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A STUDY ON IMPACT OF PATIENT'S PREFERENCES ON SERVICE QUALITY OF THE HOSPITALS WITH SPECIAL REFERENCE TO THANJAVUR DISTRICT, TAMILNADU

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ABSTRACT

Patient Preferences and Satisfaction regarding health care is a multidimensional concept that now becomes a very crucial health care outcome. An analysis of this Preferences and Satisfaction with the health care received revealed the following aspects for patient Preferences and Satisfaction and overall performance of an organization encompassing the total quality, trust, reputation, continuity, competence, information, organization, facilities, attention to psychosocial problems, humaneness and outcome of care. All of these factors have high influence on service quality of health care organizations and at the same time. While many current health care improvement efforts are taken by the government of India such as provision of health infrastructure, equipment, introduction of the health insurance scheme and the adjustments of the salaries of health workers, they seem to have overshadowed the need for constant monitoring to examine the quality of service being provided. Hence empirical research on service quality in hospital in is the need of the hour that signals an alarm to the hospital.

Key words: Patients, Preference, Hospital, Preferences and Satisfaction, Service Quality

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1. INTRODUCTION

Healthcare is one of the most important components in human life. It is normally defined as the management or treatment of any health problem through the services that might be offered by medical, nursing, dental or any other health related service provider. People today are choosing a new approach to healthcare services; they are well informed and eager to take responsibility for their own health. Disease or illness can prevent a person from doing a host of activities one could have easily done when very strong. They are also becoming more critical of the quality of healthcare service they are provided with. Providing the right care, to the right patient, at the right time is not only the definition of providing quality healthcare, but also the key to the long-run viability of our healthcare system. However, our healthcare delivery system is often unable to match the supply of healthcare services with the demand for that care. Intense, inherent demand variability renders this synchronization almost impossible to maintain for any significant period of time. The mismatch between patients and providers has been shown to lead to significant adverse effects. Therefore, the consumers of healthcare services have exceptionally higher expectations and demand high quality.

Due to this new paradigm in healthcare services, hospital administrators consider patients' expectations and perceptions, so that they must address the issue of improving the perceived quality of healthcare services. According to Swamy (1975) patient's Preferences and Satisfaction is the real testimony to the efficiency of the hospital administration. As hospital serves all the members of the society, the expectations of the consumer differ from individual to individual. In general, providing good quality healthcare is an ethical obligation of all healthcare providers and receiving good quality care is a right of all patients. The healthcare sector is facing unparalleled challenges in an increasingly customer oriented environment. A lot of health problems need intensive medical treatment and personal care. Treatment cannot be given in a patient's house or in the clinic. This is possible only in a hospital, for it consists of large number of professionally and technically skilled people who apply their knowledge and skill with the help of world-class expertise, advanced sophisticated equipment and appliances. . Technological advancement in the recent years has made dramatic changes in health care service provider's practices. Health care system is now a challenge for every government, state, political parties and insurance agencies due to high competition in this field. The health care system that was dominated by non-profit/public hospitals is now provided increasingly by private sector. This competition results in satisfying patient through improvement in service quality dimensions, building trust and getting positive reputation. This research is based on healthcare as a major area within the service sector. The service environment in a large hospital is complex, with multiple interactions occurring internally; health is a significant field of study from both technical and organisational perspectives providing specific prior research that may be used as a basis for, and extension into service quality; and the implications of not getting service delivery right in healthcare in terms of costs to patients, families, community, and the government are significant.

The healthcare industry in recent years has restructured its service delivery system in order to survive in an unforgiving environment resulting from maturation of the industry, reduced funding and increased competition. The restructuring has focused on finding effective ways to satisfy the needs and desires of the patients. Consumer Preferences and Satisfaction is a basic requirement for healthcare provider because, the Preferences and Satisfaction related to quality of healthcare is provided by hospitals. Preferences and Satisfaction is important when patients themselves and institutional healthcare service buyers make selection decisions.

Misunderstanding of patients' needs leads to the underutilization of existing facilities and hinders the overall development of the health system. Therefore, it is important to consider the

patients' opinion to assess the quality of healthcare services. In the healthcare delivery sector, the factors which largely affect patient care and Preferences and Satisfaction are quality services, waiting time, behaviour of doctors, availability of specialists, behaviour of other clinical staff and assistants, clean environment, etc. The quality of health services and achieving the patient's Preferences and Satisfaction are obsessions for health institutions. Being patient Preferences and Satisfaction as its focus, it is always searching for the needs and expectations of the patients in health care, achieving the Preferences and Satisfaction and loyalty to the institution.

Achieving a high level of quality health care for the patient is the core functions of the health sector and is linked to the availability of good medical technical care related to the application of the science of medical technology and good mutual relationship between providers and beneficiaries of medical service, and that these services are appropriate and enough without being more or less which ensure the health benefits *(Alioua, 2000).* Therefore the good quality of services provided by health sector is a necessity and is being increasingly important with the increase of the beneficiary's needs, desires and expectations of the service and the increase of the Organization's ability to meet those needs, desires and expectations.
The major challenges faced by many countries lies in ensuring and improving the performance of their health care systems. Improving the health services for the benefit of the entire population, Clinical effectiveness through decisions that are influence by the prevailing best practices, Improving safety or reducing medical error- developing health care organization that are capable of detecting medical errors, Providing timely services and reducing wasteful delays, Improving efficiency/containing cost by providing the right incentives to providers and consumers to get better value for money; and Ensuring that, everybody receives quality care, regardless of race, gender, geographic location, or ability to pay and reducing the gaps in health outcomes across different regions and socio economic and ethnic groups *(WHO, 2000)* are some of the issues that most countries are raising under health sector.

Despite differences in the levels and methods of health care delivery, the challenges and solutions in quality are remarkably similar between countries. The common national concern over quality that cut across all nations are; unsafe health systems, unequal access to health services, dereferences and Satisfaction on the part of users and the wider public, unacceptable levels of variations in performance, practices and outcome; overuse, misuse or under-use of health care technologies; unaffordable waste from poor quality and unaffordable costs to society *(Shaw 2002).*

All people are consumers of health services and it is important to know their expectations on health care services. Users of health services want safe, appropriate interventions, treatment, and care that consider their dignity and respect. They want information that is accurate, timely, and relevant. Consumers believe that if this is to happen, then consumers of health services must be involved and consulted, not only in relation to their own healthcare, but also about service planning and delivery, health evaluation and research *(Graham, 2001).* Patient Preferences and Satisfaction measures therefore provide healthcare managers with useful information about the structures, process, and outcomes of care. They alert administrators of the positive and negative aspects of their institutions. Patients Preferences and Satisfaction assessments help maximize an organization's quality and the value of the care it provides (Bell et al., 1997, Kelsey, 2001). To the patients, the appearance of the environment and employees, reliability, dependability of the service delivery, responsiveness, competence, understanding of the patients, access, courtesy, communication, credibility, and security, all indicate quality care.

2. REVIEW OF LITERATURE

The tradition of medical decision making based on professional paternalism does not deal well with the complex trade-offs created by modern technology. Patients should understand what is known, as well as what is not known, about the outcomes that matter to them. The outcomes commonly vary according to the treatment used. Patients should be able to make informed choices according to their own treatment preferences *(The Dartmouth Institute for Health Policy and Clinical Practice, 2007).*

There is no single universal definition for the service quality in the literature *(Zineldin, 2006);* however, many researchers have defined the service quality in their own point of view.

According to their definitions, the service quality seems to be a disconfirmation paradigm. The outcome of this process might be: negative disconfirmation (expectations are higher than perceptions), positive disconfirmation (perceptions are higher than expectations) or confirmation (perceptions are equal to expectations level) *(Sasser at al., 1978; Gummesson & Gronroos, 1988; Brown et al., 1989; Grönroos, 1990; Parasuraman et al.,1994).*

Unlike the quality of other manufactured goods, the quality of healthcare services is very elusive (Lim, 2000). Even though there are several definitions on the quality of healthcare service in the literature, it is still a complicated and indistinct concept *(Gronroos, 2000).*

According to *Martinez Fuentes (1999),* the quality of healthcare service is a multidimensional concept which reflects a judgment about whether services provided for patients were appropriate and whether the relationship between doctor and patient was proper. The researchers have different opinions on dimensionality of quality of healthcare services.

Parasuraman (1988) indicated that elements of quality of healthcare services can be divided into five dimensions including tangible, reliability, responsiveness, empathy and assurance. Some others mentioned that affordability and accessibility also can be important dimensions of quality of healthcare services; however, most researchers classify the elements of quality of healthcare services into different dimensions based on their own opinion and experience in this field.

There are two approaches towards conceptualization of the quality of healthcare service. One is the traditional medical approach which focuses on the outcome of healthcare services and is defined by the point of provider's view. Another one is user based approach and emphasizes the process of healthcare from the patient's perspective (how the service is provided) *(Newcome, 1997).*

In general, the researchers have defined the quality of healthcare service in terms of the technical aspect and interpersonal care of service *(Kane et al., 1997; Cleary & McNeil, 1988; O'Connor & Shewchuk, 1989; Li & Collier, 2000; Sower et al., 2001; Goldstein & Schweikhart, 2002).*

There are three core themes to assess the patient provider interaction: manner, communication, and relationship. The manner describes the attitude and behavior of a service provider *(Dagger at al., 2007).*

Zeithaml and Bitner (2000) and Weitzman (1995) suggested that besides the technical aspects of healthcare and the interpersonal relationship between healthcare providers and patients, the amenities of care also need to be taken into account to define the quality of healthcare service.

Some others consider that administrative issues are also important in the assessment of the quality of healthcare service *(Duggirila et al., 2008).*

Staff skill-mix and team working can be included in staff characteristics. For instance, education, certification, and experience of doctors are part of dimensions of staff characteristics *(Campbell et al, 2000).*

Generally, healthcare organizations that have the necessary quantity and quality of human and material resources and other structural supports are well prepared to deliver health services with good quality *(Campbell et al, 2000).*

3. STATEMENT OF THE PROBLEM

The problem addressed by this study is that as a result of poor patient care and Preferences and Satisfaction and as a result of intense competition in the healthcare sector among the private and government hospitals, quality of service delivered is the only criteria for the consumers to differentiate among the private hospitals. Obviously, it is significant to monitor the quality of the health care services rendered by the organizations. In the present healthcare environment when competition has become quite keen, patients care and Preferences and Satisfaction have become the prime concerns of each and every healthcare facility. Satisfying the needs and wants of Patients more efficiently and effectively enables them to secure higher market share, increase sales, sales revenue and profitability as well as corporate image. When not satisfied, patients will eventually turn to other healthcare providers who will meet their needs. Poor patients care and Preferences and Satisfaction in this perspective are the leading indicators of future decline of a healthcare facility. Due to high competition in health care sector, it is difficult for public health care providers to maintain its standards and achieve high performance.

4. OBJECTIVE OF THE STUDY

To study on impact of Patient's Preferences on service quality of the hospitals with special reference to thanjavur district, Tamilnadu.

5. RESEARCH METHODOLOGY

The research design denotes to the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data. Obtaining relevant evidence entails specifying the type of evidence needed to answer the research question, to test a theory, to evaluate a programme or to accurately describe some phenomenon. The undergone research work is a descriptive research design as the study describes the consumers knowledge on the advertising methods, its effectiveness in driving Patients for purchase of Organic products and aspiring factors influencing customer buying behaviour, advertising effects on retaining Patients of Organic products and customer Preferences and Satisfaction. Before undertaking the study in complete scale, a pilot study was held in various places in order to know the scope and problems involved in the present study.

5.1. Sources of data used

The secondary and primary data are used in the present study. The secondary data have been collected preliminarily form the text books, web sites, journals, magazines and other secondary sources. The primary data are collected from the sample respondents who are the Patients considered as target audience exposed to Organic product advertisements under the considered study area, Thanjavur district of Tamil Nadu.

5.2. Sampling Technique

The Quota sampling technique is adopted for the present study. This method is used in descriptive research where the researcher is interested in getting an inexpensive approximation

of the truth. Quota sampling is a non-probabilistic sampling method where we divide the survey population into mutually exclusive subgroups. These subgroups are selected with respect to certain known and thus non-random features, traits, or interests. People in each subgroup are selected by the researcher or interviewer who is conducting the survey. After choosing these subgroups, the interviewer has the liberty to rely on his convenience or judgment factors to find people for each subset. 150 samples are selected for this study.

5.3. Questionnaire

A structured questionnaire is constructed to get the primary data from the respondents who are the Patients in the Thanjavur district. The questionnaire consists of questions which explain about the demography of the respondents like age, marital status, educational qualification, dependents etc., and all the other questions related to the study.

6. MEASUREMENT SCALE

Apart from the demographic and health care decision dimensions which are analyzed with nominal scaling, Health care awareness is measured with ordinal five point scaling such as not at all aware, slightly familiar, somewhat aware, moderately aware, and extremely aware. Health care service quality is measured with the help of 7 point scale such as strongly disagree, disagree, slightly disagree, neither agree nor disagree, slightly agree, agree and strongly agree and Patients Preferences and Satisfaction is measured by means of 7 point scale such as completely dissatisfied, mostly dissatisfied, somewhat dissatisfied, neither satisfied not dissatisfied, somewhat satisfied, mostly satisfied and completely satisfied.

7. CORRELATION ANALYSIS FOR OVERALL PREFERENCES AND SATISFACTION AND SERVICE QUALITY DIMENSIONS

The proposed research model examines relationships between Preferences and Satisfaction of patients (the dependent variable) and other Dimensions: (1) Awareness of the patients (2) Service quality (Tangibility), (3) Service quality (Reliability), (4) Service quality (Responsiveness), (5) Service quality (Assurance) and (6) Service quality (Empathy). SPSS 20 software was used to analyse the response of this study. Pearson correlation was used to analyses correlation among the five variables. The correlation analysis gives the results about the variables whether they tend to vary together or not. The results of the correlation analysis of the research dimensions may be seen on correlation table shown below.

Table 1 Measurement of overall Preferences and Satisfaction of patients based on correlation analysis against other behavioral variables

		Awareness of the Patients	**Service quality (Tangibility)**	**Service quality (Reliability)**	**Service quality (Responsiveness)**	**Service quality (Assurance)**	**Service quality (Empathy)**
Overall Preferences and Satisfaction	Pearson Correlation	.058	.065	.060	-.039	.110*	-.092*
	Sig. (2-tailed)	.194	.148	.179	.528	.014	.040
	N	500	500	500	261	500	500
*. Correlation is significant at the 0.05 level (2-tailed).							
**. Correlation is significant at the 0.01 level (2-tailed).							

Source: Output generated from SPSS 21

7.1. Awareness of patients

Overall Preferences and Satisfaction of patients and awareness of the patients are positively correlated and not statistically significant

The correlation between overall Preferences and Satisfaction of patients and awareness factors is r = 0.058 and significant values is 0.194. The r value is between zero to one. This means a moderate uphill (positive) relationship between Preferences and Satisfaction of the patients and awareness of the patients. This means that changes in overall Preferences and Satisfaction of patients are moderately correlated with changes in the awareness of the patients. The significant value is greater than .05 and hence there is no statistically significant correlation between the two variables. That means, increases or decreases in overall Preferences and Satisfaction of patients do not significantly relate to increases or decreases in the awareness of the patients.

7.2. Service quality (Tangibility)

Overall Preferences and Satisfaction of patients and service quality (Tangibility) are positively correlated and not statistically significant

The correlation between overall Preferences and Satisfaction of patients and awareness factors is r = 0.065 and significant values is 0.148. The r value is between zero to one. This means a moderate uphill (positive) relationship between Preferences and Satisfaction of the patients and service quality (Tangibility). This means that changes in overall Preferences and Satisfaction of patients are moderately correlated with changes in the service quality (Tangibility). The significant value is greater than .05 and hence there is no statistically significant correlation between the two variables. That means, increases or decreases in overall Preferences and Satisfaction of patients do not significantly relate to increases or decreases in the service quality (Tangibility).

7.3. Service Quality (Reliability)

Overall Preferences and Satisfaction of patients and service quality (Reliability) are positively correlated and not statistically significant

The correlation between overall Preferences and Satisfaction of patients and awareness factors is r = 0.060 and significant values is 0.179. The r value is between zero to one. This means a moderate uphill (positive) relationship between Preferences and Satisfaction of the patients and service quality (Reliability). This means that changes in overall Preferences and Satisfaction of patients are moderately correlated with changes in the service quality (Reliability). The significant value is greater than .05 and hence there is no statistically significant correlation between the two variables. That means, increases or decreases in overall Preferences and Satisfaction of patients do not significantly relate to increases or decreases in the service quality (Reliability).

7.4. Service quality (Responsiveness)

Overall Preferences and Satisfaction of patients and service quality (Responsiveness) are negatively correlated and not statistically significant

The correlation between overall Preferences and Satisfaction of patients and awareness factors is r = -0.092 and significant values is 0.528. The r value is between 0 to -1. This means a moderate downhill (negative) relationship between Preferences and Satisfaction of the patients and service quality (Responsiveness). This means that changes in overall Preferences and Satisfaction of patients are downhill moderately correlated with changes in the service quality (Responsiveness). The significant value is greater than .05 and hence there is no statistically significant correlation between the two variables. That means, increases or decreases in overall

Preferences and Satisfaction of patients do not significantly relate to increases or decreases in the service quality (Responsiveness).

7.5. Service quality (Assurance)

Overall Preferences and Satisfaction of patients and service quality (Assurance) are positively correlated and statistically significant

The correlation between overall Preferences and Satisfaction of patients and awareness factors is r = 0.110 and significant values is 0.014. The r value is between zero to one. This means a weak uphill (positive) relationship between Preferences and Satisfaction of the patients and service quality (Assurance). This means that changes in overall Preferences and Satisfaction of patients are weakly correlated with changes in the service quality (Assurance). The significant value is less than .05 and hence there is statistically significant correlation between the two variables. That means, increases or decreases in overall Preferences and Satisfaction of patients significantly relate to increases or decreases in the service quality (Assurance).

7.6. Service quality (Empathy)

Overall Preferences and Satisfaction of patients and service quality (Empathy) are negatively correlated and statistically significant

The correlation between overall Preferences and Satisfaction of patients and awareness factors is r = 0.039 and significant values is 0.040. The r value is close to -1. This means a perfect downhill (negative) linear relationship between Preferences and Satisfaction of the patients and service quality (Empathy). This means that changes in overall Preferences and Satisfaction of patients are negatively correlated with changes in the service quality (Empathy). The significant value is less than .05 and hence there is statistically significant correlation between the two variables. That means, increases or decreases in overall Preferences and Satisfaction of patients significantly relate to increases or decreases in the service quality (empathy).

8. CONCLUSION

The study concludes that patient's health care awareness as one of the dimensions that reveals lack of knowledge about the health care services rendered by the hospitals considered. Quality as the major impact of patient choice, it had implications over the satisfaction of patients. When service is delivered at patient satisfaction, the hospital earns reputation by word of mouth that initiates a deciding factor for the patient. Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients with the quality of health care service experienced by them is equally important. It was realized that the management and board of the hospital are poised to i`1mprove infrastructure of the hospital and introduce more specialist services to serve their consumers better. During the study it was revealed that hospital is more consumer-focused and market-oriented this time than before due to the emerging competition in the Hospitals.

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