

Patients' Perceptions about Quality of Nursing Care Services Public versus Private Hospitals Lahore

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Abstract: During the current era the patients are too much demanding and always asking for quality services. Their expectations are raised and demand for optimal care from any health care setup. These high expectations from the hospitals result into a tough competition among the hospitals to work for excellence. As a result, health organizations in all sectors have been competing with each other in provision of service quality and customer satisfaction (Pinna *et al.*). The main purpose of this study was to assess, Patients' perceptions about quality of nursing care services public versus private hospitals Lahore. To assess the Patients' perceptions about quality of nursing care services public versus private hospitals Lahore. A cross sectional descriptive survey was performed to analyze patients' perceptions about quality of nursing care services. A convenient sample of n=200 was used to collect the information. A structured questionnaire with demographic variables and causes variables was applied. The data was analyzed on SPSS version 22. Independent "T" and ANOVA were applied to analyze the findings. According to the findings of this study, only 26.5% of the study participants were poorly satisfied from the care of the hospitals while remaining 73.5% were highly satisfied from the hospital care. The purpose of this study was to assess the satisfaction level of patients from nursing care at public and private hospitals. Overall result shows that the satisfaction level was satisfactory for majority of the study participants.

Keywords: Patients' perceptions, Quality of Nursing care, Private Hospital, Public Hospital.

INTRODUCTION

The health care system and its success is totally based on the successful treatment and satisfaction of patients. Thus along with the passage of time there is a shift in patients Doctors' role from the traditional one to the holistic patients care. A quality holistic care, not focusing only on cure, will lead to patients' satisfaction in every kind of health care facility, whether it is public hospital or private hospital. This patients' satisfaction is the leading cause of success of health care agencies in the world [1].

It has become a fact that Doctors and nurses are no more in the power to impose their own thinking on the patients against the patients will. Currently in the revolutionize medical era, the patients are given the rights to share their decision in their treatment with the health care team. The patients' involvement and their satisfaction is given a worthy position and is carried in the form of informed consent where the decision of clients is respected to a maximum point [2].

Patient satisfaction during treatment in the hospital is a multidimensional issue, which needs a

greater focus from the health professionals such as nurses and doctors. For example, if the time spent with doctors and nurses at hospital was quality, where the behaviour of health professionals was positive towards patients will lead to patients' satisfaction. If the patients are satisfied, their quality of life can be improved through effective adherence and compliance to the treatment process [3].

The customers or patients are the key players to evaluate the measurement of services and quality of care provided by the doctors and nurses. The satisfaction of patients is totally dependent on the quality of services. If the patients and their family perceive that the health services were good and efficient then it will boost their level of satisfaction [4].

It is believed that Patient's perceptions of the care and cure from a hospital and their satisfaction from the care provided are the true measures for measuring the quality of services provided at the hospitals. Thus it is highly needed to measure the satisfaction at different health care organizations such as public and private. Both private and public hospitals

must be measure to see their status for patient's satisfaction from their care and treatment [5].

It is suggested that high customer satisfaction occurs as result of high service quality. The patients and their families make their perception of satisfaction from the services quality provided by the hospitals. If they are satisfied from the quality of services of the current hospital whether it is public or private, they will choose the services again and again. Best services quality can bring their consumers back to choose their health care setup for future treatment [6]. Quality of the Service from different health sectors must be investigated in the form of their clients' satisfaction and positive perceptions on regular basis, which might further improve their performances [7].

Pakistan is a developing country and has so many challenges to achieve the high quality services in the care provision. There are many public and private hospitals in every part of the country. All strive to provide a quality care to their clients but still no satisfaction is achieved. There are so many policies introduce to improve the quality of their care to achieve satisfaction of the patients and have some positive perceptions about the health care setups in the country [8].

In our region there is need to generate some empirical evidences on the patients satisfaction. So, this study is conducted to see the comparison of level of satisfaction between private and public hospitals [9].

Patient outcomes and recovery is highly related to their satisfaction from the services they have received during their stay at hospitals. It is important to have a clear measurement of patients' satisfaction from the hospitals they are staying. There is need to develop a clear comparison between the private and public sectors where it will help to estimate the effectiveness of treatment received at public versus private hospitals [10].

A study found that patients with high financial condition selected private hospitals to get treatment as compare to poor who more commonly selected public hospitals for treatment ($p=0.038$). Overall the perceptions about hospitalization at public hospitals was found negative and those who were hospitalized at public hospitals in the past had different perceptions than those who hospitalized in both public hospitals and private hospitals in the past ($p<0.001$) [11].

In another previous study it was found that, (63.9%) participants were from public hospitals while (36.1%) were from private hospitals). The result of the study reveals that patients who got treatment at the private health care setups were having greater satisfaction than those who were admitted at the public

hospitals. It was stressed that all the private hospitals adjust their services quality according to their customers financial status and requirements [2].

Another study studied the perspective of patients regarding different parameters of hospitals services. These parameters include of proper medical equipment, facilities at the level of patients and their families, availability of qualified and experienced doctor and nurses, suitable waiting time for patients to receive services, quick reception of patients and access required doctors. It was found that the public and private hospitals were having significant differences I all above mentioned services ($p < 0.05$) [12].

According to another study a significant difference was found for physical environment between public hospitals (3.47 ± 0.67) and private hospitals (3.72 ± 0.75) with ($p = 0.01$). The physical environment of the private hospitals was found better as compare to the public health care systems. The realm of empathy shows that the average quality of health services of public hospitals was found higher but the result were not significant. Furthermore linear regression result shows that waiting time of patients to receive services, nature of health care setups, types of health care services, education of clients, and the participants' occupation were found to have significant relationship with their perceptions of quality of health care services ($p < 0.05$) [12].

Results of a previous survey reveal that the tangible effects of public hospitals were under rated and not up to the standard and did not have any visible impact. They seems failed to deliver quality of services [13]. It was found from another study that all private hospitals or combined military hospitals provide more attention to their services quality. They were found more satisfactory in terms of services quality of care as compare to public hospitals [5].

AIMS OF THE STUDY

The aim of this study is to compare the perceptions of quality of health services in both public and private sectors from the perspective of patients in Lahore

SIGNIFICANCE OF THE STUDY

If there is better understanding among the consumers/clients regarding the quality of health care services, then it can influence the administrators and service providers to improve the standards. Based on low satisfaction among the clients, the weaker aspects of health care agencies can be improved. With continuous monitoring of patient satisfaction, perceptions and improvements based on patient feedback, quality of care and patient satisfaction will improve. Especially the comparison between public and private hospital will further improve the

competition among the health care systems in the country and region.

METHODS

SETTING

The study was conducted at all medical and surgical units of the Jinnah and National hospital Lahore. One public and one private hospital was selected to have a comparison

RESEARCH DESIGN

A cross-sectional descriptive study design was used to conduct this study. Perceptions or Satisfaction of patients regarding care provided was assessed from both the public and private hospitals.

POPULATION

The patients admitted at the medical and surgical wards of the selected hospitals such as Jinnah hospital Lahore and National Hospital Lahore were studied during this survey

SAMPLING

A convenient sampling method was applied to take a sample from both the public as well as private hospital at Lahore. A sample of $n = 200$ was selected from both hospitals. A sample of 100 patients from National hospital and 100 participants from Jinnah hospital was selected.

RESEARCH INSTRUMENT

The standard adopted questionnaire was used to collect data. The questionnaire was adopted from 'comparison of service quality between private and public hospitals: empirical evidences from Pakistan' [14]. The questionnaire consisted of two parts, the demographic variables (education, age, place of receiving services, and kind of receiving services public or private) and the main question regarding five dimensions of service quality (physical, reliability, responsiveness, assurance, and empathy). The questionnaire contained 22 questions to determine

people's perceptions of which physical, reliability, and responsiveness have four questions each, and assurance and empathy five questions each. Quality of services was calculated based on a five-item Likert scale from very good to very bad. The type of sections to refer for receiving services was a question with two answers, including public and private sectors, in the questionnaire.

DATA GATHERING PROCEDURE

The questionnaires were distributed among the participants in printed form with Urdu translation, where they answered all the questions according to their own understanding. A time of about 25-30 minutes was given to fill the questionnaires. Then the filled questionnaires were collected.

METHODS USED TO ANALYZE DATA

Statistical analysis Data analysis was done by SPSS software 21.00. Findings were presented in the form of tables, graphs, through frequency, percentage, and averages etc. Independent T test was performed to compare the difference of care at government and private hospital.

STUDY TIMELINE

The data was collected from February, 2018 to May, 2018.

ETHICAL CONSIDERATION

Approval was taken from the ethical committee of National College of Nursing Lahore. Then permission from the concern organization was taken. Participants were given an informed consent and their participation will be voluntary. Confidentiality was maintained. The participants were free to withdraw from the study at any point in time.

RESULTS

PROFILE OF THE RESPONDENTS

Respondents were taken from different selected groups of private and public hospital.

Table-1: Demographic frequency

Variables	Number (n)	Per cent
Age		12.0%
Less than 20 years	24	33.0%
21-30 years	66	37.0%
31-40 years	74	18.0%
Above 40 years	36	
Education		9.0%
Illiterate	18	16.0%
Primary	32	33.0%
Secondary	66	44.0%
Graduation and above	84	
Hospital of Care		
Private Hospital	100	50.0%
Public Hospital	100	50.0%

The above table shows that in response to a questionnaire filled by 200 participants, 12% were less than 20 years, 33% were between 21-30 years, 37% were between 31-40 years, and 18% were above 40 years of age. The above table also shows that in response to a questionnaire given to 200 participants,

9% were illiterate, 16% have primary education, 33% have secondary education and, 42% have graduation and above in terms of qualification. The above table shows that 50% of participants have private hospital treatment and 50% having public hospital treatment.

Table-2: Frequency and percentage of Patients satisfaction

S. NO	Statement	Very bad		Bad		Average		Good		Very Good	
		N	%	N	%	N	%	N	%	N	%
	Physical										
1.	Appropriate and clean environment	4	2.0	7	3.5	32	16.0	89	44.5	68	34.0
2.	Appropriate appearance of doctors and staff	2	1.0	7	3.5	18	9.0	88	44.0	85	42.5
3.	Appropriate equipment and devices	3	1.5	5	2.5	30	15.0	83	41.5	79	39.5
4.	Providing appropriate facilities	2	1.0	5	2.5	35	17.5	85	42.5	73	36.5
	Reliability	Very bad		Bad		Average		Good		Very Good	
		N	%	N	%	N	%	N	%	N	%
5.	Service without delays	4	2.0	8	4.0	54	27.0	90	45.0	44	22.0
6.	Performing service in the promised time	1	0.5	9	4.5	34	17.0	96	48.0	60	30.0
7.	Staff and doctors competent	0	0.0	3	1.5	30	15.0	75	37.5	92	46.0
8.	Explain health condition, diagnosis and treatment in understandable way	3	1.5	4	2.0	25	12.5	93	46.5	75	37.5
	Responsiveness	Very bad		Bad		Average		Good		Very Good	
		N	%	N	%	N	%	N	%	N	%
9.	Reliable behavior of doctors	0	0.00	5	2.5	34	17.0	88	44.0	73	36.5
10.	Willingness to fix the patient's problem	2	1.0	4	2.0	57	28.5	93	46.5	44	22.0
11.	Appropriate waiting time	3	1.5	12	6.0	40	20.0	93	46.5	52	26.0
12.	Appropriate and fast receptions	7	3.5	11	5.5	42	21.0	71	35.5	69	34.5
	Assurance	Very bad		Bad		Average		Good		Very Good	
		N	%	N	%	N	%	N	%	N	%
13.	Friendly behavior from staff and doctors	2	1.0	5	2.5	34	17.0	97	48.5	62	31.0
14.	Access to related doctor	3	1.5	16	8.0	45	22.5	80	40.0	56	28.0
15.	Respectful toward patient	1	0.5	3	1.5	31	15.5	86	43.0	79	39.5
16.	Provide privacy during treatment	7	3.5	8	4.0	26	13.0	68	34.0	91	45.5
17.	Reply to answer questions	1	0.5	6	3.0	32	16.0	95	47.5	66	33.0
	Empathy	Very bad		Bad		Average		Good		Very Good	
		N	%	N	%	N	%	N	%	N	%
18.	Quickly resolving problems of patients	2	1.0	9	4.5	50	25.0	86	43.0	53	26.5
19.	Receive feedback from patients	1	0.5	6	3.0	33	16.5	91	45.5	69	34.5
20.	Access in services at all times	2	1.0	10	5.0	39	19.5	85	42.5	64	32.0
21.	Willingness to help patients	3	1.5	4	2.0	35	17.5	91	45.5	67	33.5
22.	Understanding patients' specific needs	1	0.5	8	4.0	25	12.5	93	46.5	73	36.5

According to descriptive analysis of Table 2 shows that Of 1st category Physical, in response to a question that Appropriate and clean environment, 2% of the participants said very bad, 3.5% said it was bad, 16% of the study participants said it was average, 44.5% participants said it was good and 34% participants stated it was very good. in response to a question that Appropriate appearance of doctors and staff, 1% of the participants said very bad, 3.5% said it was bad, 9.0% of the study participants said it was average, 44.0% participants said it was good and 42.5%

participants stated it was very good. in response to a question that Appropriate and equipment and devices, 1.50% of the participants said very bad, 2.50% said it was bad, 15% of the study participants said it was average, 41.5% participants said it was good and 39.5% participants stated it was very good. in response to a question that Providing appropriate facilities, 1.00% of the participants said very bad, 2.50% said it was bad, 17.50% of the study participants said it was average, 42.50% participants said it was good and 36.50% participants stated it was very good.

In second category reliability, in response to a question that Service without delays, 2.00% of the participants said very bad, 4.0% said it was bad, 27.0% of the study participants said it was average, 45.0% participants said it was good and 22.0% participants stated it was very good. in response to a question that Performing service in the promised time, 0.5% of the participants said very bad, 4.50% said it was bad, 17.0% of the study participants said it was average, 48.0% participants said it was good and 30.0% participants stated it was very good. in response to a question that staff and doctors competent, 0% of the participants said very bad, 1.50% said it was bad, 15.0% of the study participants said it was average, 37.50% participants said it was good and 46.0% participants stated it was very good. in response to a question that explain health condition, diagnosis and treatment in understandable way, 1.50% of the participants said very bad, 2.0% said it was bad, 12.50% of the study participants said it was average, 46.50% participants said it was good and 37.50% participants stated it was very good.

In third category Responsiveness, in response to a question that Reliable behavior of doctors, 0% of the participants said very bad, 2.5% said it was bad, 17.0% of the study participants said it was average, 44.0% participants said it was good and 36.50% participants stated it was very good. in response to a question that willingness to fix the patient's problem, 1.00% of the participants said very bad, 2.0% said it was bad, 28.5% of the study participants said it was average, 46.50% participants said it was good and 22.0% participants stated it was very good. in response to a question that Appropriate waiting time, 1.50% of the participants said very bad, 6.0% said it was bad, 20.0% of the study participants said it was average, 46.50% participants said it was good and 26.0% participants stated it was very good. In response to a question that Appropriate and fast receptions, 3.50% of the participants said very bad, 5.50% said it was bad, 21.0% of the study participants said it was average, 35.50% participants said it was good and 34.50% participants stated it was very good.

In fourth category Assurance, in response to a question that friendly behavior from doctor and staff, 1.00% of the participants said very bad, 2.50% said it was bad, 17.0% of the study participants said it was average, 48.50% participants said it was good and 31.50% participants stated it was very good. in response to a question that access to related doctor, 1.50% of the participants said very bad, 8.0% said it was bad, 22.50% of the study participants said it was average,

40.0% participants said it was good and 28.00% participants stated it was very good. in response to a question that respectful towards patient, 0.50% of the participants said very bad, 1.50% said it was bad, 15.50% of the study participants said it was average, 43.0% participants said it was good and 39.50% participants stated it was very good. in response to a question that provision of privacy during treatment, 3.50% of the participants said very bad, 4.0% said it was bad, 13.0% of the study participants said it was average, 34.0% participants said it was good and 45.50% participants stated it was very good. in response to a question that reply to answer questions, 0.50% of the participants said very bad, 3.0% said it was bad, 16.0% of the study participants said it was average, 47.50% participants said it was good and 33.0% participants stated it was very good

In 5th category Empathy, in response to a question that quickly resolving problems of patients, 1.0% of the participants said very bad, 4.50% said it was bad, 25.0% of the study participants said it was average, 43.50% participants said it was good and 26.50% participants stated it was very good. in response to a question that receiving feedback from patients, 0.5% of the participants said very bad, 3.00% said it was bad, 16.50% of the study participants said it was average, 45.50% participants said it was good and 34.50% participants stated it was very good. in response to a question that access in services all times, 1.0% of the participants said very bad, 5.00% said it was bad, 19.50% of the study participants said it was average, 42.50% participants said it was good and 32.00% participants stated it was very good. in response to a question that willingness to help patients, 1.50% of the participants said very bad, 2.00% said it was bad, 17.50% of the study participants said it was average, 45.50% participants said it was good and 33.50% participants stated it was very good. in response to a question that understanding patient's specific needs, 0.50% of the participants said very bad, 4.00% said it was bad, 12.50% of the study participants said it was average, 46.50% participants said it was good and 36.50% participants stated it was very good.

The above table shows that p value is .000, which means that different groups such as physical, Reliability, assurance, empathy have differences in their mean satisfaction score among the patients' participants. The multiple comparison table shows that Empathy and Assurance categories have a significant difference with the Physical, Reliability and responsiveness of the participants in their satisfaction from care at the hospitals.

Table-3: T test for Comparisons

		t-test for Equality of Means					
		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
							Lower Upper
	Equal variances assumed	-8.788	198	.000	-14.690	1.672	-17.987 -11.393
	Equal variances not assumed	-8.788	184.781	.000	-14.690	1.672	-17.988 -11.392

The above table of independent T test result reveals that the level of satisfaction among the patients at the two different categories was different. The p value .000 indicates that there is significant difference in the satisfaction level of private versus public hospital at Lahore. The mean satisfaction score at Public hospital was found 96.55 ± 10.117 which is greater than the satisfaction mean score of Private hospitals 81.86 ± 13.308 as shown in above tables.

ANOVA						
ANOVA.Score						
	Sum of Squares	df	Mean Square	F	Sig.	
Between Groups	4012.294	4	1003.073	103.133	.000	
Within Groups	9677.425	995	9.726			
Total	13689.719	999				

DISCUSSION

According the findings of this study, only 26.5% of the study participants were poorly satisfied from the care of the hospitals while remaining 73.5% were highly satisfied from the hospital care.

According to another study, overall the perceptions about hospitalization at public hospitals was found negative and those who were hospitalized at public hospitals in the past had different perceptions than those who hospitalized in both public hospitals and private hospitals in the past ($p < 0.001$) [11].

Moreover during this study, the public hospitals were found to be worst and were not adhering to their national malaria treatment standards (14% versus 27%, $p = 0.002$) [15]. The result of the study reveals that patients who got treatment at the private health care setups were having greater satisfaction than those who were admitted at the public hospitals. It was stressed that all the private hospitals adjust their services quality according to their customers financial status and requirements [2].

According to this study result shows that p value is .000, which means that different groups such as physical, Reliability, assurance, empathy have differences in their mean satisfaction score among the patients' participants. The multiple comparison tables shows that Empathy and Assurance categories have a significant differences with the Physical, Reliability and responsiveness of the participants in their satisfaction from care at the hospitals.

According to another study a significant difference was found for physical environment between public hospitals (3.47 ± 0.67) and private hospitals (3.72 ± 0.75) with ($p = 0.01$). The physical environment of the private hospitals was found better as

compare to the public health care systems. The realm of empathy shows that the average quality of health services of public hospitals was found higher but the result were not significant [12].

The T test result of this study reveals that the level of satisfaction among the patients at the two different categories was different. The p value .000 indicates that there is significant difference in the satisfaction level of private versus public hospital at Lahore. The mean satisfaction score at Public hospital was found 96.55 ± 10.117 which is greater than the satisfaction mean score of Private hospitals 81.86 ± 13.308 as shown in above tables.

A previous study conducted both at private and public hospital patients reveals that the mean patient satisfaction score among the patients of private hospitals was high (121.94 ± 20.84) than that of public sector hospitals (104.97 ± 18.51) with significant p value ($p < 0.001$).

The public hospitals were among the best hospitals of the the country and had association with top class medical colleges. The doctors were found to be more qualified and expert among the public hospitals at Pakistan [14].

Results of another study suggest that patients at the private hospitals were more satisfied towards technical dimensions of services quality as compared to public hospitals. Further, it was also found that patients of the private hospitals experienced more positive emotional attachment with the health professionals that the public hospitals. There were overall positive perception to be readmitted and revisit the private hospitals in the future whereas the intension to be re admitted in the public hospital was low [16].

LIMITATIONS

- Less sample size 200 due to which, the findings cannot be generalized.
- Time was too short, to see any prospective events or detailed associations of awareness and practices
- Convenient sampling technique was used which may have some biasness

CONCLUSION

A country (Pakistan) which is ranked lower in Human Development Index HDI Report, 2014 these study outcomes portraits a picture of healthcare facilities in it. It is found that patients have higher expectations in private sector due to higher costs they are paying off. Although the private sectors have better numeric results, still there is a need of improvement every time.

Continuous improvement using patient's feedback is necessary in the modern world for the betterment of healthcare facilities, and making them well equipped & up to date. A regular and critical feedback is necessary from public hospitals to make the things better and feasible for the patient care. Further, responsiveness and empathetic values can be increased by the value-added rewards and facilities to healthcare workers. These study finding can be a hint to major stakeholders in healthcare system. Pakistan, having a scarcity of resources and lowest position in HDI ranking needs much efforts to develop a robust model of care for both in private and public hospitals. The international systems like Canadian Healthcare, Scandinavian Health care, World Health Organization (WHO) etc. can be benchmarked and adopted to improve the healthcare system in Pakistan.

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