



A STUDY OF PATIENT'S PERCEPTION ABOUT SERVICE QUALITY MANAGEMENT IN GOVERNMENT AND PRIVATE HOSPITALS IN INDIA (WITH SPECIAL REFERENCE TO KARNATAKA STATE)

Management

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ABSTRACT

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. To maintain and improve the quality of health care services, besides relying on clinical and economic criteria, administrators should utilize the feedback through patients perceptions of care surveys. Adopting the marketing concept to health care requires the providers to be consumer oriented and concern themselves with the satisfaction of their patients. As hospitals and other health care providers begin to implement better and sophisticated patient surveys, they will understand the strengths, and weaknesses of their organizations from the patients point of view. A better understanding of how consumers evaluate the quality of health care will help administrators and service providers, in determining and improving the weaker aspects of their health care delivery system. A better understanding of how consumers evaluate the quality of health care will help administrators and service providers, in determining and improving the weaker aspects of their health care delivery system. With continuous monitoring of patient perceptions and improvements based on patient feedback, quality of care and patient satisfaction will improve. The present study has made an attempt to evaluate the service quality in Private and Government Hospitals as per the view of the patients in Karnataka State of India.

KEYWORDS

Satisfaction, Health, Service, Quality, Patients

INTRODUCTION

India's health care service industry has turned out to be a major driver of economic growth with the multi-national healthcare segments parking their funds on Indian soil due to low cost of operation. In India, terms such as health tourism, healthcare outsourcing and medical back office support are suddenly gaining currency. Liberalization, Privatization and Globalization also have brought unprecedented changes in the Indian healthcare industry.¹

According to the Economic Times healthcare 2011-2012 report, India's healthcare services industry grew at 13 per cent per annum over the last decade and at present, it is growing at 17 per cent annually. The healthcare industry was contributing to 5.2 per cent of India's GDP. This contribution has reached up to 6.2 per cent. It is estimated to be around Rs.1000 billion at present and it is to reach Rs.3000 billion by 2017. The growth has been attributed to the increasing actually and changing life styles and technology. Today, the Indian middle class expects healthcare services at higher level of quality.²

Public run hospitals and those operated by charities were the main providers of subsidized healthcare till the 1980's. During the last two decades, a number of corporate and private run hospitals had developed rapidly in the country. The private sector accounts for 70 per cent of primary medical personnel are employed in the private sector. The private sector has played a critical and increasing role in providing healthcare to a growing population. India has 8, 00,000 doctors, 9, 50,000 nurses and 460 medical colleges. There were around 16,200 hospitals accounting for 1,00,000 beds approximately during 2017. India's hospital facilities have been rapidly growing in the last fifty years. Times have changed and specialization has become the order of the day. However, the hospital-small and big have realized that their survival depends on patient management. Further, the degree of competition in the private healthcare industry has been increasing over the years. The areas of challenging for the Indian private hospital in the face of stiff competition are increasing customer expectations, increasing customer relationship complexities, new trends and developments, greater mobility, faster development of new services, customers in competitive environment and up gradation of technology to cope up with modern management environment for meeting perceived satisfaction of customers.³

Indian hospitals were racially segregated hospitals, mostly tuberculosis sanatoria, for Aboriginal people in Canada (First Nations, Métis, and Inuit; "Indians" in the parlance of the day) which operated from the late nineteenth to the late twentieth century. The hospitals were used to isolate First Nations tuberculosis patients from the general population, because of a fear among health officials that "Indian TB" posed a danger to the non-Aboriginal population. Many of these hospitals were located on Indian reserves, and might also be called reserve hospitals, while others in nearby cities.⁴ Early hospitals

for Indians were mostly church-run, in a manner similar to the Indian residential schools. For example, the Nuns opened a small hospital on the Blood reserve in southern Alberta in 1893 with the support of the Department of Indian Affairs, while the Church of England in Canada founded a hospital on the nearby Blackfoot reserve in 1896. Slowly, the Department of Indian Affairs took control of the hospitals away from the churches. The Blood hospital was replaced with a new structure paid for by the department in 1928, and the Blackfoot hospital was replaced in 1923, partially with funds taken from the band's trust fund. The newly created federal Department of National Health and Welfare took over the building and running of Indian hospitals in 1946 as part of Canada's new welfare state policies following the Second World War.⁵

Health sector in India

The **public health system in India** comprises a set of state-owned health care facilities funded and controlled by the Public of India. Some of these are controlled by agencies of the central Public while some are controlled by the Publics of the states of India. The Publical ministry which controls the central Public interests in these institutions is the Ministry of Health & Family Welfare. Publical spending on health care in India is exclusively this system; hence most of the treatments in these institutions are either fully or partially subsidized.⁶

Health care is one the fastest growing service sector in India. The healthcare sector as an industry is expanding rapidly and has not been as severely impacted by recent economic slowdown as some of the other industries. It comprises of hospital services, diagnostic services, diagnostic products, medical technology, clinical trial services and clinical research organizations.⁷

Indian healthcare delivery system is categorized into two major components – public and private. The Public, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas.⁸

The cost of surgery in India is about one-tenth of that in the US or Western Europe. The overall Indian healthcare market today is worth US\$ 100 billion and is expected to grow to US\$ 280 billion by 2020, a compound annual growth rate (CAGR) of 22.9 per cent. Healthcare delivery, which includes hospitals, nursing homes and diagnostics centers, and pharmaceuticals, constitutes 65 per cent of the overall market.⁹ There is a significant scope for enhancing healthcare services considering that healthcare spending as a percentage of GDP is rising.¹² Rural India, which accounts for over 70 per cent of the population, is set to emerge as a potential demand source. India requires 600,000 to 700,000 additional beds over the next five to six years, indicative of an investment opportunity of US\$ 25-30 billion. Given this demand for capital, the number of transactions in the healthcare space is expected to witness an increase in near future. The average investment size by

private equity funds in healthcare chains has already increased to US\$ 20-30 million from US\$ 5-15 million. The Indian medical tourism industry is pegged at US\$ 3 billion per annum, with tourist arrivals estimated at 230,000. The Indian medical tourism industry is expected to reach US\$ 6 billion by 2018, with the number of people arriving in the country for medical treatment set to double over the next four years.¹⁰

The Health Care Systems in India:

According to the Indian Constitution, health is a State subject, providing health services to all people is the responsibility of State Government with assistance of local health organizations. In India, the Public regulates and maintains health standards, provides preventive and curative services and buildup the infrastructure for medical and health services. The Indian Medical Central Council Act (1970) that came into existence with approval of parliament has the power to grant permission to establish any health institution in the country¹⁴. The health care system in India is represented by five major sectors which differ from each other by the health technology applied, and source of funds for operation (Park K, 2002:662). These are:

1) Public health care Sector:

- a) Primary Health Care
 - Primary Health Centers (PHC)
 - Sub centers
- b) Hospitals/Health Centers
 - Community Health Centers (CHC)
 - Rural Hospitals
 - District Hospitals/Health Centers
 - Specialist Hospitals
 - Teaching Hospitals
- c) Health Insurance Schemes
 - Employee State Insurance
 - Central Public Health Scheme

2) Private Sector:

- Corporate Hospitals, polyclinics, nursing homes, and dispensaries
- General practitioners and clinics

3) Indigenous System of Medicine:

- Ayurveda and Siddha
- Unani Tibbi
- Homeopathy
- Unregistered practitioners

4) Voluntary Health agencies

5) National Health programs¹¹

IMPORTANCE OF THE STUDY

India's health care sector has made impressive strides in the recent years and the expectations of the people have risen greatly. The services have also increased and the patients expect qualitatively better and timely services from the hospital. There is a growing need for quality hospital services to satisfy the patients. Hence, the evaluation of patient perception has become a need of the time. This helps the marketers in bringing out adequacies and inadequacies in a hospital and paves ways for innovative efforts. Besides understanding and satisfying inefficiently satisfied needs marketers also strive to identify the unfelt needs of the patients, make the patient aware of the need and satisfies the need more efficiently than the competitors. Competitive quality creates satisfied patients²³. The dissatisfied patients stop using the services and will lead to unfavorable publicity regarding the quality of the services offered. This affects the growth and market share of the hospitals. Competitive service with better quality attracts dissatisfied and lost customers. Quality service is appreciated worldwide and developing economy like India is no exception to it. Service quality is important to establish and sustain satisfying relationships with customers. It is important indicator of patients satisfaction.¹²

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. To maintain and improve the quality of health care services, besides relying on clinical and economic criteria, administrators should utilize the feedback through patients perceptions of care surveys Adopting the marketing concept to health care requires the providers to be consumer oriented and concern

themselves with the satisfaction of their patients. As hospitals and other health care providers begin to implement better and sophisticated patient surveys, they will understand the strengths, and weaknesses of their organizations from the patients point of view.¹³ A better understanding of how consumers evaluate the quality of health care will help administrators and service providers, in determining and improving the weaker aspects of their health care delivery system. With continuous monitoring of patient perceptions and improvements based on patient feedback, quality of care and patient satisfaction will improve. The present study has made an attempt to evaluate the service quality in Private and Government Hospitals as per the view of the patients.

OBJECTIVES OF THE STUDY

The following are the objectives of the study.

1. To Measure service quality level at Public and Private Hospitals
2. To find out patients satisfaction level towards the Public and Private Hospitals
3. To suggest the measures to improve service quality in public and Privet Hospitals

RESEARCH METHODOLOGY

The Patient is the focal point in the hospitals, and his response depends on the satisfaction derived by his family members from the hospital administration and services. It gives confidence to the patient in facing the diseases. In the changing environment, it is difficult to determine the real feelings of a patient. It is the responsibility of the administration to keep the patient and his attendants in a satisfied state. In order to study the satisfaction of patient and his attendants about the service provided by the Govt. and Private hospitals in Karnataka State, the primary data were collected from patients by using Interview schedule.

Therefore totally 660 respondents were selected. As majority of the respondents were not highly educated, the questionnaire was mostly filled by the researcher. In some cases, where the respondents were highly literate, they filled the questionnaire themselves. If the respondents were unable to fill the questionnaire their attendants helped to fill it. In this study, disproportionate stratified sampling was administrated. In order to assess and evaluate the quality of service provided to the patients, the following dimensions were taken for evaluating service quality of health care and satisfaction level of patients towards the healthcare services in the present study. The important dimensions are responsiveness, competence, reliability, empathy, courtesy, access, communication, security and physical environment.

Area of the Study

The present study is conducted in the Karnataka State. Study area covered Gulbarga, Ballari, Begaun, Dharwad, Mangalore, Bangalore and Mysore District of Karnataka of Karnataka State.

Sample Size

For the present study 660 patients were selected as samples interview schedule was used to collect the data.

Source of the data

The researcher has collected the data from both primary and secondary sources.

Primary Data

Primary data was collected through the personal interview. Thousand (1000) men and women were interviewed. Most of them were employed with unorganized sector with irregular income. The respondents were chosen at randomly. The questionnaire, included questions about personal and family characteristics of the respondents and their expenditure pattern and utilization of health services provided by the public and private sectors. After collection of the 1000 respondents information only 660 respondents are given detailed information. 660 interview schedules filled by the respondents were taken for the study .

Secondary Data

The primary data has been supplemented by the secondary data. The secondary data are drawn, classified and studied from the government publications. Including the annual reports of Government wherever necessary reference was also made to different journals and books etc. Apart from this different addition of daily newspapers such as economic times, financial express, the Hindu, Indian Express,

Business Line, websites etc. were also used for the purpose of collection of information.

Pre Test and Pilot Study

A pre-test was conducted among 25 patients in the private and 25 patients in the Public hospitals at the district. Based on the feedback on the pre-test, certain modification, additions, deletions and

simplifications were made in the questionnaire. The final draft was used to collect the primary data.

FACTORWISE SERVICE QUALITY GAP IN HOSPITALS

The present part is devoted towards analyzing and comparing the item on the perceived and desired level of service quality dimensions and the resultant service quality gap by factors for both Hospitals.

Table 01

SERVICE QUALITY GAP IN HOSPITALS: BY FACTOR S

Dimensions	Description of Factor	Perceived Level Score CV(%)		Desired Level Score CV (%)		GAP Score CV (%)	
Tangibility	Cleanliness and Hygiene	5.63	19.73	6.50	17.35	-0.87	-50.90
	Modern Equipments	5.23	19.56	6.17	14.08	-0.94	-41.35
	Use of Modern Technology in Service	3.27	23.57	5.40	18.62	-2.13	-98.66
	Employees are neatly appearing	2.77	28.69	5.70	15.58	-2.93	-81.30
Reliability	Medical reports are accurate	4.97	26.19	6.33	17.90	-1.38	103.45
	Offers prompt service every time	6.07	22.35	6.50	19.54	-0.43	281.28
	Adequate information about my medical condition	5.90	23.73	6.30	21.04	-0.40	258.64
	Provides the services as promised	5.40	33.02	6.23	19.46	-0.83	229.28
	Employees respected my privacy	6.10	26.39	5.87	22.19	-0.23	271.59
	Inform exactly when services would be performed	4.77	34.88	5.43	26.27	-0.66	-96.82
Responsiveness	Administration staff were efficient	5.73	21.1	6.70	14.15	-0.97	-197.72
	Willing to help patients	5.77	25.75	5.90	24.52	-0.13	-271.70
	Reception answered my phone calls	4.60	34.43	4.47	31.09	0.13	257.70
Assurance	Experienced personnel on duty on weekends	3.63	42.65	5.20	22.96	-1.57	-300.45
	Employees are caring	5.67	18.31	5.33	19.23	0.34	436.91
	Employees are consistently courteous	4.03	37.34	4.70	28.65	-0.67	-169.28
	Use of proficient medical staff	4.60	23.87	4.97	18.41	-0.37	-814.83
Empathy	Individual attention	5.07	24.55	5.27	17.51	-0.20	-482.87
	Convenient hours	5.73	17.85	6.13	15.92	-0.40	-154.97
	Understanding towards my feelings of discomfort	5.07	25.22	6.17	15.36	-1.10	-153.67
	Staff are pleasant to deal with	5.73	18.87	6.33	18.71	-0.60	-159.59
	Obtain feedback from patients	5.87	20.02	2.00	65.36	-3.87	-218.39

Source: Field Study It shows in the Table 6.10, in the case of the perceived level of service quality on Tangibility dimension, while the factor on Cleanliness and hygiene constituted the highest perceived level of service quality with a value of 5.63, the lowest value could be seen in the case of the factor on employees are neatly appearing (2.77). However, in terms coefficient of variation, the order of individual factors have changed considerably with the factor on employees are neatly appearing (28.69 per cent) registering the highest variation. On the desired level of satisfaction also the factor on Cleanliness and hygiene (6.50) formed the highest score, while the factor on modern technology in service (5.40) recorded the lowest value. In terms of coefficient of variation, the highest dispersion was taken up by the factor on modern equipment (14.08 per cent).

The service quality gap worked out indicates that all dimensions have recorded a negative value implying that the patients desired level of service quality was higher than their perceived level. This means that the Hospitals could not provide services in tune with the expectations of the patients. A factor wise examination provides the finding that the highest gap was recorded by the factor on employees are neatly appearing (-2.93). In terms of the coefficient of variation, it was highest in the case of use of modern technology in service (-98.66).

As seen in Table 6.10, on the Reliability dimension, the factor on employees respected my privacy constituted the highest perceived level of service quality with a value of 6.10 and the lowest was recorded in the case of the factor on medical reports are accurate (4.97). In terms coefficient of variation, the factor on provides the service as promised (33.02 percent) registered the highest. A close perusal of the data on the desired level of service quality would indicate that the factor on the offers prompt service every time occupied the highest mean score of 6.50, while employees respected my privacy (5.87) took up the lowest. The highest coefficient of variation could be seen in the case of the factor on employees respected my privacy (22.19). A study on the data on service quality gap shows that all the factors have recorded a negative value implying that the patients desired level of service quality is higher than the perceived level. It was highest on the

factor on medical reports are accurate (-1.38). In terms of the coefficient of variation, the individual dimension on offers prompt service every time (-281.28 per cent) took up the highest dispersion.

On the Responsiveness dimension, as given in the table, among the factors on perceived level, the factor on employees are always willing to help (5.77) constituted the highest score. In terms of coefficient of variation, the factor on inform exactly when services will be provided (34.88 per cent) has recorded the highest variation. A close look at the value on the desired level of service quality indicates that the factor on administration staff were efficient (6.70) has taken up the highest score. The calculated coefficient of variation on the dimension on Responsiveness indicates that the factor on reception answered my phone calls (31.09 per cent) constituted the highest variation. A study on the service quality gap showed that the factor on employees give prompt services (-0.97) formed the highest gap. In terms of coefficient of variation, the factor on employees willing to help their patients always (-271.70 per cent) constituted the highest variation.

A close perusal of the data on the dimension on Assurance indicates that the factor on employees are caring (5.67) recorded the highest score, while in terms of coefficient of variation, the lowest variation is recorded by the dimension on Employees are caring (18.31 per cent). On the desired level of service quality, the factor on Employees are caring (5.33) has registered the highest score. In terms of coefficient of variation, the factor on use of proficient medical staff in answering the questions of the patients constituted the least variance with 18.41 per cent.

An analysis of the service quality gap provides the inference that the gap is positive in the case of the factor on employees are caring (0.34) indicating the better services provided by the Government Hospitals in terms of this indicator. All other factors have showed a negative score. Among them, the factor on experienced personnel on duty on weekends (-1.57) formed the highest service quality gap. In terms of the coefficient of variation, the lowest value is being taken up by the factor on employees are consistently courteous (-169.28 per cent).

It shows in the table, on the dimension on Empathy, the factor on obtain feedback from patients (5.87) scored the highest average. In terms of coefficient of variation, the lowest variation was recorded in the case of the factor on "convenient hours" (17.85 per cent) while the factor on understanding towards my feelings of discomfort (25.22 per cent) recorded the highest variation. On the desired level of service quality, the factor on Staff are pleasant to deal with (6.33) constituted the highest score. The lowest coefficient of variation was recorded in the case of the factor on understanding towards my feelings of discomfort (-153.67 per cent).

Thus, this analysis provides the conclusion that almost all the factors on the five broad dimensions have shown a negative score indicating that the performance of Private Hospitals is better in service provision than the Government Hospitals. However, in terms of few factors namely, the factors on reception answered my phone calls on the Responsiveness dimension and the factor on employees are caring on the Assurance dimension have recorded positive values indicating the better performance of the Government Hospitals than the Private Hospitals. A look at these factors indicates that the employees of the Government Hospitals attempts to provide confidence to their patients on the safety of their services.

1. A percentage analysis on the average dimensions brings out the inference that the share of Reliability took 23.00 per cent, followed by Empathy with a share of 22.21 per cent. The share of Responsiveness constituted 20.64 per cent of the total, while the dimensions on Assurance secured a percentage share of 17.51. The study observed that the patients perceived levels of satisfaction are in the order of: Reliability, Empathy, Responsiveness Assurance and Tangibility. Thus based on the analysis, it can be suggested that in terms of other factors like, Tangibility, Responsiveness, Assurance, and Empathy the Hospitals have to develop.

2. From the study it is found that among the five broad dimensions of Government Hospitals, the service quality gap is found to be the highest in the case of Tangibility dimension with 39.67 per cent. The average level of service quality gap in Private Hospitals is identified as -3.91. A dimension wise analysis indicates that the gap is highest in the case of Tangibility with -2.14. The next highest order of the dimension is Responsiveness (-0.85), Reliability (-0.69) and Empathy (-0.36). The dimension on Assurance (0.13) recorded a positive value. In terms of percentage share, the order of various dimensions is: Tangibility (54.67 per cent), Responsiveness (21.67 per cent), Reliability (17.71 per cent) and Empathy (9.21 per cent). It can be concluded that in terms of service quality gap in Private Hospitals, the Tangibility dimension recorded the highest score.

SUGGESTIONS

1. The Private Hospitals in India are growing at a faster rate with the mind-set of multi-specialty Hospitals. They are offering better services and service quality to the patients on par with international standard. But the highly concerned area in these Hospitals is price fairness. The hospital management should take care of this aspect in their minds. They may establish one department to reconcile on the cost of services offered by the hospital and the minimum expected level of profit per annum. They may fix their service prices on that basis. Then only they can attain maximum profit through patients satisfaction.

2. The Private hospital managements are advised to focus on the creation of patients loyalty. Now-a-days, the patients loyalty is approaching to zero level because of some bitterness faced by the patients at Hospitals. Since the cost of allocating new patients is too high than the cost of retaining existing patients, the Private hospital managements should consider this matter seriously.

3. The Private Hospitals are rendering better service quality to their patients, there is service quality gap in all aspects related to important services. The Private hospital managements examine the service quality gap among their patients and make necessary steps to reduce the gap.

4. In the light of the after discussion, it can be concluded that the level of involvement of physicians and supportive staff in health care, atmospherics and operational functioning, are significant indicators of service quality and patient satisfaction and, should be well taken care of in the present patient survey. The services, as perceived by consumers, must be given the first priority in a health care system that

strives to excel. The status of health care services has remained the same as in the past and would continue to remain the same in future, unless and until the government takes strong steps to make health care units fully patient oriented. The effective health care system, in fact, demands restructuring of the health care system that will automatically take care of the dimensions responsible for the low degree of satisfaction.

5. The mechanistic attitude of the staff is the major factor responsible for the low degree of satisfaction. The staff should be impartial, friendly, sympathetic and courteous to patients under all circumstances. To make this happen, the staff should be given some training, either separately or along with their technical training to deal with patients in such a way that the health care needs of patients are met humanely.

6. It is suggested that some orientation courses on human psychology be given to them. Moreover, a separate subject relating to human psychology should be introduced in their course of study. Continuous and ongoing training programmes for all medical staff should be arranged from time to time. The employees should be encouraged to go outside to attend these workshops and training courses to know about the latest development in their fields. These programmes are found to be very helpful for raising the degree of service quality.

CONCLUSION:

From the analysis it can be concluded that in terms of service quality gap, the Government Hospitals were found to be in a favourable position with a lower gap recorded in the case of the majority of the factors under Tangibility and Responsiveness dimension, while in terms of Reliability, Assurance and Empathy dimension, for majority of factors, the Private Hospitals were in favorable situation.

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