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PATIENT'S SATISFACTION ON GOVERNMENT HOSPITALS IN MADURAI

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Abstract—*According to the hospital industry, patient satisfaction and service quality are crucial concepts in the current era. The majority of Indians, predominantly the un-improvised society and low income peoples struggle to find quality healthcare at a sensible price, but this not possible for lower income people. So they first approach government hospitals without any delay. Therefore the government hospitals plays a crucial role for the benefit of financially struggled peoples. Thus, the purpose of this study is to comprehend the degree of satisfactions of patients through SERVQUAL and TAM Model. In-Patients, Out-Patients and Attenders of Madurai district government hospitals are considered as a primary data for this study. This study aims to studying service quality which helps to identify how effectively these hospitals are meeting public health needs, understanding patient perceptions and their faced problems.*

Keywords: *Government Hospital, Quality of Service, Satisfaction of Patient, Acceptance Model*.

INTRODUCTION

Government hospitals are a cornerstone of the healthcare system, offering wide range of medical services to distinct populations at free cost some times affordable costs. They are crucial for ensuring that healthcare is available to everyone, remarkably those in underserved or low-income communities. By providing a wide range of emergency services, from ICU care to normal basic treatments, government hospitals play a bouncing role in chronic public health and addressing health disparities. They also contribute to medical learning and research, often collaborating with academic institutions to exercise the next generation of healthcare professionals and advance medical knowledge. Additionally, government hospitals are instrumental in responding to public health emergencies and crises, demonstrating their importance in both routine and urgent care scenarios.

In this study the technology acceptance model's variables and Selected Service quality variables referred by various prominent authors are used in this study to find the level of satisfaction of the patients of government hospitals. They are briefly given under the following table 1.

Table 1

Author(s)	Dimensions/Model/Varibales
Parasuraman et al. (1985)	Tangibles, responsiveness, reliability, credibility, communication, security, courtesy, competence, understanding and access
Raduan et al. (2004	Security; convenience, performance aesthetics, economy and Reliability
Aagja and Garg (2010)	Admission, overall service, medical service, social responsibility, discharge
Zineldin et al. (2009)	Object, infrastructure, processes, interface and atmosphere
Davis, 1993	Technology Acceptance Model - PEOU, PU, IU

Variable Extractions

The following are the table which gives a brief reference about the variable extractions with the help of above mentioned authors.

Table: 2

Variables from SERVQUAL & TAM	Meaning of extracted variables variables
Tangible	Physical presence, Available resources, existing equipment's of service providers
Empathy	Individual patient attention and caring and mental attitude of hospitals
Reliability	ability to perform a guaranteed service is accurately, timely and efficiently
Responsiveness	Willingness to help Patients and deliver them with the best and apt services
Assurance	Wisdom of the staff & employees and their communication capacity
Perceived Usefulness	the notch to which an individual believes that using a speific technology would be beneficial or not
Perceived Ease of Use	the notch to which an individual believes that using a particular technology would be free from effort or not
Intention to use	the inclination or preference of individuals to use a particular product or service

OBJECTIVES

To study patients Satisfaction through service quality, Patients Intention, Usefulness, and Ease of Use. Also examine the extreme impact on patient satisfaction and the level of impact of mediating variable Intention to Use.

POPULATION AND SAMPLE DESIGN

The population of this study area were in-patients, attenders and out-patients of Madurai Government hospital. As per the data given by the government in Madurai district profile, There is seven main government hospitals in Madurai.

Under Non-Probability sampling, Judgment Sampling Technique was chosen to collect the data. Each hospital ten Patients are chosen on the basis of Judgment Sampling Technique, through structured interview schedule.

ANALYSIS

A 5-point rating system was used to record the response, with 1 denoting "strongly disagree" upto 5 denoting "strongly agree."

In this study SPSS was used as a main software to analyze the data. EFA, CFA was applied to examine the impact of health service quality on patient satisfaction .The inside consistency of the data was examined using the Cronbach alpha, and it was premeditated in order to establish the reliability of the survey's scale and also find which variable has the greatest impact on patient satisfaction. The significant level was set at the 1% level ($p<0.01$).

H_1: Perceived ease of use has a substantial influence on perceived usefulness

H_2: Perceived usefulness has a significant influence on Patient intention to use.

H_3: Service quality has a major influence on patient satisfaction

H_4: Patient satisfaction has a significant effect on behavior intention of patients

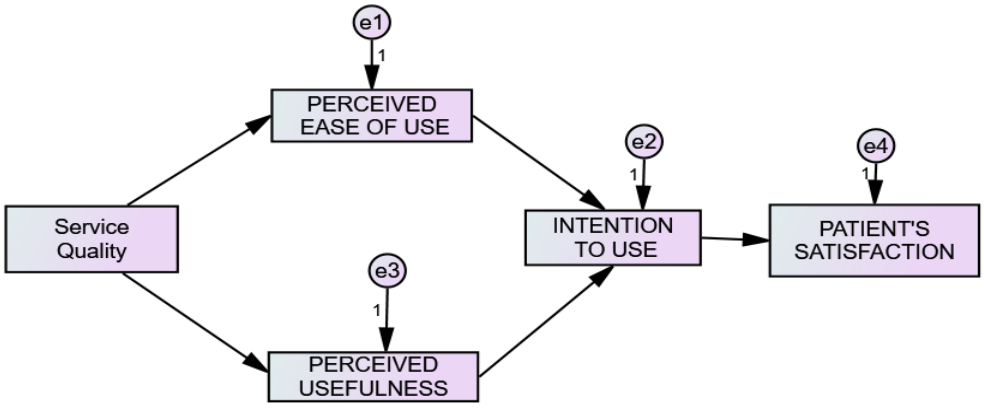

Figure 1: Model for patient Satisfaction

The AVE value for the list of Variables which achieved Perceived Usefulness is 0.934 Perceived Ease of Use is 0.901, Intention to use is 0.878, Satisfaction of patients is 0.821, Service Quality 0.875

RELIABILITY AND VALIDITY

KMO and Bartlett test was used for checking the correctness of scale used in this study and prove about capability of sample. Table shows the results for KMO and Bartlett test. The value of KMO is 0.760 which shows more than the appropriateness according to the standard criteria of KMO value 0.50 so KMO value is above average. Bartlett Test is also showing the significant value 0.000 which makes this analysis perfect for performing factor analysis.

Table 3: KMO and Bartlett's test

KMO measure of sampling adequacy	0.760
Approx. Chi Square	4521.031
Bartlett's test of sphericity df	412
Sig.	0.000

OVERALL REGRESSION ANALYSIS

Table 5: Regression Weights

Hypo-thesis	R Square	Standard Error	Beta Value	T-Value	P-Value	Significant/ In-significant
H_1	.453	.058	0.611	11.418	.0000**	Significant
H_2	.699	.053	0.711	20.161	.0000**	Significant
H_3	.562	.031	0.872	37.720	.0000**	Significant
H_4	.628	.024	0.860	23.817	.0000**	Significant

The table represents the consequences of all the variables which have been observed in the study. All the variables have positive relationship with patient's satisfaction.

FINDINGS

1. In the research, it is found that Hypothesis Second (H2) has the stoutest positive relation with patient satisfaction with confirmatory value of b=0.699,
2. Hypothesis Four (H4) has the second uppermost positive relationship with patient satisfaction with the value of b=0.628.
3. Hypothesis Three (H3) also had a significant influence factor in relation to patient satisfaction with second lowest value of b=0 .562.
4. Hypothesis One (H1) has a very minimal contribution towards patient's Perceived Usefulness with the value of less than 0.5 (b=0.453).

SUGGESTIONS

1. Need to improve physical facilities like repair old buildings, upgrade sanitation , waiting areas ventilation, lighting and ventilation facilities.
2. Necessity to increase bed volume to Address overcrowding and especially in taluk hospitals.
3. Have to maintain a proper cleanliness to improve waste disposal and safeguard regular cleaning of wards, rooms and toilets.
4. Patient-friendly attitude should be furtherly develop in future will helps to encourage polite behavior and increase the better communication between doctor and patient.

CONCLUSION

According to the analysis's findings all other five dimensions of SERVQUAL model, all the three variables of TAM model and others variables of patient satisfactions are also predicting patient satisfaction positively and significantly as evident by the results of present study. So these variables are the most strongest predictor of patient satisfaction through service quality, and user acceptance are all correlated. These three elements must be improved in line with indicators using a model in order to enhance the implementation of government hospitals in the future.

REFERENCES

[1] Ali, F., Hussain, K., & Omar, R. (2016). Diagnosing customers experience, emotions and satisfaction in Malaysian resort hotels. European Journal of Tourism Research, 12, 25.

[2] Brown, S. W., & Bitner, M. J. (2006). Mandating a services revolution for marketing. The Service-Dominant Logic of Marketing: Dialog, Debate, and Directions, 393-405.

[3] F.D Davis 1989 Perceived usefulness and perceived ease of use, information technology model and user acceptance of information technology MIS Quarterly volume 13 pp 319-328.

[4] Khamis, K., & Njau, B. (2014). Patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam, Tanzania. BMC health services research, 14 (1), 400.

[5] Joao, L.V., Jaime, C.F., Pinho, A.C.M., Elisabete,F. (2010), 3D surface profile equipment for the characterization of the pavement texture – TexScan, Mechatronics, 20(6), 674-685.

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