

Assessment of Quality Care in Tertiary Government Hospitals of India.

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ABSTRACT

BACKGROUND

Quality assessment in healthcare has become increasingly significant with recent spurge of healthcare providers. It is now essential for hospital managers to assess and measure consumer perspectives and service quality gaps so that any perceived gap in the delivery of service is identified and suitably addressed. A survey was conducted in tertiary government hospitals to assess the service quality provided to the consumer expectations, and experiences in respect of the hospital services.

METHOD

A Descriptive Study was conducted in 7 cities of India using SERVQUAL as the survey instrument, the instrument being validated for use in the hospital environment. Consumer ratings across 5 dimensions of the survey instrument were collected and paired in expectation and experience scores and then statistically analysed to highlight service quality in healthcare.

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RESULTS

There was a significant lack of quality healthcare services provided by tertiary govt hospital in all major Indian cities. The gaps exist across all the five dimensions of the survey instrument with a statistically significant mean score in expected and experienced services.

CONCLUSION

The study concludes that significant service quality gaps exist in the delivery of the hospital services, which need to be addressed by focused improvement efforts by the hospital and Government.

Keywords

SERVQUAL, Quality care, Tertiary Government hospital, Service quality

INTRODUCTION

Quality assessment in healthcare has become increasingly significant with recent spurge of healthcare providers. It is now essential for hospital managers to assess and measure consumer perspectives and service quality gaps so that any perceived gap in the delivery of service is identified and suitably addressed (Mosadeghrad, 2014). Quality of healthcare has multiple definitions. Health is defined as state of physical, mental and social wellbeing. (Counte, 2007). According to Schuster et al (Schuster, McGlynn, & Brook, 1998) good healthcare quality means “providing patients with appropriate services in a technically competent manner, with good communication, shared decision-making and cultural sensitivity”. With the rapidly changing healthcare in the world, Indian Healthcare services are struggling from certain limitations that are the major concerns for future growth of the market (Malik, 2004). Many healthcare firms are using the Service Quality model as a conceptual framework for measuring service quality delivery in HealthCare Services. The service quality model indicates that consumer quality perceptions are effected by a number of distinct gaps occurring in organizations. These gaps on the service providers’ side can impede the delivery of servicing what consumer perceives to be of high quality (Kapoor, 2011).

It is perceived that the need for quality in healthcare in the country shall rise exponentially. But the quality services provided by government hospitals are limited as compared to private hospitals. With its large population and crowded towns, India faces big challenges in control of various diseases. There is a major change and improvements are taking place in the healthcare system of India. To keep pace with the increasing demand and expectations of the growing population and also to cope up with new emerging diseases. The strengths and weaknesses in a health care organisation can be measured by its clinical and budgetary success but all of these in turn depend upon the quality of service provided by them (Bajpai, 2014). Measurements are importantly required to guide several changes but health care service quality can be very demanding in carrying out the measurements. More is accessible for assessment from the perceptions of the participants providing or receiving the services. Government hospitals are centre-stage, but vary widely in calibre even in first-tier cities and play a vital role; however, the quality of health services that are provided by them has seldom been separately and independently assessed. Patients' attendance can be adversely affected if perception of service quality is poor and also affecting patients' compliance with treatment. There were significant differences in controlled quality between hospitals.

The dimension of service quality is a central issue in public sector hospital and has been discussed in a number of writings and researches by Parasuraman et al (Anantharathan Parasuraman, Zeithaml, & Berry, 1985). Parasuraman et al proposed service quality model for the first time, and the service quality can be measured as functional quality dimension which has five components (tangibility, reliability, responsiveness, empathy, assurance) (Arun Parasuraman, Berry, & Zeithaml, 1993). According to the model, service quality can be determined by comparing the service expectations of user with their perceptions of actual performance using a questionnaire comprising of 44 questions for patient experience and 37 questions for patient expectation. The tangible dimension pertains to appearance of physical facilities, equipments, personnel and communication material. The reliability dimension refers to the ability to perform a promised service dependably and accurately (service outcome). The remaining three dimensions of service quality represent aspects of interaction quality: responsiveness means willing to help customers and provide prompt service, empathy pertains to caring, individualised attention of an organisation to its customers as well as understanding customer needs and convenient access to the service. Lastly, the dimension of assurance comprises of knowledge and

courtesy of employees and their ability to convey trust and confidence (Ananthanarayanan Parasuraman, Zeithaml, & Berry, 1988).

AIMS AND OBJECTIVES

1. To assess health care service quality, and its relationship with patients satisfaction in tertiary Government hospitals.
2. To examine the perception of the patients towards the service quality provided by the tertiary Government hospitals.

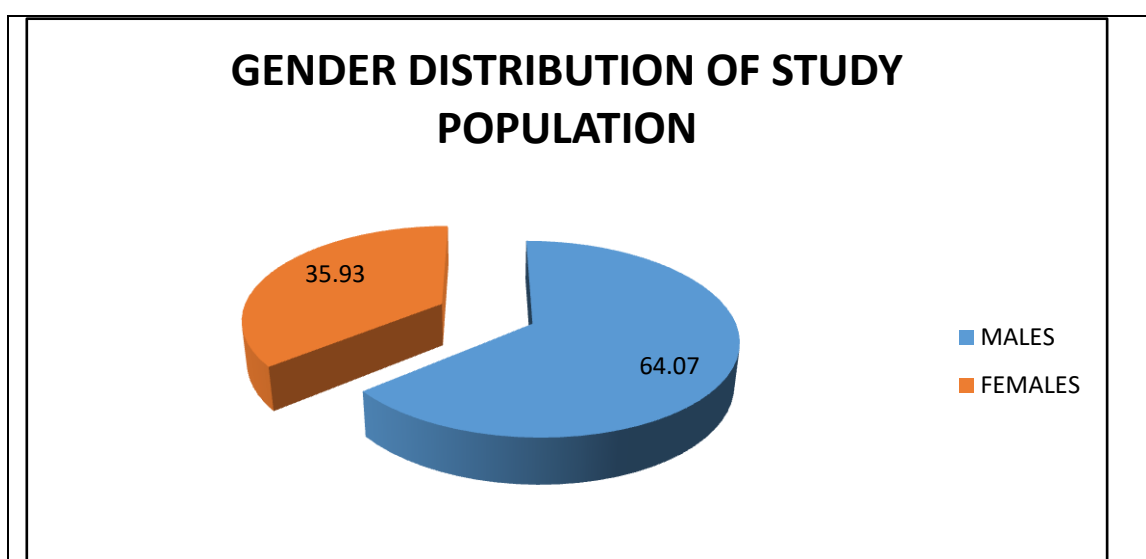
MATERIALS AND METHOD

The survey was carried out in tertiary Govt hospitals in seven cities all over India viz, Delhi, Kolkata, Punjab, Lucknow, Vishakapatnam, Chandigarh and Kochi by interacting with patients, with regard to expectation vs experience towards hospital services using SERVQUAL as the survey instrument. Patients were asked to indicate their degree of agreement for the 37 expectations and 44 experiences of the services provided by the hospitals. A 5-point rating Likert scale was used to measure expectations and experiences in which the alternatives range from very strongly agree to very strongly disagree. Thus, they could respond to the survey based on their experience and expectation more effectively. A total of 1002 respondents have been selected using purposive sampling. In collecting the data, closed structured questionnaires have been used. These questionnaires are divided into 5 service quality dimension which include, Tangibles, Reliability, Responsiveness, Assurance and Empathy. Data was analysed by a suitable statistical technique with the help of SPSS software.

RESULTS AND DISCUSSION

This study aims to identify the importance of service quality on patient satisfaction in govt hospitals and the measurement of service quality based on the difference between the patients' expectation of quality services and their experience of the services received using SERVEQUAL tool. The data has been collected from 1002 hospital service users for both expectation and experience regarding quality measurement of hospitals. It is found that there is a huge gap across all the 5 dimensions of services quality (reliability, responsibility,

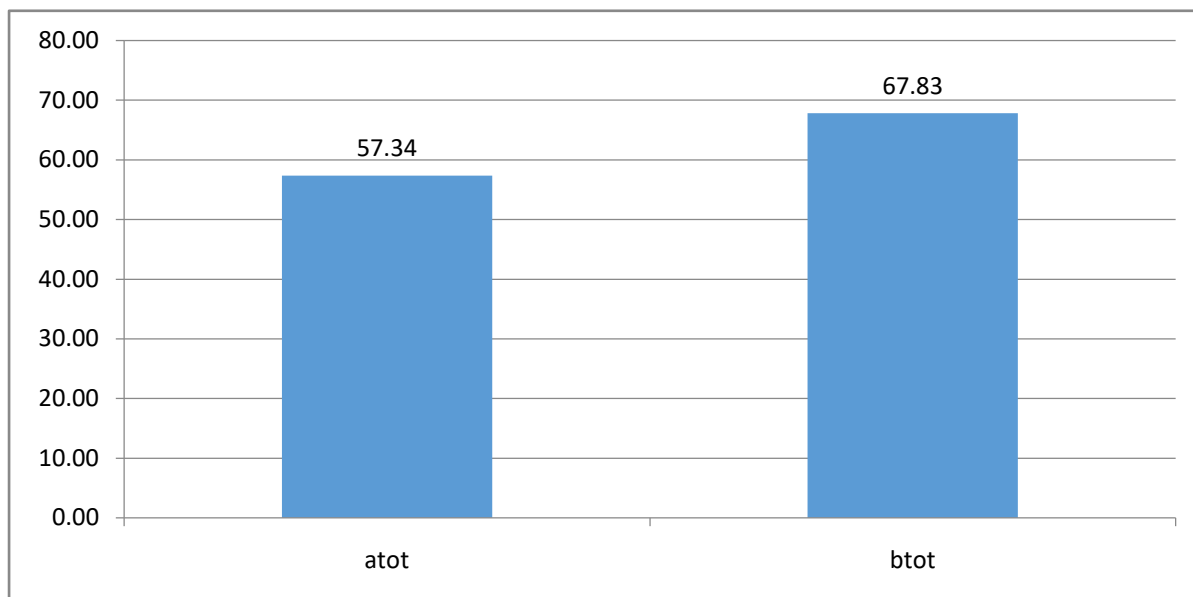
tangibles, assurance and empathy). There is a statistically significant ($p < 0.0001$) difference between expectation and experience in the total score, overall, and mean expectation score (57.34) was significantly lesser than mean experience (67.83) score when compared with all the 5 dimensions of health care service provided at the government hospitals in all cities. While in Delhi and Lucknow mean expectation score (66.96) was significantly higher than mean experience score (66.37) where patients were satisfied with the health care service provided at the government hospital in the dimension of responsibility, reliability and empathy.



Graph 1: showing Gender Distribution of the study population.

| Overall (n=1002) | TOTAL SCORE | | |
|------------------|-------------|------------|---------|
| | Expectation | Experience | P Value |
| Mean | 57.34 | 67.83 | <0.0001 |
| S.D | 15.99 | 17.56 | |

Table 1 :Overall Total score of dimension of service quality



Graph 2: showing total score of experience and expectation mapping of overall dimensions of service quality

Table 1 and graph 2 showing overall results

Total number of respondents was 1002. Mean total score of expectation was 57.34 with a standard deviation of 15.99. Mean total score of experience was 67.83 +17.56. Paired sample student “t” test was performed to find out the significance. P value was <0.0001. There is a statistically significant difference between expectation and experience in total score. Mean expectation score was significantly lesser than experience. Patients were not satisfied with the health care service provided at the hospitals. There is a statistically significant difference between expectation and experience in total score. Mean expectation score was significantly lesser than experience where patients were not satisfied with the health care service provided at the hospital.

Most of the respondents were in common agreement regarding the huge gap in the services provided by the hospital. The hospital lacks proper cleanliness and personal care. The huge crowding and staff shortage lead to mismanagement. There is an absence of protectiveness and lack of problem-solving approach in hospital employees. The shortage of medicine and lack of proper lab facilities further degraded the patient scores rating. The service quality and staff is the key differentiator for any hospitals and was not up to the mark. Patients were not satisfied and hospitals fail to retain their locality. Most of them expressed their willingness to switch to better healthcare provider.

CONCLUSION

The survey successfully assessed the service quality in healthcare provided by tertiary govt hospitals in major Indian cities, based on the differences between the patients' expectations of quality services and their experience of the services received. The hospitals didn't meet the patient's expectations and experiences in all 5 dimensions. There is a huge gap in reliability, responsiveness and tangibility of services. With the increasing number of patients and new diseases attacking mankind, the public sector hospital fails to provide quality health care to its dependent. This has a significant implication for the hospital management, as service quality gaps along with their specific dimensions were correctly identified, thus directing focused and continuous improvement efforts for addressing such vital gaps in the hospital care services. There is immediate need of action by the hospital management to inculcate professionalism and implementation of modern techniques for customer relationship management in order to revamp its prevailing image and ensuring rapid treatment and sound health.

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