

# INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, IT & MANAGEMENT

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## QUALITY OF MEDICAL SERVICES: A COMPARATIVE STUDY OF PRIVATE AND GOVERNMENT HOSPITALS IN SANGLI DISTRICT

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### ABSTRACT

*This article attempts to discover the service quality offered in public and private hospitals in Sangli district of Maharashtra. In today's competitive environment, hospitals are achieving a phenomenal growth especially in India. The effect of service quality on hospitals has been examined by SERVQUAL Scale framework. Intangible aspects of service performance have a stronger direct effect on service quality of hospitals than tangible aspects. The hospital administration members should improve the intangible aspects according to the up to date technological requirements of the users in order to create a good image and service rendered by the hospitals among the patients. An analysis covering 246 patients revealed that there was an overall service quality gap between patients' expectations and perceptions, as they were dissatisfied with the level of healthcare services rendered in public and private hospitals. Thus, improvements are required across all the five dimensions, namely, tangibility, reliability, responsiveness, assurance and empathy. In view of this widespread belief, an attempt has been made in the present paper to study the service quality of hospitals in Sangli district (Maharashtra) with a view to offer suggestions to make overall service quality in private and public hospitals more effective and efficient.*

### KEYWORDS

medical services, private hospitals, government hospitals.

### 1. INTRODUCTION

The fundamental needs of an individual are food, water, shelter, clothing and air. In addition to this, health is also the most basic and primary need of an individual. It makes the nation progress in socio-economic, scientific, literary and culture sphere. Health is input and output also. It is linked with development. An adequate and equitable health care system stimulates the development through improving human productivity. Investment in health is an investment in human capital. A healthy individual is an asset to a community while a sick person is liability.

Physical and mental status of human resources are centre of all activities and also very much important to improve the quality of human life. The Government has realized that the diseases which affect human progress and ultimately nation hence, govt. of all over world to counteract the diseases and preserve and protect the human race from all possible hazards of health. The health standard of rural India is unsatisfactory, which require the establishment of multiple referral hospitals throughout the country. Though the number of PHCs, Rural Hospitals, and Civil Hospitals has been established, they do not render any proper account as they incur sizeable expenditure.

India is the second fastest growing major economy in the world, with a GDP average growth rate of 8.5%. The Indian healthcare industry is seen to be growing at a rapid pace and is expected to become a US\$280 billion industry by 2020.

#### 1.1 SIGNIFICANCE OF THE STUDY

It is increasingly being recognized that good health is an important contributor to productivity and economic growth. Good health and its natural corollary-defense against illness are fundamental of human beings. Health promoting aspects like education, housing, sanitation, environment, pollution, nutrition, and social security measures. Expenditure on these factor lead to reduce mortality and enhance time availability for earning income.

Problem of rural health is to be addressed both at macro (national and state) and micro (district and regional) levels. This is to be done in an holistic way, with a genuine effort to bring the poorest of the population to the centre of the fiscal policies. A paradigm shift from the current 'biomedical model' to a 'socio-cultural model', which should bridge the gaps and improve quality of rural life, is the current need. A revised National Health Policy addressing the prevailing inequalities, and working towards promoting a long-term perspective plan, mainly for rural health is very important.

#### 1.2 STATEMENT OF PROBLEMS

The problem of social health which is purely depend on five main factors, these factors may be lacking in the selected region

1. Accessibility,
2. Affordability,
3. Quality,
4. Availability,
5. Utilization of health services.

#### PRIVATE HOSPITALS Vs PUBLIC HOSPITALS

There is a much difference between private and public hospital on account of its quality of services and charges. Private hospitals are quietly business oriented; private hospitals deliver quality services but these are unaffordable to majority of populations. they are functioning for profit not for charitable. Whereas Govt. hospitals have no adequate medical resources and staff. Hence medical services are beyond the majority populations.

**TABLE 1: FIVE BROAD DIMENSIONS OF SERVICE QUALITY**

Dimension	Definition
Tangibles	Appearance of physical facilities, equipment, personnel and written materials
Reliability	Ability to perform the promised service dependably and accurately
Responsiveness	Willingness to help customers and provide prompt service
Assurance	Employees' knowledge and courtesy and their ability to inspire trust and confidence
Empathy	Caring, easy access, good /communication, customer understanding and individualized attention given to cutomers

Source: Adapted from Zeithaml et al. (1990)

### 2. OBJECTIVES OF THE STUDY

In view of the introductory remark, the research topic and the description of the study area, the study put following objectives.

1. To study the Quality in delivery of medical services in Government and Private hospitals in study area
2. To suggest remedial measure for enhancing the Accessibility of medical services

**3. HYPOTHESIS**

Following will be hypothesis of the study.

The Quality of selected Medical services rendered in Government hospitals is poor and insufficient as compared with Private Hospitals.

**4. RESEARCH METHODOLOGY**

**Research Design:** The research design is descriptive research design.

**Data collection:** Primary data was collected through a structured questionnaire.

**Sample design:** Convenient Sampling

**Sample size:** 246 Patients from 10 hospitals from Sangli district (Maharashtra).

(Note: For this paper the data are collected from the inpatients who stayed in the Hospital more than 3 days which can help the patients to understand about overall nature of the service provided by the hospital

The data was collected through questionnaire consisting of 3 parts. There were 36 statements measuring the expected service quality from excellent hospitals. In Part II, the same items were measuring the service quality perceptions of public/private hospitals in Sangli district (Maharashtra). All of the statements were measured on a five point "Agree-Disagree" Likert scale

**4.1 SAMPLING DESIGN**

TABLE 2

Sr. No.	Ownership of Hospitals	No. of Hospitals in Sample	No. of Doctors in Sample	No. of Patients in Sample
1	Public Sector	5	5	123
2	Private Sector	5	5	123
Total		10	10	246

**4.2 CHARACTERISTICS OF SAMPLE**

The following table shows the demographic profile of surveyed respondents.

TABLE 3: CHARACTERISTICS OF SAMPLE

Variable	Category	Frequency
Age	18-23	46
	24-29	63
	30-35	49
	35-40	41
	40+	47
	Total	246
Monthly Income	10,000-20,000	58
	20,001-30,000	73
	30,001-40,000	41
	40,000+	74
	Total	246
Occupation	Student	33
	Professional	109
	Businessman	27
	Housewife	17
	Govt. employee	32
	Others	28
	Total	246
Education Level	Undergraduate	8
	Graduate	78
	Postgraduate	160
	Total	246
Gender	Male	183
	Female	63
	Total	246

The researchers have used following mentioned 36 structured and paired questions to measure E and P for service quality of Hospitals

**A ) TANGIBLE / PHYSICAL ASPECTS**

1. It is convenient to reach to this Hospital.
2. The waiting rooms, clinical and diagnostic test rooms, pre-operative and post-operative (or patient/resident ward) rooms, intensive care units, wards, bathrooms and toilets were adequate, comfortable and clean.
3. The beds, pillows and mattresses were comfortable and clean.
4. The wards are well furnished, decorated, well ventilated and clean all the time.
5. Employees of excellent hospitals will have neat appearing.
6. This hospital has visually appealing Materials associated with the service (promotional brochures, service tracking documents, invoices etc).
7. Wards, beds, operation theatres, intensive/post-operative care units and resident rooms are adequately available for patients in this hospital.
8. Ambulance services are made available to patients with minimal costs in this hospital.
9. Diagnostic facilities like CT scans, MRI scans, X-rays and ultrasound; telemedicine, patient information and billing, operation theatres, labs, etc. are adequately and effectively available.
10. The waiting rooms, clinical and diagnostic test rooms, pre-operative and post-operative (or patient/resident ward) rooms, intensive care units, wards, bathrooms and toilets were adequate, comfortable and clean.
11. Amenities such as continuous electricity and water supply, housekeeping and sanitation facilities, comfortable conditions such as temperature, ventilation, noise and odour are available.
12. Availability of required drugs in the pharmacy
13. Availability of the desired blood group in the blood bank in the hospital.
14. The meals are offers food which is suitable to the patients
15. The ergonomics (layout) of this hospital is conducive for physically challenged, elderly & emergency patients.
16. This hospital provides for proper safety and comfort measures (e.g: handrails in aisles, rooms and bathrooms, ramps suitably designed for wheelchairs and stretchers, elevators and spacious corridors).



**B) RELIABILITY**

- 17. This hospital will insist on error free records.
- 18. This hospital performs the service right the first time.
- 19. Patients feel safe in getting treated by the doctors of this hospital.
- 20. This hospital provides all the required information and instructions regarding admission, treatment, and discharge clearly to patients and attendants.
- 21. The patient's attendants are kept informed about the patient's condition.
- 22. The allergy or reaction to drugs is taken care of in this hospital.
- 23. Employees of this hospital tell patients exactly when services will be performed.
- 24. Patients feel safe in getting treated by the doctors of this hospital

**C) RESPONSIVENESS**

- 25. Employees in this hospital are never too busy to respond to customer's requests.
- 26. When patient has a problem, this hospital will show a sincere interest in solving them.

**D) EMPATHY**

- 27. Employees in this hospital are curious to know & solve my problems.
- 28. Employees in this hospital are not rude in conveying the rules of the hospital (i.e. asking attendants of patients to maintain peace).
- 29. Employees in this hospital understand my requirement and gives individualised attention.
- 30. This hospital has their patient's best interests at heart.
- 31. This hospital gives patients individual attention.
- 32. Employees of this hospital have knowledge to answer patients' questions.
- 33. Medical staff of this hospital is consistently courteous with people.

**E) ASSURANCE**

- 34. The hospital provides for significant loyalty rewards through membership cards.
- 35. This hospital has consulting hours convenient to all their patients.
- 36. Over all, I am satisfied with the service quality of this hospital.

**5. DATA ANALYSIS AND INTERPRETATION**

**TABLE-4 STATEMENT WISE MEAN SCORE OF PERCEPTION AND EXPECTATION OF PUBLIC AND PRIVATE HOSPITALS**

Dimensions	Expectations	Public Hospital Perception	Public Hospital Gap	Private Hospital Perception	Private Hospital Gap
PA1	4.68	2.77	1.91	4.58	-0.84
PA2	4.75	2.34	2.41	4.37	-1.00
PA3	4.70	2.63	2.07	3.97	-0.59
PA4	4.44	2.87	1.57	3.01	1.43
PA5	4.24	2.53	1.71	3.29	0.95
PA6	4.43	2.58	1.85	2.43	0.74
PA7	4.42	1.89	2.53	1.72	2.7
PA8	4.64	2.10	2.54	2.24	2.4
PA9	3.98	1.91	2.07	1.87	2.11
PA10	4.32	1.74	2.58	1.82	2.5
PA11	4.44	2.45	1.99	2.55	-0.33
PA12	4.54	2.76	1.78	2.35	0.97
PA13	4.65	2.59	2.06	2.56	0.20
PA14	4.32	2.22	2.10	2.33	1.26
PA15	3.82	2.98	0.84	4.22	-0.4
PA16	3.71	2.64	1.07	3.89	-0.18
<b>AVG.</b>	<b>4.38</b>	<b>2.44</b>	<b>1.94</b>	<b>2.95</b>	<b>1.43</b>
R17	3.82	2.98	0.84	4.01	0.19
R18	3.84	2.63	1.21	4.53	0.28
R19	4.95	1.98	2.97	2.12	2.83
R20	4.77	2.03	2.74	1.34	3.41
R21	4.63	1.32	3.31	1.63	3.06
R22	4.82	1.48	3.34	1.39	3.47
R23	4.86	2.42	2.44	1.37	3.54
R24	4.15	3.13	1.02	3.27	0.88
<b>AVG.</b>	<b>4.48</b>	<b>2.25</b>	<b>2.23</b>	<b>2.45</b>	<b>2.03</b>
Res25	4.24	3.43	0.81	3.44	0.8
Res26	4.11	2.20	1.91	3.42	0.69
<b>AVG.</b>	<b>4.17</b>	<b>2.81</b>	<b>1.36</b>	<b>3.43</b>	<b>0.74</b>
E27	3.89	3.46	0.43	3.22	0.49
E28	3.33	3.21	0.12	3.14	0.24
E29	3.56	3.48	0.08	3.29	0.23
E30	4.39	1.22	3.17	4.04	0.03
E31	4.05	2.52	1.53	2.98	1.51
E32	4.61	1.62	2.99	4.79	0.19
E33	4.03	2.43	1.60	2.98	0.05
<b>AVG.</b>	<b>3.98</b>	<b>2.56</b>	<b>1.42</b>	<b>3.49</b>	<b>0.49</b>
Assurance 34	4.45	2.28	2.17	4.13	-0.79
Assurance 35	4.98	4.69	0.29	4.53	0.12
Assurance 36	4.98	3.90	1.08	4.71	0.27
<b>AVG.</b>	<b>4.80</b>	<b>3.62</b>	<b>1.18</b>	<b>4.79</b>	<b>-0.01</b>

TABLE-5: DIMENSIONS WISE SCORE OF PERCEPTION AND EXPECTATION OF PUBLIC AND PRIVATE HOSPITALS

Dimensions	Expectation	Public Hospitals Perception	Public Gaps	Private Hospitals Perception	Privatehospitals Gap
Tangibles	4.38	2.44	1.94	2.95	1.43
Reliability	4.48	2.25	2.23	2.45	2.03
Responsiveness	4.17	2.81	1.36	3.43	0.74
Empathy	3.98	2.56	1.42	3.49	0.49
Assurance	4.80	3.62	1.18	4.79	0.01

TABLE-6 -GAPS OF THE STUDY (DIMENSIONS WISE COMPARATIVE ANALYSIS OF PUBLIC AND PRIVATE HOSPITALS)

Dimensions	Public hospital Gaps	Private hospitals Gap	Best Performer
Tangibles	1.94	1.43	Private Hospital
Reliability	2.23	2.03	Private Hospital
Responsiveness	1.36	0.74	Private Hospital
Assurance	1.18	0.01	Private Hospital
Empathy	1.42	0.49	Private Hospital

## 6. FINDINGS

It found that, the overall quality of healthcare services is perceived to be higher in private hospitals than in community health centres. Inadequate availability of doctors and medical equipments, poor clinical examination, and poor quality of drugs were the important drawbacks reported at public hospitals.

A gap between expectation and perception means that the perceived services that had been delivered were not sufficient enough to meet the expectations of the respondents, thus both private and public hospitals have to take some corrective actions to close these gaps in order to give higher quality based service to their patients.

The **Tangibility** dimension measures Appearance of physical facilities, equipment, personnel and written materials. When compared, the gaps between these hospitals public hospitals have gap of 1.94 and private hospitals have gap of 1.43. The gaps in the public hospitals are in a worse position than private hospitals.

The **Reliability** dimension measures ability to perform promised service dependably and accurately. When compared, the gaps between these hospitals public hospitals have gap of 2.23 and private hospitals have gap of 2.03. The gaps in the public hospitals are in a worse position than private hospitals

On the **Assurance** dimension, the perception gap of public hospitals is 1.18 and private hospital's 0.01. Assurance is the knowledge and courtesy of employees and their ability to convey trust and confidence.

**Responsiveness** is another dimension that has a gap difference between the private and public hospitals. Public Hospitals have the gap score of 1.36 and private hospitals have the gap score of 0.74. Responsiveness measures willingness to help patients to provide prompt service

The last dimension is **empathy**. This dimension is the provision of caring, individualized attention to customers. There is a gap difference between the private and public hospitals in this dimension as well. Especially public hospitals have the highest gap between the other dimensions with this dimension.

## 7. RECCOMENDATIONS

1. Government should fill the shortfall of specialists comprising surgeon, physician, gynecologists, and pediatrician in public hospitals
2. Government should open generic medicine store at every tahasil place, which would help the patients to purchase drugs at affordable prices.
3. Private and public hospitals should arrange training and development programmes to their employees to bridge the gap in responsiveness, assurance and Empathy.
4. Every hospital should keep box for getting feedback from patients regarding their overall experience, which would help the hospitals for continuous improvement in their workings.

## 8. CONCLUSION

The results of the analysis conducted indicate that public hospitals have rather bigger gaps when compared to private hospitals. The public hospitals' gap values were found as follows:

Tangibles, 1.94, Reliability, 2.23; responsiveness, 1.36; Assurance, 1.18, and Empathy, 1.42.

The study is limited to certain areas of Maharashtra Sangli district. Therefore, it is suggested that similar studies be carried out in other rural and urban regions of the country and include the private healthcare service providers as well. Further, researches could be conducted on price-quality relationship.

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