



A study of Customer's perception and expectation about service quality in Hospitals: A Special Reference to Government and Private Hospitals In Kalaburagi District)

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ABSTARCT

The nation's prosperity and happiness lies in the health of its citizens. Good health is a fundamental human right, and each country is responsible for the provision of adequate health facilities for its population, since health and development are closely inter-twined and inseparable aspects of the government. Promotion of health is essential for national progress. Health contributes to a better quality of life and World peace. The health of a nation is not only an essential component to the nation's economic growth but also for internal stability. Assuring a minimal level of health care to the population is a critical constituent of the development process. Hospitals and health centers play a vital role in protection of health of the people. Good health delivery is always associated with better capability and leadership.

Key words: Service, Health, Public, Private, quality.

INTRODUCTION

The service sector plays an important role in modern economic development of a country. Healthcare is one of India's largest service sectors. The health care sector occupies a premiere position in ensuring sustainable over all socio-economic advancement in developing countries. The growth of hospital based services has been seen very obvious during the past decades in India. The up to date technological growth and advancement in equipment, subject knowledge of medical experts and other paramedical staff had led to an improvement in medical services. This has helped the patients to perceive the enhanced service quality of the hospitals with growing satisfaction.



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 charges 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 the adequacy (Satisfactoriness) of service quality of the sample 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.

PATIENTS DESIRED LEVEL OF SERVICE QUALITY IN HOSPITALS

In the present paragraph it is attempted to discuss the desired level of service quality of the patients of all sample Hospitals. It indicates the extent of patientsexpected level of service quality each of the five broad dimensions.

It shows in Table, 01, the average total scores of all dimensions of the desired level of service quality stood 28.87. Among the five broad dimensions the highest desired level of service was

found in the case of Reliability. The percentage score of this dimension constituted a value of 23.48. The order of other dimensions was: Empathy (22.16 percent), Tangibility (16.67), Responsiveness (21.06), and Assurance (16.63).

Table. 01

**PATIENTS DESIRED LEVEL OF SERVICE QUALITY IN ALL SAMPLE
GOVERNMENT AND PRIVATE HOSPITALS**

Dimensions	Total Sample Size	Total Score	Average Score	Percentage
Tangibility	660	3008	4.56	16.67
Reliability	660	4235	6.42	23.48
Responsiveness	660	3807	5.76	21.06
Assurance	660	4001	6.06	16.63
Empathy	660	4010	6.07	22.16
Total		19061	28.87	100.00

Source: Primary Data.

A comparison of the values provided in Table .1 on the perceived level of service quality with that of the desired level of service quality provided in Table 6.2 shows that in terms of values and orders, all the dimensions were found to be higher in the case of desired level than the perceived level (Table 6.1). This shows that though the Hospitals could provide services in the order of the expectations of their patients, the service provision in the Hospitals was lower than the patients expectations.

Thus, from the analysis, it can be concluded that in the case of the desired level of service quality, the dimension on Reliability formed the highest average score. Hence, it can be suggested that in terms of the dimensions like, Empathy, Tangibility, Responsiveness and Assurance, the Hospitals have to improve.

SERVICE QUALITY GAP IN HOSPITALS

In the table .2 analysis the service quality gap between the patients perceived and desired level of service quality in the Hospitals.

It would helps to understand to what extent the Hospitals have to fill the service quality gap between the perceived and desired level of service quality in the study area.

Table .2

SERVICE QUALITY GAP IN HOSPITALS

Dimensions	Total Sample Size	Total Score	Average Score	Percentage
Tangibility	660	1130	-1.71	48.89
Reliability	660	428	-0.65	18.65
Responsiveness	660	198	-0.56	15.97
Assurance	660	78	-0.12	3.39
Empathy	660	302	-0.46	13.11
Total		2308	-3.50	100.00

Source: Primary Data.

The Table 2, the shows total gap between the desired level and the perceived level of service quality stood at -3.50. An examination of the dimension wise service quality gap indicates that it is highest in the case of Tangibility with a negative score -1.71 followed by Reliability (-0.65), Responsiveness (-0.56 per cent), Empathy (-0.46 per cent) and Assurance (-0.12).

PATIENTS' PERCEIVED LEVEL OF SERVICE QUALITY IN GOVERNMENT HOSPITAL

In the present paragraph, it was attempted to discuss the patients perceived level of service quality measured for the Government Hospitals.

The above analysis provided an overall view on the order of overall dimension among the 660 sample. However, this did not provide any idea on the extent of discrimination in the service

quality provision between the Government and the Private Hospitals. This is because, it is believed that Private ownership provides the power of quick decision making and hence depending on patients need, sophisticated technology and services are introduced immediately which is lacking in the case of Government Hospitals. In the present study it is attempted to discuss whether this assumption is true. If this assumption is found to be true, this would have serious implication on the quality of service of the Government Hospitals.

Hence, it is pertinent to understand whether there exists a gap between the Private Hospitals and Government Hospitals in terms of various service quality dimensions. For this purpose, in the present and in the subsequent paragraphs it is attempted to discuss the patients perceived and desired levels of service quality and the gap between them.

Table .3

PATIENTS’ PERCEIVED LEVEL OF SERVICE QUALITY IN GOVERNMENT HOSPITALS

Dimensions	Total Sample Size	Total Score	Average Score	Percentage
Tangibility	300	1134	3.78	18.40
Reliability	300	1486	4.95	24.10
Responsiveness	300	1438	4.79	23.32
Assurance	300	1096	3.65	17.77
Empathy	300	1366	4.55	22.15
Total		6520	21.72	100.00

Source: Primary Data.

As seen in Table .3, the average score of all dimensions for the 300 patients of the Government Hospitals respondents constituted 21.72. A dimension wise analysis indicates that the services on Reliability dimension constituted the highest score with 4.95. The share of this dimension to total score stood at 24.10 per cent. The next highest dimension is being constituted by Responsiveness

with 4.79. The share of this dimension is 23.32 per cent. The other dimensions are in the order of: Empathy (4.55) with 22.15 per cent and Tangibility (3.78) with 18.40 per cent respectively.

A through analysis on the order of the perceived level of service quality dimensions of Government Hospitals indicates that Reliability dimension constituted the highest score. This means that the patients perceived that the services are provided quickly in Government Hospitals when compared to all other services. This conclusion is in conformity with the patients opinion on the overall respondents.

Thus, this analysis provides the suggestion that Government Hospitals have to concentrate more on the dimensions like, Assurance, Tangibility, Empathy, Responsiveness and Reliability in their order.

PATIENTS DESIRED LEVEL OF SERVICE QUALITY IN GOVERNMENT HOSPITALS

In the present study it is attempted to find out the patients desired level of service quality for the Government Hospitals.

Table .4PATIENTS’ DESIRED LEVEL OF SERVICE QUALITY IN GOVERNMENT HOSPITALS

Dimensions	Total Sample Size	Total Score	Average Score	Percentage
Tangibility	300	1492	4.97	20.12
Reliability	300	1664	5.55	22.44
Responsiveness	300	1500	5.00	20.23
Assurance	300	1220	4.07	16.46
Empathy	300	1538	5.13	20.74
Total		7414	24.71	100.00

Source: Primary Data.

Above in Table .04, shows that the score of all dimensions calculated for the 300 patients respondents constituted a value of 24.72. A dimension wise analysis indicates that the services on Reliability dimension constituted the highest score of 5.55. The share of this dimension stood at 22.44 per cent. The next highest score was recorded by Empathy dimension with 5.13. The



share of this dimension is 20.74 per cent. The other dimensions are in the order of: Responsiveness (5.00) with a percentage share of 20.23, Tangibility dimension (4.97) with 20.12 per cent and Assurance (4.07) with 16.46 per cent respectively.

A comparison of the perceived level with that of the desired level would indicate that the orders of the perceived and desired levels have changed slightly though the Reliability dimension formed the highest score in both the levels of service quality. This indicates that in the case of the patients of Government Hospitals the perception of the patients is different from the expected level.

Thus, this analysis provides the suggestion that in terms of desired level of service quality of the Government Hospitals , the lowest score was found in the order of the dimensions namely Assurance, Tangibility, Responsiveness, Empathy and Reliability and these factors are to be concentrated in their order with a view to satisfy the patients expectations.

Conclusion:

It can be concluded that in terms of service quality gap in Private Hospitals, the Tangibility dimension recorded the highest score. This provides the suggestion that in the case of Private Hospitals the service quality gap on Tangibility dimension has to be reduced much.

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