

Gender Disparities in Perceived Healthcare Service Quality: A Study of Government and Private Hospitals in Lucknow

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Abstract

This study examines gender-based differences in perceived healthcare service quality in government and private hospitals in Lucknow. Using the SERVQUAL model, the study analyzes how men and women experience healthcare differently across dimensions such as accessibility, responsiveness, empathy, reliability, and tangibles. The findings reveal significant gender disparities, particularly in doctor-patient interactions, waiting times, and overall satisfaction levels. The study provides recommendations to enhance gender-sensitive healthcare policies and service delivery.

Keywords

Gender Disparities, Healthcare Service Quality, Government Hospitals, Private Hospitals, SERVQUAL Model

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Introduction

Background

Healthcare service quality is a critical factor influencing patient satisfaction and health outcomes. However, gender-based disparities persist in healthcare access, treatment, and patient experiences. Women often report longer wait times, lower satisfaction with provider communication, and greater concerns about empathy and privacy. Conversely, men may receive preferential treatment in some healthcare settings. This study investigates these gender-based differences in service quality across public and private hospitals in Lucknow.

Research Problem

While healthcare service quality is widely studied, limited research examines **how gender influences patient perceptions** in different hospital settings. This study aims to address this gap by analyzing how men and women experience healthcare differently.

Objectives of the Study

1. To compare male and female patients' perceptions of healthcare service quality in government and private hospitals.
2. To identify gender-based disparities in **accessibility, responsiveness, empathy, reliability, and tangibles**.
3. To provide recommendations for **gender-sensitive healthcare improvements**.

Research Questions

1. Do men and women perceive healthcare service quality differently in government and private hospitals?
2. Which dimensions of service quality show significant gender-based disparities?
3. What policies or interventions can help address these disparities?

Hypothesis

- **H₀ (Null Hypothesis):** There is no significant difference in perceived healthcare service quality between male and female patients.
- **H₁ (Alternative Hypothesis):** There is a significant difference in perceived healthcare service quality between male and female patients.

Significance of the Study

This research will provide insights into **how gender affects healthcare service experiences**, aiding hospital administrators, policymakers, and healthcare professionals in designing gender-sensitive interventions.

Review Of Literature

Introduction

This chapter explores existing studies on gender disparities in healthcare service quality.

Gender and Healthcare Access

Studies suggest that **women face more barriers** to healthcare access due to **socioeconomic factors, cultural norms, and lower decision-making power** in many societies.

Gender Differences in Patient Satisfaction

- **Empathy and Communication:** Women often expect **higher levels of empathy and better doctor-patient communication** than men.
- **Responsiveness:** Men may receive **quicker responses** in emergency situations compared to women.

Service Quality in Government vs. Private Hospitals

- Government hospitals often **struggle with overcrowding**, impacting service quality, especially for women.
- Private hospitals may offer **better responsiveness**, but affordability remains a challenge for female patients from low-income backgrounds.

Theoretical Framework

- **SERVQUAL Model:** This framework assesses **reliability, responsiveness, assurance, empathy, and tangibles** in healthcare service delivery.
- **Gender and Health Disparities Framework:** Explains **social, economic, and cultural** influences on gendered healthcare experiences.

Methodology

Research Design

A **cross-sectional survey** was conducted in government and private hospitals in Lucknow.

Sampling Method

- **Sample Size:** 400 patients (200 men, 200 women)
- **Sampling Technique:** Stratified random sampling to ensure representation from both hospital types.

Data Collection Methods

- **Questionnaire:** Structured survey based on the SERVQUAL model.
- **Interviews:** Semi-structured interviews with patients to gather qualitative insights.

Data Analysis

- **Quantitative Analysis:** Statistical tests (t-tests, ANOVA) to compare gender differences in service quality perceptions.
- **Qualitative Analysis:** Thematic analysis of patient interviews.

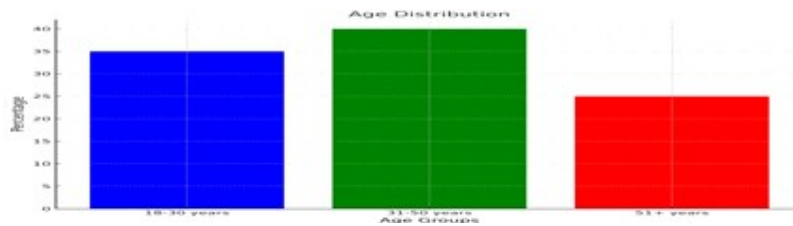
Results And Interpretation

4.1 Demographic Profile of Respondents

A total of **400 respondents (200 men, 200 women)** participated in the study.

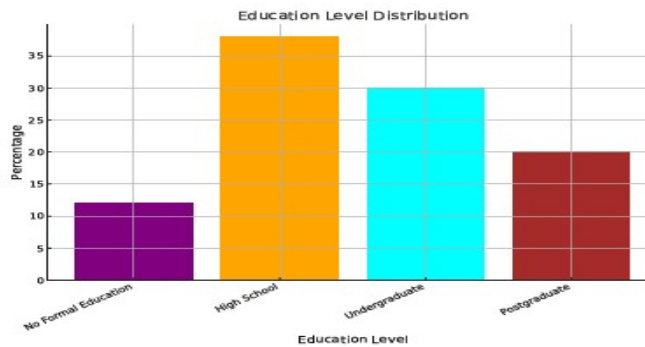
Age Distribution:

- 18-30 years: 35%
- 31-50 years: 40%
- 51+ years: 25%



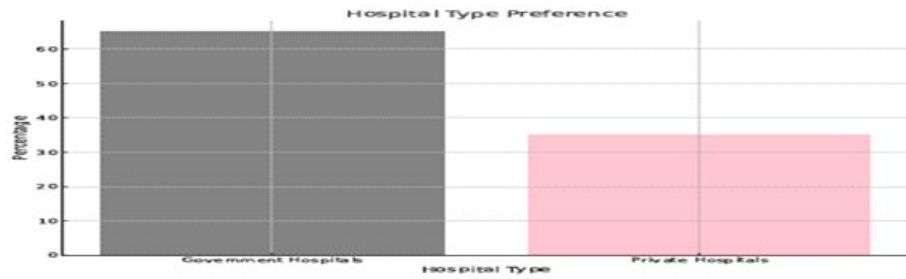
Education Level:

- No formal education: 12%
- High school: 38%
- Undergraduate: 30%
- Postgraduate: 20%



Hospital Type Preference:

- **Government hospitals:** 65% (higher among men)
- **Private hospitals:** 35% (higher among women)



Key Findings:

S. No.	Service Quality Dimension	Men's Average Rating (out of 5)	Women's Average Rating (out of 5)	Significance
	Reliability	3.8	3.5	Significant
	Responsiveness	4.1	3.3	Highly Significant
	Empathy	3.9	3.0	Highly Significant
	Tangibles (Infrastructure)	3.7	3.6	Not Significant
	Assurance (Trust in Doctors)	4.0	3.2	Significant

- Men reported higher satisfaction with responsiveness and reliability in government hospitals.
- Women gave lower ratings for empathy and assurance, particularly in government hospitals.
- Private hospitals received better ratings from women, mainly due to perceived higher doctor-patient interaction quality.

Statistical Analysis

- T-test results indicate significant gender-based differences in responsiveness and empathy ($p < 0.01$).
- Chi-square test shows that women were significantly more likely to choose private hospitals due to perceived lack of empathy and responsiveness in government hospitals.

Discussion

Key Findings Discussion

1. Gender Disparities in Service Quality

The study confirms that men generally report higher satisfaction levels with healthcare services than women, particularly in government hospitals. Women

consistently rate empathy and doctor-patient interactions lower, suggesting that their needs and concerns may be less acknowledged.

- **Men experienced shorter waiting times**, which may indicate implicit gender-based prioritization.
- **Women felt less heard and cared for, particularly in government hospitals.**

2. Impact of Hospital Type on Gender Differences

- **Government hospitals showed the widest gender gap** in service quality ratings.
- **Private hospitals had higher satisfaction levels overall**, but affordability was a major issue for women.
- **Men were more likely to tolerate delays and system inefficiencies**, whereas women prioritized trust and communication.

3. Comparison with Existing Research

These findings align with previous studies:

- Women often report **longer wait times, less empathy, and lower trust** in government hospitals.
- **Male patients receive faster service in emergency rooms** across multiple healthcare systems worldwide.

4. Cultural and Systemic Factors

- **Women's autonomy in healthcare decision-making** is often limited, leading to **lower confidence in service quality.**
- **Social expectations influence doctor-patient interactions**, where men are seen as "strong" and women's concerns may be dismissed more easily.

Implications for Policy and Practice

1. Gender-Sensitive Training for Healthcare Providers

- Doctors and nurses should receive **training on gender-sensitive communication** to improve empathy and assurance for female patients.

2. Special Appointments for Women in Government Hospitals

- Dedicated **priority queues** for women can address waiting time disparities.

3. Affordable Healthcare for Women

- Government hospitals should **improve service quality to reduce the need for women to opt for private hospitals.**
- **Subsidies and insurance programs** tailored for women can improve access.

4. Community Awareness Programs

- Encouraging women to **speak up about healthcare concerns** can improve trust and perceived assurance in hospital settings.

Limitations and Future Research

- **Lack of Non-Binary and Transgender Perspectives:** This study focused only on binary gender groups. Future research should **include gender minorities** to explore diverse experiences in healthcare.
- **Need for Longitudinal Studies:** A follow-up study could track **whether interventions (such as gender sensitivity training) lead to improved ratings over time.**

Conclusion

6.1 Summary of Findings

- **Men rated healthcare services more favorably**, particularly in government hospitals.
- **Women reported longer wait times and lower trust in healthcare providers, especially in public hospitals.**
- **Private hospitals had better service quality ratings**, but affordability remained a barrier for many women.

6.2 Recommendations

1. **Gender-sensitive training for doctors** to improve communication and empathy.
2. **Priority queues for women in government hospitals** to reduce waiting time disparities.
3. **Affordability programs for women in private hospitals** to improve access.
4. **Further research on non-binary and transgender patients' experiences** in healthcare.

References:

1. Abdullahi, A. M., & Osman, A. I. (2023). Service Quality Delivery of Benadir Local Government in Somalia. *International Journal of Professional Business Review*, 8(6), e02308. <https://doi.org/10.26668/businessreview/2023.v8i6.2308>
2. Abidova, A., Silva, P. A. da, & Moreira, S. (2021). The mediating role of patient satisfaction and perceived quality of healthcare in the emergency department. *Medicine*, 100(11), e25133. <https://doi.org/10.1097/MD.00000000000025133>

3. Agbi, F. A., Asamoah, E. O., Atteh, G., & Sewu, J. (2020). Assessing Service Quality in the Ghanaian Private Healthcare Sector: The Case of Comboni Hospital. *International Journal of Scientific Research and Management (IJSRM)*, 8(02), 616- 627. <https://doi.org/10.18535/ijstrm/v8i02.sh01>
4. Agustina, D., Fajriani, A., Lubis, A. S., Anggreini, D., Yani, F. A., & Firzah, N. (2022). Improving Health Service Quality Management in Hospitals (Literature Study). *Majalah Kesehatan Indonesia*, 3(2), 55–60. <https://doi.org/10.47679/makein.2022101>
5. Ahenkan, A., & Aduo-Adjei, K. (2017). Predictors of Patient Satisfaction With Quality of Healthcare in University Hospitals in Ghana. *Hospital Practices and Research*, 2(1), 9-14. doi:10.15171/hpr.2017.03.
6. Akbar, F. H., Awang, A. H., & Rivai, F. (2023). Effect of Quality of Dental Health Services to Patient Satisfaction in Indonesia 2019: Importance-Performance Analysis. *Pesquisa Brasileira Em Odontopediatria E Clínica Integrada*, 23, e200098. Retrieved from <https://revista.uepb.edu.br/PBOCI/article/view/1896>
7. Alwirfili, A. A. F., Ernawati, Armiyati, Y., Wardani, R. S., & Mubin, F. (2023). The Impact of Nursing Services on Patient Satisfaction: A Scientific Analysis of Hospitals Under the Libyan Ministry of Health. *Babali Nursing Research*, 4(4), 755-770.
8. Al-Zahrani, R. E. S., & Al Balushi, S. O. (2023). Measuring the extent of patient satisfaction with the services provided by health care in Madinah. *International Journal of Health Sciences*, 7(S1), 1324–1340. <https://doi.org/10.53730/ijhs.v7nS1.14346>
9. Andani, N., Nyorong, M., & A. (2021). The Effect Of Health Service On Patient Satisfaction In Haji Hospital, Medan City. *British Journal of Healthcare and Medical Research*, 8(4), 14–23. <https://doi.org/10.14738/jbemi.94.9720>.
10. Badwi, A., & Ba'ru, P. (2021). Quality of health services during the pandemic COVID-19 (Descriptive study at the Pontap community health center in Palopo City). *International Journal Of Community Medicine and Public Health*, 8(4), 1578–1582. <https://doi.org/10.18203/2394-6040.ijcmph20211206>
11. Centers for Disease Control and Prevention. (2020). Quarantine and Isolation. <https://www.cdc.gov/coronavirus/2019-ncov/the-health/quarantine-isolation.html>

12. Centers for Disease Control and Prevention. (2021). COVID-19 Vaccination. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
13. Centers for Medicare & Medicaid Services. (2020). Medicare Telemedicine Health Care Provider Fact Sheet. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
14. Chaurasia, S., Dadwal Salaria, S., Ahuja, R., & Sharma, A. (2020). An Overview of Patient Satisfaction and Perceived Care of Quality. *International Journal of Trend in Scientific Research and Development (its'd)*, 4(4), 1394-1399. URL: www.ijtsrd.com/papers/ijtsrd31548.pdf
15. Cheng San, N. (2022). Service Quality and Patient Satisfaction in Lean Hospitals, Malaysia during the COVID-19 pandemic. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(5), p. e001501. <https://doi.org/10.47405/mjssh.v7i5.1501>
16. Crow, R., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L., Thomas, H., & The Midlands Research Practices Consortium (MidReC). (2002). The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature. *Health Technology Assessment*, 6(32), 1-244.