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Research Paper

A Study on Service Quality in Public and Private Hospitals

Management

KEYWORDS : Service quality, Modern service quality, Hospitals, Service quality gap

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ABSTRACT

The present study aims to identify the service quality aspects in public and private hospitals. Health care services have a distinct position among other services due to the high risky nature of services and the general lack of expertise possessed by consumers. In order to allocate limited health care resources effectively, it would be essential for health care providers to identify patients' priorities among the various service quality dimensions and to improve these dimensions for patient satisfaction. However, patients as customers are not homogenous in terms of the expectations they bring to a care provider and their reactions to various service quality dimensions. The health care industry in recent years has restructured its service delivery system in order to survive in an unforgiving environment resulting from maturation of the industry, reduced funding, and increased competition (Emanuel and Dubler, 1995; Taylor, 1994).

INTRODUCTION

In India, the health care services are provided by both private and public hospitals. Public hospitals consumed more investment on the infrastructural facilities and provision of free medical services. The people living with poor standard of living are preferring the medical services from the public hospitals because of their poor financial conditions. The feeling of free services among the patients is generating social responsibility and the responsibility to safeguard the public properties. The private hospitals in India are growing at a faster rate on par with the international standard. India is becoming one of the important countries which provide the quality medical services

at cheaper rate. It attracts many foreign patients to India. Even, it is not at a reachable level to the people living in India especially people with lower middle income and poor people. Some private hospitals are not following any ethical values in the medical profession. They are running only for profit motive. Both these incidents namely reluctance of public hospitals and higher service changes of private hospitals influence the patients' attitude towards the hospitals in a negative way.

Review of literature:

Sarhani and Kein (2002) found that private health providers in rural West Bengal have inadequate technical quality care. The problem was related both to low levels of performance and inconsistency in performance. Limited potential for good technical quality for the ARI among the providers was related to lack of knowledge. Sohail (2003) used SERVQUAL instrument to examine and measure the quality of services provided by the public and the private hospitals in Malaysia. Factor analysis did not identify any meaningful dimensions that conform to the dimensions recommended by the SERVQUAL instrument.

Hwang et al. (2003) identified that there is a poor customer-oriented service quality perceptions among the patients in public health care centers compared to private health centers. The service quality gap in hospital services are identified as high any the patients in public hospitals than in private hospitals. Taner and Antony (2006) compared the hospital care service quality in public and private hospital at Turkey. They found that the service quality is far better in the private hospitals than in the public hospitals.

Dursun and Cerci (2004) pointed out that the service quality in patient care is related to health services delivered to the patient. Factors such as physician and nurse attitudes toward patients, building cleanliness and hospital food influence health service quality. Choi et al., (2005) found that the patient satisfaction is only affected by process characteristics. Satisfied patients are willing to return to the same provider and to recommend services to families and friends. Lim and Tang (2002) revealed the negative service quality gap in all the five core dimensions of service quality in the hospitals. The higher gap is identified in tangibility and responsiveness.

Hausman, (2003) identified that the patients' satisfaction is a key factor to attract customers and ensuring their loyalty. Satisfied patients may guarantee cash flows if they intend to return and recommend a provider. Uzun (2001) used the SERVQUAL scale to measure the service quality of nurses in hospitals. He identified that the level of perception on service quality nurses at hospitals are not up to their level of expectation in the hospitals. Otani and Haris, (2004) mentioned that patients prefer courtesy, patients' value, appropriate staffs' behaviour when they are availing health service. Staff willingness to help, ability to fulfill patient request, courteous manner, transmitting trust and confidence are important for patient satisfaction. Stevanoric et al., (2005) highlighted the outstanding contribution made by health-care personnel in maintaining patient friendly clinical and administrative process, safety indicators, overall experience of care and social responsibility, thus contributing high level of overall patient satisfaction with respect to each of the above mentioned dimensions.

METHODOLOGY OF THE STUDY

The objective of the study is to identify the service quality gap between the private and public hospitals in Dindigul. The present study has made an attempt to answer what and why of the 'current state of patients' attitude towards the service quality of hospitals, it is in descriptive form. The primary data were collected from the patients at the private and public hospitals with help of structured interview schedule. The sampling method was convenient sampling. The selected respondents from the seven private and the three public (Government) hospitals for the present study are 156 and 107 respectively.

RESULTS:

Table 1- Socio economic variables of the patients

		Number of patients		Total
		Private Hospitals	Public hospitals	
Age (in years)	Less than 30	19	12	31
	30-40	20	14	34
	41-50	22	21	43
	51-60	58	37	95
	Above 60	37	23	60
	Total	156	107	263

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Gender	Male	110	84	194
	Female	46	23	69
	Total	156	107	263
Level of Education	School Level	41	31	72
	Under Graduation Level	68	34	102
	Post Graduation Level	30	14	44
	Professional Education	12	10	22
	Others	05	18	23
	Total	156	107	263
Occupation	Agriculture	28	17	45
	Private Employment	38	19	57
	Government Employment	32	14	46
	Business	37	27	64
	Professionals	8	12	20
	Others	13	18	31
	Total	156	107	263
Marital Status	Unmarried	11	19	30
	Married	131	73	200
	Separated	7	4	11
	Widow and Widowers	11	11	22
	Total	156	107	263
personal income	Less than Rs.20,000	35	47	82
	20,001-30,000	62	45	107
	30,001-40,000	44	13	57
	40,001-50,000	15	02	17
	Total	156	107	263

The important ages among the patients are 51 to 60 and above 60 years which constitute 36.1 and 22.8 per cent to the total respectively. In total, a maximum of 73.7 per cent of the patients are men whereas the remaining 26.3 per cent are women. The important occupations among the patients are private employment and business and they constitute 21.7 and 24.3 per cent to the total respectively. The important marital status of the patients is married which constitutes 76 per cent to the total. The important personal income of the patients is 20,001-30,000 rupees which constitutes 40.6 per cent to the total.

Table 2-Profile of patients and their level of expectation on service quality

S.No	Profile variables	F – Statistics				
		Tangibility	Reliability	Responsiveness	Assurance	Empathy
1.	Age	2.866*	2.708*	2.588*	3.089*	3.114*
2.	Gender	3.041	2.656	2.919	3.454	3.801
3.	Level of education	2.851*	2.408	2.170	2.406*	2.689*
4.	Occupation	2.454*	2.788*	1.708	2.088	1.934
5.	Marital status	2.178	1.866	2.384	2.416	2.566
6.	Personal income	2.8184*	2.9092*	3.1449*	2.6566*	2.4082

Table 2 shows the results of one way analysis of variance. The Significantly associating profile variables with the tangibility are age, level of education, occupation and income since their respective 'F' statistics are significant at five per cent level. Regarding the level of expectation on responsiveness, the significantly associating profile variables are age, personal income, whereas regarding the level of expectation on empathy, these profile variables are age, level of education, personal income. The analysis reveals that the important profile variables associating with the level of expectation on the service quality are age, Educatiom and personal income.

Table 3-Profile of Patients and their Perception on service quality

S.No	Profile variables	F – Statistics				
		Tangibility	Reliability	Responsiveness	Assurance	Empathy
1.	Age	2.785*	2.009	2.177	2.454*	2.588*
2.	Gender	2.664	2.881	3.084	3.264	3.388
3.	Level of education	2.588*	2.716*	2.814*	2.384*	2.007
4.	Occupation	2.686*	2.508*	2.114	2.066	2.119
5.	Marital status	2.334	2.858*	2.096	2.259	2.856*
6.	Personal income	2.816*	1.944	2.086	2.622*	2.739*

The significantly associating profile variables with their levels of perception on tangibility are Age, level of education, occupation, since their respective 'F' statistics are significant at five per cent level. Regarding the level of perception on reliability, these profile variables are levels of education, occupation, marital status whereas in the case of responsiveness these profile variables are level of education. Regarding the levels of perception on assurance the significantly associating profile variables are age, level of education and personal income whereas regarding the level of perception on empathy, these variables are age, marital status and personal income and personality score. In total, the analysis reveals that the important profile variables associating their levels of perception on the service quality factors are income, level of education and level of education.

Table 4-Service Quality Gaps in service quality among the Patients

S.No.	service quality	Mean score among patients in		t – statistics
		Private Hospitals	Public hospitals	
1.	Tangibility	-0.5896	-1.2250	-2.7582*
2.	Reliability	-0.0425	-0.6238	-2.6696*
3.	Responsiveness	-0.4319	-0.8618	-2.0345*
4.	Assurance	-0.4376	-0.8673	-2.1173*
5.	Empathy	0.5901	-0.8855	-1.4542

From table 4, all the service quality gap scores are identified as negative. It shows that the level of perception on the service quality is not up to the level of expectation on the SQ among the patients. The higher service quality gap among the patients in the Private Hospitals is noticed in the case of empathy and tangibility since their mean scores are -0.8901 and -0.5896 respectively. Among the patients in Public hospitals, these are identified in the case of tangibility and empathy since their mean scores are -1.2250 and -0.8855 respectively. Regarding the service quality gap, significant differences among the patients in the Private Hospitals and the Public hospitals have been noticed in the case of tangibility, reliability, responsiveness and assurance since their respective't' statistics are significant at five per cent level.

Service Quality Gaps in Modern service quality factors

The service quality gaps in the Modern service quality factors have been estimated by the difference between their levels of perception and expectations on the factors. The negative score on service quality gap indicates that the level of perception on the Modern service quality factors among the patients is not up to their level of expectation on it. The mean of service quality gap on the Modern service quality factors among the patients in the Private Hospitals and the Public hospitals have been computed separately. The't' test has been implemented to find out the significant difference among the two group of patients regarding their service quality gap.

Table 5-Service Quality Gaps in Modern service quality among Employees

S.No.	Modern service quality	Mean score among patients in		t – statistics
		Private Hospitals	Public hospitals	
1.	Infrastructure	-0.3360	-0.7161	-1.4336
2.	Personnel quality	-0.1211	-1.1047	-2.5887*
3.	Process of clinical care	-0.2956	-0.2994	-0.1773
4.	Administrative procedure	-0.3639	-0.3642	-0.0996
5.	Safety indicators	-0.0826	-0.4520	-2.3344*

Table 5 shows the mean scores of service quality gap in the Modern service quality factors among the patients in the Private Hospitals and the Public hospitals and its respective't' statistics. The higher negative score on service quality gap among the patients in the Private Hospitals has been identified in the case of administrative procedure since their mean scores are -0.4352 and -0.3639 respectively. Among the patients in the Public hospitals, these are personnel quality and safety indicators since their mean scores are -1.1047 and -0.4520 respectively. Regarding the service quality gap, significant difference between the patients in the Private Hospitals and the Public hospitals have been noticed in the case of personnel quality and safety indicators since their respective't' statistics are significant at five per cent level.

CONCLUSIONS

The present study concluded that the three important dimensions of service quality in hospitals are Service quality and modern service qualities. The level of expectation on the SQ and modern service qualities among the patients' are not yet fulfilled by the service provider. The service quality gap reveals that the level of perception on the service quality is lesser than the level of expectation in all the aspects. It is very high among the patients' in public health care centers. At the same time, the modern service quality factors are personnel quality and safety indicators. The study concluded that both the private and the public hospital managements should take serious steps to enrich their service quality according to the level of expectation of their customers. The gap between the private and the public health care centers may be reduced with the help of implementation of the serious programmes with the aim of patients' satisfaction.

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