

## Comparative Analysis of Patient Satisfaction between Private and Public Hospital

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#### **Abstract:**

*The Health of the individuals in a nation contributes to the Wealth and Good of the nation. Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness and other physical and mental impairments in human. Quality in health can be explained as the difference between patient expectations and perceptions; expectation means service provider performance during deliverance of services whereas perception is measurement of delivery by the service provider. The study compares the patient satisfaction between private and public hospital". The study was limited to Bawku Presbyterian hospital and Case Medical Centre in the Upper East Region of Ghana. The researcher use only primary source of data.*

*The objective was to compare the relationships between patients and medical staffs in public and private hospitals. To determine if there are difference in the diagnostic service in public and private hospitals and evaluate the difference in diagnostic facilities in public and private hospitals. The research used convenience sampling technique in the sample selection. Independent sampling T-test was the main analytical tool used in analyzing the data.*

*Findings indicate that, the private hospital delivers quality healthcare than the public hospital. And it was recommended that The management of public hospital and private hospital should provide enough diagnostic facilities and ensure the proper maintenance of the existing ones. They also improve on the relationship they have with their patients. This would also reduce the negative perceptions patient's holds in both hospitals in the municipality.*

**Keywords:** Hospital, Healthcare, Relationship, Diagnostic service, Diagnostic facilities

## 1. INTRODUCTION

The physical and mental status of human resources are centre of all activities and also very much important to improve the quality of human life. Health care delivery in Ghana is provided by both the public and private sectors. Irfan, S. M. and Ijaz, A. (2011), compared the quality of healthcare delivered by the public and private hospitals to gain patient satisfaction in Pakistan. Five service quality dimensions which include empathy, tangibles, assurance, timeliness and assurance were used to measure patient's perception about the service quality. The result indicated that private hospitals deliver better quality of services to patients as compared to public hospitals.

Chimed-Ochir, O. (2012), argued that the consideration of patient satisfaction is an integral part of hospital management. Misunderstanding of patients' needs can lead to underutilization of the existing health facilities and even influence the overall development of the health system negatively. A concern was raised about the challenging issue for healthcare providers are to realize what elements of patients' perception significantly influence their satisfaction. A patient centred study conducted revealed that patient satisfaction significantly depend on empathetic services such as nursing care, respectfulness of nurses and attentiveness of doctors to patients. It was also said that the level of comfort in the patients' room had a great influence on patients satisfaction.

Ramez, W. S. (2012) indicated that Patients' perception of health care quality, satisfaction and behavioural intention identify responsiveness, empathy and tangible dimensions to have largest influence on the overall service quality. The work also revealed a positive significant relationship between overall service quality, patients' satisfaction and their behavior intention. Jaswal A. R. (2016), argued that in the face of qualms, healthcare organisations have to reposition themselves for the future. The study proposed that a conceptual model to measure patients perceived service quality in healthcare. The model contained ten dimensions which is based on accessible literature in healthcare services to help improve awareness to recognise the mechanism that are vital and can sway quality.

Hospitals are complex organizations, with many essential services delivered by a range of health professionals in a location supported by available technologies, with management oversight and administrative support. This makes comparisons particularly challenging, especially to distinguish genuine differences in the performance from variation caused by differences in what hospitals do and the kind of service provide. Al-Ghanim, S. A. (2004) highlighted the significant factors which prompt patients to utilise private outpatient clinics despite the availability free public centres in Saudi Arabia. The study separated patient-related variables such as income, health status, education, gender, the presence of health insurance and nationality from the provider-related variables that include location of health facility, waiting time, the availability of ancillary services, opening hours and the availability of a specialised medical doctor. It was realised that the two groups of variables were statistically significant in identifying in the influence the utilisation of both the publiccentres and the private outpatient clinics.

Irfan, S. M., Ijaz, A. and Farooq, M. M. (2012) used five quality dimensions, namely; empathy, tangibles, timeliness, responsiveness and assurance were used to investigate the quality of services delivered to patients by public hospitals in Pakistan. The result indicated that public hospitals are not making visible efforts to deliver quality services. An exploratory method was used to find out the relationship between different service quality variables to identify the most important factors that determines customer satisfaction. It was revealed that the overall service quality regarding private hospitals are providing satisfactory service to the patient without discriminating by income or occupation. (Siddiqua, J. and Choudhury, A. H. 2014).

Hiscock, R. et al (2008), model the relationship between travel time access and five health service outcomes. These were general practitioner consultation, blood pressure test, cholesterol test, visit to pharmacy and satisfaction with latest general practitioner consultation. It was concluded that locational access to general practitioner surgeries and pharmacies appears to sometimes be associated with health service use but not satisfaction.

### **Objective of the study**

Against the above background, the study seeks to achieve the following broad objectives

1. To compare the cordial relationships between patients and medical staffs in public and private hospitals.
2. To determine if there are difference in the diagnostic service in public and private hospitals.
3. To evaluate the difference in diagnostic facilities in public and private hospitals.

### **2. METHODS**

Data used for the research were obtained from primary source in order to achieve the objective of the study. The primary source of data was the questionnaire. The questionnaire was used to elicit information using both open-ended questions and close-ended questions.

#### **Population and sample**

For the purpose of the study, the target population that was chosen for the study consists of some patients at Bawku Presbyterian hospital and Case Medical Centre in Bawku Municipality. Convenience sampling technique was used to select the 200 patients for the sample in the population.

#### **Independent sample t-test**

This technique was used to analyze data that was obtained from both hospitals. It allows us to compare the performances of the two hospitals. Independent sample t-test is concerned with the problem of comparing the means of two univariate populations (public and private hospital) based on information obtained from independent random samples drawn from those populations. We make the comparison by utilizing the t-distribution. For the purpose of the study we generate 100 (1 -  $\alpha$ )% confidence intervals on  $\mu_1 - \mu_2$  or to test a hypothesis on the value of this difference, we will consider using a pooling procedure. This results in the t-test statistic:

$$\frac{(\bar{x}_1 - \bar{x}_2) - (\mu_1 - \mu_2)}{S_p \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}}$$

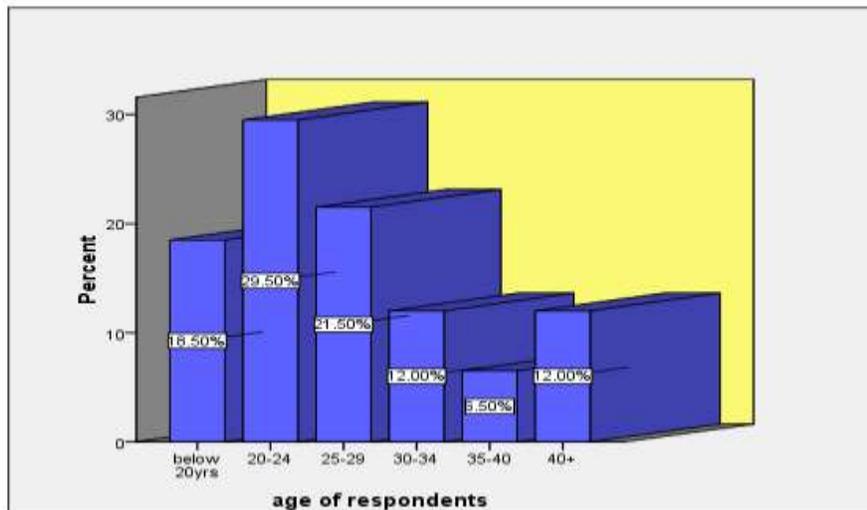
Where  $S_p$  is in place of the common population standard deviation defined by

$$S_p = \sqrt{\frac{(n_1 - 1)S_1^2 + (n_2 - 1)S_2^2}{n_1 + n_2 - 2}}$$

which follows a t-distribution with  $n_1 + n_2 - 2$  degrees of freedom.

### 3. RESULTS

#### PRELIMINARY ANALYSIS



Source; Field data, 2016.

*Figure 1: Age distribution of Respondents.*

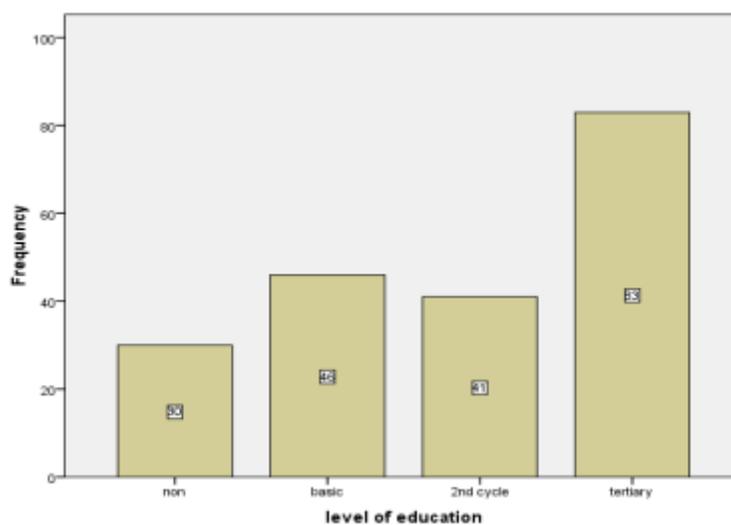
The figure shows that 29.5% of the respondents were between the ages of 20-24, 21.5% were between the ages 25-29, 18.5 were below 20 years, while 12.0%, 12.0% and 6.5% were between the ages 30-34, 40 and above and 35-39 respectively.

**Table 1: Occupation of respondents.**

RESPONSES	NUMBER RESPONDENTS	OF PERCENTAGE
EMPLOYED	48	24.0
UNEMPLOYED	36	18.0
STUDENT	89	44.5
SELF-EMPLOYED	27	13.5
TOTAL	200	100

**Source; Field data, 2016**

Table 1 show occupation of respondents, the above table shows the occupational status of the respondents. From the table, 24.0% are employed, 18.0% are unemployed, 13.5% are self-employed whiles 44.5% are student.



**Source: Field data, 2016.**

**Fig 2: educational level of respondents**

Figure 2 shows educational level of respondents, Out of 200 respondents, 41.5% participants had tertiary education, 23.0% respondents had basic school education, Also 20.5% of the respondent had 2<sup>nd</sup> cycle school education and 15.0% respondent did not go to school.

**The questions were rated SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree and SD-Strongly Disagree.**

## RELATIONSHIPS BETWEEN PATIENTS AND STAFF

Table 2: the relationships between patient and staff in hospital.

Q	PUBLIC HOSPITAL					PRIVATE HOSPITAL				
	SA	A	N	D	SD	SA	A	N	D	SD
Courteous	25 20.8 %	57 47.5%	14 11.7%	14 11.7%	10 8.3%	18 22.5%	38 47.5%	15 18.8%	8 10.0%	1 1.2%
Patient Interest	28 23.3%	51 42.5 %	20 16.7%	17 14.2%	4 3.3%	17 21.2%	34 42.5%	19 23.8%	9 11.2%	1 1.2%
Attitude	24 20.0 %	59 49.2%	17 14.2%	12 10.0%	8 6.7%	22 27.5%	38 47.5%	16 20.0%	3 3.8%	1 1.2%
Behavior	24 20.0 %	59 49.2%	17 14.2%	12 10.0%	8 6.7%	22 27.5%	38 47.5%	16 20.0%	3 3.8%	1 1.2%

Source: Field data, 2016.

The findings from the study revealed that 82 respondents representing 68.3% agree and strongly agree to medical staffs of the public hospital are consistently courteous with patient, 14 respondents representing 4.7% are neutral and 24 respondents representing 20% disagree and strongly disagree in the public hospital. While 56 respondents from the private hospital representing 70% agree and strongly agree to medical staffs of private hospital are consistently courteous with patient, 15 respondents representing 18.8% and 10 respondents representing 11.2% disagree and strongly disagree. Also from the table, 79 of the respondents representing 65.8% agree and strongly agree to this hospital gives patient's best interest at heart in the public hospital, 20 respondents representing 16.7% are neutral and 21 respondents representing 17.5% disagree and strongly disagree while 51 respondents representing 63.7% agree and strongly agree to this hospital gives patient's best interest at heart, 19 respondents representing 23.8% are neutral and 10 respondents representing 12.4% responded otherwise in the private hospital.

In addition, 83 respondents accounting 69.2% agree and strongly agree to attitude of doctors are satisfactory, 17 respondents accounting 14.2% are neutral and 20 of the respondents accounting 16.7% responded otherwise in the public hospital. While 60 respondents representing 75% agree and strongly agree to attitude of doctors are satisfactory in the private hospital 16 respondents accounting 20% are neutral and 4 respondents accounting 5% disagree and strongly disagree. Apparently, 83 of the respondents computing 69.2% agree and strongly agree to behavior of nursing staffs is satisfactory in public hospital, 17 respondents computing 14.2% are neutral and 20 respondents computing 16.7% disagree and strongly disagree. While 60 respondents computing 75% agree and strongly agree in the private hospital, 16 respondents computing 20% are neutral and 4 respondents representing 5% disagree and strongly disagree to behavior of nursing staffs is satisfactory.

### 3.2 FURTHER ANALYSIS

#### Hypothesis one

**H<sub>0</sub>:** There is no difference in the relationship of nurses to patients in courteousness in both hospitals.

**H<sub>1</sub>:** There is difference in the relationship of nurses to patients in courteousness in both hospitals.

**Table 3: Independent Samples T-Test on courteousness and relationship**

**Independent Samples Test**

		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference
Medical Staffs are consistently courteous to patients	Equal variances assumed	5.443	.021	-1.213	198	.227	-.192
	Equal variances not assumed			-1.267	191.408	.207	-.192
Relationship of Nurses to patient	Equal variances assumed	1.116	.292	-1.075	198	.284	-.204
	Equal variances not assumed			-1.095	179.572	.275	-.204

**Source: Field data, 2016**

The table 3 compares the relationships of medical staffs courteousness to patients in both hospitals the calculated *P value* is (0.207) and the table value is *P* (0.05), since the calculated value is greater than the table value we accept the Null hypothesis ( $H_0$ ) and reject the Alternative hypothesis ( $H_1$ ) and conclude that medical staffs are not consistently courteous with patients in both hospital. Also comparing the relationships of nurses to patient in both hospitals the calculated p value is (0.284) which is greater than the table value which is p (0.05), hence since the calculated p value is greater than the table value we accept the Null hypothesis ( $H_1$ ) and reject the Alternative hypothesis ( $H_0$ ) and conclude that there is no difference in the relationship of nurses to patients in courteousness in both hospitals.

### Hypothesis Two

**H<sub>0</sub>:** Average perception of diagnostic service in public and private hospital does not differ significantly

**H<sub>1</sub>:** Average perception of diagnostic service in public and private hospital differs significantly.

**Table 4: Independent Samples T-Test on diagnostic service****Independent Samples Test**

		Levene's Test for Equality of Variances		t-test for Equality of Means		Sig. (2-tailed)		Mean Difference
		F	Sig.	T	Df			
Diagnostic Service is good	Equal variances assumed	6.782	0.010	-2.233	198	.027		-.323
	Equal variances not assumed			-2.324	189.733	.021		-.325

**Source: Field data, 2016.**

The table 4 compares the diagnostic service in hospitals, the calculated the sigvalue is (0.027) and the value is  $P$  (0.05), this is less than the  $p$  value we therefore reject the Null hypothesis ( $H_0$ ) and accept the Alternative hypothesis ( $H_1$ ). Hence we can conclude that Average perception of diagnostic service in public and private hospital differs significantly.

**Hypothesis three**

**$H_0$ :** Availability of Diagnostic facilities in both public and private hospital is the same.

**$H_1$ :** Availability of Diagnostic facilities in both public and private hospital is not the same.

**Table 5: Independent Samples T-Test on diagnostic facilities in both hospitals****Independent Samples Test**

		Levene's Test for Equality of Variances	T	df	Sig. (2-tailed)	Mean Difference
Do this hospital have healthy, neat and clean environment	Equal variances assumed	8.490	-2.430	198	.016	-.367
	Equal variances not assumed		-2.567	194.792	.011	-.367
Availability of required drugs in the hospital's pharmacy	Equal variances assumed	13.323	-4.670	198	.000	-.767
	Equal variances not assumed		-4.851	189.052	.000	-.767

**Source: Field data, 2016.**

The table 5 is comparing the availability of healthy, neat and clean environment in both hospitals and since the calculated value of  $P$  which is  $P (0.016)$  is less than the table value  $P (0.05)$  we reject the Null hypothesis ( $H_0$ ) and accept the Alternative hypothesis ( $H_1$ ) and conclude that both public and private hospital do have healthy, neat and clean environment. Also comparing the availability of the required drugs in the hospital's pharmacy in connection with the availability of facilities in both hospitals the calculated  $p$  value which is  $p (0.00)$  is less than the table value  $p (0.05)$  we reject the Null hypothesis ( $H_0$ ) and accept the Alternative hypothesis ( $H_1$ ) and conclude that the availability of the required drugs in the hospital's pharmacy are available in both hospitals.

#### 4. DISCUSSION

The study was about the quality delivery of service between public and private hospitals in Bawku. From the results shows that there is no difference in the relationship of nurses to patients in courteousness in both hospitals. This can be compared with the findings from Chimed-Ochir, O. (2012). It was argued that the consideration of patient satisfaction is an integral part of hospital management. Misunderstanding of patients' needs can lead to underutilization of the existing health facilities and even influence the overall development of the health system negatively.

It is of interest to note that on the diagnostic service in hospitals, the average perception of diagnostic service in public and private hospital differs significantly. This supports the claim of Irfan, S.M. and Ijaz, A. (2011). Their study that compared the quality of healthcare delivered by the public and private hospitals to gain patient satisfaction in Pakistan indicated that private hospitals deliver better quality of services to patients as compared to public hospitals. Comparing the availability of healthy, neat and clean environment in both hospitals are not the same. It is important to note that Ramez, W. S. (2012) indicated that Patients' perception of health care quality, satisfaction and behavioural intention are essential. The findings made mention of responsiveness, empathy and tangible dimensions to have largest influence on the overall service quality. The work also revealed a positive significant relationship between overall service quality, patients' satisfaction and their behavior intention.

The availability of drugs in the facility also influence the choice of clients and not just drugs been available but should not be obsolete. This further informs us that the private hospital have quality availability of drugs than the public hospital based on the findings of the researcher. This is in line with Al-Ghanim, S. A. (2004) study that highlighted the significant factors which prompt patients to utilise private outpatient clinics despite the availability free public centres in Saudi Arabia. Apparently the private hospital has good diagnostic service as compared to public hospital. Service quality and patients satisfaction is getting considerable attentions and this issue is considered in their strategic planning process.

## 5. CONCLUSION

From the results and discussion of the study, conclusion can be drawn that public hospital is easy to locate. Also private hospital has healthy neat and clean environment for patients, Moreover medical staffs are well dress and appear neat than public medical staffs. In addition private hospital has the required drug require by patient at its pharmacy.

Base on the analysis, the research prove that medical staffs are consistently courteous with patients when communicating with them in both private hospital and the public hospital. Also from the analysis the research proves that public hospital have patient interest at heart than private hospital.

Moreover private hospital is well structured for physical challenged elderly and emergency patient to access the hospital than the public hospital. In addition medical specialists are available to patients at private hospital when needed than patient in the public hospital. Also patient spends less time in receiving medical treatment in public hospital than private hospitals. Apparently the private have good diagnostic service than private hospital.

## 5. RECOMMENDATION

Base on the findings of the study, the following recommendations were given

- The management of public hospital should provide enough diagnostic facilities and ensure the proper maintenance of the existing ones.
- Base on the findings, I recommend that in-service training should be organized by management of hospitals enhance the hospital staff and patients relationship.
- Nurses are professional, they should provide services that will enable their patients to have a good perception and use their facilities.

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