Service Expectations from Private Hospitals across Various Socio Economic Strata in Rural India

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Abstract

With the penetration of health services across rural India and enhanced awareness across various socio economic strata through increased literacy levels and disposable income it is imperative that the service expectations from private hospital would be enhanced. Moreover ambitious government health outreach like Ayushman Bharat at Center and Mahtma Jyotiba Phule Health scheme at center the narrative has shifted considerably from affordability towards quality and assurance. Hence in the present context the author has attempted to understand the rural patient expectation. The author have surveyed IPD patients using structured questionnaire and using convenience sampling and concluded that the expectations of patients on various service dimensions have increased considerably and further these dimensions have been found to be of varying importance across various socio demographic classes. This study shall help the authorities to construct and design service models for various social groups according to their preferences for various service dimensions.

Keywords: Service Expectations, In patient Department, Socio Demographic Class

1. Introduction

Even though the nature of government intervention in health care varies from mere regulator to service provider from country to country broad classification can be done on basis of government intervention into 3 type's namely regulatory, supportive and imperfect role. The allocate of services in India's coarse conjugal product has expanded from 33.4 per cent in 1950-51 to 56.6 per cent in 2012-13 as per Advance Estimates (AE). India's healthcare industry is currently worth Rs 73,000 crore which is approximately 4 percent of the GDP. The business is probable to grow at the rate of 13 percent for the next six years which amounts to an addition of Rs 9,000 crores each year. For the duration of 2008-2020, the market is probable to record a CAGR of 16.5 per cent. The total industry size is expected to touch US$ 160 billion by 2017 and US$ 280 billion by 2020. Healthcare industry is rising at incredible pace owing to its intensification exposure, services and increasing disbursement by public as well private troupe.

2. Literature Review

(Thangaraj B, 2016), in his research paper observed that precedence to private commercial hospitals was given as they were better equipped with modern technology. The other parameters ranked for the preference was quality, followed by responsiveness and infrastructure which was described in the research paper.[1]

(Nadi A, 2016), concluded ain his research that perceptions of patients and the magnitude of perceptions had a approving remark from all the apprehensive patients. Assurance criteria faced the maximum gap and the least gap was for consistency. The author summarized that the overall apparent service value of the sampled hospitals did not assemble the mean prospect of the patients; consequently all capabilities need to be strengthened with time to make sure that patients are satisfied.[2]

(LiMin et.al, 2015), summed the findings that the largely perceptions with quality was found to be satisfactory. "Gender and city did not have any significant impact on the dimensions of quality. All five dimensions of service quality of SERVQUAL scale had a positive correlation the author concluded that hospitals at China in general need to be more professionalized and should enlarge the scope; for ensuring patient's satisfaction.[3]

(Augustine P, 2014), reviewed the quality assessment at a public hospital in Ghana to understand the patient's perception and satisfaction. Except for empathy and tangibility which had a positive ranking from the patients, responsiveness, assurance, communication and reliability; four out of six dimensions had a negative score in the gap analysis. This gives room for hospital services to improve further."[4]

(Rahman R, 2013), attempted to recognize the happiness of patients from ten private hospitals in the city of Dhaka He concluded that patients were extremely satisfied with reassurance and nonaligned with communication, receptiveness and empathy and were satisfied by the balance quality magnitude.[5]

(Kazemi, 2013), observed satisfaction of patients with hospital service dominance, during gap analysis it was realistic by the author that receptiveness had the utmost gap and assurance the least .unquestionably, high service quality had a positive impact on satisfaction of the patients.[6]

 (Punnakitikashem P, 2012), threw glow on the quality extent in a hospital in Thailand which was highly quality cognisant having received the Lean certificate for quality. The author hence took the same as a case study to understand the gap between patient's perception and expectations and optional that overall the patient's perception and expectation was average. Tangibility, assurance and dependability were the foremost priorities under patient's expectation. Instead of assurance, empathy had a significant rating under patient's perception. Tangibility scored the greatest both in patient's awareness and expectation.[7]

(Kavitha, 2012), discussed the issues of facility quality in the city of Salem in two hospitals one being private and the other public. Result suggested that perception of patients was high for all dimensions although physical facilities scored the highest. Private and public hospital management were well aware and high of the patient's expectations in both type of hospitals.[8]

(Odgerel C, 2010), in research thesis observed that the gaps between perception and expectation were extremely high for empathy and nursing care. Assurance was rated as the highest under the expectation category followed by accountability and empathy from the patients end. Perceptions and expectations scored highest for knowledgeable and capable doctors and staff. Satisfaction level of new entrants was lower than those who had been admitted to the hospital umpteen times. Higher perception of patients showed higher satisfaction level amongst patients and greater degree of recommendation to others. The author suggested that a patient hearing by the patiently was necessary for improvement in the quality of hospitals.[9]

(Zaim, 2010), addressed the relationship of customer satisfaction with SERVQUAL measure in twelve different hospitals in the city of Turkey. The future intention, perception and evaluation of service quality were analysed from the patient's viewpoint. The author concluded that responsiveness and assurance were not important for customer satisfaction unlike tangibility, empathy, reliability and courtesy.[10]

 (Acharyulu, 2007), identified four gaps from the perspective of the hospital which gave rise to the fifth gap between consumer expectations and perceptions. The findings depicted that authorities had to lay great stress on reliability and responsiveness which had the highest gap. Delivery aspects were given profound importance as compared to the tangibles at the hospitals, followed by assurance. Patients expected that the doctors were knowledgeable and technology savvy. The authors focused on continual service assessments and accreditation for hospitals which would strengthen the service quality aspects, much in demand by quality centered patients in the present times.[11]

(Jager J, 2007), determined the service quality in government hospitals at Gauteng by interviewing and placing questionnaire to five hundred and eighty three in and out patients. The findings depicted that expectation on tangibility dimension was high, especially for cleanliness. In totality the appearance of staff was perceived good both in in and out patients. Parking was of least priority for all type of patients. "Not much difference in ranking within the tangibility construct was found between in and out patients. Increased expectations were observed in the entire assurance construct especially for safety, courteous staff and effective communication. Perceived understandable communication was rated high. Gap between perceived and expected was highest for cleanliness." The author suggests that variables of assurance dimension needs to be paid attention by the management.[12]

Though an extensive research and contributions regarding the assessment of gaps in service quality has been in existence and their contribution is acknowledged but at the same time this study addresses some of the gaps in the existing study such an assessment of patients expectations.

3.   Methodology

Researcher has selected 11 private hospitals. Infrastructure and facilities, expert team, services provided, patient's expectations, perceptions, actual service quality and other important aspects are covered in this research.The sampling unit was patients admitted in the hospital or IPD patient for the reason being such patients spend considerable duration in the hospital and are well verse with the various administrative system

of the hospital. The data was collected from relative of such a patient who may not be in a position to participate in the survey especially those patients who are critically ill.The present research design is descriptive for the reason that present study describes the characteristics or phenomenon observed regarding the service quality gaps. Descriptive research was used to explain distinctiveness of a population being studied. It does not respond questions about how/why/when the characteristics occurred.

The sample size of the study is fixed according to the average bed size in the selected hospitals and the average occupancy ratio of these hospitals. The name of the hospitals, their bed capacity and the average IPD occupancy ratio are maintained to determine the sample size from each of these hospitals.The sample size of 302 was selected. (Determining the sample Size: Crecy, Robert V., Morgan. Daryle W.)

The list of hospitals in Ahmednagar having bed capacity of more than 100 is available with District Medical Officer and from this sampling frame top hospitals having bed size more than 100 and those which have been operational more than 10 years are selected.

In the present study convenience sampling is used for the reason that at times patient may not be in a position to participate in the survey owing to their poor health and hence only those patients who have expressed their willingness to participate in spite of their health have only been included in the survey. The hospitals included in the present study are few of the largest hospitals in the area of study

Objectives of the Study

The objectives are as follows

1. To study the patient expectation from private hospitals on various parameters of service quality.

   Hypothesis of the study

   The present study is guided by testing of the following hypotheses:

   Ho_1: There is no significant difference in service quality expectations according to patient and hospital attributes

4. Findings & Discussion

65% of the patients from the sample are male whereas the percentage of female patients is mere 35%. The inclusion of more than 50% of the population amongst the age group below 40 is surprising but in allegiance to the observed social trends as more and more young portion of the population has been subjected to hospitalization. 79% are married patients. 11% who have claimed themselves to be illiterate which again may be attributed to the fact that the list of hospitals that are included in the given study include charitable hospitals governed by the trust which cater to large section of the society in the vicinity who are mostly farmers.

24**%** includes graduates whereas 9% of the sample is post graduates.29% patients each have reported income in the bracket 11-20 thousand and 21-30 thousand respectively.

The same is represented and documented in the following table.

Table 1: Mean Score And Distribution Of Patients Expectations From Private Hospitals.

Expectation	Mean	Std.Deviation	Variance	Skewness	SE of Skewness	Kurtosis	SE of kurtosis
Modern equipment	6.0973	1.07022	1.145	-.793	.141	-.759	.281
Attractive physical facility	6.0268	.98952	.979	-.702	.141	-.415	.281
Clean Uniform	5.8294	1.17339	1.377	-.718	.141	-.443	.281
Clean and comfort environment	5.6460	1.21845	1.485	-.562	.143	-.674	.285
Fulfillment of promise	5.8089	1.19258	1.422	-.736	.142	-.256	.284
Sympathy and sincere interest	5.9668	1.07031	1.146	-.738	.140	-.403	.280
Right service at first time	6.0702	1.12853	1.274	-1.084	.141	.227	.281
Service in right time	5.9867	1.09232	1.193	-.823	.140	-.411	.280
Fast retrieval of records	5.7651	1.11246	1.238	-.648	.141	-.361	.281
Patient well informed	5.9164	1.15989	1.345	-.862	.141	-.168	.281
Prompt service	5.8919	1.07757	1.161	-.585	.142	-.565	.282
Willing to help patients	5.9158	1.05410	1.111	-.667	.141	-.418	.282
Respond to consumer request	5.9100	1.12819	1.273	-.779	.141	-.290	.281
Instill confidence in patient	5.9497	1.04808	1.098	-.818	.141	.051	.281
safety in transaction	5.9302	1.14533	1.312	-.895	.140	-.051	.280
Polite and friendly environment	5.9600	1.07498	1.156	-.782	.141	-.157	.281
Knowledgeable Person to answer query	5.8725	1.12689	1.270	-.770	.141	-.296	.281
Individual attention to patient	**6.1567**	.99772	.995	-1.112	.141	.601	.281
Good support to employees	5.9767	1.13744	1.294	-.791	.141	-.475	.281
Understanding of patient need	6.0068	1.03168	1.064	-.834	.142	.002	.282
Best interest of patient	6.0167	1.08950	1.187	**-1.298**	.141	1.716	.281
Convenient operating hour	5.8294	1.21276	1.471	-.979	.142	.312	.284
Expert doctors round the clock	6.0400	1.06246	1.129	-.922	.141	-.001	.281
Consideration to patient by doctors	6.0367	1.14879	1.320	-1.231	.141	1.259	.281
Professional approach by doctors	**5.4267**	1.27935	1.637	-.569	.141	-.397	.281

From the descriptive statistics of the expectation scores it is observed that on all of the expectation count, the mean score is above 5 and expectations of patients regarding equipment, physical facilities, individual attention, and right service at right time. The highest mean score is recorded for expectation where patients require undivided individual attention. The lowest expectation score is recorded for expectation that doctors should exhibit professional approach. It seems that patients have misunderstood the word "professional" means without any compassion but the real meaning was that doctors should exhibit skills that are warranted from a professional.

From the descriptive statistics of skewers and kurtosis it is observed that none of the value exceeds 1.96 in both directions and hence it can be implied that none of the expectation score violates the norms of normal distribution. It can be concluded that there are high expectations of patients on all service aspect of service quality. The patients have reported a very higher expectation on all service counts.

Factor Analysis of Variables related to Service Expectation

Table 2: KMO and Bartlett's Test Statistics for Sample Adequacy Service Expectation

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.926
Bartlett's Test of Sphericity	Approx. Chi-Square	5714.526
	df	300
	Sig.	.000

Table 3: Component Matrix (a) for Service Expectation

	Component				
	1	2	3	4	5
E-Modern equipment	**.727**	-.127	-.040	.289	.213
E-Attractive physical facility	**.569**	-.050	-.332	-.014	.440
E-Clean Uniform	**.727**	-.111	.340	.101	.058
E-Clean and comfort environment	**.462**	.146	.321	-.393	.439
E-Fulfillment of promise	.678	**.229**	.458	-.219	-.140
E-Sympathy and sincere interest	.724	**.080**	-.132	-.038	.084
E-Right service at first time	.790	**-.280**	.035	.031	-.277
E-Service in right time	.679	**-.136**	-.013	-.252	.273
E-Fast retrieval of records	.661	**-.232**	.384	.169	.093
E-Patient well informed	.742	-.147	**-.010**	.050	-.208
E-Prompt service	.681	-.282	**.249**	-.062	-.041

E-Willing to help patients	.706	-.239	***.129***	.175	.100
E-Respond to consumer request	.802	-.242	***.004***	-.025	.060
E-Instill confidence in patient	.796	-.263	.076	***.144***	-.051
E-safety in transaction	.792	-.243	-.120	***-.025***	-.115
E-Polite and friendly environment	.758	-.114	-.281	***-.136***	-.203
E-Knowledgeable person to answer query	.754	-.036	.015	***-.287***	-.155
E-Individual attention to patient	.794	.068	-.351	.108	***.081***
E-Good support to employees	.729	.335	-.109	.040	***.196***
E-Understanding of patient need	.705	.201	-.372	-.116	***.054***
E-Best interest of patient	.739	.450	-.209	-.096	***-.113***
E-Convenient operating hour	.565	.568	.316	***-.175***	-.143
E-Expert doctors round the clock	.767	.292	-.057	-.052	***-.197***
E-Consideration to patient by doctors	.741	.144	-.154	.323	***-.189***

The 5 factors after factor analysis for both expectation and perception are listed as follows

1. Tangibility

2. Reliability

3. Empathy

4. Responsiveness

5. Assurance

Hypothesis Testing

H$_{O2}$: **There is no significant difference in service quality expectations according to patient and hospital attributes**

Table 4: ANOVA Statistics of Service Quality Expectations According To Patient and Hospital Attributes

Grouping variable	F	Df	Significance
Age	4.351	4	0.001
Marital status	1.128	3	0.303
Occupation	2.841	6	0.007*
Education	4.727	5	0.000**
Income	7.840	5	0.000**
Duration	5.605	2	0.001*
Department	1.364	16	0.164
Size of Hospital	4.915	301	0.008*
Type of Hospital	4.095	3	0.018*

Hence by observing the above table it can be inferred that the service quality expectations differ significantly across patient attributes and hospital attributes and hence null hypothesis that the service quality expectations do not differ significantly is rejected. The service quality expectations differ significantly across patient attributes and hospital attributes and hence null hypothesis that the service quality expectations do not differ significantly is rejected

CONCLUSION

The shift of government from welfare state to regulator due to pressing needs of globalisation and liberalisation has opened wide avenues for service providers in the health care industry. Further the increased literacy level, more disposable income at hand, the burgeoning middle class with tons of information at disposal have forced many of service provides for a paradigm shift in their approach and focus on enhanced customer satisfaction to which the health sector should not be an exception. The introvert factors play a significant role in selection of hospital. The importance of introvert factors remain outdebated as it explains maximum variance. Hence it can be safely presumed that hospitals should strive to enhance service experience of their existing patients as they would be strong advocates for the hospitals in garnering new patients. Patients in private hospitals have very high expectations on every service attribute and interestingly the percentage of patients who have such higher expectations is substantial. The higher expectations of patient's further warrant attention from the hospital administration that can incept steps to meet these expectation and the mammoth work and efforts required by them.Patients seem to be disappointed with the service experience on many dimensions of the service quality. The research was conducted to recognize the input service quality factors of private hospitals that influence patient's satisfaction and review how patients rate the service quality dimensions of private hospitals. It identifies the important service quality dimensions of the private hospitals to better understand the requirements of the patients to increase their satisfaction.

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