AN ASSESSMENT OF HOSPITAL SERVICES AND GRATIFICATION OF CUSTOMERS IN BANGALORE

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ABSTRACT

The perception that the Healthcare sector has about its functioning is completely different from the other sectors, The patient's wish to select the hospital has a protuberant consequence on the views on Superiority. Patients' complete indulgence and correctness in isolated healthcare breadwinner plays a significant role in understanding the eminence of the service. A patient's manner of contentment or displeasure is a judgment on the nature of emergency clinic care in the entirety of its viewpoints. The curative facilities' relatives must appreciate the advantages of refining patient consideration as fulfilled and faithful clients. They are compulsory to offer better types of aid to the affected role to build customers and continued with support. In an exploratory, descriptive design, Data was collected by using a questionnaire through Google Forms and the sample entailed a random sample of 110 patients from different hospitals. The foremost aim of the learning is to understand the types of hospitals and a variety of specialized and auxiliary services in Bangalore City. To determine the hospitals' services and dimensions of health care.

Key Words: Health care, Facility Quality, Patient Satisfaction, Infirmary Quality

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Introduction

Hospital Services refer to the clinical amenities provided by the Hospice, as well as the working happenings that support those clinical services, which are funded in whole or in part by the LHIN, and include the type, volume, frequency, and availability of Hospital Services; as modified or substituted from time to time. In any service organization, provision eminence is considered the most important aspect in determining competitiveness Barbara (1989).

Hospital services are the foundation of a hospital's services. They are frequently influenced by the demands or wishes of the hospital's key users, with the goal of making the hospital a one-stop or core institution of the local community or medical network. Hospitals are facilities with basic services and personnel—usually medicine and surgical departments—that provide scientific and additional services for specific diseases and ailments, as well as emergency care. Hospital services include everything after basic well-being care to drill and investigate for major medicinal school centers, as well as services created by a network of industry-owned institutions such as health maintenance organizations.

All finished the ecosphere service industries are facing a great challenge in assessing and managing service quality, especially the hospital sector. Since patient’s satisfaction is the success mantra of any hospital, and if the patients are not satisfied with the services of the hospital, then they will not visit that hospital again in their lifetime. So, today the health care system and its quality of service became a chief concern for patients all finished the ecosphere and in Kerala too. So, in every nation, it became a major priority for the service delivery providers in the vigour care sector to highlight the importance of service delivery and progress its quality over time so that it will satisfy their patients and hold them to their health care centres. This is why nowadays client fulfilment is measured the key factor that leads to maintainable extra for the particular organization Anthanassopoulos et al., (2001)

Scope of the Study

The possibility of the study covers the hospital service in the selected sample. The scope extends to cover the fulfilment of the objectives set out and to cover offering a set of meaningful suggestions for improving services in the health care centres or hospitals.

Review of Literature

Barbara (1989) Excellence in the provision industry is defined in different ways. In the service sector, the balance between the customer expectation and the service provided by the company is the main measurement of quality as the customer has to face the salesperson or the service provider directly in what is usually called a face-to-face announcement.

Mekonnen & Mekonnen (2003) The study also revealed that demographic and sociocultural factors were the most important aspects that influenced the use of motherly healthcare amenities in Ethiopia. The self-governing factors swaying the use of tender healthcare services encompassed the teaching of mothers, wedded status, place of residence, parity, and religion. However, this cannot diminish from the implication of service-related influences, specially in the rustic extents of the nation.

Ramani & Mavalankar (2006) paper seeks to show that health and socio - economic developments are so closely intertwined that is impossible to achieve one without the other. This employed paper designates the rank of the well-being system, converses serious areas of running concerns, proposes a few well-being segment improvement events, and concludes by identifying the roles and responsibilities of various stakeholders for building health systems that are responsive to community needs, particularly for the poor.

Berry & Bendapudi (2007) opportunity they had to study at one of the world's most admired medical institutions— Mayo Clinic—as the basis for discussing the similarities and dissimilarities between health care and other services. The article takes the reader “inside” health care. Ballegaard et al (2008) An tactic where the foremost

focus is to mature health care expertise that convulsions the practices of regular life and consequently permits the inhabitants to endure the activities they like and have grown used to – also with an aging body or when managing a chronic condition. Thus, with this approach it is not just a matter of fixing a health condition, more importantly, is the matter of sustaining everyday life as a whole.

Handayani et al (2015) services to meet the stakeholders, This explore shows that the foremost scopes that are compulsory to be employed by the hospices in order of urgency are human incomes, process, policy, and infrastructure. Pentescu et al (2015) Romania's healthcare organization appearances serious difficulties in basic aspects. Thus, by means of subordinate data, contemporary the prevailing concerns about the influence of social media on health care services and discuss to what extent they are applicable also in Romania.

Pentescu, Cetină, & Orzan (2015) Attractive into version the variations in recent years (the increased access to cyberspace, the being of inexpensive mobile strategies, and the luxury of communiqué due to the growth of social media) it seems natural to investigate thus, using secondary data, current the current apprehensions about the effect of social media on healthcare facilities and to debate to what level they are related also in Romania. Robert et al (2015) describe an approach that aims to ensure that healthcare organizations realize the full potential of patients—the biggest resource they have for educating the superiority of care. Shafiq et al (2017) recognized delivery eminence gaps and graded.

Hassan et al (2017) The cross-case study analysis was approved out in analysing the data collected. The findings reveal that around are five elements of HC that are very important in setting the hospital strategies; recruitment requirements, post-basic skills availability, career pathway, employees' capabilities, and enhancement.

Ghahramanian et al (2017) Healthcare services from patients' standing points and its connection with tenacious safety attitude and nurse-physician dedicated statement. Organizational culture in dealing with medical errors should be changed to a nonpunitive response. Modification in security philosophy near reporting errors,

effective communication, and cooperation among healthcare professionals are recommended.

Shivakumara & Sarala (2018) investigated the doctors and management insight of inter-professional teamwork in their hospitals. It could also differ in manifestation of cultural diversity from the hospital service quality improvement point of view.

Pai et al (2018) for measuring patient-perceived hospice service quality. The agenda empowers managers to measure amenity quality in any hospice setting: corporate, public, and instruction, using an tactic that is superior to existing hospital service quality scales.

Raton Sikder (2018) revealed that provision quality has a amazing and cheerful inspiration on scholar satisfaction, and the popular of pupils are satisfied with the extravagances providing by the universities. The results also presented the areas of the university's service quality that realize the requirements and desires of students and their prospects have healthier potential to build a strong relationship with student gratification.

Gopalakrishnan & Nair (2022) The quality-of-service delivery in the healthcare system is a foremost apprehension in most of hospitals, especially primary health centers. The study discusses patient satisfaction with service delivery in management infirmaries, especially with primary health centres. This study employed an expressive research design. The data were collected using a structured questionnaire and were conducted among the patients of a primary health centre. Patients' responses were collected and grouped under various factors and listed out and analysed.

Objectives

1. To understand the types of hospitals and variety of specialized and auxiliary services in the Bangalore city.
2. To determine the hospitals services and dimensions of health care.

Research Methodology

The methodology used in the study points out the methods followed in order to realize the objectives of the study which includes research design, sampling design, sources of data, collection of data, processing of data, period of coverage, and framework of analysis.

Research Design

The vast data have been collected from primary sources. Therefore, to present, describe and interpret such mass data in the present research report, it is necessary to adopt the appropriate research design. The research design selected for the study is a descriptive one.

Source of Data

Primary Data

The study is mainly focused on primary data which were collected through well-designed questionnaires to suit the objectives of this research. The first-hand data have been collected from hospital services.

Secondary Data

The primary data have been supplemented by secondary sources. The necessary secondary data relating to the study have been gathered from the books, journals, websites, reports and journals, magazines, and newspapers.

The population of the study area

The study has covered Bangalore District completely, even the rural areas in and around Bangalore was covered for the study. White fields, Hosakote, Malur, Tumkur and Bannerghatta was also covered for the study.

Sample Design

A convenience sampling method was adopted to select the sample respondents.

Framework of Analysis

For the determination of analysis, statistical tools such as (i) Reliability Statistics (ii) Frequency Percentage Analysis (iii) Descriptive Statistics (iv) Rank (v) ANOVA (vi) Kruskal-Wallis test

Questionnaire Design

The study is descriptive in nature. As established in the study the primary data is collected through a well-framed survey encompassing optional type and Likert 5-point scale type questions. 5-point scale viz strongly agree, agree, neutral, disagree, strongly disagree. The scores awarded to the response of each component under attitude head were viz 5, 4, 3, 2, 1.

Hypothesis

H0: There is no noteworthy alteration between the Gender of the respondents and the dimension of healthcare.

H0: There is no momentous difference between the Specialized and auxiliary services and the types of hospitals.

Findings

Table 1: Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.776	32

Table 1 Represents the Cronbach Alpha is above 0.7, so that the questionnaire is highly reliable with 32 items.

Table 10: Mean and Standard Deviation of Dimension of Healthcare

Dimension of Healthcare	Mean	Std. Deviation
Infrastructure	4.53	.502
Clinical Care	4.37	1.082
Personal Care	3.58	1.144
Social Responsibility	4.30	1.036
Time	3.69	1.202
Empathy	4.29	1.070
Tangibles	4.25	.851

Constant	4.68	.620
Mean Score	**33.69**	**7.507**

Source: Primary Data

Table 10 indicates the Dimension of Healthcare Infrastructure at 4.53, Clinical Care at 4.37, Personal Care at 3.58, Social Responsibility at 4.30, Time at 3.69, Empathy at 4.29, Tangibles at 4.25, Constant at 4.68.

ANOVA

Table 12: Gender of The Respondents And The Dimension Of Healthcare

ANOVA						
Dimension of healthcare		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Infrastructure	Between Groups	4.072	1	4.072	18.838	**.000**
	Within Groups	23.346	108	.216		
	Total	27.418	109			
Clinical Care	Between Groups	13.744	1	13.744	13.023	**.000**
	Within Groups	113.974	108	1.055		
	Total	127.718	109			
Personal Care	Between Groups	1.383	1	1.383	1.056	.306
	Within Groups	141.381	108	1.309		
	Total	142.764	109			
Social Responsibility	Between Groups	13.929	1	13.929	14.581	**.000**
	Within Groups	103.171	108	.955		
	Total	117.100	109			
Time	Between Groups	.200	1	.200	.138	.711
	Within Groups	157.291	108	1.456		
	Total	157.491	109			
Empathy	Between Groups	14.505	1	14.505	14.217	**.000**
	Within Groups	110.186	108	1.020		
	Total	124.691	109			
Tangibles	Between Groups	4.666	1	4.666	6.791	**.010**
	Within Groups	74.207	108	.687		
	Total	78.873	109			
Constant	Between Groups	7.147	1	7.147	22.234	**.000**
	Within Groups	34.716	108	.321		
	Total	41.864	109			

*** Significant at 0.05 % level**

Source: Primary Data

From the above table, it is inferred that relating to Gender and the Dimension of healthcare, out of eight factors Infrastructure, Clinical Care, Personal Care, Social Responsibility, Time, Empathy, Tangibles, and Constant show a significant difference

with the Gender and the Dimension of healthcare since the significant value is less than the “P” value (0.05%). Hence the null hypothesis is rejected.

Personal Care, Time, show no significant difference in the Gender and the Dimension of healthcare. Hence the null hypothesis is accepted which means that the Gender and the Dimension of healthcare do not have the same Gender and the Dimension of healthcare.

KRUSKAL-WALLIS TEST

Table 13: Specialized and Auxiliary Services and the Types of Hospital

Ranks				
Specialized and auxiliary services	**Types of Hospital**	**N**	**Mean Rank**	**Highest Mean Rank**
Pediatric specialty care	Publicly owned hospital	43	49.41	71.50
	For-profit hospitals	44	71.50	
	Non-profit hospitals	23	36.28	
Prescription services	Publicly owned hospital	43	53.34	69.27
	For-profit hospitals	44	69.27	
	Non-profit hospitals	23	33.20	
Good access to surgical specialists	Publicly owned hospital	43	49.69	73.00
	For-profit hospitals	44	73.00	
	Non-profit hospitals	23	32.89	
Rehabilitation services and physical therapy	Publicly owned hospital	43	55.53	67.25
	For-profit hospitals	44	67.25	
	Non-profit hospitals	23	32.96	
Home nursing services	Publicly owned hospital	43	54.52	65.25
	For-profit hospitals	44	65.25	
	Non-profit hospitals	23	38.67	
Mental health care	Publicly owned hospital	43	55.69	64.14
	For-profit hospitals	44	64.14	
	Non-profit hospitals	23	38.63	
Nutritional counseling	Publicly owned hospital	43	50.71	71.86
	For-profit hospitals	44	71.86	
	Non-profit hospitals	23	33.15	
Genetic testing and counseling	Publicly owned hospital	43	52.36	70.50
	For-profit hospitals	44	70.50	
	Non-profit hospitals	23	32.67	
Family support services	Publicly owned hospital	43	52.86	69.75
	For-profit hospitals	44	69.75	
	Non-profit hospitals	23	33.17	
Financial services	Publicly owned hospital	43	57.20	62.75
	For-profit hospitals	44	62.75	
	Non-profit hospitals	23	38.46	

Case management or social work services	Publicly owned hospital	43	55.03	65.50
	For-profit hospitals	44	65.50	
	Non-profit hospitals	23	37.24	

Source: Primary Data

Table 13 denotes the specialized and auxiliary services and the types of hospital, Pediatric specialty care 71.50, Prescription services 69.27, Good access to surgical specialists 73, Rehabilitation services and physical therapy 67.25, Home nursing services 65.25, Mental health care 64.14, Nutritional counselling 71.86, Genetic testing and counselling 70.50, Family support services 69.75, Financial services 62.75, Case management or social work services 65.50.

Test Statistics[a,b]

	Chi-Square	df	Asymp. Sig.
Pediatric specialty care	28.441	2	.000
Prescription services	27.190	2	.000
Good access to surgical specialists	35.257	2	.000
Rehabilitation services and physical therapy	24.888	2	.000
Home nursing services	14.298	2	.001
Mental health care	15.499	2	.000
Nutritional counselling	30.945	2	.000
Genetic testing and counselling	29.473	2	.000
Family support services	27.266	2	.000
Financial services	11.983	2	.003
Case management or social work services	17.099	2	.000

Source: Primary Data

a. Kruskal Wallis Test

b. Grouping Variable: Types of Hospital

All the variables are significant values less than 0.05, so the specialized and auxiliary services and the types of hospital significant values are rejected.

Suggestions

The hospital should always ensure that it has adequate, up-to-date, and well-maintained infrastructure. Well-being labourers ought to do an ordinary appraisal of the fulfilment levels of clients to light improved anthropological amenities transference and adjustment of their business as usual. Patients ought to be urged to communicate their concerns, assessments, perspectives and conceivable propose transforms they might want to consider actualized to be consumer loyalty has been connected with organization productivity, client steadfastness, and maintenance.

Hospitals have to learn more about patient behaviour and their needs and demands in order to build strong relations with them. Research on the expectations of customers regarding various services and facilities would be approved by the hospital which would help them to serve the customers better. Hospital management has to regulate the administration tasks in order to focus on patient needs. Hospital staff and others should spend sufficient time servicing the patients and increasing operational efficiency. Quick response to patient inquiries, feedback, and complaint handling.

Conclusion

In the present study, patients of different hospitals in Bangalore were satisfied with patient care components & other facilities provided in the hospital. In the aspect of physicians giving health advice to patients and informing them about the side effects of the medicine they are prescribing to the patients; the patients are satisfied with the information. It can be thus concluded that the various dimensions have a noteworthy impression on Service Quality, which in turn has a great impact on Customer satisfaction. Among the dimensions, Social Responsibility and Clinical Care were originate to be significant predictors of satisfaction. Thus, hospitals must concentrate on both Social Responsibility and Clinical Care to ensure both Service Quality and Customer Satisfaction. In the future, the study can be extended to other private and government hospitals in the state to find out the exact significant predictors of satisfaction and health care. Facility Value dramas an imperative role in assessing a hospital in today’s world of cut-throat competition.

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