

# Impact on Patient Satisfaction and Perception Towards Service Quality in Private Hospitals During Pandemic COVID19 with Special Reference Tirunelveli City

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**Abstract** - This study is based on the analysis of patient satisfaction at private hospitals in Tirunelveli City, Tamilnadu state. The Patient satisfaction and service quality is essential matter to any hospitals especially private hospitals in the pandemic season. It is therefore important for hospitals to know how to measure the patient's satisfaction and more critical of the quality of service they experience. The service quality offered by private hospitals on various dimensions is discussed in this study and how it can be applied in the context of other hospitals. The purpose of the research is to identify patient's satisfaction towards various dimensions that influence the quality of service at the private hospitals in Tirunelveli city. An efficient and committed administration, working closely with dedicated staff can make private hospitals for peace and satisfied health care during pandemic. Consequently, the private hospitals management should serve germs protection materials like anti infection spray, Sanitizers, Tissue papers, soap and water. Hospital management should provide well social distancing seat arrangements in waiting area. The data used were gathered from relatives, friends and neighbors those who were used hospitals for treatment since 1st April 2020 to 30th June 2020 as out-patients of private hospitals in Tirunelveli city, Tamil Nadu. The interview contacted by mobile phones with well-set questionnaire, the questions shoots 50 respondents based on the preset questionnaire. The results show that patient's satisfaction is rather low and that there is still a gap for private hospitals to improve on their performance in the pandemic season of COVID19.

**Index Terms** - Clinical Care, COVID, Private Hospitals, Sanitizer

## I.INTRODUCTION

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in a very short time. It is difficult to predict when the next influenza pandemic will occur or how severe it will be. Wherever and whenever a pandemic start, everyone around the world is at risk. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but they cannot stop it. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss. Everyday life would be disrupted because so many people in so many places become seriously ill at the same time. Impacts can range from school and business closings to the interruption of basic services such as public transportation and food delivery

The first case of the COVID-19 pandemic in the Indian state of Tamil Nadu was reported on 7 March 2020. Tamil Nadu has the second highest number of confirmed cases in India after Maharashtra. All 37 districts [note 2] of the state are affected by the pandemic, with capital district Chennai being the worst affected. More than half of the confirmed cases are from Chennai, which is also the most populous district of the state. The case fatality rate in the state is among the lowest in the country.

In this moment (28 June 2020 @ 13hrs) 304 people are so far affected in Tirunelveli, Tamil-Nadu by novel coronavirus covid-19. 16 out of 304 have recovered. Sadly, 1 patient have died due to coronavirus in

Tirunelveli, Tamil-nadu. 287 patients are still in hospital and recovering. The last recorded case of coronavirus in Tirunelveli, Tamil-nadu was 45 minutes ago. The motto of the research is how the patients getting satisfaction on this critical situation in Tirunelveli City

## II.LITERATURE REVIEW

As mentioned earlier, there is hardly any work done in the area of service quality in health sector. However, there are researchers like Parasuraman, Carman, lehitinen, Babakus, Reidenbach and Smallwood etc who have contributed the field. Parasuraman conceptualized the idea of service quality based on disconfirmation paradigm and proposes that service quality is the discrepancy between perceived and expected services. He developed SERVQUAL model consisting of five dimensions: reliability, tangibles, responsiveness, assurance, and empathy. Vandamme and leunis (1993) developed a scale to measure service quality provided by hospitals from patient's point of view in general. They conclude that tangibles, medical responsiveness, assurance, nursing staff quality and personal beliefs and values are important dimensions of service quality. Factor analysis by Andleeb (1998) puts forth that communication; cost, facility and competence are the key dimensions of service quality. Several other authors have used SERVQUAL model for measuring service quality in different sectors. SERVQUAL model has been used in other sectors as well. Al-Hawari (2008) found tangibles and empathy are the two important dimensions in banking sector. Responsiveness and knowledge are important dimensions in hotel sector. Reidenbach and Smallwood (1990) conduct factor analysis and operationalized service quality in terms of treatment quality, support services, patient confidence, physical appearance, waiting time and empathy. Several other researchers developed their own models to conceptualize service quality in hospital services. Carman (2000) has identified two components in hospital sector viz. technical and interpersonal aspect. Nursing care, outcome, and physical care constitute technical aspect while as food, noise; cleanliness and parking are parts of interpersonal aspect. Hasin et al found that communication, responsiveness, courtesy, cost and cleanliness are the components of service quality in hospitals. Tucker and Adams (2001) have

taken caring, empathy, reliability, and responsiveness as dimensions in US hospitals.

## III.OBJECTIVES OF THE STUDY

- To study the patients' satisfaction towards the quality of service offered by private hospitals in Tirunelveli City
- To Analysis the problem during the pandemic covid19
- To examine the problems faced by the patients during the pandemic period at Tirunelveli District

## IV.HYPOTHESIS OF THE STUDY

- Hypothesis 1: There is significant difference between the normal day and the pandemic days towards the service quality in hospitals of Tirunelveli city
- Hypothesis 2: There is no significant difference between the Acute or chronic patient treatment
- Hypothesis 3: There is no significant difference between the treatment cost in the normal day and the pandemic days.
- Hypothesis 4: There is no significant difference between influential non influential patient

## V.SCOPE OF THE STUDY

The scope of study is to find the patient satisfaction the private hospitals of Tirunelveli City during the pandemic Covid 19

## VI.METHODOLOGY OF THE STUDY

### 1. Nature of Study:

This study is descriptive in nature. The study has been done in a completely natural and unchanged natural environment. Descriptive research design is a valid method for researching specific

### 2. Sampling Method:

convenience sampling method

### 3. Collection of data:

Data has been collected through structured questionnaire by using telephone from the relatives, friends and neighbours. Responses have been collected on likert's five (5) point scale.

### 4. Sample Size:

A sample of 50 respondents, from Tirunelveli city

5. Statistical tool:

The data has been analyzed with simple percentage and SPSS software used for analysis and appropriate tool like t-test and One-Way ANOVA were used for the analysis.

## VII.LIMITATIONS OF THE STUDY

This is only a model study with a lesser sample during the pandemic situation we believe the model study will help to the future surveys

Quality in Health Care Service:

Different theoretical perspectives on service quality were developed during the 1980's. In 1982 Gronroos, distinguished two types of service quality namely, technical quality and functional quality. In 1982, Lehtinen and Lehtinen, on the other hand discussed three kinds of service quality namely, physical quality, interactive quality and corporate quality. Physical quality includes structural aspects associated with services such as the reception area, examination room and medical equipment. Interactive quality involves contact between the customer and service personnel. Corporate quality includes image and reputation of the service provider (Rooma and Ramsaran, 2008)6.

Service Quality:

A service is an act or performance offered by one party to another. Although the process may be tied to a physical product, the performance is transitory, often intangible in nature, and does not normally result in ownership of any of the factors of production. A service is an economic activity that creates value and provides benefits for customers at specific times and places by bringing about a desired change in, or on behalf of the recipient of service (Christopher Lovelock et al., 2004)7. Two forms of quality are relevant to service-providing organizations. They are technical quality and functional quality. Technical quality in the health care environment, also referred to as quality in fact, is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Functional quality refers to the manner in which the health care services is delivered to the patient (Gronroos, 1984)8. Service quality by its very nature, is difficult to define and even more intangible to measure. A number of conceptual models have been

developed in an attempt to mitigate these difficulties, like the model of total service quality from Gronroos in 1990, the expectancy disconfirmation model from Oliver in 1993, and the SERVQUAL model from Parasuraman et al., in 1985. Of these, the SERVQUAL model is considered to in providing a valid instrument for measuring service quality and has been tested

Measuring Service Quality:

The delivery of a service has been described as a "Performance" featuring the service provider and the customer. It is during this performance that the actions and behaviour of service employees become the "crucial determinants of service quality as perceived by consumers". The changing workplace, combined with the higher level and intensity of competition today, has increased the focus of customer perception of service quality in the workplace. Many top managers now produce strategic plans calling for a stronger organizational commitment to high quality customer service.

## VIII.OBSERVATIONS

The study about patient satisfaction was conducted by telephonic interview about the hospital visit based on the structured questionnaires amongst 50 patients those who were relatives' friend and neighbours

The questions asked were about the Hospital Hours, Doctors availability, Lab services, pharmacy services, providing hygiene material such sanitizer, Glows ,mask, Tissue soap, Canteen Availability, Instruction about covid19, Maintain Social distance There were two open ended questions for their opinion about the problems and suggestions for improvement of services.

General Enquiry:

There is a procedure of issuing only one attendant's pass. However, if a patient is sick or attendant is a lady and the attendant have to go out to get anything, etc. then he has problem. About 14% patients were found extremely satisfied, 49.66% satisfied, 25% average, 11.4% were found dissatisfied. None of the patients were found extremely dissatisfied.

Telemedicine Guidance:

About 8.5% patients were found extremely satisfied, 39.5% satisfied, 31% average, 20.5% were found

dissatisfied. As a whole, 0.5% patients were extremely satisfied with the room preparation at the time of admission

**Instruction about rules and regulations of Covid19:**

About 2% patients were found extremely satisfied, 58% patients feel very good, 26% patients respond it as average. About 12% of them said it to be poor. So, on a whole, only 2% people were extremely dissatisfied with the briefing about rules and regulations at the time of admission.

**Behaviour of Hospital Staffs:**

Nearly 20% patients/attendants felt it was very excellent, 38% patients felt good, 12% said it was average, 16% are dissatisfied with the behaviour of senior Doctors and Only 2% patients are extremely dissatisfied with the behaviour of doctors Some people felt that the doctors have become less sensitive and empathetic to their problems. The new generations of doctors should be trained in soft skills and value of empathic care must be reemphasized. However, 38.5% patients were satisfied with the overall behaviour of behaviour of Doctors, nurses, and paramedical staff.

**Cleanliness/Water facility/:**

About 33.3% patients/Attendants were found extremely satisfied, 40.6% patients feel very good, 12% patients respond both as average and poor. So, on a whole, only 2% people were extremely dissatisfied with the cleanliness, toilet and water facilities.

**Maintaining Social Distance:**

About 36% patients/Attendants felt it was very excellent, 44% patients feel very good, 12.6% patients respond both as average and poor. So, on a whole, only 1% people were extremely dissatisfied with the maintain social distancing.

**Providing Awareness about Covid19:**

About 28% patients/Attendants felt it was very excellent, 39% patients feel very good, 15% patients respond both as average and poor. So, on a whole, only 3% people were extremely dissatisfied about providing awareness about covid19.

**Providing Hygiene materials:**

About 29% patients/Attendants felt it was very excellent, 37.5% patients feel very good, 19% patients

respond both as average and poor. So, on a whole, only 0.5% people were extremely dissatisfied with the involvement of patients in different matters. This includes various questions asked like “I was involved and informed in decisions about my care”” “The health care person listened to me”

**Doctors, Nurses, staff availability:**

About 24% patients/Attendants felt it was very excellent, 43.5% patients feel very good, 14.5% patients respond average and, 8% patients were found dissatisfied and only 3.5% people were extremely dissatisfied about availability of number of doctors, nurses and other staff duty on during covid19

**Behaviour of cleaning staffs:**

About 16% patients/attendants were found to be extremely dissatisfied, 24% patients dissatisfied, 20% as neutral, and 28% were found satisfied. It was felt that there is less sensitivity about protocols to avoid cross infection amongst staff. Some people complained about the bad behaviour of hospital and housekeeping attendants, although they did not give in writing. The shortage of hospital attendants for taking the patient for investigations and rehab (Physio) was also reported. On a whole, 12% people were extremely satisfied with the behaviour of Orderlies/Sweeper.

## IX.FINDINGS OF THE STUDY

According to the analysis and interpretation of the collected data, following findings have been derived from the research:

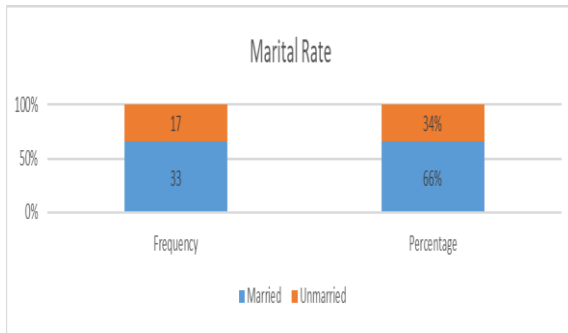
**Socio-Demographic findings:**

The study shows that most of the patients in the private hospitals of Tirunelveli District belong to weaker section of the society with majority in the age group of 26-30 years. Most of the patients are belonging to male category 52% followed by 48% of female category. The patients belong to the deferent occupation like Government employee, private employee, business, self-employee, student, Housewife with their percentage as 3%, 5%, 7%, 9%, 10% and 16% respectively. These respondents are having different qualifications like master’s degree, Bachelor’s degree; intermediate, high school with their percentage as 4%, 6%, 16%, and 19% respectively. The percentage of Illiterate respondents is 5%. These findings are drafted

in the Table and Figures also. The ratio of married and unmarried respondents is 66:34%

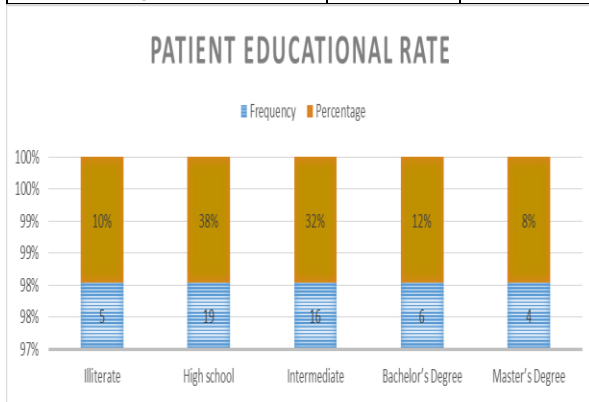
Age Frequency  
Patient's Marital status

Marital Status	Frequency	Percentage
Married	33	66%
Unmarried	17	34%



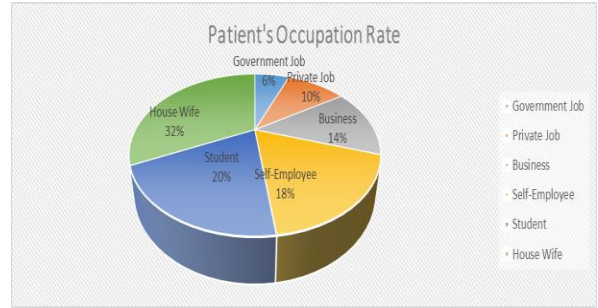
Patient's Educational Qualification

Educational Qualification	Frequency	Percentage
Illiterate	5	10%
High school	19	38%
Intermediate	16	32%
Bachelor's Degree	6	12%
Master's Degree	4	8%



Patient's Occupation Rate

Occupation	Frequency	Percentage
Government Job	3	6%
Private Job	5	10%
Business	7	14%
Self-Employee	9	18%
Student	10	20%
Housewife	16	32%



Analysis:

Hypothesis 1: There is significant difference between the normal day and the pandemic days towards the service quality in hospitals of Tirunelveli city

Group Statistics

GENDER	N	Mean	Std. Deviation	Std. Error Mean
Service Quality 1	26	3.4231	.74756	.14661
2	24	3.2500	.58977	.12039

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	2-Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	Upper
Service quality of Equal variances assumed	1.808	.185	904	48	.371	17308	19151	-.21199	55814
Equal variances not assumed			912	46.902	.366	17308	18970	-.20858	55473

INTERPRETATION

Since the significant value (0.371) calculated through T-test is greater than 0.05 and it can be said that our hypothesis is accepted. Therefore, there is no significant difference between the normal day and the pandemic days towards the service quality in hospitals of Tirunelveli city

Hypothesis 2: There is no significant difference between the Acute or chronic patient treatment

ANOVA

Different Between Acute and Chronic patient treatment

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.151	5	.030	.068	.997
Within Groups	19.450	44	.442		
Total	19.601	49			

INTERPRETATION

Since the significant value (0.997) calculated through ANOVA is greater than 0.05 and it can be said that our hypothesis is accepted. Therefore, there is no significant difference between the Acute patient or chronic patient treatment in private Hospitals at Tirunelveli District

Hypothesis 3: There is no significant difference between the treatment cost in the normal day and the pandemic days.

ANOVA  
Difference Between Treatment cost in normal Days and pandemic Days

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.563	4	.141	.266	.898
Within Groups	23.782	45	.528		
Total	24.345	49			

**INTERPRETATION**

Since the significant value (0.898) calculated through ANOVA is greater than 0.05 and it can be said that our hypothesis is accepted. Therefore, the treatment cost in the normal day and the pandemic days at Tirunelveli city

Hypothesis 4: There is no significant difference between influential non influential patient

Difference Between Influential      Group Statistics

	Marital Status	N	Mean	Std. Deviation	Std. Error Mean
Influential non influential patient	1	33	3.3030	.77962	.13571
	2	17	3.6824	.58335	.14148

**INTERPRETATION**

Since the significant value (0.084) calculated through T-test is greater than 0.05 and it can be said that our hypothesis is accepted. Therefore, there is no significant difference between influential non influential patients, all are treating as same in private hospitals at Tirunelveli city

**PROBLEMS**

From the above study of services provided and perception of the patients towards the health care facilities by private hospitals in Tirunelveli city, it was found that the patients have to face lots of problems in the hospital. The problems faced by the patients related to the services provided by the hospital are listed below:

- Insufficient number of staff nurses and staffs cause of staff absents, panic of covid19,
- Beds are available but doctors not ready to admits due to governments orders
- Insufficient lab facilities and lack of proper working time
- Without triage patient refer to government (High grounds) hospital as emergency
- Delay and unreliable investigation results of covid 19

- Lack of basic amenities like drinking water, food, medicine, Auto, taxi etc.;
- police harassment and increasing palpitation;
- Lack of Doctors, Nurses and hospital employees;
- Unhygienic conditions of visitor’s area
- Not provided hygiene and protection material such as Tissue, Sanitizer and soap
- Privacy rooms are closed (Feeding room)

Suggestion from the patient views:

The current study recommends few of the remedies that would assist to hamper the miseries and augment the privileges to common patients at the private hospitals in Tirunelveli city during this pandemic season. On the basis of the patient’s perception of the respondents and findings of the study, it is recommended that the local government administration should create awareness to the public as well as hospitals management to ensure better and qualitative health services, it is very much necessary to bring enough, Government strict order to the private hospitals for minimum competent and skill manpower in the hospital without absent or leave in the pandemic season,

The management must serve hygiene and protection materials such as sanitizer, Tissue, soap and water and the availability of doctors and duty timing billboard should keep in the reception area if possible can do the SMS services to the patient mobile number which is registered in hospital registration, The hospital management refer or transfer government hospitals with written reason, patients and guardians feel that the private hospitals management treating or admitting only the recommended or influential patients this image has to abolish, more over the pandemic is very new for this generation and all fields include healthcare so the hospital management and patients understand the situation and avoid the frustrations

**X.CONCLUSION**

According to this study that patients and escorts were faced lot of problems at private hospitals in Tirunelveli district during the pandemic Covid 19, researcher cannot refuse that most of the output of issues slightly related to the unplanned lock down, Majority of the respondents were found disappointed by ambiguous answer of the hospital employees and on the way

police verification, hopefully the hospital managements may well establish the patient satisfaction practice in future by the past experiences for the remaining of pandemic covid19 season

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