

Evolution and Perception on Service Satisfaction Towards Private Hospitals in India

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Abstract - This article describes the India's private sector hospitals, and its performance covering the people expectation under the quality services parameter. The aim of the paper is private hospital role in patient services, patient perceptions of service quality play a crucial role in enhancing satisfaction, loyalty, and system efficiency. This study evaluates these perceptions using an adapted SERVQUAL framework, focusing on dimensions such as tangibles, reliability, responsiveness, assurance, and empathy. The research highlights the significance of interpersonal factors in the Indian context, where high out-of-pocket expenses and cultural expectations amplify the importance of emotional care and patient trust. The study reveals mixed perceptions, with patients generally satisfied with infrastructure but identifying gaps in responsiveness and empathy. Satisfaction rates are around 70-80% in urban facilities, with health insurance contributions boosting utilization and reducing out-of-pocket burdens. The findings have global parallels, emphasizing the role of empathy and trust in loyalty. To bridge the gaps, the study recommends staff training, policy transparency, and digital integration, ultimately fostering sustainable improvements in service quality and patient outcomes in India's hybrid healthcare landscape. By prioritizing patient-centric care and addressing the identified gaps, Indian private healthcare providers can enhance patient satisfaction and loyalty, driving long-term growth and success.

Key Words: SERVQUAL Model, Health Care, Private Hospital, Health Care Quality Service

INTRODUCTION

India's Healthcare System Since Independence

India's healthcare system has undergone a profound transformation since gaining independence in 1947, evolving from a rudimentary, colonial-inherited structure focused on basic disease control to a complex, mixed economy model emphasizing universal coverage, digital integration, and public-private partnerships. This evolution reflects the

country's socio-economic challenges, including a vast population over 1.4 billion, urban-rural divides, and limited fiscal resources. Initially dominated by public initiatives, the system has increasingly relied on the private sector, which now handles the majority of service delivery. Public health expenditure has historically been low (around 1-2% of GDP), compared to the global average of 6% (WHO benchmarks), leading to high out-of-pocket expenses (OOPE) that push millions into poverty annually. While India's model shares similarities with other developing nations like Brazil (public-private mix) or the USA (private dominance), its unique challenges stem from inequality and rapid urbanization. This article outlines the key phases, milestones, and data, with a focused section on private hospitals' growth.

Historical Evolution: Phases and Key Milestones

India's post-independence healthcare journey can be divided into distinct phases, shaped by policy frameworks, economic reforms, and global influences like the Alma-Ata Declaration (1978) on primary healthcare.

Foundation Phase (1947-1980s: Public-Centric Build-Up)

The Bhore Committee Report (1946) set the blueprint for a universal, state-funded system with integrated preventive and curative services, recommending three-tier infrastructure (primary, secondary, tertiary). Post-1947, efforts focused on controlling communicable diseases amid Partition's chaos and famines. Key programs included the National Malaria Eradication Programme (1953), National Tuberculosis Control Programme (1962), and smallpox eradication (achieved by 1975). The Ministry of Health was established in 1947, but healthcare remained a state subject under the Constitution. By the 1970s, life expectancy rose from 32 years (1947) to 54 years (1980), and infant

mortality dropped from 146 to 114 per 1,000 live births. The first National Health Policy (NHP-1983) aimed for "Health for All by 2000" via primary healthcare, but implementation faltered due to low funding (public spending at ~0.9% of GDP). Global perspectives: This mirrored post-colonial efforts in countries like China, but India's federal structure led to uneven progress.

Reform and Liberalization Phase (1980s-2000s: Rise of Private Sector)

Economic liberalization in 1991 opened doors for private investment, shifting from public dominance. NHP-2002 emphasized equity, decentralization, and increasing public spending to 2% of GDP by 2010 (achieved only 1% by 2019). The National Rural Health Mission (NRHM, 2005) invested ~USD 21 billion by 2015 to bolster rural infrastructure, deploying Accredited Social Health Activists (ASHAs) and reducing maternal mortality from 301 (2001-03) to 113 (2016-18) per 100,000 live births. The National Urban Health Mission (2013) addressed urban slums. By 2000, private providers handled ~80% of outpatient and 60% of inpatient care, driven by public sector shortages. OOPE peaked at ~70% of total health expenditure, higher than in peers like Indonesia (~50%).

Universal Coverage and Digital Era (2010s-Present: Mixed Model and Post-COVID Resilience)

NHP-2017 targeted Universal Health Coverage (UHC), aiming for 2.5% GDP public spending by 2025 (current ~2.1% as of 2021-22, boosted by COVID). Ayushman Bharat (2018) launched Pradhan Mantri Jan Arogya Yojana (PM-JAY), covering 500 million vulnerable people with INR 5 lakh (~USD 6,000) annual insurance, empaneling ~24,000 hospitals and authorizing 16 million admissions by 2021. The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM, 2021) allocated INR 64,180 crore (~USD 7.7 billion) for 2021-26 to build critical care blocks and labs. COVID-19 (2020-23) exposed gaps India administered over 2.2 billion vaccine doses but accelerated telemedicine (eSanjeevani: 1 million consultations by 2020) and digital health

(Ayushman Bharat Digital Mission: 290 million health accounts by 2023). Life expectancy now stands at ~70 years, infant mortality at 28 per 1,000 (2020), but non-communicable diseases (NCDs) account for 62% of deaths. Globally, India's UHC push aligns with SDG 3, but lags behind Thailand's public-heavy model in equity.

Current Status and Challenges

India's healthcare expenditure is ~3.9% of GDP (2023), with public share at ~2.5% and private at ~1.4% (including insurance). OOPE has fallen from 62.7% (2014) to 49.8% (2021), but remains high, impoverishing ~55 million annually. Infrastructure includes ~1.3 beds per 1,000 people (vs. WHO's 3.5), needing 3 million more beds by 2025. Rural-urban gaps persist: 71% population rural, but only 36% health workforce there. Strengths include medical tourism (~USD 5-6 billion in 2020, projected USD 13 billion by 2022) and pharma exports (USD 41 billion market). Challenges: Underfunding, workforce shortages (1 doctor per 1,457 people vs. WHO's 1:1,000), and regulation gaps in private sector. Globally, India's private reliance contrasts with Europe's public systems, contributing to inequities.

Focus on Private Hospitals: Growth and Trends

The private sector has been the engine of India's healthcare growth since liberalization, filling public gaps with advanced facilities and innovation. It accounts for ~67% of healthcare delivery, 80% of urban care, and 70% of rural outpatient services. Growth drivers: Rising middle class (expected 90 million diabetics by 2025), insurance penetration (from 3.4% to 7% of expenditure, 2013-2022), and FDI (100% allowed since 2000). Private equity investments surged 155% to INR 7,615 crore (~USD 1.09 billion) in FY19. Expansion into Tier 2/3 cities (65% beds in major states) and tech adoption (telemedicine: USD 5.5 billion by 2025, CAGR 30%) are key trends. Chains like Apollo and Fortis dominate, with mergers accelerating post-COVID. However, issues like overbilling and uneven quality persist, with COVID causing 50-70% revenue drops in 2020.

Metric	Data (As of 2020-2025)	Projections	Source Notes
Number of Private Hospitals	43,486 (2020; vs. 25,778 public)	N/A	Dominates in states like Uttar Pradesh (12,468) and Karnataka (7,842).
Private Hospital Beds	1.18 million (59% of total; vs. 0.83 million public)	Need 1.5 million more doctors and 2.4 million nurses by 2034	Total beds: ~2 million (2022); ICU: 95,000+.

Market Size (Hospitals)	USD 133 billion (2022; 80% private share)	USD 180 billion by 2024; USD 348.7 billion by 2033 (CAGR 7.6%)	Growth at CAGR 16.5% since 2017.
Overall Healthcare Market	USD 372 billion (2023)	USD 638 billion by 2025; USD 512 billion by 2024 (CAGR 16.28%)	Private contributes ~67%; includes pharma (USD 41B, to 130B by 2030).
Contribution to GDP	Private: ~1.4% (total healthcare 3.9%)	Public target: 2.5% by 2025	Private drives 80% market; indirect economic multiplier of 0.77.

The private hospital system in India plays a vital role in providing high-quality healthcare services to a vast and diverse population. With the growing demand for medical care, private hospitals have emerged as a crucial component of the country's healthcare infrastructure. However, the delivery of quality healthcare services is a complex phenomenon, influenced by various factors such as infrastructure, expertise, and patient expectations.

In India, where the healthcare landscape is characterized by a shortage of resources and a significant gap between supply and demand, private hospitals have a critical role to play in ensuring access to medical services. Nevertheless, providing quality services is a challenging task, and patient satisfaction is a key indicator of the quality of care. The SERVQUAL model, which assesses service quality across five dimensions - tangibility, reliability, responsiveness, assurance, and empathy - is a useful framework for evaluating patient satisfaction and identifying areas for improvement.

The private hospital system in India faces several challenges, including ensuring patient satisfaction, maintaining high standards of care, and addressing the diverse needs of a large and growing population. Despite these challenges, private hospitals have the potential to provide high-quality, patient-centered care, and it is essential to understand the factors that influence patient satisfaction and service quality.

REVIEWS OF LITERATURE

The debate surrounding the quality of public versus private healthcare has been ongoing, with some researchers arguing that private healthcare surpasses public healthcare in quality. However, there is a significant gap in data comparing public and private healthcare providers, particularly in low-income nations. This study aims to fill this gap by comparing the service quality of public and private healthcare providers in Puducherry, India. The study employed a cross-sectional design, collecting data from 400 patients in 30 healthcare facilities. The

findings indicate that patients perceive private healthcare providers as offering better service quality compared to public healthcare providers, with significant differences observed in most dimensions of service quality. The study highlights the need for enhancing empathy and reliability dimensions in both private and public hospitals and recommends periodic training for healthcare practitioners in the public sector, along with incentives and continuous evaluation of public services. The study also suggests that future research should focus on socioeconomic, sociodemographic, and behavioral aspects of patients to provide a comprehensive assessment of the quality of health services. Ultimately, the study emphasizes the importance of a collaborative approach involving major stakeholders in the health sector to prioritize patient needs and ensure their satisfaction. (K. Nikhil Kumar & Byram Anand, 2024)

The COVID-19 pandemic has put immense pressure on healthcare systems, testing their ability to deliver quality services and determining the sustainability and growth of healthcare providers. This study proposes a quantitative framework for assessing service quality in the healthcare industry, using the Balanced Scorecard (BSC) perspectives. By integrating decision-making trial and evaluation laboratory and analytical network process in a fuzzy environment, the study evaluates the interaction among BSC perspectives and performance measures. The results show that the "internal processes" perspective plays a crucial role, with "nursing staff turnover" and "staff training" being key performance measures. Patient satisfaction is identified as a vital issue, strongly influenced by measures in the "learning and growth" perspective, particularly "staff training". This study contributes to the quantification of service quality in healthcare by providing an assessment framework and demonstrating its application in a case situation, validating the proposed framework. The findings highlight the importance of staff training in improving patient satisfaction, staff satisfaction, and

overall healthcare quality, while also reducing nursing staff turnover. (Jitesh J. Thakkar, Shashank Thanki, Sunita Guru, 2024)

This study assesses the quality of healthcare services from the patients' perspective in Eastern Saudi Arabia, comparing public and private hospitals. Using a quantitative cross-sectional design and the SERVQUAL dimensional model, the study surveyed 258 inpatients. The results show that patients at private hospitals perceived a higher level of quality of healthcare services compared to those at public hospitals. The study highlights the need for further research on financial and leadership dimensions of healthcare quality to inform planning and improvement of healthcare services. The findings can contribute to enhancing the overall quality of healthcare in Saudi Arabia, particularly in public hospitals. (Alumran, A., Almutawa, H., Alzain, Z. et al. 2021)

The quality of medical services in Romania's public hospitals is a pressing concern, with patient satisfaction being a key indicator of healthcare quality. A recent study evaluated patient satisfaction measures in Romania's healthcare system, revealing that only 39.71% of Romanians are satisfied with the quality of medical services, while 61.29% are disappointed. Given that the public sector is often the only option for many patients due to its free-of-charge nature, improving patient satisfaction is crucial. The study highlights the need for new approaches to measuring patient satisfaction, as traditional methods are failing. To revamp the healthcare system, Romania must address key issues such as staffing shortages, inadequate training, poor hospitality services, and subpar hygiene and cleanliness. By attracting more medical staff, enhancing services, and improving infrastructure, Romania can work towards providing high-quality healthcare that meets patient needs and expectations. Ultimately, prioritizing patient satisfaction and healthcare quality is essential for ensuring the well-being of Romania's population. (Florin Radu, Valentin Radu, et al. 2021)

This study explores the dimensions of service quality in private healthcare and their impact on in-patient satisfaction, perceived value, and customer loyalty in Vietnam. Using a mixed-method approach, the study identifies four key dimensions

of service quality: emotion, function, social influence, and trust. The findings reveal that most of these dimensions significantly influence customer perceived value and satisfaction, with social influence having the most substantial impact. The study also confirms that customer satisfaction and perceived value are crucial drivers of customer loyalty. The results suggest that private healthcare providers and the government in Vietnam should prioritize improving service quality, investing in social branding, and enhancing e-services to better reach customers. The study's findings have implications for healthcare providers seeking to improve patient satisfaction and loyalty in Vietnam's private healthcare sector. (Nhi Xuan Nguyen, Khoa Tran & Tuyet Anh Nguyen, 2021)

RESEARCH METHODOLOGY

Secondary research was conducted to study the patients' expectation parameters on various quality related services among the private hospitals in India. This research was based on the various online materials, online text books and research papers. This paper aims to offers conceptual discussion / understanding on the patients' priority in private hospitals.

RESEARCH OBJECTIVES

- To explore the patient expectation and services offered by private hospitals in India.
- To evaluate the private sector hospital foot prints and its roles in healthcare system in India.
- To understand and reconnoiter SERVQUAL Analysis among the private hospitals in India.

SCOPE OF THE STUDY & LIMITATIONS

- The present study covers Patient Perceptions on Service Quality in Private Hospitals in India
- The study aims to uncover the healthcare industry in private sector role played post-independence.
- This study covers the generic understanding and adoption sentiment among the patients with the private hospitals using service quality parameters.
- This study planned in such a way that using available secondary data in public domine, focusing only healthcare industry as a whole.

- Not covering any specialized treatments or demographic or any specialty of healthcare.

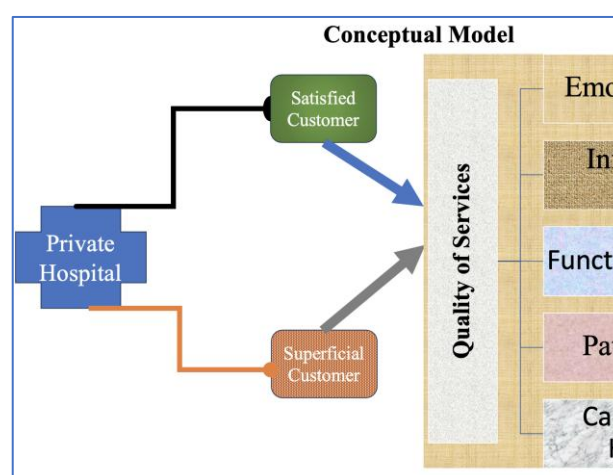
Sources of Data

Data was collected using online resources like research articles, websites, reputed blogs and other online materials

FINDINGS AND DISCUSSIONS

The conceptual model depicts a framework for understanding how private hospitals influence patient outcomes through the lens of service quality. At its core, the model positions "Private Hospital" as the starting point, branching into two distinct patient archetypes: the "Satisfied Customer" (represented in green, indicating positive, genuine fulfillment) and the "Superficial Customer" (in orange, suggesting a more surface-level or fleeting satisfaction). Both paths converge on a central pillar labeled "Quality of Services," which is visualized as a layered structure comprising five key dimensions: Emotional Care (top layer), Influence in Society, Functional Policies, Patient Trust, and Capability of Hospital (bottom layer). This layered design implies a hierarchical or foundational progression, where lower layers (e.g., hospital capability) support higher ones (e.g., emotional care), ultimately determining whether patients emerge as truly satisfied or merely superficially.

Conceptual Model of Service Quality in Private Hospitals:



In the Indian context, where private hospitals handle approximately 60-70% of inpatient care and are pivotal in urban and semi-urban areas, this model highlights the multifaceted nature of service quality.

India's healthcare landscape is characterized by a mix of world-class facilities (e.g., Apollo, Fortis) and mid-tier ones, but challenges like high out-of-pocket expenses (over 60% of total health spending), uneven regulatory oversight, and cultural emphasis on family involvement in care make patient perceptions highly nuanced. While private hospitals often score higher than public ones on infrastructure and personalization, studies reveal persistent gaps in empathy, affordability, and trust, leading to varied satisfaction levels. This model aligns with frameworks like SERVQUAL adapted for Indian healthcare, emphasizing that service quality directly impacts loyalty and word-of-mouth, but can falter if dimensions are imbalanced resulting in superficial satisfaction where patients return due to necessity rather than genuine loyalty. Some global perspectives, such as those from competitive markets like Vietnam or the USA, reinforce this by showing similar dimensions (e.g., emotion and trust) as predictors of satisfaction, but in India, socio-cultural factors like societal status and family expectations amplify their role.

FOUNDATION

This model begins with "Private Hospital," symbolizing the entry point into the healthcare ecosystem. In India, private hospitals dominate tertiary care, driven by factors like advanced technology, shorter wait times, and perceived superior expertise compared to overburdened public facilities. For instance, a study in Telangana found that private hospitals achieve higher patient satisfaction (around 70-80%) due to better infrastructure and staff professionalism, but this is tempered by costs that can exceed INR 5-10 lakhs for major procedures, alienating lower-income groups. Globally, this mirrors systems in developing economies where private providers fill public sector gaps, but in India, the duality arises from a hybrid model influenced by schemes like Ayushman Bharat, which subsidizes private care for the poor yet often leads to mixed perceptions of value.

The Model Serves into Two Corridors:

Paths feed into "Quality of Services," suggesting that the quality dimensions mediate the outcome strong alignment across layers fosters genuine satisfaction, while weaknesses create superficiality. Satisfied Customer: This represents patients who experience holistic fulfillment, leading to loyalty,

repeat visits, and positive referrals. In India, satisfaction is linked to meeting cultural expectations, such as respectful treatment of families (attendants) and alignment with societal norms.

Superficial Customer: This archetype implies short-term or illusory satisfaction, perhaps driven by marketing hype or convenience rather than deep trust. Indian research highlights this in cases where patients praise aesthetics but criticize hidden costs or indifferent care, resulting in low loyalty (e.g., only 40-50% retention in some urban chains). Globally, this is akin to "transactional" vs. "relational" satisfaction in service models, where superficial outcomes stem from unmet emotional needs.

Quality of Services: The Layered Dimensions

The central "Quality of Services" is portrayed as a stacked edifice, implying interdependence: the base (Capability of Hospital) provides stability, while upper layers (like Emotional Care) add value. This resonates with Indian adaptations of service quality models, such as those extending SERVQUAL to include cultural elements like family involvement and societal prestige. A conceptual framework from Indian patients' perspectives identifies similar multi-dimensional constructs, including infrastructure capability, trustworthiness among patient and interpersonal aspects (emotional care), explaining up to 60% of satisfaction variance. Globally, frameworks like Donabedian's structure-process-outcome model echo this hierarchy, but in India, economic disparities amplify the role of affordability and social factors.

A breakdown of each layer – An Insights:

Layer	Description in the Model	Context and Implications
Capability of Hospital	Represents the core operational and infrastructural strengths, such as facilities, technology, and expertise.	In India, this is a strength of private hospitals, with modern equipment (e.g., MRI, robotic surgery) and skilled specialists drawing patients from public sectors. However, mid-tier facilities often face criticism for outdated tech or overcrowding, leading to superficial satisfaction if costs don't match capabilities. Studies show this dimension correlates with 20-30% of overall perceptions, but gaps in rural areas exacerbate inequities. Globally, this aligns with "tangibles" in SERVQUAL, where capability builds initial trust but fails without higher layers.
Patient Trust	Focuses on confidence in the hospital's reliability, ethics, and competence.	Trust is pivotal in India, where scandals like overbilling or unethical practices erode perceptions, e.g., a 2023 survey in Delhi hospitals found only 55% trust levels in private setups due to commercialization. High trust leads to satisfied customers via repeat visits; low trust results in superficial ones who switch providers. Indian research links trust to doctor-patient communication, with family attendants playing a key role in building it. Global views from Pakistan show similar patterns, where private hospitals score 74% satisfaction vs. 29% in public, driven by trust.
Functional Policies	Encompasses operational protocols, administrative efficiency, and policies like billing transparency and wait times.	Indian private hospitals excel in streamlined processes (e.g., digital records), but issues like opaque pricing or delays in insurance claims create dissatisfaction. A South Indian study noted functional lapses account for 25% of complaints, turning potential satisfied customers into superficial ones if policies prioritize profit over patient-centricity. This layer supports higher ones by ensuring smooth experiences. Globally, this mirrors "reliability" and "responsiveness" in service models, crucial in cost-sensitive markets.
Influence in Society	Highlights the hospital's role in social status, community impact, and prestige.	Unique to cultural contexts like India, where choosing a "prestigious" private hospital (e.g., AIIMS affiliates or corporate chains) signals social standing. Urban patients value this for "influence," but rural ones see it as exclusionary, leading to superficial satisfaction among aspirational classes. Research in Northern India shows societal influence boosts loyalty by 15-20%, especially post-pandemic with telemedicine enhancing access. Globally, this is underrepresented but evident in emerging markets, where social proof drives choices.
Emotional Care	Emphasizes empathy, emotional support, and personalized attention.	In India, where patients often feel vulnerable amid family-centric care, emotional aspects like compassionate nursing or counseling are top predictors of satisfaction (30-40% variance). Busy private setups sometimes neglect this, resulting in superficial customers who praise facilities but feel uncared for. Studies in teaching hospitals highlight empathy as dominant, especially for inpatients seeking emotional reassurance. Global parallels in Europe stress interpersonal care, but India's collectivist culture amplifies it.

Satisfied vs. Superficial Customers

The arrows indicate that quality of services mediates the path from private hospitals to customer types. In India, balanced layers yield satisfied customers, e.g., high capability + trust + empathy leads to 80% loyalty in premium chains. Imbalances, like strong capability but weak emotional care, create superficial customers who tolerate services for convenience but harbor resentment over costs or indifference. Empirical data from Indian private vs. public comparisons show smaller quality gaps in privates, yet overall satisfaction hovers at 70%, with empathy and societal influence as key differentiators. Globally, similar models in Vietnam link these dimensions to perceived value, where social influence has the strongest impact on satisfaction, offering lessons for India's evolving sector.

Understanding Indian Private Health Care System -
In India, private hospitals are perceived as offering superior service quality compared to public ones, primarily due to better facilities and staff professionalism. For instance, a study in South Indian private teaching hospitals identified empathy and caring as the dominant dimension, accounting for nearly one-third of patient concerns, reflecting the vulnerability of inpatients who prioritize emotional support alongside operational efficiency like meals and communication. Patients in private setups report higher loyalty when relationships with providers are strong, facilities are high-quality, and support staff interactions are positive, leading to strategies for customer retention.

Comparative analyses show smaller service gaps in private hospitals across dimensions like reliability-confidence and tangibles, though both sectors fail to fully meet expectations. In Telangana, private hospitals exhibited higher patient satisfaction and loyalty than public ones, with service quality directly impacting these outcomes. Urban patients and repeat visitors tend to rate private services higher (around 70-80% satisfaction), but rural or first-time patients highlight issues like cost barriers and inadequate record management. Overall, perceptions are unsatisfactory in about 40-50% of cases, with calls for customization of quality instruments to Indian contexts, as generalized models like SERVQUAL show deviations.

Comparing Rest of the World

Globally, patient satisfaction mirrors Indian trends but varies by healthcare system. Key determinants include medical care, communication, and waiting times, with older patients and those with better health status reporting higher satisfaction. In competitive markets like the USA, interpersonal skills and efficiency drive loyalty, similar to India's private sector emphasis on provider relationships. However, in public-heavy systems (e.g., Europe), factors like accessibility and nursing care are prioritized. Studies from Pakistan and Northern Cyprus, akin to Indian contexts, note higher satisfaction in private hospitals (74% vs. 29% in public), underscoring resource allocation needs. Implications include using satisfaction data for policy reforms, such as pay-for-performance, to enhance outcomes and reduce readmissions.

Conclusions and Future Studies

India's healthcare system has made significant progress, shifting from disease eradication to Universal Health Coverage (UHC) aspirations. However, the growth of private healthcare has highlighted inequities, emphasizing the need for sustained investment in public infrastructure and regulation of private practices. To achieve Vision 2047, India can draw from global models like Singapore's balanced approach. Private hospitals in India lead in perceived service quality, but bridging gaps in responsiveness and empathy is crucial to elevate satisfaction levels. Managers should prioritize patient feedback, invest in staff training, and address affordability. Integrating satisfaction metrics into quality assessments can foster loyalty and better health outcomes. Future research can explore the role of digital tools in shaping perceptions and validate the importance of holistic quality, emotional care, and transparent policies in private healthcare. By addressing these areas, private hospitals can enhance loyalty, reduce churn, and contribute to India's UHC goal.

Future research directions could include demographic-specific studies, specialty-wise analysis, hospital-specific studies, and primary data collection through surveys to gain insights into healthcare experiences and challenges. A comparison with global standards reveals that India's private healthcare sector has made significant strides in improving quality of care and infrastructure, with some institutions achieving international accreditation. By building on these

strengths and addressing the challenges, India's private healthcare system can continue to evolve and provide high-quality care to its patients. Further studies can provide valuable insights into the dynamics of the Indian private healthcare system and inform policy decisions to promote equitable and sustainable healthcare development.

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