Health status and service quality in public and private hospitals

[1]Sijo Joseph, [2]Dr. Mamta Maurya
[1]Research Scholar, Department of Sociology, YBN University, Ranchi, Jharkhand, India
[2]Assistant Professor, School of Arts & Humanities, YBN University, Ranchi, Jharkhand, India

Abstract
Health is the absence of disease and the capacity for individuals to reach their full potential throughout their lifetimes. Therefore, the discrepancies between the public and private health systems' approaches are a significant cause for concern. Due to all of this, there are differences in the accessibility of medical services and the health of those residing in rural and urban sections of the nation. In light of this context, the study tried to compare the public and private health sectors in rural and urban areas regarding the accessibility of healthcare services, their utilisation, and the factors affecting service quality. Present the study population's socio-economic characteristics, health status, and PHC status, as well as a complete breakdown of how public and private healthcare services are used at the primary and higher care levels.

Keywords: Health, medical services, PHC, healthcare services

Introduction
Nowadays, people approach healthcare services differently; they are informed, cautious, and eager to take control of their care. In this digital era, healthcare consumers have incredibly high expectations. The delivery of services in the healthcare business has lately evolved to thrive in a challenging environment brought on by industry maturation, reduced funding, and more competition. When someone is sick, they see the doctor and hope that he will be able to help them. If a patient cannot be treated by a doctor alone, the patient must be referred to a specialist. The patient wants access to the whole spectrum of medical care, regardless of their financial situation. The post-modern hospital is a radically different environment since patient needs and expectations are continually shifting.

Due to economic necessity and technological developments, the patient now deserves higher accuracy, dependability, and better service than in the past. In addition, patients are now well-informed and actively seeking answers to their healthcare problems because of the Internet. Due to the changing healthcare paradigm, hospital managers must be skilled in marketing and business strategy. These skills can assist managers in increasing volume, cutting costs, & boosting profit. Additionally, because they are adept at providing first-rate customer service and developing innovative programmes, these managers can enhance healthcare standards and deliver long-term value.

Knowing what clients expect in any industry is crucial to understanding what you do well and incorrectly. Since people compare their perceptions of something to reference points when evaluating a product or service, businesses must have a solid understanding of customer expectations. These goals ought to be used as standards or yardsticks for judging performance. Therefore, knowing what the consumer wants is the first and most crucial step in offering high-quality goods or services. The customer's expectations or beliefs might be measured to provide quantifiable benchmarks.

Researchers have examined various service quality dimensions that patients consider when evaluating the quality of healthcare, such as physician expertise, convenience, the level of concern displayed by the doctors and other medical staff (such as nurses & receptionists), and physical facilities, in attempt to comprehend the various factors that affect patient satisfaction (Fletcher *et al*., 1983) [11]. Recent research has demonstrated that several aspects of health service quality significantly impact patient satisfaction. Therefore, healthcare professionals must identify patients' preferences amongst multiple service quality dimensions to enhance these dimensions for patient satisfaction & utilise the limited healthcare resources most effectively. Patients, as customers, are inconsistent regarding the expectations they convey to a healthcare provider and their responses to various service quality criteria. As a result, they hold divergent opinions about what constitutes quality medical care. Patient requirements and preferences should generally differ across different socio-cultural environments since they are influenced by the socio-cultural framework upon which the healthcare system is built. Additionally, several countries and cultures have established unique healthcare delivery systems.

To understand the various elements that affect patient satisfaction, researchers have looked at several service quality dimensions that patients consider

when evaluating the quality of healthcare, such as physician expertise, convenience, the level of concern displayed by the doctors and other medical staff (such as nurses & receptionists), and physical facilities (Fletcher et al., 1983) [11]. Recent studies have shown that several health service quality factors significantly impact patient satisfaction. Therefore, healthcare personnel must understand patients' preferences among those dimensions to improve service quality dimensions for patient satisfaction and best use the limited healthcare resources. Unfortunately, patients behave inconsistently regarding their expectations of a healthcare practitioner and how they react to different service quality criteria. They have other ideas about what constitutes high-quality medical care as a result. Since they are influenced by the socio-cultural foundation upon which the healthcare system is constructed, the patient needs and preferences should typically vary across various socio-cultural situations. Furthermore, several nations and cultures have developed healthcare delivery systems that are, in some ways, distinctive.

Background of the paper

India is the world's biggest rival in the healthcare sector. Healthcare services have expanded as a result of affordable costs and first-rate facilities. Hospitals assist the general public by launching large-scale awareness programmes to lessen disease, enabling people to live better lives. The marketing guidelines shared by Medicare programmes focus on providing user services correctly. Good healthcare professionals offer reliable, safe, and high-quality services. The primary factors affecting how well health services are delivered are accessibility, cost, availability, and justice. The way services are organised and handled, and the incentives that impact providers and users are key factors in improving access, coverage, and efficiency. An intangible good is a service. A service product is a collection of attributes and advantages for consumers. It is a collection of service components arranged correctly following client wants and preferences to maximise customer loyalty. Therefore, the primary service kit consists of three parts: core service, promoting service, and supporting service. We are aware that excellent customer service is highly regarded in any business. However, attracting and keeping patients requires tremendous effort as consumers have higher expectations and healthcare services are commoditised. The whole experience will be better if waiting times are shortened, doctors are more attentive, and checking in and out is simple.

Consequently, a content patient is more likely to offer helpful criticism. Healthcare in a nation as a whole faces many challenges. The tremendous scale of India's healthcare demands and the enormous spending necessary to improve the health status of people from all regions of India and all socio-economic backgrounds are urgently needed. It isn't easy when quality is prioritised over all else in the healthcare industry because it exists. The level of patient satisfaction can be measured using a variety of metrics and variables. The SERVQUAL Model, created by Parasuraman, Zeithaml, and Berry, is the most widely used model for evaluating service quality. SERVQUAL covers standards and service effectiveness. The essential parameters in this approach are tangibility, reliability, responsiveness, assurance, and empathy. According to this, gaps at each stage are identified as areas needing improvement. Management can identify such regions, and corrective action can be performed. This study focuses on this quality model of services and looks for differences between people's perceptions of healthcare and their happiness with it. Every healthcare system's primary goal is to support the community's attainment of its optimum level of health by providing sufficient facilities in terms of quality and quantity.

Health status and service quality

In accordance with definitions, service quality refers to a team's performance or effort to ensure user pleasure (Martinez, 2001) [12]. Once more, higher levels of customer satisfaction are strongly correlated with the service characteristics provided by the offerings, and vice versa (Brady & Robertson, 2001) [13]. In addition, the customer's interaction with the service provider can be used to describe service quality (Arokiasamy & Abdullah, 2013) [14]. According to Grönroos (1984) [15], service quality has two subcategories: technical and functional. Technical quality, as mentioned, refers to the accuracy and technically required in providing services, whereas functional quality refers to the procedure used to provide services to clients. It affects customers' attitudes toward the company, either positively or adversely, according to some academics who describe it as the experience and resultant assessment of the relative superiority or mediocrity of a service offered (Parasuraman et al., 1988; Bitner, 1990) [9, 16]. Another viewpoint sees it as the discrepancy between what customers anticipate and receive after using the services (Parasuraman et al., 1988) [9]. Others think it combines four things: quality, value, compliance with specifications, and meeting or exceeding expectations (Hernon & Danuta, 2001) [17]. Modern marketers frequently face unexpected obstacles due to these multifaceted aspects of service quality and the distinctive characteristics of services.

Importance of Service Quality in the Hospitals

Service quality has been mentioned as the essential factor in any organisation's success nowadays. We may observe that throughout the year, certain types of improvements in service quality have led to higher bottom lines, lower expenses, favourable customer feedback, and customers' willingness to spend more (Swain & Kar, 2017) [18]. It is crucial to use marketing in general and services marketing because the healthcare sector is primarily controlled by the supply of services rather than physical commodities. As a result, the World Health Organization, the top organisation in the healthcare industry, has proposed the following standard for high-quality healthcare

business. Effectiveness, efficiency, accessibility, patient-centeredness, equity, and safety are among the criteria.

The ideas of offering high-quality service and consequently gaining patients' pleasure are now receiving increasing exposure in this industry. Even during strategic planning, businesses are considering these concerns. A hospital's long-term reputation and financial success are impacted by how patients see its services (Williams & Calnan, 1991) [19]. Service providers are searching for the essential factors influencing their client's expectations to improve service delivery and attain customer satisfaction. Additionally, it will enable them to handle client complaints more quickly and inexpensively. Thus, it is clear how important service quality is from a strategic perspective in the healthcare sector. We need to comprehend and quantify the gap between customer expectation and perception levels since research over the years has shown that service quality and customer satisfaction drive a firm toward a sustainable competitive advantage. Customer satisfaction is a topic that can no longer be sidestepped or avoided due to globalisation. If not handled carefully, the problem of unsatisfied customers will become unsolvable. It is a crucial prerequisite for modern healthcare providers because purchasing institutional health services is based on patient satisfaction levels (Woodside & Shinn, 1988) [20]. In addition to increasing customer loyalty and retention, it also aids in following doctors' recommendations (Roter et al., 1987; Calnan, 1988) [21, 22]. As a result, obtaining customer satisfaction in this constantly changing and highly unpredictable competitive market becomes the primary tactic for setting the company apart from the competition. providing quality service has become a top priority in service delivery and management. Researchers examined the service quality and satisfaction experienced by patients at public and private hospitals during this analysis. Scientists used purposive sampling to gather the data from 747 inpatients in the Madurai District. Analysis was conducted using applied mathematics tools like the Friedman test, 't' statistics, and descriptive statistics. The findings show little difference in perceptions of service quality between the patients of PUH & PRH hospitals in the Madurai District. This study investigates whether private healthcare entrepreneurship may thrive and overcome challenges in situations including a public health system with open access and times of stringent government regulations, such as the COVID-19 pandemic. The research also tries to shed light on the more considerable societal function of private healthcare businesses during the COVID-19 pandemic.

Muhammad Shafiq et al. (2017) [23] approached the service quality issue in a very different manner, stating their logic as follows: It is clear that there are different kinds and types of hospitals, with each of them differing from the other in terms of their field, the services they offer & availability of resources in the hospitals. They also state that these services are

measured with a wide range of scales, and a wide range of patients' perspectives are utilised to gauge these parameters. Hence, the author proposed that research is required to develop a scale applicable across various Asian hospitals, irrespective of the nature of the service they provide or the ownership of the hospitals (whether they belong to the private or public sector). To this end, the author utilised the SERVQUAL instrument to reach a consensus on the service quality measurement scale. They collected data from inpatients & outpatients at nine different hospitals & utilised SEM, a statistical tool, to determine the scale. The proposed scale was then validated by finding gaps in service quality & evaluating the areas that highlighted the need for managerial effort. The findings demonstrated that all five SERVQUAL dimensions are valid in Asian countries. The evaluation also rated the parameters, with Reliability, Tangibility, Responsiveness, Empathy, & Assurance ranking first, second, third, fourth, & fifth in terms of the extent of the quality gap. At the 0.05 probability level, the gaps were likewise judged to be statistically significant. They are identifying & emphasising the need for hospital administrators to focus on each of these areas. By extension, the same applies to healthcare regulators, managers, practitioners, & decision makers, as they all play significant roles within hospitals and so have a say in the overall quality of healthcare.

Methodology:

The paper is based on primary data as well as secondary data. It is an analytical and empirical study based on the survey method. To collect primary data, an interview schedule was prepared. The interview schedule was used to collect necessary information from the sample patients. The secondary data used for the study were collected from Magazines, Journals, Newspapers and Bulletins.

Table 1: Socio-economic profile of the respondents

Profile Variables		Rural	Urban	Total
Sex	Male	192	101	293
	Female	288	199	487
	Total	480	300	780
Caste	SC	97	50	147
	ST	93	59	152
	Others	290	191	481
	Total	480	300	780
Age	18-30	177	80	257
	31-50	182	148	330
	>50	121	72	193
	Total	480	300	780
Education	Illiterate	224	120	344
	Primary school	115	57	172
	Higher Secondary	123	92	215
	Graduation and above	18	31	49
	Total	480	300	780
Occupational Status	Not working	218	175	393
	Working	262	125	387
	Total	480	300	780
Monthly income	Below 10000	419	231	650
	10001-20000	48	50	98
	Above -20000	13	19	32
	Total	480	300	780

Table 2: Health status of the respondent

Profile variables		Rural	Urban	Total
Present health status of the respondent	Poor	63	50	113
	Average	103	58	161
	Good	314	192	506
	Total	480	300	780
Chronic disease	Yes	114	76	190
	No	366	224	590
	Total	480	300	780

Service Quality and infrastructure status of PHCs (in percentage)
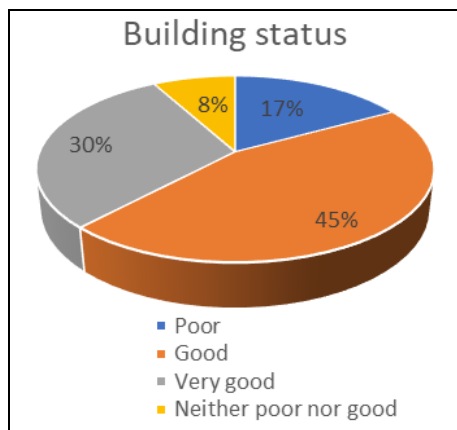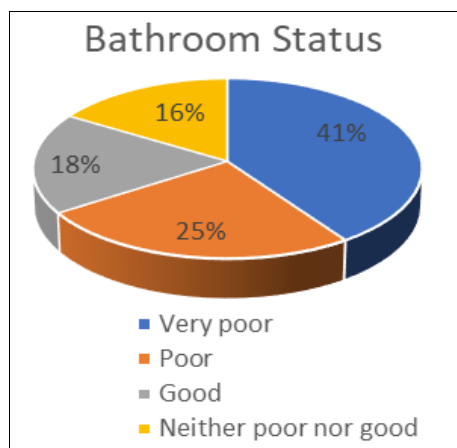

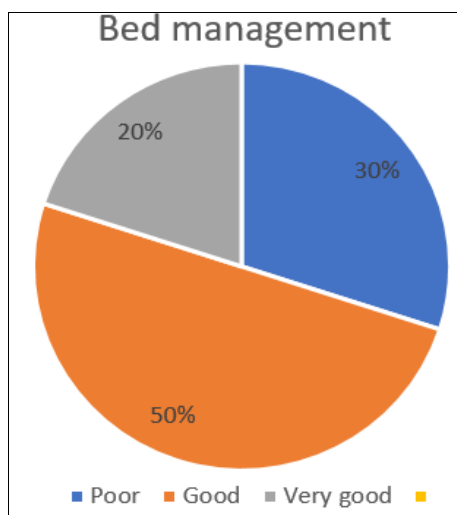**Fig 1:** Building Status

Fig 2: Bathroom Status
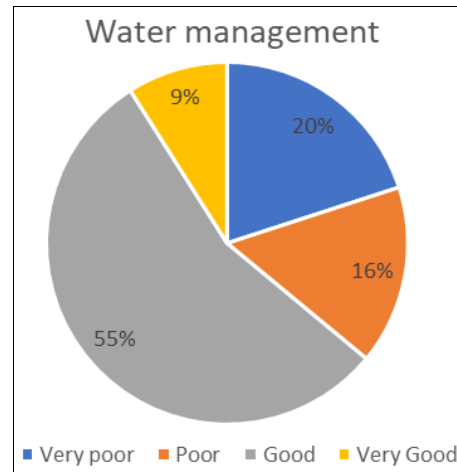

Fig 3: Bed management

Fig 4: Water supply

Chart 3.2 (A-D) provides detailed information about service quality and the status of PHCs Infrastructure. The majority of the PHCs are lagging in hygienic bathroom facilities (67 per cent), followed by bed management (33 per cent), proper building (17 per cent), and water supply (55 per cent). Further, 42 per cent of PHCs premises were reported as neither poor nor in good condition. None of the PHCs had an ambulance facility. Thus, the primary information on PHCs indicates the need to improve infrastructure facilities in PHCs.

Table 3: The utilisation of Private Health care Services

Place of residence	Private healthcare		Total
	Yes	No	
Rural Area	241	239	480
Urban Area	176	124	300
Total	417	363	780

Pearson Chi-Square Value = 5.309*, Sig = 0.021
Note: *significant at 0.05 level

The Pearson Chi-Square statistic (5.309) was found to be significant at a five per cent level for having used private primary health services in the last year between rural and urban areas. Therefore, it is inferred that there is a significant difference in private primary health service utilisation between rural and urban areas.

Table 4: The utilisation of Public Healthcare Services

Place of residence		Public health care		Total
		Yes	No	
Rural Area	Yes	67	118	185
	No	174	121	295
	Total	241	239	480
Urban area	Yes	32	25	57
	No	144	99	243
	Total	176	124	300
Overall	Yes	99	143	242
	No	318	220	538
	Total	417	363	780

Rural area – pearson chi-square value = 23.574*
Urban area - pearson chi-square value = 0.185
Overall - Pearson chi-square value = 22.219*

The analysis extended to the areas shows significant differences in the utilisation of public and private primary health services in rural areas (Pearson Chi-Square Statistic 23.574). So, the null hypothesis of no significant difference in utilising public and private primary health services in rural areas is rejected. But, within urban areas, no significant difference is observed between public and private primary health service utilisation.

Conclusion
The primary study on the utilisation of primary from public and private providers in rural and urban areas has thrown light on essential factors determining healthcare service utilisation. The findings from PHCs have provided the following information: (1) two rural PDCs have populations more significant than the prescribed norms; (2) three rural PHCs have a lesser number of subcentres per PHC than the prescribed norms; (3) majority of the PHCs are lagging in hygienic bathroom facility (67 per cent) followed by bed management (33%) (4) in many PHCs some posts are found vacant even though they are sanctioned.

Overall utilisation analysis indicates that 89 respondents, i.e., 11 per cent, have not visited any health centre or taken any healthcare services during the reference period. Out of which 10% have reported suffering from chronic diseases. The reason for the non-utilisation of health services was found as good health status (78 per cent) followed by self-treatment (22 per cent).

Individual analysis of both public and private service health providers led to the finding of the following facts: (1) Utilisation of the public health system for primary care was found to be lower than 50 per cent; (2) respondents from rural areas accounted as prime users of PHCs services than of urban areas; (3) respondents of urban areas have a high tendency to visit private health system for primary care

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