COMPARATIVE STUDY ON SERVICE QUALITY IN PUBLIC VS PRIVATE MEDICAL COLLEGE HOSPITALS

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ABSTRACT

The level of satisfaction with health systems is directly related to the quality of health care provided. Both public and private organizations successfully contribute to improving the quality of health care in their communities via participation in a health system. A standardized questionnaire measuring how participants felt about the quality of the services they received was used for this study. Trained interviewers went door to door to gather data, which was then analyzed using a t-test and linear regression with the help of IBM SPSS 22. There was a 0.91 Cronbach's alpha and an 83% test-retest reliability. After their final service appointment, 741 persons (or 74%) were referred to government-run programs. There were statistically significant differences (p 0.05) between how participants in the study felt about the availability of medical equipment and supplies, the quality of welfare services, the knowledge and skill of their doctors, the length of their visits, and the speed with which they were seen. There was a statistically significant (p 0.05) difference in real-world, subjective evaluations of public and private healthcare providers. The findings highlighted the significance of the material world in influencing patients' overall satisfaction with health care. It seems that the government should prioritize this concern.

KEYWORDS Public private sector, Service quality, Comparison, health, Hospital

INTRODUCTION

The health care system as a whole, from clinics to hospitals, saw major improvements after the 5-year plan. There are 244 hospitals and 2037 basic health care institutions in Delhi, and the majority of them are funded and operated by the Ministry of Health. Hospitals affiliated with the Ministry of Higher Education, ARAMCO hospitals, the Royal Commission for Jubail and Yanbu Health Services, Ministry of Education school health units, the Red Crescent Society, and the security forces and army medical services are among the other government agencies. Customers, not businesses, are the best judges of whether or not a company's services live up to their promises. Due to the dynamic nature of the service process, customers evaluate the quality of the service immediately after its offering and performance (Douglas and Connor, 2003). For this reason, superior performance is perhaps the most potent competitive advantage in the service sector. In addition to setting one company apart from the others, outstanding performance also generates repeat business and positive "word of mind" (Youssef, 1996). Among the findings of Parasuraman et al. (1988, 1991, and 1994) was a positive and statistically significant correlation between consumers' opinions of the quality of the service they received and their propensity to suggest the business to others. After academics had established the meaning of service quality, they need a method for quantifying it. It was hoped that the instrument would be able to single out problem areas, quantify how much work has to be put into fixing them, and show how to evaluate the tool's effect on service quality.

LITERATURE REVIEW

Reza Nemati, et.al (2020) Nurses, who make up the biggest segment of the healthcare workforce, are crucial to building and maintaining people' confidence in healthcare facilities like hospitals. The purpose of this research was to evaluate the reliability of nurses working in university and non-university hospitals in Iran using the HEALTHQUAL model. Using a stratified random sample technique, 990 patients from university and non-university hospitals in Bushehr Province, southern Iran, participated in this comparative cross-sectional research. The HEALTHQUAL questionnaire and the Trust in Nurses Scale were used to gather the data, which was then analyzed using SPSS Statistics (version 22), the General Linear Model (GLM) univariate technique, and the Chi-square test at the 0.05 level of significance. The average values for perceived quality (3.89 0.69) and expected quality (4.55 0.47) were found to be 3.89 and 4.55 0.47, respectively, in the research. From patients' perspectives, the gap between actual and ideal quality (0.64 points) was wider in non-university hospitals. When comparing academic and community hospitals, the highest discrepancy was seen in the areas of "environment" (0.13 points) and "empathy" (0.18 points). Furthermore, there was a statistically significant difference (p 0.001) in the mean scores of patient confidence in nurses at university and non-university hospitals, which were 10.34 5.81 and 8.71 4.05, respectively. The research found that university hospitals had greater levels of service quality and patient confidence in nurses than non-university hospitals, but that these levels fell short of patients' expectations. As a result, it was recommended that hospital administrators and policymakers shift their attention to patients in order to close the quality-of-service gap, boost service quality, and deliver better healthcare.

Arwa Alumran et.al (2020) Over the last several years, significant reforms have been implemented in Saudi Arabia's health care system, which has allowed it to better serve the people of the country. In order to assess the quality of treatment provided by public and private hospitals in Saudi Arabia's eastern area, this research measures the quality of care from the patients' viewpoint. The research is quantitative in nature and uses a cross-sectional layout to collect data using a questionnaire developed from the SERVQUAL dimensional framework. Two hundred and fifty-eight inpatients from both public and private facilities in Eastern Saudi Arabia were chosen at random. Patients' assessments of the quality of treatment they received in private hospitals were significantly greater (t = 3.390, p 0.01). Improved health care planning may result from more studies examining the relationship between financial resources and effective leadership.

Marianna Charalambous et.al (2018) The goal of this research was to compare the levels of patient contentment with health care services offered by Private and Public Hospitals. The study's goals were to assess how satisfied patients were with the treatment they received and to discover any variables that may have contributed to their degree of contentment. Patients from the aforementioned facilities who were released from the clinic between February and April 2016 served as the subjects. A total of 285 patients who were seen at these facilities were included in the sample. Raftopoulos's (2005) scale has been applied. Most people are quite pleased with their nursing and medical treatment as a whole. In particular, it seems that patients admitted to Private Hospitals are happier with their care than those admitted to Public Hospitals. Yet, in most inquiries, the variances are manageable. There is no significant difference in total happiness between the sexes (p =.687). On the other hand, there was a statistically significant correlation between age and level of education (p .05. Healthcare quality may often be gauged by a hospital's ability to keep its patients happy. The vast majority of these writers understand that patients' opinions on their preferred healthcare services are of the utmost significance. It has been shown that patients are able to assess the quality of the treatment they get. They may also evaluate the worth of healthcare services and record the effects of such treatments.

Don Hee Lee et.al (2017) The goal of this research is to determine how various quality of healthcare service (HEALTHQUAL) indicators affect healthcare delivery. Before implementing HEALTHQUAL, we tested its recommended assessment items in a South Korean hospital with more than 500 beds to ensure its viability. 232 members of the general population and 365 patients were included in the data collection. Measurement items from HEALTHQUAL were compared across inpatients, outpatients, and emergency department family members using analysis of variance and t-tests, as well as between patients and the general population. While there were statistically significant differences between patients and the general population on several HEALTHQUAL assessment items, the findings showed that there were substantial variances depending on the kind of patient treatment.

Aqsa Siddiq et.al (2016) Patients are increasingly ready to pay a premium for high-quality medical treatment as a result of globalization, and there is no debate about whether or not this is money well spent. 'Quality' in healthcare is a hazy notion in countries like Pakistan, making it difficult for the country to rate itself in the competition of quality health care services. In addition, Pakistan's healthcare system is struggling with issues of inequality and insufficiency in service delivery and availability. Healthcare service quality must be evaluated and improved upon using appropriate methods. This research aimed to use a modified version of the SERVQUAL instrument (=0.92) to assess healthcare quality in hospitals throughout Pakistan. Patients from ten different public and private hospitals in Peshawar, Pakistan made up a convenient sample (n=500). The research found quality gaps (or "GAPS") in many areas of healthcare. Additionally, there are larger quality differences between private and public hospitals. However, it is recommended that both public and private hospitals close these gaps by continuously improving a variety of services. To remain competitive in the global healthcare market, Pakistan must better align the expectations of patients with the contributions of healthcare service providers.

METHODOLOGY

Research design and sampling

In 2012, a cross-sectional survey was performed during the months of February and March. By utilizing the sample size calculation with a significance level of $p = 0.5$ and a margin of error of 5%, or 400 samples, and by taking cluster effect 2 into account, the sample size was estimated to be 800 individuals; for precision, 1002 participants were analyzed. Qazvin province gathered 253 rural and 749 urban samples, representing 25% of the rural population and 75% of the urban population, respectively. Cluster sampling was used, and samples were selected at random.

Measurement tool

To gather information, we utilized the Servqual standard questionnaire. Background questions (about respondents' level of education, age, occupation, where they typically go for services, how long they typically have to wait, and whether they typically go to public or private facilities) and the main question about five aspects of service quality made up the questionnaire's two sections (physical, reliability, responsiveness, assurance, and empathy). The physical, reliable, and responsive dimensions of the questionnaire included four questions each, while the assurance and empathy dimensions had five items each. A five-point Likert scale ranging from "extremely excellent" to "very awful" was used to determine the quality of the provided services. In response to a question on where to go for help, respondents may choose between the public and private sectors.

Data collection

When filling out the survey, it was acceptable to indicate service received at the previous location mentioned. Quantitative information on Qazvin's housing stock and healthcare providers was gathered via door-to-door surveys in the city and its suburbs. We started by holding a training course for our interviewers, and we did all we could to get the data gathered by well-trained locals in each location. Three patients, or 0.003% of the total, did not specify whether they had utilized a public or private service, thus they were excluded from the analysis. The research was sanctioned by the hospital's ethical board and the chief administrative officer.

Data Analysis

Participants' mean ages were 32.09 years old. Two-ninths of the patients (298) in the research had advanced degrees, and three-quarters of the persons (750) were city dwellers. The average wait time for medical care was 73 47 minutes. There was a significant difference (p 0.05) between the public and private sectors on measures of adequate medical equipment, appropriate facilities for patients and their entourage, qualified and experienced doctor, waiting time for services, rapid reception, and access to a doctor, as reported by study participants (Table 1). The quality of health services in the private sector was greater than in the public sector only in terms of the physical aspects of treatment (private sector 3.72 0.75, public sector 3.47 0.67, $p = 0.01$). (Table 2). No statistically significant difference in health service quality was found between the public and private sectors; the only exception was in the area of empathy, where public sector health

services tended to be of higher quality on average, though this difference was not statistically significant ($p > 0.05$).

Table 1. Comparing the mean and standard deviation subsets health services quality

Subject	Sector	n	Mean±SD	p-value
Appropriate and clean environment	Public	741	3.49±0.83	0.10
	Private	258	3.74±0.91	
Appropriate appearance of doctors and staff	Public	741	3.87±0.76	0.55
	Private	258	3.96±0.71	
Appropriate equipment and devices	Public	741	3.39±0.90	0.02
	Private	258	3.87±0.88	
Providing appropriate facilities	Public	741	3.13±0.96	0.00
	Private	258	3.32±0.98	
Service without delays	Public	741	3.42±1.14	0.19
	Private	258	3.20±1.17	
Performing service in the promised time	Public	741	3.44±0.99	0.29
	Private	258	3.42±1.14	
Staff and doctors competent	Public	741	3.67±0.97	0.01
	Private	258	3.99±0.87	
Explain health condition, diagnosis and treatment in understandable way	Public	741	3.60±0.98	0.33
	Private	258	3.63±0.99	
Reliable behavior of doctors	Public	741	3.69±0.95	0.10
	Private	258	3.94±0.96	
Willingness to fix the patient's problem	Public	741	3.54±1.04	0.49
	Private	258	3.60±1.06	
Appropriate waiting time	Public	741	3.36±1.09	0.00
	Private	258	3.17±1.27	
Appropriate and fast receptions	Public	741	3.48±1.06	0.04
	Private	258	3.53±1.17	
Friendly behavior from staff and doctors	Public	741	3.73±0.98	0.95
	Private	258	3.87±0.99	
Access to related doctor	Public	741	3.43±1.12	0.00
	Private	258	3.86±1.01	
Respectful toward patient	Public	741	3.73±0.92	0.81
	Private	258	3.75±0.89	
Provide privacy during treatment	Public	741	3.85±0.85	0.23
	Private	258	3.94±0.82	
Reply to answer questions	Public	741	3.59±1.01	0.48
	Private	258	3.66±1.04	
Quickly resolving problems of patients	Public	741	3.37±1.08	0.43
	Private	258	3.36±1.11	
Receive feedback from patients	Public	741	3.36±1.11	0.21
	Private	258	3.22±1.19	
Access in services at all time	Public	741	3.27±1.15	0.15
	Private	258	3.05±1.26	
Willingness to help patients	Public	741	3.51±0.99	0.18
	Private	258	3.65±0.93	
Understanding patients' specific needs	Public	741	3.49±1.03	0.34
	Private	258	3.56±1.05	

Table 2. Comparing the mean and standard deviation areas of health services

Realms	Sector	n	Mean±SD	p-value
Tangible	Public	741	3.47±0.67	0.01
	Private	258	3.72±0.75	
Reliability	Public	741	3.53±0.84	0.86
	Private	258	3.56±0.81	
Responsiveness	Public	741	3.52±0.86	0.62
	Private	258	3.56±0.87	
Assurance	Public	741	3.67±0.78	0.79
	Private	258	3.82±0.74	
Empathy	Public	741	3.40±0.89	0.88
	Private	258	3.37±0.88	
Total Perceptions	Public	741	3.52±0.70	0.74
	Private	258	3.60±0.71	

Healthcare reform seems to have narrowed the gap between public and private options and been generally well received in Qazvin Province. In addition, the results of this study are consistent with those of a study conducted by Yousapronpaiboon et al. to evaluate the quality of care provided by private hospitals in Thailand. That study found a statistically significant difference between the private and public sectors only in the assurance area of health service quality, while the differences between the public and private sectors were not significant in the assurance, responsiveness, and empathy domains. Attractive environments and adequate hoteling services may account for the observed tangibility gap between private and public hospitals. Private hospitals go above and beyond in terms of medical care by also catering to patients' aesthetic and practical needs, such as by providing hotel-like amenities, enough space, a comfortable waiting area, and personalized service.

Waiting time, service type, respondents' levels of education and employment, and service locations all factor into respondents' opinions. According to the findings of a research by Ameri et al. that looked at why individuals in Yazd tended to choose private hospitals, a higher level of education was shown to be a significant influence in the decision-making process. The current study's findings are in line with those of DengJuin and Bakar, who found that patients with greater levels of education expected better quality care.

Higher-educated patients had greater expectations, and this was reflected in their hospital selection. Which was conducted in both public and private hospitals in Bahrain, found that people's perceptions of the research's validity varied depending on factors like their employment and the accessibility of the hospitals where the study was conducted. Consistent with the current study's findings, patients reported lengthy wait times as a factor influencing their unhappiness with the quality of services and quality at service provider facilities. According to research conducted in Iran, the quality of services has increased thanks in part to investments in technology, trained workers, and other societal factors.

Greater densities of health care employees were shown to be positively correlated with higher quality health services in research conducted, suggesting that factors other than the expertise and experience of medical staff might influence the standard of treatment provided. One of the most significant determinants of whether a patient chooses a public or private service is their level of satisfaction with the quality of care they received. When people need medical care, they have options, and if they are unhappy with the treatments they get at one institution, they will go another. According to research conducted in Iran, patient loyalty and confidence in the healthcare system are increased by 38% thanks to improvements in service quality, physician experience, and wait times. Therefore, service provider centers should examine the quality of supplied services from their patients' viewpoint; therefore, minimizing weaknesses and capitalizing on possibilities, particularly in the public sectors, would improve the quality of services and increase patient satisfaction. Lack of comparing the quality of health care in rural and urban locations was a drawback of the current study and is encouraged for inclusion in future research.

EMPATHY

Table 3

Mean expectation (E), perception (P), gap scores and group differences (gap score) tests of empathy

Dimension/items Empathy	Mean Values						F-tests	
	E		P		Gap score			
	Public	Private	Public	Private	Public	Private	F-value	Sig
Understand specific needs	5.91	6.54	5.16	6.17	-0.57	-0.34	10.23	0.03*
Follow up patients individually	5.70	6.56	5.13	6.22	-0.64	-0.51	9.59	0.00*
Take the patients' best interests to heart	5.69	6.46	5.06	5.95	-0.72	-0.45	4.91	0.04*
Giving personal attention	5.36	6.45	4.64	6.01	-0.75	-0.37	1.27	0.29

The average expected score for the four items indicating the empathy dimension in private hospitals is shown in Table 3, with the greatest score (6.56 for "follow up patients personally") and the lowest score (6.45 for "providing personal attention"). In contrast, across all four categories in public hospitals, the average expected value was above 5.30, with "understand individual requirements" scoring the highest at 5.91 and "providing personal attention" scoring the lowest at 5.36.

All four components comprising the private hospitals' perception score averaged above a 5.90, with the greatest value (for "follow up patients personally") sitting at 6.22 and the lowest value (for "take the patients' best interests to heart") at 5.95. The average perceived value for all four categories in public hospitals was over 4.60, with "understand individual requirements" scoring the highest at 5.16 and "providing personal attention" scoring the lowest at 4.64.

The biggest mean gap score between public and private hospitals was -0.75 for providing personalized care to patients, while the largest mean gap score between private and public hospitals was -0.51 for patient follow-up. Three of the four empathy measures tested indicated a statistically significant difference between private and public hospitals.

CONCLUSION

All things considered, the results demonstrated that the private sector was superior only in one observable aspect of health care quality. Customers' concerns about the quality of health services highlight the importance of the study's findings: they will allow us to hone in on areas for improvement, allowing the public sector to provide better care by investing in better infrastructure and paying closer attention to patients' comforts. It is recommended that teaching hospitals, in particular (due to the use of students), modernize their medical equipment and pay more attention to amenities, competence, and experience of health care workers, as well as consider reducing waiting times for services, ensuring rapid reception, and providing convenient access to a doctor. Next, on the dependability metric, enhancements may be made by providing services that are completed correctly the first time and which match to patient expectations; for instance, hospitals should educate patients and family about operation hours and to offer service within the agreed time. When it comes to patients' needs, it is crucial that workers at both hospital systems respond quickly and effectively. Delivering individualized care to patients is a great way to boost their empathy.

REFERENCE

1. Nemati, R., Bahreini, M., Pouladi, S. *et al.* Hospital service quality based on HEALTHQUAL model and trusting nurses at Iranian university and non-university hospitals: a comparative study. *BMC Nurs* **19**, 118 (2020). https://doi.org/10.1186/s12912-020-00513-y

2. Lee, D., Kim, K.K. Assessing healthcare service quality: a comparative study of patient treatment types. Int J Qual Innov 3, 1 (2017). https://doi.org/10.1186/s40887-016-0010-5

3. Arwa Alumran et.al "Comparing public and private hospitals' service quality" Journal of Public Health: From Theory to Practice https://doi.org/10.1007/s10389-019-01188-9

4. Aqsa Siddiq et.al "Quality Of Healthcare Services In Public And Private Hospitals Of Peshawar, Pakistan: A Comparative Study Using Servqual" City University Research Journal Volume 06 Number 02 July 2016 PP 242-255

5. Marianna Charalambous et.al "Assessment of Patients' Satisfaction with Care Provided in Public and Private Hospitals of the Republic of Cyprus: A Comparative Study" January-April 2018 Volume 11 | Issue 1| Page 125

6. Arasli, H., Ekiz, E.H., and Katircioglu, S.T. (2008). Gearing service quality into public and private hospitals in small islands, empirical evidence from Cyprus. International Journal of Health Care Quality Assurance, 21(1), 8-23.

7. Dagger, T.S., Sweeney, J.C., and Johnson, L.W. (2007). A hierarchical model of health service quality: scale development and investigation of an integrated model. Journal of Service Research, 10(2), 123- 142.

8. Eleuch, A.K. (2011). Healthcare service quality perception in Japan. International Journal of Health Care Quality Assurance, 24(6), 417-429.

9. Mahapatra, S. (2013). A comparative study of service quality between private and public hospitals: Empirical evidences from India. Journal of Medical Marketing, 13(2), 115-127.

10. Tomes, A.E., and Peng, S.C. (1995). Service quality in hospital care: the development of an in-patient questionnaire. International Journal of Health Care Quality Assurance, 8(3), 25-33.

11. Zineldin, M., Akdag, H.C., and Vasicheva, V. (2011). Measuring, evaluating and improving hospital quality parameters/ dimensions-an integrated healthcare quality approach. International Journal of Health Care Quality Assurance, 24(8), 654-662.

12. Ware, John E., Jr. 1983. "Defining and Measuring Patient Satisfaction with Medical Care." Evaluation and Program Planning 6: 247–63.

13. Stewart, Anita L. 1992. "The Medical Outcomes Study Frame Work of Health Indicators." In Anita L. Stewart and John E. Ware, Jr., eds., Measuring Functioning and Well-Being. Durham, N.C.: Duke University Press.

14. Reddy, N. 1996. Tenth Legislative Assembly. Andhra Pradesh Legislative Assembly, House Committee on Corporate Hospitals. Report, September 28.

15. New brander, William, and Gerald Rosenthal. 1997. "Quality of Care Issues in Health Sector Reform." In William New brander, ed., Private Health Sector Growth in Asia. Issues and Implications. New York: John Wiley and Sons.