

# A Study on Service Quality Gap between State and Private Hospitals in Trincomalee

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## **Introduction**

Medical services are provided by government and private sector in Sri Lanka. Many resources were allocated to the medical services. A significant proportion of this allocation was earning for primary health care. While these allocations are encouraging, the perceptions that people have about the relative quality of health care services in the country may not be so favorable and remains to be assessed. Mainly in the Trincomalee District of Sri Lanka, this health service is part of the life of this people. In this post-war period, Trincomalee General Hospital has been well developed in every unit. In other hand, the private hospitals also provide well service to the public. Generally, the Out Patients Department (OPD) of the Private Hospital sector provides service to limited number of patients compared with General Hospital. Concerning ward admission, General hospital can accommodate more patient than private hospital and they have more equipment facilities, more trained nurses and large quantity, kinds of drugs. The private hospitals are very less responsible to any failure of the treatment.

## **Problem**

This research was conducted with an aim to identify whether there is any difference in the level of service quality between state hospitals and private hospitals in Trincomalee. It is necessary to identify the nature and the status of health care service of the district and the level of contribution of the both government and private hospitals in curing the patients and the ways to improve the level of service quality if any.

## **Objective of the Study**

To find out the level of difference of service quality between state and private hospitals.

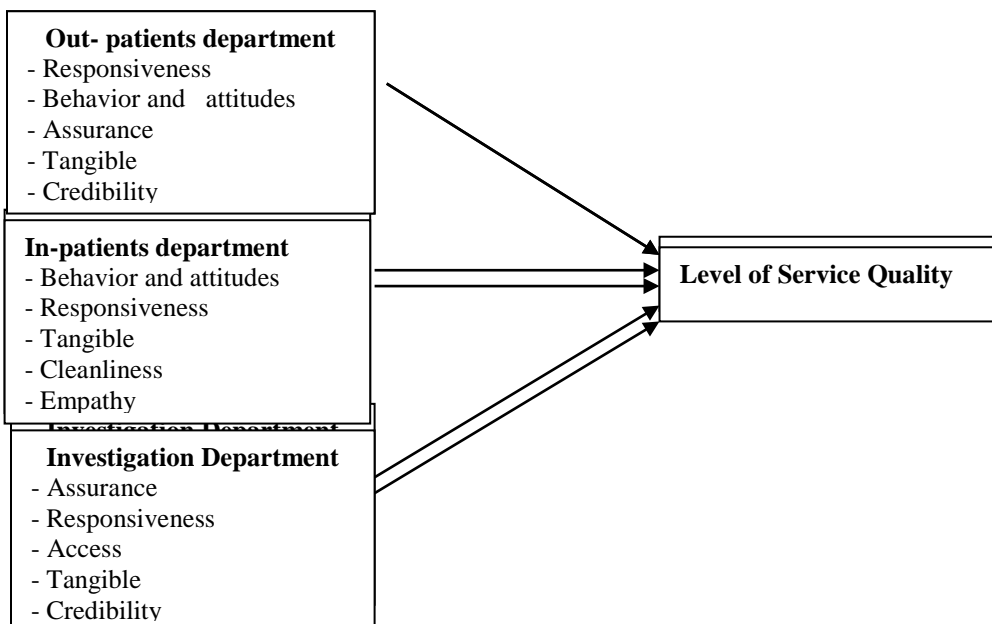
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## Literature Review

Any activity or benefit that one party can offer to another is essentially intangible and does not result in the ownership of anything (Gary Armstrong, Philip kotler 2003). “Quality” has taken on different meaning through the years. In the earlier year 1900s, it meant inspection. All finished products were inspected and the defects were corrected. In 1940s, the word “Quality” took on a satisfaction and connotation. In 1960s, “quality” was extended outside of production to include all other functions using a concept of total quality control. But now being meaning of “Quality” is expanded to include zero defects continuous improvement and customer focus. According to the Petermudic and Angelacottam (1993), it is widely acknowledged that efforts to define and measure the quality of tangible products, as distinct from service, have proved more successful. The characteristic of service has made the determination of what constitutes quality that much more difficult and thereby its measurement less than complete. Parasuraman, Zeithamaland Berry (1988 &1991) conducted extensive studies in different industries and developed service quality instruments, they identify five key dimensions of service quality such as Reliability, Responsiveness, assurance, empathy and tangibility.

## Conceptualization

It has five dimensions which are reliability, responsiveness, assurance, tangible and empathy. In order to analyze the service quality of state and private hospitals of Trincomalee district three main services have been taken into consideration. Various dimensions with their indicators considered for the study which are appropriate to measure the quality of those services have been selected.



(Source: Modified framework of Parasuraman, Zeithaml & Berry 1985)

## Methodology

**Study Population:** Study population means total number of elements or all the elements (object or people) in the whole population identified. This research was conducted among the persons who are the patients of the state and private hospitals in the Trincomalee district, for the investigation to meet the objective of research.

**Sample size:** This research sample size contained one hundred and sixty patients for collecting information. Sample size has been selected from 35 persons of OPD, 30 persons of WPD and 15 persons of ID from the both hospitals.

**Data collection:** Primary data were collected for the specific purpose at hand by based on face to face interviews the hospitals staffs and utilizing issuing questionnaire to the patients. Decision rule is set based on mean value  $1 \leq X_i \leq 2.5$  low level,  $2.5 < X_i \leq 3.5$  moderate level,  $3.5 < X_i \leq 5.0$  high level.

## Results and Discussions

**Table 1: Service Quality of Out-Patient Dept**

Dimension	GH Mean	PH Mean
Responsiveness	2.81	3.51
Behaviour and attitude	3.14	3.53
Assurance	3.28	3.82
Tangible	2.52	2.57
Empathy	3.81	3.88
Credibility	3.80	3.68

(Source: Collected data)

**Table 2: Service Quality of In-patient Dept**

Dimension	GH Mean	PH Mean
Responsiveness	3.58	3.66
Behaviour and attitude	3.22	3.70

Cleanliness	3.17	3.62
Tangible	2.81	3.42
Empathy	3.86	3.87

(Source: Collected data)

**Table 3: Service Quality of Investigation Dept**

Dimension	GH Mean	PH Mean
Responsiveness	2.51	3.5
Assurance	3.5	3.94
Tangible	2.67	3.21
Access	2.4	3.17
Credibility	3.86	3.96

(Source: Collected data)

**Table 4: Overall Service Quality**

<b>Variables</b>	<b>GH Mean</b>	<b>PH Mean</b>
Out-patients department	3.23	3.50
In-patients department	3.33	3.65
Investigation department	2.99	3.56
Overall Service Quality	<b>3.18</b>	<b>3.57</b>

(Source: Collected data)

## **Conclusion and Recommendations**

As per the concluded information on all these three services expressed in moderate level of quality in the general hospital and high level of service quality in private hospitals. It means that General hospital should take necessary actions to fulfill the Public's expectations that help to improve the level of service quality in future. The general hospital should try to appoint required new staffs through the ministry. And organizing the mobile medical camp in rural area twice a month will result a less number of patients to the General hospital. Implement proper job rotation and shifting methods by hospital management. Give proper training to the nurses and minor staffs to behave with good manner with the patients. Regarding the Private hospitals should try to have the enough awareness towards the patients, arrange the general doctors to channel the patients to get the treatment at the first time then arrange to go to the special consultants with early doctor's recommendations. The general hospital should try to make additional payment for specific additional work performance during the emergency needs and organize mind relaxation programs to the general hospital's staffs. They want to learn about maintenance and development from the European countries. Further instruction is, the both hospitals should try to introduce the new technology based on the development countries. Eg: DEXA Scanning.

## **References**

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