

INFLUENCE OF SERVICE QUALITY ON CUSTOMER SATISFACTION WITH UNIQUE ORIENTATION TOWARDS PRIMARY HEALTH CENTRES

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ABSTRACT

Every service organisation is concerned about the quality of services for retaining and satisfying their customers. That is service quality is the guiding factor of the future of any service organisation. The current study is undertaken to comprehend the influence of service quality on customer satisfaction with special reference to primary health centres. The study had made use of service quality evaluation instrument proposed by Parasuraman et al., (1988) for preparing the questionnaire to collect information from respondents. The result of the study reveals that there is a significant positive correlation between various factors of service quality such as reliability, assurance, tangible, empathy, responsiveness and customer satisfaction.

Keywords: Service Quality, Customer Satisfaction, Customer Perception, Primary Health Centres, Patients.

INTRODUCTION

All over the world 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 hospitals, 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 in all over the world and in Kerala too. So, in every nation it became a major priority for the service delivery providers in health 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 today customer satisfaction being considered as the key factor that leads to sustainable luxury for the respective organization (Anthanasopoulos et al., 2001).

LITERATURE REVIEW

Whitney (1990), discloses that right is not grounded so much on the individual's visitors standing as it is upon the fact that the visitor is a human being, and life itself is an ethical power. That is people have a genuine right to equal access to all the services, and public servants must not overpower that right from them. The Primary Health Centre is the rudimentary structural and everyday unit of the public health services of a Nation. They were established to deliver accessible, rational and attainable primary health care to public of a country, in harmony with the Alma Ata Declaration of 1978 by the member nations of the World Health Organization. Kerala is a picture-perfect role model to other States of India in the case of Health care sector and has been able to accomplish this almost parallel to the developed countries even better. The health indicators like, The Child Mortality Rate, Maternal Mortality Rate, and Life expectancy highlight this (Government of India Ministry of Health and Family welfare, Bulletin of Rural Health Statistics 2016-17), and all these events are implemented through the Primary Health Centres at the grass roots level. Bowers et al., (1994) divulges that technical quality falls bantam of being a truly valuable measure for relating how patients assess the quality of a medical service encounter. Subsequently most patient famine the indispensable knowledge for judging the technical quality of services, their judgement of quality is based on the medical care process. While Gilbert and Veloutsou(2006), exposes that that quality-of-service incentives consumer loyalty. To achieve an asymmetrical state of consumer loyalty, they propose that an asymmetrical state of quality of service ought to be given by the service supplier as the quality of service is typically a point of orientation for consumer loyalty. That is as service quality boosts, clients will probably be fulfilled.

Badri, Attia, and Ustadi (2009), divulges that apparent health care quality has an optimistic weight on customer satisfaction. That is, overall perceived service quality has an optimistic relationship with patient gratification. Sodani et al., (2010), exposes that most of the research on dealing customer perceived service quality in the private healthcare sector has been fractional to developed countries. There is a dearth of evidence in knowing the customer perceived service quality; customer perceived value with adjudicating role of customer gratification to customer loyalty and behavioural intention in the context of exclusive private healthcare sector in India. Kiran (2010), discloses that the staff witnesses quality as the core for customer satisfaction. That is, co-operative and helpful staffs are able to instruct self-assurance among the customers of the industry. Customer satisfaction is also a staff-oriented process, because the service breadwinners perform a noteworthy part in how the service has been distributed hence affecting the degree of customer satisfaction. Gronroos, C (1984), reveals that there are two service qualities, one is technical quality, that is the actual service conceived by a customer and the other one is functional quality that is the way in which the service is provided. Parasuraman et al., (1985), discloses that service quality is allied to the notions of perceptions and expectations, that is the service will be measured outstanding, if perceptions exceed expectations.

Oliver's (1993), model of consumer satisfaction divulges that satisfaction verdicts are influenced by both the positive and negative affective motive responses, and cognitive disconfirmation. Yesilada and Direktor (2010), divulges in their study on healthcare service quality by associating public and private hospitals in Turkey, that private hospitals had slighter gaps than public hospitals in three of the services quality dimensions, that is, consistency namely sureness, compassion and tangible. Bablu Kumar Dhar, and Mohammad Raton Sikder (2018), exposes that service quality has remarkable and optimistic influence on student satisfaction, and the majority of students are satisfied with the comforts provided 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.

OBJECTIVES

- To determine the factors influencing service quality.
- To study the customers perception towards service quality approaches in the primary health centre.
- To identify the relationship between service quality and customer satisfaction.

CONCEPTUAL FRAMEWORK OF THE STUDY

Table 1 Conceptual Category In Service Quality

S No.	Criteria	Indicators
1	Reliability	Perceptions about the ability of the firm to perform the promised service dependably and accurately.
2	Assurance	Perceptions about the knowledge and courtesy of employees and their ability to convey trust and confidence.
3	Tangible	The appearance of physical facilities, equipment, personnel and communication materials.
4	Empathy	The provision of caring, individualized attention to customer.
5	Responsiveness	The willingness to help customers and to provide prompt service.

Parasuraman, A., Zeithaml, V. A., Berry, L. L. (1988). SERVQUAL: a multi-item scale for measuring consumer perceptions of the service quality. *Journal of Retailing*, 64 (1), 12-40.

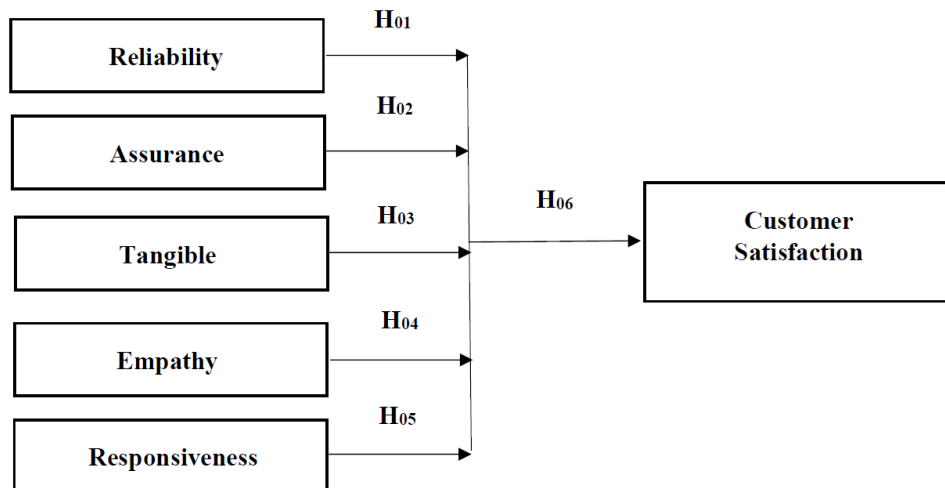


Figure 1. The Research Model Proposed For The Study

HYPOTHESIS

- H₀₁: There is no significant relationship between Reliability and CustomerSatisfaction.
- H₀₂: There is no significant relationship between Assurance and CustomerSatisfaction.
- H₀₃: There is no significant relationship between Tangible and CustomerSatisfaction.
- H₀₄: There is no significant relationship between Empathy and CustomerSatisfaction.
- H₀₅: There is no significant relationship between Responsiveness and CustomerSatisfaction.
- H₀₆: There is no significant relationship between Service Quality and CustomerSatisfaction.

METHODOLOGY

Survey technique was executed for the study and was directed at primary health centres in Kottayam with the assistance of a questionnaire. For preparing the questionnaire Service Quality evaluation instrument proposed by Parasuraman et al., (1988) is used. The total number of samples drawn was 260 and was collected with judgement sampling approach. Some of the respondents not properly filled the data

and the fully responded samples were 215. The reliability of the service quality variables used in the study was checked using Cronbach's alpha.

ANALYSIS AND DISCUSSIONS

Table 2 Details of the Cronbach Analysis

Service Quality variable	Cronbach's alpha
Reliability	0.791
Assurance	0.723
Tangible	0.721
Empathy	0.713
Responsiveness	0.743

Table 2 reveals the reliability of service quality variables. That is, Reliability 0.791, Assurance 0.723, Tangible 0.721, Empathy 0.713, and Responsiveness 0.743.

Table 3 Customers perception towards Service Quality approaches in the Primary Health Centre

Response	Percentage
Strongly Agree	20
Agree	45
Neutral	17
Disagree	13
Strongly Disagree	5

Table 3 reveals that 20 percent of the respondents strongly agree to the service quality approaches of the primary health centres followed by 45 percent agree, 17 percent are neutral, 13 percent disagree, and 5 percent of respondents strongly disagree.

Table 4 Correlation between various Parameters of Service Quality and Customer Satisfaction

Variable 1	Variable 2	Test Conducted	Test Value	Sig. value	Remarks
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Reliability	Customer Satisfaction	Pearson (2-tailed)	0.888	0.000	Reject
Assurance	Customer Satisfaction	Pearson (2-tailed)	0.862	0.000	Reject
Tangible	Customer Satisfaction	Pearson (2-tailed)	0.871	0.000	Reject
Empathy	Customer Satisfaction	Pearson (2-tailed)	0.851	0.000	Reject
Responsiveness	Customer Satisfaction	Pearson (2-tailed)	0.842	0.000	Reject

Table 4 explains the correlation (Pearson 2-tailed) conducted between the Service Quality variables Reliability, Assurance, Tangible, Empathy, Responsiveness and Customer Satisfaction. The test reveals that there is a strong positive correlation between Reliability and Customer Satisfaction ($r=0.888$, $p=0.000$, Reject H_{01}), a strong positive correlation between Assurance and Customer Satisfaction ($r=0.862$, $p=0.000$, Reject H_{02}), a strong positive correlation between Tangible and Customer Satisfaction ($r=0.871$, $p=0.000$, Reject H_{03}), a strong positive correlation between Empathy and Customer Satisfaction ($r=0.851$, $p=0.000$, Reject H_{04}), and a strong positive correlation between Responsiveness and Customer Satisfaction ($r=0.842$, $p=0.000$, Reject H_{05}).

Table 5 Relationship between Service Quality and Customer Satisfaction

Variable 1	Variable 2	Test Conducted	Test Value	Sig. value	Remarks
Service Quality	Customer Satisfaction	Pearson (2-tailed)	0.798	0.000	Reject

Table 5 explains the correlation (Pearson 2-tailed) conducted between the Service Quality and Customer Satisfaction and it reveals that there is a strong correlation (0.789) and is significant ($p=0.000$, $p<0.05$). Hence it concludes that there is a strong correlation, to an extend of 79.8 percent between variables service quality and customer satisfaction.

CONCLUSION

The study reveals that there is a significant positive correlation between various factors of service quality such as Reliability, Assurance, Tangible, Empathy, Responsiveness and customer satisfaction. Also revealed that there is positive significant correlation between service quality and customer satisfaction. The study also reveals that majority of the patients are accepting the service quality approaches of the primary health centres. So, it is very important for the health centres to take care of their service quality factors for creating satisfaction in the minds of their patients so that they will repeatedly come to the health centres with higher confidence.

SCOPE FOR FUTURE RESEARCH

The current study focuses on the influence of service quality on customer satisfaction with special reference to primary health centres. In near future an effort can be made to focus on patient service quality satisfaction towards family health centres, and district government hospitals. The present study is restricted to primary health centres in a district of Kerala. In future an effort can be made to conduct a similar type of study covering a wider geographical area like the entire Kerala, or other districts in Kerala with more respondents.

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