.3.1.1 Tangibility [Table no.4.5.1 (a)]

a) In Government hospital, 56.8 per cent and in Mission hospital, 66.0 per cent of the respondents agreed that excellent hospitals should have up-to-date equipment like CT scan, X-Ray, MRI scan, Tread Mill etc.

b) In Government hospital, 60.8 per cent of the respondents strongly agreed that excellent hospitals should be visually appealing like well maintained reception area, computerized billing and registration facilities, neat and clean labs, hospital rooms, canteen etc. In Mission hospital, more than half (51.6 per cent) of the respondents agreed with this statement.

c) In Government hospital, 64.0 per cent and in Mission hospital, 65.6 per cent of the respondents agreed that excellent hospitals’ materials related to services would be visually appealing (e.g. Good directional signs, informative brochures about services, wheel chairs and so on).

d) In Government hospital, vast majority (90.4 per cent) of the respondents agreed and in Mission hospital, 65.2 per cent of the respondents strongly agreed that excellent hospitals’ employees should be well dressed and appeared neat.
5.3.1.2 Reliability [Table no.4.5.2 (a)]

a) In Government hospital, 68.4 per cent of the respondents and in Mission Hospital, 59.2 per cent of the respondents agreed that excellent hospitals’ would be dependable like services provided at appointed time, error free and fast retrieval of documents, good treatment etc.

b) In Government hospital, 51.6 per cent of the respondents and in Mission hospital, majority (62.0 per cent) of the respondents agreed that excellent hospitals’ have to maintain records accurately like prompt treatment, correct diagnosis, error free billing and the like.

c) In Government hospital 53.6 per cent of the respondents and in Mission hospital, 59.2 per cent of the respondents agreed that excellent hospitals have to provide service in the time promised like emergency care, casualty services and so forth.

d) In Government hospital, 51.6 per cent of the respondents and in Mission hospital majority (62.8 per cent) of the respondents agreed that excellent hospitals should solve problems quickly and make the patients feel secure like immediate calling of doctors to attend the patient.

e) In Government hospital, 52.8 per cent of the respondents and in Mission hospital, 55.6 per cent of the respondents agreed that excellent hospitals should do the treatment procedure as promised like tests, surgeries etc.

5.3.1.3 Responsiveness [Table no.4.5.3 (a)]

a) In Government hospital, 66.4 per cent of the respondents agreed and in Mission hospital, 61.2 per cent of the respondents strongly agreed that excellent hospitals personnel should be able to tell their patients exactly when their service will be performed like admission ward facilities, visiting hours etc.

b) In Government hospital, just more than half (52.4 per cent) of the respondents agreed and in Mission hospital majority (64.4 per cent) of the respondents strongly agreed that excellent hospitals personnel would always be willing to help patients with ever smiling and kind hearted.

c) In Government hospital, 51.2 per cent of the respondents strongly agreed and in Mission hospital, 52.4 per cent of the respondents agreed that excellent
hospitals should render prompt service to the patients like housekeeping, nursing, speed and ease of admission, speed and ease of discharge.

d) In Government hospital, 59.2 per cent of the respondents agreed and in Mission hospital, 56.0 per cent of the respondents strongly agreed that excellent hospitals personnel would never be too busy to respond to the patients’ requests like attending the patients immediately whenever called.

5.3.1.4 Assurance [Table no.4.5.4 (a)]

a) In Government hospital more than three-fourth (79.2 per cent) of the respondents agreed and in Mission hospital, 59.6 per cent of the respondents strongly agreed that excellent hospitals’ personnel behaviour should instill confidence in patients like convincing briefings by the physicians, nurses so forth.

b) In Government hospital, 58.8 per cent of the respondents strongly agreed and in Mission hospital, 74.8 per cent of the respondents agreed that excellent hospitals’ patients would feel safe in their dealing with the hospitals like medicines availability, trust with the personnel and so forth.

c) In Government hospital high majority (80.4 per cent) of the respondents agreed and in Mission hospital, 72.8 per cent of the respondents strongly agreed that excellent hospitals’ personnel should be continuously courteous with their patients like patients treated with dignity and respect, sympathetic approach, impartial treatment and the like.

d) In Government hospital, 54.8 per cent of the respondents and in Mission hospital, 61.2 per cent of the respondents agreed that excellent hospitals’ personnel would have the knowledge to answer patients’ questions like proper advice in their relevant areas and thorough explanation of the medical condition.

5.3.1.5 Empathy [Table no.4.5.5 (a)]

a) In Government hospital, 56.8 per cent of the respondents and in Mission hospital, 70.8 per cent of the respondents strongly agreed that excellent hospitals should pay individual attention to the patients like bedside care and proper diet requirements.
b) In Government hospital, 51.6 per cent of the respondents and in Mission hospital majority (66.4 per cent) of the respondents agreed that excellent hospitals’ employees would know the specific needs of their patients like receiving, investigating and sending them to specific departments for treatment.

c) In Government hospital majority (61.6 per cent) of the respondents strongly agreed and in Mission hospital, 53.6 per cent of the respondents agreed that excellent hospitals would keep their patients informed and listen to them like operation details, explaining the diet, pre-operative and post-operative care.

d) In Government hospital majority (70.0 per cent) of the respondents agreed and in Mission hospital more than half (59.2 per cent) of the respondents strongly agreed that excellent hospitals would have the patients’ interest at heart like good, sympathetic care, consistency of charges and the like.

e) In Government hospital, 59.6 per cent of the respondents and in Mission hospital, 55.2 per cent of the respondents strongly agreed that excellent hospitals would have operating hours convenient to their patients like 24-hour service, operation timings fixed as per requirement.

5.3.2 Perception
5.3.2.1 Tangibility [Table no.4.6.1 (a)]

a) In Government hospital 42.8 per cent of the respondents strongly agreed and in Mission hospital 48.0 per cent of the respondents agreed that the hospital had up-to-date equipment like CT scan, X-ray, MRI scan, Tread Mill etc.

b) In Government hospital 49.2 per cent of the respondents agreed and in Mission hospital 45.6 per cent of the respondents strongly agreed that the hospital was visually appealing like well maintained reception area, computerized billing and registration facilities, neat and clean labs, hospital rooms, canteen etc.

c) In Government hospital, 33.6 per cent of the respondents disagreed and in Mission hospital majority (61.2 per cent) of the respondents agreed that the hospitals’ materials related to services were visually appealing.

d) In Government hospital more than three-fourth (77.2 per cent) of the respondents and in Mission hospital majority (60.4 per cent) of the respondents agreed that the hospitals’ employees were well dressed and appeared neat.
5.3.2.2 Reliability [Table no.4.6.2 (a)]

a) In Government hospital, 65.6 per cent of the respondents agreed and in Mission hospital, 70.4 per cent of the respondents agreed that the hospital was dependable based on services provided at appointed time, error free and fast retrieval of documents, good treatment etc.

b) In Government hospital, 72.4 per cent of the respondents agreed and in Mission hospital, 61.6 per cent of the respondents strongly agreed that the hospital maintained records accurately like prompt treatment, correct diagnosis, error free billing.

c) In Government hospital, 59.2 per cent of the respondents agreed and in Mission hospital, 71.2 per cent of the respondents agreed that the hospital provided service in the time promised like emergency care, casualty services.

d) In Government hospital, majority (67.6 per cent) of the respondents agreed and in Mission hospital more than three-fourth (78.4 per cent) of the respondents agreed that the hospital solved problems quickly and made the patients felt secured like immediate calling of doctors to attend the patient.

e) In Government hospital, 70.0 per cent of the respondents agreed and in Mission hospital more than three-fourth (79.2 per cent) of the respondents agreed that the hospital did the treatment procedure as promised.

5.3.2.3 Responsiveness [Table no.4.6.3 (a)]

a) In Government hospital, 74.4 per cent of the respondents agreed and in Mission hospital, 45.2 per cent of the respondents agreed that the hospitals’ personnel were able to tell their patients exactly when their service would be performed like admissions, ward facilities, visiting hours.

b) In Government hospital, 54.8 per cent of the respondents agreed and in Mission hospital, 38.8 per cent of the respondents agreed that the hospitals’ personnel were always willing to help patients with ever smiling and kind hearted.

c) In Government hospital, 64.4 per cent of the respondents agreed and in Mission hospital, 48.8 per cent of the respondents agreed that the hospitals rendered prompt service to the patients like housekeeping, nursing, speed and ease of admission, speed and ease of discharge.
d) In Government hospital, 54.4 and in Mission hospital, 78.0 per cent of the respondents agreed that the hospitals’ personnel were never too busy to respond to the patients’ requests like attending immediately whenever called.

5.3.2.4 Assurance [Table no.4.6.4 (a)]

a) In Government hospital, 58.0 per cent of the respondents agreed and in Mission hospital, 71.2 per cent of the respondents agreed that the hospitals’ personnel behaviour instilled confidence in patients like convincing briefings by the physicians and nurses.

b) In Government hospital, 51.2 per cent of the respondents agreed and in Mission hospital majority (70.0 per cent) of the respondents agreed that the hospitals’ patients felt safe in their dealing with the hospitals like medicines availability and trust with the personnel.

c) In Government hospital, 48.8 per cent of the respondents disagreed and in Mission hospital majority (60.0 per cent) of the respondents agreed that the hospitals’ personnel were continuously courteous with their patients.

d) In Government hospital, 58.0 per cent of the respondents agreed and in Mission hospital, high majority (81.2 per cent) of the respondents agreed that the hospitals’ personnel had the knowledge to answer patients’ questions giving proper advice in their relevant areas and thorough explanation of the medical condition.

5.3.2.5 Empathy [Table no.4.6.5 (a)]

a) In Government hospital, 47.6 per cent of the respondents agreed and in Mission hospital, high majority (84.4 per cent) of the respondents agreed that the hospital paid individual attention to the patients like bedside care, proper diet requirements and so forth.

b) In Government hospital, 61.6 per cent of the respondents agreed and in Mission hospital, nearly three-fourth (73.2 per cent) of the respondents agreed that the hospitals’ employees knew the specific needs of the patients like receiving, investigating and sending them to the specific departments for the treatment.

c) In Government hospital 40.4 per cent of the respondents agreed and in Mission hospital, 72.0 per cent of the respondents agreed that the hospital kept their
patients informed like operation details, explaining the diet, pre-operative and post-operative care and listened to them.

d) In Government hospital, high majority (84.0 per cent) of the respondents agreed and in Mission hospital, 67.6 per cent of the respondents agreed that the hospital had the patients’ interest at heart like good sympathetic care and consistency of charges.

e) In Government hospital, 70.4 per cent of the respondents agreed and in Mission hospital high majority (90.0 per cent) of the respondents agreed that the hospital had operating hours convenient to their patients like 24-hours service and operation timings fixed as per requirement.

5.3.3 FINDINGS RELATED TO HYPOTHESIS

1. ‘t’ test between type of hospital and various dimensions of expectation:
   It was found that there is a significant difference between type of hospitals and various dimensions of expectation. Hence null hypothesis is rejected and the alternate hypothesis is accepted. (Table no.4.7)

2. ‘t’ test between type of hospital and various dimensions of perception
   It was found that there is a significant difference between type of hospitals and various dimensions of Perception. Hence null hypothesis is rejected and the alternate hypothesis is accepted. (Table no.4.8)

5.4 Objective no.2- To recognise the expectation of in-patients regarding service quality dimensions.

5.4.1 Expectation from Government hospital

a) It was found that in the Tangibility dimension, the respondents expect that the hospital should be visually appealing. [Table no. 2.5.1(b)]

b) With respect to Reliability dimension, the respondents’ expectation was high with regard to solving the problems quickly and thereby making the patients feel secure. [Table no. 2.5.2(b)]

c) The respondents expect the hospital to render prompt service to the patients whenever needed in the Responsiveness dimension. [Table No. 4.5.3(b)]
d) In the Assurance dimension, the maximum expectation was assigned to the quality of developing a feeling of safety while dealing with the hospital. [Table no. 4.5.4(b)]

e) Table no. 4.5.5 (b) expressed that with respect to the Empathy dimension, the expectation is with regard to the quality that the hospital should pay individual attention to the patients by providing them bedside care and fulfilling their diet requirements.

5.4.2 Expectation from Mission Hospital

a) It was brought out that in the Tangibility dimension that the respondents expect that the employees should be well dressed and appear neat. [Table no. 4.5.1(b)]

b) In the Reliability dimension, the respondents expected the treatment procedure should be done as promised. [Table no. 4.5.2(b)]

c) It was found that in the Responsiveness dimension, the respondents expect that the hospital staff will always be willing to help the patients. [Table No. 4.5.3(b)]

d) Table no. 4.5.4 (b) reveals that the patients expect the staff to be continuously courteous with the patients by treating them with respect and be sympathetic in their approach.

e) With respect to the Empathy dimension, the respondents’ highest expectation was with regard to the convenient operating hours of the hospital i.e., fixing the operation time according to the convenience of the patients, 24 hour service and the like. [Table no. 4.5.5(b)]

5.4.3 Results of hypothesis related to expectation dimension

5.4.3.1 GOVERNMENT HOSPITAL

I. The application of Correlation test produced the following results

1. There is a significant correlation between respondents’ age and various dimensions of expectation relating to Government hospital. (Table No. 4.9.1)

2. There is a significant correlation between respondents’ monthly income various dimensions of expectation relating to Government hospital. (Table No. 4.9.2)

3. There is a significant correlation between Number of family members and various dimensions of expectation relating to Government hospital. (Table No. 4.9.3)
4. There is a significant inter-relationship among various dimensions of expectation relating to Government hospital. (Table No. 4.9.4)

II. Results of T-Test indicate that
1. There is a significant difference between respondents’ Gender and various dimensions of expectation relating to Government hospital. (Table No. 4.9.5)
2. There is a significant difference between respondents’ type of family and various dimensions of expectation relating to Government hospital. (Table No. 4.9.6)
3. There is a significant difference between respondents’ domicile and various dimensions of expectation relating to Government hospital. (Table No. 4.9.7)

III. Results of One Way ANOVA denote that
1. There is a significant variance between the respondents’ educational qualification and the various dimensions of expectation relating to Government hospital. (Table No. 4.9.8)
2. There is a significant variance between the respondents’ Occupation and the various dimensions of expectation relating to Government hospital. (Table No. 4.9.9)
3. There is a significant variance between the type of treatment and the various dimensions of expectation relating to Government hospital. (Table No. 4.9.10)

IV. Result of Chi-square analysis present that is a significant association between number of times admitted in the hospital and various dimensions of expectation relating to Government hospital. (Table No. 4.9.11)

V. The application of Multiple Regression Analysis reveals that there is a significant relationship between expectation relating to Government hospital and socio demographic variables. (Table No. 4.9.12). The monthly income had more influence on expectation dimensions in government hospital than other socio-demographic variables.
5.4.3.2 MISSION HOSPITAL

I. The results of Correlation Analysis exposed the following
1. There is no significant correlation between respondents’ age and expectation in various dimensions relating to Mission hospital. (Table No. 4.12.1)
2. There is a significant correlation between respondents’ monthly income and expectation in various dimensions relating to Mission hospital. (Table No. 4.12.2)
3. There is a significant correlation between Number of family members and expectation in various dimensions relating to Mission hospital. (Table No. 4.12.3)
4. There is a significant inter-relationship among various dimensions of perception relating to Mission hospital. (Table No. 4.12.4)

II. The results of T-test revealed the following
1. There is a significant difference between respondents’ Gender and various dimensions of expectation relating to Mission hospital. (Table No. 4.12.5)
2. There is a significant difference between respondents’ type of family and various dimensions of expectation relating to Mission hospital. (Table No. 4.12.6)
3. There is no significant difference between respondents’ domicile and various dimensions of expectation relating to Mission hospital. (Table No. 4.12.7)

III. The implementation of one way ANOVA test produced the following results
1. There is a significant variance between the respondents’ educational qualification and the various dimensions of expectation relating to Mission hospital. (Table No. 4.12.8)
2. There is a significant variance between the respondents’ Occupation and the various dimensions of expectation relating to Mission hospital. (Table No. 4.12.9)
3. There is a significant variance between the type of treatment and the various dimensions of expectation relating to Mission Hospital. (Table No. 4.12.10)
IV. **The result of Chi-square analysis** points out that there is a significant association between number of times admitted in the hospital and various dimensions of expectation relating to Mission hospital. (Table No. 4.12.11)

V. **Multiple Regression test** was applied to know the relationship between expectation relating to Mission hospital and socio demographic variables. The result indicated that there is a significant relationship between expectation relating to Mission hospital and socio demographic variables. (Table No. 4.12.12). Gender and number of family members had more influence than the other socio-demographic variables on the expectation dimensions.

5.5 **Objective no.3- To identify the perception of in-patients concerning service quality dimensions**

5.5.1 **Perception regarding Government Hospital**

a) The Tangibility dimension revealed that the Government Hospital’s employees are well dressed and appear neat. The lowest score was ascribed to the fact that the hospital did not have visually appealing materials related to services like good directional signs, informative brochures, wheel chairs etc. [Table no. 4.6.1(b)]

b) In the Reliability dimension, the highest perceived component was that the hospital was able to solve the patients’ problems quickly which in turn created a feeling of security amongst the patients. The lowest perceived component was with regard to the lacunae in the performance of the treatment procedures like tests, surgeries etc., as promised by the hospital employees. [Table no. 4.6.2(b)]

c) The Responsiveness dimension revealed that the Government Hospital is good in informing the patients about the time of performance of service since the mean score is 3.52. The area of lacunae was the response of the hospital staff to patients’ requests, as they were always busy to respond to the patients’ queries.[Table no. 4.6.3 (b)]

d) With respect to Assurance dimension, the highly perceived component with a mean score of 3.32, was the feeling of safety developed by the respondents while dealing with the hospital which was due to the cost of treatment,
availability of medicines, etc. The lowest mean score (2.99) was ascribed to the quality of treating the patients with courtesy and by being sympathetic in the approach. [Table no. 4.6.4 (b)]

e) In the Empathy dimension, it was found that the Government Hospital had convenient operating hours like 24-hour service, fixing the operation timings as per the requirement of the patients and the like. This was revealed by the respondents through their highest perception mean score of 4.30. The lowest mean score (3.08) was assigned to the quality of keeping the patients informed regarding their operation details and post-operative care and diet and listening to their complaints. [Table no.4.6.5 (b)]

5.5.2 Perception regarding Mission Hospital

a) It was found that the employees of Mission Hospital were well dressed and appeared neat as this quality had the maximum mean score of 4.40. The lowest mean score (4.15) was assigned to the lack of up-to-date equipment in the hospital. [Table no. 4.6.1(b)]

b) In the Reliability dimension, the highest mean score (4.62) was administered to the maintenance of records accurately along with prompt treatment, error free billing and correct diagnosis. The lowest mean score (4.08) was ascribed to the element of the lack of performing the treatment procedures as promised like taking tests, performing surgeries etc. [Table no. 4.6.2 (b)]

c) Table no. 4.6.3 (b) which consist the Responsiveness dimension indicates that the highest perception was with regard to the response of the hospital staff to the queries of the patients with a mean score of 3.86. The lowest mean score was given to the attribute of giving the information to the patients regarding the time of performing the service for which the mean score was 3.34.

d) The Assurance dimension contained in table no. 4.6.4 (b) disclosed that the highest perception mean score (4.15) was assigned to the attribute of the hospital personnel’s knowledge to answer the patients’ questions by giving them proper advice in their relevant areas and giving thorough explanation of
the medical condition to the patients. Contrary to this, the lowest mean score (3.54) was given to the quality of the personnel’s courteous nature while treating the patients with dignity and respect and their sympathetic approach to the patients.

e) In the Empathy dimension, it was found that the Mission Hospital had convenient operating hours like 24-hour service, fixing the operation timings as per the requirement of the patients and the like through the mean score of 4.10. The lowest mean score of 3.37 was ascribed to the component of personnel’s lack in knowing the specific needs of the patients. [Table no.4.6.5 (b)]

5.5.3 Results of hypothesis related to perception dimension

5.5.3.1 GOVERNMENT HOSPITAL

I. The results of the CORRELATION TEST indicate the following
1. There is a significant correlation between respondents’ age and perception in various dimensions relating to Government hospital. (Table No. 4.10.1)
2. There is no significant correlation between respondents’ monthly income and perception in various dimensions relating to Government hospital. (Table No. 4.10.2)
3. There is no significant correlation between Number of family members and perception in various dimensions relating to Government hospital. (Table No. 4.10.3)
4. There is a significant inter-relationship among various dimensions of perception relating to Government hospital. (Table No. 4.10.4)

II. The implementation of T-Test puts forth the following results
1. There is a significant difference between respondents’ Gender and perception in various dimensions relating to Government hospital. (Table No. 4.10.5)
2. There is a significant difference between respondents’ type of family and perception in various dimensions relating to Government hospital. (Table No. 4.10.6)
3. There is no significant difference between respondents’ domicile and perception in various dimensions relating to Government hospital. (Table No. 4.10.7)

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III. The results of One way ANOVA are
1. There is a significant variance between the respondents’ educational qualification and the various dimensions of perception relating to Government hospital. (Table No. 4.10.8)
2. There is a significant variance between the respondents’ Occupation and the various dimensions of perception relating to Government hospital. (Table No. 4.10.9)
3. There is a significant variance between the type of treatment and the various dimensions of perception relating to Government hospital. (Table No. 4.10.10)

IV. The results of Chi-square analysis reveals that there is a significant association between number of times admitted in the hospital and various dimensions of perception relating to Government hospital. (Table No. 4.10.11)

V. Multiple Regression Analysis found that there is a significant association between number of times admitted in the hospital and various dimensions of perception relating to Government hospital. (Table No. 4.10.12) It was found that age had more influence on the dimensions of perception than other socio-demographic variables.

5.5.3.2 MISSION HOSPITAL
I. The results of Karl Pearson’s correlation analysis disclose the following
1. There is a significant correlation between respondents’ age and various dimensions of perception relating to Mission hospital. (Table No. 4.13.1)
2. There is a significant correlation between respondents’ monthly income and various dimensions of perception relating to Mission hospital. (Table No. 4.13.2)
3. There is a significant correlation between Number of family members and various dimensions of perception relating to Mission hospital. (Table No. 4.13.3)
4. There is a significant inter-relationship among various dimensions of perception relating to Mission hospital. (Table No. 4.13.4)
II. **T-test analysis produced the following results**
1. There is a significant difference between respondents’ Gender and various dimensions of perception relating to Mission hospital. (Table No. 4.13.5)
2. There is a significant difference between respondents’ type of family and various dimensions of perception relating to Mission hospital. (Table No. 4.13.6)
3. There is no significant difference between respondents’ domicile and various dimensions of perception relating to Mission hospital. (Table No. 4.13.7)

III. **The results of one way ANOVA is as follows**
1. There is a significant variance between the respondents’ educational qualification and the various dimensions of perception relating to Mission hospital. (Table No. 4.13.8)
2. There is a significant variance between the respondents’ Occupation and the various dimensions of perception relating to Mission hospital. (Table No. 4.13.9)
3. There is a significant variance between the type of treatment and the various dimensions of perception relating to Mission hospital. (Table No. 4.13.10)

IV. **The Chi-square Analysis shows that** there is a significant association between the number of times admitted in the hospital and various dimensions of perception relating to Mission hospital. (Table No. 4.13.11)

V. **Multiple Regression Analysis** reveals that there is a significant relationship between perception relating to Mission hospital and socio demographic variables. (Table No. 4.13.12) Gender and number of family members had more influence than the other socio-demographic variables on the perception dimensions.
5.6 **Low and high level of service quality dimensions relating to Government hospital and Mission hospital**

5.6.1 **Expectation** (Table no. 4.5.6)

a) In Government hospital, 63.6 per cent of the respondents and in Mission hospital, 64.4 per cent had high level expectation with regard to Tangibility dimension.

b) In Government hospital, 67.2 per cent of the respondents and in Mission hospital, 60.4 per cent of the respondents had high level expectation with regard to Reliability dimension.

c) In Government hospital, 51.2 per cent of the respondents and in Mission hospital, 66.8 per cent of the respondents had high level expectation with regard to Responsiveness dimension.

d) In Government hospital, 63.2 per cent of the respondents and in Mission Hospital, more than three-fourths of the respondents (77.6 per cent) of the respondents hold high level expectation with regard to Assurance.

e) In Government hospital, 61.6 per cent of the respondents and in Mission hospital, 66.0 per cent of the respondents had high level expectation with regard to Empathy dimension.

f) In Government hospital, 60.0 per cent of the respondents and in Mission hospital, 64.0 per cent of the respondents had high level expectation with regard to overall dimensions of expectation.

5.6.2 **Perception** (Table no. 4.6.6)

a) In Government hospital, 65.6 per cent of the respondents hold high level perception with regard to tangibility dimension. In Mission hospital exactly half of the respondents hold high level perception with regard to tangibility dimension.
b) In Government hospital, 58.8 per cent of the respondents and in Mission hospital, 54.4 per cent of the respondents had high level perception with regard to reliability dimension.

c) In Government hospital, 54.4 per cent of the respondents and in Mission hospital, 61.2 per cent of the respondents had high level perception with regard to responsiveness dimension.

d) In Government hospital, 51.2 per cent of the respondents and in Mission Hospital, 74.4 per cent of the respondents had high level perception with regard to assurance dimension.

e) In Government hospital, 51.2 per cent of the respondents and in Mission hospital, 61.2 per cent of the respondents had high level perception with regard to empathy dimension.

f) In Government hospital, 51.2 per cent of the respondents and in Mission hospital, 55.2 per cent of the respondents had high level perception with regard to overall dimensions of perception.

5.7 Objective no.4 – To examine the reasons for the gaps in expectations and perception in the quality of services.

5.7.1 Government Hospital (Table 4.11)

a) The service quality gap is measured by deducting the mean score for each dimension of perception relating to the mean score for each dimension of expectation. There was a big gap in the Assurance dimension. This brought out the fact that there was a lacuna in the hospitals’ part to build the confidence in the minds of the patients through the personnel behaviour, lack of the courteousness of the hospital personnel and the lack of knowledge of the personnel to answer the patients’ questions.

b) The second largest gap was found in the Empathy dimension which revealed that the hospital did not pay individual attention to the patients, the employees
did not know the specific needs of the patients, the patients were not informed about their condition and the hospital did not have the patients’ interest at heart.

c) The third gap existed in the Responsiveness dimension which disclosed that the hospital personnel were not able to tell their patients when their service would be performed (like admission, visiting hours). This dimension contained another important feature which did not exist according to the patients’ expectations, that is, the hospital personnel were not willing to help the patients and were not kind hearted towards them. Another aspect in this dimension was that there was a lack in the performance of prompt services (housekeeping, nursing and the like) to the patients whenever the patients needed them. The hospital personnel were also not willing to attend to the needs of the patients as they were very busy to respond to the patients’ requests.


d) The next gap was found in the reliability dimension which had the score of -2.528. This points out that the Government Hospital to some extent is dependable, maintains records accurately, provides service in time and solves the problems of the patients quickly.

e) The least gap was in the tangibility dimension had the score of -2.356. This discloses that there was a marginal gap in the expectation and perception of the patients with regard to the infrastructural and the physical facilities available in the hospital.

Hence it can be inferred that the Government Hospital’s service quality perceptions are less than the expectations of the respondents which necessitates that the hospital should improve on all aspects of service quality.

5.7.2 Mission Hospital (Table 4.18)
a) The largest gap was deciphered in the Responsiveness dimension which revealed that the Mission hospital lacks in the response sought by the patients relating to the hospital personnel. It was also perceived by the respondents that the personnel were not able to tell their patients when the service would be provided. Likewise, the personnel were not willing to help the patients at all
times nor were the personnel willing to render prompt service to the patients. It was also found that the hospital personnel were always busy with their own work so as not to attend to the needs of the patients.

b) The second gap was found in the Empathy dimension which disclosed that there was a lack in the provision of personalised attention to the patients. The hospital employees were not properly discharging their duties with regard to explaining the diet requirements of the patients nor were they offering proper operative and post-operative care to their patients. This gap also brought out the fact that the employees were not as sympathetic as expected by the respondents.

c) The perception of the respondents was less when compared to their expectation in the Assurance dimension of service quality. This necessitates the Mission hospital to concentrate on creating a feeling of security in the minds of the patients by improvising their personnel’s behaviour which would instill confidence in the patients. The hospital must also advice their personnel to be continuously courteous with their patients and develop the knowledge to answer the patients’ queries at any point of time.

d) The fourth gap was found to exist in the Tangibility dimensions which deal with the physical facilities and the infrastructure of the hospital. The gap score was –0.702 which revealed that the infrastructure and the physical facilities were sufficient but could be enhanced even more in order to make the patients and their attendants more comfortable. It was particularly found out that the directional signboards were very much clear in Mission hospital and the respondents were very much satisfied with regard to the availability of such signboards.

e) The least gap was found in the Reliability dimension which deals with the actual service rendered by the Hospital. It was clearly expressed by the respondents that the Mission hospital maintained records accurately and even if one visited the hospital after a long time, the personnel were able to locate the records at ease without much delay. In the same way, the service was provided at the time promised specially with regard to the emergence care and casualty
services. The physical problems of the patients were also solved quickly by immediately calling the doctors to attend on the patients. The treatment procedure was also executed at the time promised and the surgeries, tests etc were conducted as per the schedule without any delay. Thus all these factors proved that the Mission hospital was dependable.

**SUGGESTIONS**

1. The availability of modern equipment in both the hospitals has become the necessity of the day. Even though the modern equipment is available, it is not in par with those available in private or corporate hospitals. Sometimes this equipment may not be in working condition or the personnel to operate this equipment may not be available. These hardships can be easily removed if the equipment is properly maintained and training can be imparted to two or three personnel to meet the situations of demand.

2. The visual appealing of the hospital should also be considered by the management of both the hospitals. The recent trend of the society is to visit places which are pleasing to their eyes and hospitals are no exemption to such a law. The patients are attracted to the hospitals which are visually appealing. So in order to attract more patients, the hospitals must take efforts to ameliorate the existing outer appearance and give out a neat and excellent representation of what is done within the hospital.

3. There was a shortcoming in the provision of services at the promised time and this must also be looked upon by the authorities of both the hospitals. This is of utmost importance because the quality of service can be enhanced only when the treatment procedures are executed as per schedule and only when the services are offered at the time expected by the patients. This would also improve the dependability of the hospital.

4. With regard to Government hospital, too much of procedure should be avoided while admitting or discharging a patient. The bills can be prepared beforehand and made available to the patients at ease to discharge them at the earliest possible time. Similarly while admitting the patients the respondents
encountered too much of procedures which makes the patients and their attendants somewhat irritable. The personnel should consider the plight of the patients while admitting them and make them feel comfortable and relaxed.

5. As regards the Mission hospital, the housekeeping and nursing services can be improvised by the prompt services of the employees concerned. The housekeeping services would ensure the neat and clean appearance of the hospital and would avoid foul odour emanating relating to the rooms and hospital premises. The prompt nursing services would ascertain that the patients would be able to obtain the help of the nurses and the other personnel when they need them. Care must be taken to see that the nurses and personnel must be polite in answering the patients’ queries with utmost care and diligence.

6. Hospitals must ensure that their personnel are updated with the recent development in the medical field in order to answer the patient’s questions regarding the medical treatment extended to them. This can be done by sending their senior staff to training programmes and workshops to keep them abreast in the changes taking place in the medical field.

7. The pre-operative care and the post-operative care extended to the patients must be up to the expectations of the patients. There is a discrepancy found in this context of services in both the hospitals and the hospitals must insist that the concerned personnel should inform the patients as to the diet to be taken by them before and after surgery and must have the patience to clear the doubts of the patients in this regard.

8. The service quality gap of the Government hospital revealed that there has to be a lot done by the hospital authorities and the Government to build the confidence of their patients. This cannot be done easily in the Government hospital due to the bureaucratic problems. Efforts can be taken by the concerned authorities by instructing the personnel to be courteous with the patients and ensure that the patients are not put into much hardship due to the impolite and uncultured behaviour of their employees. This would help them to serve their patients better and improve their standard.
9. Another point of suggestion with regard to Government Hospital is in relation to the bribe expected by the employees at all levels for discharging their duties. Even though this dimension was not included in the research, the respondents frankly expressed their dissent with regard to the anticipation of the employees who were indulged in such practices.

10. The service quality gap of the Mission Hospital suggests that authorities must encourage their employees to be always willing to help their patients and extend a smiling face to their patients instead of being rude to them. The personnel must be able to tell the exact nature of services of be offered to the patients in order to mentally and physically prepare them. In the same way the nursing and housekeeping services must be performed as and when needed and the patients must not be made to wait to get these services performed. One major hardship encountered by the respondents of this hospital was that the nurses had to be constantly reminded every now and then about the services which they had to do. This could be completely avoided by the hospital since it is the bounden duty of the personnel to carry out the conducting of tests, taking blood and urine samples on time basis and the like.

CONCLUSION

The quality of the treatment is clearly an important factor for improving a patient’s level of perception. The improvement in quality requires the concerted participation and effort of the hospital and personnel at all levels. Having high quality medical personnel is the key factor for improving the hospitals’ quality of treatment. The hospitals should improve the treatment and service skills of the personnel at various levels through training and by providing dedicated employees timely reward which would be an effective method for hospitals to improve the quality in service and better treatment.

The scope of services should be expanded. The hospitals and employees must understand the patients’ needs and position themselves in the patients’ place thereby ensure the patients that they are sensitive to their needs. The authorities at both the hospitals need to realize that implementing service quality practices is the need of hour
through which the patients can perceive more than their expectations. It is important for the authorities to identify their efforts towards various dimensions of service quality which would make them to fulfill the patients’ expectations. Stringent measures must be taken by the authorities to bridge the gap in the dimensions of service quality. Being the Government institution (Government Hospital) and the hospital run by a Trust (Mission Hospital), it is not so easy to bring in the policy changes, still the concerned authorities should think of bringing vibrant changes in the larger interest of patient community.