

“Private Hospitals are More Suitable for Public Despite High Cost of Treatment”

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Abstract: Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience. The most important reason to conduct patient satisfaction surveys is that they provide the ability to identify and resolve potential problems before they become serious. There are only few studies done for comparison of patient satisfaction with the services provided in government and private hospitals in India. We measure patient satisfaction with the services provided in government and private hospitals in Indore (M.P.) city through questionnaire survey. We did conveyance sampling and applying paired t-test. A total 66 hospitalized patients from government and private ownership had been selected for interview. This comparative study entails us why private hospitals are more suitable for public despite high cost of treatment and what measures are required for public hospitals owners to satisfy their patients but many times resources constant is their answer.

Keywords- Patient, Satisfaction, Government Hospital, Private Hospital, Questionnaire survey

I. INTRODUCTION

During prehistoric period sick people took treatment from Ayurvedic practitioner (Vaidya) with lots of herbs and natural products. This treatment was provided by founding religious orders or by volunteers. The connection between sick people (patient) and Practitioner (Physician) has been continuously in demand since ancient times. Indians as well as Egyptians have developed hospitals in the early Greek and Roman Civilization. With the adoption of Globalization liberalization many hospitals were developed with the inclusion of adequate contemporary equipments, expertise physician, staff which are essential to give treatment to patient. According to the Medical Council of India (MCI) there are around 9.29 lakh doctors registered in the Indian Medical Register. The council assumes that around 80 per cent availability of doctors at one time, it is estimated that around 7.4 lakh doctors may be actually available for active service. It gives a doctor-patient ratio of 1:1674 against the WHO norm of 1:1000, when every year around 55,000 doctors and 25,000 PG doctors are graduating from various colleges.

In this modern era, people become more aware about their rights and conscious about their health. The advancement of technology in service sector and use of internet make patient knowledgeable and aware regarding health rights. There is

more scope for private hospitals than government hospitals but the primary aim of both is to provide best health care services to their patient.

Patients have some expectation with the health related services. Patient expectation is influenced by various factors such as infrastructure of hospitals, proper health treatment, and accessibility of primary health care services without waiting in queue, cost of services, affectionate support, comfort and cleanliness. This study is therefore undertaken with the aim to find out the level of patient satisfaction related to services provided in public and private hospitals of Indore city.

A person is said to be healthy when he/she is free from disease. According to Article 21 of our constitution, health is the primary human right. Though, the Article 21, focus mainly on safeguard the health and nutritional well being of the people by the state government. The Indian Health Sector includes:

- Physicians, nursing homes, hospitals etc.
- Pathology laboratory etc.
- Manufacturers. Who manufacture medical equipments,
- Pharmaceutical manufacturers, Third party like catering, laundry etc

Traditional practitioners of health care have contributed to the medicinal needs of society. Prior to independence the healthcare in India was in shambles with large number of deaths and spread of infectious diseases. After independence the Government of India laid stress on Primary Health Care and through sustained efforts the health care system showed improvement across the country. The government primary, secondary or tertiary health care initiative was not enough to meet the demands of the growing population. Alternate sources of finance were critical for the sustainability of the health sector.

Some salient features of Indian health system-

| | |
|---|---------------|
| Total population (2015) | 1,300,000,000 |
| Gross national income per capita (PPP international \$, 2013) | 5 |
| Life expectancy at birth m/f (years, 2015) | 67/70 |

| | |
|---|---------------|
| Probability of dying under five (per 1 000 live births, 0) | not available |
| Probability of dying between 15 and 60 years m/f (per 1 000 population, 2015) | 216/142 |
| Total expenditure on health per capita (Intl \$, 2014) | 267 |
| Total expenditure on health as % of GDP (2014) | 4.7 |

<http://www.who.int/countries/ind/en/>

India's poorer states have health indicators that are worse than many nations poorer than them, and India's healthcare spending is the lowest among BRICS (Brazil, Russia, India, China, South Africa) nations, as are its health indicators. We have witnessed the growth of private sector more as compared to public sector because of overburdened hospitals and inadequate medical facilities, many a times resources constrains are blamed too. This paper try to compare the services of both the hospitals from patients perception.

II. REVIEW OF LITERATURE

1. Andaleeb, S. S. (2000) compared the quality of services provided by private and public hospitals in urban Bangladesh. Using twenty-four scale items, patient perceptions were sought on five aspects of service quality including responsiveness, assurance, communication, discipline and baksheesh. For each construct, its component measures were compared using multivariate and univariate ANOVA to look for significant differences in service quality between public and private hospitals. Because private hospitals are not subsidized, it was felt that the incentive structure would induce them to provide better services than public hospitals on the measures of service quality. This contention was largely supported. The results also indicated that both groups have room for improvement.
2. Basu, S., Andrews, J., Kishore, S., Panjabi, R., &Stuckler, D. (2012) evaluated in this systematic review do not support the claim that the private sector is usually more efficient, accountable, or medically effective than the public sector; however, the public sector appears frequently to lack timeliness and hospitality towards patients. This systematic review did not support previous views that private sector delivery of health care in low- and middle-income settings is more efficient, accountable, or effective than public sector delivery. Each system has its strengths and weaknesses, but importantly, in both sectors, there were financial barriers to care, and each had poor accountability and transparency. This systematic review highlights a limited and poor-quality evidence base regarding the comparative performance of the two systems
3. Berendes.S., Heywood.P.and others(2011)They summarised reliable research comparing the quality of formal private versus public ambulatory health care in low and middle income countries. selecting studies against inclusion criteria following a comprehensive search, yielding 80 studies. They compared quality under standard categories, converted values to a linear 100% scale, calculated differences between providers within studies, and summarised median values of the differences across studies. As the results for for-profit and not-for-profit providers were similar, they combined them. Overall, median values indicated that many services, irrespective of whether public or private, scored low on infrastructure, clinical competence, and practice. Overall, the private sector performed better in relation to drug supply, responsiveness, and effort. No difference between provider groups was detected for patient satisfaction or competence. Synthesis of qualitative components indicates the private sector is more client centered
4. David Camilleri, Mark O Callaghan, (1998)In their study applies the principles behind the SERVQUAL model and uses Donabedian's framework to compare and contrast Malta's public and private hospital care service quality. Through the identification of 16 service quality indicators and the use of a Likert-type scale, two questionnaires were developed. The first questionnaire measured patient pre-admission expectations for public and private hospital service quality (in respect of one another). It also determined the weighted importance given to the different service quality indicators. The second questionnaire measured patient perceptions of provided service quality. Results showed that private hospitals are expected to offer a higher quality service, particularly in the "hotel services", but it was the public sector that was exceeding its patients' expectations by the wider margin. A number of implications for public and private hospital management and policy makers were identified
5. Gilbert et al.,(1992)customer satisfaction is the major device for critical decision making in selecting a healthcare services and quality of services delivered to the customers should meet their perceptions The paper finds that banking and finance and hospitality/sports entertainment were rated highest by their patrons. Those dealing with government, general retail and moderately priced fast food restaurants received lower service satisfaction ratings.
6. HuseyinArasli, Erdogan HaktanEkiz, SalihTuranKatircioglu, (2008) carried out research to develop and compare some determinants of service quality in both the public and private hospitals of Northern Cyprus. There is considerable lack of literature with respect to service quality in public and private hospitals, Randomly, 454 respondents, who have recently benefited from hospital services in Famagusta, were selected to answer a modified version of the SERVQUAL

Instrument. The instrument contained both service expectations and perceptions questions. This study identifies six factors regarding the service quality as perceived in both public and private Northern Cyprus hospitals. These are: empathy, giving priority to the inpatients needs, relationships between staff and patients, professionalism of staff, food and the physical environment. Research results revealed that the various expectations of inpatients have not been met in either the public or the private hospitals.

7. Irfan .S.M. and others (2011) in their study conducted in, Lahore city, of Pakistan .Results showed that private hospitals are delivering better quality of services to their patients as compared to public hospitals. The questionnaire was based on SERVQUAL instrument consisting of 22 items representing five dimensions of service quality and considered as five different constructs like: empathy (4 items), tangibles (6 items), assurance (6 items), timeliness (3 items) and responsiveness (3 items)
8. Khattak . A. and others (2012) carried out cross-sectional comparative study in three private and two public sector hospitals of Peshawar from May'2010 – January'2011. 200 patients were enrolled through convenience sampling. using modified PSQ found that Mean patient satisfaction score in private sector hospitals was 121.94 ± 20.84 which was significantly higher than that of public sector hospitals, which was 104.97 ± 18.51 ($p < 0.001$). Independent Sample T-test was applied to check for the significance of difference in each aspect among public and private sector Hospitals. Satisfaction level was assessed in areas of Access/Availability/Convenience, Communication with the doctor, Financial Aspect, General Satisfaction, Empathy, Time spent with the doctor and Technical quality. Private sector hospitals showed an overall better level of satisfaction ($p < 0.01$) in all aspects except for "Time Spent with the doctors" which was nearly similar in both the cases ($p=0.954$).concluded that Patients who receive their medical care in private sector hospitals are more satisfied compared with patients who receive their care in public sector hospitals.
9. Kurt R. Brekke (2003) The purpose of this paper is to analyse the complex relationship between the public and the private sector in a National Health Service, emphasising the direct links between the two sectors. consider a two-stage game, where at stage one a Health Authority sets the public sector wage and a subsidy to (or tax on) private provision. At stage two physicians decide how much to work in the public and the private sector. We characterise different equilibria depending on the Health Authority's objectives, the physicians' job preferences, and the cost efficiency of private relative to public provision of health care. We find that the scope for a mixed health care system is limited when physicians are indifferent between working in the public and private sector. Competition between physicians triggers a shift from public provision towards private provision, and an increase in the total amount of health care provided. The endogenous nature of labour supply may have counter-intuitive effects.
10. Kondilis . E .(2011), Gavan .M., Giannakopoulos , Emmanouil Smyrnakis, Nikolaos Dombros and Alexis BenosDespite the fact that the private sector is a major provider of outpatient and hospital services in Greece, little is known about the performance of this sector compared with that of public facilities. The rate for example of cesarean sections is 15-27% higher, depending on the study, in private than in public maternity hospitals . Responsiveness of the private health sector is better than that of the public sector in terms of waiting time, waiting lists, and patient accommodation . Finally, a recent study comparing PFP and public dialysis units in Greece found that the former were overall more efficient than the latter . In a mixed healthcare system, such as that in Greece, significant performance differences were observed between PFP and public hospitals.
11. Liz Gill, Lesley White (2006) evaluates studies of service quality in healthcare, recognizing extra key domains. Total of 36 related studies of service quality have been evaluated, only three have gone well beyond the SERVQUAL model and five have deployed entirely diverse approaches. Based on considerations from the evaluated studies a model is proposed to include those recognized key domains to measure service quality of healthcare. In the public health sector the independent variables which are suggested to determine service quality are Reliability, Responsiveness, Assurance, Joint Decision Making, Caring, Risk, Continuity, Collaboration, Outcome, Empathy, and Tangibles
12. Ozawa .S and Walker.D C.(2011) using Focus groups and household surveys were conducted in Cambodia to examine how villagers describe their trust in public and private providers, and to assess whether a difference exists in provider trust levels. People believed that public providers were 'honest' and 'sincere', did not 'bad mouth people' and explained the 'status of [the] disease'. Villagers trusted public providers for their skills and abilities, and for an effective referral system. In contrast, respondents noted that seeing private providers was 'comfortable and easy', that they 'come to our home' and patients can 'owe [them] some money'. Private providers were trusted for being very friendly and approachable, extremely thorough and careful, and easy to contact. Among those who sought care in the past 30 days, trust in the health care provider was listed as the fifth and second most important consideration for choosing public or private

- providers, respectively. Areas where public providers received higher average trust scores than private providers include an effective referral system (public 4.69 vs private 3.79, P-value < 0.01), skills and abilities of providers (public 4.17 vs private 3.96, P-value < 0.01) and good quality of care at hospitals (public 4.02 vs private 3.81, P-value < 0.01)
13. NaceurJabnoun, Mohammed Chaker, (2003) compares the service quality rendered by private and public hospitals. A questionnaire based on SERVQUAL is developed and tested for this purpose. This questionnaire is found to have five dimensions; namely, empathy, tangibles, reliability, administrative responsiveness and supporting skills. These dimensions, as well as overall service quality, are compared between private and public hospitals. Finally the implications of the results are highlighted for healthcare managers.
 14. In service sectors Differences were also found among respondent characteristics (i.e. age, gender, education and ethnicity/race (Parasuraman et al., 1985, 1988; Reidenbach&Sandifer-Smallwood, 1990; Babakus& Mangold, 1992;Zeithaml et al., 1993). The exploratory research (focus group and in-depth executive interviews) reported in this article offers several insights and propositions concerning consumers' perceptions of service quality. Specifically, the research revealed 10 dimensions that consumers use in forming expectations about and perceptions of services, dimensions that transcend different types of services. The research also pinpointed four key discrepancies or gaps on the service provider's side that are likely to affect service quality as perceived by consumer, <http://www.jstor.org/publisher/ama>
 15. Pongsupap .Y.andLerberghe W.V. (2006)To document differences in provider behaviour between private and public providers in hospital outpatient departments, health centres and clinics in Bangkok, Thailand. Did Analysis of the characteristics of 211 taped consultations with simulated patients .They found that Private hospitals and clinics were significantly more responsive. Private clinics but not private hospitals were also significantly more patient-centred. All doctors, but particularly those in private hospitals, prescribed unnecessary and potentially harmful technical investigations and drugs. The direct cost to the patient varied between 1.5 (in public health centres) and 12 (in private hospitals) times the minimum daily wage. The combined cost – to the patient and to the state – in public hospitals and health centres exceeded the cost of consultations in private clinics
 16. Regidor .E., Martínez.D, Calle M.E., Ortega.P and others (2008) Data from a sample of 18,837 Spanish subjects were analysed to calculate the percentage of use of public and private general practitioner (GP), specialist and hospital care according to three indicators of socioeconomic position: educational level, social class and income. The percentage ratio was used to estimate the magnitude of the relation between each measure of socioeconomic position and the use of each health service. Found that persons in the lowest socioeconomic position were 61–88% more likely to visit public GPs and 39–57% more likely to use public hospitalisation than those in the highest socioeconomic position. In general, the percentage ratio did not show significant socioeconomic differences in the use of public sector specialists. The magnitude of the percentage ratio in the use of the three private services also showed a socioeconomic gradient, but in exactly the opposite direction of the gradient observed in the public services.
 17. Siddiqui, N., &Khandaker, S. A. (2007)in their research About 400 exit-interviews were conducted using a structured questionnaire that addressed the probable factors of the quality of healthcare services in 5-point interval scales. The quality of service in private hospitals scored higher than that in public hospitals for nursing care, tangible hospital matters, i.e. cleanliness, supply of utilities, and availability of drugs. The overall quality of service was better in the foreign hospitals compared to that in the private hospitals in Bangladesh in all factors, even the 'perceived cost' factor.
 18. When deciding whether to use the private system, being aware of the costs and having appropriate cover [is key](<http://theconversation.com/explainer-why-do-australians-have-private-health-insurance-38788>). People may be prepared to pay for private care if they think they will get a higher quality of care and not have to wait. But this may not always be the case. In 2013-2014 in the public system, half of all patients were admitted for elective surgery within 36 days of being placed on the waiting list. Around 90% of all patients were admitted within 262 days. The list was longest in New South Wales, where patients waited an average of 49 days.

III. OBJECTIVE

To compare the services of government and private hospitals.

IV. RATIONALE

The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients. It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive. Therefore, a research on patient satisfaction can be an important tool to improve the quality of services. Patient satisfaction with the healthcare services largely determines their compliance with

the treatment and thus contributes to the positive influence on health. This study is therefore undertaken with the aim to compare the services of private and public hospital in the Indore city, a centrally placed, business capital of one of the biggest Indian state - Madhya Pradesh. It is important because it captures the patient's experience of health care outside of direct effects on health and acknowledges the role of the patient as partners in health care, and as such reflects the patient-centeredness of care

V. RESEARCH METHODOLOGY

The study is exploratory in nature trying an attempt to measure patients satisfaction with services of private and public hospitals of Indore city. The survey is mainly focusing on all the adult patients (male/female) of Indore city who opt various hospital services from Government and Private Hospitals being admitted. Where structured questionnaire was administered personally. The questionnaire which carried standardized scale used in various international studies to measure Patient satisfaction. The reliability was assessed for both the scale in government and private hospital. Paired t-

test is used to compare services of both the hospitals. Sample size is 66.

Inclusion criteria- A "new" or "referred" patient attending the OPD of the respective health care facility.

Exclusion criteria- Patients working in the health care facility and follow-up patients attending the OPD of the respective health care facility were excluded from the study

VI. FINDINGS AND RESULTS

To compare the services of Government and Private Hospitals

Paired sample t test is applied using following services of Government and Private hospital that includes (Accommodation, Cleanliness, Equipment, Overall Nursing Services, Nursing attention and responsiveness, Explanation of test, treatment and procedure by nursing staff, Overall rating of Physician Services Ability of Physician to Diagnose Problems (aliment), Thoroughness of examination by Physician) with Hypothesis no 31 to Hypothesis no 44 and their summary is here-

| Hypothesis 31: There is significant difference in the overall rating of accommodation and physical facility of Government and private Hospital. | NULL Hypothesis Rejected | P value .000 | tvalue 4.758 |
|---|--------------------------|--------------|--------------|
| Hypothesis 32: There is significant difference in the cleanliness of Government and private Hospital. | Rejected | .000 | 3.943 |
| Hypothesis 33: There is significant difference in the equipment facility of Government and private Hospital. | Rejected | 0.06 | 1.921 |
| Hypothesis 34: There is significant difference in the overall rating of nursing services of Government and private Hospital. | Rejected | 0.648 | 0.519 |
| Hypothesis 35: There is significant difference in the nursing attention and responsiveness to needs of Government and private Hospital. | Rejected | 0.02 | 3.163 |
| Hypothesis 36: There is significant difference in the explanation of procedure, test and treatment by nursing staff of Government and private Hospital. | Rejected | 0.37 | 0.903 |
| Hypothesis 37: There is significant difference in the overall rating of the physician services of Government and private Hospital. | Rejected | 0.621 | 0.497 |

Results –

H₀₁..There is no significant difference in the overall rating of accommodation and physical facility of Government and private Hospital.

The results of paired t-value calculated for the overall rating of accommodation and physical facility of Government and Private Hospital is 4.758 (p value is 0.00) thus null hypothesis is rejected at 5% significance level, thus it can be said that there is significant difference in the overall physical facilities and accommodation of the Government and Private Hospital. The mean difference is .67692, the positive sign indicates that the overall mean of Government hospital is more than the private hospital suggesting that the patient are more satisfied with the private hospital accommodation than Government hospital.

H₀₂..There is significant difference in the cleanliness of Government and private Hospital.

The results of the paired t-value calculated for the cleanliness of Government and Private Hospital is 3.943 (p value is 0.00) thus null hypothesis is rejected at 5% significance level, thus it can be said that there is significant difference in the cleanliness of Government and Private Hospital. The mean difference is .67692, the positive sign indicates that the overall mean of Government hospital is more than the private hospital suggesting that the patient are more satisfied with the cleanliness of private hospital accommodation than government hospital.

H₀₃ There is no significant difference in the equipment facility of Government and Private hospital

The results of paired t-value calculated for the equipment facility of Private and Private Hospital is 1.921 (p value is .060) thus null hypothesis is accepted at 5% significance level, thus it can be said that there is no significant difference in the equipment facilities available in the Government and Private Hospital. The mean difference is .37255, the positive sign

indicates that the overall mean of Government hospital is more than the private hospital suggesting that the patient are slightly more satisfied with the equipments of Government hospital than available in Private hospital.

H04: *There is no significant difference in the Overall Nursing services of Government and Private Hospital*

The results of paired t-value calculated for the overall nursing services available in the Government and Private Hospital is 0.648 (p value is .519) thus null hypothesis is accepted at 5% significance level, thus it can be said that there is no significant difference in the overall nursing services available in the Government and Private Hospital. The mean difference is .756 the positive sign indicates that the overall mean of Government hospital is more than the private hospital suggesting that the patient are slightly more satisfied with the overall nursing services of Government hospital than available in Private hospital.

H05 *There is no significant difference in the nursing attention and responsiveness to the needs of Government and Private Hospital*

The results shows that The paired t-value calculated for the nursing attention and responsiveness to needs of Private and Private Hospital is 3.163 (p value is 0.02) thus null hypothesis is rejected at 5% significance level, thus it can be said that there is significant difference in the nursing attention and responsiveness to needs of the Government and Private Hospital. The mean difference is .28788, the positive sign indicates that the over all mean of Government hospital is more than the private hospital suggesting that the patient are more satisfied with the nursing attention and responsiveness to needs of private hospital than Government hospital.

H06 *There is no significant difference in explanation of procedure, test and treatment by nursing staff of Government and Private Hospital*

The result shows that t-value calculated for explanation of procedure, test and treatment by nursing staff of Government and Private Hospital is .903 (p value is .370) thus null hypothesis is rejected at 5% significance level, thus it can be said that there is significant difference in the explanation of procedure, test and treatment by nursing staff of the Government and Private Hospital. The mean difference is .14062, the positive sign indicates that the overall mean of Government hospital is more than the private hospital suggesting that the patient are more satisfied with the explanation of procedure, test and treatment by nursing staff of private hospital than Government hospital.

H07-: *There is no significant difference in the overall rating of the physician services of Government and private Hospital*

The paired t-value calculated for overall rating of the physician services of Government and Private Hospital is .497 (p value is .621) thus null hypothesis is rejected at 5% significance level, thus it can be said that there is significant

difference in the overall rating of the physician services of the Government and Private Hospital. The mean difference is .03030, the positive sign indicates that the overall mean of Government hospital is more than the private hospital suggesting that the patient are more satisfied with the overall physician services of private hospital than Government hospital

VII. DISCUSSION

1. Result shows that the null hypothesis is rejected, hence it can be said that there is significant difference in overall rating of accommodation of government hospital (M=1.72, SD=0.795) and private hospital (M=2.79, SD=1.05) at $p=0.005$, and patients are more satisfied with the overall accommodation and physical facilities of the Private Hospitals. The reason behind this may be there is no budgetary constraints in private hospitals to invest on accommodation.
2. Result shows that the null hypothesis is rejected, hence it can be said that there is significant difference in cleanliness of government hospital (M=1.76, SD= 1.04) and private hospitals (M= 3.38, SD= 0.912) at $p=0.005$ and patients are more satisfied with the cleanliness of the Private Hospitals.
3. Result shows that the null hypothesis is rejected, hence it can be said that there is a significant difference in the equipment facility of government hospitals (M=2.00, SD=1.137) and private hospitals (M=1.62, SD=0.924) at $p=0.005$ and the patients are more satisfied with the equipment facility of the Private Hospitals.
4. Result shows that the null hypothesis is rejected, hence it can be said that there is significant difference in the overall rating of nursing services of Government hospitals (M= 1.97, SD= 0.960) and private Hospital (M= 1.89, SD=0.979) and the patients are more satisfied with the overall all rating of nursing services in the the Private Hospitals than Government hospitals.
5. Result shows that the null hypothesis is rejected, hence it can be said that there is significant difference in the nursing attention and responsiveness to the needs of patients in the the Private Hospitals (M=2.15, SD= 1.126) than Government hospitals (M= 1.86, SD= 1.080) and the patients are more satisfied with the nursing attention and responsiveness to the needs of patients in the the Private Hospitals.
6. Result shows that the null hypothesis is rejected, hence it can be said that there is a significant difference between the patients of government hospital (M=2.05, SD=1.090) and private hospital (M= 2.00, SD=1.155) in terms of explanation of procedure, test and treatment by nursing staff; the patients are more satisfied with the explanation of

procedure, test and treatment by nursing staff of the Private Hospitals than Government hospitals.

7. Result shows that the null hypothesis is rejected, hence it can be said that there is a significant difference between the patients of government hospital ($M=1.76$, $SD=0.842$) and private hospital ($M= 1.73$, $SD=0.869$) in terms of overall rating of physician, the patients are more satisfied with the overall all rating of physician services in the Private Hospitals than Government hospitals.

VIII. LIMITATIONS

1. The data is collected through convenience sampling, where sample is not representative of population. Thus the findings of study are not generalize to the entire population.
2. Respondents (which are patients in the study) were not in comfortable position where one can expect they will respond after understanding each question thus affecting the quality of data.
3. Some of the respondents were not well versed with English or Hindi thus it is likely that they may have responded without proper understanding.
4. Sample size is limited further affecting the generalization of the findings

IX. SCOPE FOR FUTURE STUDY

1. Study is confined to Indore city only it can be extended to other important cities/metros of India in both government and private hospitals.
2. To make results more representative for future studies sample size would be increased .
3. Cross sectional studies may be conducted in future.

X. CONCLUSION

We cannot deny that the level of comfort a patient and his caretakers receive in private hospitals is far advanced in comparison to what we find in government run hospitals. The government hospital are expected to work on the cleanliness and maintaining & upgrading their equipments. The patients in both, the government and private hospital have different set of expectations from the nursing staff and physicians. A private hospital can provide the best from infrastructure to treatment then why our govt can't provide the same?

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