IMPACT OF SERVICE QUALITY ON THE SATISFACTION AMONG PATIENTS WITH ACUTE CORONARY SYNDROME IN COIMBATORE CITY

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Abstract

Hospitals that seem to be dynamic, growing, and surviving prioritize the service quality they deliver. Value-added services are being offered by corporate hospitals to attract clients. On the other side, the market is becoming increasingly competitive as more commercial and trusted hospitals enter the market. In order to provide great health treatment and ensure their survival, hospitals must establish and re-design marketing strategies. Advertisers of hospital services may guarantee that company promotional strategies provide the desired outcomes by finding the proper balance of marketing aspects.In order to keep up with changing technologies, the services must be updated. As a result, offering services on a regular basis will have a great impact on the patients' faces in terms of developing a consistent approach. The current study looked into the impact of service quality on patient satisfaction and discovered a link.

Keywords: Hospitals, Service Quality, Satisfaction.

Introduction: Healthcare

A multitude of social and cultural factors have influenced the evolution of hospitals throughout the Western world from benevolent guesthouses to centers of scientific excellence. Changes in disease definitions, economy, geographical area, religion and ethnicity, client socioeconomic position, scientific and technological advancements, and population perceptions have all had an impact. In the nineteenth century, organized medical education began.

1. The Vedic period is the first time in history.
2. The Buddhist era (563–477 B.C.)
3. The Middle Ages: The Post-Buddhist and Islamic periods
4. Medical care and Christianity
5. The modern era of medicine

Universities across Italy and later Germany became hubs for the training of medical practitioners during the medieval and early Renaissance periods. Medical and surgical therapy was becoming paramount in the care of the sick by the seventeenth century, and hospitals had evolved as medicalized instead of religious environments. They expanded as well. Large hospitals with a thousand or more beds first appeared in France even during the early nineteenth century, when Napoleon built them to shelter his wounded men from his many conflicts. These hospitals grew into clinical education centers.

The hospital as just an institution is complicated in industrialized countries, and it is becoming more so as contemporary technology improves diagnostic capabilities and treatment options. A much more highly trained workforce is necessary as a result of the expanded variety of services and more complicated treatments and operations accessible. A large diversity of new therapies and apparatus has depended on a combination of medical science, engineering, and biotechnology, much of which required specific training and facilities to use. As a result, hospitals have become more costly to run, and healthcare executives are becoming increasingly concerned about quality, cost, efficacy, and effectiveness.Health centers include medical and surgical help, laboratory and pharmaceutical services, staff and specialists, sophisticated machinery, and other amenities provided by hospitals.

Problem Statement

The most common cause of death worldwide is cardiovascular disease (CVD). It is predicted that 17.3 million people died as a result of it in 2008, with the number expected to rise to around 23.6 million by 2030 if the problem is not addressed. The biggest increases in heart attacks and strokes mortality are projected in low and lower-middle nations, which frequently lack initiatives to combat this global epidemic. The American Heart Association/American Stroke Association (AHA/ASA) had also developed a

group of evidence-based quality improvement (QI) programmes (e.g., coronary artery illness coronary syndromes, trial fibrillation, heart failure, stroke, and cardiac resuscitation) that can effectively reduce the morbidity and mortality associated with CVD over the last 15 years.Similar quality improvement programmes are already in use in over 2000 hospitals across the United States, allowing approximately 80% of patients to get evidence-based, rough guide care for cardiovascular disease. As a result, 30-day mortality from myocardial infarction has decreased by 29.4%, heart failure has decreased by 16.4%, and stroke has decreased by 4.7 percent. QI programmes and care systems should be copied by health-care delivery systems around the world if countries want to achieve similar results.

Patients are well-versed in the services provided by the hospitals in the surrounding cities. Their expectations are increasing at a faster rate as well. The health care business is becoming increasingly competitive as a result of globalisation and liberalisation.As a result, healthcare executives should assess their patients' requirements on a regular basis. They devise CVD-specific methods. They must constantly broaden their horizons. Hospitals are paying close attention to these details to get a competitive advantage. As a result, the current study aimed to provide a solution again for the following research goal:

1. To analyze the quality of service of chosen hospitals in providing patient services and their implications on contentment.

Literature review

Christine Nya-Ling Tan et al. (2019) wanted to see how service quality (medical treatment processes, administrative practices, hospital image, reliability, patient safety, infrastructure, staff quality, and civic conscience) affected patient satisfaction. The most important indicator was the quality of the employees. The consequence is that hospitals must invest more in training their staff to keep customers satisfied and eager to return for repeat treatments. Patients' perceptions of the quality of service provided by healthcare personnel were investigated by Jacqueline C Ellis et al (2019) at the Kingston Public and Victoria Jubilee Hospitals of Jamaica. The study discovered a link between patient happiness and service quality.Patients' desires for quality, pricing, and accessibility of medical services were explained by Ling Liu and Jinming Fang (2019). People in different groups have distinct concerns based on their social-demographic traits. Departments in charge of medical reform should adopt policies for the current environment and boost the reform process. At a key government hospital in Jordan, Rula Al-Damen (2017) examined the impact of health-related quality of service on patient satisfaction. The findings suggest that perceived healthcare service quality has an impact on total client satisfaction.

Research Methodology

The research is descriptive as well as analytical, with primary data being used for analysis. For gathering primary data first from patients, the current investigation used an interview schedule. A simple random procedure is used to select 100 patients from the city's leading cardiovascular hospital as samples. Other relevant data is being gathered for the study from websites, periodicals, journals, and other public and unpublished resources.

Analysis and Discussion

Table 1: Demographic profile

Variables	Classification	Frequency
Age (In years)	30 - 40	40
	41 -50	30
	51 - 60	21
	61 - 70	09
Gender	Male	66
	Female	34
	Transgender	0
Risk Factor	DM	12
	HTN	19
	DLP	16
	F H/O	21
	Obesity	24
	Others	08
Length of stay in hospital	< 3 days	15
	3-4 days	30
	5-6 days	31
	> 7 days	24

Source: *Primary data*

The above table denotes the demographic profile of the respondents who are the patients of CVD in the city of Coimbatore. It is clear from the table that;

- A total of 40 respondents are aged 30 - 40 years, followed by 30 respondents at the age group 41 -50 years, 21 respondents at the age group of 51 – 60 years and finally 09 respondents are in age group 91 – 70 years.
- Majority of the respondents are male comprising of 66 in numbers and 34 respondents are female.
- 24 respondents have the risk factor of obesity, followed by 21 respondents have FH/O, 19 respondents have HTN, 16 respondent have DLP, 12 respondents have DM and 08 respondents have forms of risks.
- 31 respondents stayed in hospital for 5 – 6 days, 30 respondents stayed in hospital for 3 – 4 days, 24 respondents stayed in hospital for more than 7 days and 15 respondents stayed in hospital for less than 3 days.

Regression analysis of Impact of service quality on satisfaction of respondents

H_0: There is no significant impact of service quality of respondents on their satisfaction towards hospitals in getting treatment

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.60[a]	.64	.58	.82	1.38

a. Predictors: (Constant), Service Quality

b. Dependent Variable: Satisfaction

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.39	1	7.15	128.05	.001[b]
	Residual	500.40	99	15.77		
	Total	513.79	100			

a. Dependent Variable: Satisfaction

b. Predictors: (Constant), Service Quality

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.18	.06	.21	28.47	.002
	Satisfaction	.51	.08	.11	4.19	.004

a. Dependent Variable: Satisfaction

The regression analysis for ascertaining the impact of Service Quality on the satisfaction of patients in getting treatment is evident in the above tables. The regression co-efficient R^2 is found to be 0.64 indicating 64 percent of the variance in satisfaction predicted by Service Quality. The ANOVA result confirms that the model is fit and significant ($F=128.05$), $p<0.05$). The p value is significant at one percent level revealing that there is positive relationship between the service quality and satisfaction and thus rejecting the null hypothesis. The absence of multi-collinearity is evident through the value of Durbin Watson statistics at 1.38. Therefore, it can be concluded that there is a significant impact of service quality of respondents on their satisfaction towards hospitals in getting treatment.

Conclusion

Patient happiness stems from high-quality patient care. Hospitals make every effort to ensure that patients are satisfied. It establishes a solid foundation for future visits and also sets the way for positive word-of-mouth referrals from current patients. Patient satisfaction is an essential result in hospitals, according to studies from throughout the world. Patient satisfaction surveys for a certain service can be a significant market intelligence and research instrument in the hands of modern hospital administrators in the present competitive healthcare environment. Buyers are satisfied when they feel they have been fairly compensated.The consequence of aligning the actual previous experience with the predicted reward is a measure of pleasure that is adequate. Before the visit, patients develop certain expectations. Such expectations could be related to the type and performance of the service, the expenses and efforts required to get the service advantages, or the societal benefits or costs that the consumer will focus on as the consequences of the purchase. Patients may feel content or unsatisfied with the hospital after visiting and seeing the facilities. The emotional reaction to the appraisal of a service, consumption, or encounter is referred to as satisfaction or dissatisfaction.

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