

Analyzing Indian Healthcare: A Comparative Study of Public and Private Hospital Management.

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Abstract

The importance of human resources and employee performance in any organization cannot be emphasized. Organizations must motivate their staff to use effective ways of providing high-quality healthcare. Citizens' expectations of public services, notably healthcare, are understandably high, given that they are taxpayers. This study employed a cross-sectional quantitative research design; participants included were nurses, administrative staff, lab technicians, and pharmacists. The study used 109 different sample sizes. The data indicate that faculty retention in public hospitals is high, which could be related to salary, work-life balance, and the overall work environment. In private hospitals, faculty retention is substantially lower. Compared to public hospitals, the quality of care in private hospitals is higher. Thus, while private institutions contribute to affordability and accessibility through well-equipped infrastructure, public hospitals still require upgrading as the quality of medical care is a paramount concern for any nation..

Keywords: healthcare, private, public, quality, service, patient..

Introduction

Healthcare services are experiencing rapid global expansion and evolution, with traditional healthcare models undergoing significant transformation to enhance overall population health. Within any organization, the pivotal role of human resources and employee performance cannot be overstated. It is imperative for organizations to motivate their employees to adopt effective strategies for delivering high-quality healthcare. The maintenance of rigorous standards is crucial for the existence of healthcare institutions. Additionally, understanding the effectiveness, quality of work, and productivity of employees is of paramount importance (Mohammad et al., 2020).

In the realm of healthcare services, employee performance is intricately linked with quality management. Employee retention necessitates satisfying their needs regarding workload, leave policies, appraisals, and more (Platis et al., 2015). Public healthcare sectors often face criticism for inefficiencies and ineffectiveness, underscoring the critical role of human resources in retaining high-performing employees. Motivating and satisfying the workforce is essential for achieving higher quality in healthcare services. Nurses and administrative staff within healthcare institutions play a pivotal role in providing comfort to patients and their families. Patient satisfaction is a top priority for delivering superior healthcare. However, it's worth noting that job satisfaction and performance among healthcare workers can vary between private and public hospitals (Mohammad & Wang, 2019).

Beyond employee performance, several public sectors are criticized for their inefficient handling of patients. Given that citizens are taxpayers, their expectations from public services, particularly in healthcare, are understandably high (Qaisar et al., 2018). Employees are a crucial asset whose continued existence and sustained performance are vital under all organizational conditions (Al-Hanawi et al., 2020). Unfortunately, the ongoing pandemic has witnessed a significant increase in employees choosing to leave, resulting in adverse effects on organizations. Consequently, managing the turnover of healthcare staff, recruitment, and retention poses an ongoing challenge (Ng et al., 2021).

Employee dissatisfaction often manifests in the form of emotional conflicts, isolation, and other factors that diminish their commitment to hospital concerns. In environments where the public is heavily involved, problem-solving, task performance, and related skills are essential (Torlak et al., 2021). Thus, the attitudes and behaviors of employees play a pivotal role in shaping the quality of service and patient satisfaction within healthcare institutions. To determine an organization's success or failure, employee performance must be assessed across multiple dimensions. Today, many public hospitals grapple with poor employee performance, absenteeism, and low productivity, resulting in subpar healthcare service quality (Shammi et al., 2021).

In the case of healthcare institutions in India, unique challenges related to accessibility and affordability are apparent. Public healthcare systems were established to provide free medical services to citizens; however, they

often suffer from inadequate infrastructure, lack of patient satisfaction, and long waiting times. Access to quality healthcare remains a challenge for every citizen. Both public and private healthcare institutions have their advantages and disadvantages. Public institutions, driven by nonprofit motives, may not always meet the required standards (Shammi et al., 2021). The quality of care varies significantly, with private institutions offering a wide range of specialized services. While developments have been substantial, there is often a lack of regulation and transparency, with divergent pricing and service standards (Alumran et al., 2021). Although private institutions contribute to affordability and accessibility with well-equipped infrastructure, challenges related to patient satisfaction and outcomes persist. Consequently, the quality of medical care is a paramount concern for any nation. In the past decade, healthcare technology has witnessed significant advancements, but the cost of medical care has also risen (Singh et al., 2019). Effective hospital management is vital, especially considering the substantial differences between private and public healthcare institutions. Beyond profit-making, providing equitable and high-quality healthcare services is essential. Governments are implementing measures to enhance efficiency, but challenges persist regarding service quality (Kitsios & Kamariotou, 2021). Ensuring access to healthcare services is a critical national priority. This paper is dedicated to analyzing the Indian healthcare system based on service quality, employee engagement, and factors meeting community needs, addressing the following objectives:

To investigate differences between the Indian public and private hospital management systems.

To gain insight into faculty retention levels and retirement programs.

To assess the quality of care and healthcare facilities within the Indian healthcare system.

The subsequent sections of the paper are structured as follows: Section 2 delves into related works, Section 3 expounds on the significance of the study, Section 4 outlines the research methodology, Section 5 presents the results and initiates the discussion, Section 6 explores the study's limitations, and finally, Section 7 draws conclusions and outlines future prospects.

Related Research

This section reviews the various literature works related to the current study. Ngobeni et al., (2020) focused on the public healthcare system in South Africa. The country under extreme pressure had the shortage of medical professionals, in equality, unemployment, etc. Being leading an inefficient healthcare system there requires an investigation of the exact public health system. The study included nine healthcare institutions and a total of six health models were considered. The technical efficiency of all the health models was evaluated. It was found that their mean efficiency ranges between 35.7% to 87.2%. Also few policies were given for adoption. This includes expenditure minimization, reducing the over usage of healthcare staff. Following this shall reduce the pressure on the healthcare staff. However analyzing the inefficiency levels of healthcare worker remains a challenge. Khoshakhlagh et al., (2019) determined the views of the healthcare staff on patient safety related to private and public hospitals. The quantitative research design was followed getting responses from participants through questionnaire. A total of 1203 samples were used. Those working in private and public hospitals situated in Iran were considered. Where 27.43% of samples were male and 72.57% samples were female. The patient safety culture analyzed based on organization learning, improvement, and employee burnout. Employee burnout showed a negative impact on the patient safety culture. Therefore it is necessary to plan employee workloads and focus on patient safety. However analyzing the cases on other countries remains a challenge. Sakib et al., (2023) evaluated the mental health outcomes of the healthcare professionals. A sample of 3388 individuals working in hospitals situated in Bangladesh was considered for the study. A cross sectional study was carried out and an online survey was circulated among the participants through various social media websites. The questions were related to marital status, chronic diseases, etc. It was observed that employees who were restless refused to treat patients. Moreover many hospitals lack infrastructure facilities was another concern. However, the study had limitations on the collection of data and participant's fruitful response was very less. However it is necessary to analyze the mental well-being of healthcare employees and still remains a challenge. Alumran et al., (2021) compared the quality of private and public hospitals. The hospitals in Saudi Arabia were considered. A quantitative cross sectional research design was followed. A study sample of 258 was included. The data was collected through the online survey. The results showed a significant difference in the overall satisfaction of the private and public hospitals. The service qualities of private hospitals were much higher than the public hospitals. Although government hospitals had greater affordability their customer satisfaction was much less. Thus the results show that private hospitals in Saudi Arabia are much better than public hospitals. However analyzing the service quality in terms of patient perspective remains a challenge. Kitsios & Kamariotou (2021) investigated the dynamics behind healthcare workers at public hospitals in Northern Greece. Administrative employees, doctors and nurses comprising of 74 samples were considered in the study. The questionnaire examined the level of works in the healthcare related to the job, achievements, and salary and employee relationships. The results show that employee retention is the major factor in the relationship with their colleagues. The rise of medical cost have significant problem in the healthcare sector. Also it is necessary to motivate employees with regular incentives for their retention. However the hospital management analyzing the needs of the employees remains a challenge.

Abdullah et al., (2021) analyzed the attitude and behaviour of the nursing staff to understand the patient satisfaction. The internal service quality was analyzed through the factors such as employee commitment, job performance, job satisfaction, etc. A cross sectional quantitative research was used for a sample of 412 employees working at healthcare institutions in Pakistan. The results of the study revealed that there is a positive association between employee satisfaction and performance. Most of the employees were female and their performance is highly influenced by satisfaction. However analyzing the management level quality of service remains a challenge. Singh et al., (2019) measured the job satisfaction of the healthcare provider. A sample of 462 participants was included in the study. The healthcare sectors in Punjab were included for the study. Job satisfaction was seen much higher in elders than younger employees. Also male workers were more satisfied than female workers. Job dissatisfaction can be due to many reasons. However a satisfied workforce can create a positive impact on the institution.

Significance of the Study

The study offers a unique opportunity to gain insights into the dynamics of the Indian healthcare sector, where the coexistence of public and private hospitals raises critical questions about resource allocation, service quality, patient satisfaction, and workforce engagement. By systematically comparing these two sectors, the research can provide evidence-based recommendations for improving healthcare management, infrastructure development, and policy formulation. This study has the potential to influence decision-making, both in the public and private sectors, and to contribute to the broader discourse on healthcare delivery in India, ultimately leading to enhanced healthcare quality, patient experiences, and the efficient use of resources, which are of paramount importance for the well-being of the Indian population.

Research Methodology

A cross sectional quantitative research design was used in this study. The population of this study was nurses, administrative staff, lab technicians and pharmacists, for a population of frontline healthcare workers other than practitioners were considered for the study. Sample sizes of 109 were included in the study. The demographic statistics of N=109 are shown in below Table 1.

Table 1 Demographics Statistics (N=109)

S.No.	Demographics	Category	N	%
1	Gender	Male	44	40.36
		Female	65	59.63
2	Hospital	Private	55	50.45
		Public	54	49.54
3	Age	19-25	26	23.85
		25-30	20	18.34
		30-35	35	32.11
		35 and above	28	25.68
4	Position	Admin	17	15.59
		Lab technician	18	16.51
		Nurse	56	51.37
		Pharmacists	18	16.51

The current study utilized convenient sampling based on the availability of the nearest healthcare institution, as it is convenient to implement. The primary source of data was the use of a questionnaire. To analyze and interpret the responses, descriptive statistics were used. The employees were informed of the need for the questionnaire. They were given 30 minutes to submit their responses, received all 109 responses. The scoring rate is shown below in Table 2:

Table 2 Score Rating

Classification	Score
Strongly agree	5
Agree	4
Neutral	3
Disagree	2
Strongly disagree	1

Results and Discussion

Based on the data presented in Table 1, the respondents' gender distribution indicates that 40.36% are male, and 59.63% are female. Regarding age categories, 23.85% fall in the 19 to 25 age group, 18.34% in the 25 to 30 age group, 32.11% in the 30 to 35 age group, and 25.68% are aged above 55. In terms of workplace, 50.45% of respondents were employed in private hospitals and 49.54% in public hospitals. Detailed experimental findings of the current study are summarized in Table 3.

Table 3 Results of the Study

Variables	N		Mean		Median		SD	
	Public	Private	Public	Private	Public	Private	Public	Private
Faculty retention	54	55	3.69	2.44	4.00	2.00	1.27	1.27
Retirement program			3.37	2.45	4.00	2.00	1.56	1.37
Quality of care			2.35	3.31	2.00	4.00	1.36	1.41
Facilities			2.52	3.33	2.00	4.00	1.31	1.56
Treatment cost			2.59	3.45	2.00	4.00	1.35	1.45
Patient waiting time			3.69	2.49	4.00	2.00	1.24	1.32
Long working hours			2.37	3.31	2.00	4.00	1.25	1.36
Workload management			2.87	3.24	3.00	3.00	1.35	1.51
Rewards			2.87	3.24	3.00	3.00	1.39	1.30
Patient satisfaction			2.69	3.49	2.00	4.00	1.30	1.43

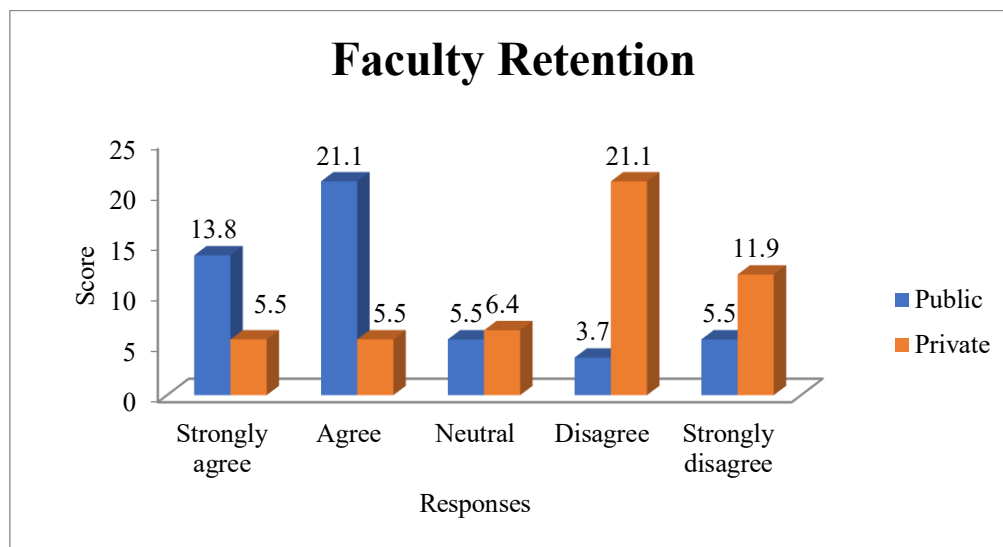


Figure 1 Faculty Retention

The data reveals that 13.8% strongly agree and 21.1% agree regarding faculty retention in public hospitals. Conversely, 5.5% express neutrality, 3.7% disagree, and 5.5% strongly disagree. In contrast, for private hospitals, only 5.5% strongly agree or agree, 6.4% remain neutral, while 21.1% disagree, and 11.9% strongly disagree. Consequently, public hospitals exhibit robust faculty retention, possibly attributable to compensation, work-life balance, and the overall work environment. Conversely, faculty retention in private hospitals appears to be significantly lower. Therefore, it is imperative for private hospital management to enhance employee engagement and motivation, as well as recognize their contributions, in order to improve faculty retention.

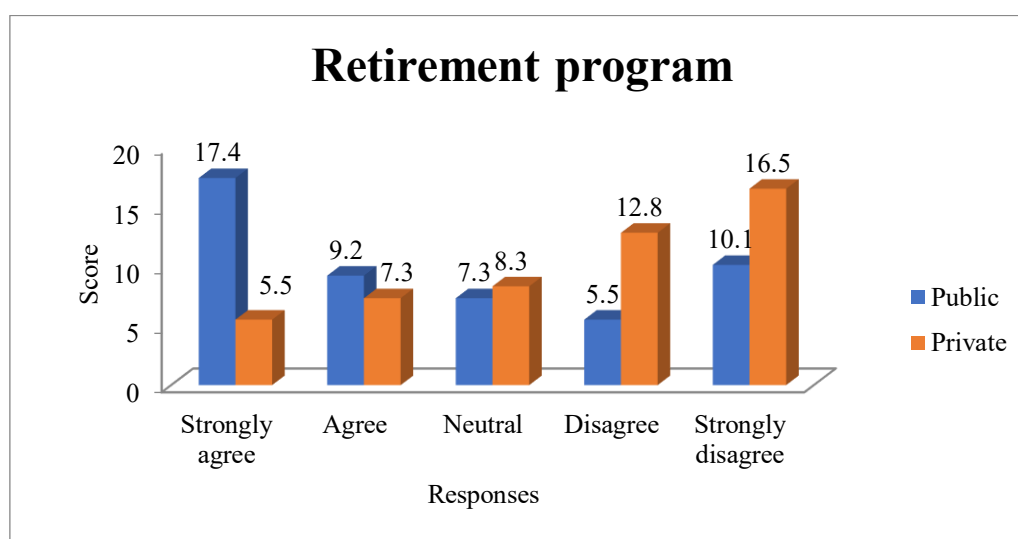


Figure 2 Retirement Program

The findings indicate that 17.4% strongly agree and 9.2% agree concerning the retirement program in public hospitals. Meanwhile, 7.3% remain neutral, 5.5% disagree, and 10.1% strongly disagree. Similarly, for private hospitals, only 5.5% strongly agree, 7.3% agree, and 8.3% are neutral, while 12.8% disagree and 16.5% strongly disagree. Consequently, retirement benefits are more favorable in public hospitals, where pensions are guaranteed until an employee's date of death. In contrast, in private hospitals, these benefits are contingent upon management decisions and subject to change at any time. Therefore, when comparing public hospital employees to their private counterparts, the former enjoy more generous retirement program benefits.

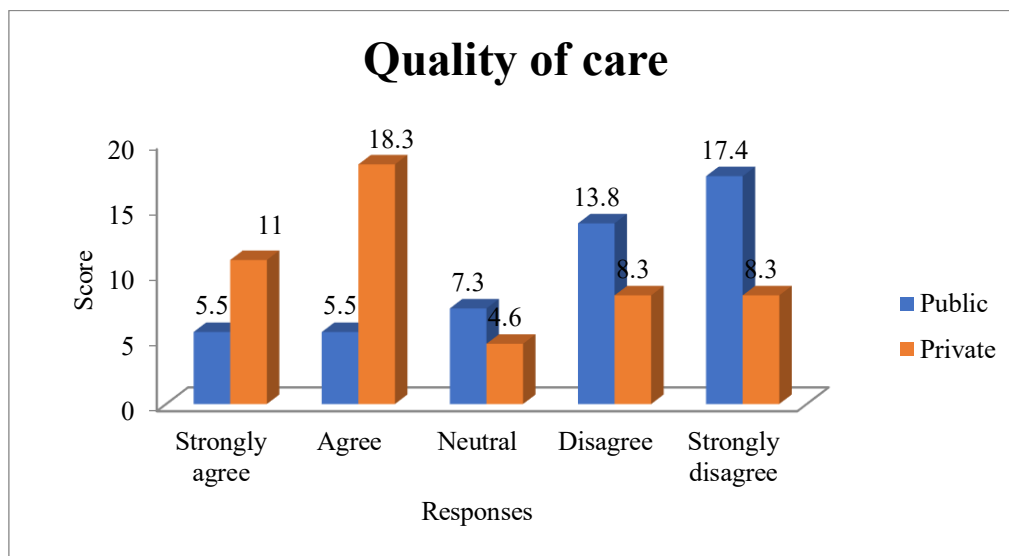


Figure 3 Quality of care

It has been observed that 5.5% and 5.5% strongly agree and agree in concern to the quality of care of public hospitals. 7.3% are neutral, 13.8% disagree, and 17.4% strongly disagree. Similarly, in the case of private hospitals, only 11.0% strongly agree, 18.3% agree, and 4.6% are neutral, whereas 8.3% disagree and 8.3% strongly disagree. It is observed that the quality of care is higher in private hospitals when compared to public hospitals. The reason is that in India, public healthcare services are almost free and at a minimal cost. Whereas in the case of private hospitals, it is often expensive, and the quality of care is often high. Private hospitals provide excellent care for patients with maximum medical facilities and minimum patient waiting times. However, for affordable treatments, it could be ideal to choose public hospitals.

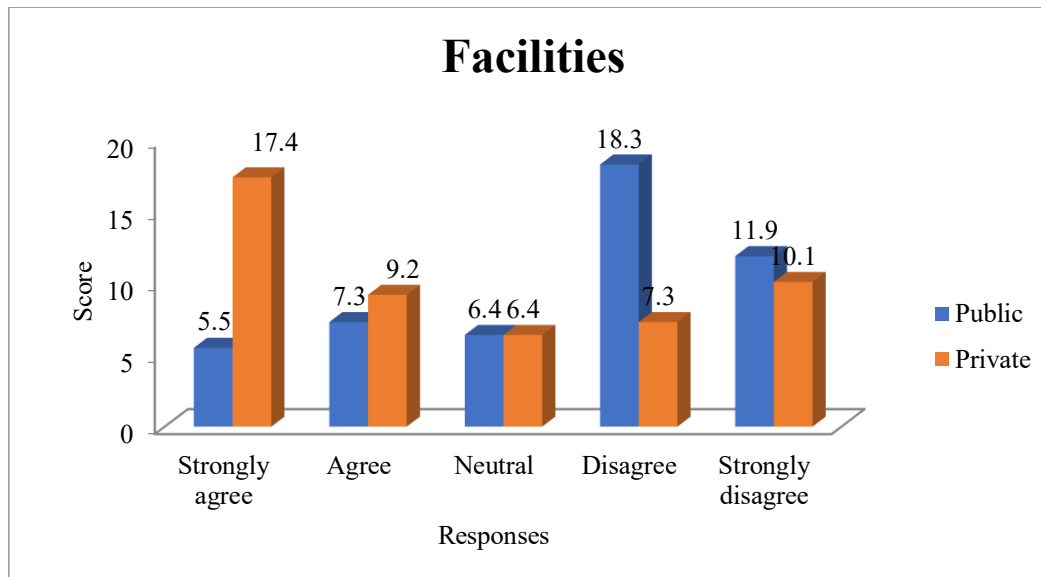


Figure 4 Facilities

It has been observed that 5.5% and 7.3% strongly agree and agree in concern to the facilities of public hospitals. 6.4% are neutral, 18.3% disagree, and 11.9% strongly disagree. Similarly, in the case of private hospitals, only 17.4% strongly agree, 9.2% agree, and 6.4% are neutral, whereas 7.3% disagree and 10.1% strongly disagree. From the results, it is evident that private hospitals provide excellent care for the patients. Although the budget is high, the quality of medical care is high. Those patients who cannot afford higher money can opt for public hospitals. Also, in the case of public hospitals, the significant drawbacks are corruption, overcrowding, poor cooperation, etc.

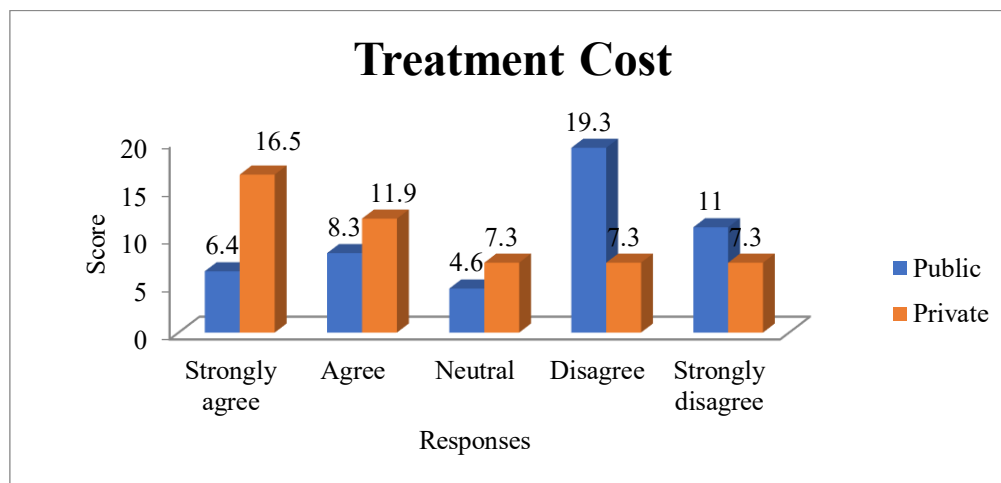


Figure 5 Treatment Cost

It has been observed that 6.4% and 8.3% strongly agree and are concerned about the treatment cost of public hospitals. 4.6% are neutral, 19.3% disagree, and 11.0% strongly disagree. Similarly, in the case of private hospitals, only 16.5% strongly agree, 11.9% agree, 7.3% are neutral, 7.3% disagree, and 7.3% strongly disagree. It is observed that the treatment cost is higher in private hospitals when compared to public hospitals. The reason is that in India, public healthcare services are almost free and at a minimal cost. Whereas in the case of private hospitals, it is often expensive, and the quality of care is often high. However, private hospitals provide excellent care for patients with maximum medical facilities and minimum patient waiting times.

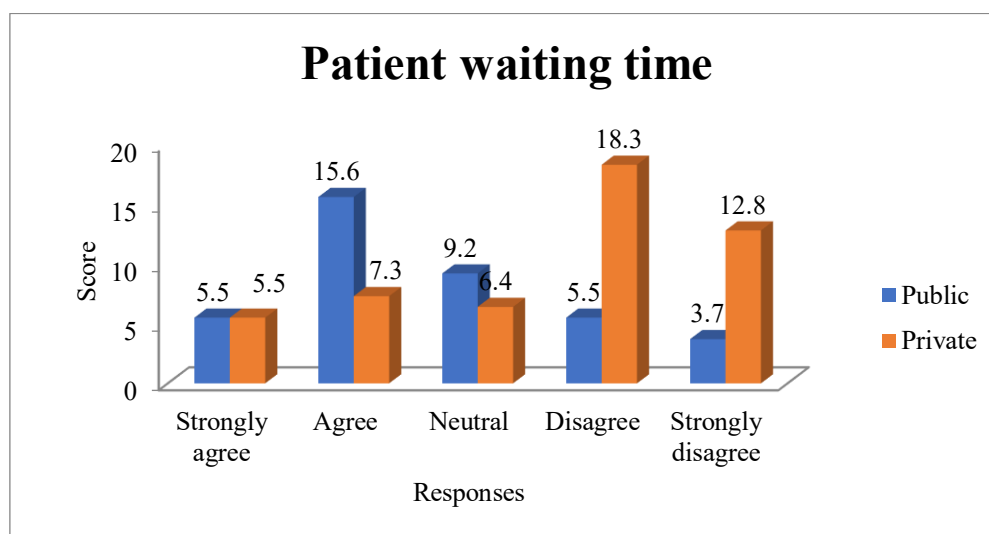


Figure 6 Patient Waiting Time

It has been observed that 5.5% and 15.6% strongly agree and are concerned about the patient waiting time of public hospitals. 9.2% are neutral, 5.5% disagree, and 3.7% strongly disagree. Similarly, in the case of private hospitals, only 5.5% strongly agree, 7.3% agree, and 6.4% are neutral, whereas 18.3% disagree and 12.8% strongly disagree. The patient waiting time in public hospitals is much higher than in private hospitals. Most of the private hospital management adopt patient flow management issues to reduce waiting times in hospitals. There are usually long queues in public hospitals. This shall reduce the willingness of the patient to return to the hospital. Therefore, waiting time is a significant factor in judging patient dissatisfaction and discomfort. Another reason is that private hospitals are better equipped to offer personalized care. Their waiting times are shorter due to excellent doctor-to-patient ratios. Private healthcare systems even assess queue management and provide digital queuing facilities.

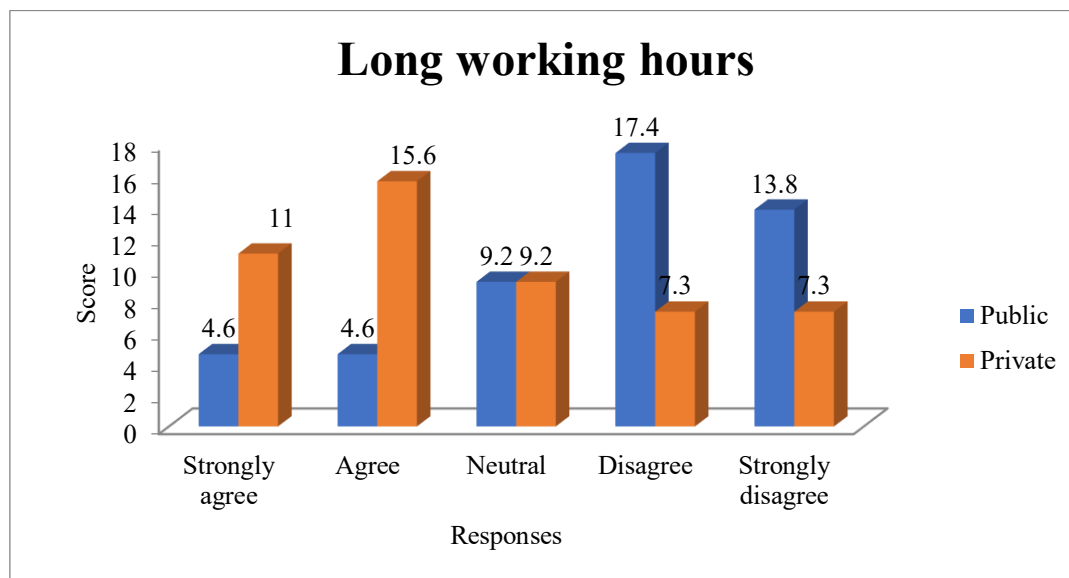


Figure 7 Long Working Hours

It has been observed that 4.6% and 4.6% strongly agree and agree concerning the long working hours of public hospitals. 9.2% are neutral, 17.4% disagree, and 13.8% strongly disagree. Similarly, in the case of private hospitals, only 11.0% strongly agree, 15.6% agree, and 9.2% are neutral, whereas 7.3% disagree and 7.3% strongly disagree. The existence of job burnout is often seen in private hospitals. This is because their investment in facilities is huge and requires a take-up soon. The increased working time leads to stress and causes significant mental health issues. Those employees working for long hours undergo anxiety and pressure. This causes fatigue and poor sleep. This is different for the public of public hospitals. Even though there runs a shortage of employees, they come only on their shifts. Workload management is relatively easy in the case of public hospitals.

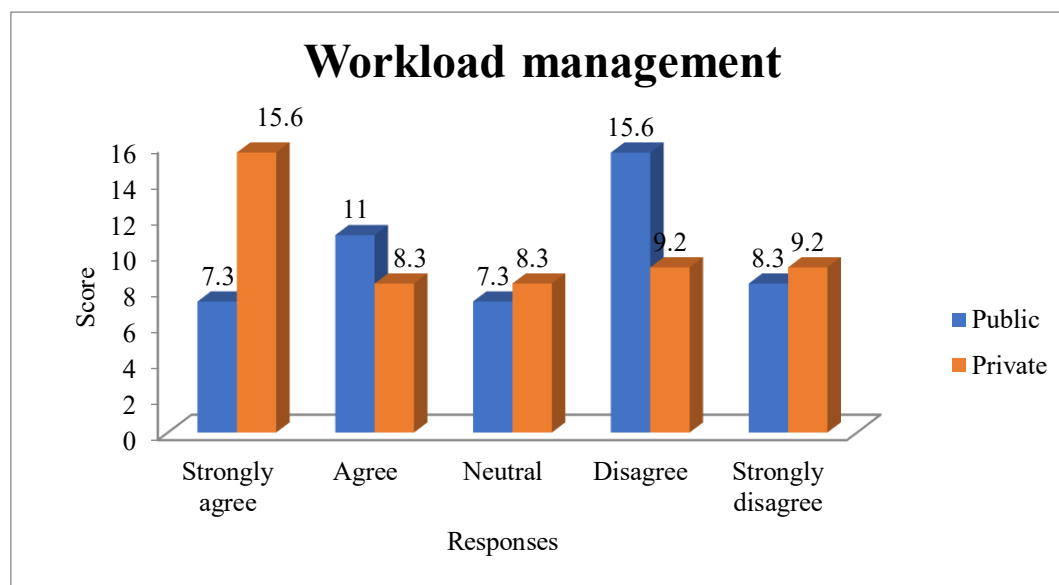


Figure 8 Workload Management

It has been observed that 7.3% and 11.0% strongly agree and agree concerned to the workload management of public hospitals. 7.3% are neutral, 15.6% disagree and 8.3% strongly disagree. Similarly, in the case of private hospitals, only 15.6% strongly agree, 8.3% agree, and 8.3% are neutral, whereas 9.2% disagree and 9.2% strongly disagree.

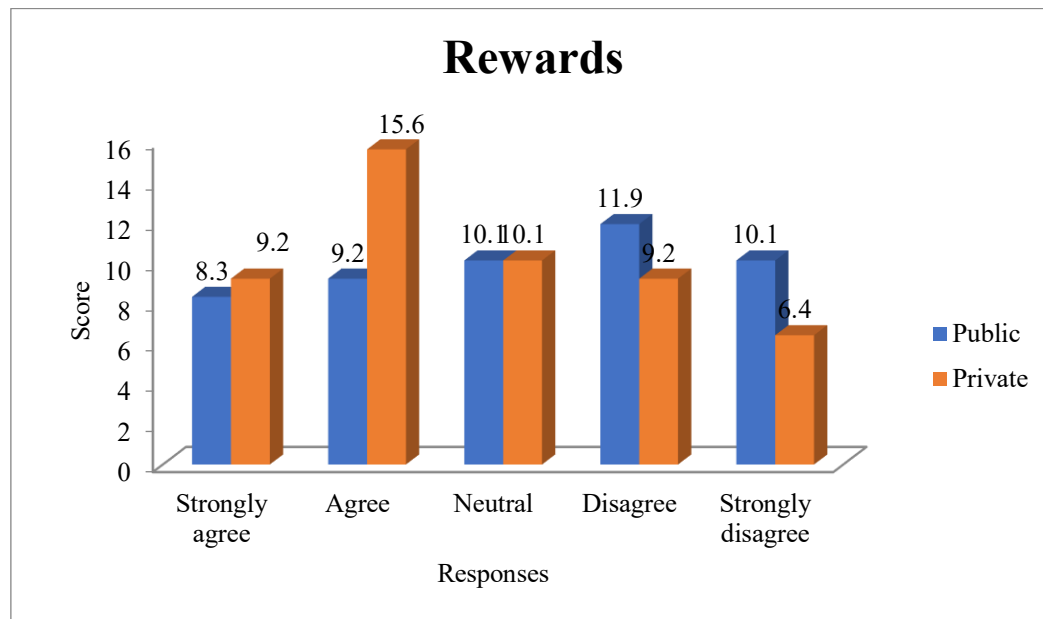


Figure 9 Rewards

It has been observed that 8.3% and 9.2% strongly agree and agree in concern to the rewards of public hospitals. 10.1% are neutral, 11.9% disagree, and 10.1% strongly disagree. Similarly, in the case of private hospitals, only 9.2% strongly agree, 15.6% agree, 10.1% neutral, whereas 9.2% disagree and 6.4% strongly disagree.

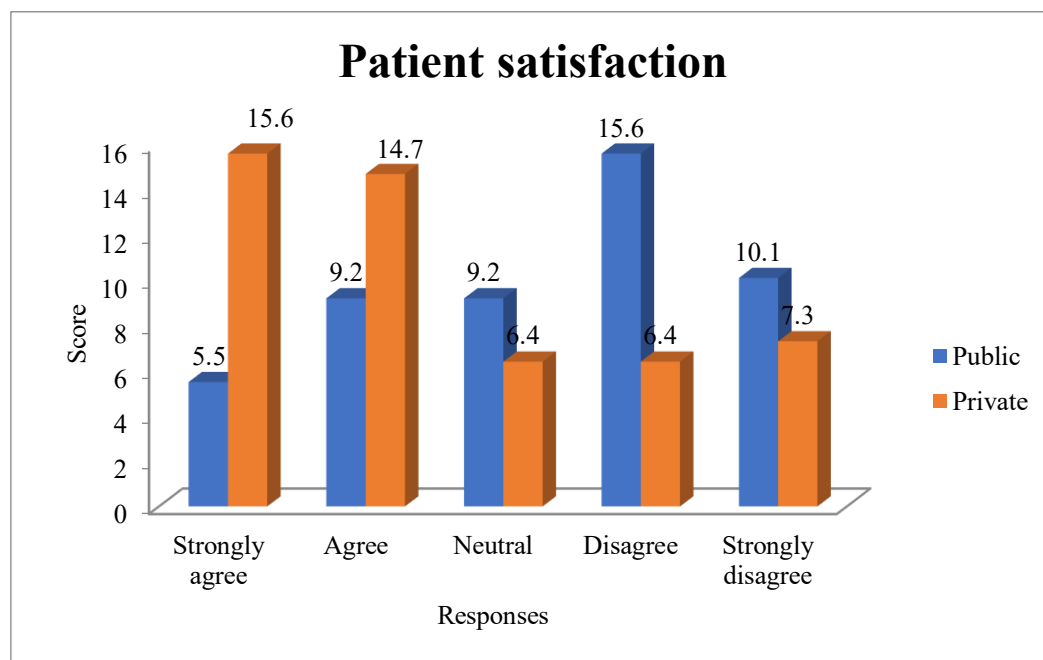


Figure 10 Patient Satisfaction

It has been observed that 5.5% and 9.2% strongly agree and agree with the patient satisfaction of public hospitals. 9.2% are neutral, 15.6% disagree, and 10.1% strongly disagree. Similarly, in the case of private hospitals, only 15.6% strongly agree, 14.7% agree, 6.4% neutral, whereas 6.4% disagree and 7.3% strongly disagree. Table 4 and Figure 11 presents the results of the one-sample T test and Pearson correlation.

Table 4 One Sample T-Test

Variables		Statistic	df	p
Faculty retention	Student's	22.6	107	< .001
Retirement program		19.8	107	< .001
Quality of care		20.2	107	< .001
Facilities		20.4	107	< .001
Treatment cost		21.6	107	< .001
Patient waiting time		22.8	107	< .001
Long working hours		21.5	107	< .001
Workload management		22.2	107	< .001
Rewards		23.6	107	< .001
Patient satisfaction		22.8	107	< .001

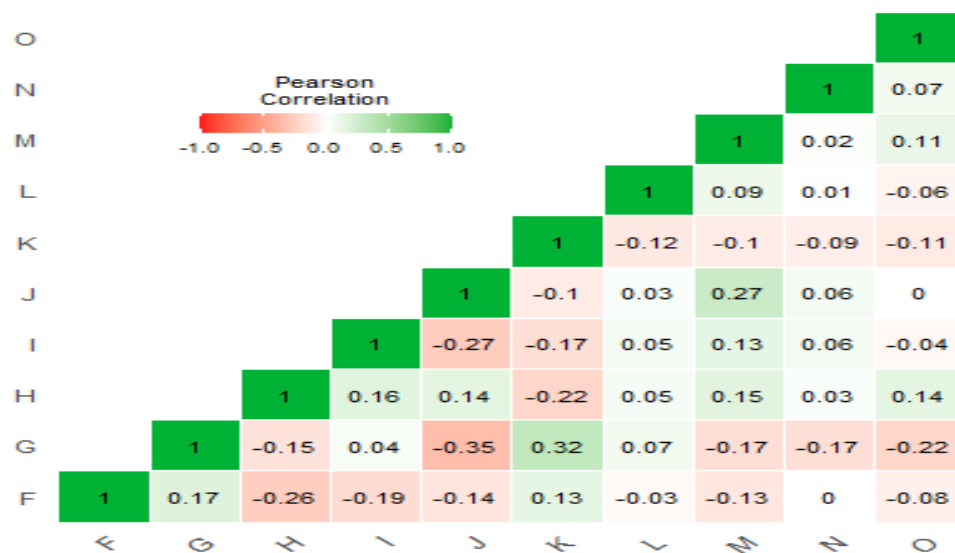


Figure 11 Pearson Correlation Heatmap

Limitations

The research is focused on the Indian context. The study only looked at a small sample size of 109 healthcare personnel. Only the performance of employees in the healthcare industry was examined.

Conclusion

Employee performance is inextricably tied to quality management in healthcare services. Employee unhappiness frequently emerges as emotional conflicts, loneliness, and other problems that reduce their dedication to hospital responsibilities. In the case of healthcare facilities in India, there are distinct issues in terms of accessibility and affordability. Public healthcare systems were established to offer individuals free medical treatments, yet they frequently need better infrastructure, low patient satisfaction, and excessive wait times. This article examines the Indian healthcare system in terms of service quality, personnel engagement, and characteristics that match community requirements. The findings indicate that public hospitals have strong faculty retention, which could be attributed to remuneration, work-life balance, and the general work environment. Faculty retention tends to be much lower in private hospitals. Compared to public hospitals, the quality of care in private hospitals is higher. Thus, while private institutions contribute to affordability and accessibility through well-equipped infrastructure, public hospitals still require upgrading as the quality of medical care is a paramount concern for any nation.¹

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