



A Study on Service Quality in Hospital Management with Special Reference to Mamalar Hospital in Pudukkottai

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Abstract

Service are becoming an increasingly important element of national economics and it is crucial to appreciate the distinguishing qualities of service and resulting management implication with specific focus on healthcare service. The delivery of quality healthcare service and the integration of thereof in healthcare policies is a concern in various health organization across the world. In the past decade in particular patient satisfaction has become an important performance measures and outcome of health care. Research in healthcare satisfaction is vital to ensure a health quality of care and patient satisfaction and to maximize the benefit of service resources, although this is still limited in India. There are over 100 employee are working here providing the services. The staffs are behaving like their own family numbers of the patient with kind. The managing director of the hospital is Dr.M.Thillaimar. There are lots of department divide the appropriate people to get service from the respective section. The doctor who are working here are the best in services.

Keywords: Service Quality, Hospital Management, Pudukkottai.

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Introduction

Service are becoming an increasingly important element of national economics and it is crucial to appreciate the distinguishing qualities of service and resulting management implication with specific focus on healthcare service. The delivery of quality healthcare service and the integration of thereof in healthcare policies is a concern in various health organization across the world. In the past decade in particular patient satisfaction has become an important performance measures and outcome of health care. Research in healthcare satisfaction is vital to ensure a health quality of care and patient satisfaction and to maximize the benefit of service resources, although this is still limited in India.

Objective of Study

1. To study patient satisfaction of hospital quality.
2. To study patient satisfaction of quality service between department of the hospital.
3. To study patient satisfaction of quality service between education of the patient.
4. To study patient satisfaction of quality service among different income of the patient.

Service Marketing in Public Healthcare

There are various definition of what constitute a

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service but contemporary definition agree that service in itself delivery no tangible output, although it may facilitate the production of intangible and does not result in the ownership of anything service are also described as “deed” performance of effort that cannot be physical possessed. Service have unique feature that different them from goods namely: intangibility, inseparability, heterogeneity and perishability. The intangibility of service result in high risk and difficulty for consumer to evaluate the quality causing them to rely on personal information sources, physical evidence and service quality. Service organization in return reacts to this by focusing on physical evidence and service quality. In public sector the choice of the buyers and seller is much more limited. In public health care patient will only receive treatment at the hospital where they are designated and public healthcare organization at various levels service specific areas and needs as determined by the public of the South African Government. The aims of the public sector is not to earn a profit and it doesn't operate within narrow internal financial goals, however it goals and more diverse with various external stakeholders public managers have relatively limited discretion with standards and ways of services delivery based on legislation and policies of the government.

Review of Literature

The social security review was established in February 1986 by them minister for social security. The review was founded for two years and was commissioned to develop as long – term perspective on priorities and where needed new direction for income

security focusing on three main areas.

1. Income support for families with children
2. Social security and workforce issue
3. Income support for the aged.

There are several reasons for trying to reduce welfare dependency rate and return more people to economics self-reliance. There are two stronger reasons for radical reform. One is that income support is now costing taxpayers \$80 billion per year. This expenses is a key factors keeping taxes high, even on workers with modest incomes with the result work incentives and rewards for effort get eroded indeed, we are chasing our tails for as we increase taxation to meet the growing cost of income support payment, so it becomes less attractive to works and more people seek welfare as an alternative.

Research Design

The research design is descriptive in nature. It is essentially a fact-finding approach to study and existing state of affair. The descriptive research studies are those study which are concerned with descriptive characters of a particular individual of groups.

Collection Data

The researcher collected the data in two ways as:

1. Primary data
2. Secondary data

Primary Data

Primary Data were collected through personal interview with the patient of the hospital and interview schedule given to the persons from the primary source of information.

Source of Data

A well set of questions are prepared for the interview schedule. The questionnaire schedules is the main for collection the data. The researcher has collected has the informations during the working hours without disturbing the work.

Secondary Data

Books on medicards, journals, organization past records from part of secondary source of information.

Tools Used for the Study

The collected data was tabulated. For this study percentage method was used.

Table I. Convenience of location for you

S.No	Opinion	No. of respondents	percentage
1	Highly satisfied	15	30
2	Satisfied	30	60
3	Dissatisfied	5	10
	Total	50	100

Percentage Method

According to this method the number of persons favouring is divided by the number of respondents.

Organization Profile

At Mamalar Hospital, we go beyond providing medical services; we work our patient and providing excellent services to recover the patients diseases. Founded in 3rd September 2000 and loading hospital in Pudukkottai run by Dr.G.Marimutthu (Cardiologist) and Dr.M.Thillaimalar. There are over 100 employee are working together to provide the services to the patient. Our organization is authorized by Tamilnadu government for chistn “Chief Minister’s Insurance schemes” At present there are two camps are conducted under this plan. Because of the excellent services we got this opportunity from the Tamilnadu government. We are the first hospital to introduce the TMT, ECHO, Cardiogram, Anjo plarty, Anjio gram, ECG, ICU, CCU, Centralization vacuum in Pudukkottai.

Insurance Health Care Scheme

1. STARE Health Insurance
2. CM Chistn Insurance
3. ICICI Potential Insurance
4. TTK Health Insurance
5. HDFC Health Insurance.

Services

1. Accident & Emergency Care
2. Neuron Surgery
3. Appendix
4. Ortho
5. Cardio
6. Emergency Cardiac Care
7. Maternity Service
8. Joint Replacement Surgery
9. Diagnostic endoscopies
10. Laparoscopy Surgery
11. Spinal surgery

About the people

There are over 100 employee are working here providing the services. The staffs are behaving like their own family numbers of the patient with kind. The managing director of our hospital is Dr.M.Thillaimar. There are lots of department divide the appropriate people to get service from the respective section. The doctor who are working here are the best in services.

Table II. Expertise of medical team

S.No	Opinion	No. of respondents	percentage
1	Highly satisfied	15	30
2	Satisfied	30	60
3	Dissatisfied	5	10
	Total	50	100

Table III. Hospital infrastructure

S.No	Opinion	No. of respondents	percentage
1	Highly satisfied	18	36
2	Satisfied	23	46
3	Dissatisfied	9	18
	Total	50	100

Table IV. Diagnostic service

S.No	Opinion	No. of respondents	percentages
1	Highly satisfied	6	12
2	Satisfied	30	60
3	Dissatisfied	14	28
	Total	50	100

Table V. Security service

S.No	Opinion	No. of respondents	Percentage
1	Highly satisfied	14	28
2	Satisfied	26	52
3	Dissatisfied	10	20
	Total	50	100

Table VI. Ambulance service

S.No	Opinion	No. of respondents	percentage
1	Highly satisfied	21	42
2	Satisfied	21	42
3	Dissatisfied	8	16
	Total	50	100

Table VII. Vehicle parking facilities

S.No	Opinion	No .of respondents	Percentage
1	Highly satisfied	6	12
2	Satisfied	28	56
3	Dissatisfied	16	32
	Total	50	100

Table VIII. Emergency service

S.No	Opinion	No. of respondents	Percentage
1	Highly satisfied	17	34
2	Satisfied	22	44
3	Dissatisfied	11	22
	Total	50	100

Table IX. Hot water facilities

S. No	Opinion	No. of respondents	Percentage
1	Highly satisfied	24	48
2	Satisfied	23	46
3	Dissatisfied	3	6
	Total	50	100

Table X. Pharmacy service

S. No	Opinion	No. of respondents	Percentage
1	Highly satisfied	16	32
2	Satisfied	28	56
3	Dissatisfied	6	12
	Total	50	100

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