

# **Service Quality of the Public and Private Hospitals in Sylhet City: A Comparative Study**

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## **Abstract**

This study shows that, 60% of inpatients and 63% of outpatients are not satisfied with the overall service quality of public hospitals. 66.6% of indoor and 53.3% of outdoor patients are satisfied with overall service quality of private hospitals. Availability of doctors, empathy of nurses, maintenance of daily cleanliness, test facilities, reasonable waiting time, attention to the patient, maintenance of privacy etc. are mentioned by indoor and outdoor patients as the reasons of satisfaction in private hospitals, which are the opposite features of public hospitals.

## **1. Introduction**

Access to health care facilities is a fundamental right for all citizens that is enshrined in our constitution but people are deprived of access to basic health care. Only 30% of the population has access to primary health services and overall health care performance remains unacceptably low by all conventional measurements [1]. Though public hospitals are service oriented as well as subsidized and able to deliver quality services at a much lower price, they are delivering lower quality health service at a much lower price. As a result, public health care system has lost its credibility. On the other side, private hospitals have increasingly been an alternative health service provider to the people, though they are not subsidized and depend on the returns from the clients. In fact, public hospitals in Bangladesh are not adept both in terms of quality and quantity to meet up the expanding needs for health care of the people and people have limited confidence in it. These limitations have resulted in the explosion of private for-profit oriented health care system. The present study is an effort to identify the problems as well as pragmatic status of service quality of public hospitals and compare the role of public and private hospitals, interrelation between service and profit and the issues behind the quality health care service in the context of urban Bangladesh.

## **2. Materials and Methods**

Both qualitative and quantitative research methods have been followed in this study. Two public hospitals namely Sylhet M.A.G. Osmani Medical College and Hospital (SOMCH) and Shaheed Samsuddin Ahmed Hospital Sylhet (SSAHS) and two private hospitals namely Jalalabad Ragib-Rabeya Medical College and Hospital (JRRMCH) and Sylhet Women's Medical College and Hospital (SWMCH) have been selected randomly from Sylhet city. 160 samples were selected randomly on the hospital premises. Survey method has been followed in the study. The present study based on the SERVQUAL framework refined by Andaleeb[2].  $\chi^2$  tests were performed to identify the significance of difference between public and private hospitals. This study has been performed from January 08 to July 08.

## **3. Results and Discussion**

This study demonstrates that, 60% of inpatients and 63% of outpatients are not satisfied with the overall service quality of public hospitals. The inpatients mentioned irregular visit by the doctors, unavailability of medicine and doctors in time of necessity, apathy of nurses, lack of cleanliness, linked with diagnostic centers, shortage of beds, bribery, lack of test facilities specially at night as the reasons of dissatisfaction.

Absenteeism and long waiting time, insufficient time to attend patients, prescription for tests without hearing client's problem properly, recommendation to go doctors' private chamber, lack of privacy, breaking of serial, cleanliness, etc. are mentioned by outpatients as the reasons of dissatisfaction. On the other hand, 66.6% of indoor and 53.3% of outdoor patients are satisfied with overall service quality of private hospitals. Opposite

features of public hospitals like availability of doctors, empathy of nurses, maintenance of daily cleanliness, test facilities, reasonable waiting time, attention to the patient, maintenance of privacy etc. are mentioned by indoor and outdoor patients as the reasons of satisfaction in private hospitals. That is service quality gap between expected service and perceived service is more in public hospitals than private hospitals. To identify the difference and level of significance between public and private hospitals' service quality a quantitative analysis of this results have been done by  $\chi^2$  test. From the test results  $\chi^2_{\text{outdoor}}$  (for outdoor) and  $\chi^2_{\text{indoor}}$  (for indoor) were obtained 12.08 and 21.62 respectively against the tabulated value of 5.99. The results demonstrated that there is a significant difference between the outdoor service quality of public and private hospitals and the difference is highly significant incase of indoor service quality. This is because indoor patients stay in the hospital few days to months and realize the actual features of service quality and out patients stay for short time and may not recognize the true condition. From the findings, it can be said that lack of transparency, perverse client-patron relationships, bribery etc. in public hospitals undermine clients' confidence and resulting in a system loss to public health sector. It is true that costs of private hospitals are comparatively high than that of public hospitals but at least one can be sure that the rooms will be clean, the beds will be tidy, the nurses will respond to calls and the doctors will care. That is an unthinkable phenomenon in many public hospitals [3]. But the poor have no choice of care providers but to rely on public hospitals. So it is essential to protect public hospitals from the vicious-cycle of corruption and mismanagement to safe the life of poor people[4].

#### **4. Conclusion**

To lead a sound life, people usually prefer quality than cost. For that reason, private hospitals are now getting priority in health service market, as they are able to serve their client properly. After that, as a service delivery wing of the government, strong presence of public hospitals is compulsory to ensure proper health care to the people of the land. The government of Bangladesh should immediately consider decentralization of hospital administration to local authority, mobilization of recourses, implementation of people oriented health policy, more accountability, participatory decision-making processes, development of infrastructure and training of service givers.

#### **References**

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