Comparing the Perceived Quality of Private and Public Health Services in Nigeria

Pia Polsa
Hanken School of Economics

Karen Spens
Hanken School of Economics

Alabi Soneye
University of Lagos

Imoh Antai
Hanken School of Economics

Services in private hospitals are considered to be superior to those of public hospitals. Research on the service quality in hospitals in developing countries is scarce, as is comparison of the customer-perceived quality of the two types of healthcare systems. The present study compares the perceived quality of private and public health services in Nigeria. The results show positive perceptions of both healthcare systems. However, when high-level hospitals were excluded, the scores for the private hospitals were higher. These findings are in line with earlier studies on hospitals in developed countries, but differ from previous findings on healthcare in developing countries.

INTRODUCTION

The aim of a healthcare system is to employ healthcare, social and other resources to meet people's needs within a given region (Kerleau and Pelletier-Fleury, 2002). Ideally, a healthcare system should encompass everyone, from the individual who is ill and in need of care to the paramedic who brings the individual to a hospital, from the nurses who tend to the sick person to the doctors who diagnose the patient, from the pharmacist who dispenses drugs for the patients' use to the surgeon who performs surgery on the patient (Wei, et al., 2007). In many countries, the healthcare system also includes the insurance agencies (social or private) that take decisions based on the type and extent of care to be administered.

Large differences in healthcare systems exist between countries. These variations are even more evident between developed and developing countries. Numerous developed countries see the providing of healthcare as a social responsibility and provide universal coverage for its citizens, usually financed by the tax or social security system. For most less-developed countries, however, universal healthcare coverage is still more or less a dream. Consequently, many such countries have turned to the private

sector for its healthcare needs, basic healthcare as well as health insurance. In low-income countries, private services are popular because they ' ... are often cheap ... (and) are adjusted to the purchasing power of the clients, as when partial doses of drugs are sold' (Mills, et al., 2002, p.326). However, one of the problems with the private services has been the fact that the poor quality of these private sector actors has been reported in many studies on developing countries (Uplekar, 2000; Chabikuli, et al., 2002; Lönnroth, 2000; Tuan, et al., 2006). According to Huseyin, et al. (2008) there is still a considerable lack of research on service quality in public and private hospitals in developing countries. The purpose of this study is to increase knowledge in this area by investigating service quality in public and private hospitals in Nigeria. The access to public healthcare is especially restricted in rural areas, so in rural areas the private sector as well as traditional healing play a dominant role. This is in line with the study by Jerve et al., (2001), which concluded that the poor quality of curative services at the community level directly contributes to the phenomenon of high levels of self-medication and over-utilization of tertiary healthcare facilities.

The paper begins by reviewing studies on healthcare quality in Nigeria, followed by a discussion of the concept of healthcare quality and the measurement of healthcare quality. Next, the geographical context of the study is described, and the results of the study are presented. The paper concludes with a discussion of the results of the study.

STUDIES ON HEALTH CARE QUALITY IN NIGERIA

Early research discovered that making decisions on location in healthcare facilities in developing nations is parochial and politically biased (Lonsdale and Enyedi, 1984). The locations generate geographical and socio-cultural distances and barriers that hinder optimum accessibility, agglomeration and benefits (Gaebler, 1992). According to Iyun (1989) however, services provision is more fundamental in Nigeria. Hence, very low correlation coefficients were found in instances of primary hospitals of local importance and good quality and also higher level hospitals around Ibadan. To de Jong and Marshall (2007), this pattern will remain as long as traditional medicine can only treat a limited number of illnesses. Meanwhile, in a survey of some 250 respondents, Popoola (2000) established a significant relationship between sources of information to health consumers, their levels of literacy, and patronage. He concluded that distance factors could be reduced drastically by improving access to information on service availability through advertisements in handbills, books, reports, films and the mass media and by offering data on services location and quality. A more recent multinomial logit model assessment by Amaghionyeodiwe (2008) on the determinants of choice of facilities by households in Nigeria revealed that the cost factor is stronger than distance in the accessibility to modern healthcare but that the price of services is the least important factor in the providers' choice of location. The study established that the stronger factor accounts for why low income households opt for self-care options and older people patronize hospitals more.

Focusing on the attitudinal behaviors of Nigerian healthcare personnel, PloS (2005) examined the treatment of patients with HIV/AIDS in a survey on 1,021 professionals in 111 urban hospitals over 4 states of the federation. It was found that only a few members of staff comply with professional ethics but that the majority showed discriminatory attitudes to patients, in addition to many other forms of stigmata, discrimination, and unfair treatment of the patients face in their families, communities, and places of work. Among reasons suggested for the behavior were inadequate education, decay of infrastructure, decay and scarcity of protection materials. The study called for enforcement of ethical obligations and anti-discrimination policies. Similar studies on the training of health workers in childhood illness (Uzochukwu, et al., 2007) and middle level workers in adult physiotherapy at Nigerian hospitals (Obembe, et al., 2008) show strong correlations between training and performance.

In summary, the literature review indicates that academic research on healthcare qualities, and the healthcare workers' attitudes and behavior as perceived by users is at its infancy in Nigeria. Rather, the majority of studies are on facility location and accessibility, government spending on healthcare, service provision, and disease prevalence.

HEALTH CARE SERVICE QUALITY MEASUREMENTS

In the present study we make a distinction between healthcare quality and healthcare *service* quality. While healthcare quality comprises outcomes, processes, and structures (Browers and Kielfe, 2002; Donabedian, 1980, 1982, 1985), healthcare *service* quality refers solely to the process of healthcare delivery. Thus, rather than assessing their health after a treatment, patients are evaluating the way they perceive the service they obtained from a healthcare provider.

We assessed the traditional dimensions of service quality; tangibility, reliability, responsiveness, assurance and empathy (Parasuraman, et al., 1985, 1988; Vandamme and Leunis, 1993). In the context of hospital service quality, tangibility refers to the physical environment of the hospital as well as the functional quality of diagnoses, and efficient communication. Although patients often are unable to assess the technical quality of the care they receive, they are able to evaluate the tangible elements of the care such as physical environment, communication with nurses and doctors, and the understandability of the diagnosis. Reliability refers to the trustworthiness of service delivery. Trustworthiness means keeping promises and time, being sympathetic and reassuring, and keeping records accurately. Here again patients are less capable of assessing how reliable diagnoses, are but they can judge reliability from a service delivery point of view by evaluating reliability in terms of time or accurate storage of records. Responsiveness in hospitals is defined as the exact delivery of services, willingness to help, and efficient allocation of time. In line with the other service dimensions, the technical quality of assurance is difficult for patients to evaluate but assurance of the delivery of hospital services is here referred to as safeness of diagnoses, politeness, and good and relevantly specialized knowledge. Finally, empathy in our study is characterized as the personnel's ability to reflect the perceived needs of the patients.

The study used the refined scale of SERVQUAL developed by Parasuraman, et al. (1985, 1988). Original measures were adapted to fit the service quality in hospital settings. Ryan, et al. (2009) suggest that SERVQUAL appears to be a potentially useful technique and that its application should be researched in healthcare settings. A number of studies have done so (see for example, Naidu, 2009; Ryan, et al., 2009; Rohini and Mahadevappa, 2006; Wisniewski and Wisniewski, 2005; Carman, 1990; Headley, and Miller, 1993; Lytle and Mokwa, 1992; Reidenbach and Sandifer-Smallwood, 1990) and thus the reliability of the measurement tool is well tested. The present study used a 7-point scale.

HEALTH CARE SYSTEM IN NIGERIA

The health system in Nigeria is structured along the universal three levels of primary, secondary and tertiary care. The Federal, state and Lowest Governing Authorities (LGAs) comparable to municipalities, respectively, are responsible for each level of the system in the public administrative domain Primary healthcare in Nigeria is the responsibility of the LGAs. The authorities are the lowest governing authority in the country and are comparable to municipalities and regions in other parts of the world. In addition to the provision and maintenance of basic primary education and maintenance of basic infrastructures, the LGAs are responsible for providing healthcare to the population at the most basic levels and institutions, including primary health care and child vaccination centers as well as local and community health clinics. Secondary healthcare services include institutions such as state general hospitals and private specialist hospitals. This level of healthcare provides healthcare services at a level higher than that obtained from the primary healthcare facilities. Healthcare at this level is provided by the state government (i.e. they are operated by the state ministry of health) and basically provide specialized services to patients referred from the primary healthcare level through out-patient and in-patient services for general medical, surgical and community health needs. Support services such as laboratories, diagnostics, and blood banks are provided.

Tertiary healthcare services comprise healthcare services that are provided by highly specialized institutions and thus represent the highest level of healthcare services in the country. This level of healthcare provides highly specialized healthcare services in many areas including orthopedic,

psychiatric, maternity, and pediatric specialties. Institutions at this level include university teaching hospitals, federal medical centers, and other national specialist hospitals.

The public healthcare facilities at the primary, secondary and tertiary levels in Nigeria are scanty, maldistributed politically. They lack facilities and personnel, more grossly at the LGA level and in rural areas (Asuzu, 2004). The private sector fills the vacuum and makes most impacts in the primary healthcare system using both modern western and traditional hospitals and clinics. Usually, areas of jurisdiction are local but of wide range and multiple services.

The old traditional healthcare system is dominated by 'medicine-men' who are knowledgeable in specific uses of herbs and roots, the ailments they cure, and how to prepare and administer the herbal medication. However, the fact that the long-term side effects of many of the medications are hardly known affects their level of acceptance beyond low-income earners and rural areas in Nigeria, more so where there are other alternatives present.

DATA ANALYSIS

Six of the 20 LGAs of Lagos and one of the FCT were selected for the study (Table 1).

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF THE LGAS CHOSEN FOR THE HEALTHCARE QUALITY STUDY

State	LGA	Population	Density	Categorization
Lagos	Ikeja	313,196	6,779	Urban
	Somolu	402,673	35,015	Urban
	Mainland	3 17,720	16,293	Urban
	Surulere	503,975	21,912	Urban
	Kosofe	665,393	8,174	Urban
	Badagry	241,093	547	Semi-urban
FCT	Abuja Municipal Area	778,567	228	Semi-urban

Of the 220 questionnaires administered among the hospital patients, 141 were on the primary, 54 on the secondary, and 25 on the tertiary level. There were 23 hospitals altogether, including 12 primary, 9 secondary, and 2 tertiary hospitals. The questionnaires were personally handed to and collected from the patients. The gender distribution was 43.2% males and 56.8% females. Most of the respondents were students (38.2%) while 22.3% of the sample consisted of businessmen, 19.5% of civil servants, and 10.9% were teachers. A small share (8.6%) of the respondents classified themselves as 'other'. Our respondents were fairly highly educated: 36.4% of them were graduates (i.e. B.A. B.Sc./HND) and 33.6% were above graduate level. 17.3% had a high school education (i.e. GSCE) while the rest of the respondents had a technical education (i.e. SSCE, 5.8%), lower than high school education (3.6%) or were at junior college (i.e. OND/NCE, 2.7%).

RESULTS

Our results indicated that there is very little if any difference in how people perceive service quality in private and public hospitals. Table 2 shows that only two questions statistically significantly differentiated between private and public hospitals. The patients perceived private hospitals (M=5.5/SD=1.43) to be more dependable than public hospitals (M=5.06/SD=1.49). In addition, the respondents trusted employees of private hospitals more (M=5.05/SD=1.56) than they trusted staff of public hospitals (M=4.57/SD=1.39).

TABLE 2
MEAN DIFFERENCES BETWEEN PRIVATE AND PUBLIC HOSPITALS AT ALL LEVELS

Item	Private		Public		t	Sig.
	Mean	Std.Dev	Mean	Std.Dev.		
Hospital has up-to-date environment for diagnosis	5.2	1.621	4.82	1.465	-1.9	.06
Hospital´s physical facilities are visually appealing	5.2	1.706	4.81	1.588	-1.4	.15
Hospital employees are well dressed and appear neat	5.8	1.418	5.45	1.438	-1.4	.15
Hospital has some materials to communicate with the patients (For example: booklets)	5.2	1.714	4.80	1.918	-1.4	.17
When hospital makes a promise, it keeps the promise	5.3	1.407	5.01	1.598	-1.1	.27
When patients have problems, hospital is sympathetic and reassuring	5.4	1.522	5.27	1.563	-.4	.66
The hospital is dependable	**5.5**	**1.43**	**5.06**	**1.495**	**-2.13**	**.03**
The hospital provides its services at the time it promises to do so	5.3	1.598	5.18	1.545	-.44	.66
The hospital keeps its records accurately	5.7	1.350	5.62	1.293	-.59	.56
The hospital tells their patients exactly when services will be performed	5.5	1.399	5.21	1.598	-1.45	.15
It is realistic for patients to expect prompt service from employees of the hospital	5.3	1.639	5.19	1.530	-.36	.72
The hospital's employees are always willing to help patients	5.4	1.361	5.17	1.452	-1.17	.24
Even when they are too busy, they respond to patient requests promptly	4.8	1.698	5.01	1.610	.86	.39
You can trust the employees of the hospital	**5.05**	**1.56**	**4.57**	**1.39**	**-2.17**	**.03**
You can feel safe when being diagnosed by the hospital's employees	5.54	1.483	5.59	1.317	.22	.82
Employees of the hospital are polite	5.45	1.441	5.22	1.603	-.10	.32
The employees have adequate specialization	5.61	1.352	5.33	1.451	-1.30	.20
The hospital gives you individual attention	5.48	1.405	5.19	1.595	-1.29	.20
Employees of the hospital give you personal attention	5.15	1.453	5.18	1.623	.13	.90
Employees of the hospital know what your needs are	5.04	1.511	5.23	1.444	.84	.40
The hospital has their patients' best interests at heart	5.63	1.227	5.40	1.498	-1.14	.25
The hospital has operating hours convenient to all their patients	5.34	1.588	5.44	1.490	.45	.65

Based on our results it can be concluded that the patients of our sample perceive service quality of Nigerian hospitals as good or very good. All the means in Table 2 are above average in the scale from one to seven, indicating a good quality of the healthcare service.

Because private hospitals make their largest contribution at primary and secondary level (see Table 1), we ran t-test only on those levels. The results are displayed in Table 3 where the analysis was run for both primary and secondary levels together.

The results in Table 3 show that when the tertiary level of the Nigerian hospitals was excluded from the analysis, there appeared more statistically significant differences between private and public hospitals. In all the questions on service quality where differences in perceptions occur, the private hospitals scored far better mean values. Private hospitals were considered as having a more up to date environment for diagnosis (M=5.51/SD=1.64 vs. M=4.82/SD=1.46) and employees were judged to be neater (M=6.19/SD=1.18 vs. M=5.45/SD=1.44). Private hospitals were also seen as more dependable than public ones (M=5.88/SD=1.38 vs. M=5.06/SD=1.49). These results are interesting in the sense that they corroborate earlier studies on hospitals in developed countries, but are not in line with the literature on developing countries indicating problems with the quality of private hospitals. (Uplekar, 2000; Chabikuli, et al., 2002; Lönnroth, 2000; Tuan, et al., 2006).

TABLE 3
MEAN DIFFERENCES BETWEEN PRIVATE AND PUBLIC HOSPITALS AT THE PRIMARY AND SECONDARY LEVELS

Item	Private		Public		t	Sig.
	Mean	Std.Dev	Mean	Std.Dev.		
Hospital has up-to-date environment for diagnosis	**5.51**	**1.638**	**4.82**	**1.465**	**-2.74**	**.007**
Hospital´s physical facilities are visually appealing	5.34	1.781	4.81	1.588	-1.99	.048
Hospital employees are well dressed and appear neat	**6.19**	**1.176**	**5.45**	**1.438**	**-3.55**	**.001**
Hospital has some materials to communicate with the patients (For example: booklets)	5.33	1.842	4.80	1.918	-1.76	.079
When hospital makes a promise, it keeps to the promise	5.48	1.454	5.01	1.598	-1.90	.059
When patients have problems, hospital is sympathetic and reassuring	5.61	1.482	5.27	1.563	-1.40	.164
The hospital is dependable	**5.88**	**1.380**	**5.06**	**1.495**	**-3.53**	**.001**
The hospital provides its services at the time it promises to do so	5.48	1.693	5.18	1.545	-1.17	.245
The hospital keeps its records accurately	**6.27**	**1.031**	**5.62**	**1.293**	**-3.51**	**.001**
The hospital tells their patients exactly when services will be performed	**5.84**	**1.381**	**5.21**	**1.598**	**-2.67**	**.008**
It is realistic for patients to expect prompt service from employees of the hospital	5.45	1.755	5.19	1.530	-.98	.326
The hospital's employees are always willing to help patients	5.60	1.402	5.17	1.452	-1.88	.062
Even when they are too busy, they respond to patient requests promptly	4.91	1.772	5.01	1.610	.383	.70
You can trust the employees of the hospital	**5.21**	**1.624**	**4.57**	**1.386**	**-2.64**	**.009**
You can feel safe when being diagnosed by the hospital's employees	5.86	1.473	5.59	1.317	-1.20	.232
Employees of the hospital are polite	**5.73**	**1.436**	**5.22**	**1.603**	**-2.07**	**.040**
The employees have adequate specialization	**6.01**	**1.176**	**5.33**	**1.45**	**-3.19**	**.002**
The hospital gives you individual attention	**5.72**	**1.438**	**5.19**	**1.595**	**-2.17**	**.031**
Employees of the hospital give you personal attention	5.32	1.543	5.18	1.623	-.54	.588
Employees of the hospital know what your needs are	5.19	1.578	5.23	1.444	.19	.850
The hospital has their patients' best interests at heart	**6.00**	**1.141**	**5.40**	**1.498**	**-2.84**	**.005**
The hospital has operating hours convenient to all their patients	5.56	1.647	5.44	1.490	-.483	.630

SUMMARY AND DISCUSSION

This study set out to investigate a scarcely researched area, consumer perceptions of private versus public hospitals in a developing country. Earlier research in the field has indicated problems with the quality of private hospitals, an issue that this study also set out to examine. Based on results of the present study it can be seen that the patients of the sample perceived the service quality of Nigerian hospitals as good or very good. All the means were above average in a scale from one to seven, indicating a good healthcare service quality. However, the results showed that when the tertiary level of the Nigerian hospitals was excluded from the analysis, there appeared more statistically significant differences between private and public hospitals. In all the questions on service quality where differences in perceptions occurred, the private hospitals scored far better mean values.

The private sector will always take advantage of the market mechanisms within the public control of the provision of essential services such as healthcare. In developing countries where there are no strong controls (such as for example Nigeria), governments should be more responsive to improve the quality of life for all strata of the society not only through the direct provision of services but also by enabling private medical institutions to offer services, by putting in place sustainable policies, institutional and legal arrangements. Our findings indicated that most of the service quality statements (12 out of 22) showed equally high scores in both the private and the public sector. Thus there is support for developing both sectors. However, the private hospitals of the sample appeared to be better in 10 out of 22 service quality statements, which provide information for policy makers which service points need to be improved in the service quality of public hospitals.

REFERENCES

Akin J.S., Guilkey D.K., and Denton, E.H. (1995). Quality of Services and Demand for Healthcare in Nigeria: A Multinomial Probit Estimation. *Social Science and Medicine*, 40,(11), 1527-1537.

Amaghionyeodiwe, L.A. (2008). Determinants of the Choice of Healthcare Provider in Nigeria. *Healthcare Management Science,* 11,(3), 215-27.

Asuzu, M.C. (2004). The Necessity for a Health Systems Reform in Nigeria. *Journal of community medicine and primary healthcare,* 16,(1), 1-3.

Bowers, M.R. and Kiefe, C.I. (2002). Measuring Healthcare Quality: Comparing and Contrasting the Medical and the Marketing Approaches. *American Journal of Medical Quality*, 17,(4), 136-144.

Carmen, J.M. (1990). Consumer Perceptions of Service Quality: An Assessment of the SERVQUAL Dimensions. *Journal of Retailing*, 66,(1), 33-35.

Chabikuli, N., Schneider, H., Blaauw, D., Zwi, A.B., and Brugha, R. (2002). Quality and Equity of Private Sector Care for Sexually Transmitted Diseases in South Africa. *Health Policy and Planning,* 17, 40–6.

De Jong P. and Marshall C. (2007). Mortality Projection based on the Wang Transform. *Astin Bulletin*, 37, (1), 149–161.

Donabedian, A. (1980). *Explorations in quality assessment and monitoring. The definitions of quality and approaches to its assessment*. Ann Arbour, Michigan: Health administration press.

Donabedian, A. (1988). The Quality of Care: How Can It Be Assessed? *Journal of American Medical Association,* 260, 1743-8.

Donabedian, A. (1992). Quality Assurance in Healthcare: Consumers' Role. *Quality in Healthcare,* 1,(4), 247-251.

Federal Bureau of Statistics (2006). *Social Statistics in Nigeria: Health Federal Government of Nigeria (FGN).* 15 May 2007. Abuja, Nigeria Mint, 142, Chapter 4.

Federal Government of Nigeria (FGN) (2007). Legal Notice on Publication of the Details of the Breakdown of the National and State Provisional Totals of 2006 Census. *Official Gazette*, 15 May 2007; Retrieved from http://www.nigerianstat.gov.ng/Connections/Pop2006.pdf

Headley, D.E. and Miller, S.J. (1993). Measuring Service Quality and Its Relationship to Future Consumer Behavior. *Marketing Health Services*, 13,(4), 32-42.

Huseyin, A., Erdogan, H.E., and Katircioglu, S.T. (2008). Gearing Service Quality into Public and Private Hospitals in Small Islands: Empirical Evidence from Cyprus. *International Journal of Healthcare Quality Assurance*, 21,(1), 8-23.

Jerve A.M., Krantz G., San P.B. et al. 2001. *Tackling turmoil of transition: an evaluation of lessons from the Vietnam-Sweden Health Cooperation 1994–2000*. Stockholm: Sida Department for Democracy and Social Development.

Kerleau, M. and Pelletier-Fleury, N. (2002), Restructuring of the healthcare system and the diffusion of tele-medicine. *European Journal of Health Economics,* 3, (3), 207-214.

Iyun, B.F. (1989). Childhood Health Problem in Ibadan City: A Geographical Analysis. *The Indian Geographical Journal*, 64,(1), 1-13.

Lytle, R.S. and Mokwa, M.P. (1992). Evaluating Healthcare Quality: The Moderating Role of Outcomes. *Journal of Healthcare Marketing*, 12, (1), 4-14.

Lönnroth, K. (2000). *Public health in private hands: studies on private and public tuberculosis care in Ho Chi Minh city, Vietnam*. Gothenburg, Sweden: Göteborg University & Nordic School of Public Health, Unpublished Ph.D. thesis.

Mills, A., Brugha, R., Hanson, K., and McPake, B. (2002). What Can Be Done About the Private Health Sector in Low-Income Countries? *Bulletin of the World Health Organization,* 80, 325–30.

Naidu, A. (2009). Factors Affecting Patient Satisfaction and Healthcare Quality. *International Journal of Healthcare Quality Assurance*, 22, (4), 366-381.

Obembe, O. A., Onigbinde, A.T., Adedoyin, R.A., and Adetunmbi, O.G. (2008). Opinion Study of a Section of Nigerian Physiotherapists on Training and Utilization of Middle Level workers. *Journal of the Nigeria Society of Physiotherapy*, 16, (1), 23-30.

Olatunji, T.O., Ogunlana, M.O., Bello, M.A., and Omobaanu, S.O. (2008). Assessment of Patients' Satisfaction with Physiotherapy Care. *Journal of the Nigeria Society of Physiotherapy,* 16, (1), 11-15.

Oninla, S.O., Owa, J.A., Onayade, A.A., and Taiwo, O. (2007). Comparative Study of Nutritional Status of Urban and Rural Nigerian School Children. *Journal of Tropical Pediatrics*, 53,(1), 39–43.

Parasuraman, A., Zeithamal, V.A., and Berry, L.L. (1985). A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, 49, Autumn, 41-50.

Parasuraman, A., Zeithamal, V.A., and Berry, L.L. (1988). SERVQUAL: A Multi-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*, 64,(1), 381-391.

PLoS Medicine (2005). How Do Nigeria's Health-Care Personnel Treat Patients with HIV/AIDS? *PLoS Med,* 2, (8), 257.

Popoola, S. O. (2000). Consumer Health Information Needs and Services in Nigeria. *Library Review*, 49, (3), 129–134.

Reidenbach, E.R. and Sandifer-Smallwood, B. (1990). Exploring Perceptions of Hospital Operations by a Modified SERVQUAL Approach. *Journal of Healthcare Marketing*, 10,(4), 47-55.

Rohini, R. and Mahadevappa, B. (2006). Service Quality in Bangalore Hospitals-An Empirical Study. *Journals of Services Research*, 6, (1), 59-82.

Ryan, M., Scott, D.A., Reeves, C., Bate, A., van Teijlingen, E.R., Russell, E.M., and Napper, M..R. (2009). Eliciting Public Preferences for Healthcare: A Systematic Review of Techniques. *Health Technology Assess*ment **5**: http://www.hta.ac.uk/pdfexecs/summ505.pdf, accessed March 2009.

Tuan, T., Dung, V.T.M., Neu, I., and Dibley, M.J. (2005). Comparative Quality of Private and Public Health Services in Rural Vietnam. *Health Policy and Planning,* 20, 319-327.

Uplekar, M.W. (2000). Private Healthcare. *Social Science and Medicine,* 51, 897–904.

Uzochukwu, B.S.C., Onwujekwe, O.E., Ezeilo, E.A., Nwobi, E., Ndu, A.C., and Onoka, C. (2007). Integrated Management of Childhood Illness in Nigeria: Does Short-term Training of Health Workers Improve their Performance? *Public Health*, 122,(4), 367-370.

Vandamme, R. and Leunis, J. (1993). Development of a Multiple Item Scale for Measuring Hospital Service Quality. *International Journal of Service Industry Management*, 4,(3), 30-49.

Wei F., Polsa, P., Spens, K., and Antai I. (2007). A Comparison of Health Systems in Finland, The People's Republic of China and Nigeria. *The International Society of Marketing and Development and The Macromarketing Society Joint Conference*, June 2-5, Washington DC, US.

Wisniewski, M. and Wisniewski, H. (2005). Measuring Service Quality in a Hospital Colposcopy Clinic. *International Journal of Healthcare Quality Assurance*, 18,(3), 217-228.