

Investigating Patient Satisfaction Level in Government and Private Allopathic Health Facilities of Uttar Pradesh, India

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Abstract

Purpose – The purpose of this paper is to identify and investigate about the satisfaction of people towards the government and private health care sector of Uttar Pradesh.

Design/Methodology/Approach – The data related to the study is collected from various government website, research database and articles. The data is gathered from field itself and collected data will also be analyzed through various statistical techniques in order to investigate that whether public and private health care sector differ in their services and administration as well as the satisfaction difference between two. Hence, the qualitative and quantitative methodology will be used to explore the facts.

Findings – The study will examine various loopholes in the functioning of public and private health care sector including private capacities and public inability in existing system. Paper will also assess the perspectives of beneficiaries on quality improvement, price affordability and service attributes.

Implications: The study will boost public and private sector to provide specialized management capacity and will enable the delivery of new technology developed by private entities and will examine the benefits for the reduction in the size of the public agency and the substitution of private sector resources.

Scope – The present study will explore the data and facts gathered from various sources so it will present the aspects of various patients towards present health care sector. Further scope of the study can reveal true picture of the facilities and constraints involved in Public and Private health care services.

Keywords: Public and Private Health care services, service attributes of services

Paper Type: Empirical study

Introduction:

With the rapid growth of the Indian economy in recent times and the changing demographics and socio-economic mix of the Indian population, there has been an immense change to the healthcare requirements in the country. Over the years, the public and private sectors have helped in addressing the health needs of the country and made good India's progress on key health indicators like life expectancy and infant mortality. Today, the healthcare system in India faces a challenge in raising the service quality and ensuring equitable access to people while simultaneously gearing up its capabilities to tackle the changing disease incidence profiles. This challenge needs to be addressed through a concerted effort of both public and private sectors by their agreeing on suitable public policy initiatives, which incentivize financing and provision of healthcare, and thereby

increase healthcare access to the people. The role of an effective public policy is critical here, since it is the public policy, which influences the manner in which a nation’s healthcare resources and funds are collected, allocated and utilized as well as the extent to which the services are developed, distributed and accessed. It is widely accepted that the deficiencies in public sector health system can only be overcome by significant reforms. The need for reforms in India’s health sector has been emphasized by successive plan documents & national health policy and by international donor agencies. The World Bank (2003), which has been catalytic in initiating health sector reforms in many states, categorically emphasized:

Now is the time to carry out radical experiments in India’s health sector, particularly since the status quo is leading to a dead end. However, it is evident that there is no single strategy that would be best option. The proposed reforms are not cheap, but the cost of not reforming is even greater.

Though the public health services infrastructure is widespread, starting with sub-centers, primary health centers, community health centers, secondary level district hospitals, up to medical colleges, the quality of these are not uniform and subject to regional vagaries. The table 1 below provides a structural picture of the Indian healthcare system.

Table 1 Structure of Indian Healthcare System

Stage of Healthcare	Demand of Healthcare
Primary Care	The basic healthcare facilities for common and minor ailments and where anticipation is most valuable; Demand is the maximum in this sector
Secondary Care	Healthcare amenities that need constant medical attention including short period of hospitalization; Demand is moderate
Tertiary Care	Conditions requiring care from specialized clinicians and facilities; Demand requirements are highly specialized and thus minimal

Better facilities and overall improvement in healthcare has led to increase in life expectancy and the population is expected to touch 1.27 billion by 2016. This would put a lot of stress on the existing healthcare infrastructure in the country. In addition, the changing demography and socio-economic mix are altering the population’s disease profile and increasing the incidence of lifestyle diseases like diabetics and cardiac ailments. Although a large section of the population is still poor, and current health infrastructure of India is not so better. (Table 2)

Table 2 Health Infrastructures in India’2010

Indicators	Fact
Total population	1.27 billion
Population living in urban areas (%)	29%
Physician per 10,000 population	5.8
Nurse and midwives per 10,000 population	12.7

Birth attended by skilled health professional(%) rural	37
Birth attended by skilled health professional(%) urban	73
Life expectancy at birth (years) Male	64
Life expectancy at birth (years) Female	65

Source: WHO Annual Report on Health Indicators'2010.

The health statistics of the Uttar Pradesh are not very encouraging. The Infant mortality rate of the state stands at 67 per thousand live births (2008), higher than national level of 53 per thousand live births. Whereas life expectancy at birth of the state stands at 60 years, which is marginally below the national level of around 64 years. However, the state's per capita health expenditure is highest among other states. (Table 3)

Table 3: Health Profile of Uttar Pradesh

Indicators	Uttar Pradesh
Government Hospitals, 2010	861
Government Dispensaries, 2010	1974
Community Health Centers,2010	515
Primary Health Centers, 2010	3,692
Health Sub Centers,2010	20,521
Average Population served per govt. hospital Bed,2010	3499

Source: Annual Report on Health, MOHFW (2010)

The focus is on reformation and streamlining of the existing health infrastructure at primary, secondary and tertiary levels to lessen inequities and regional imbalances in the health sector.

Research Method

Research objective: To analyze the satisfaction level of patients' towards government and private hospitals in Uttar Pradesh various districts.

Study design: The study design was cross-sectional.

Study population: The present study was conducted among the patients attending the government or private health facilities

Sampling: Stratified random sampling was chosen to ensure representation of all groups in the universe. Stratified Random Sampling is a two – step process in which the population is partitioned into strata. These strata are mutually exclusive and collectively exhaustive. In the next step, elements are selected from each stratum by a simple random procedure and respondents are selected from various districts of Uttar Pradesh. Stratified Random Sampling is chosen to increase the precision of the research study. The criteria of forming strata are that elements within stratum should be as homogeneous as possible but stratum themselves should be as heterogeneous as possible. And then 500 respondents' were selected randomly from each stratum. The time taken to complete this exercise was (19 months) from January' 11 to July'13. The table 4 presents the districts surveyed during the research. A total of 26.2% respondents were from Lucknow, 8.2% from Balia, 5.6% were from Hamirpur, 4.2% from Unnao, Gazipur and Raibareilly.

Table: 4: Districts Surveyed

Residence					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Allahabad	17	3.4	3.4	3.4
	Balia	41	8.2	8.2	11.6
	Barabanki	27	5.4	5.4	17.0
	Bareilly	17	3.4	3.4	20.4
	Faizabad	17	3.4	3.4	23.8
	Ghaziabad	24	4.8	4.8	28.6
	Gorakhpur	21	4.2	4.2	32.8
	Hamirpur	28	5.6	5.6	38.4
	Itawa	19	3.8	3.8	42.2
	Jhansi	19	3.8	3.8	46.0
	Kanpur	22	4.4	4.4	50.4
	Kannauj	20	4.0	4.0	54.4
	Lucknow	131	26.2	26.2	80.6
	Noida	20	4.0	4.0	84.6
	Raibareilly	21	4.2	4.2	88.8
	Sitapur	17	3.4	3.4	92.2
	Unnao	21	4.2	4.2	96.4
Varanasi	18	3.6	3.6	100.0	
	Total	500	100.0	100.0	

Instrument Reliability and Validity

Reliability Analysis is carried out by using Cronbach Alpha, which depicts the internal consistency of the instrument used for collecting data. High value of Cronbach Alpha simply denotes that instrument possesses high internal consistency or high reliability of different items designed to measure multiple constructs.

Table 5: Reliability Analysis of Each Section of Questionnaire

Cronbach's Alpha	N of Items
.802	20

Hypothesis

H₁- Satisfaction of patients towards key service delivery does not differ significantly between public and private hospitals in Uttar Pradesh.

H₂ – There is no significant difference in satisfaction of patients towards infrastructure and administration of public and private hospitals.

H₃–There is no significant difference in satisfaction of patients towards hospital management of public and private hospitals.

H₄ – There is no significant difference in satisfaction of patients towards behavior of paramedical of public and private hospitals.

H₅– There is no significant difference in satisfaction of patients towards food and cleanliness of public and private hospitals.

Independent Variable of the Study

To give more authenticity to the study satisfaction of people was measured towards the various public and private healthcare service providers. Satisfaction in service provision is increasingly being used as a measure of health system performance. Satisfaction manifests itself in the distribution, access and utilization of service and thus taken as independent variable.

Intermediate Variable of the Study:

Satisfaction towards Present government and private healthcare providers		
Key service Delivery	Average time spent on patient, doctors’ availability, quick treatment is considered to be key aspects of health care delivery in any hospital.	Peerasak Lerttrakarnnonet <i>al</i> 2004, Destaet <i>al</i> 1997, Hazraet <i>al</i> 2000 and Mallet <i>et al</i> 2001
Infrastructure Maintenance	Infrastructure and architectural facilities are made to enhance the comfort and satisfaction of the patients.	Gadallah <i>et al</i> 2003
Administration	Proper administration, cooperation and easy admission are considered to be effective administration of hospitals.	Aljunid 1996, Van Udenet <i>al</i> 2005 , Mahfouz <i>et al</i> 2004.
Nursing	Sufficient numbers of nurses and ward boys, helpful and nice attitude of staff are made to enhance the satisfaction of patients.	Peerasak Lerttrakarnnonet <i>al</i> 2004, Gadallah <i>et al</i> 2003
Cleanliness	Condition of room, cleanliness and sanitation of washroom enhances the satisfaction level of patients.	Sivalenka2012 and Peerasak Lerttrakarnnon <i>et al</i> 2004

Hypotheses Testing

Paired sample t- test analytical tool was selected for the study and hypotheses testing were carried out.

Paired Comparison t-test

The independent variable used for administering section A is satisfaction of people towards Uttar Pradesh Public and Private health care services. Where the comparison between the government service qualities attributes with private service providers are taken out. Dependent variables is specific 20 service quality attributes which consist of sufficient no. of doctors, frequency of doctors visit, recovery rate, punctuality, price, inquiries response by staff, (displayed) information to patients, cleanliness, staff attitude, comfort, bed availability, water and urinal facilities at hospitals, hospital administration system, promptness of nurses and ward boys (Annexure 1) etc.

H₁- Satisfaction of people towards key service delivery does not differ significantly between public and private hospitals in Uttar Pradesh.

Table 5: Paired Samples Statistics

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	MeangovtSec1	2.3355	500	.82168	.03675
	Meanpvtsec1	4.4145	500	.30041	.01343

The paired sample t test statistics indicates that, for the key service delivery (sufficient number of doctors, quick treatment and treatment available to critical disease) mean score of satisfaction of people towards private healthcare services (M=4.41) was significantly greater at the $p < .05$ level ($p = .000$) than the mean score of government health care services (M=2.35). The satisfaction regarding the number of doctors, specialist doctors and the quick treatment availability was similar to that recorded by PeerasakLerttrakarnnonet al (2004), in their study, Kersniket al (2002), who also found the same attributes unsatisfactory in public health care services.

Table 6: Paired Samples Correlations

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Mean govt Sec1 & Mean pvt Sec1	500	.146	.001

The paired sample correlation results also indicate that between both the service providers there exist no significant correlation as $r = .146$, $p = .001$.

Table 7 Paired Differences

Paired Differences						t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Mean govt Mean pvt	-2.0790 0	.83255	.03723	-2.15215	-2.00585	-55.838	499	.000

Table 7 exhibits the results of the t-test of paired samples for significant difference between satisfaction level of people towards key service delivery of public and private health care providers. The t value is showing high significant value of 55.838 at p=.000 indicating that those who rated high on the satisfaction level of private health care services tend to rated less on the other. Hence, the hypothesis is rejected. In other words, the public and private health care service provider’s have different scores regarding the dimensions of key service delivery. According to the data finding the public and private hospitals has high level of difference in mean such as service quality attributes like no. of doctors(2.28<4.42) and Specialist Doctors (2.42< 4.56), quick treatment (2.42 < 4.35)mean is less than the private score of mean.

H₂ – There is no significant difference in perception of people towards infrastructure and administration of public and private hospitals.

Table 8: Paired Samples Statistics

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Mean govt sec 2	2.8360	500	.74479	.03331
	Mean pvt sec 2	3.8040	500	.31549	.01411

The paired sample t test Statistics indicates that for the infrastructure and administration (infrastructure, waiting time, modern technology), the mean score of satisfaction of people towards private healthcare services (M= 3.80) was significantly greater at the p < .05 level (p= .000) than the mean score of government health care services (M=2.83).

Table 9: Paired Sample Correlations

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Mean govt sec 2 & Mean pvt sec 2	500	.194	.000

The paired sample correlation results also indicate that between both the service providers there exist no significant correlation as $r = .194$, $p = .000$.

Table 10: Paired Samples Test

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Mean govt. sec 2 Mean pvt. sec 2	-.96800	.75023	.03355	-1.03392	-.90208	-28.851	499	.000

Table 10 exhibits the results of the paired sample t-test for significant difference between satisfaction level of people towards infrastructure and administration of public and private health care providers. The t value is showing high significant value of 28.85 at $p = .000$ indicating that those who rated high on the satisfaction level of private health care services rated less on the other. Hence, the hypothesis is rejected. In other words, the public and private health care service provider's have different scores regarding the dimensions of infrastructure and administration. According to the data finding the public and private hospitals has high level of difference in mean such as service attributes like waiting time ($4.12 > 1.69$), excellent infrastructure ($2.53 < 4.79$) and modern technology ($2.36 < 4.49$) mean is less than the private score of mean (**Annexure 1**).

H₃ – There is no significant difference in perception of people towards hospital management of public and private hospitals.

Table 11: Paired Samples Statistics

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Mean govt sec 3	3.5295	500	.48783	.02182
	Mean pvt sec 3	2.1145	500	.38217	.01709

The paired sample t test analysis indicates that for the hospital management (bed availability, overcrowding, cooperation between various departments in hospital), the mean score of satisfaction of people towards private healthcare services (M= 2.11) was significantly less at the $p < .05$ level ($p = .000$) than the mean score of government health care services (M=3.52).

Table 12: Paired Samples correlations

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Mean govt sec 3 & Mean pvt sec 3	500	-.033	.462

The paired sample correlation results also indicate that between both the service providers there exist no significant correlation as $r = .033$, $p = .46$.

Table 13: Paired Samples Test

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Mean govt sec 3 Mean pvt sec 3	1.41500	.62954	.02815	1.35969	1.47031	50.260	499	.000

Table 13 exhibits the results of the paired samples t-test for significant difference between satisfaction level of people towards hospital management of public and private health care providers. The t value is showing high significant value of 50.26 at $p = .000$ indicating that those who rated high on the satisfaction level of private health care services rated less on the other. Hence the hypothesis is rejected. In

other words, the public and private health care service provider's have different scores regarding the dimensions of hospital management. The statistics also shows that the public and private hospitals has high level of difference in mean such as service attributes like bed availability, (1.88 < 4.55), overcrowding (3.99>1.30), cooperation between various departments in hospital (4.11>1.30) that Private health care providers mean is higher than the government mean.

H₄ – There is no significant difference in perception of people towards behavior of paramedical of public and private hospitals.

Table 14: Paired Samples Statistics

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Mean govt sec 4	2.1960	500	.74268	.03321
	Mean pvt sec 4	4.4047	500	.49807	.02227

The paired sample t test analysis indicates that for paramedical behavior (sufficient number, nice and helpful behavior, promptness **Annexure 1**), the mean score of satisfaction of people towards private healthcare services (M= 4.40) was significantly greater at the p < .05 level (p= .000) than the mean score of government health care services (M=2.19).

Table 15: Paired Samples Statistics

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Mean govt sec 4 & Mean pvt sec 4	500	-.006	.894

The paired sample correlation results also indicate that between both the service providers there exist no significant correlation as r = .006, p =.89.

Table 16: Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Mean govt sec 4 – Mean pvt sec 4	-2.20867	.89670	.04010	-2.28746	-2.12988	55.077	499	.000

Table 16 exhibits the results of the paired sample t-test for significant difference between satisfaction level of people towards infrastructure and administration of public and private health care providers. The t value is showing high significant value of 55.07 at p=.000 indicating that those who rated high on the satisfaction level of private health care services rated less on the other. Hence, the hypothesis is rejected. In other words, the public and private health care service provider’s have different scores regarding the dimensions of paramedical staff behavior. According to the data finding the public and private hospitals has high level of difference in mean such as service attributes

like number of nurses and ward boys (2.30< 4.40), helpful behavior of staff (2.17< 4.41), promptness (2.12< 4.41)mean is less than the private score of mean (Annexure 1).

H₅– There is no significant difference in perception of people towards food and cleanliness of public and private hospitals.

Table 17: Paired Samples Statistics

PairedSamplesStatistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Govt5,6	2.0044	500	.67517	.03019
	Pvt5,6	4.1120	500	.41795	.01869

The paired sample t test analysis indicates that for the food, cleanliness and medicine availability the mean score of satisfaction of people towards private healthcare services (M= 4.11) was significantly greater at the p < .05 level (p= .000) than the mean score of government health care services (M=2.00)(Annexure 1).

Table 18: Paired Samples Correlations

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Govt 5,6	500	.039	.379
	Pvt 5, 6			

The paired sample correlation results also indicate that between both the service providers there exist no significant correlation as r = .039, p =.37.

Table 19: Paired Samples Test

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Govt 5,6 Pvt 5, 6	-2.10760	.77992	.03488	-2.17613	-2.03907	-60.426	499	.000

Table 19 exhibits the results of the t-test of paired samples for significant difference between satisfaction level of people towards infrastructure and administration of public and private health care providers. The t value is showing high significant value of 60.42 at p=.000 indicating that those who rated high on the satisfaction level of private health care services rated less on the other. Hence, the hypothesis is rejected. In other words, the public and private health care service provider's have different scores regarding the dimensions of infrastructure and administration. The statistics also shows that the public and private hospitals has high level of difference in mean such as service attributes like food (2.16 < 4.09) cleanliness and hygiene (1.48<4.41) and medicine availability (2.78 > 3.08), mean is less than the private score of mean (**Annexure 1**).

Implications of the Difference in Patient Satisfaction towards Public and Private Health Care Services: From the overall findings of paired comparison t test, we can say that present health care services do vary with nature of providers in some dimensions, but some dimensions have also shown similarities. In key service delivery of medical treatment like special and sufficient number of doctors' public and private service providers differ significantly. Bed availability was found poor in all the government health care services. While the delay in treatment, information imparted about the patient's problems and illness and hospital administration satisfaction was found very low at the government health care providers with comparison to private health facilities. A significantly greater proportion of the patients attending the government health services wanted a change in the form of the administration as well as bed availability.

Medical treatment like quick treatment availability in public and private health care service providers differ significantly. Administration and infrastructure maintenance also differ significantly in public and private health care service providers. The overall satisfaction regarding Equipment and Technology were significantly higher at the private health care providers as compared to the government level health facilities. Food and hygiene at the government level resulted in low satisfaction than the private hospitals mean. Private health care service providers have more involvement in hospital management rather than public health care service providers.

Both sectors have been found in having almost proper number of nurses and staffs. Regarding the Staff attitude towards patients in providing medical care was observed that it was comparatively similar between both the providers with the vey

less amount of difference. No significant difference was found between private and public sector health care service providers regarding the medicine store and proper inventory management. Both the sector does not differ significantly with regard to condition of rooms provided.

Both the sector does differ significantly in waiting time and admission of patients. According to the results, respondents are not satisfied with public health services and private service providers are much better. Through the opinion of patients, administration and expert it was also found that the private health care service provider's have more doctor's availability than the public providers. Enquiries about the waiting area and waiting time in the public health facilities revealed a significantly low satisfaction with comparison to the private health care providers. Through the interviews, it was found that waiting time of more than 30 minutes and overcrowding was common in the government health provider's. Cleanliness of the toilets was miserable in government health care service providers. On the other hand, the satisfaction regarding the infrastructure, availability of seats, availability of doctors and cleanliness of the toilets was higher at the private level health facilities.

Regarding the Staff attitude towards patients in providing medical care as perceived by the patient in various public health facilities, it was observed that it was comparatively similar between both the providers with the very less amount of difference.

It can be observed that the most important motivating factor for the visit to private health facilities provider's was the faith on doctors or health facility, followed by the availability of specialists. On the other hand, the proximity of the health facility to the residence followed by faith on health facility and personal attention were more important in private health care providers.

A significantly greater proportion of the patients attending the government health services wanted a change in the form of the administration as well as bed availability.

Conclusion: Though private has considerably grown over years but its uneven distribution of services and urban oriented yields to market dynamics rather than the community needs of society. The private sector has always focused on the profit margins. Poor do not choose to access private due to higher cost and no mechanism is provided to support this group financially. The financial inequity in accessing the health care services has left single option to the poor that is government health care services. This force government to develop a suitable policy, new public management to influence pooling of resources and improving the efficiency and effectiveness of a "faulty" public health system like Public Private Partnership which other states are also opting.

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Annexure 1- Descriptive Statistics (Mean) of the Service Attribute Variables of Public and Private Health Care Service providers

Attributes	N	Government Mean	Private Mean
Sufficient doctors are available in hospitals for patients	500	2.28	4.42
Specialist doctors are available for treatment of critical diseases	500	2.42	4.56
In case of Emergency , quick treatment is available	500	2.42	4.35
Government hospitals have higher recovery rate of patients.	500	2.22	4.32
Patients have to wait for long hours to meet Senior or expert doctors in government hospitals.	500	4.12	1.69
Government hospitals have excellent infrastructure.	500	2.53	4.79
Ambulance facilities are available for patients	500	2.34	4.25
The government hospital are well equipped with modern technology	500	2.36	4.49
In government hospitals patients get bed easily and immediately.	500	1.88	4.55
People with “right pull” get quickest admission in the government hospital.	500	4.13	1.30
Hospital is overcrowded due to improper administration	500	3.99	1.30
Treatment gets delayed due to lack of cooperation between various people and departments (eg: blood report, X ray etc.)	500	4.11	1.30
There are sufficient number of nurses and ward boys in government hospitals	500	2.30	4.40
Ward boys and nurses are nice and helpful towards the patients and family.	500	2.17	4.41
Nurses are always prompt in attending the call of Patients.	500	2.12	4.41
Toilet and washroom are clean and hygienic in government hospital.	500	1.48	4.41
Condition of Room provided to patient is satisfactory	500	2.20	4.41
Food and other edible items are available to patients in hospital	500	2.16	4.09
Government hospital provides proper medicine and facilities.	500	2.08	3.86
Patients get all the necessary medicines in the government hospital.	500	2.09	3.79
Valid N (listwise)	500		