

# A Comparative Study on Patient Satisfaction and Service Quality Between Private and Government Hospitals in West Bengal

Dr. Chandan Banerjee  
Professor

Department of Management Studies, Advanced Information and Management Studies  
Durgapur, West Bengal, India  
chandankbanerjee@gmail.com

Arpan Dey  
Assistant professor

Department of Hospital Management, Advanced Information and Management Studies  
Durgapur, West Bengal, India  
info@aimscollege.in@gmail.com

Piyasi Chatterjee  
Assistant professor

Department of Hospital Management, Advanced Information and Management Studies  
Durgapur, West Bengal, India  
info@aimscollege.in@gmail.com

## Abstract

Healthcare service quality has emerged as one of the most significant determinants of patient satisfaction and institutional reputation in modern healthcare systems. The present study investigates and compares patient satisfaction levels between private and government hospitals using structured primary data collected from 90 respondents comprising 50 patients from private hospitals and 40 patients from government hospitals in West Bengal. The study evaluates major dimensions of healthcare service quality such as appointment booking, doctor's explanation, medical records retrieval, hospital cleanliness, staff behaviour, and waiting room facilities. Statistical tools including descriptive statistics, independent sample t-test, reliability analysis, and comparative mean analysis were used for interpretation.

The findings reveal that private hospitals significantly outperform government hospitals across almost all service quality dimensions. The overall mean satisfaction score for private hospitals was substantially higher than that of government hospitals. Reliability analysis using Cronbach's Alpha demonstrated strong internal consistency for the combined satisfaction scale. The study concludes that patient-centric service delivery, better infrastructure, digitization, and responsive staff behaviour are major contributors to higher satisfaction in private hospitals.

**Keywords:** Patient Satisfaction, Hospital Service Quality, Healthcare Management, Reliability Analysis, Comparative Study, Healthcare Services.

## 1. Introduction

Healthcare institutions play a crucial role in determining the quality of life and public health outcomes of a nation. In India, both government and private hospitals contribute significantly to healthcare delivery; however, disparities often exist in service quality, patient handling,

infrastructure, and operational efficiency. Patient satisfaction has therefore become a major indicator of healthcare performance.

Patient satisfaction reflects the extent to which healthcare services meet or exceed patient expectations. Modern healthcare management emphasizes quality assurance, digital record management, transparency, and patient-centric care. Hospitals that provide efficient services, reduced waiting time, hygienic infrastructure, and effective communication generally achieve higher levels of patient loyalty and trust.

The healthcare sector in West Bengal has experienced substantial growth in both public and private domains. However, concerns regarding overcrowding, delays, accessibility of medical records, and staff responsiveness continue to affect patient perceptions in many government hospitals. Private hospitals, on the other hand, often focus on service quality and operational efficiency but may involve higher treatment costs.

This study aims to compare patient satisfaction between private and government hospitals using empirical data and statistical analysis.

## 2. Review of Literature

### 2.1 Concept of Patient Satisfaction

Patient satisfaction is considered an essential component of healthcare quality assessment. According to Parasuraman, Zeithaml, and Berry (1988), service quality is determined by the gap between customer expectations and actual service performance. In healthcare, this concept is highly

relevant because patients evaluate not only treatment outcomes but also behavioural and infrastructural aspects.

## 2.2 Service Quality in Hospitals

Donabedian (1988) proposed that healthcare quality can be measured through structure, process, and outcomes. Structural dimensions include infrastructure and equipment, process dimensions include staff behaviour and responsiveness, while outcomes include patient satisfaction and health improvement.

## 2.3 Role of Communication in Patient Satisfaction

Effective doctor-patient communication has a direct impact on patient trust and compliance. Stewart (1995) found that patients receiving clear explanations from doctors demonstrate higher satisfaction levels and better treatment adherence.

## 2.4 Hospital Cleanliness and Infrastructure

Hospital cleanliness is strongly associated with patient confidence and perceived quality. Research by Andaleeb (2001) highlighted that hygiene and environmental conditions significantly influence patient perceptions in developing countries.

## 2.5 Waiting Time and Patient Experience

Long waiting periods negatively influence patient attitudes toward healthcare providers. Studies by Bielen and Demoulin (2007) concluded that waiting room management directly affects overall service evaluation.

## 2.6 Digitization and Medical Record Accessibility

Electronic health records and digital report systems improve healthcare efficiency and reduce patient inconvenience. Kruse et al. (2018) emphasized that digital healthcare systems enhance accessibility, continuity, and patient satisfaction.

## 2.7 Comparative Healthcare Studies

Several comparative studies indicate that private hospitals generally score higher in service quality dimensions due to better infrastructure, personalized care, and lower patient load. However, government hospitals remain important because of affordability and accessibility.

## Research Gap

Most previous studies focused on either public or private hospitals independently. Limited research has comparatively analyzed patient satisfaction dimensions including digital accessibility, staff behaviour, and record retrieval in the context of West Bengal.

## 3. Statement of the Problem

Despite the expansion of healthcare services, patients often experience dissatisfaction regarding waiting time, medical record access, staff behaviour, and cleanliness, particularly in public healthcare institutions. Understanding these differences is essential for improving healthcare quality and policy implementation

## 4. Objectives of the Study

1. To measure patient satisfaction in private and government hospitals.
2. To compare healthcare service quality dimensions between private and government hospitals.
3. To evaluate the reliability of the patient satisfaction scale.
4. To identify factors influencing patient satisfaction.
5. To provide managerial recommendations for improving healthcare service quality.

## 5. Hypotheses of the Study

### Null Hypothesis (H0)

There is no significant difference in patient satisfaction between private and government hospitals.

### Alternative Hypothesis (H1)

There is a significant difference in patient satisfaction between private and government hospitals.

## 6. Research Methodology

### 6.1 Nature of Research

The study is descriptive and analytical in nature.

### 6.2 Sources of Data

The study is based on primary data collected through a structured questionnaire.

### 6.3 Sample Size

- Private Hospital Respondents: 50
- Government Hospital Respondents: 40
- Total Respondents: 90

### 6.4 Sampling Technique

Convenience sampling method was used.

### 6.5 Tools Used for Analysis

- Mean and Percentage Analysis

- Comparative Statistical Analysis
- Independent Sample t-test
- Reliability Analysis using Cronbach's Alpha
- Tabular Interpretation

### 6.6 Variables Included

The following service quality dimensions were measured using a 5-point Likert Scale:

- Appointment Booking
- Doctor's Explanation
- Medical Records Retrieval
- Hospital Cleanliness
- Staff Behaviour
- Waiting Room Facilities

## 7. Data Analysis and Interpretation

### 7.1 Mean Satisfaction Scores

Service Dimension	Private Hospital Mean	Government Hospital Mean
Appointment Booking	4.36	1.90
Doctor's Explanation	4.12	2.08
Medical Records Retrieval	3.78	1.48
Hospital Cleanliness	4.04	2.00
Staff Behaviour	4.32	2.00
Waiting Room Facilities	4.10	1.75
Overall Mean Satisfaction	4.12	1.87

The analysis clearly indicates that private hospitals achieved substantially higher satisfaction scores across all service quality dimensions. Patients in private hospitals were particularly satisfied with appointment booking systems and staff behaviour. Government hospitals recorded comparatively lower scores due to infrastructural and operational limitations.

### 7.2 Reliability Analysis

Reliability analysis was conducted using Cronbach's Alpha to determine the internal consistency of the patient satisfaction scale.

### Reliability Statistics

Scale	Cronbach's Alpha
Combined Satisfaction Scale	0.941

A Cronbach's Alpha value of 0.941 indicates excellent internal consistency and reliability of the questionnaire. Therefore, the scale used for measuring patient satisfaction is highly reliable and suitable for further statistical analysis.

## 7.3 Hypothesis Testing Using Independent Sample t-Test

### Hypothesis Test Results

Test Variable	t-value	p-value	Result
Overall Patient Satisfaction	37.97	<0.001	Significant

The p-value is less than 0.05, indicating a statistically significant difference between private and government hospitals regarding patient satisfaction. Therefore, the null hypothesis is rejected and the alternative hypothesis is accepted.

## 8. Findings of the Study

- Private hospitals demonstrated significantly higher patient satisfaction levels than government hospitals.
- Appointment booking systems were more efficient in private hospitals.
- Doctor-patient communication was comparatively better in private hospitals.
- Government hospitals showed lower satisfaction regarding cleanliness and waiting room facilities.
- Accessibility of medical records and online reports was stronger in private hospitals.
- Staff behaviour was perceived as more responsive and supportive in private healthcare institutions.
- Reliability analysis confirmed that the measurement scale used in the study was highly consistent.

## 9. Managerial Implications

The findings of the study provide several managerial implications for healthcare administrators and policymakers.

## 9.1 Improvement of Digital Healthcare Systems

Government hospitals should strengthen digital record management systems and online report accessibility to improve patient convenience.

## 9.2 Training and Development

Regular training programs should be organized for hospital staff to improve communication skills, responsiveness, and patient handling.

## 9.3 Infrastructure Development

Healthcare authorities should focus on improving cleanliness, waiting areas, and patient comfort in government hospitals.

## 9.4 Queue and Appointment Management

Implementation of digital appointment systems and queue management software can significantly reduce waiting time.

## 9.5 Patient-Centric Healthcare

Hospitals should adopt patient-centric policies emphasizing empathy, transparency, and service responsiveness.

## 10. Future Scope of the Study

- Future studies may include larger sample sizes covering multiple districts and states.
- Comparative studies may be conducted between rural and urban healthcare institutions.
- Researchers may analyze the impact of healthcare affordability on patient satisfaction.
- Advanced statistical tools such as regression analysis, factor analysis, and structural equation modelling may be applied.
- Future research may investigate the role of telemedicine and artificial intelligence in patient satisfaction.

## 11. Conclusion

The study concludes that private hospitals provide significantly better healthcare service quality and patient satisfaction compared to government hospitals. Efficient appointment systems, better staff behaviour, cleaner infrastructure, and improved digital accessibility contribute to higher satisfaction levels in private healthcare institutions.

Government hospitals continue to play a crucial role in affordable healthcare delivery; however, operational inefficiencies and infrastructural challenges adversely affect patient perceptions. Policymakers and hospital administrators should focus on digitization, staff training, patient engagement, and infrastructural improvement to enhance healthcare service quality.

The study also confirms that the questionnaire used for evaluation is highly reliable and statistically significant, thereby validating the findings.

## References

- [1] Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *Social Science & Medicine*, 52(9), 1359–1370.
- [2] Bielen, F., & Demoulin, N. (2007). Waiting time influence on the satisfaction-loyalty relationship in services. *Managing Service Quality*, 17(2), 174–193.
- [3] Cronin, J. J., & Taylor, S. A. (1992). Measuring service quality: A reexamination and extension. *Journal of Marketing*, 56(3), 55–68.
- [4] Donabedian, A. (1988). The quality of care: How can it be assessed? *Journal of the American Medical Association*, 260(12), 1743–1748.
- [5] Gronroos, C. (1984). A service quality model and its marketing implications. *European Journal of Marketing*, 18(4), 36–44.
- [6] Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis* (7th ed.). Pearson Education.
- [7] Kotler, P., & Keller, K. L. (2016). *Marketing management* (15th ed.). Pearson.
- [8] Kruse, C. S., Stein, A., Thomas, H., & Kaur, H. (2018). The use of electronic health records to support population health: A systematic review of the literature. *Journal of Medical Systems*, 42(11), 214.
- [9] Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance*, 22(4), 366–381.
- [10] Oliver, R. L. (1997). *Satisfaction: A behavioral perspective on the consumer*. McGraw-Hill.
- [11] 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(4), 41–50.
- [12] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for

- measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12–40.
- [13] Peters, D. H., Rao, K. S., & Fryatt, R. (2003). Lumping and splitting: The health policy agenda in India. *Health Policy and Planning*, 18(3), 249–260.
- [14] Porter, M. E., & Teisberg, E. O. (2006). *Redefining health care: Creating value-based competition on results*. Harvard Business School Press.
- [15] Rao, K. D., Peters, D. H., & Bandeen-Roche, K. (2006). Towards patient-centered health services in India. *Health Policy and Planning*, 21(5), 348–354.
- [16] Rust, R. T., & Oliver, R. L. (1994). *Service quality: Insights and managerial implications from the frontier*. Sage Publications.
- [17] Seth, N., Deshmukh, S. G., & Vrat, P. (2005). Service quality models: A review. *International Journal of Quality & Reliability Management*, 22(9), 913–949.
- [18] Stewart, M. A. (1995). Effective physician-patient communication and health outcomes. *Canadian Medical Association Journal*, 152(9), 1423–1433.
- [19] Taylor, S. A., & Baker, T. L. (1994). An assessment of the relationship between service quality and customer satisfaction. *Journal of Retailing*, 70(2), 163–178.
- [20] Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2018). *Services marketing: Integrating customer focus across the firm* (7th ed.). McGraw-Hill.
- [21] World Health Organization. (2021). *Global strategy on people-centred and integrated health services*. WHO Publications.
- [22] Yadav, R., & Dabhade, N. (2014). Service quality and patient satisfaction in healthcare sector. *International Journal of Scientific Research*, 3(10), 150–152.
- [23] Zineldin, M. (2006). The quality of health care and patient satisfaction. *International Journal of Health Care Quality Assurance*, 19(1), 60–92.