

**Measuring Health Care Service Quality: A Comparison Of Public And Private Hospitals****¹Hemant Kumar Shrotriya, ²Dr. George Thomas**¹Gurkul College Gwalior M.P. India²School of Studies in Management, Jiwaji University, Gwalior M.P. IndiaEmail- shrotriyahemant845@gmail.com**Abstract**

Healthcare organizations operating in the public sector are experiencing increasingly low trust on the part of the patients in terms of the service quality of care provided. Today people hoping to receive high service quality tend to prefer private hospitals. Thus, National Health System Hospitals are undergoing pressure from governments and the general public to improve their quality and compete effectively. Quality has a strong and positive impact on the patient satisfaction and patient trust. The purpose of this paper is fourfold. First To assess various aspects of services provided by both public sector and private sector hospitals,. Second, to assess patients' perceptions and expectations related to the quality provided by public hospitals. Third, to investigate that 'how to fulfill the gap between closely patients' perceptions and expectations of service quality. Fourth, to determine the relative importance of quality dimensions in influencing patients' overall quality perceptions. Findings are important both for public and private hospital managers and for policy makers.

Key words: Health care, service quality, SERVQUAL, hospitals, patients satisfaction

1- INTRODUCTION

Nowadays, as people need to live without any illness, quality healthcare is crucial to any health system anywhere in the world. Many researchers have suggested that the quality health care service is ability to meet the patients requirement' all characteristics of the service related to its ability to satisfy the given needs of its customers. Service quality and patients' satisfaction are closely related. Service is an attitude formed by a long term overall evaluation of a hospital's performance. A survey of opinion of patients' regarding the healthcare service provided by hospitals is one of the main tools to measure the quality of service. The patients' satisfaction is an integral part of hospital management across the world. It has been accepted that the effectiveness of healthcare depends on the patients'

satisfaction with the services provided by the hospitals. Supporting this view, many studies have been conducted and concluded that satisfied patients would only follow the advice given by the doctors, follow the information provided by the doctors and would continue using the services provided by the hospitals. Therefore, this study is focused on the examination of patient's perceptions that significantly influence the overall satisfaction with healthcare organisation.

Thus the purpose of the study is to develop a conceptual framework for measuring hospital service quality, expending the existing models and literature on healthcare services to benefit academicians, practitioners and researchers to enhance the understanding of patient perceived hospital service quality addressing this gap in

literature as there are a few reliable and valid instruments available; and many service providers are implementing measures that are not aligned to the complexities of the health care setting. Consequently understanding of service quality assists practitioners to meet the requirements in their daily operations. The purpose of this study why service quality is essential in hospital sector and focused on comparative study between public and private hospital. In a new competitive scenario, service quality has become an important competitive tool.

2- LITERATURE REVIEW

World Health Organization (2009) in its study on increasing access to health workers in remote and rural health areas found that there is more a problem of geographical mal distribution rather than a lack of physicians. The movements of health workers in general, such as turnover rates, absenteeism, unemployment or dual employment has a correlation between the factors influencing the choices and decisions of health workers to practice in remote and rural areas and the categories of interventions that could respond to those factors. The deepest concerns of health workers when it comes to practicing in remote and rural areas are those related to the socio-economic environment, such as working and living conditions, access to education for children, availability of employment for spouses, insecurity, and work overload Duggal R.(1994) in his study on the utilization of health care in India, revealed that India has a plurality of health care systems as well as different systems of medicine. The government and local administrations provide public health care in hospitals and clinics. Public health care in rural areas is concentrated on prevention and promotion services to the detriment of curative services. The rural primary health centers are woefully underutilized because they fail

to provide their clients with the desired amount of attention and medication and because they have inconvenient locations and long waiting times. Public hospitals provide 60% of all hospitalizations, while the private sector provides 75% of all routine care. The private sector is composed of an equal number of qualified doctors and unqualified practitioners, with a greater ratio of unqualified to qualified existing in less developed states. In rural areas, qualified doctors are clustered in areas where government services are available. With a population barely able to meet its nutritional needs, India needs universalization of health care provision to assure equity in health care access and availability instead of a large number of doctors who are profiting from the sicknesses of the poor.

Grönroos (1990:97), furthermore, expands on service quality by distinguishing between functional and technical quality. Technical quality in health care is the accuracy of diagnosis and procedures and functional quality refers to the manner of delivery of health care. Sohail (2003:198) is of the opinion that service quality is primarily shaped by functional quality, because patients often find it difficult to assess the technical quality.

Work done by Parasuraman, Zeithaml and Berry (Leonard L) between (1985) and (1988) provides the basis for the measurement of customer satisfaction with a service by using the gap between the customer's expectation of performance and their perceived experience of performance. This provides the measurer with a satisfaction "gap" which is objective and quantitative in nature. Work done by Cronin and Taylor propose the "confirmation/disconfirmation" theory of combining the "gap" described by Parasuraman, Zeithaml and Berry as two different measures (perception and expectation of performance) into a single

measurement of performance according to expectation *Oliver (1997)* noted that satisfaction is a general psychological state which is about the expectation for emotions and experience from shopping behaviour. In the service environment, customer satisfaction has been seen as a special form of customer attitude. It is a phenomenon of post-purchase reflection on how much the customer likes or dislikes the service after experiencing it *Boshoff and Gray (2004:33)* investigated the relationship between service quality, customer satisfaction and loyalty (as measured by purchasing intentions) among patients in the private health care industry in South Africa. The study revealed that the service quality dimensions of nursing staff empathy, assurance and tangibles, impact positively on patients' loyalty. Satisfaction with the cleanliness of the hospital and the ward, neatness of the buildings, décor in the wards and appearance of the nursing staff will impact on loyalty. In this study, the importance of the cleanliness of the hospital was confirmed.

Parasuraman et al.(1988) identified five dimensions of service quality (Viz. reliability, responsiveness, assurance, empathy, and tangibles) in hospital and banking that link specific service characteristics to consumers expectations

- (a) Tangibles-physical facilities, equipment and appearance of personnel;
- (b) Empathy- caring, individualized attention;
- (c) Assurance- knowledge and courtesy of employees and their ability to convey trust and confidence;
- (d) Reliability- ability to perform the promised service dependably and accurately; and
- (e) Responsiveness- willingness to help customers and provide prompt service

Chen and others (2004) report on human resources for health, sounding the alarm for countries with (supposedly) less than 2.5

health workers per 1000 population. Besides the arbitrariness of the particular number chosen, as economists we worry about whether such "ratio policies" can be used to determine optimal policy in a meaningful manner; after all, there is no market in the economy where we prejudge what the right ratio of sellers to buyers should be. But simply looking at some data makes the point that there are "too few" providers a little hard to maintain.

Bjorkman and Svennson (2009) evaluate the impact of a community empowerment intervention in Uganda. The intervention bundled community meetings and "contracts" with local public providers with information on these providers. There was no attempt to either increase the training of providers or the availability of equipment for health clinics. As the authors note: "In the experiment we consider, on the contrary, no new health interventions were introduced and the supply of health inputs was unchanged. Instead we focus on incentivizing health workers to carry out their tasks through strengthened local accountability

3- RECOMMENDATIONS FOR FUTURE STUDIES

There are three important recommendations for future research. First, the SERVQUAL scale should be tested on other industries and in different parts of the world. Second, both for public and private hospitals further investigation should be made to find out the underlying

causes of the gaps identified within the organizations and suggest solutions to managers to close the gaps and provide high quality service to their customers. Finally, more comprehensive suggestions can be made if price and behavioural intentions are included in the future studies.

4- CONCLUSION

This study will provide information on service quality improvements in hospital

industry. Hence, different hospitals private as well as public can go through this study. The study will seek the service quality gap between the public and private sector hospitals and the factors that affect the decision making process of any customer. The study show that service quality to be a vital determinant of patient satisfaction and patient trust, as patients' perception of their healthcare provider competence is likely to influence patients' confidence in healthcare service providers' reliability and expertise. Study indicated that all five dimensions of healthcare quality were significant in explaining patient satisfaction. Tangibles, reliability, responsiveness, empathy and assurance in the hospital environment. Therefore, healthcare quality can improve patient satisfaction and patient trust in healthcare related service provider. According to this research paper we suggest, that greater gains in patient satisfaction can be realized by attending to tangibles, reliability, responsiveness, empathy and assurance in the hospital environment.

5- BIBLIOGRAPHY

[1] Bjorkman, Martina and Jakob Svensson. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*: 124(2): 735-769.

[2] Boshoff C & Gray B. (2004). The relationship between service quality, customer satisfaction and buying intentions in the private hospital industry. *South African Journal of Business Management*, 35(4):27-37

[3] Chen Lincoln, Timothy Evans, Sudhir Anand, Jolvey Boufford, Hilary Brown, Mushtaque Chowdhury, Marcos Cueto, Lola Dare, Gilles Dussault, Gijs Elzinga, Elizabeth Fee, Demissie Habte, Piya Hanvoravongchai, Marian Jacobs, Christoph Kurowski, Sarah Michael, Ariel Pablos-Mendez, Nelson Sewankambo, Giorgio

Solimano, Barbara Stilwell, Alex de Waal and Suwit Wibulpolprasert. 2004. "Human Resources for Health: Overcoming the Crisis." *Lancet* 364: 1984-90.

[4] Duggal R, Health care utilization in India, *Health for the Millions*, 1994; 2(1): 10-2.

[5] Grönroos C. (1990). *Service Management and Marketing*. Massachusetts: Lexington Books.

[6] Oliver, R.L. (1997). *Satisfaction – A Behavioural Perspective on the Consumer*. Irwin/McGraw-Hill, Boston, MA

[7] Parasuraman, A., Zeithaml, V.A and Berry, L (1988), "SERVQUAL: a Multiple Item Scale for Measuring Consumer Perceptions of Service", *Journal of Retailing*, Vol. 64 (1), pp.12-40. Report of the All India Rural Credit Review Committee, Government of India, 1969, pp 331 & 674.

[8] Parasuraman A., Zeithaml V., & Berry L. (1988). SERVQUAL: a multiple item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, Vol. 64, No. 1, pp. 12-40

[9] World Health Organisation (2009), *Increasing access to health workers in remote and rural areas through improved retention*, Background paper for the first meeting to develop evidence based recommendations to increase access to health workers Geneva, 2009.

[10] Zeithaml V.A., Parasuraman A. and Berry L.L. (1985). Problems and Strategies in Services Marketing. *Journal of Marketing*, Vol. 49, pp. 33- 46