

The Assessment of Mothers in Selecting Private and Public Hospital Care for their Child; An Observational Comparative Study to Determine the Motive Behind Predilection

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Abstract

Objective: The aim of this study is to find the preference of mothers towards public or private health care setup for their child health and to identify factors leading to their decision.

Methodology: This was an observational comparative study done for three months using convenient sampling technique. Data was collected from different hospitals in Karachi after ethical approval. A questionnaire with following parameters was designed: Demographics, hospital and treatment outcome between public and private hospitals. Mothers level of education, socio economic status and preference for public or private health for their child health were also documented. Variables behind preference were recorded, that included doctor's attention, sanitary conditions, availability of equipment, management and overall satisfaction and was accessed independently by mothers on scale ranging from excellent to poor. Mothers having one child or more and mothers who can access both public and private hospitals were included. Mothers who received any medication regarding psychological problem and incomplete questionnaires were excluded from this study.

Results: Total 170 mothers were enrolled in the study. Public hospitals were preferred by 74 (43.5%) of mothers, 79 (46.5%) mothers preferred private hospitals for treatment of their children, while 17 (10%) preferred both public and private hospitals. Doctors attention in private and public hospitals was documented to be excellent by 84 (49.4%) and 61 (35.9%) (p-value = 0.016) of mothers respectively. The sanitary condition was documented to be excellent by 42 (24.7%) mothers for private hospital whereas, according to 44 (25.9%) mothers public hospital had good sanitary condition. The private hospital was documented to have good availability of equipment by 74 (43.5%) of mothers. 58 (34.1%) of mothers stated public hospital had good availability of equipment (p-value = 0.005). The overall satisfaction of mothers for private and public hospital was documented as good by 83 (48.8%) and 55 (32.4%), respectively.

Conclusion: This study concluded that public hospitals are preferred by mothers but they get better overall satisfaction after getting their child treatment from private hospital. This predilection is because of comparable doctor attention, low cost of treatment and better outcome for common infectious diseases by public hospitals.

Keywords: Private Hospital; Public Hospital; Preference

Introduction

There has been a longstanding and eminent discussion in global health concerning the appropriate role and balance of the public and private sector in providing healthcare services to populations in low- and middle-income countries [1]. Pakistan has one of the best Public Health infrastructures in Asia, but its poor health statistics point out an obvious lack of quality in care dispensed and implementation of standard principles for better health [2]. Pakistan contributes to 49% of all childhood deaths and is amongst the five countries with highest mortality. Each day almost 500 newborns die in Pakistan and an estimated 216,000 dies before they reach the age of one month [3,4].

A research done to scale lack of care provided to child postulate that incompetence in delivering service by staff as an important factor [5]. This type of decline in quality of care service is the reason of rising frustration among patients [6]. Pakistan follows British Health Care system since 1947. Providing cure is the focus of this system and it is also accountable for preventing diseases in population [7]. The care can be extended through public and private health sectors. Public health care is usually delivered by government hospital systems. Private health care providers include self-employed practitioners, for profit and not for profit hospitals [8].

In past decades, considerable attention was given to Service quality [9,10]. There is an extensive argument on private health sector being more competent, accountable, and workable than public sector in developing countries [11]. The children are silent users of these health services. Hence, the quality of health care for a child is assessed by a mother's response after witnessing the recovery of her child [12]. This study intends to highlight the factors effecting selection towards public and private health care setup. In this study child health was targeted and preference of mothers in selecting health care setup, which they find better for their child, was assessed. The factors leading to mother's decision towards health care setup were also identified.

Materials and Method

This was a comparative observational multicenter study conducted for duration of three months from November 2016 to May 2017 at different hospitals of Karachi. A convenient sampling technique was used. Data was collected after the ethical approval. A questionnaire was designed for the essential parameters that are of concern when selecting the standard of care for their child in which Demographic, hospital and treatment outcome factors and common determinants of health were recorded. 170 Mothers were questioned about their level of education, socio economic status, number of children and their preferred health care center being public or private for their children. Variables behind preference were recorded, that included doctor's attention, sanitary conditions, staff cooperation, availability of equipment, management, hospital support and overall satisfaction. Each variable was accessed independently by mothers on scale ranging from excellent to poor according to them. Mothers having one child or more and mothers who can access both public and private hospitals were included. A verbal consent was taken from all participants. Mothers who were not regular while treatment course, mothers who were admitted to a Mental Health Unit or have received any medication regarding psychological problem and who filled questionnaires incompletely were excluded from this study. Names of participants and care centers were kept confidential.

Data Analysis

The data was entered and analyzed through SPSS version 20.0. Bar charts, pie charts, tables of frequency/percentage were used for Qualitative Variables. Cross tabulation analysis was done with Chi Square. P-value of less than or equal to 0.05 was considered as significant.

Results

Total of 170 mothers were enrolled in the study per the inclusion criteria. The educational status of these mothers was primary in 21 (12.4%), middle in 60 (35.3%), secondary in 52 (30.6%), bachelor in 9 (5.3%) and masters in 28 (16.5%). The mothers who belonged to upper class, upper middle, middle, middle lower and lower socioeconomic status were 7 (4.1%), 50 (29.4%), 85 (50%), 18 (10.6%) and 10 (5.9%) respectively. Out of 170 mothers, 100 (58.8%) had 1-3 children while 70 (41.2%) had 4 - 6 children.

Public hospitals were preferred by 74 (43.5%) of mothers for treatment of their children, 79 (46.5%) mothers preferred private hospitals in this respect, while 17 (10%) preferred both public and private hospitals (Figure 1).

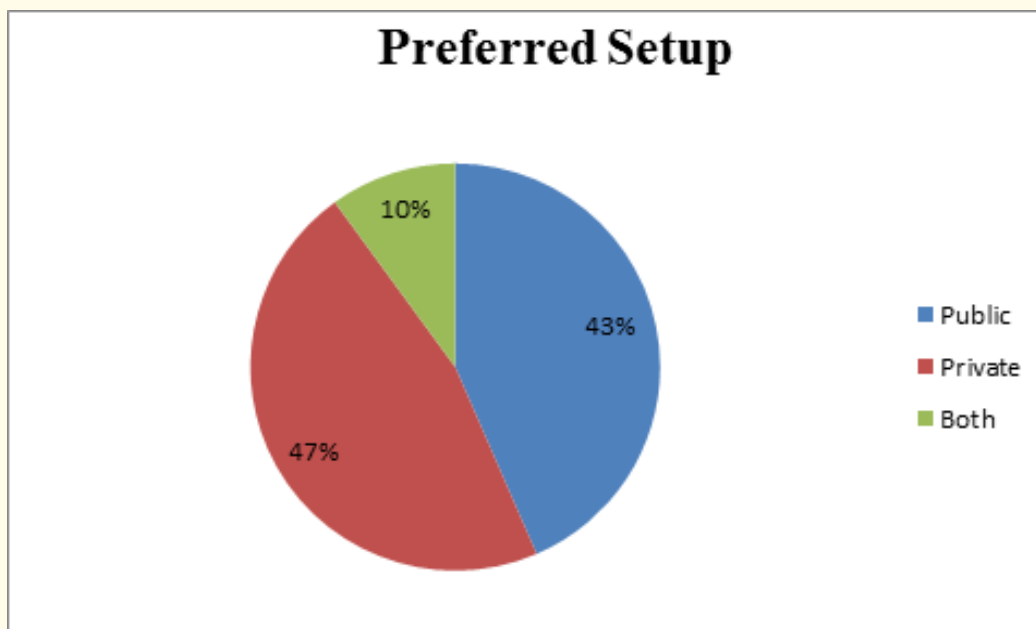


Figure 1: Preferred setup by mothers.

Doctors attention in private hospital was documented to be excellent, good, average, fair and poor by 84 (49.4%), 63 (37.1%), 20 (11.8%), 2 (1.2%) and 1 (0.5%) of mothers respectively. On the other hand, public hospital was rated as having excellent doctor attention by 61 (35.9%) (p-value = 0.016). The sanitary condition was documented by mothers to be excellent 42 (24.7%), good 85 (50%), average 28 (16.5%), fair 12 (7.1%) and poor 3 (1.8%) for private hospital whereas according to 30 (17.6%), 44 (25.9%), 25 (14.7%), 32 (18.8%) and 39 (22.9%) of mother’s public hospital sanitary was referred as excellent, good, average, fair and poor respectively (p-value = 0.014). Staff cooperation was ranked as excellent, good, average, fair and poor by 50 (29.4%), 75 (44.1%), 32 (18.8%), 10 (5.9%), 3 (1.8%) mothers for private hospitals. The public hospital was rated as being excellent, good, average, fair and poor by 40 (23.5%), 47 (27.6%), 39 (22.9%), 29 (17.15%), 15 (8.8%) of mothers respectively (p-value = 0.024). The private hospital was documented to have excellent, good, average, fair and poor availability of equipment by 42 (24.7%), 74 (43.5%), 40 (23.5%), 11 (6.5%) and 3 (1.8%) of mothers respectively. The public hospital was stated to have excellent, good, average, fair and poor availability of equipment by 26 (15.3%), 58 (34.1%), 39 (22.9%), 27 (15.9%) and 20 (11.8%) of mothers (p-value = 0.005). The private hospitals management was rated to be excellent, good, average, fair and poor by 43 (25.3%), 80 (47.1%), 29 (17.1%), 15 (8.8%) and 3 (1.8%) of mothers while for public hospital it was 23 (13.5%), 57 (33.5%), 41 (24.1%), 31 (18.2%) and 18 (10.6%) respectively (p-value = 0.005). Hospital support in private hospital was excellent, good, average, fair and poor according to 51 (30%), 70 (41.2%), 30 (17.6%), 15 (8.8%) and 4 (2.4%) of mothers respectively. On the other hand, public hospital was rated as excellent, good, average, fair and poor by 35 (20.6%), 48 (28.2%), 24 (14.1%), 38 (22.4%) and 25 (14.7%) of mothers (p-value= 0.16). The feedback system of private hospital was stated to be excellent, good, average, fair and poor by 52 (30.6%), 70 (41.2%), 25 (14.7%), 18 (10.6%) and 5 (2.9%) of the mothers. Whereas, for public hospital, it was rated as excellent, good, average, fair and poor by 21 (12.4%), 54 (31.8%), 29 (17.1%), 37 (21.8%) and 29 (17.1%) of mothers (p-value = 0.003) (Table 1).

Variable n		Excellent		Good		Average		Fair		Poor		P-Value
		(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	
Doctors Attention	Private Hospital	84	49.4	63	37.1	20	11.8	2	1.2	1	0.5	0.016
	Public Hospital	61	35.9	40	23.5	38	22.4	24	14.1	7	4.1	
Sanitary Conditions	Private Hospital	42	24.7	85	50.0	28	16.5	12	7.1	3	1.8	0.014
	Public Hospital	30	17.6	44	25.9	25	14.7	32	18.8	39	22.9	
Staff Cooperation	Private Hospital	50	29.4	75	44.1	32	18.8	10	5.9	3	1.8	0.024
	Public Hospital	40	23.5	47	27.6	39	22.9	29	17.1	15	8.8	
Availability of Equipment	Private Hospital	42	24.7	74	43.5	40	23.5	11	6.5	3	1.8	0.005
	Public Hospital	26	15.3	58	34.1	39	22.9	27	15.9	20	11.8	
Management	Private Hospital	43	25.3	80	47.1	29	17.1	15	8.8	3	1.8	0.005
	Public Hospital	23	13.5	57	33.5	41	24.1	31	18.2	18	10.6	
Hospital Support	Private Hospital	51	30.0	70	41.2	30	17.6	15	8.8	4	2.4	0.16
	Public Hospital	35	20.6	48	28.2	24	14.1	38	22.4	25	14.7	
Feedback System	Private Hospital	52	30.6	70	41.2	25	14.7	18	10.6	5	2.9	0.003
	Public Hospital	21	12.4	54	31.8	29	17.1	37	21.8	29	17.1	

Table 1: Private and public hospital comparison.

The overall satisfaction of mothers in private hospital was documented to be excellent, good, average, fair and poor by 47 (27.6%), 83 (48.8%), 24 (14.1%), 12 (7.1%) and 4 (2.4%) of mothers respectively and for public hospital, it was rated as excellent, good, average, fair and poor by 17 (10%), 55 (32.4%), 39 (22.9%), 30 (17.6%) and 29 (17.1%) respectively (Figure 2).

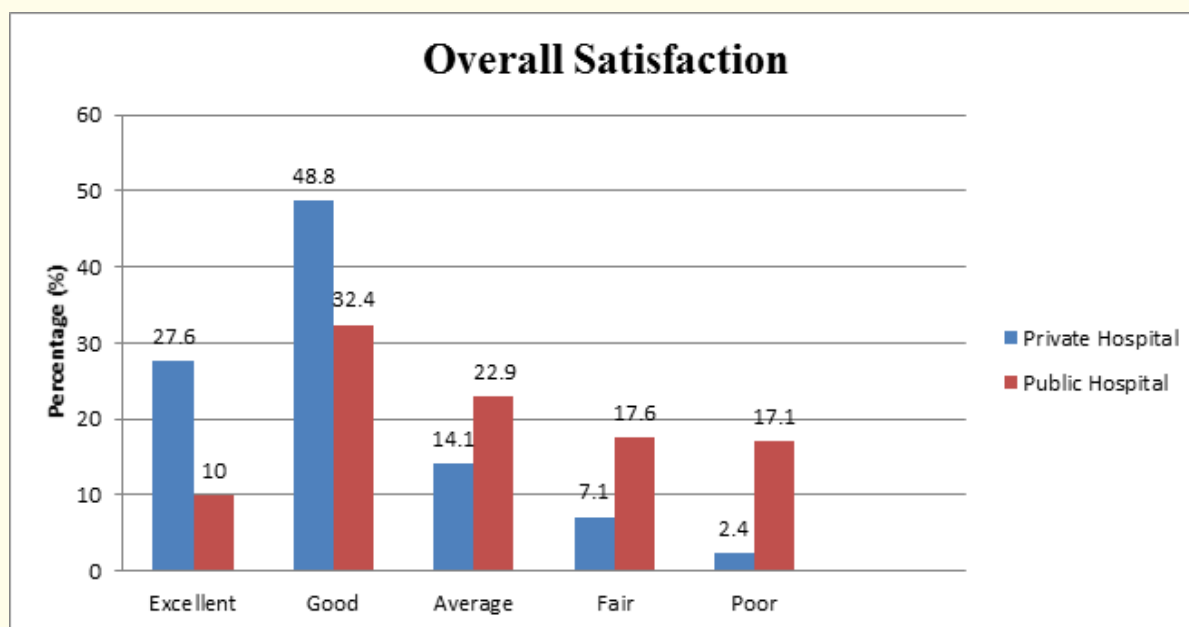


Figure 2: Overall satisfaction with hospital.

Discussion

The variations in the spectrum of diseases, newer therapies and perception of patients has formulated that care is an entirely different from cure nowadays. Service quality is gaining importance in health sector along with treatment modalities. Patient is at stake with most of medical procedures. In this regard, preference towards private or public hospital for treatment is right of patients.

A research in Nigeria showed optimistic response for both healthcare systems as perceived quality [13]. The study in urban China population displayed a high disposition to obtain health care from the public providers of health care [14]. In our study, Public hospitals were preferred by 74 (43.5%) of mothers for treatment of their children. 79 (46.5%) mothers preferred private hospitals in this respect, while 17 (10%) would select both setups.

Private doctors were well-mannered than public doctors. The patient-centered care in private doctor's consultation was high as compared to public sectors [15]. In some studies, patients reported public hospitals to have worst hospitality than private health sectors [16-19].

In our study, the sanitary condition was documented to be excellent and good in private hospital by 42 (24.7%), good 85 (50%) mothers. In public hospital majority stated it to be good and poor, 44 (25.9%) and 39 (22.9%) respectively. Our study is in cognition with another study stating that public hospitals seem to be in a much worse condition compared to the private hospitals regarding cleanliness of the hospital [20]. Another study by Zarei, *et al.* reported that there was large gap in the clean environment, adorned and groomed staff, adequate physical resources and facilities such as furniture, toilets, and bathrooms in two setups [20].

In our study, Staff cooperation was ranked to be excellent, good by 50 (29.4%), 75 (44.1%) mothers for private hospital and 40 (23.5%), 47 (27.6%) for public hospitals.

The private hospital was documented to have good and average availability of equipment's by 74 (43.5%) and 40 (23.5%) of mothers. While, 58 (34.1%) and 27 (15.9%) mothers stating it to be good and fair in public hospital (p-value = 0.005). A survey based study in Bangladesh on availability of certain medical equipment's, diagnostic explanation, courtesy of staff and capacity of building ranked public providers lower than private providers [22]. A contradictory study stated worse standards in private than public sector care providers in regard to diagnostic accuracy [23,24]. The reliability coefficient, Cronbach Alpha of the third construct, including availability of labs and pharmacy within the hospital premises, hygienic conditions, sterilization of equipment's, healthy environment, waiting facility for patients, healthy and clean environment was (0.82) and (0.86) for public and private hospitals, respectively [21].

The private hospitals management was rated to be excellent, good while public hospital was good and average as stated by 43 (25.3%), 80 (47.1%) and 57 (33.5%), 41 (24.1%) mothers concerning their children health, respectively (p-value = 0.005). The assessment and investigations carried were comparable in both setups. The public sector performed better in areas that required less resources and had slightly better treatment and management but outcomes were poor. Where the public sector did worse than the private sector was mostly in areas where the private sector has the advantage of more resources, particularly equipment and supplies [25]. A study with contradictory conclusion stated respondents were much likely to select public hospitals than private hospitals for surgery. The factors like cost of surgery, waiting times for surgery, convenience, and conditions of the hospital ward were taken into consideration by patients [26]. Drug availability and aspects of delivery of care, including responsiveness and effort, and possibly being more client orientated were better in private sector [1]. In another study, majority of the respondent availing facilities from private hospitals perceive that private hospitals are providing better services to their patients as compare to the government hospital [27].

Concerning the feedback system of private hospital, it was excellent and good according to 52 (30.6%), 70 (41.2%) mothers. Public feedback was mostly sated to be good 54 (31.8%) and average 29 (17.1%), (p-value = 0.003). Lack of feedback mechanism showed a low

commitment level towards their responsibilities by public hospitals as compare to the private hospitals [21]. In one of the study it was found that inpatients in the private hospitals were more satisfied with doctors, nurses and supportive services than their counterparts in the public hospitals [28]. In another study, the satisfaction level of patients at private hospital was higher and people generally preferred private hospitals as they are considered clean, offer the best-qualified doctors and provide good services and facilities [29]. A study signified private hospital satisfaction greater than public hospital for patients. Patient satisfaction was higher in private as compared to public-sector hospitals respectively [30]. A study conducted to measure the patient's satisfaction in Pakistan reported that public hospitals in Islamabad are providing better quality of services to patients as compare to private hospitals [31]. The findings of the above studies are consistent with our study in which the overall satisfaction was higher in private hospitals as compared to public.

The importance of these services by public and private organizations are overwhelming and a straight demarcation of any one being better than other cannot be restrained. This has led to a mindset that private care centers provide better facilities and have better outcomes in terms of recovery from disease. Private hospitals in Pakistan are making better efforts as compared to the public hospitals. However, the number of patients in government hospitals and the workload on individual doctors is much higher as compared to the private hospitals leading to the difference of the opinion of the patients.

The qualitative approach of our study has warranted that we have registered general perception of the public and private hospitals in Pakistan. Nevertheless, the study might be limited due to observer and selection bias. Reflecting the views of the mothers and to what range they are consistent with the different categories of the socioeconomic status of mothers would be enlightening to assess the efficiency of both private and public hospitals.

Conclusion

This study conclude that public hospitals are preferred by mothers for their children when considering treatment options. This predilection is because of comparable doctor attention, low cost of treatment and better outcome for common infectious diseases by public hospitals. However, private hospitals had greater overall satisfaction response after treatment. This was because of clean environment, better hospital management, improved feedback and advanced equipment.

Recommendation

Despite this it is stated that there is some difference in quality of health care delivered by these two systems. Moreover, continuous development should be made by both sectors to oblige patients with successful conclusion and improve overall health of community.

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