

Preparedness to serve the Medical Tourists: A Case study on selected tertiary care hospital in Odisha

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ABSTRACT

In a country like India with vast talent pool, technological advancements, affordability, there exists a huge ocean of opportunities for the medical tourism. But, the million dollar question is whether we are ready to serve the local and the global customers in terms of the necessary qualities in this hyper competitive market. If we go by the recent news articles published in electronic and print media, healthcare service quality in India and in the state of Odisha in particular, seems to be in a pathetic state as we come across persistent stories of malnutrition, maternal & infant deaths, outbreak of diseases like dengue, malaria, swine flu etc., prevailing social taboos, unavailability of basic amenities, neglected hospital surroundings, inadequate infrastructural facilities, misbehaviour of doctors & staffs and may more. With all these in background, here we have tried to map the health care service quality available within the state of Odisha by using the SERVQUAL scale. For sampling, we have chosen one of the renowned medical college hospitals in the state. The study revealed the truth about the current state of health care in the state and also revealed many areas where we can improvise. Based on the findings and feedbacks of the customers, we have recommended some measures for filling up the gaps.

KEYWORDS: *Service, Quality, Healthcare.*

Introduction

In the hyper competitive market, quality has been proved to be the differentiating factor for the customers. In the health care industry, it becomes important to provide extra care and attention for continuous quality improvement as it not only provides hope and relief to the patients also help to maintain a sizable healthy human capital for a country (Irfan & Ijaz, 2011). As the markets have become extremely competitive, the perceptions and expectation scores of the customers are to be measured frequently and necessary steps needs to be taken in order to reduce the gap if any existing (Cronin & Taylor, 1992). The aim is to measure and reduce the gap of expectations and perceptions so that the quality of health services should meet the requirement of the customers and may exceed well ahead in order to gain sustainable competitive advantage over others (Zeithaml,

Berry & Parasuraman, 1993). In India, after the successful implementation of Globalization policy in the early 1990s, it has witnessed success in many sectors. With the advent of this market driven economy, the Government as well as the private players offered their services whole heartedly in different sectors that resulted in the phenomena of consumerism. Within the various industry sectors, the health care has been proved to be a sunshine sector which remained least affected from the recession in recent time. Rather it has seen unprecedented growth that can be attributed to factors like ever increasing demand, rise in innovation and research in the sector, corporatization of healthcare facilities, and the support by the government. But when we look beyond this happy story, the scenario appears to be black. Many disheartening news about ignorance & social taboo, maternal and infant mortalities, malnutrition, unavailability of healthcare infrastructures, carelessness & misbehaviours shown by the hospitality authorities, outbreak of contagious diseases and many other unfortunate incidences can come across our path which points towards a pathetic state of health care infrastructures in the country which certainly needs more heartfelt efforts. Some of these unfortunate events get media attentions when they start to flash them as sensational breaking news and politicians of different parties becomes engaged in war of words against each other to gain their mileage where as many other real and more heart breaking incidents get ignored. But unfortunately the politicians and media people are not aware of the ground realities which are prevailing in the state.

At a time, when we are daring to stare at the developed nations and competing to match with their levels of developments, certainly we need to look at the loopholes existing in our system in a more serious & systematic manner and work towards eliminating the deficit in the field of health care which has been defined as the one of the most important and basic indices of development of human race.

Therefore, it's a high time for all the enlighten minds to seriously look for the causes and act towards the improvement of the facilities so that we can be at a place where we can start to think about the global competition. In this regard we have taken the case of a state government controlled tertiary care medical college hospital, the Sriram Chandra Bhanj Medical College & Hospital situated in the Cuttack district which is the oldest and most renowned medical college hospitals in the state offering its services in the entire eastern and northern corridors in Odisha since the year 1944. As a part of a larger scale doctoral study, we have taken around 120 nos. of samples of the patients coming for their treatment at the stated hospital.

Literature Review

After the devastating world wars, when the entire world geared up for rebuilding, the competition began for offering superior quality products and services to the customers. Thus, it gradually gained momentum as it is directly yield customer satisfaction and further translates into generating customer loyalty and thereby increases their intentions for repeat purchase (Jaswal & Walunj, 2017). Service quality, customer satisfaction as well as loyalty have become the three cornerstones of success which helps in generating sustainable competitive advantages for a firm (Shahnaz & Kianoush, 2014). Therefore the quality of services have become deal makers/breakers and help in creating the brand image of the company (Arsanam & Yousapronpaiboon, 2014). If we go by the book definitions,

quality is the combination of technicality and functionality of a product or service offerings (Gronroos, 1984; Andaleeb, 1998; Yousapronpaiboon & Johnson, 2013). Some defines it as the difference between expectations and perceptions of the customers before and after availing the products and services (Parsuraman *et al.* 1988; Wang & Shieh, 2006). It can also be defined as the parameters for superior offerings which increases the satisfaction levels of the customers (Jones *et al.*, 2003; Lympelopoulos *et al.*, 2006) and thereby helps in earning profitability and increasing the market share of the company (Newman, 2001; Szmigin & Carrigan, 2001; Caruana, 2002; Dadoa *et al.*, 2012; & Sharma, 2014). Due to the unique characteristics of the services, it becomes more difficult to evaluate the quality parameters (Gronroos, 1990). Due to this difficulty of evaluation, normally we take note of the perception of the customers rather than depending on the technicality of the services (Parsuraman *et al.* 1985, 1988).

In order to map the perception of people, we can find many models to capture the data (Sasser *et al.*, 1978, Lehtinen, & Lehtinen, 1982, Grönroos, 1984, Garvin, 1987, Coddington, & Moore, 1987, Haywood, 1988, Brogowicz, Delene, & Lyth, 1990, Cronin, & Taylor, 1992, Mattsson, 1992, Teas, 1993 Rust, & Oliver, 1994 Dabholkar, *et al.*, 1996, Sweeney, Soutar, & Johnson, 1997, Philip, & Hazlett, 1997, Evans, & Lindsay, 1999, Frost, & Kumar, 2000, Victor, *et al.*, 2001, Brady, & Cronin, 2001, Zhu, *et al.*, 2002, Parasuraman, Zeithaml, & Malhotra, 2005, Landrum, *et al.*, 2008, Lee, D. 2016) amongst which SERVQUAL scale developed by Parsuraman, Zeithaml and Berry (1985, 1988) in mapping the gap between the perception and expectation levels of the customers, have become the major scale in recent years. Many researchers have conducted their research on the applicability of SERVQUAL scale, and found it to be a robust and reliable scale and which can be applied across various industries. (Babakus & Mangold, 1992, Asunbonteng *et al.*, 1996, Heung *et al.*, 2000). If we further dissect into the SERVQUAL scale it contains 22 set of parameters scheduled into 5 dimensions to assess the service quality of any object, institution or process. Due to its universal acceptability and use across different segments, we have chosen the SERVQUAL scale for our study. The dimensions of SERVQUAL scale can be defined as follows:

- ✓ Tangibles – It includes the physical facilities, entities, equipments, personnel, their uniforms, languages etc.
- ✓ Reliability – It's the ability of the firm to carry on the services as promised.
- ✓ Responsibility – It's the readiness of the company to provide the services.
- ✓ Assurance: This includes the knowledge and courtesy of the firm to carry the service delivery process.
- ✓ Empathy - The caring nature and ability to understand the suffering of others.

In order to carry out the survey, we need to put these five dimensions in to testing by implementing a questionnaire consists of 22 nos. of questions covering all aspects of a service delivery process.

Objectives

The basic objectives of this study are as follows.

- ✓ To analyze the reasons for which people prefer to avail the services in the selected hospital.
- ✓ To find out the level of satisfaction and feelings of the patients.

- ✓ To map the average spending as well as their view towards pricing.
- ✓ To assess the gap between the expectation and perception level of the customers.
- ✓ To seek suggestions for improving the services quality of various aspects within a hospital.

Research Methodology

This research was conducted in the Cuttack district of state of Odisha. The Medical college hospital of SCB (Sriram Chandra Bhanj Medical College & Hospital) was selected for the study. A SERVQUAL based questionnaire was developed after thorough review of literatures. The questionnaire possessed five service quality dimensions empathy, assurance, tangible, timeliness and responsiveness speeded across 22 nos. questionnaire set. The perception and expectation of patients were recorded in a seven point scale. The total samples taken were 120 conducted vide non-probability convenience sampling. The target population belonging to SEC A, B and C were only considered for the study who had been admitted to the medical college hospital. For capturing their expressions, a seven-point Likert Scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [1 = entirely disagree], [2 = mostly disagree], [3 = somewhat disagree], [4 = neither agree nor disagree], [5 = somewhat agree], [6 = mostly agree], [7 = entirely agree]. The descriptive statistics of the respondents of this study is given below.

Interpretations:

Table 1: Demographic Profiling of the Respondents

Parameters	Demographic Profiles	No. of Respondents	Percentage
Gender	Male	82	68.33
	Female	38	31.67
Area	Urban	70	58.33
	Rural	50	41.67
Socio-Economic Classifications	SEC A	60	50.00
	SEC B	42	35.00
	SEC C	18	15.00
Age	18 to 25 years	14	11.67
	26 to 35 years	21	17.50
	36 to 45 Years	27	22.50
	46 to 55 Years	30	25.00
	More than 55 Years	28	23.33
Educational Background	Illiterate	6	5.00
	literate but with no formal education	5	4.17
	School - 5 to 9 years	20	16.67
	School - SSC / HSC	17	14.17
	Some College but not graduate	38	31.67

Parameters	Demographic Profiles	No. of Respondents	Percentage
	Graduate / Post graduate - General	23	19.17
	Graduate / Post graduate - Professional	11	9.17
Marital Status	Unmarried	17	14.17
	Married and without Children	14	11.67
	Married with Children	68	56.67
	Widowed / Divorced / Separated	5	4.17
	Older Couple Staying Alone	16	13.33
MHI (Monthly Household Income) in Rs.	Less than Rs. 10000	20	16.67
	Rs. 10001 - Rs. 20000	17	14.17
	Rs.20001 - Rs. 30000	45	37.50
	Rs. 30001 - Rs. 50000	26	21.67
	More than Rs. 50000	12	10.00
Type of Visit	First Visit	38	31.67
	Repeat Visit	82	68.33
Average Spending per visit in Rs.	Less than Rs. 1000	27	22.50
	Rs. 1000 to Rs. 3000	50	41.67
	Rs. 3001 to Rs. 5000	18	15.00
	Rs. 5001 to Rs. 10000	17	14.17
	More than Rs. 10000	8	6.67

Source: Primary data

The table reveals about the demographic profiles of the respondents across various parameters.

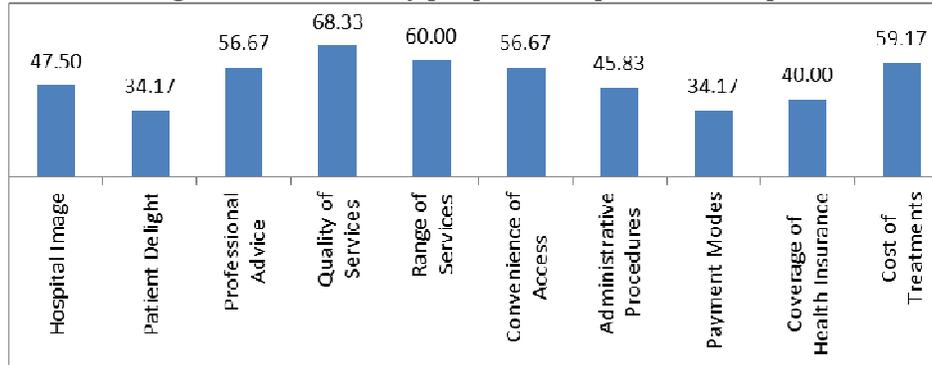
- ✓ Out of the total 120 respondents, 82 (68.33 percent) were male whereas 38 (31.67 percent) were female.
- ✓ Almost 58 percent (i.e. 58.33 percent to be precise) of people belonged to urban areas whereas the rest 41.67 percent of people were from the rural areas.
- ✓ If we go for the social strata, out of the 120 people interviewed, around 50.00 percent of people belonged to the SEC A, followed by 35.00 percent of people in SEC B and 15.00 percent of people in SEC C.
- ✓ Age wise, majority of the people were in between 46 to 55 years (25 percent of the total population) whereas around 23.33 percent of people are in the age group more than 55 years, Around 22.50 percent of the people were in the age group of 36 to 45 years, followed by 17.50 percent of people in the group of 26 to 35 years and 11.67 percent in the age bracket of 18 to 25 years.
- ✓ The highest literacy rate belonged to the group of undergraduates (Some College but not passed out) with 31.67 percent. 9.17 percent of people had completed their professional degrees whereas 19.17 percent of people

graduates with general streams. Around 14.17 percent had qualification of matriculation (SSC/ HSC) and 16.67 were of the below matriculation category. A negligible 5.00 percent of people found to be illiterate.

- ✓ Almost 57 percent of the respondents (i.e. 56.67 percent) were married with children followed by 14.17 percent who were unmarried. 13.33 were the older couple who stayed alone, 11.67 percent were married with no children and 4.17 were either widowed / divorced / separated from their spouses.
- ✓ If we focus on the monthly household income, almost 37.50 percent of population were in the income group of Rs. 20,001/- to Rs. 30,000/- Only whereas around 21.67 percent of people were in the range of Rs. Rs. 30,001/- to Rs. 50,000/-. Around 16.67 percent of people were having monthly household income less than Rs. 10,000/- per month, 14.17 percent are having income between Rs.10,000/- to Rs. 20,000/- per month Only and around 10.00 percent of people are having income in excess of Rs. 50,000/-.
- ✓ 68.33 percent of the respondents were the repeat customers visiting the hospitals where as the rest 31.67 percent people found to be the first timers.
- ✓ When asked about the average spending per visit to a hospital, around 41.67 percent said they usually spend between Rs. 1,001/- to Rs. 3,000/- Only per visit whereas 22.50 percent of people said they usually spend less than Rs. 1000/-, 15.00 percent spend between Rs. 3001/- to Rs. 5000/- Only, 14.17 between Rs. 5001/- to Rs. 10000/- per month and only 6.67 percent who spend more than Rs. 10,000/-.

Reasons for availing health care in the particular hospital

Figure 1: Reasons why people visit a particular hospital



Source: Primary Data

When asked about the reasons for which they preferred the particular hospital, highest inclination of about 68.33 percent said due to the higher quality of services followed by other factors such as range of services (60.00), costs of treatments (59.17), professional advice (56.67), convenience of access (56.67) and image of the hospital (47.50). Some other factors like patient delight, administrative procedures and payment methods play comparatively lesser roles than others.

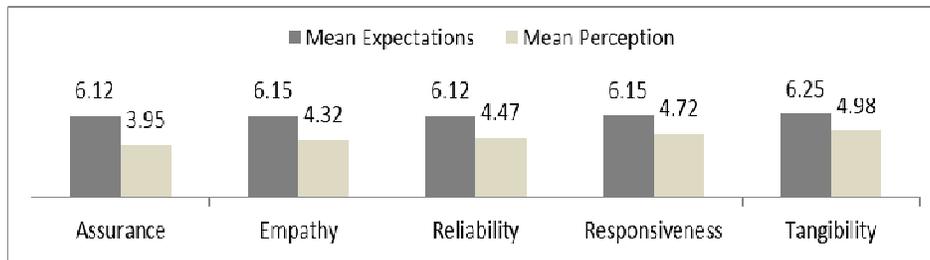
The SERVQUAL Statements (Expectations Vs Perceptions)**Table 3: GAP Analysis of SERVQUAL dimensions**

Parameters	Quality Statements	Mean Expectations	Mean Perception	Gap Scores
Assurance	Courteous and friendly behaviour of Doctors and staffs	6.20	4.81	1.39
	Wide spectrum of knowledge possessed by the doctors	6.33	5.26	1.07
	Treatment of patients with dignity and respect	6.18	4.81	1.37
	Thorough explanations to Patients about their conditions	6.24	4.85	1.39
Empathy	Feedbacks from the patients	5.91	3.49	2.43
	Round the clock availability of services	6.09	4.08	2.00
	Patients' best interests at heart	6.12	4.60	1.51
	Understanding about the specific needs of patients	6.17	4.57	1.61
	Personal attention given to the patients	6.21	4.51	1.69
	Patients are dealt in a caring fashion	6.21	4.49	1.72
Reliability	availability of Services in the appointed time	6.15	4.32	1.83
	Carrying out the services accurately	6.15	4.51	1.64
	Professional and competent doctors and staffs	6.22	4.80	1.42
	System of error free and fast retrieval of documents	6.06	4.20	1.86
	Cost of treatment and consistency of charges	6.08	4.67	1.40
Responsiveness	Provision of prompt services	6.21	4.31	1.90
	Responsive shown by doctors and staffs	6.20	4.40	1.80
	Attitude of doctors and staff that instil confidence in patients	6.16	4.44	1.72

Parameters	Quality Statements	Mean Expectations	Mean Perception	Gap Scores
	Waiting time not exceeding one hour	6.09	4.21	1.87
Tangibility	Up-to-date and well-maintained facilities and equipment	6.32	4.40	1.93
	Clean and comfortable environment and with good directional signs	6.15	3.84	2.31
	Neat appearance of doctors and staffs	5.93	4.32	1.61

Source: Primary Data

Figure 3: Mean difference between the expectations and perceptions



Source: Primary Data

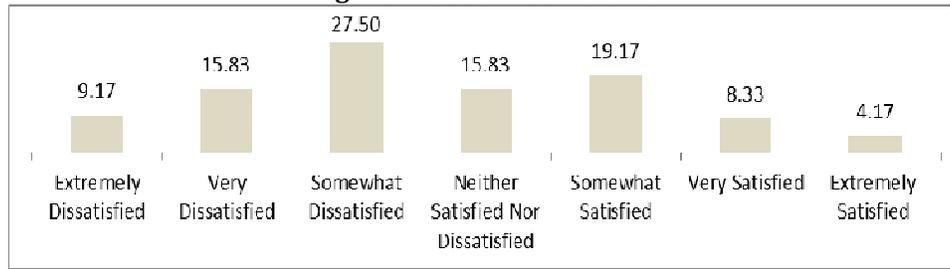
When we are tried to capture the gaps between the expectation and perception levels of the customers, we found considerable gap scores existing between the two. Across the five segments, upon various parameters, the highest amount of gap between the perception and expectation levels were found as follows

- ✓ Absence of feedbacks systems / complain registration from the patients
- ✓ Dirtiness and mismanagement within and outside the facilities
- ✓ Unavailability of essential services in odd hours of operations
- ✓ Unresponsive nature,
- ✓ Rude behaviour by the doctors and staffs
- ✓ Longer waiting time for availing the services

Followed by the other criterias, which certainly give a miserable picture of the services at the hospital. Dimension wise, highest gap score was found for the assurance factor followed by other aspects such as empathy, reliability, responsiveness and tangibility.

Overall Satisfaction towards the hospital

Figure 4: Satisfaction scores

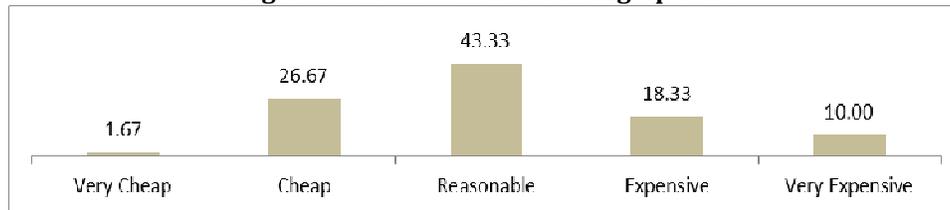


Source: Primary data

When asked about the satisfaction level, around 31.67 percent gave a relatively positive feedback (somewhat satisfied, very satisfied and extremely satisfied) whereas around 52.50 percent gave relatively negative satisfaction scores (somewhat dissatisfied, very dissatisfied and extremely dissatisfied). About 15.83 percent of people remained neutral giving not a specific satisfaction remark.

Concern towards the Pricing of various services

Figure 5: Views towards Pricing Options

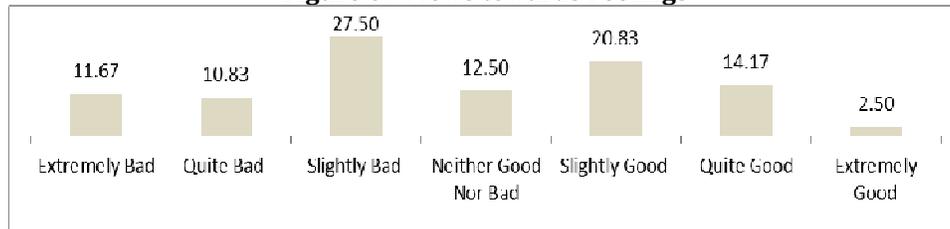


Source: Primary data

When we tried to capture their concerns towards the pricing of various services, almost half (43.33 percent to be precise) found it reasonable whereas 28.33 percent of people found it to be expensive and 28.34 found it to be cheaper.

Overall Feelings towards the hospital

Figure 6: Views towards Feelings



Source: Primary data

When we took a note of the feelings towards the hospital, around 37.50 percent gave a relatively positive note (Slightly good, quite good and extremely good)

whereas around 50.00 percent gave somewhat negative feedback (Slightly bad, quite bad and extremely bad).

Attitudinal loyalty

Table 4: Attitudinal Loyalty

Sl.	Statements	Mean Scores
1	I consider this hospital's services are good	4.12
2	This hospital's services are better than those of other hospitals	4.03
3	In general, the quality of this hospital's service is high	4.08
4	I will say positive things about this hospital	4.15
5	I will recommend this hospital to someone who seeks my advice	4.12
6	I will encourage my friends and relatives to undergo medical treatment in this hospital	4.17
7	I consider this hospital as the first choice for medical treatment	4.09
8	I will do all medical treatments in this hospital in the future	3.65
9	I will continue my medical treatment in this hospital, in case I change my residence to any other locality	2.94
10	In every visit, I find better quality in this hospital's service	3.38

Source: Primary data

When we tried to capture the feelings of people towards the loyalty levels towards the hospital, overall a narrow margin of people accepted that the services of the hospital was comparatively good and also they were ready to give positive reviews about the same. But given a better choice they were reluctant to come back to the same hospitals.

Suggestions for Improvement:

Table 5: Things that they dislike

Sl.	DISLIKES / GRIEVANCES ABOUT THE HOSPITAL	Percentage
1	Unhygienic conditions inside & outside of the hospital premises (Inadequate garbage handling / waste disposal systems)	67.50
2	Waiting time for availing healthcare and associated services	62.50
3	Unsafe premises in & out (Harbouring of Thieves, drunkards, & Goons)	60.00
4	Absence of feedback & grievance handling mechanisms	54.17
5	Rude Behaviours of Doctors and Staffs	51.67
6	Unavailability of equipments (Essentials and Regular)	50.00
7	Inadequate Infrastructures (Beds, buildings, labs, equipments, medicines, sign boards, power backups, good quality foods, drinking water facilities etc.)	48.33
8	Unsafe facilities (Unavailability of safety equipments, physical protections, issues of electrical short circuits & water slippage etc.)	45.83
9	Inefficient medical recordkeeping / retrieval system	45.00

Sl.	DISLIKES / GRIEVANCES ABOUT THE HOSPITAL	Percentage
10	Unavailability of experienced doctors & Specialists	45.00
11	Unavailability of Ambulance at the time of need	43.33
12	Uncontrollable Crowding at key places like the OPD Units, OT, medicine outlets and testing labs	43.33
13	Issues of corruption (Prescribing non-generic and large quantities of medicines and unnecessary tests & non-refund policy of high value medicines) & bribery (Claiming money for providing beds and other facilities) etc.	42.50
14	Only pushing for private practice / other clinics	41.67
15	Administration, (Lack of Control and Coordination, agents / brokers roaming inside the premises & harassing the patients, no single window services)	40.00
16	Improper lab tastings (Delay & Chaos in obtaining, processing, & publication of reports)	40.00
17	Unavailability of round the clock services and irresponsible nature of staffs in odd hours of operations	38.33
18	Inadequate facilities / amenities for patient's attendants	37.50
19	Informal / longer procedures of discharging after treatment / death / post mortem procedure	37.50
20	Improper attention towards the indoor patients	36.67
21	Improper functioning of specialist information system in the premises (Where to go and whom to consult?) for the patients	35.83
22	Inadequate / Inconvenient and unsafe parking places	35.00

Source: Primary data

In an open ended question, when asked about the list of factors disliked by the patients, we got the above responses which derive upon the fact that, not only the self-view but also the opinion of the reference groups plays a part in determining the overall satisfaction of a patient. Also it can be found that, absence of a stronger administrative procedure can become a major hindrance in terms of providing adequate level of service quality for the customers.

Way forward: The basic objective of the healthcare sector is to restore the health during health problems and satisfy the needs of the customers. By consistently delivering high quality of services only it is possible to gain customer satisfaction. It only then we can expect the customer retention and expect to earn their respect and profitability simultaneously for the organization. In order to improve services quality we have instigated by the finding of the study as suggesting herewith the areas where we can improvise.

- ✓ Ensuring a pleasant / at least hassle free stay of the patients. To achieve that, we need to constant communication with them especially during the phase of service encounter. A feedback from patients in this regard is a hugely profiting technique which needs to be applied in both the public and private hospitals. At one hand it gives an idea about the areas where we can improve the service quality and another hand it provides a sense of assurance to the patients that someone is listening to their grievances.

- ✓ The cleanliness of the hospital premises and surroundings has to be ensured as they are always associated with diseases. Strict and unbiased actions should be taken in this regard to match the standards with the private hospitals.
- ✓ Another area of improvement is the behaviour of the doctors and staffs in handling the patients as many a times we received very negative feedbacks in this regard. As the place where we conducted the interviews is a government entity, issues of misbehaviour, assault and abuse was a common matter of concern. For mitigation of such unfortunate incidences, we need to tighten the administrative/security grip as well as need to provide behavioural training to the people working there in order to maintain a mutual bridge between the service providers and customers.
- ✓ Implementation of stringent administrative model in the premises will ensure smooth flow of activities, chaotic traffic, and prevention of delays in any processes be it treatment, pathological tests or discharge / death / post mortem etc. Proper techniques to manage the waiting lines will generate fewer no's of complaints from the patients.
- ✓ Not only the patients, but also their reference group / attendants has to be taken care of as their feedbacks also matters for the patients which evaluating the service quality. Bare minimum provisions like the rest shades, dormitories, clean drinking water, quality food at affordable costs etc. are some of the measures which can be taken for the attendants.
- ✓ The security aspects needs to be tighten in order to eliminate the danger from both the facilities related (Safer equipments, safety from electrical failures, water slippage, other infrastructural facilities like broken staircases, lifts etc.) as well as from human elements (such as thieves, drunkards, brokers etc.)
- ✓ The infrastructural facilities are to be strengthened with the implementation and proper usages of helpdesks, signages & directional boards (multi language), ambulance services, elevators, escalators, convenient & safe parking places etc.
- ✓ Recruitment and proper training of more manpower in the system can give many hands and brains in providing premium levels of services.

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