Service Quality in Community Health Centre

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ABSTRACT

The present study has been conducted to understand the level of awareness of people toward quality of services available at CHC level. In order to achieve the objective of this research work, the researcher applied SERVQUAL model through five factors such as Tangibility, Assurance, Responsiveness, Reliability and Empathy. In this way, primary data have been collected from 25 patients at Madina CHC. Further, the collected data have been analysed with the help of Likert five point scale and other statistical tools and techniques. The results of this study suggested that CHC administration should make some more efforts to improve the service quality in terms of Empathy and Reliability.

Keywords-- Service Quality, SERVQUAL Modal, Reliability, Empathy, Tangibility

I. INTRODUCTION

The intention of this research paper is to gain knowledge about the qualities of service available in public health centers established by the state government in Haryana State. Now a day, Public Health is a buzzing issue. The various bodies not at state level only but international organizations are making their effort to improve the health of people. International Institutions are also providing funds as well as equipment to run health program monthly. In Haryana government have been setup various public health centre and sub-Centers at different-different villages provide the health facility to the people at all possible levels. Various schemes are run by the State Government and Health Department of the State for the people. That is why, there is need to the study the qualities of various services provided by the CHC's to the people.

II. QUALITIES OF SERVICE

Service is an intangible product and its quality mainly depend on it performance and environment. That is why, there is a need to understand the environment in which service are performed and need of people are satisfied.

III. THE SERVQUAL DIMENSIONS

The SERVQUAL Modal measures the five dimensions of Service Quality. These five dimensions are: tangibility, reliability, responsiveness, assurance and empathy.

1. Tangibility

Since services are tangible, customers derive their perception of service quality by comparing the tangible associated with these services provided. It is the appearance of the physical facilities, equipment, personnel and communication materials.

2. Reliability

It is the ability to perform the promised service dependably and accurately. Reliability means that the company delivers on its promises-promises about delivery, service provision, problem resolutions and pricing. Customers want to do business with companies that keep their promises,

3. Responsiveness

It is the willingness to help customers and provide prompt service. This dimension emphasizes attentiveness and promptness in dealing with customer's requests, questions, complaints and problems. Responsiveness is communicated to customers by length of time they have to wait for assistance, answers to questions or attention to problems. Responsiveness also captures the notion of flexibility and ability to customize the service to customer needs.

4. Assurance

It means to inspire trust and confidence. Assurance is defined as employees' knowledge of courtesy and the ability of the firm and its employees to inspire trust and confidence. This dimension is likely to be particularly important for the services that the customers perceives as involving high rising and/or about which they feel uncertain about the ability to evaluate. Trust and confidence may be embodied in the person who links the customer to the company, for example, the marketing department. Thus, employees are aware of the importance to create trust and confidence from the customers to gain competitive advantage and for customers' loyalty.

5. *Empathy*

It means to provide caring individualized attention the firms provide its customers. In some countries, it is essential to provide individual attention to show to the customer that the company does best to satisfy his needs. Empathy is an additional plus that the trust and confidence of the customers and at the same time increase the loyalty. In this competitive world, the customer's requirements are rising day after day and it is the companies' duties to their maximum to meet the demands of customers, else customers who do not receive individual attention will search elsewhere.

IV.   REVIEW OF LITERATURE

Khushboo Sharma and Komal Jain (2021) investigated the impact of service quality on patient's satisfaction in selected private hospitals in South Rajasthan. They used the SERVQUAL for measuring the service quality and the conducted a survey on a sample size of 250 OPD patients. The researchers analysed the collected data by using statistical tools like regression, ANOVA and Chi-square, etc. The study found negative gap score in all the selected five dimensions can be interpreted as respondents perception regarding the quality of services delivered was less than their expectations.

Rana Tahir Naveed et,al. (2019) investigated the modified SERVQUAL Model with sixth dimension of usability and its relation with patient satisfaction in private healthcare sector of Pakistan. The researchers collected data from 348 patients through questionnaire. They used various statistical tools like descriptive statistics, Factor analysis, Correlation analysis and regression analysis through SPSS software. The results of study revealed that all six dimensions of SERVQUAL model like, Responsiveness, reliability, Empathy, Assurance, Tangibility and usability were significant predictors of Patient satisfaction in private healthcare sector of Pakistan but Responsiveness factor was the most dominant in this regard.

Kumaraswamy (2012) measured the service quality in corporate and non-corporate health care centers. The researcher measured service quality delivery in health care centers through a well documented 'Service Quality Modal'. He collected data for analysis from a sample of 200 patients from corporate and non-corporate health care centers. The result of analysis indicated that the important service quality factors in health care centers were physician behaviour, supportive staff, atmospherics and operational performance. He also found that the corporate health care centres were highly rated then the non corporate health centers regarding all service quality factors. The perception on service quality factors in health care centers has a significant and positive impact on the patients' perception on the overall performance of the health care centre.

Yves Eggli and Patricia Halfon (2003) noticed the most of the conceptual frameworks used for hospital quality management depicts shortcomings, terminology barriers or too much complexity, and proposed a simple model specific to hospitals based on four entities viz., Patients; activities; resources, and effects, and six levels viz., representations; priorities; measures; standards; evaluation, and accountability, which can be plotted against the four entities in order to measure the development of quality.

Joseph C.H. Wong (2002) measured the quality of service provided for ambulatory clients at the Bone Densitometry Unit in the Royal Brisbane (Austria) Hospital through the SERVQUAL dimensions of service quality like as tangibles, reliability, responsiveness, assurance and empathy. The researcher collected data from 102 patients out of 140 completed the 12 items covering five dimensions during the six- month's period. The results indicated the high satisfaction ratings with both perception scores and expectation- minus-perception gap scores of the five dimensions, responsiveness, assurance and empathy factors were more important predictors of overall service satisfaction.

Cem Canel, Elizabeth A. and Anderson Fletcher (2001) analyzed the quality of service in University Health Care Centre at the University of North Carolina at Wilmington's (UNCW) Students' Health Centre. They applied the SERVQUAL instrument, as modified for health care by Mangold and Babakus (1991). The researchers collected data from 500 UNCW students and all 14 employees of health centre. The results of the study indicated that the employees felt that students valued the dimension of reliability most of all and followed by assurance, empathy, responsiveness and tangibles.

David Camilleri and Mark O'Callaghan (1998) applied the SERVQUAL model and also used Donabedian's framework to compare and contrast Malta's public and private hospital care service quality, through the identification of six dimensions such as catering; hospital environment; professional and technical quality; patient amenities; service personalization, and accessibility, which included 16 service quality indicators and the use of a Likert-type scale. The researchers constructed two questionnaires for collection the required data to measure patients' pre-admission expectations for public and private hospital service quality. The study indicated that private hospitals were expected to offer a higher quality service, particularly in the hotel services, but it was the public sector that was exceeding its patients' expectations by the wider margin.

James Agarwal, (1992) examined the usefulness of the SERVQUAL scale for assessing patients'

perceptions of service quality in a mid-sized hospital in the Southern part of the United States through Five-Point Likert scale with 15 statements relating to patients' expectations on the quality of the service that hospitals should offer and 15 corresponding items relating to their perceptions of the quality of service actually delivered. The scale was tested on fundamental principles such as reliability; underlying dimensionality; and convergent; discriminant, and homological validity. Items for each subscale that is, tangibles; reliability; responsiveness; assurance, and empathy were subjected to reliability assessment. The study found that practical insights such as recognition and reward system improved an employee's attitude on the responsiveness dimension of service quality.

V. OBJECTIVE

To study the level of Service Quality in Community Health Centre.

VI. RESEARCH METHODOLOGY

In this research work, patents attitude regarding service quality was measured through SERVQUAL that is a tool applied widely to estimate the level of service quality through five factors Tangibility, Assurance, Empathy, Responsiveness and Reliability. The present study is an attempt to know the level of service quality in CHC run by state government.

The five SERVAQUAL factors have been studied by constructing statements based on five points Liket's scale. In this way to obtain the objective of this research study primary data work collected from 25 respondent patents in Madina CHC data were collecting by constructing various data statements or items in a questionnaire from collected primary data were analyzed with the help of various statistical tools and techniques. The statistical tool mean was applied to know the level of service quality in government CHC t- test was applied to understand the significance of difference between main scores of SERVQUAL factors.

Service Quality in Government CHC

A Study of Madina CHC under Rohtak Division:

Table 1: Quality of Service in Madina CHC under Rohtak Division

Factor	Absolute Response	Mean Response
Tangibility	108	4.32
Assurance	101	4.04
Empathy	97	3.88
Responsiveness	110	4.40
Reliability	92	3.68

Source: Based on Primary Survey

The five factors of SERVQUAL i.e., Tangibility, Assurance, Empathy, Responsiveness and Reliability have been started with the help of main analysis. The obtained results are given in table-1. It is observed from the obtained results that factors Tangibility, Assurance and Responsiveness are with high score, it means level of service quality are high regarding those factors. However, level of service quality have also been found more than average level regarding Empathy and Reliability factors of SERVQUAL.

Table 2: Significance of Difference between Mean Scores of SERQUAL Factors (t-value)

Factor	Tangibility	Assurance	Empathy	Responsiveness	Reliability
Tangibility	-	1.34	1.49	0.08	2.32
Assurance		-	0.96	1.98	2.01
Empathy			-	2.43	1.51
Responsiveness				-	2.42
Reliability					-

Source: Based on Primary Survey.

After measuring the results level of service quality individual factors of SERVQUAL Tangibility, Assurance, Empathy, Responsiveness and Reliability have been tested to each others to know the significance of difference between levels of service quality toward these factors. The results of significance of difference have been obtained by applying t-test and are given in table-2. It is explicated by the results that difference between mean scores on tangibility and Reliability is found significant at 5% level of significance (t-values=2.32). Further the

difference of main score own Reliability has been observed significantly difference with Assurance (t=2.01) and Responsiveness have been found significantly different with Empathy (t=2.43) at 5% level of significance. The difference between rests of the factors has been obtained no significant.

VII. MAJOR FINDINGS

Some important findings are given here:
1. Level of service quality has been found high regarding Tangibility, Assurance, Responsiveness and it has been obtained more than average on Empathy and Reliability.
2. Service quality regarding eligibility has been found significantly different from other factors of SERVAQUAL.

VIII. CONCLUSION

The present research proper is an attempt to know the level of service quality in MadinaCHC. In order to obtain the objectives of this study, fiver factors have been studied namely Intangibility, Assurance, Empathy, Responsiveness and Reliability. It is observed from the result that service quality level is in Madina CHC regarding the Tangibility, Assurance and Responsiveness higher than the service quality levels on Empathy and Reliability. Further on the basic of results of the study it is suggested that the CHC administrations should make some efforts to improve that service quality on Empathy and Reliability.

REFERENCES

[1] Sumathi Kumaraswamy. (2012). Service quality in health care centres: an empirical study. *International Journal of Business and Social Science, 3*(16), 141-150.

[2] Khushboo Sharma & Komal Jain. (2021) Service quality in health care: A study of patients satisfaction in selected private hospitals of south Rajasthan. *Wesleyan Journal of Research, 13*(68), 1-9.

[3] Rana Tahir Naveed, Ahmad Mohmad Albassami, Naveed Ahmad & Mahsa Moshfegyan. (2019). Patient Satisfaction through modified SERVQUAL model. *Pacific Business Review International, 11*(7), 96-106.

[4] Mik Wisniewski & Hazel Wisniewski. (2005). Measuring service quality in a hospital colposcopy clinic. *Leadership in Health Services, 18*(2-3), 217-28.

[5] De Dennis McBride, Jonathan Lindsay and Morgan Wear (2002/2003) .*Western state Hospital Consumer and Visitor Satisfaction Survey, University of Washington School of Medicine Division of Psychiatry and Behavioral Sciences, Survey of The year 2002/2003*. Available at: www.wimirt.washington.edu.

[6] Cheng Lim, P. & Tang, N.K.H. (2000). A study of patients' expectations and satisfaction in Singapore hospitals. *International Journal of Health Care Quality Assurance, 13*(7), 290-299. Available at: https://doi.org/10.1108/09526860010378735.

[7] Yves Eggli & Patricia Halfon. (2003). A conceptual framework for hospital quality management. *International Journal of Health Care Quality Assurance, 16*(1), 29-36.

[8] Joseph C. H. Wong. (2002). Service quality measurement in a medical imaging department. *International Journal of Health Care Quality Assurance, 15*(5), 206-212.

[9] James Agarwal. (1992). Adapting the SERVQUAL scale to hospital services: An empirical investigation. *Journal of Health Care Marketing, 12*(3).

[10] Cem Canel, Elizabeth A. & Anderson Fletcher. (2001). An analysis of service quality at a student health center. *International Journal of Health Care Quality Assurance, MCB University Press Limited, 14*(6), 260-267.

[11] David Camilleri & Mark O'Callaghan. (1998). Comparing public and private hospital care service quality. *International Journal of Health Care Quality Assurance, MCB University Press, 11*(4), 127-133.