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A Situational Analysis of Service Quality in Private Health Care Sector in Sri Lanka

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"Health care" industry, one of the most essential needs of every human, has become an industry with the fastest growth rate in Sri Lanka. There are several factors responsible for this phenomenon named as aging population, changing food habits to prefer fast food, spread of medical insurance, emergence of new technology in diagnosis, advancement in medicines, increase in purchasing power are some of the main factors that has increased the demand on health care profession.Interestingly, private sector is playing a significant role in Sri Lankan health care sector even though free publichealth care system is available throughout the country. Yet, there are problems in the private sector. Extreme cost, late appearance of channeled consultants or even unannounced cancellations are some of the problems that patients face in private sector creating dissatisfaction amongst the new profile of the younger patients who ask for the value for what they pay. This paper makes a situational analysis of the Private health care system with a view to highlight issues that need a solution by the state planners, private sector health care providers using secondary sources of data. The paper has used the approaches of exploratory field research. Although the study is confined to Sri Lanka, but the learning lesson could be of high interest to other situations in general and developing economies in particular in deployment of resources.

Keywords: Health care, Service quality, Hospital, Private sector.

Introduction

Health care industry has become a one of the fastest rising industries in the service economy due to reasons such as increasing aging population, competitive pressure and increase in purchasing power of patients with insurance facilities, technology and emergence of new treatments (Abramowitz, Cote, and Berry, 1987). On the other hand, technological advancements and globalization has changed the health care provider's practices intensely, in recent past. As a result, health care system has become a challenge for every government, state, political party and insurance agency due to high competition in this sector. This competition results in satisfying, acquiring and retaining patients through improvement in service quality dimensions, building trust and getting positive reputation (Rubin, 1990, Zsidisin, Jun, and Adams, 2000). Service quality is one of a key factor in conserving competitive advantage to service sector including health care industry (Jabnoun, and Rassai, 2005). Importantly, the customer in health care industry is in interaction with the enterprise during the whole production process. Therefore, customer concerns about the quality of product arise from the production as well as the other elements of the service pack that the customer interacts during the whole production period (Uyguc, 1998). As a result, quality health care is one of the main urgencies of most of the countries (Markovic, Loncaric, and Loncaric, 2014) including Sri Lanka. Especially, private sector health care providers considering service quality as a very important aspect of health care as it has a vitalassociation to profit, cost savings and market share (Devlinand Dong, 1994). On the other hand, favorable customer perception on service quality may help to achieve overall customer satisfaction and satisfied customer has behavioral intention namely, repeat purchases and willingness to recommend the service to others (Parasuraman et al. 1985, 1988, 1991, Spreng et al., 1996). This propensity has created severe competition among the private sector players as they are influenced by a higher profit motive than the government sector health careservice providers (Rishard and Kodithuwakku, 2008). However, quality of service does not mean that it should have higher quantity of care or series of medical tests on a patient. As

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emphasized by Campbell et al. (2000) quality of service deals with individual user of health care. This relationship between competition and service quality has been counter-argued by scholars and they emphasized that competition and private ownership can lead to provision of better goods and services, quality is not assured as the competing objectives of equity, efficiency and resource. As highlighted by Paula, et al. (2001) in the effort of controlling cost or ensuring profitability, quality of service is compromised. Sri Lankan health care industry basically considers as an essential welfare service and hence government provides free service to the entire population (Perera, 2009). However, during last few decades the public health care system faced numerous challenges such as ongoing demographic and epidemiological transition, resource constraints, and pressing need to improve the quality of service provision. Moreover, there is a long wait for specialist care and more advanced procedures even though this system rapidly developed such that it has achieved a leading position among regional countries. Contrast; there have been many developments in health care industry around the world even though Sri Lankan public sector hasn't grown with those global trends. Many researches state that the low expenditures allocated to health care services from the government budget lead the Sri Lanka's public health care system not to reach up to global benchmarks (Dayarathne, 2013). On the other hand, as per the Central Bank Report (2014) there were 601 government hospitals with 76,918 beds in the country, which amounts to 3.7 beds for 1,000 persons by the end of June 2014. There were 17,903 qualified doctors in the health sector, a doctor for every 1,156 persons and 31,527 qualified nurses, a nurse for every 656 persons by end June 2014. These figures imply that free government health care system is not enough to cater the growing demand for health services in Sri Lanka as well. In Sri Lanka, the private sector addresses this gap with providing benefits for those who has the affordability. Moreover, the aging population and non-communicable diseases (NCD) increase the burden on Sri Lanka's health care while rising income increase the opportunity for private sector even though it is questionable whether Sri Lankan private health care industry players are addressing the opportunities well. Sri Lankan private health sector has shown significant growth in 1981 to 2000 with an expansion of services through hospitals laboratories and clinics. This sector provides both out-patient and in-patient curative care in urban and semi urban areas in Sri Lanka. Curative services yield higher profit margin and has a higher demand compare to preventive services which is mainly provided by the private sector in Sri Lanka. As per RAM (2013) Sri Lankan private health care mainly cater to out-patient care which is recorded as 50% of total out-patient volumes. Basically, this sector has centered to Western province, urban areas and not evenly distributed across the country because of the higher per capita income and higher population density of these areas (Govindaraj, Navaratne, Cavagnero, and Seshadri, 2014). The private sector as a profit motive industry identified new opportunities boom in the new middle class, associated with their rising quality of life. Moreover, they are introducing latest biomedical technologies at a high cost, newly built hospital infrastructure characterized by utmost cleanliness, and adequate parking facilities, etc. It seems that private sector service quality is at a higher level compare to the public sector service quality in Sri Lanka as it is cleaner, more patient-friendly, and offers greater choice, more privacy, and shorter wait times. Interesting fact is, even though, private sector shares the same human resources in public sector most of the time to serve the main health care facilities, they can provide patient-friendly and more privacy service to the patients (Govindaraj, et. al, 2014). On the other hand, the private sector is virtually dependent on the public sector for its supply of human resources. Similarly, late appearance of channeled consultants or even unannounced cancellations of appointments due to various reasons and patients waste their money and time in the private health care as well. This mainly happens due to these consultants have to travel from one hospital to another on city roads and in long traffic lines. Sometimes consultants were held too long than expected at the previous hospital and they get late for appointments at other private hospitals. Sometimes even though consultants meet their patients, consultants are exhausted with work in their busy schedules. Hence, they are not in a good mental state to treat or hear the patient. In many cases in-patients are also treated by visiting consultants. If emergency arise, sometime the consultant has to leave the channeling patients and attend to in-patient emergency. This has become a

very unsatisfactory situation for those channeling patients in private health care. Further, there is an overall increasing demand for the private sector health care serviceswith many trends, on the other hand health care providers always seeks profits in order to survive in the market. Therefore, even though the private sector fills the vacuum made by public sector in Sri Lanka, it comes with the unaffordable cost (Dayarathne, 2013).

The main objective of the study is to carry out situational analysis of service quality of Sri Lankan private health care delivery. Considering that health care is a highly profitable service industry with a potential to grow, the paper also endeavors to identify gaps through situational analysis that when bridged can increase the patient-customer satisfaction to enhance economic returns, for the state, this analysis should help identify opportunities to enhance care of its citizens.

The scope of the research was limited only to hospitals even though health carecomprises with hospitals, clinics, dispensaries, nursing homes, etc. The remains of the paper are organized as follows. Firstly, it discusses the literature, secondly it presents the research method adopted for the study and thirdly it discusses the findings, conclusion and implications. Finally, it presents areas for future research and limitations.

Literature Review

This literature review demonstrates the present situations, service quality and stakeholder profile in health care industry.

Health care is the one of the most intangible service available as the consumer cannot sample it before purchase and cannot evaluate it after consumption and hence the demand for a health care service cannot be predicted. The medical care provided varies from patient to patient, right from diagnosis to response to the treatment. There are many health professionals involved in treating a single ailment with a great variation of care. With highly involved risks, conceptualizing and measuring customer satisfaction and service quality more important and simultaneously more multifaceted in health care sector (Taner, and Anthony, 2006).

The health care system performs various functions, namely, oversight of the health system, public health service delivery, ambulatory service delivery and in-patient care and financing options (World Bank, 2001). Further, health care sector has numerous consumers: patients, who actually consume the service provided; physicians, who recommend health care providers for their patients; third-party players, who dictate patients' choice of hospitals by their substantial financial influence (Padma, Rajendran, and Sai, 2009). Woodside, Frey, and Daly (1989) in the health care sector, choice of health care provider are greatly influenced by patients' perception of service quality of the particular service provider. Contrast, as patients are physically or psychologically ill, mainly attendants influence patients in choosing the hospital service providers (Strasser et al., 1995). Interestingly, the consumer and person who attend with the patient is not always the decision maker because it is the physician who sometimes recommends specific hospitals and therapists to the patients who mostly follow the advice (Padma, Rajendran, and Sai, 2009). As per Bucatariu & George (2017) patients in emerging markets are relying on convenience, specialties, reputation, and word of mouth when making their decision on health care. Therefore, service quality in health care has become an important element in the patient, attendants and physician choice of hospitals (Lynch, and Schuler, 1990).

Keeping the benefits of technological advances, there is a fundamental shift in health care consumerism or in other words patients are becoming more informed and involved in their own health care and more demanding (Padma, Rajendran, and Sai, 2009). Then, they look for newest and most advanced testing, medication and procedures available (Uphoff and Winn, 1999). Also, patients demand for superior health care, and with the complexity and high medical costs, the industry has a need for required improvements in the accuracy of results and make available the medical data for the patients (Poston et al., 2007). Hence, the elements of quality control, quality of service, and effectiveness of medical treatments have become significant characteristics of health care services today (Friedenberg, 1997) or delivering quality service becomes vital (Padma, Rajendran, and Sai, 2009).Therefore, hospitals focus to retain every profitable customer with for zero defection (Reichheld and Sasser, 1990). Zero defection requires continuous effort of improve the delivery system of hospital service (Lim and Tang, 2000).

Sri Lankan health care system has shown poor quality compare to most of the industrialized countries around the world. Explaining the reason behind that Jayasekara (2004) highlighted that the poor state of infrastructure and equipment, unreliable supply and quality of drugs, shortcomings in waste management and infection control, poor performance of personnel because of low motivation or insufficient technical skills and severe under financing of essential operating costs of health services. Moreover, frequent disruptions of health services due to labour disputes especially in public health care system also a factor which leads poor quality service (Central Bank Report, 2004). On the other hand, Fernando and Senanayake (2014) examined parental satisfaction with communication provided by different health care personnel at Lady Ridgeway Hospital for Children, Colombo and concluded that there was overall satisfaction among parents at the hospital but several aspects of communication that need improvement for delivery of better quality in-door care. As a result of problem of shortage of medicine, equipment and facilities in public health care, people, and communication are more towards of selecting private sector health care service in Sri Lanka. Main reasons behind that convenience, the comfort of knowing the patient could select the specialist of his or her choice, and continuity with the same doctor were also considered important reasons. In addition, greater confidentiality in private settings as compared to public facilities was also identified as an important factor (Govindaraj, et.al., 2014). As per Gunarathne (2013) the emergence of private hospitals is driven by the demand of affluent members of the population who expect higher quality service. Further, new trends like medical tourism needs the quality focus in order to compete with the other regional markets in future (HSS, 2014).

Some investigations carried out in Sri Lankan context has summarized in Table 1.

Table 1: Health Care Studies in Sri Lanka

Title	Authors	Objective	Methodology	Findings
Management Practice Survey, Private Health Sector, Sri Lanka.	Navaratne and Kothalawala (2012)	To understand the management practices of the private sector firms in Sri Lanka.	A quantitative survey from the entire island (9 provinces)	More by sole proprietorship, second highest by private companies, and partnership.
Study of Quality of Care in Public and Private Sectors	Rannan-Eliya, et. al. (2012)	To assess levels and differences in quality of care in public and private medical sectors in Sri Lanka	covered hospitals and private GP clinics in Colombo, Gampaha, and Galle districts.	Overall inpatient treatment quality is mixed
Situational Analysis of the Private Health Sector.	Rannan-Eliya, Amarasinghe, De Alwis, Saleem and Dalpatadu(2012)	To profile selected dimensions of private health sector activity.	private hospitals and the private medical institutions	The total expenditure on health by source of financing is more in private sector.
Household Health Expenditures and Utilization of Private Health Services.	Cavagnero and Govindaraj(2012)	to assess the trends in magnitude and distribution of household out-of-pocket expenditure (OOPE)	Based on the secondary data.	OOPE as percent of total health expenditure isstable over time. The rich spend more than the poor, but the poor spend proportionately more
Mapping and Description of Private Health Sector Facilities in Four Divisions Areas of the North Western Province.	Kothalawala(2012)	Mapping of private health sector facilities utilizing GIS technology and providing a description of private health sector facilities	All the visible facility providers were mapped by using GIS,photographed, and interviewed or observed and documented.	Private facilities in urban areas are higher than in rural areas.
Review of Regulations Governing Provision of Health care in the Private Sector in Sri Lanka	Goonaratne(2012)	To review existing legislation and regulation		Most of the government sector doctors and other health care professionals are engaged in private practices.

Sources: Developed by the Researcher

Method

The method of the study was guided by the exploratory research discipline as per the nature of the research objective. Due to these facts, the following methods were adopted to gather secondary data in order to satisfy the research objectives.

''A literature review is a systematic, explicit, and reproducible design for identifying, evaluating, and interpreting the existing body of recorded documents'' (Fink, 1998). Literature reviews usually aim at two objectives: first, they summarize existing research by identifying patterns, themes and issues. Second, this helps to identify the conceptual content of the field (Meredith, 1993) and can contribute to theory development. Hence, this research also follows the literature review in order to gather secondary data and summarize the information gathered through identifying the patterns, hence achieved the first objective of a literature review. Mainly, this analysis used only fifty papers in peer-reviewed scientific journals and conference articles in English.

Situational Analysis

The following sections trace the origin of the health care sector in Sri Lanka, the growth and the contribution of the sector and the present status of the industry.

Origin of Sri Lankan Private Health Care Industry

Sri Lankan health care sector consists of both the public and private sectors. The public sector dominates in the local health care sector due to free health care policy. Therefore, with the government support public sector holds widely-dispersed network of general hospitals, teaching hospitals, provincial hospitals and base hospitals, among others. As a result, the maternal mortality ratio, neonatal mortality rate, life expectancy at birth and many more health indices are comparable with those of the developed world (Annual Health Bulletin, 2012). Private sector boom starts when government doctors were permitted to work in private hospitals subsequent to completing their daily official working hours at public hospitals (Department of Health Services and Department of Statistics). Major three types of Private health facilities are: hospitals (specialized or general), clinics (specialized or general), and laboratories. These facilities are not evenly distributed across Sri Lanka and largely concentrated in the Western Province, mainly in urban areas. This is almost certainly the higher per capita income and higher population density of this province (nearly 25 percent of the country's population lives in the Western Province and nearly 40 percent of the country's GDP is generated in that province) (Govindaraj, 2014).

Present Condition of the Industry

The private sector health care in Sri Lanka plays a vital role within last few decades and helping to reduce burden on the public health sector and supporting the emergence of health tourism. Moreover, rising income levels of public has made an increasing demand for the private health care in Sri Lanka. As at end of June 2014, there were 210 registered private hospitals and nursing homes while there were 717 registered medical laboratories, 398 registered medical centers, 490 full time medical clinics and 1,320 part times medical clinics operational in Sri Lanka (Central Bank Report, 2014). On the other hand, the availability of high-end medical equipment for testing and laboratory services has grown dramatically in the private sector. The role of private sector is still relatively small in terms of number of hospitals, bed capacity, etc. even though the demand grows for last decade. Sri Lankan private hospitals mainly consider in densely populated area where the rich and urban middle class are congregated (Dayarathne, 2013).

With the growing demand for private health services and the increased need for regulation of the sector, government of Sri Lanka introduced a Private Health Medical Regulations Act (PMIRA) in 2006, which requires private health institutions to be registered with the Ministry of Health. The law was enacted to ensure the provision of safe and efficient medical services to the public by private medical institutions. The law's primary objectives are to provide for the registration, regulation, monitoring, and inspection of private medical institutions, to foster the development of private medical institutions, and to provide for relevant needs. The PMIRA requires all private medical institutions to obtain and maintain a Certificate of Registration.

Sri Lankan private hospitals are doctor-centric rather than institution-centric as consultants who possess tremendous bargaining power. Sometimes

the influences of consultants have extended to capex decisions made by the hospital on medical equipment and facilities. Patients are keen on the consultant and hence volumes are depending on the consultant availability. Therefore, many scholars argued that Sri Lankan patients are drawn by the reputation of the doctor rather than the institution (Rathnayaka, 2007). Location, convenience and facilities are some other reasons for select a private hospital. Several hospitals have specialized in a particular area of medicine such maternity health and cardiac care, which provides some insulation from competitive pressures.

Sri Lankan private hospitals revenue has generated through out-of-pocket expenditure. As per Dayarathne (2013), the private health insurance covers around 1 per cent of the total heal expenditure, hence, it is not significantly satisfying the Sri Lankan patient's demand. Ram (2013) further reveled that near 5% of in-patients who are higher income earners or individuals who has medical insurance and 50% of out-patients are catered by the private sector in Sir Lanka. As per the Ram report (2013) Sri Lankan out of pocket expenditure dominates private health care spending, 80% and records very low health insurance penetration. Moreover, revenue of private hospital comprises of room charges, pharmacy sales and diagnostics which comprises of lab services and radiology. Most of the private hospitals offer different grades of private rooms with variety of modern amenities. Moreover, room charges can be varying according to the Facilities, intensity of the procedure and duration of stay. This mix of different prices for different rooms helps to maximize their resource utilization and hence they can maximize their revenue even though their bed capacity is limited. On the other hand, private hospitals keep large margins on pharmaceutical sales by taking the advantages of buying in bulk and the close relationship they maintain with the suppliers. However, bad inventory management practices with large lots of medicine affect the hospital revenue very badly. On the other hand, clinical test segment is another growing revenue area in this sector. Most of the hospitals have established their own collection points and drive a lot of volume through their lab services. These small collection points provide their services to smaller medical centers and clinics. Basic blood and urinary testing are the major revenue generation from clinical testing even though the radiology and imaging units require the heaviest capital investment. Therefore, hospitals exploit economics of scale and scope by combining a specific set of assets, such as pharmacies and imaging departments, clinical laboratories, and emergency rooms (Rathnayaka, 2007).

However, private sector health care industry runs shortage of skilled medical personnel. As per the Ram report (2013) around 70% of annual graduates who qualified as doctors joined to public sector although they allowed to practice in the private sector. Anyhow, they have to complete the required number of hours at public hospitals. Therefore, only 12% out of average 900 doctors are absorbed to private sector on a full time basis per year. Patient care services are provided to patient under in-patient care and out-patient care (Annual Health Bulletin, 2012). Moreover, Sri Lankan has 0.680 general physician density (The world fact book, 2013) and 48 specialist psychiatrists for over 20 million populations (Jenkins et al., 2012). There were 16,500 medical officers in the public health sector, of whom about 4,750 worked part-time in private hospitals (Central Bank Annual Report, 2011). Limited access to finance, competition from providers, and restricted access to land were identified as the other important obstacles to the development of the private health sector in the country. Government regulations were not identified as a major constraint (Rathnayaka, 2007).

Growth of the Industry

As per the scholars' projections Sri Lankan population will increases to 21 million by the year 2020 and will stabilize this level by the middle of next century. As a result, Sri Lanka will have the fastest growing aging population in South Asia in 2020. There should be an increasing demand for health care services. On the other hand, diseases such as cancer, cardiovascular ailments, neurological and rheumatic diseases which has higher increasing trend among different age groups will require greater spending on health care in near future. Chang of food consumption patterns, busy woks life's, tobacco consumption is lead to high blood pressure and high cholesterol intake which increases the health care demand further. As per the Central Bank Statistics Western, North Western and Uva Provinces have the greatest demand for health care and the largest health care markets are the Western and North Western Provinces by considering the with income and health care

expenditure (Rathnayaka, 2007). Huge competition is a threat for the private health care industry expansion in long run. Moreover, the capital intensive nature of the business may increase the level of risk in the industry over the longer term (RAM, 2013).

Figure 4:1 has shown the number of registered hospitals within last five years and as per the figure it has shown a clear increment over the last five years. Moreover, figure 4:2, bed capacity of the Sri Lankan private hospitals has shown again rapid incensement after the year 2012 (Central Bank, 2011, 2012, 2013, 2014).

Other than that, overcrowding, long waiting times and the limited availability of medicines in government hospitals are some other reasons for increasing demand for private health care sector growth potential, relatively resilient demand, high entry barriers and flexibility of pricing creates new opportunity to Sri Lankan private health care sector (Ram, 2013). Private sector is more interested on investing in new equipment and technologies compare to public sector health care in Sri Lanka. On the other hand, private sector concentrates on curative services than the preventive medical care provided by the government (Department of Health Services and Department of Statistics). As per the Ram (2013), private sector expenditure on health has continued to rise. Most of the private hospitals engage in capacity expansion for meet their competitive position. Some players opting to extended their geographical reach outside the capital, either via fully-fledged branches or mini hospitals. Others have focused on expanding capacity within Colombo or else some providers use acquisitions.

Conclusion and Policy Implications

This study was aimed to identify the present situation of the Sri Lankan private health care system in Sri Lanka using secondary data of literature in to consideration. As per the findings, it was identified that Sri Lankan people are willing to go for private sector health care treatment considering the quality of service. Especially, the resources possess by the private sector make huge

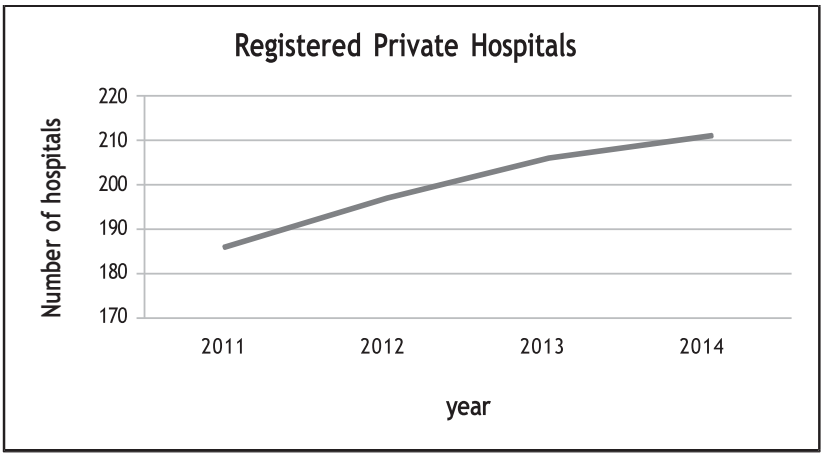


Figure 4-1 No. of Registered Private hospitals 2011-2014

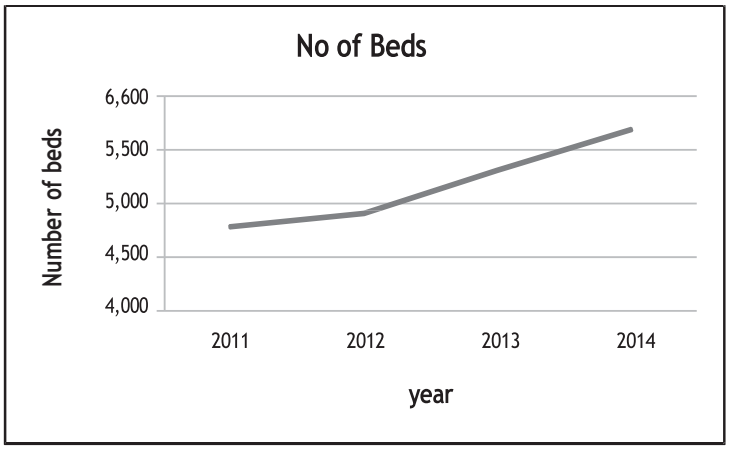


Figure 4-2 Bed Capacity of Private Hospitals 2011-2014

change between private and public health care system. Though, private sector makes huge changes between quality there are some limitation and weakness in the private healthcare system as well named as huge cost and sudden cancellation of appointments, etc.

Therefore, in order to give better service for the Sri Lankans government should encourage private and public partnerships in health care delivery. Further, government should impose rules and regulations in order to protect the patients from unnecessary price competition. Further, private sector health care providers should also focus on increase the quality of their service especially train and recruit their own employees, develop mechanism to avoid sudden cancelation and provide early information about those cancellation, etc through optimizing their operating performance. Further, both government and public sector should focus on new area such as tourism healthcare while increasing the quality of service and gaining competitive advantage of low cost compare to other countries in the region.

Future Research and Limitations

This study helps to identify the present situation of Sri Lankan private health care system though this has some limitations. Firstly, this study was mainly limited to secondary data based on literature review. Therefore, future study can be done using primary data with appropriate analytical tools in order to validate the findings. Secondly, this study was focused only on hospitals though this study considers about the health care system as whole. Therefore, this future study can be done using clinics, nursing home, etc in order to have a better understanding. Moreover, there is a need of comparative study of both private and public sector health care system in Sri Lanka and Sri Lankan private health care system and other developing country's private health care system.

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