ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -1) Journal Volume 11, Iss 13, 2022 SERVICE QUALITY AND CUSTOMER SATISFACTION IN HEALTH CARE SECTOR AN EMPIRICAL STUDY ON SELECTED PRIVATE HOSPITALS OF TIRUNELVELI DISTRICT, TAMILNADU

V. Prabarubarani, Dr. G. Gurusamy, Dr. Sudalaiyandi

Reg. No. 12141, Part-time External Research Scholar, P.G. & Research Centre for Commerce, Thiruvalluvar College, Papanasam. Affiliated with Manonmaniam Sundaranar University, Tirunelveli.

Associate Professor (Rtd) PMT College, Melaneelithanallur, Affiliated with Manonmaniam Sundaranar University, Tirunelveli.

Principal (Rtd), Ambai Arts College, Ambasamudram, Affiliated with Manonmaniam Sundaranar University, Tirunelveli.

Abstract:

This study investigates the service quality of private hospitals in the Tirunelveli District, focusing on patient perceptions and experiences to identify key factors that influence healthcare service quality. Using a mixed-methods approach, quantitative and qualitative research methods—such as surveys and interviews—are employed to collect data from patients and healthcare providers. The research involves a random selection of five private hospitals, with thirty patients sampled from each, resulting in 141 questionnaire responses. This data aims to reveal trends and insights that can inform actionable recommendations for enhancing regional healthcare delivery. The ultimate goal is to improve patient satisfaction and overall healthcare outcomes in Tirunelveli's private hospitals.

Key Words: Service Quality, Customer Satisfaction, Health Care Sector, private hospitals, Customer loyalty.

1. Introduction:

The quality of healthcare services plays a crucial role in ensuring patient satisfaction and enhancing overall health outcomes. In the Tirunelveli District, private hospitals stand at the forefront of healthcare delivery, often serving as the primary source of medical care for countless individuals within the community. This study is designed to conduct an in-depth evaluation of the comprehensive service quality offered by these private healthcare institutions. To achieve this, the research will explore several vital service quality dimensions. First is reliability, which assesses the consistency with which services are delivered—how often patients can expect their needs to be met without disruption or error. Next is responsiveness, focusing on the timeliness of care and the eagerness of staff to assist, highlighting their readiness to swiftly address patient concerns and queries. The study will also cover assurance, which encompasses the expertise and courtesy of healthcare employees and their capacity to instil confidence and trust in patients regarding their care. Furthermore, empathy will be examined, looking at the extent of individualised attention and genuine care patients experience during their interactions with staff. Finally, the research will assess tangibles—the physical aspects of the healthcare environment, including the facilities cleanliness, modernity, and



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, Iss 13, 2022 overall ambience that contribute to the patient's experiences. By scrutinising these multifaceted elements of service quality, the study aims to yield valuable insights into both the strengths and potential areas for improvement within the private healthcare sector of Tirunelveli, ultimately striving to foster a healthcare environment that better serves the community's needs.

2. Profile of Study Area:

Tirunelveli district in Tamil Nadu has seen significant improvements in the quality of service at private hospitals. These facilities now offer modern medical infrastructure, advanced diagnostics, and specialised departments, ensuring comprehensive patient care. Qualified medical professionals undergo continuous training, focusing on patient-centred care, personalised treatment plans, and 24/7 emergency services. Private hospitals maintain strict hygiene and safety protocols, emphasising transparency in pricing and providing detailed billing and treatment packages. They also engage in community health initiatives, promoting overall well-being. While overall service quality has improved, patient experiences can vary, so reviews and recommendations should be considered when selecting a healthcare provider.

3. Review of Literature:

K S, S., Barkur, G., & G, S. (2023). The paper "Assessment of Healthcare Service Quality Effect on Patient Satisfaction and Care Outcomes: A Case Study in India" highlights the increasing importance of patient-centred care in healthcare reform. As patients become more aware of service quality, healthcare organisations focus on evaluating service quality and patient satisfaction. Based on 1,169 responses from patients across 10 hospitals in India, the study identifies five key dimensions of healthcare service quality: clinical services, diagnostic services, administrative services, supportive services, and coordination among healthcare professionals. It also reveals that patient satisfaction mediates the relationship between service quality and care outcomes. This research provides valuable insights for healthcare administrators to enhance service delivery and improve patient satisfaction and care outcomes.

4. Statement of Problem:

The healthcare sector plays a crucial role in ensuring the well-being of society, and its effectiveness is largely determined by the quality of services delivered and the level of customer satisfaction. In recent years, the competitive environment among private hospitals has intensified, emphasising the need for superior service quality to attract and retain patients. Despite significant investments in infrastructure and technology, the perception of service quality among patients often varies, leading to differences in satisfaction levels. In Tirunelveli district, Tamil Nadu, private hospitals cater to a diverse population with varying healthcare needs and expectations. However, there is limited empirical evidence on how these hospitals perform regarding service quality dimensions—such as reliability, responsiveness, empathy, assurance, and tangibles—and how these dimensions influence patient satisfaction. Furthermore, understanding the gaps between patients' expectations and their perceived experiences is critical to enhancing service delivery. This study seeks to address this gap by examining the relationship between service quality and customer satisfaction in selected private hospitals in the Tirunelveli district. The research aims to provide actionable insights for



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -1) Journal Volume 11, Iss 13, 2022 improving service standards in the region's healthcare sector by identifying the key factors influencing patient satisfaction and the challenges in meeting their expectations.

5. Objectives of the study:

- ← To assess patient perceptions of service quality in private hospitals in Tirunelveli District.
- ← To identify the key factors influencing service quality in these hospitals.

6. Null and Alternative Hypotheses:

Ho: There is no significant mean difference between respondents' expectations and perceived services regarding "Tangibility" in private hospitals in Tirunelveli.

H₁: There is a significant mean difference between respondents' expectations and perceived services regarding "Tangibility" in private hospitals in Tirunelveli.

7. Scope of the study:

This study explores the relationship between service quality and customer satisfaction in selected private hospitals in Tirunelveli district, Tamil Nadu. It aims to assess the performance of these hospitals in delivering quality healthcare services by evaluating various service quality dimensions, including tangibles, which refer to the physical facilities, equipment, and the appearance of personnel; reliability, the ability to provide promised services dependably and accurately; responsiveness, which measures the willingness to assist patients and provide prompt service; assurance, encompassing the knowledge and courtesy of staff and their ability to inspire trust and confidence; and empathy, which reflects the care and individualised attention offered to patients. The research measures patient satisfaction about these dimensions and seeks to identify key factors influencing their perceptions. Additionally, it examines the gaps between patients' expectations and their actual experiences within the healthcare setting. The study focuses on private hospitals in the Tirunelveli district, where patients receive healthcare services.

8. Methodology:

This methodology presents an exciting and structured approach to exploring the vital connection between service quality and customer satisfaction in select private hospitals within the Tirunelveli district of Tamil Nadu. Through a descriptive research design, the study thoughtfully examines various service quality dimensions and their influence on customer satisfaction, utilising primary and secondary data collection methods. Our choice of a non-probability convenience sampling technique ensures a rich and diverse demographic representation among the patients surveyed. The research focuses on five private hospitals, surveying thirty patients from each, ultimately collecting 141 completed questionnaires. We employ a structured questionnaire based on the SERVQUAL model to assess crucial dimensions such as tangibles, reliability, responsiveness, assurance, and empathy using a 5-point Likert scale. Moreover, secondary data is diligently gathered from hospital records, academic journals, industry reports, and government publications, enriching our understanding



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, Iss 13, 2022 of this important subject. This comprehensive approach holds great promise for enhancing service quality in healthcare settings.

9. Limitations:

- ← The study is geographically restricted to Tirunelveli district and focuses only on private hospitals.
- ← Findings may not be generalised to public hospitals or other districts.
- ← Responses may be influenced by patients' subjective perceptions, which could introduce bias.

10. Data Analysis and Interpretation:

Table 1

Demographic Profile of Respondents

	Category	Number	Percentage
Gender	Male	63	44.68
	Female	78	55.32
	< 30 Years	31	21.99
Age	30 – 50Years	68	48.23
	>50 Years 42		29.79
	Higher Secondary	19	13.48
E1 (10 1'C (Under Graduate	62	43.97
Educational Qualifications	Post Graduate	38	26.95
	Professional	22	15.60
Marital Status	Married	67	47.52
Marital Status	Unmarried	74	52.48
	Rural	45	31.91
Residential Area	Semi-urban	57	40.43
	Urban	39	27.66
	Govt.Sector	27	19.15
Occupation	Private Sector	52	36.88
	Business	33	23.40
	Agriculturist	29	20.57
	Below 25000	19	13.48
Monthly income	25000 - 50000	31	21.99
	50000 - 100000	49	34.75



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, Iss 13, 2022

	Above 100000	42	29.79
--	--------------	----	-------

The table provides a comprehensive demographic profile of the respondents, covering various aspects such as gender, age, educational qualifications, marital status, residential area, occupation, and monthly income. Regarding gender distribution, 63 respondents are male, accounting for 44.68%, while 78 are female, making up 55.32%. Regarding age, 31 respondents (21.99%) are under 30 years old, 68 respondents (48.23%) fall within the 30-50 years age group, and 42 respondents (29.79%) are over 50 years old. In terms of educational qualifications, 19 respondents (13.48%) have completed higher secondary education, 62 respondents (43.97%) hold undergraduate degrees, 38 respondents (26.95%) have postgraduate qualifications, and 22 respondents (15.60%) are professionals. Marital status shows that 67 respondents (47.52%) are married, while 74 respondents (52.48%) are unmarried. The residential area distribution indicates that 45 respondents (31.91%) live in rural areas, 57 respondents (40.43%) reside in semi-urban areas, and 39 respondents (27.66%) are from urban areas. Occupationally, 27 respondents (19.15%) work in the government sector, 52 respondents (36.88%) are employed in the private sector, 33 respondents (23.40%) are engaged in business, and 29 respondents (20.57%) are agriculturists. Regarding monthly income, 19 respondents (13.48%) earn below 25,000, 31 respondents (21.99%) have an income between 25,000 and 50,000, 49 respondents (34.75%) earn between 50,000 and 100,000, and 42 respondents (29.79%) have an income above 100,000. This demographic data provides valuable insights into the respondents' diverse backgrounds and socioeconomic status.

Table 2

Gap Analysis - Service Quality of Private Hospitals – "Tangibility"

Respondents' expectations and Actual Perceived

Sl. No	Variables	Expectation	Perceived	Gap
1.	Cleanliness and hygiene of hospital facilities	5.00	4.127	0.873
2.	Availability of modern equipment	5.00	3.747	1.253
3.	Professional appearance of staff	5.00	3.820	1.180
4.	Promptness in attending to patients	5.00	3.785	1.215
5.	Comfort and aesthetics of the waiting area	5.00	3.643	1.357
6.	Accuracy of diagnosis and treatment	5.00	3.018	1.982*
7.	Consistency in service delivery	5.00	3.670	1.330
8.	Punctuality in appointments and procedures	5.00	3.943	1.057
9.	Personal attention given to patients	5.00	2.875	2.125*

ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, Iss 13, 2022

10.	Understanding of patient needs and concerns	5.00	3.581	1.419
-----	---	------	-------	-------

The gap analysis of service quality in private hospitals, focusing on "Tangibility," highlights key insights. Variables with gaps of 1.5 or more require high attention, while those below this threshold do not need further improvement. Cleanliness and hygiene score a gap of 0.873, modern equipment 1.253, professional appearance of staff 1.180, promptness 1.215, and comfort in the waiting area 1.357—all indicating no immediate need for enhancement. Conversely, the accuracy of diagnosis and treatment shows the largest gap of 1.982, necessitating urgent attention, followed by personal attention to patients at 2.125. Understanding patient needs has a significant gap of 1.419, which does not require high priority. Other variables, such as consistency in service (1.330) and punctuality (1.057), also remain below the critical threshold. This analysis prioritises attention where it's most needed to enhance overall service quality.

Table 3

Paired "t" test between the Respondents' Expectations and Perceived under the Dimension "Tangibility."

Variables	Mean	S. D	"t" Value	Sig. Value
VAR1	4.127	1.608	1.702	> 0.05**
VAR2	3.747	1.771	1.979	> 0.05**
VAR3	3.820	1.737	1.919	> 0.05**
VAR4	3.785	1.753	1.947	> 0.05**
VAR5	3.643	1.821	2.071	> 0.05**
VAR6	3.018	2.198	2.878	> 0.05*
VAR7	3.670	1.808	1.047	< 0.05**
VAR8	3.943	1.683	1.825	< 0.05**
VAR9	2.875	2.308	2.159	> 0.05*
VAR10	3.581	1.853	1.132	> 0.05**

^{*}Significant at a 5 per cent level

Table 3 outlines the results of the paired "t" test conducted to compare Respondents' Expectations and Perceived Services within the dimension of "Tangibility" at private hospitals in the Tirunelveli district. The analysis reveals that out of the ten variables examined, eight recorded "t" values below the critical threshold of 1.96, with corresponding significance levels



^{**}Not significant at a 5 per cent level.

ISSN PRINT 2319 1775 Online 2320 7876

exceeding 0.05 at a 95% confidence interval. As a result, the null hypothesis, stating that "There are no significant mean differences between the Respondents' Expectations and Perceived Services under the Dimension of 'Tangibility' at private hospitals in the Tirunelveli district," is accepted. In contrast, the remaining two variables, specifically "Accuracy of Diagnosis and Treatment" and "Personal Attention Given to Patients," exhibited "t" values surpassing the threshold, with significance levels falling below 0.05. These two variables are the only ones that demonstrate a statistically significant difference between the respondents' expectations and the perceived services.

11. Findings:

- ← The study revealed that 63 respondents are male, accounting for 44.68%, while 78 are female, making up 55.32%.
- ← Regarding age, 31 respondents (21.99%) are under 30 years old, 68 respondents (48.23%) fall within the 30-50 years age group, and 42 respondents (29.79%) are over 50 years old.
- ← In terms of educational qualifications, 19 respondents (13.48%) have completed higher secondary education, 62 respondents (43.97%) hold undergraduate degrees, 38 respondents (26.95%) have postgraduate qualifications, and 22 respondents (15.60%) are professionals.
- ← Marital status shows that 67 respondents (47.52%) are married, while 74 (52.48%) are unmarried.
- ← The residential area distribution indicates that 45 respondents (31.91%) live in rural areas, 57 respondents (40.43%) reside in semi-urban areas, and 39 respondents (27.66%) are from urban areas.
- ← Occupationally, 27 respondents (19.15%) work in the government sector, 52 respondents (36.88%) are employed in the private sector, 33 respondents (23.40%) are engaged in business, and 29 respondents (20.57%) are agriculturists.
- ← Regarding monthly income, 19 respondents (13.48%) earn below 25,000, 31 respondents (21.99%) have an income between 25,000 and 50,000, 49 respondents (34.75%) earn between 50,000 and 100,000, and 42 respondents (29.79%) have an income above 100,000. This demographic data provides valuable insights into the respondents' diverse backgrounds and socioeconomic status.
- ← A gap analysis of service quality in private hospitals highlights critical insights regarding "Tangibility." Urgent attention is needed for gaps of 1.5 or more, with the largest gap in the accuracy of diagnosis and treatment at 1.982, followed by personal attention to patients at 2.125. Other notable gaps include understanding patient needs at 1.419 and consistency in service at 1.330. Variables like cleanliness (0.873) and modern equipment (1.253) do not require immediate improvement, allowing priority on areas needing the most attention to enhance overall service quality.
- ← A paired "t" test was conducted to compare Respondents' Expectations and Perceived Services regarding "Tangibility" at private hospitals in Tirunelveli district. Out of ten variables, eight had "t" values below 1.96 and significance levels above 0.05, leading to the acceptance of the null hypothesis that "There are no significant mean differences." However, "Accuracy of Diagnosis and Treatment" and "Personal



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, Iss 13, 2022

Attention Given to Patients" showed "t" values above the threshold and significance levels below 0.05, indicating a statistically significant difference between expectations and perceived services for these two variables.

12. Conclusion:

In conclusion, the service quality of private hospitals in Tirunelveli District is a multifaceted issue that directly influences patient satisfaction and organisational reputation. As evidenced by recent studies, the job satisfaction of medical personnel, particularly medical laboratory technicians, is critical in achieving optimal patient care outcomes. High dissatisfaction among healthcare staff, as reported, can lead to detrimental effects on diagnostic accuracy and overall service efficiency, compromising patient safety and negatively impacting hospital credibility. Furthermore, understanding the historical context of social services in India informs the ongoing evolution of healthcare systems. It emphasises the need to continue enhancing service quality within these institutions. The findings underscore the importance of addressing employee satisfaction and operational challenges to foster a healthcare environment that prioritises excellence in service delivery while simultaneously navigating the complexities of modern healthcare demands.

Reference:

- 1. Rajan, D. "Factors Affecting Managers' Productivity: An Empirical-based Comparative Study". 'Sumy State University', 2019, https://core.ac.uk/download/231770288.pdf
- 2. Ahmed Mohamed Abd El-Badie Seif, et al.. "An Analytical Data Model to Improve Benefits of the Comprehensive Health Insurance System By Data Mining Techniques". Auricle Global Society of Education and Research, 2023, https://core.ac.uk/download/596247441.pdf
- 3. V. Sethuramalingam. "A Deeper Look at the Origin and Evolution of the Social Work Profession". Qeios, 2024, https://doi.org/10.32388/bj150d.2
- 4. D. Rajan. "Shift work, workload, and professionalism related motivators affecting job satisfaction: An empirical study among medical laboratory technicians". Health Economics and Management Review, 2023, https://doi.org/10.61093/hem.2023.3-01
- 5. Rajan, D. "Shift work, workload, and professionalism related motivators affecting job satisfaction: An empirical study among medical laboratory technicians". Academic Research and Publishing UG, 2023, https://core.ac.uk/download/590292790.pdf
- 6. Das Gupta, Monica, Desikachari, B.R., Padmanaban, P., Somanathan, et al.. "How to improve public health systems: lessons from Tamil Nadu". 2024, https://core.ac.uk/download/pdf/6227109.pdf
- 7. Malek, Imran, Ramani, K. V., Trivedi, Poonam. "IIMA in HealthCare Management: Abstract of Publications (2000-2010)". 2024, https://core.ac.uk/download/pdf/6815495.pdf
- 8. Bhaumik, Soumyadeep . "Addressing the burden of snakebite: analysing policy prioritisation, evaluating health systems, and fostering research on treatments". UNSW, Sydney, 2023, https://unsworks.unsw.edu.au/bitstreams/dcf034f7-92d2-4ccb-8fed-dc86ef2f802e/download
- 9. Sugandha, . "Smart Cities and Social Sustainability: A Critical Analysis of the Indian Smart Cities Mission". UNSW, Sydney, 2022, https://unsworks.unsw.edu.au/bitstreams/289d0745-94d3-42f6-820c-c45455a4c2b3/download
- 10. Foa, Roberto. "Ancient Polities, Modern States". 'Harvard University Botany Libraries', 2016, https://core.ac.uk/download/154872962.pdf

