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RESEARCH ARTICLE

Service Recovery Satisfaction in the Government and Private Hospitals

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ABSTRACT

Purpose: The present study was undertaken to examine the service recovery satisfaction in the government and private hospitals by using the conceptual framework of justice theory. The study examines the reasons of service failure and the relationship between the demographic factors and the patient care facilities available in the hospitals.

Methodology: Data for the present study was collected from 300 patients who availed the facilities for their treatment at government or private hospitals by using a structured questionnaire through convenience sampling and analysed subsequently.

Findings: The collected data revealed that the customer's satisfaction with service recovery was positively and significantly affected by the distributive justice in both the government and private hospitals. The reasons of service failure in government hospitals were lack of cleanliness and hygiene, poor administrative procedure and poor management of patients. Although the patients did not have complaint with the private hospitals but the main reasons for service failure were longer duration of treatment, billing or payment issues and non-availability of specialized doctors. Factor analysis confirms the 6 key components of the patient care facilities which affect the customer satisfaction in the government and private hospitals. Finally, the study also revealed that the patients were more satisfied with the patient care facilities and the service recovery process provided in the private hospitals as compared to government hospitals.

Research limitations/implications: The findings of this study confirmed the importance of justice theory in the service recovery satisfaction. There are different reasons of service failures in the private and government hospitals, leading to customer dissatisfaction. The study was restricted in geographical terms.

Keywords: Justice Theory, Customer satisfaction, Hospitals, Service failure, Patient care facilities

Introduction:

Increased spending, coverage, and strengthening services by the public as well as private players have led to the growth of the healthcare industry in India in recent times. Rising income levels, greater health awareness, increased precedence of lifestyle diseases, and better access to insurance are the other major contributors to growth of healthcare sector. The initiatives taken by Government have resulted in improvements such as institutional deliveries, outpatient cases, complete immunization, availability of diagnostic and family welfare services, and disease control programs. But still, the healthcare landscape in India suffers from inefficiencies, such as limited access to rural areas, presence of spurious drugs in the market, limited data/information availability for consumers to make informed medical decisions, and lack of funding to afford health care.

Hospitals are one of the important components of the healthcare Industry. The hospital sector in India will reach Rs 8.6 trillion (US\$ 132.84 billion) by 2022. The contribution of the private sector has emerged as a vibrant force in India's healthcare industry as facilities in government sector are not up to the standards, including the hygiene and poor management of patients (IBEF, June 2019).

Hospitals' survival in the highly competitive hospital industry depends on patient satisfaction, so it is important for service providers to develop strategies for effective service recovery to correct service failures and increase patient retention rates. Service failure is a situation when a service provider provides service performance below the consumer's expectation. The recovery strategies are the means to restore and validate the customer's relationship with the service provider. It has been reported in the literature that effective service retrieval provided greater satisfaction than services performed correctly the first time.¹ In a conceptual model it is discussed that customer perceptions of service quality, customer satisfaction, and customer organizational commitment serve as antecedents to service recovery expectations.²

Service failure can occur due to the unique characteristics of services and psychographic factors of persons involved in service delivery³. The quality of services provided by a hospital can be considered as the primary reason for patients to choose a service provider in the hospital industry. For some patients, a service failure is understandable because the service operator

provides a service recovery strategy. Unfortunately, recovery efforts by hospitals have been relatively slow. Therefore, most patients react negatively to such a slow recovery tactic.

There is a small number of patients who actually file complaints and those who had grounds to complain but chose not to do so. These desperate patients share their experiences with many others, tarnishing the hospital's reputation. This study will help in understanding the various parameters of justice theory that affect customer satisfaction in government and private hospitals in a developing country so that service recovery practices can be implemented in the respective hospitals.

Literature Review:

Service failure is a situation when a service provider provides service performance that falls short of the consumer's adequate service expectations and the action taken by the service provider to handle the customer's complaint regarding service failure is called service recovery⁴. It is also described as a process by which steps are taken by the service provider due to customer's negative perception of the initial service delivery⁵. Based on the customer's perception of the causes of service failure, the customer experiences negative emotions, thus affecting consumer behavior through negative emotions and indirectly through the perception of the cause⁶. Service failure can result into dissatisfaction⁷; Customer defection⁸; loss of earnings and incur cost⁹ and decrease in performance of people¹⁰.

Many studies have been conducted to find out the reasons for customer satisfaction and for service failure in case of dissatisfied customers¹¹⁻¹⁵. It has been observed that while excellent service recovery can increase customer satisfaction and restoration intentions, viewing service failures as opportunities to impress customers with good service performance may involve substantial risk¹¹. It is reflected in the literature that the cost of mitigating customer anger can vary greatly for different types of services and different magnitudes of failure¹⁶. However, in the case of banking it was observed that service failures were of varying importance and different service recovery strategies were more effective for particular failures; In addition, customers with longer relationships or higher deposits were more demanding regarding service recovery. Service recovery has a positive impact on complaining

customers' future intent and perception of, and attitude toward the faltering service provider¹⁸.

Service recovery is action taken by a service provider to make up for the mistakes and to reduce or recover customer losses due to service failure^{19,20}. Customer value is created during service recovery process²¹ through perceived risk and perceived justice based on emotional value.

Researchers have made conscious efforts on service recovery satisfaction based on justice theory parameters^{20,22–25}. It was found that the complainants' level of satisfaction with service recovery was strongly influenced by perceived justice²⁶. Along with it, the behavioral outcomes of the complainants in terms of trust, word-of-mouth (WOM) and loyalty were affected by their satisfaction with service recovery. Previous studies showed that distributive justice, procedural justice, and interactional justice have a significant positive effect on customer satisfaction. Further observed that the distributive justice has a positive influence on repurchase intention, and interactional justice has significant negative influence on negative WOM²⁷. In case of banks it was observed that perceived interactional and distributive justice significantly and positively affected service satisfaction in response to a bank's service recovery efforts^{24,28}.

The equity theory²⁵ is widely used for evaluating the service recovery efforts. The feeling of fair treatment in the social exchange relationship comes when people perceived that their economic outcome is in balance with their inputs²⁹. Whereas, inequity is felt when there is imbalance between the perceived inputs and outcomes in an exchange relationship. The purpose of complaint management is to provide appropriate resolutions to conflict situations between companies and dissatisfied customers³⁰. Justice Theory^{31,32} provides a valuable model to explain consumer's response to complaints and recovery situations. This includes distributive justice, (i.e. what did the service provider do to pacify the offended

customer) which corresponds to tangible results such as discounts or bonuses for future purchases, procedural justice – which refers perceived fairness of the policies, procedures, and criteria used by decision makers to make decisions – and interactional justice – which concerns the fairness of the interpersonal treatment people receive during the process of service recovery i.e. way the company treats the consumer during the complaint process.

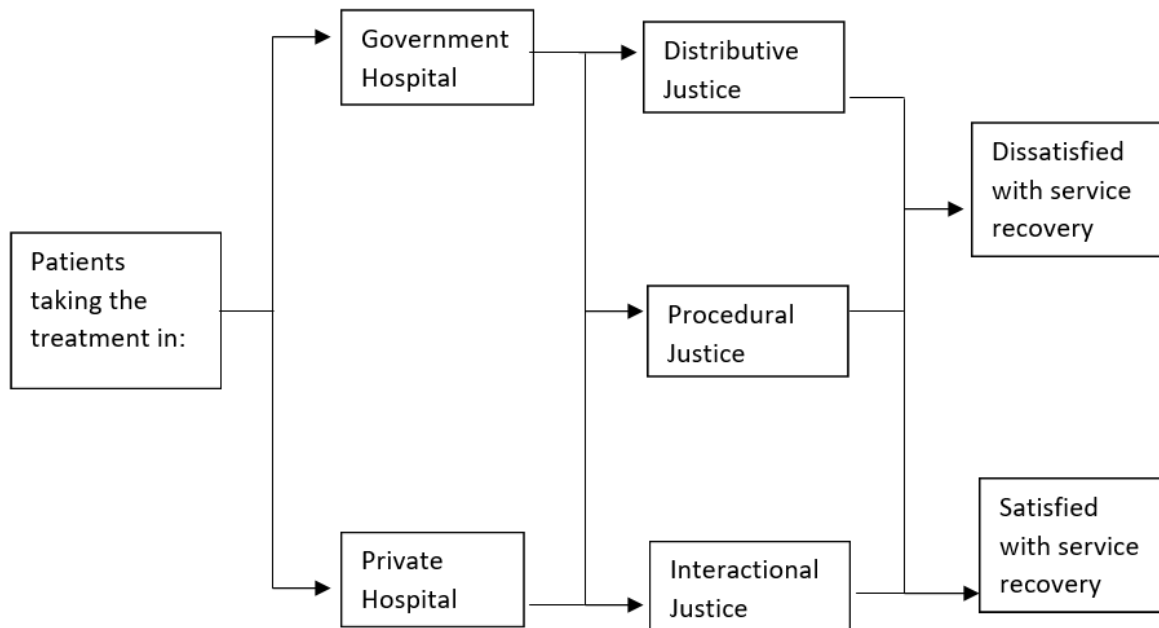
Customer satisfaction:

Customer satisfaction is vital for the survival of any business organization. In modern marketing customer satisfaction is the most important marketing metric and it reflects simply the post consumption experience of a customer³³. It is also defined as an emotional response that follows after the consumption of the service and results from the comparison of the expected with the actual performance³⁴.

The level and quality of service recovery provided by the firm is the basis of customer perception regarding service recovery. If the offer provided by the service provider meets the customer's expectation, they will be either satisfied or delighted (if the offer goes beyond the customer's expectation) but otherwise, they will be dissatisfied^{35–38}. The importance of service recovery is to satisfy customers and maintain or improve long-term customer relationships^{39,40}. Earlier studies confirmed that distributive justice is significantly and positively related to satisfaction²⁶ and in another experimental study it is observed that distributive, procedural, and interactional justices all have an effect on satisfaction⁴.

Proposed Model:

In the present study customers taking treatment from government hospitals and private hospitals are considered. These customers have varying service recovery process experience and are expected to show varying level of satisfaction with the service provider's recovery process. The research model is illustrated in Figure 1.



Research Methodology:

The scope of this article was to investigate the relationship between Justice Theory Dimensions (Procedural Justice, Distributive Justice, Interactional Justice) and customer satisfaction in the context of private and government hospitals. Second, it aims to determine the reasons of service failure in the government and private hospitals. Third, to investigate the patient care facilities which lead to customer satisfaction in government and private hospitals.

For the present paper, data was collected from 334 Patients and their relatives (who have taken the service of selected hospitals), randomly from different hospitals. The responses were taken by personal interviews who visited these hospitals. In the preliminary study it the levels of satisfaction and dissatisfactions were on service recovery. On the basis of analysis of a pilot survey it was identified that approximately 68 percent were dissatisfied with the distributive and interactional justice. Further on the basis preliminary results, sample size was determined by taking the proportion at 5 percent level of significance.

$$n = P (1-P) Z^2/D^2 = .68(1-.68) (1.96)^2 / (.05)^2 = 334$$

Out of the total 334, 300 complete responses were used to analyze the data. Out of 300 responses, 116 were the ones who visited government hospitals and 184 were to private hospitals. After the pilot survey, some modifications

were made in the questionnaire to ensure the clarity of questions. The data was analyzed with the help of SPSS version 20.0. Information was collected through a structured Questionnaire with 2 Sections (Patient care facilities and Justice Theory dimensions). The patient care facility section consists of questions on each facility on a 5-point Likert scale (Total: 30 questions). The Justice theory section consists of questions on each dimension on a 5-point Likert scale (Total: 14 questions). Frequency measures have been calculated. In order to examine the patient care facilities factor analysis was applied for the validation of scales that was done by factor loadings.

Results:

Demographic profile of sample:

Table - 1 provides the basic idea of the sample structure and demographic profile of respondents gives an understanding about patient-sample distribution among different categories. The majority of the respondents i.e. (63 percent) lie in age group of 20-40 years followed by about 30 percent were aged 40-60 years. There were more males (60 percent) as compared to females (40 percent) in the sample. About 63 percent of the sample falls in the income category of income less than Rs. 40,000 per month. The respondents were educated up to 12th (63 percent) and graduate (25 percent). Majority of the respondents were from urban area (85 percent). 65 percent of the respondents were employed whereas 35 percent were unemployed.

Table – 1 Demographic Profile of Sample

Demographic Profile	Number	Total (%)	Group 1 (%)	Group 2 (%)
Age				
<20 years	2	0.7	0.9	0.5
20-40 years	189	63	62.1	63.6
40-60 years	91	30.3	31.9	29.3
>60 years	18	6	5.2	6.5
Gender				
Male	179	59.7	64.7	56.5
Female	121	40.3	35.3	43.5
Income				
<40,000	189	63	70.7	58.2
40,000-80,000	73	24.3	20.7	26.6
>80,000	38	12.7	8.6	15.2
Education				
Upto 12th	189	63	70.7	58.2
Graduate	73	24.3	20.7	26.6
Post graduate and higher education	38	12.7	8.6	15.2
Area				
Rural	44	14.7	11.2	16.8
Urban	256	85.3	88.8	83.2
Occupation				
Unemployed	104	34.7	37.1	33.2
Employed	196	65.3	62.9	66.8

Patient care facilities in Government and Private Hospitals:

Scale Reliability and Descriptive statistics:

Reliability statistics was conducted on the 30 statements of the patient care facilities as well as on the 14 statements related to the dimensions of the justice theory. In the present study cronbach's alpha is measured to ensure the internal consistency. Value for Cronbach's alpha was 0.966 for the patient care facilities and 0.960 for the dimensions of justice theory. The values are above 0.6 for both the parameters thus the scale passes the reliability statistics.

To determine the mean differences regarding patient care facilities, differ on basis of Age, Income, and Education, ANOVA was applied. For carrying out ANOVA, two hypotheses were proposed.

H₀ - Null Hypothesis - Means for Patient care facilities do not differ significantly in government and private hospitals with (a) age (b) income and (c) education; whereas **H₁** - the alternative hypothesis proposed that means for patient care facilities differ significantly in government and private hospitals with (a) age (b) income and (c) education.

The P value obtained was less than 0.05 for any Patient care facility when compared with the demographic factors. A deviation was observed in the patient care facilities of the government hospitals and private hospitals when compared on demographic factors such as age (the respondents of different age groups showed varied satisfaction level and they had higher expectations from the private hospital than the government hospitals), income (People belonging to higher income groups would be expecting more courteous behavior from employees whenever there is delay in service in private hospitals as compared to government hospitals) and in case of education (people with higher educational background .post-graduation and higher studies, had high expectations from the patients care facilities provided and also seek explanation whenever there is service failure in private hospitals as compared to government hospitals).

In order to identify the difference between responses as per gender, area, and occupation in patient care facilities was resolved by testing the following hypothesis:

H₀ - Null Hypothesis Means for Patient care facilities do not differ significantly in government and private hospitals with (a) gender (b) area and (c) occupation; Whereas, **H₁** - the alternative

hypothesis proposed that means for patient care facilities differ significantly in government and private hospitals with (a) gender (b) area and (c) occupation. The P value obtained was not less than 0.05 for any Patient care facility when compared with demographic factors such as gender, area, and occupation.

But here also deviation was observed in the means score of the government hospital and private hospital on satisfaction levels when compared on the demographic factors such as gender (it was observed that women's satisfaction level for a service was less and , they had more expectations for courteous behavior, cleanliness etc. in private hospital as compared to government hospitals), area (respondents living in rural area showed higher level of satisfaction in private hospitals as compared to government hospitals. Whereas, the people living in urban area had more expectations for better patient care facilities provide in the private hospitals) and occupation (For a private hospital, patient care facilities are expected to be good by both the employed and unemployed respondents but expectation level differs i.e., higher in employed respondents).

Validation of patient care factors by Factor Loading:

Factor analysis was conducted on the statements related to the patient care facilities provided in the hospitals. Principal component analysis with varimax rotation was employed. KMO value was 0.945 which lied within the required range of good model. The value indicated that the sample size of 300 was adequate for the analysis. The significance value of Bartlett test of sphericity was 0.000 which explained the interrelationship between the variable. Thus, both the values confirmed that factor analysis was appropriate and can be preceded.

By using factor analysis, six factors were extracted and explained 68.5 percent of the variance. Table- 2 shows the factors exacted and associated factor loadings. All the factor loadings were higher than 0.5 so the construct is externally valid. The first factor extracted described registration facilities, treatment facilities, lab equipment facilities and employee's behaviour in the hospitals. The subsequent factors extracted were infrastructure facilities, emergency facilities, dietary facilities and medical store facilities. The last factor extracted referred to the hospital benefits such as distribution of coupons, change in the hospital facilities from the earlier visit of the patients, etc.

KMO and Bartlett test of sphericity

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.945
Bartlett's Test of Sphericity	Approx. Chi-Square	8358.265
	Df	630
	Sig.	.000

Table 2: Factors extracted and associated factor loadings

	Factor loadings
1. Registration facilities, treatment facilities. Lab equipment facilities and employee's behaviour (47.089:percent of variance)	
Medication given by staff nurses	.763
Employees listened politely to what I had to say	.761
Employees were attentive and worked hard in providing good service	.761
Approach of receptionist	.752
Staff availability	.738
Employees were trained to behave properly	.717
Availability and assistance of nurses	.713
Employees were courteous	.707
Availability of latest lab facilities	.702
Information about different procedure	.695
Response by staff in charge	.660
Information provided on registration	.607
Counselling by doctor	.606
Time taken in consultation	.581
Waiting time and formalities in registration	.576
2. Infrastructural facilities(6.653:percent of variance)	
Cleanliness and hygiene of floor	.535
Parking facility	.742
Drinking water facility	.676
Financial services	.596
Provision for security	.558
Availability of waiting room	.544
3. Emergency facilities(4.715:percent of variance)	
Response of doctor in emergency	.793
Speed of work in emergency condition	.731
Availability of specialist in emergency	.584
Patient preference	.543
4. Dietary facilities(3.608:percent of variance)	
Cost of food	.778
Quality of food	.704
Hygienic condition in canteen	.525
5. Medical store facilities(3.380:percent of variance)	
Availability of medical store service	.665
Quickness in service	.622
Cost of medication	.661
6. Hospital benefits(3.035:percent of variance)	
Certain changes have occurred in procedure from my earlier visit	.524
I have received coupons from hospital	.682
Increase in quality of service provided	.589
Hospital have fair policies and practices to handle problems	.631

Service failures in Government and Private Hospitals:

To determine the reasons that led to service failure in both the government and the private hospitals. A comparative bar graph was prepared between the government and private hospitals to determine most important reasons for service failure. In the government hospital, the three most important reasons that led to service failure were lack of

cleanliness and hygiene, poor administrative procedure, poor management of patients. Whereas, in the private hospital. Majority of the respondents did not have any complaint with the hospital but longer duration of treatment, billing or payment issue and non-availability of specialized doctors came out to be the reasons for service failure. Figure – 2 shows the reasons of service failure in government and private hospitals.

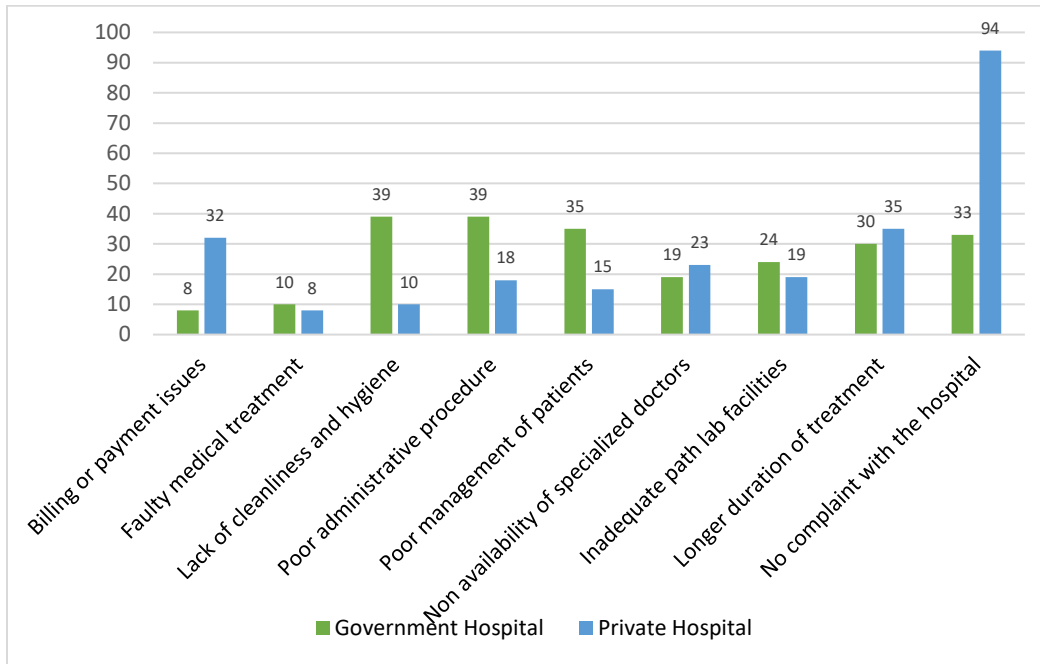


Figure – 2: Reasons of service failure in Government and Private Hospitals

Relationship between the dimensions of justice theory and the customer satisfaction:

To establish the relationship between the dimensions of justice theory and customer satisfaction significant associations were observed. The significance value of all the parameters was < 0.01 which confirms that all the dimensions of the justice theory are positively correlated with customer satisfaction. Later to understand the nature of the relationship MLR (Multiple regression analyses) were performed to determine the degree to which each dimension of justice theory showed impact on customer satisfaction. All the different dimensions of justice theory (procedural justice, distributive justice, interactional justice) were regressed on customer satisfaction with service recovery. The model summary of regression analysis is tabulated in Table -3.

The multiple correlation coefficients (R) was 0.876 which indicated a strong relationship between the justice theory dimensions and customer satisfaction.

The value of R² of the regression model was 0.767, which suggests a good fit of the model. This value also confirmed that the customer’s service recovery satisfaction was significantly affected by the three dimensions of the justice theory (procedural, distributive, interactional). The significance value of distributive justice was <0.05 which confirms that it makes the strongest impact on the customer level of satisfaction with service recovery. The results of regression analysis are presented in table below. This finding is similar to that discovered by ¹² in which the distributive justice was found to have largest impact on satisfaction of the respondents with problem handling in the case of restaurant and dry-cleaning service. The finding is also similar to the findings of ²⁶ which confirms that distributive justice makes strongest contribution in the service recovery satisfaction of the subscribers of the mobile service. Hence there is strong evidence that Distributive justice had positive and strong impact on customer satisfaction.

Model Summary				
Model	R	R Square	Adjusted R Square	S. E of the Estimate
1	.876 ^a	.767	.756	.540
a. Predictors: (Constant)				

Table - 3: Model Summary of regression analysis

Coefficients ^a						
Model		Unstandardized Coefficients		Std. Coeff.	t	Sig.
		B	S.E	Beta		
1	(Constant)	.116	.129		.894	.372
	Ease of accessibility to the mode of filing complaint	-.044	.041	-.050	-1.073	.284
	Easy to approach the concerned authority person	.054	.044	.056	1.219	.224
	I was given the opportunity to tell my version/side of the story	.065	.047	.065	1.406	.161
	The physician made it easy for me to express my complaint	-.005	.048	-.005	-.113	.910
	Staff was quick in responding to my complaint	-.045	.057	-.042	-.792	.429
	I was informed about the necessary steps taken for resolving my problem	.028	.062	.026	.447	.655
	Problem was resolved in shorter duration	.109	.051	.111	2.143	.033
	In resolving the complaint employees provided everything I needed	.460	.052	.476	8.868	.000
	Taking everything into account the result was quite reasonable	.302	.050	.293	6.005	.000
	Employees were very interested in helping me	-.028	.053	-.025	-.526	.599
	I was given a reasonable explanation as to why problem occurred	-.026	.054	-.025	-.488	.626
	Employees showed empathy	.104	.053	.095	1.966	.050
	Staff expertise in resolving failure	.005	.048	.005	.108	.914

a. Dependent Variable: Customer satisfaction by service recovery efforts of the hospital

Comparison of the government and private hospitals based on the justice theory parameters:

The beta coefficient values of the regression analysis of the government and the private hospitals were compared to determine the significant difference in the level of customer satisfaction with the dimensions of justice theory in the government and the private hospitals. Majority of the beta values are higher in the private hospitals as compare to the government hospitals confirming that the level of satisfaction related to the service recovery are higher in the private hospitals as compared to the government hospitals. Also, the values of distributive justice

like resolving the complaints and employees' interest in patients problems are dealt with higher consideration in the private hospitals which confirms that the fairness of the outcome is considered most important in satisfaction of customers in case of service recovery. But, the beta values of the physician made it easy for me to voice my complaint, I was informed about the necessary steps taken for resolving my problem and employees seemed very interested in helping me were higher in the government hospitals indicating that these provide greater satisfaction of customers in the government hospitals. Table - 4 shows the comparative beta values of the dimension of justice theory and customer satisfaction in government and private hospitals.

Table – 4: Comparative beta values of the dimension of justice theory and customer satisfaction in government and private hospitals.

Statements	Govt.	Private
Ease of accessibility to the mode of filing complaint	-.175	.004
Easy to approach the concerned authority person	-.012	.088
I was given the opportunity to tell my side of the story	-.091	.224
The physician made it easy for me to voice my complaint	.028	-.115
Staff was quick in responding to my complaint	-.037	.009
I was informed about the necessary steps taken for resolving my problem	.072	-.071
Problem was resolved in shorter duration	.064	.109
In resolving the complaint employees provided everything I needed	.310	.670
Taking everything into account the result was quite reasonable	.216	.463
Employees were very interested in helping me	.087	-.007
I was given a reasonable explanation as to why problem occurred	-.136	.117
Employees showed empathy	.095	.120
Staff expertise in resolving failure	.113	-.129

Main Findings and discussion

The findings of the present study confirmed that distributive justice had a significant and positive relationship with customer satisfaction in service recovery. It means that the patients going to the hospital view the fairness of the outcomes in the service recovery to be the most important component. This finding is consistent with results from previous studies that confirmed that distributive justice had the greatest impact on customer satisfaction^{12,26}. The other two dimensions of justice theory (procedural justice and interactional justice) had no significant but positive relationship with the level of satisfaction in service recovery. Results show that the respondents were highly impressed with better outcomes in private hospitals as compared to government hospitals, indicating a higher level of satisfaction in private hospitals.

The research identified the factors that led to a service failure in both hospitals. The patients in government hospitals confront service failure related to a lack of cleanliness and hygiene, poor administrative procedures, and poor management of patients. Hence improving these service failures is more important for patient retention. On the other hand, in private hospitals, the patients get the services they expect, so they are more satisfied. Improving on longer duration of treatment, billing or payment issues, and non-availability of specialized doctors would provide them a competitive edge over others.

This study shows that there is no significant deviation in the means of the demographic profile of the respondents and the patient care facilities provided by the hospitals. But deviation was observed in the means of the government hospital and private hospital when compared with the demographic factors such as age, income, education, gender, area and occupation. The satisfaction level of the respondents is comparable in the government and private hospitals. It was observed that the respondents had a higher level of satisfaction and more expectation from the patient care facilities provided in the private hospitals as compared to the government hospitals.

Managerial Implications:

Distributive justice was significantly related to customer satisfaction in the context of government and private hospitals. Patients in government hospitals confront service failure related to a lack of cleanliness and hygiene, poor administrative procedures, and poor management of patients. Hence improving these service failures is more important for patient retention. Thus, managers in government hospitals should prioritize their efforts to first improve upon these parameters. Whereas for private hospitals improvising on longer duration of treatment, billing or payment issues and non-availability of specialized doctors would provide them competitive edge over others and hence they can take advantage of service recovery paradox.

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