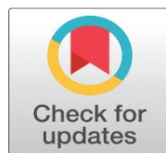


PUBLIC PERCEPTIONS OF HEALTHCARE SERVICE QUALITY: A COMPARATIVE ANALYSIS OF GOVERNMENT AND PRIVATE HOSPITALS

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ABSTRACT

Now a day's competitive healthcare landscape, service quality is crucial for hospital survival and reputation. Globalization has reshaped expectations of people. They are demanding efficient, high-quality care medical care. Financial gulf between rich and poor have been reduced by schemes like Ayushman Bharat and Biju Swasthya Kalyan Yojana. This study examines public perceptions of service quality in Odisha's government and private hospitals, using Donabedian's and Gronroos's models. Conducted in Bhubaneswar, it sampled 80 respondents each from Capital Hospital and SUM Hospital. Results show private hospitals excel in facilities and attention, while government hospitals offer cost-effective care. Insights are vital for policymakers to improve healthcare delivery in Odisha

Keywords: Health Seekers, Service Quality, Government Hospital, Private Hospital

1. INTRODUCTION

Service quality is the cornerstone of any good healthcare organization. In this competitive era, service quality determines the existence and reputation of hospitals over the long term in one side and the phase of globalization in another side has significantly changed people's expectations and paying capacities. Now individuals expect to seek hassle-free and qualitative care in hospitals. The financial barriers for accessing qualitative healthcare has been substantially lowered due to various government and private health insurance and reimbursement schemes. Prominent among these are the Ayushman Bharat scheme on a national level and the Biju Swasthya Kalyan Yojana, a popular health insurance scheme in the regional sphere of Odisha. The service quality of hospitals is a topic of paramount importance in the realm of healthcare delivery. The perception of healthcare seekers about the qualitative care provided by hospitals significantly influences not only their overall satisfaction but also their health outcomes. Government of India, which is targeting to avail universal health care irrespective of caste, class, creed and location, this type of study will helpful to transform the health sectors for better satisfaction of all sections of people. This study will helpful to know issues, challenges and facilities in both government and private hospitals. Public perception towards the service quality of hospitals not only explores the needs and expectations of health services from the hospital but also helpful for branding the hospital. This study will improve patient experiences and outcomes in health care delivery system (both government and private hospital) of India.

2. LITERATURE IN CONTEXT

Hospital service quality has typically been reported on structural aspects of care, processes, and outcomes, as proposed by Donabedian (1988). Donabedian's model emphasizes three key components: structure, process, and outcome. Structure refers to the physical and organizational aspects of care settings, such as facilities, equipment, and staff qualifications. Process denotes the interactions between healthcare providers and patients, including diagnosis, treatment, and patient education. Outcome pertains to the effects of healthcare on the health status of patients and populations. Gronroos (1984) introduced a different perspective, suggesting that hospital service quality encompasses both technical and functional dimensions. Technical quality relates to the medical and scientific accuracy of diagnoses and procedures, which is often difficult for healthcare seekers to evaluate. Functional quality, on the other hand, involves the manner in which healthcare services are delivered, including the behaviour of healthcare providers and the efficiency of service processes. Patients can more easily assess functional quality because it directly impacts their experience during care. Later, the interpersonal dimension was also included in hospital service quality evaluations (Baltussen, 2002). This dimension focuses on the interactions between patients and healthcare providers, highlighting the importance of empathy, communication, and respect in patient care. Healthcare services are characterized by their intangibility, heterogeneity, and inseparability. These attributes pose significant challenges in assessing and measuring service quality. Unlike tangible products, services cannot be easily measured or quantified. The quality of healthcare services is often subjective, relying heavily on patients' perceptions and expectations. Perceived service quality is the degree of variation between consumers' perceptions and their expectations. This concept underscores the importance of understanding patients' expectations and experiences to evaluate service quality accurately. As Zeithaml, Berry, and Parasuraman (1988) noted, perceived quality is a form of attitude related but not equivalent to satisfaction, and results from a comparison of expectations with perceptions of performance.

To comprehensively evaluate hospital service quality, it is essential to consider various dimensions that impact patient experiences and outcomes. These dimensions include: **Emergency Services:** The quality of emergency services is a critical component of overall hospital service quality. Factors such as the availability of doctors 24/7, safety procedures, the behaviour of health personnel, and the efficiency of emergency treatments significantly influence patient perceptions. **Waiting Time:** The amount of time patients spend waiting for services is a crucial factor in their overall experience. Long waiting times can lead to dissatisfaction and negative perceptions of service quality. **Cleanliness and Physical Facilities:** The cleanliness of the hospital, including toilets and surroundings, and the availability of modern equipment and physical facilities, are essential for ensuring a positive patient experience. **Healthcare Personnel:** The behaviour, empathy, and competence of doctors, nurses, and other healthcare personnel play a vital role in shaping patient perceptions of service quality. **Support Services:** Ancillary services such as laboratory services, pharmacy services, e-medical facilities, and ICT facilities in operating theatres are crucial for providing comprehensive and efficient care. **Food Quality:** The quality of food provided in hospitals also impacts patient satisfaction and overall service quality perceptions. **Convenience:** The convenient location of outpatient departments (OPDs) and wards can enhance the patient experience by reducing the burden of navigating the hospital premises.

3. RESEARCH GAP

There are so many researches are done in management, psychological and sociological domain but study to access subjective interpretation of health care seekers in Odisha, specifically two major health care institutions. These types of studies in Odisha are delved in sociological perspective. Once health care services are studied from the patients prospective, it will go a long way to transform the health care delivery system of Odisha.

4. OBJECTIVES AND METHODOLOGY

The study intends to access public perception towards qualitative health care as well as issues and challenges in both government and private hospital.

5. LOCALE AND SAMPLE COVERED UNDER THE STUDY

The present study is situated in Bhubaneswar, the capital city of Odisha. This capital city is strategically well connected by roads, railways, and air services. Further, the city houses a maximum number of private and public hospitals. The study has taken the response from the health seekers of the best and biggest public hospitals of the city i.e. Capital Hospital and SUM Hospital privately managed and run hospitals. The study took 80 samples from each of the hospitals

to assess their perception towards qualitative health care in hospitals. It also assessed the nature of the care they received and issues, challenges they faced from the hospitals.

6. METHODS

The present study adopted an exploratory design. The researcher prepared an exhaustive interview schedule to collect information to collect information on the sample respondents' socio-economic affiliations and to understand their choice of the nature of the hospital and the benefits they derive from such hospitals.

7. STUDY FINDINGS AND DISCUSSIONS

Health seekers socio demographic variable are considered in the following table with its analysis

Table No-1
Socio Demographic Variables

Socio Demographic	variables	Government Hospital	Private Hospital	Total
Gender	Male	34(42%)	36(45%)	70(43%)
	Female	45(56%)	44(55%)	90(56%)
Nativity	Bhubaneswar	40(50%)	12(15%)	62(38.75 %)
	Outside Bhubaneswar	30(37%)	52(65%)	82(52.25%)
	Outside state	02(02%)	14(17%)	16(10%)
Education	Primary	16(20%)	22(28%)	38(23.75%)
	High school	35(44%)	38(48%)	73(45.25%)
	Higher secondary	23(28%)	10(12%)	33(20.62%)
	Graduate	5(6%)	8(10%)	13(8.12%)
	Post-graduate	1(1%)	2(2%)	3(1.87%)
Occupation	Employee	24(30%)	12(15%)	36(22.5%)
	Unemployed	37(46%)	44(55%)	81(50%)
	Students	8(10%)	19(23%)	27(16.87%)
	Business	11(13%)	5(7%)	16(10%)
Income	Below 10,000	66(82%)	21(26%)	86(54%)
	10,000 -30,000	7(8%)	14(18%)	21(13%)
	30,000- 50,000	7(8%)	34(42%)	40(25%)
	30,000- 50,000	2(02%)	10(12%)	13(8%)
Health card	Bsky card	23(28.75%)	22(27.5%)	45(28.12%)
	Private insurance	03(3.75%)	06(7.5%)	9(5%)
	BPL	13(16.25%)	10(12.5%)	23(14.37%)
	Reimbursement	2(2.5%)	4(5%)	7(4.37%)
	Not at all	39(48.75%)	38(47.5%)	77(48.12%)
Times of visit	1 st time	64(80%)	54(68%)	118(73.75%)
	2 nd time	12(15%)	14(17%)	26(16.25%)
	3 rd time	4(5%)	12(15%)	16(10%)
	Total	80(100%)	80(100%)	160(100%)

Source: Primary Data

The analysis of hospital selection based on socio-demographic factors reveals several key trends. Gender-wise, 56% of females prefer government hospitals compared to 42% of males, while private hospital preference is balanced (males 45%, females 55%). Nativity shows a distinct pattern, with 50% of Bhubaneswar residents using government hospitals, contrasting sharply with only 15% choosing private hospitals. In contrast, 65% of those from outside Bhubaneswar and 17% from outside the state prefer private hospitals. Education-wise, individuals with primary education (28%) and high school education (48%) lean towards private hospitals, while 28% with higher secondary education prefer government hospitals. Occupation shows that 55% of unemployed individuals opt for private hospitals, while 30% of employees prefer government hospitals. Income significantly influences choice, with 82% of those earning below 10,000 using government hospitals, while 42% of those earning 30,000-50,000 prefer private hospitals. Regarding health cards, 29% of Bsky cardholders and 5% of private insurance holders prefer private hospitals. First-time visitors predominantly use government hospitals (80%), but this preference decreases with repeat visits (68% for second visits and 15% for third visits). Overall, financial constraints and perceived care quality are primary determinants influencing the preference for private hospitals, while accessibility drives the choice for government hospitals.

Public perception of service quality of health seekers are accessed by taking consideration of various parameters. View of health seekers are analysed to get ground reality. Responses are presented in the following table No.2.

Table No. 2
Perceptions of Healthcare Seekers on Service Quality of Hospitals

Sl. No.	Statements	Government Hospital			Private Hospital		
		G	S	P	G	S	P
1	Proper patient care	37(46)	14(17)	29(37)	52(65)	25(31)	3(4)
2	Physician Costs	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
3	Doctors Availability	23(28)	45(56)	12(16)	53(66)	18(22)	9(12)
4	Use of safety procedure	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
5	Behavior of health personnel	34(42)	12(15)	36(43)	60(76)	15(18)	5(06)
6	Emergency treatments	21(26)	30(38)	29(36)	52(65)	23(28)	5(06)
7	Waiting time at Hospital	12(15)	24(30)	44(55)	21(26)	34(42)	25(32)
8	Cleanness of the hospital	71(89)	5(6)	4(5)	72(90)	3(4)	5(6)
9	Physical facilities	23(28)	45(56)	12(16)	53(66)	18(22)	9(12)
10	Nurse's services	60(76)	15(18)	5(06)	34(42)	12(15)	36(43)
11	Laboratory services	12(15)	24(30)	44(55)	21(26)	34(42)	25(32)
12	Pharmacy services	10(13)	32(40)	38(47)	38(47)	30(38)	12(15)
13	E-medical facilities	1(1.5)	4(5)	75(93.5)	4(5)	8 (10)	68(85)
14	ICT facilities in OT	0	5(6.5)	75(93.5)	2(3)	15(18)	63(79)
15	Modern equipment's in the hospital	53(66)	20(22)	2(12)	20(28)	45(56)	15(16)
16	Food Quality	12(15)	24(30)	44(55)	34(42)	21(26)	25(32)
17	Convenient OPD/Wards Location	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
18	Cleanness of hospital toilets	44(55)	28(35)	8(10)	38(47)	30(38)	12(15)
19	Cleanness of hospital surrounding	21(28)	44(56)	15(16)	54(67)	19 (21)	2(12)
20	Empathy of doctor and nurses	9(12)	33(41)	38(47)	40(50)	30(38)	10(12)

P-Poor, S-Satisfactory, G-Good. The number given in the brackets are percentage

(Primary source of data)

Table No. 2 presents the perceptions of healthcare seekers regarding the service quality of Government Hospitals (GH) and Private Hospitals (PH). The data is categorized into three levels: Poor (P), Satisfactory (S), and Good (G), with percentages provided in parentheses.

8. PROPER PATIENT CARE

In both GH and PH, a significant portion of respondents perceive proper patient care as poor (37% in GH, 29% in PH). However, PH scores higher in the good category (65% in PH, 46% in GH). Patient care is perceived comparatively better in PH than GH. Recent studies show people perceive patient care as better in private hospitals due to modern facilities, shorter wait times, and personalized attention (Gupta & Sharma, 2022; Rodriguez et al., 2023). However, actual care quality may not significantly differ between sectors (Chen & Lee, 2021).

9. PHYSICIAN COSTS

A majority in both GH and PH perceive physician costs as good (81% in GH, 88% in PH). However, a small percentage finds it poor (15% in GH, 10% in PH). In this context one of the patient from cancer ward of Capital Hospital states that "I have not spent a single penny neither for the doctor's consultation nor for diagnosis for my treatment though the treatment process of cancer is very expensive". Another patient from SUM hospital of day care stated that "I have not spent money on doctor's consultation and bed charges in general ward".

10. DOCTORS AVAILABILITY

Respondents in both GH and PH largely perceive doctor availability as good (66% in PH, 28% in GH). In government hospitals doctors' availability is poor where as in private hospital it is comparatively better. Bajpai, V. (2014) emphasized that huge unplanned increase of urban cities put patient load on tertiary sector hospitals and unavailability better medical facilities in PHC and CHC people migrate to urban areas for tertiary sector treatment.

11. USE OF SAFETY PROCEDURE

Similar to physician costs, a majority in both GH and PH perceive the use of safety procedures as good (81% in GH, 88% in PH). Only a small percentage finds it poor.

12. BEHAVIOR OF HEALTH PERSONNEL

In both GH and PH, a significant portion of respondents perceive the behavior of health personnel is comparatively better in private hospitals than government hospitals. (76% in PH, 42% in GH). Research indicates that health professionals in government hospitals often exhibit poorer behavior compared to those in private hospitals, influenced by factors such as higher patient load, resource constraints, and lower job satisfaction (Patel & Kumar, 2021; Singh et al., 2022). This can negatively impact patient satisfaction and care quality (Rao & Thomas, 2023)

13. EMERGENCY TREATMENTS

The perceptions of emergency treatments are similar to proper patient care, with a significant portion in both GH and PH finding it poor (36% in GH, 43% in PH). PH scores higher in the good category.

14. WAITING TIME AT HOSPITAL

A majority in both GH and PH perceive waiting times as poor (55% in GH, 32% in PH). GH scores lower in this aspect. Khan, H., & Singh, A. K. (2021) stated that almost all hospitals of underdeveloped and developing countries have facing long waiting time in OPD.

15. CLEANNESS OF THE HOSPITAL

Respondents in both GH and PH largely perceive the cleanliness of hospitals as good. PH scores higher in this aspect. Studies show that cleanliness in private hospitals is generally better than in government hospitals due to more resources, better management practices, and stringent hygiene protocols (Kaur & Sharma, 2021; Liu et al., 2022). This enhanced cleanliness contributes to improved patient perceptions and reduced infection rates (Chaudhary & Singh, 2023).

16. PHYSICAL FACILITIES

The perceptions of physical facilities are similar to doctor availability, with a significant portion in GH finding it satisfactory and poor. PH scores higher in the good category. The belief that physical facilities are better in private hospitals is supported by studies showing superior infrastructure, advanced technology, and amenities compared to public hospitals. For example, private hospitals often invest more in state-of-the-art equipment and patient comfort to attract clientele, leading to a perception of higher quality care Tynkkynen, L. K., & Vrangbæk, K. (2018).

The rank of responses states that health seekers are satisfied on physician cost(81%),use of safety measures(81%), convenient OPD and IPD location(81%), nurses services(42%),physical facility(28%), modern equipment in the hospital(28%), cleanliness of hospital surrounding(28%), food quality, laboratory services and waiting time at the hospital have 15% each, cleanliness of hospital toilets and pharmacy services each have secured 10%, empathy of doctors and nurses is 12%. So from above ranking of different parameters to access service quality of government hospitals, it is concluded that cleanliness of hospital toilets, empathy of doctors and nurses, pharmacy services, laboratory services, waiting time, food quality are very poor services. Some middle ranks services like physical facility, modern equipment, cleanliness of the surroundings, physical facility. These services need some improvement for good perception of government health care services. (Bhatia, J. S., & Sharma, M. D. (2023). Study in Ujjain city of UP also depicts same view that after a lot of health care reform people are inclined towards private health care for their qualitative care. These perceptions provide insights into how healthcare seekers view various aspects of hospital services in both government and private settings. While both types of hospitals have strengths and areas for improvement, private hospitals generally score higher in many aspects. Improving the areas where perceptions are less favorable can enhance overall healthcare service quality and patient satisfaction.

17. CONCLUSION

The present study explored that most of the health care facilities are comparatively better in private hospitals. It provides better qualitative health care services to patient of Odisha. Now a days Government hospitals are equipped with modern

technologies to provide qualitative care to patients at free of cost but long waiting time is a big challenge for them. Patient who have economic constraints prefer government hospital and those who cannot wait for longer period or in critical condition prefer private hospital. Ayushman Bharat and BSKY card have brought a transformation in health care services. Health seekers having BSKY card can avail treatment up to five lakh so they rush to private hospitals to avail evidence based, qualitative and personal care. This situation puts heavy patient burden on private hospitals. Both government and private hospitals are struggling to provide qualitative, evidence based health care to patients. This situation is putting heavy workload on hospital personnel whether it may be doctors, nurses, technicians or any other workers.

CONFLICT OF INTERESTS

None.

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