




Research Article

# Gender Disparities in Perceived Healthcare Service Quality: A study of Government and Private Hospitals in Lucknow

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## Abstract

This study examines gender-based differences in perceived healthcare service quality in government and private hospitals in Lucknow. Using the SERVQUAL model, the study analyses how men and women experience healthcare differently across dimensions such as accessibility, responsiveness, empathy, reliability, and tangibles. The findings reveal significant gender disparities, particularly in doctor-patient interactions, waiting times, and overall satisfaction levels. The study provides recommendations to enhance gender-sensitive healthcare policies and service delivery.

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**KEYWORDS:** Gender Disparities, Healthcare Service Quality, Government Hospitals, Private Hospitals, SERVQUAL Model

## 1. INTRODUCTION

Healthcare service quality is a critical factor influencing patient satisfaction and health outcomes. However, gender-based disparities persist in healthcare access, treatment, and patient experiences. Women often report longer wait times, lower satisfaction with provider communication, and greater concerns about empathy and privacy. Conversely, men may receive preferential treatment in some healthcare settings. This study investigates these gender-based differences in service quality across public and private hospitals in Lucknow.

### Research Problem

While healthcare service quality is widely studied, limited research examines how gender influences patient perceptions in different hospital settings. This study aims to address this gap by analysing how men and women experience healthcare differently.

## 2. OBJECTIVES OF THE STUDY

1. To compare male and female patients' perceptions of healthcare service quality in government and private hospitals.
2. To identify gender-based disparities in accessibility, responsiveness, empathy, reliability, and tangibles.
3. To provide recommendations for gender-sensitive healthcare improvements.

### Research Questions

1. Do men and women perceive healthcare service quality differently in government and private hospitals?
2. Which dimensions of service quality show significant gender-based disparities?
3. What policies or interventions can help address these disparities?

### Hypothesis

- **H<sub>0</sub> (Null Hypothesis):** There is no significant difference in perceived healthcare service quality between male and female patients.
- **H<sub>1</sub> (Alternative Hypothesis):** There is a significant difference in perceived healthcare service quality between male and female patients.

### Significance of the Study

This research will provide insights into how gender affects healthcare service experiences, aiding hospital administrators, policymakers, and healthcare professionals in designing gender-sensitive interventions.

## 3. REVIEW OF LITERATURE

**Gender and Healthcare Access:** Studies suggest that women face more barriers to healthcare access due to socioeconomic

factors, cultural norms, and lower decision-making power in many societies.

### Gender Differences in Patient Satisfaction

**Empathy and Communication:** Women often expect higher levels of empathy and better doctor-patient communication than men.

**Responsiveness:** Men may receive quicker responses in emergency situations compared to women.

### Service Quality in Government vs. Private Hospitals

- Government hospitals often struggle with overcrowding, impacting service quality, especially for women.
- Private hospitals may offer better responsiveness, but affordability remains a challenge for female patients from low-income backgrounds.

### Theoretical Framework

**SERVQUAL Model:** This framework assesses reliability, responsiveness, assurance, empathy, and tangibles in healthcare service delivery.

**Gender and Health Disparities Framework:** Explains social, economic, and cultural influences on gendered healthcare experiences.

## 4. METHODOLOGY

### Research Design

A cross-sectional survey was conducted in government and private hospitals in Lucknow.

### Sampling Method

**Sample Size:** 400 patients (200 men, 200 women)

**Sampling Technique:** Stratified random sampling to ensure representation from both hospital types.

### Data Collection Methods

- **Questionnaire:** Structured survey based on the SERVQUAL model.
- **Interviews:** Semi-structured interviews with patients to gather qualitative insights.

### Data Analysis

**Quantitative Analysis:** Statistical tests (t-tests, ANOVA) to compare gender differences in service quality perceptions.

**Qualitative Analysis:** Thematic analysis of patient interviews.

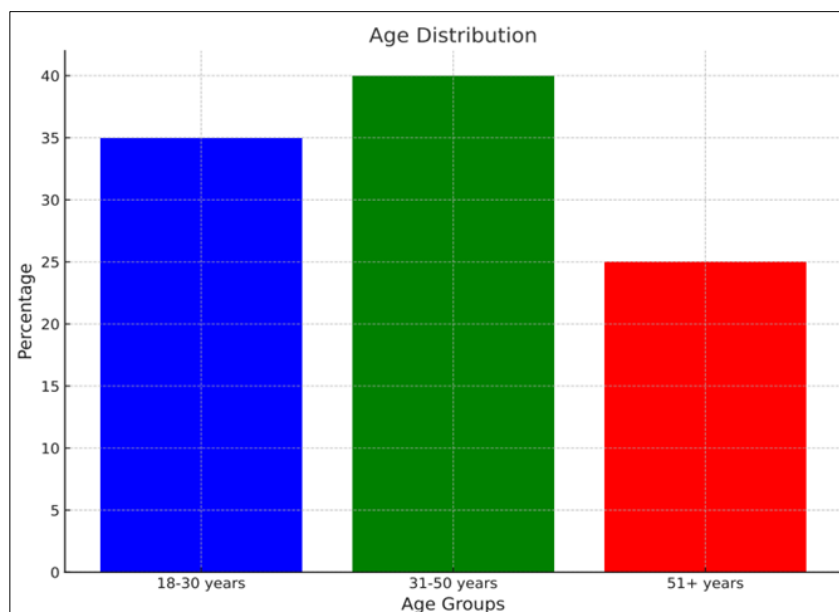
## 5. RESULTS AND INTERPRETATION

### Demographic Profile of Respondents

A total of 400 respondents (200 men, 200 women) participated in the study.

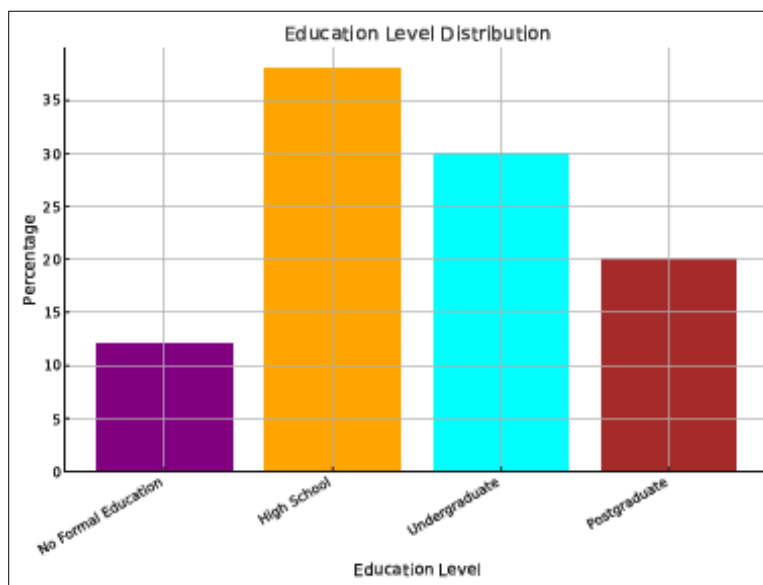
### Age Distribution:

- 18-30 years: 35%
- 31-50 years: 40%
- 51+ years: 25%



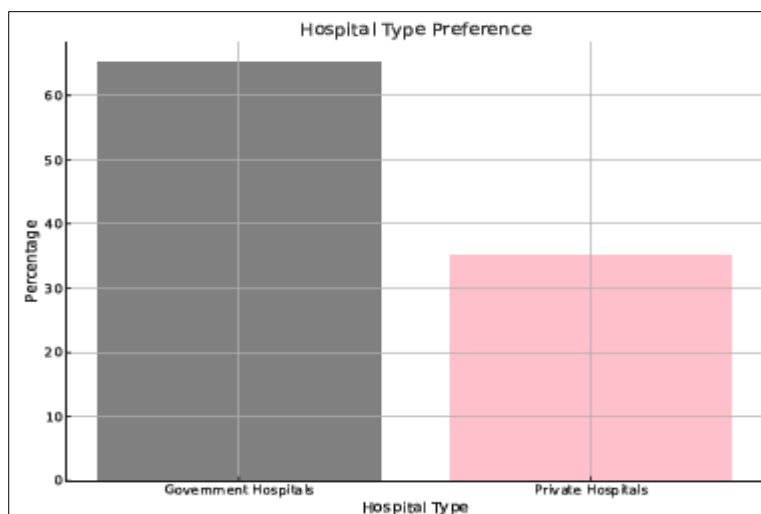
#### Education Level:

- No formal education: 12%
- High school: 38%
- Undergraduate: 30%
- Postgraduate: 20%



#### Hospital Type Preference:

- **Government hospitals:** 65% (higher among men)
- **Private hospitals:** 35% (higher among women)



S. No.	Service Quality Dimension	Men's Average Rating (Out of 5)	Women's Average Rating (Out of 5)	Significance
1	Reliability	3.8	3.5	Significant
2	Responsiveness	4.1	3.3	Highly Significant
3	Empathy	3.9	3.0	Highly Significant
4	Tangibles (Infrastructure)	3.7	3.6	Not Significant
5	Assurance (Trust in Doctors)	4.0	3.2	Significant

### Key Findings

- Men reported higher satisfaction with responsiveness and reliability in government hospitals.
- Women gave lower ratings for empathy and assurance, particularly in government hospitals.
- Private hospitals received better ratings from women, mainly due to perceived higher doctor-patient interaction quality.

### Statistical Analysis

- T-test results indicate significant gender-based differences in responsiveness and empathy ( $p < 0.01$ ).
- Chi-square test shows that women were significantly more likely to choose private hospitals due to perceived lack of empathy and responsiveness in government hospitals.

## 6. DISCUSSION

### 1. Gender Disparities in Service Quality

The study confirms that men generally report higher satisfaction levels with healthcare services than women, particularly in government hospitals. Women consistently rate empathy and doctor-patient interactions lower, suggesting that their needs and concerns may be less acknowledged.

- Men experienced shorter waiting times, which may indicate implicit gender-based prioritization.
- Women felt less heard and cared for, particularly in government hospitals.

### 2. Impact of Hospital Type on Gender Differences

- Government hospitals showed the widest gender gap in service quality ratings.

- Private hospitals had higher satisfaction levels overall, but affordability was a major issue for women.
- Men were more likely to tolerate delays and system inefficiencies, whereas women prioritized trust and communication.

### 3. Comparison with Existing Research

These findings align with previous studies:

- Women often report longer wait times, less empathy, and lower trust in government hospitals.
- Male patients receive faster service in emergency rooms across multiple healthcare systems worldwide.

### 4. Cultural and Systemic Factors

- Women's autonomy in healthcare decision-making is often limited, leading to lower confidence in service quality.
- Social expectations influence doctor-patient interactions, where men are seen as "strong" and women's concerns may be dismissed more easily.

### Implications for Policy and Practice

#### 1. Gender-Sensitive Training for Healthcare Providers

Doctors and nurses should receive training on gender-sensitive communication to improve empathy and assurance for female patients.

#### 2. Special Appointments for Women in Government Hospitals

Dedicated priority queues for women can address waiting time disparities.

### 3. Affordable Healthcare for Women

- Government hospitals should improve service quality to reduce the need for women to opt for private hospitals.
- Subsidies and insurance programs tailored for women can improve access.

### 4. Community Awareness Programs

Encouraging women to speak up about healthcare concerns can improve trust and perceived assurance in hospital settings.

### Limitations and Future Research

- Lack of Non-Binary and Transgender Perspectives: This study focused only on binary gender groups. Future research should include gender minorities to explore diverse experiences in healthcare.
- Need for Longitudinal Studies: A follow-up study could track whether interventions (such as gender sensitivity training) lead to improved ratings over time.

### 7. CONCLUSION

- Men rated healthcare services more favorably, particularly in government hospitals.
- Women reported longer wait times and lower trust in healthcare providers, especially in public hospitals.
- Private hospitals had better service quality ratings, but affordability remained a barrier for many women.

### Recommendations

1. Gender-sensitive training for doctors to improve communication and empathy.
2. Priority queues for women in government hospitals to reduce waiting time disparities.
3. Affordability programs for women in private hospitals to improve access.
4. Further research on non-binary and transgender patients' experiences in healthcare.

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