

Determinants of Service Quality in Healthcare: Patient and Provider Perspectives

Archana Kumari Ghildiyal, Hemvati Nandan Bahuguna University, India*
Jitendra Chandra Devrari, Dr. Rajendra Prasad Government Medical College, India
Atul Dhyani, Hemvati Nandan Bahuguna University, India

ABSTRACT

Indian healthcare is described as the largest sector, both in revenue and employment. The quality of service—the characteristics that shape care experience beyond technical competence—is rarely discussed in the medical literature. This study reveals the determinants that affect the perception of quality of healthcare services from the patients' and service providers' points of view. A cross-sectional method was followed to determine the perception of quality of healthcare services and relating variables including infrastructure, reliability and responsiveness, empathy, affordability, and administration. The data collected from 400 respondents, including patients and service providers, for the study were analyzed using confirmatory factor analysis. Results confirmed that healthcare service quality aspects (i.e., physical environment, staff behavior, responsiveness, affordable services, admission process) positively relate to customers' perception. Findings will help the hospital managers articulate effective strategies to ensure superior quality of healthcare services to customers.

KEYWORDS

Confirmatory Factor Analysis, Customers, Healthcare, Patients, Service Providers, Service Quality

INTRODUCTION

Health is summarized as a condition of complete physical, mental and social wellbeing and not only the nonattendance of illness and sickness WHO (2000). Health care is a service that deals with the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings. Practitioners deliver health care in allied health, dentistry, midwifery, medicine, nursing, optometry, pharmacy, psychology, and other care providers WHO (2014).

Health is one of the fundamental human rights accepted in the Indian Constitution (Article 21). The Indian healthcare delivery system is categorized into two major components - public and private. Public sector ownership is divided between Central & State governments, municipalities, and Panchayats (local governments). The facilities include teaching hospitals, secondary level hospitals, first-level referral hospitals (community health centers/rural hospitals), dispensaries, primary health centers, sub-centers, and health posts. The private sector provides most secondary, tertiary, and

quaternary care institutions. India is experiencing a growing reliance on private healthcare providers who currently treat 78 percent of outpatients and 60 percent of inpatients.

Healthcare has become one of India's largest sectors in revenue and employment. The total size of the industry has touched the US \$ 160 billion in 2017 and will cross the US \$ 372 billion by 2022. The hospital industry in India stood at Rs 4 trillion (USD 61.79 billion) in 2017 and is expected to increase at a Compound Annual Growth Rate (CAGR) of 16-17 percent to reach Rs 8.6 trillion (USD 132.84 billion) by 2023. The tremendous growth of the health care industry is due to its coverage, range of services offered, and increasing expenditure made by the public as well private players.

The private healthcare system came into vogue due to the acute shortage and gross inefficiency and the malfunctioning of the public health care, delivery mechanism, and meeting the growing population's healthcare and hospital needs. Private healthcare facilities initially started as a complementary mechanism to public healthcare facilities in the country. But then, because of the quality, efficiency, and reliability, private healthcare facilities began to be preferred over the public healthcare system. The Private Healthcare sector had been a USD 100 billion market in 2015 and will grow to USD 280 billion by 2020. Its call is estimated at USD 81.0 billion at the end of 2015 and is growing at a Compound Annual Growth Rate (CAGR) of 24.2 percent. The primary motivation behind this emergence of big private hospitals is inducement, specifically the lack of financial and physical resources in the public healthcare sector, the rising demand for healthcare from domestic patients, the need for international patients, increment in the number of hospitals in Tier-II, Tier-III cities, and finally, the economic growth of India.

Quality orientation is one of the fundamental needs of any dynamic association to enhance productivity (Phillips et al., 1983), a piece of the pie (Buzzell and Gale, 1987), venture returns, and cost decrease (Deming, 1986; Anderson and Zeithaml, 1984 and Parasuraman et al., 1985, 1988). Quality is the pith of human advancement. It is the most sought-after thing in the service industry. Quality alludes to the closeness of an actual result to the result expected by the onlooker, as characterized or consented to by that observed (meeting necessities). These expectations depend on expected utility, offering value.

With the increasing number of service providers available in the market and the increased consumer purchasing power, the performance and expectations helpful to quantify quality are becoming multitudinous. There is so much offered to the clients that if a maker neglects a client's desire, the client will look for other options. An organization that needs to maintain development in this consistently developing focused market needs to give quality in its offering not according to its guidelines, but rather on the standard that fulfills the voracious want of clients for quality (Gill, 2009). The quality of healthcare services is a standout amongst the most vital themes in the healthcare sector. The Institute of Medicine (IOM) has defined the quality of health care as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Providing high quality medicinal care services have turned out to be a significant challenge for healthcare facilities regarding fulfilling and holding patients (Oliver, 1980; Parasuraman et al., 1985, 1988; Zeithaml et al., 1996; Padma et al., 2010, and Amin et al., 2013) Thus, with a specific end goal to give better support to patients, estimating service quality and its determinants has gain importance.

Enhancing and keeping up the quality of care while lessening costs is a basic predicament that all healthcare administrators confront. The definition, estimation and change of quality in healthcare have been issues of essential significance. With pressure to increase access while abridging costs, focused healthcare institutions make a decent attempt to accomplish objectives without letting quality to suffer. In this unique situation, Donabedian (1996) commented that healthcare organizations should focus on multifaceted dimensions and fulfill the necessities, interests, and requests of three chief gatherings: the individuals who give the services (i.e., health services experts), the individuals who deal with the services (i.e., administration), and the individuals who utilize the services, i.e., patients (Camilleri and Callaghan, 1998).

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