

ORIGINAL RESEARCH

Assessment of Quality of healthcare provided at Tertiary Government Hospitals in India with review of literature

Dr. Maneesh Uniyal¹, Dr. Vineet Vij², Dr. Satish Singh³, Dr. Satyendra Raghuwanshi⁴, Dr. Sanjay Kumar⁵, Sandeep Kumar⁶, Dr. Sanjay Puri⁷, Dr. Neha Anushree⁸, Dr. Nalin Shankar Singh⁹, Dr. Navdeep Dahiya¹⁰

¹⁻¹⁰Armed Forces Medical College, Pune, India

Corresponding Author

Dr. Satyendra Raghuwanshi
Armed Forces Medical College, Pune, India

Email- afmcite2002@gmail.com

Received Date: 27 May, 2024

Acceptance Date: 20 June, 2024

ABSTRACT

Background: The outcome of healthcare is nowadays have increasing significance with multiple parameters being developed to assess the quality of healthcare not only in private set up but also in government run hospitals. The satisfaction of the patients in terms of quality is an important parameter is assessing the healthcare outcome [1,2]

The private setup providing healthcare are presently experiencing fierce competition to enhance their outcomes in a tangible manner. Patient satisfaction have become increasingly significant. Many healthcare providers utilize this information in order to upgrade their setup and improve overall patient satisfaction. [2,3]

Aims And Objectives: To assess and identify the variables and factors which measure patients service quality in tertiary care govt hospitals.

Materials And Methods: This descriptive type of study utilised SERVQUAL survey instrument and was conducted in 7 cities having service hospitals in India, during 01 Nov 2023 to 30 Dec 2023. The survey instrument having validated for use in the hospital setup. Consumer ratings were collected across 5 dimensions in the survey instrument and paired in expectation and experience scores and then analysed statistically to assess quality of service in healthcare setup.

Results: There was a significant lack of quality healthcare service provided by tertiary govt hospital in all major Indian cities. There were gaps existing all the five dimensions of our survey instrument with presence of statistically significant mean score in the expectation and experienced services.

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

Keywords: Quality care, Tertiary Government hospital, Service quality

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution- Non commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

INTRODUCTION

Quality control has become an increasingly predominant part of our lives. People are constantly looking for products and relevant services with good quality and rapport. The outcome of healthcare is nowadays have increasing significance with multiple parameters being developed to assess the quality of healthcare not only in private set up but also in government run hospitals. The satisfaction of the patients in terms of quality is an important parameter is assessing the healthcare outcome [1,2]

The private setup providing healthcare are presently experiencing fierce competition to enhance their outcomes in a tangible manner. Patient satisfaction have become increasingly significant. Most of the present-day healthcare providers utilize this

information to improve upon their setup and enhance the overall outcome. [2,3]

In absence of acceptable levels of patient satisfaction, hospitals are not likely to attain full accreditation and therefore shall lack the competitive edge enjoyed by others. Most Managed Care Organisations now undergo some kind of formal accreditation, and therefore measure satisfaction.

The appropriateness of a new medical service needs to be assessed in existing system. Role of research is to assess appropriateness of the medical services experience. Health care delivery systems and health policy makers want to identify and avoid inappropriate services to reduce unnecessary health care costs.

Hospital satisfaction measurements play an important role in physician accountability and self-evaluation. W

While measuring patients' satisfaction has always been done by supporting services at hospitals and large medical centers and meeting medical certification requirements, some plans have tied satisfaction scores to financial incentives based on primary care providers' calculation of payment contracts.

Hospitals are experiencing increasing pressure to enhance the quality of their services, safety of patients and yet lower the cost of their care. Variation in measurement tools, however, is an obstacle to making patient satisfaction a reliable part of the quality equation. Currently, patient satisfaction data is collected from different sources, for different purposes, and at different levels of healthcare, including health plans, hospital patients, and medical facilities. Integration of patient satisfaction measurements across hospitals has begun.

Aims And Objectives: To assess and identify the variables and factors which measure patients service quality in tertiary care govt hospitals.

MATERIALS AND METHODS

The survey was carried out in tertiary Govt hospital in following cities all over India- Delhi, Kolkata, Punjab, Lucknow, Vishakhapatnam, 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 expectation and 44 experiences of the services provided by the hospital. A 5-point rating Likert scale is used to measure expectation and experience 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, structured questionnaires are used. These questionnaires are divided into five sections according to five service quality dimensions which include, Tangibles, Reliability, Responsiveness, Assurance and Empathy. Data was analysed by a suitable statistical technique with the help of SPSS software.

RESULTS

Total number of respondents was 1002. Out of these 64.07% were male respondents and rest were females as depicted in Fig1.

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 \pm 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 hospital. There is a statistically significant difference between expectation and experience in total score as depicted in Fig2 and 3.

Mean total score of expectation was 57.34 with a standard deviation of 15.99. Mean total score of experience was 67.83 \pm 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 where patients were not satisfied in reliability as depicted in Fig 4.

Mean total score of expectation was 57.34 with a standard deviation of 15.99. Mean total score of experience was 67.83 \pm 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 responsibility. Mean expectation score was significantly lesser than experience where patients were not satisfied in responsibility as seen in Fig 5.

Mean total score of expectation was 57.34 with a standard deviation of 15.99. Mean total score of experience was 67.83 \pm 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 tangibility. Mean expectation score was significantly lesser than experience where patients were not satisfied in tangible as displayed in Fig 6.

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 \pm 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 assurance. Mean expectation score was significantly lesser than experience where patients were not satisfied in assurance as seen in Fig 7 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 \pm 17.56. Paired sample student t test was performed to find out the significance. P value was <0.0001. There is a statistical significant difference between expectation and experience in empathy. Mean expectation score was significantly lesser than experience where patients were not satisfied in empathy as in Fig 8.

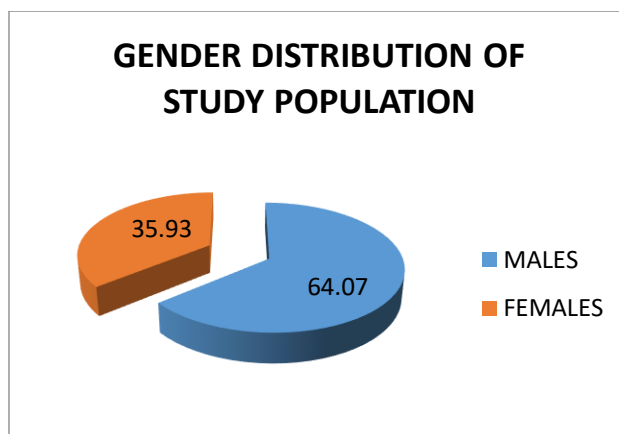


Figure 1: Graph showing gender distribution of the study population.

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

Figure 2: Table showing overall results

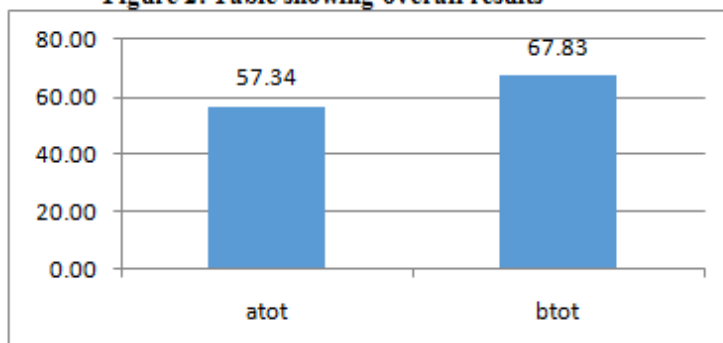


Figure 3: Graph showing overall results

Overall (n=1002)	RELIABILITY		
	Expectation	Experience	P Value
Mean	9.47	10.83	<0.0001
S.D	2.93	3.01	

Figure 4: Table showing status of Reliability

Overall (n=1002)	RESPONSIBILITY		
	Expectation	Experience	P Value
Mean	12.81	14.81	<0.0001
S.D	3.89	4.33	

Figure:5 Table showing status of Responsibility

Overall (n=1002)	TANGIBILITY		
	Expectation	Experience	P Value
Mean	14.36	17.25	<0.0001
S.D	4.27	4.43	

Figure 6: Table showing status of Tangibility

Overall (n=1002)	ASSURANCE		
	Expectation	Experience	P Value
Mean	9.81	12.47	<0.0001
S.D	3.12	3.93	

Figure 7: Table showing status of Assurance

Overall (n=1002)	EMPATHY		
	Expectation	Experience	P Value
Mean	10.89	12.48	<0.0001
S.D	3.63	3.67	

DISCUSSION

This study aimed 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 tangible 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 hospital 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.

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 hospital. There is a statistically significant difference between expectation and experience in total score. There was statistically significant gap in the service quality in this study.

CONCLUSION

The survey successfully assessed the quality of services in healthcare provided by in tertiary govt hospital in major Indian cities, based on the difference between the patients' expectation of quality services and their experience of the services received. There is a huge gap across all the 5 dimensions of services quality viz. reliability, responsibility tangible

assurance and empathy. The hospitals didn't meet with the patient's expectation and experience in all 5 dimensions. There is a huge gap in reliability, responsiveness and tangibility 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 improvement efforts for addressing such gaps in the hospital care services. There is immediate need of action by hospital management to inculcate professionalism and implement modern techniques of customer relationship management in order to revamp its prevailing image and ensuring rapid treatment and sound health.

REFERENCES

1. Ali Mohammad Mosadeghrad, " Factors Influencing Healthcare quality", Int J Health Policy Manag 2014, 3(2),77–89.
2. Michael A. Counte, " Health Care Quality Assessment", The Global Health Education Consortium, 2007.
3. Mark A.Schuster, Elizabeth A. McGlynn, Robert H.Brook, " How Good is the quality of Health care in United States", Blackwell Publishers, Vol. 76, No. 4, 1998.
4. HEALTH CARE IN INDIA - VISION 2020 ISSUES AND PROSPECTS R. Srinivasa
5. Why quality in healthcare Med J Armed Forces India. 2011 Jul; 67(3): 206–208
6. The Challenges Confronting Public Hospitals in India, Their Origins, and Possible Solutions.
7. Parasuraman, A., Berry, L. L., & Zeithaml, V. A. (1993). Research Note: More on Improving Service Quality Measurement. Journal of Retailing, 69(1),
8. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. Journal of Marketing, 49, 41-50.
9. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: a multiple item scale for measuring customer perceptions of service quality. Journal of Retailing, 64, 12-40