ORIGINAL RESEARCH PAPER

Management

A STUDY OF SERVICE QUALITY IN HOSPITALS (A SPECIAL REFERENCE TO GOVERNMENT AND PRIVATE HOSPITALS IN KALABURAGI DISTRICT)

KEY WORDS: Service, Helth, Public, Private, quality.

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ABSTRACT

Now-a-days almost all service organizations are undertaking reforms to enhance and improve the quality of service they provide. As the irrefutable cause of success of any service providing firm is closely intervened with the quality of service publicized and rendered by them. If the quality of service is skillfully looked after and consistently maintained in an inimitable way then such service organization can gradually conglomerate other service with it, expanding its wings and wealth. An important aspect of service industry is to make their customers satisfied. To meet this need of the hour, the significance of adding service quality practices has become the call of the hour.

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. Liberalisation, Privatisation and Globalisation also have brought unprecedented changes in the Indian healthcare industry.

STATEMENT OF THE PROBLEM

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 prefer 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 standards. 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. The service quality at public hospital is declining where as the service quality in private hospital is increasing. But the problem is whether these are at the expected level of the patients or not. It was felt that the services of public sector hospitals have not given any regard for the quality of services. Therefore, the present study has made an attempt to evaluate the service quality in private and public hospitals as per the expectations and perceptions of the patients. 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. All above factors are promoted to researcher to chosen of this topic entitled "**A Comparative Study of Service Quality in Public and Private Hospitals in Gulbarga District".**

OBJECTIVE OF THE STUDY

1. To Measure service quality level at Government and Private hospitals

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

Collection of primary data is done through the personal interview.

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 additions 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 carried out. The final draft was used to collect the primary data.

Tools and Techniques

The data collected were suitably classified and analyzed keeping in view the objectives of the study. For the purpose of analysis, Confirmatory Factor Analysis were used.

FACTOR WISE 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 No.01 SERVICE QUALITY GAP IN HOSPITALS: BY FACTORS

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 above table , 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 sample Hopitals 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 TableNo.01, 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).

Conclusion:

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.

REFERENCE:

1. Shankar Rao. M, Health and Hospital Administration in India, New Delhi, Deep & Deep, 1982.
2. Srinivasan,(ed), Managing a Modern Hospital, New Delhi, Deep and Deep, 2008.
3. Syed Ameen Tabish, Hospital and Health Services Administration- Principles and Practice, New Delhi, Oxford, 1998.
4. Hwang, L., Eves, A. and Desombre, T.,"Gap Analysis of Patient Meal Service Perceptions", International Journal of Health Care Quality Assurance, 16 (9), 2003.
5. K.Vaidyanathan, "ESI Scheme a Waste, Fear Junior Executives", The Indian Express, Vol.128, p.8, October 13, 2009.