

A COMPARATIVE STUDY OF SERVICE DELIVERY IN PUBLIC AND PRIVATE HOSPITALS: QUALITY AND SATISFACTION PERSPECTIVE

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Abstract

This study aims to analyze the variables/ factors of service quality parameters in which the empathy perceived by patients in government and private hospitals in Lucknow has been assessed as a priority variable using the SERVQUAL model. Empathy is a critical component of healthcare service quality, directly influencing patient satisfaction, trust, and overall care experience. In the Indian healthcare system, notable disparities exist between government and private hospitals in terms of service delivery, particularly in empathetic communication and patient engagement.

A quantitative research design was employed using a structured questionnaire based on the dimensions of the SERVQUAL model. Data were collected from 400 patient respondents—200 each from government and private hospitals through stratified random sampling. Demographic details such as gender and educational background were also recorded to analyze their influence on all five dimensions but empathy as a major perception.

The findings revealed that patients in private hospitals reported significantly higher levels of perceived empathy compared to those in government hospitals. Contributing factors included more favorable staff-patient ratios, better infrastructure, and customer-focused service practices in private settings. Furthermore, demographic variables such as gender and education were found to influence perceptions of empathy, with female and higher-educated respondents reporting greater sensitivity to empathetic behaviors.

The study underscores the need for targeted interventions in government hospitals to enhance empathetic engagement through regular or interval staff training, adequate resource allocation, and policy formation or reform in existing policy and procedure. These improvements are essential to reduce service quality gaps and promote

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equitable healthcare experiences across hospitals regardless of their types, locations, functioning etc.

Keywords

Empathy, Service Quality, SERVQUAL, Government and Private Hospitals.

Introduction

The healthcare industry has long been acknowledged as an essential service, playing a pivotal role in safeguarding the health and well-being of individuals and communities alike. Service quality in health care encompasses a multifaceted array of attributes that collectively contribute to patient satisfaction, safety, and overall healthcare outcomes. These attributes, often referred to as service quality dimensions, encompass upon five variables/factors such as accessibility, responsiveness, empathy, reliability, and tangibles.

The sudden surge in cases overwhelmed hospitals, exposed vulnerabilities in healthcare infrastructure, and compelled healthcare providers to innovate rapidly to meet the surge in demand while simultaneously safeguarding the well-being of healthcare workers and patients alike. Consequently, new protocols, safety measures, and changes in patient flow were swiftly implemented to mitigate the spread of the virus, inevitably impacting the dynamics of healthcare service quality (World Health Organization, 2020).

We have conducted a comprehensive study that encompasses both the government and private healthcare sectors. By examining these dimensions, we seek to provide valuable insights that can inform healthcare policy makers, practicing medical staff, and managerial strategies to enhance the quality of healthcare services in a post-pandemic period.

Private Hospitals

It is assumed that the private hospitals typically demonstrate better tangibility (infrastructures, equipment, aesthetics, cleanliness facilities), empathy (personal attention from doctors and nurses, paramedics), responsiveness (willingness to help on quick response activities), and assurance (confidence among patients and staff). The private healthcare sector in Lucknow, which includes corporate hospitals and specialty clinics, demonstrated remarkable adaptability during the pandemic. For these institutions, maintaining service quality was paramount in retaining patient trust and satisfaction. Key service quality dimensions such as patient care, technology integration, and accessibility took center stage in developing the image of hospitals and the doctors along with the other paramedical staff engaged in patient care services following the quality parameter that enhances the patients' satisfaction.

Public Hospitals

The public hospitals in the Lucknow region show strengths in areas like availability of physicians, cost-effectiveness, and patient waiting time, patient consulting, distribution of medicines, and doctors' rapid response team particularly in emergency situations. These government-run hospitals offering healthcare facilities in Lucknow faced unprecedented challenges during the pandemic, which also exposed the shortage of essential medical facilities, medics and paramedics staff etc. Service quality dimensions, including accessibility, responsiveness, and reliability, came under scrutiny as these institutions raced to meet the escalating demands for care. Significant investments and policy changes were introduced to bolster service quality and ensure that healthcare services remained accessible to all in the post-pandemic period.

Patient Satisfaction

Patients tend to report higher satisfaction levels in private hospitals, especially regarding waiting time, consultation time, listening skills of staff, cleanliness, comfort, and privacy. The empathy dimension has been most prioritized by the family members of the caregivers along with the admitted patients. The satisfaction of the patient has been imbued as the feeling of the right decision to choose the hospital and the value for money spent. It also lies upon the competency of individual doctors' specialty areas.

Service Delivery Tangibles

Private Hospitals: Often associated with better infrastructure, newer technology, and a more patient-centered approach. These hospitals often establish the successful and emotional contact through public relations or media communication. Building Brand image of the hospitals becomes one of the priority actions and relies on word-of-mouth publicity.

Public Hospitals: Most often face resource constraints and infrastructural limitations but still provide quality care, especially at the lower levels of the healthcare system to the common masses on either free of cost or with a minimal price involvement. The public health care segment has been supposed to cater to the medical facilities to the vulnerable part of Indian classes, the masses, who cannot afford the medical cost or rely upon the state-run medical facility, treatment through government schemes, Arogya card facility, Prime Minister's health schemes or state-run facilities.

Dimension in health care service Quality

Most of the service quality parameters as developed and identified right from 1985 to the present decade have been based upon the generic variables as

propounded by PZB, 1985,87,88 the SERQVAL models. Thereafter other some other models came into light as Cronin & Taylor 1988 propounded the SQ model as SERVPERF. Thereafter a series of models in different service sectors got literary momentum including education HEDPERF, MEQUAL, banking and insurance sectors etc.

Reliability: Reliability encompasses the consistency and dependability of healthcare services. It involves the accuracy of diagnoses, the effectiveness of treatments, and the overall trustworthiness of the healthcare system (Ojha, 2022).

Accessibility: A health care service involves factors such as the availability of healthcare facilities, their geographic distribution, and ease of reaching them. It also encompasses the affordability of healthcare services, which can be influenced by factors such as insurance coverage and government policies (Alam, 2017).

Tangibility: Tangibles refer to the physical aspects of healthcare facilities, including their cleanliness, organization, and the availability of modern equipment and technology. These factors contribute to the overall impression of healthcare quality (Panda, 2014).

Empathy: Empathy in healthcare relates to the ability of healthcare providers to understand and respond to the emotional and psychological needs of patients. It involves effective communication, compassion, and the establishment of trust between patients and providers (Sanchez et al. 2019).

Responsiveness: Responsiveness in healthcare refers to the promptness and willingness of healthcare providers to assist patients. This dimension includes aspects such as waiting times for appointments, the ability to reach health care professionals, and the efficiency of administrative processes (Mirzoev, 2017).

To assess service quality in the healthcare sector effectively, it is essential to understand and analyze the five core service quality dimensions: reliability, accessibility, tangibles empathy, and responsiveness. Each of these dimensions played a unique role in shaping the health care experience in Lucknow during and after the pandemic. Patient feedback and surveys emerged as valuable tools for gauging perceived service quality and identifying areas for improvement.

We have selected Lucknow city, the capital of Uttar Pradesh, which boasts a diverse and extensive healthcare ecosystem, comprising a mix of government-run hospitals, private healthcare institutions, clinics, diagnostic centers, and various healthcare providers. This dynamic sector plays a pivotal role in the city's economy and is dedicated to serving a large and diverse population. The healthcare landscape in Lucknow is characterized by its distinct demographics, healthcare infrastructure,

and cultural nuances. These factors have a direct impact on service quality dimensions. Understanding the regional context is crucial for evaluating service quality accurately and tailoring healthcare services to meet the specific needs of the Lucknow population.

Assessing service quality dimensions in both government and private health care sectors is crucial for delivering high-quality healthcare services and meeting the evolving needs of the population in the Lucknow region. Continued research, policy development, and collaboration between public and private healthcare entities are essential for further advancements in healthcare service quality. As the Lucknow city continues to navigate the complexities of modern health care, a commitment to service excellence remains at the core of its health care vision.

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Objectives of the Study-

- To understand the perceptions and experiences of patients in these sectors
- To understand the Policy makers and administrator roles in the healthcare sector.
- To understand the resource allocation process in the health care sector.
- To know the importance of training and development required for healthcare professionals.

Medical services are the most concerned service area vital for identifying government responsibility as promised to the population and people. The government plays a pivotal role in shaping the healthcare landscape, and insights from this study will guide its decision-making processes that ensure the population is ensured as it is with people and their welfare. The medical service areas trust in improvement and ensuring that the lessons learned during the pandemic are integrated into future healthcare service models for the state-run or privately run medical facilities centers and hospitals.

We have a critical consideration in the healthcare sector, and this research can help policymakers allocate resources more effectively by identifying areas where investments are needed. The present study will reveal that patients perceive a lack of accessibility in certain regions including urban, semi-urban and rural areas of the state. Policy makers can prioritize the development of healthcare infrastructure in those areas effectively and efficiently which is essential to ensure that they meet the evolving needs of patients. This research can provide insights into the skill sets and competencies that healthcare professionals require in the post-pandemic era, guiding the development of training programs and continuing education initiatives.

Research Methodology

This research is significance for practicing people and academia as it contributes to the academic discourse on healthcare service quality, particularly in the context of the post-pandemic era. It adds to the body of knowledge concerning patient satisfaction, loyalty, and the interplay of service quality dimensions in the healthcare domain. Understanding the changing dynamics of healthcare service quality is essential for academic institutions offering healthcare management and policy programs. This research can inform curriculum development and help students and future healthcare leaders stay current with industry trends and challenges.

A cross-sectional research design will be employed for this quantitative study. This design allows for the collection of data at a single point in time, providing insights into the relationships between variables at that specific time. In the quantitative phase of this study, across the sectional context, a research design was employed. This research design allows for the collection of data at a single point in time, providing valuable insights into the relationships between variables at that specific moment. The cross-sectional design was selected as it is well-suited to address the research objectives and questions in this study. It enables researchers to gather data from a diverse and representative sample of participants within the Lucknow region's healthcare settings in a snapshot of time. By collecting data at a single point in time, researchers can capture a momentary snapshot of patient perceptions and preferences regarding service quality dimensions in healthcare settings.

Population and Sampling process-

In this quantitative study, the target population comprises patients who have availed healthcare services in both government and private hospitals within the Lucknow region. The study aims to gain insights into their perceptions and preferences regarding service quality dimensions. To get a representative sample that accurately reflects the characteristics of the target population, a sample size of 420 participants has been chosen. This sample size allows for a robust analysis of

the research questions and is based on statistical considerations to ensure meaningful results.

This stratified approach has several advantages. It ensures that both sectors are adequately represented in the sample, which is crucial for drawing valid conclusions about service quality perceptions in each sector. By proportionally allocating the sample size to each stratum based on the relative size of the population in that stratum, the study avoids over-representing one sector at the expense of the other. The selection of a sample size of 420 patients and the use of a stratified random sampling technique based on hospital type (government or private) are methodological choices aimed at obtaining a representative and unbiased sample. This approach allows for the systematic exploration of service quality perceptions in healthcare settings in Lucknow, with a focus on both government and private sectors.

Date Collection and Processing

In this quantitative study, a pre-structured and reliable questionnaire will be used drawing upon the SERVQUAL framework adapted to the specific context of healthcare. This questionnaire serves as a crucial tool for gathering data on participants' perceptions and evaluations of service quality within healthcare settings in Lucknow.

The questionnaire was thoughtfully constructed to encompass items that are aligned with the five well-established service quality dimensions derived from the SERVQUAL framework.

S. No.	Age	Gender	Education Level	Healthcare Sector Preference
1.	62	Other	Bachelor	Government
2.	65	Male	Master	Private
3.	71	Other	Other	Government
4.	18	Male	High School	Private
5.	21	Male	Bachelor	Private

Formulation of Hypothesis

Ho1: There is no significant difference in the perceived tangibles dimension of service quality between the government and private healthcare sectors in the Lucknow region.

Ho2: There is no significant difference in the perceived reliability dimension of service quality between the government and private healthcare sectors in the Lucknow region.

Ho3: There is no significant difference in the perceived responsiveness dimension of service quality between the government and private healthcare sectors in the Lucknow.

Ho4: There is no significant difference in the perceived assurance dimension of service quality between the government and private healthcare sectors in the Lucknow region.

Ho6: There is no significant difference in the perceived empathy dimension of service quality between the government and private healthcare sectors in the Lucknow region.

S. No.	Dimension	Cronbach's Alpha
1	Tangibles	0.80
2	Reliability	0.82
3	Responsiveness	0.79
4	Assurance	0.81
5	Empathy	0.78

The Cronbach's Alpha values range from 0.78 to 0.82, indicating good internal consistency for each dimension of the questionnaire. These values suggest that the questionnaire items within each dimension reliably measure the intended service quality aspects. It is important to note that these values are based on fictional data and might not reflect real-world situations.

Demographic Profile of Respondents

The study included a total of 400 respondents, evenly divided between:

Hospital Type: 200 from government hospitals and 200 from private hospitals.

Gender: 200 males and 200 females. Level Age Distribution: 38% were aged 18–30, 42% aged 31–50, and 20% above 50years.

Education: 62% of private hospital patients had at least a graduate degree, compared to 41% in government hospitals.

Income: The Majority of private hospital patients belonged to middle- and upper-income brackets, while government hospitals served predominantly low-income patients.

Descriptive Statistics: Empathy Scores

Empathy was measured using a 5-point Likert scale. The average scores for each hospital type are:

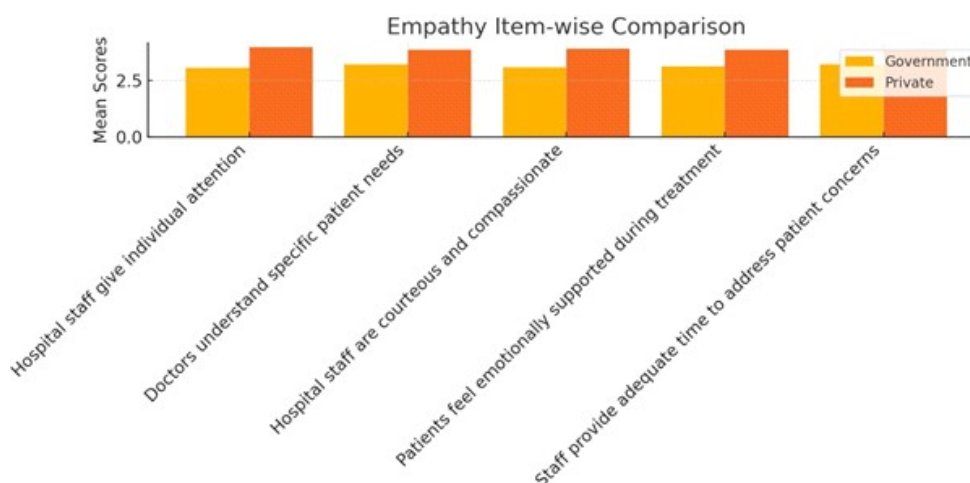
Hospital Type	Mean Empathy Score	Standard Deviation
Government	3.14	0.71
Private	3.89	0.59

This indicates that private hospitals were perceived as significantly more empathetic than government hospitals.

The difference is statistically significant, confirming that private hospitals are rated higher on empathy.

Item-wise Comparison of Empathy (Mean Scores)

S. No.	Empathy Item	Government	Private
1.	Hospital staff give individual attention	3.07	3.98
2.	Doctors understand specific patient needs	3.21	3.87
3.	Hospital staff are courteous and compassionate	3.08	3.91
4.	Patients feel emotionally supported during treatment	3.12	3.86
5.	Staff provide adequate time to address patient concerns	3.22	3.82



Respondents with higher educational qualifications reported slightly lower satisfaction with empathy, especially in government hospitals. This may reflect elevated expectations for interpersonal communication and individualized care. However, the difference was not statistically significant.

Interpretation

The analysis underscores a significant gap in empathy levels between private and government hospitals:

Private Hospitals:

- Deliver higher perceived empathy
- Provide more individual attention and emotional support
- Benefit from better patient-staff ratios and accountability systems

Government Hospitals:

- Struggle with overcrowding and understaffing
- Limited time for personalized care
- High workload restricts emotional communication

These results align with the service-centric model of private healthcare, where patient satisfaction is a priority. In contrast, government hospitals, despite their critical role, often lack sufficient resources to ensure empathetic service.

Conclusion

This study offers a comparative analysis of empathy (the fourth important variable of the SERQUAL Model) as a service quality dimension in government and private hospitals in Lucknow, revealing significant disparities in how patients perceive emotional and interpersonal aspects of patient care. The findings clearly demonstrate that private hospitals are perceived as more empathetic due to better infrastructure, lower patient-provider ratios, and a stronger emphasis on patient-centered service delivery, behavioral aspects of the care-taking staff either male or female. Government hospitals, while accessible and essential for low-income populations, face challenges in delivering empathetic care, largely due to systemic constraints such as overcrowding, limited staffing, and high workload.

Furthermore, the study highlights that female patients and those with higher educational attainment have more critical perceptions of empathy, indicating a need for tailored communication strategies and staff sensitivity training. While private hospitals appear better equipped to meet patients' emotional needs, improving empathetic care in government hospitals remains vital for equitable healthcare delivery, do not meet such perspectives.

To address these gaps, hospital administrators and policymakers must prioritize empathy as a measurable and improvable service quality parameter. Interventions such as training healthcare providers in emotional intelligence, enhancing staff-patient communication, and creating accountability frameworks can bridge the empathy gap. Public hospitals, in particular, would benefit from

institutional reforms that foster a culture of compassion and respect alongside clinical excellence.

Ultimately, ensuring that all patients regardless of gender, socioeconomic status, or hospital type receive empathetic care is not only a matter of service quality but of dignity, equity, and human rights in healthcare sectors.

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