

PERCEPTION ON SERVICE QUALITY AND SATISFACTION OF CANCER PATIENTS WITH REFERENCE TO SELECT HOSPITALS IN ERNAKULAM DISTRICT

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ABSTRACT

Service quality is defined as the discrepancy between customer's perceptions of services offered by a particular firm and their expectations about firms' offering such services. Goetsch & Davis (2010) define quality as: a dynamic state associated with products, services, people, processes and environments that meets or exceeds expectations and helps produce a higher value. Hospital service quality is the discrepancy between patient's perceptions of services offered by a particular hospital and their expectations about hospitals offering such services (Aagja & Garg, 2010). The present research was focusing on private hospitals specialized in treating cancer patients in Ernakulam District, Kerala. I Treatment of patient is unavoidable for any chronic illness which needed significant attention by the medical institution to keep the patient physically and psychologically fit to undergo treatment and get well soon. Therefore this study is conducted to evaluate few private hospitals operating in Ernakulam District in Kerala specialized in treating Cancer Patients were considered for the study to measure the provision of service quality for which five main dimensions such as Tangibility, Assurance, Empathy, Responsiveness and Timeliness are taken and analyzed to find the level of satisfaction achieved by the cancer patients in the select hospitals. The basic motive is to find what problem exists with the service quality aspects perceived by the cancer patients are measured to contribute valuable suggestions. The objective is to understand the perception on service quality and satisfaction of the Cancer Patients in select hospitals of Ernakulam District. The sources of data included both primary as well as secondary data. The self prepared questionnaire to find out the personal data of respondents to find out the satisfaction on the quality of service provided to the cancer patients. . The objectives framed for the present study formed the basis of the identification of the relevant statistical techniques such as percentage method, Correlation and Regression Analysis. The study concluded that majority of the cancer patients are satisfied with the service quality provided by the select hospitals, however, expects to maintain higher level of physical aspects that can further motivate their psychological wellbeing to help the cancer patients overcome their depression due to illness. Further, timeliness based service quality evnthough insignificant is found to be negative which needed considerable attention by the institutions to help the patients get their treatment on-time without much waiting for investigations and procedures such as blood test, scan, etc. will elevate their psychological wellbeing and mentally feel relieved.

Keywords: Cancer Patients, Hospital, Perception, Service Quality, Satisfaction, etc...

1. INTRODUCTION

Service quality is defined as the discrepancy between customer's perceptions of services offered by a particular firm and their expectations about firms' offering such services. Goetsch & Davis (2010) define quality as: a dynamic state associated with products, services, people, processes and environments that meets or exceeds expectations and helps produce a higher value. Hospital service quality is the discrepancy between patient's perceptions of services offered by a particular hospital and their expectations about hospitals offering such services (Aagja & Garg, 2010). The patients' expectations are derived from their perception of the ideal care standards of their previous experiences in the use of services (Kucukarslan & Nadkarni, 2008). A satisfied customer will more likely to continue to use the service, spread positive views that help healthcare providers get new patients without additional cost such as advertising (Zeithaml & Bitner, 2000). Currently, the role of service quality is widely recognized as being a critical determinant for the success and survival of an organization in competitive environment. One of the fastest growing in the service sector is the health care industry (Zaim, Bayyurt & Zaim, 2010). The present research was focusing on private hospitals specialized in treating cancer patients in Ernakulam District, Kerala. In the present scenario, the number of private hospitals providing health care service in

India has been sharply increasing, which is a good sign for the people who can access the health care services eventhough, it is a business for the health care sector.

2. REVIEW OF LITERATURE

Coddington and Moore suggest that the top five factors that define quality for health care providers from a consumer's perspective are a) warmth, caring and concern, b) medical staff, c) technology-equipment, d) specialization and scope of services available, and e) outcome. The Joint Commission Accreditation of Healthcare Organisation (JCAHCO) identifies nine quality dimensions for hospitals. Definitions of these dimensions are 1) Efficiency, 2) Appropriateness, 3) Efficiency, 4) Respect and Caring, 5) Safety, 6) Continuity, 7) Effectiveness, 9) Timeliness and 10) Availability. This factors are closely related to Moore's five factors and the SERVQUAL dimensions, but is more comprehensive. Since the JCAHCO dimensions encompass the SERVQUAL and Coddington and More dimensions and since they were developed specifically for use in the hospital accreditation process, the nine JCAHO dimensions were selected as the theoretical framework of hospital service quality for the study.

Medical care aims not only to improve health status but also to respond to patient needs and wishes and to ensure their satisfaction with care. Likewise, conducting surveys to measure satisfaction with psychometrically validated questionnaires entails assessment of the quality of care organization and procedures. Patient judgement on medical care also contributes to medical outcome. In the case of ambulatory care, it has been clearly shown that satisfied patients are more likely to cooperate with treatment, to maintain a continuing relationship with a practitioner and thus enjoy a better medical prognosis.

3. STATEMENT OF THE PROBLEM

Treatment of patient is unavoidable for any chronic illness which needed significant attention by the medical institution to keep the patient physically and psychologically fit to undergo treatment and get well soon. Therefore this study is conducted to evaluate few private hospitals operating in Ernakulam District in Kerala specialized in treating Cancerp Patients were considered for the study to measure the provision of service quality for which five main dimensions such as Tangibility, Assurance, Empathy, Responsiveness and Timeliness are taken and analyzed to find the level of satisfaction achieved the cancer patients in the select hospitals. The basic motive it to find what problem exists with the service quality aspects perceived by the cancer patients are measured to contribute valuable suggestions.

4. OBJECTIVES OF THE STUDY

1. To study of the demographic profile of the Cancer Patients
2. To understand the perception on service quality and satisfaction of the Cancer Patients in select hospitals of Ernakulam District

5. METHODOLOGY

Research in common parlance refers to the search of knowledge. In this context research may be defined as, "The objective and systematic method of finding solution to a problem ie, systematic collection, recording, analyzing, interpretation and reporting of information about facts of a phenomenon under study". The sources of data included both primary as well as secondary data. Questionnaires were used for the primary data collection where as secondary data collection was made based on the information provided by the hospital officials. Questionnaire was adopted as research instrument. The questionnaires were administrated through distribution specific to the patients affected with cancer. The survey was conducted among the various patients who are specifically taking treatment in the select four private hospitals in Ernakulam District. The sample size of the study is 70 cancer patients. The self prepared questionnaire to find out the personal data of respondents to find out the satisfaction on the quality of service provided to the cancer patients. The sampling technique selected for the study is on stratification basis who are affected with cancer. The researcher has circulated the instrument only to the cancer patients for data collection. The objectives framed for the present study formed the basis of the identification of the relevant statistical techniques such as percentage method, Correlation and Regression Analysis.

6. LIMITATIONS OF THE STUDY

The respondents felt time and cost constraints during data collection. The study is conducted to know the facilities provided in the hospital of the patient's views and the information provided by the patients are expected with some bias. Management of the hospitals were very strict and most of the time avoided to meet the Patients of the respective hospitals.

7. RESULTS OF ANALYSIS

7.1. DEMOGRAPHIC VARIABLES

The demographic variables of the patients are classified based on their gender, age, type of cancer, name of hospital, type of treatment undergoing are presented in the Table-1.

Table 1: Demographic characteristics and perception on disease and treatment

Sl. No.	Demographic Variables	Respondents (70 Nos)	Percentage (100%)
1	Gender		
	Male	25	35.7
	Female	45	64.3
2	Age		
	Below 30 years	11	15.7
	31 to 40 years	8	11.4
	41 to 50 years	21	30.0
	51 and above	30	42.9
3	Marital Status		
	Married	60	85.7
	Unmarried	10	14.3
4	Type of cancer		
	Bladder	3	4.3
	Skin	3	4.3
	Breast	27	38.6
	Leukaemia	7	10.0
	Cervical	5	7.1
	Melanoma	10	14.3
	Colon or Rectum	6	8.6
	Others	9	12.9
5	Hospital name		
	Lake Shore	21	30.0
	Welcare	18	25.7
	Others	31	44.3
6	Type of treatment		
	Chemotherapy	34	48.6
	Harmone Therapy	18	25.7
	Radiation Therapy	18	25.7

Source: Computed from Primary Data

From the table it is clear that most (64.3%) of the cancer patients were female and 35.7% of the patients were male. It is evident that majority (42.9%) of the cancer patients fall in the age group above 51 years, 30% of the patients fall between the age 41 and 50 years, 15.7% of the cancer patients are in the age group below 30 years and the remaining 11.4% of the cancer patients are in the age group of 31 to 40 years. It is understood that majority (85.7%) of the cancer patients are married and 14.3% of the patients are unmarried. It is found that maximum (38.6%) of the cancer patients are diagnosed with Breast Cancer followed by 14.3% detected with Melanoma, 12.9% of the patients were identified with other types of cancers, 8.6% of the patients are suffering from Colon or Rectum cancer, 7.1% of the patients were having Cervical type cancer and the remaining 4.3% each of the patients were found with Skin and Bladder type cancer respectively. It is clear that maximum (42.9%) of the cancer patients are undergoing treatments in other hospitals, while 30% of the respondents are treated in Lake Shore hospital and the remaining 25.7% of the patients are getting treatment in Welcare hospital. It is evident that nearly half (48.6%) of the cancer patients are undergoing Chemotherapy, while 25.7% of the patients are undergoing Harmone therapy and another 25.7% of the patients are treated with Radiation Therapy for their disease.

7.2. CORRELATION

Table 2: Correlation measuring the Perception on Service Quality of Cancer Patients and their Satisfaction

Factrors		Satisfaction	Tangibility	Assurance	Empathy	Responsive-ness	Timeliness
Satisfaction	Pearson Correlation	1	.732**	.738**	.766**	.268*	.193
	Sig. (2-tailed)		.000	.000	.000	.025	.109

	N		70	70	70	70	70
Tangibility	Pearson Correlation		1	.597**	.913**	.081	.345**
	Sig. (2-tailed)			.000	.000	.503	.003
	N			70	70	70	70
Assurance	Pearson Correlation			1	.624**	.042	.234
	Sig. (2-tailed)				.000	.730	.051
	N				70	70	70
Empathy	Pearson Correlation				1	.098	.301*
	Sig. (2-tailed)					.419	.011
	N					70	70
Responsive-ness	Pearson Correlation					1	.056
	Sig. (2-tailed)						.644
	N						70
Timeliness	Pearson Correlation						1
	Sig. (2-tailed)						
	N						70

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

From the above table it is clear that considering Satisfaction towards treatment provided by the select hospitals as dependent variable the service quality was measured with respect to

- There is high positive significant correlation between Tangibility and Satisfaction ($r=0.732$, Sig.0.000),
- There is high positive significant correlation between Assurance and Satisfaction ($r=0.738$, Sig.0.000)
- There is high positive significant correlation between Empathy and Satisfaction ($r=0.766$, Sig.0.000),
- There is low positive significant correlation between Responsiveness and Satisfaction ($r=0.268$, Sig.0.025)
- There is no correlation between Timeliness and Satisfaction ($r=0.193$, Sig.0.109)
- There is moderate positive significant correlation between Tangibility and Assurance ($r=0.597$, 0.000).
- There is strong positive significant correlation between Tangibility and Empathy ($r=0.913$, 0.000).
- There is no correlation between Tangibility and Responsiveness ($r=0.081$, 0.503).
- There is low significant correlation between Tangibility and Timeliness ($r=0.345$, 0.000).
- There is moderately high correlation between Assurance and Empathy ($r=0.624$, 0.000).
- There is no correlation between Assurance and Responsiveness ($r=0.042$, 0.730).
- There is no correlation between Assurance and Timeliness ($r=0.234$, 0.051).
- There is no correlation between Empathy and Responsiveness ($r=0.098$, 0.419).
- There is low significant correlation between Empathy and Timeliness ($r=0.301$, 0.011).

- There is no correlation between Responsiveness and Timeliness ($r=0.056, 0.644$).

Further, to measure the power determination regression analysis is followed.

7.3. REGRESSION ANALYSIS

Regression analysis is performed using enter method to test whether the Service Quality perceived having significant relationship with Satisfaction with the Hospital Services perceived to the Cancer Patients in Ernakulam District. Perception on Service Quality variables consists of five sub-dimensions viz. Tangibility, Assurance, Empathy, Timeliness and Responsiveness are used to predict the Level of Satisfaction among Cancer Patients from the select hospitals.

Anova Table is used to predict significance of the model by evaluating the Service Quality perception of Cancer Patients for the treatment provided by the select hospitals. This is evaluated by considering the significance of P-value (0.000) is less than the alpha (0.05) to prove the significance of the model. In other words $F(5,64)=37.849$, $p=0.000$ is found significant to reject the null hypothesis.

Table 3: Regression Analysis measuring the Perception on Service Quality of Cancer Patients and their Satisfaction

R Value	R Square Value	Adjusted R Square Value	Degree of Freedom – (V ₁ , V ₂)	F-Value	Significance
0.864	0.747	0.728	(5, 64)	37.849	0.000

a. Predictors: (Constant), Timeliness, Responsiveness, Assurance, Tangibility, Empathy
Dependent Variable: Satisfaction

When measuring the model summary, the percentage of variance in the dependent variable (Satisfaction) explained by the predictor variables (Perception on Service Quality) at 72.8%. In other words, based on the perception of the Cancer Patients it is clear that 72.8% of variance in Perception of Service Quality is explained by the Satisfaction of the Cancer Patients.

The regression coefficient are measured considering Perception of Service Quality sub-dimensions which are the explanatory variables viz. Tangibility, Assurance, Empathy, Timeliness and Responsiveness to predict the Satisfaction on Service Quality perceived by the Cancer Patients from select hospitals.

The result shows the constant line of y-intercept at 4.718. The equation is

$$= 2.616 + 0.084 (\text{Tangibility}) + 0.296 (\text{Assurance}) + 0.202 (\text{Empathy}) + 0.215 (\text{Responsiveness}) - 1.024 (\text{Timeliness})$$

Table 4: Coefficients measuring the Perception on Service Quality of Cancer Patients and their Satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.549	4.033		2.616	.011
	Tangibility	.084	.078	.170	1.077	.285
	Assurance	.296	.056	.430	5.323	.000
	Empathy	.202	.093	.347	2.175	.033
	Responsiveness	.215	.066	.207	3.272	.002
	Timeliness	-1.024	.841	-.082	-1.218	.228

Dependent Variable: Satisfaction

It is clearly understood from the Table that the relationship between Service Quality perception of Cancer Patients on all five sub-dimensions leading to Satisfaction shows Assurance ($t=5.323, 0.000$) followed by Empathy ($t=2.175, 0.033$) and Responsiveness ($t=3.272, 0.002$) found to be significantly associated to reject the null hypothesis. Whereas two variables viz. Tangibility ($t=1.077, 0.285$) and Timeliness ($t=-1.218, 0.228$) were the factors found to be insignificant to accept the null hypothesis. When comparing all

the five sub-dimensions the maximum perception of Cancer Patients based on Satisfaction was towards Assurance and the least perception was for Timeliness which needed attention to satisfy the cancer patients.

8. SUMMARY OF RESULTS

8.1. DEMOGRAPHIC VARIABLES

- Most (64.3%) of the cancer patients were female
- Majority (42.9%) of the cancer patients fall in the age group above 51 years
- Majority (85.7%) of the cancer patients are married
- Maximum (38.6%) of the cancer patients are diagnosed with Breast Cancer
- Maximum (42.9%) of the cancer patients are undergoing treatments in other hospitals
- Nearly half (48.6%) of the cancer patients are undergoing Chemotherapy

8.2. CORRELATION

It is observed that there is strong correlation between

- Tangibility and Satisfaction
- Assurance and Satisfaction
- Empathy and Satisfaction
- Tangibility and Empathy
- Assurance and Empathy

There is moderate correlation between

- Tangibility and Assurance

There is Low correlation between

- Responsiveness and Satisfaction
- Tangibility and Timeliness
- Empathy and Timeliness

There is no correlation between

- Timeliness and Satisfaction
- Tangibility and Responsiveness
- Assurance and Responsiveness
- Assurance and Timeliness
- Empathy and Responsiveness
- Responsiveness and Timeliness

8.3. REGRESSION

- Regression analysis is performed to test whether the Service Quality Perception and Satisfaction among Cancer Patients in select hospitals. To predict the significance of the model Anova is conducted to find the significance of P-value (0.000) which is less than the alpha (0.05) to prove the significance of the model while, the percentage of variance in the dependent variable (Satisfaction) explained by the predictor variables (Perception on Service Quality) at 72.8%. Finally, it is observed that there is no significant impact between tangibility and service quality as well as timeliness and service quality.

9. SUGGESTIONS

- Significantly higher level of satisfaction achieved through Assurance followed by Responsiveness and Empathy. Whereas, there is a marginally negative impact of timeliness which needed to be improved by the Hospital providing treatment for Cancer patients to give them complete satisfaction in their services which may improve the patients morale and keep their psychological wellbeing positive to continue treatment without difficulties.
- Further, physical aspects based on tangibility needed significant improvement which may also contribute to motivate the cancer patients to uninterruptedly access the hospitals for their treatment, which means, the physical aspects such as cleanliness of reception area, bathroom, washroom, restroom, etc. shall be maintained with maximum hygiene that may help the patients feel psychologically comfortable accessing the hospital for treatment.

10. CONCLUSION

The study concluded that majority of the cancer patients are satisfied with the service quality provided by the select hospitals, however, expects to maintain higher level of physical aspects that can further motivate their psychological wellbeing to help the cancer patients overcome their depression due to illness. Further, timeliness based service quality evnthough insignificant is found to be negative which needed considerable attention by the institutions to help the patients get their treatment on-time without much waiting for investigations and procedures such as blood test, scan, etc. will elevate their psychological wellbeing and mentally feel relieved.

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