Empirical Study On The Factors Influencing The Choice Of Private And Public Hospitals

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Introduction

The health care industry in recent times has restructured its service delivery system in order to survive in an enduring atmosphere responding from development of the industry, reduced financing, and increased competition. The restructuring has centered on finding effective ways to satisfy the requirementsand appeals of the cases. This case- centered health care service approach shifts the culture of the health care system from one formed by the preferences and decisions of medical professionals to one shaped by the views and requirements of its users. Consumer satisfaction is a abecedarian demand for health care providers. Satisfaction is important when cases themselves and institutional health care service buyers, make selection judgments. In addition to its positive impact on patient retention and client commitment, patient satisfaction influences the rates of patient compliance with physician advice.

In India, the health care services are delivered by both private and public hospitals. Public hospitals consumed more investment on the infrastructural establishments and provision of free medical services. The people living with poor standard of living prefer the medical services from the public hospitals because of their poor fiscal conditions. The feeling of free services among the cases is generating social responsibility and the responsibility to protect the public tracts. On another side, the staff working in the public hospitals is gettingmore sleepy in their duties because of mismanagement of all coffers at the hospitals. Hence, the public hospitals are losing their images and value in public minds.

As the global profitable down turn that began in 2007 has limited governments in utmost developing countries from making significant fiscal contribution toward health sector improvement (Stuckler et al., 2011). The transnational financial fund in an attempt to address this gap recommended that countries increase the scope of private sector provision in health care as part of loan conditions (Elliott et al., 2009; Stuckler et al., 2009). The International Nonprofit Organization- Oxfam has indicated that to achieve universal and indifferent access to health care, the public sector must be made to work as the major provider of health care(Oxfam, 2009). The World Bank, still, provides a more realistic approach that builds on what's available by encouraging the private sector involvement in countries where public sector performs inadequately. This argument would still be left deficient if the clients' preference is n't taken into consideration. The performance of public and private health sectors is thus a pivotal element in the decision- making of clients(Hanson et al., 2009).

Several investigators (Pillay, 2009; Owusu- Frimpong et al., 2010; Khattak et al., 2012; Zamil et al., 2012; Yousapronpaiboon and Johnson, 2013) have conducted a comparative analysis on private and public hospitals. Patient satisfaction is a vital service quality parameter and a measurable forthcoming area of focus. still, not all range of service quality influence patient satisfaction; therefore, it's important to concentrate on parameters that impact patient decision making and retention. With a robust system, hospitals are enabled to deliver better value and quality of care to cases, which help them in making opinions and judgments about healthcare services. Service

quality can be freely controlled and enhanced by the service provider, which in turn will enrich the satisfaction. Hospitals can enhance their services by measuring the effect of patients' anticipations and understandings on patient satisfaction. This leads to formulate the following proposed investigation model.

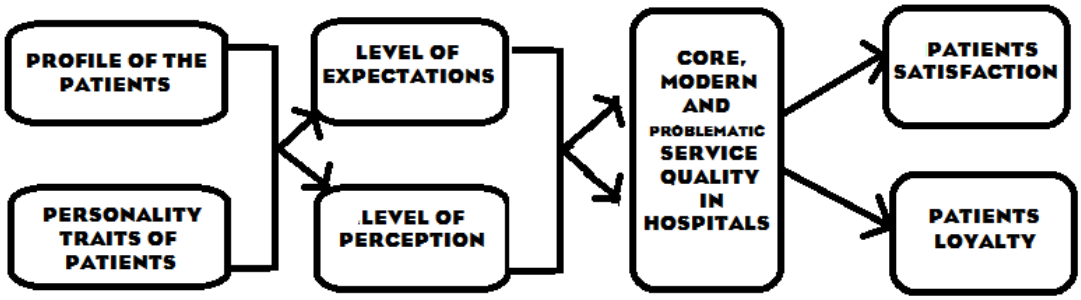

Figure.1 Proposed Research Model

This leads to the articulation of five hypotheses to be tested in the study
H1. Service quality affects the choice of private or public hospital.
H2. Patient satisfaction affects the choice of private or public hospital.
H3. Promotional tools affect the choice of private or public hospital.
H4. Type of ailment affects the choice of private or public hospital.
H5. Cost of service affects the choice of private or public hospital.

Literature review

Syed(2000) connected that the incitement structure in the private and public hospitals would explain differences in the quality of services delivered by these institutions. This contention was largely supported since the private hospitals attained better ranks than the public hospitals on utmost of the measures of responsiveness, communication and discipline. Taner and Antony (2006) compared the hospital care service quality in public and private hospital at Turkey. They set up that the service quality is far better in the private hospitals than in the public hospitals. Lim and Tang (2003) revealed the patient's expectance and satisfaction in the public and the private hospitals at Singapore. They revealed that the degree of perception on service quality is n't over to the degree of anticipation on service quality in both hospitals.

Boshoff and Gray (2004) researched the relationship between service quality, client satisfaction, and commitment among the patients in the public and private health care industry in South Africa. They revealed that the service quality breadth of nursing staff empathy, assurance and tangibles impact on patient's commitment in the private hospitals compared to the public hospitals.

Devabakan and Akgarayli (2003) revealed that the assessed service quality in hospitals among the patients among the patients are interpersonal characteristics including respect, emotional support and artistic suitability; access to venues, waiting times, service hours and appointment waits and amenities including physical atmosphere, food and furnishings. Dursun and Cerci (2004) aimed out that the service quality in patient care is related to health services delivered to the patient. Factors similar as physician and nurse attitudes toward patients, constructing cleanliness and hospital food influence health service quality. Li(1997) explored the relationship between hospital quality administration and service quality performance of community hospitals in the USA. He revealed strong relationship between them. The data also indicated that medical technology investment alone does n't contribute to a significant enhancement in hospital service quality. Winsted (2000) examined behaviours of doctors that impact patient's evaluation of medical encounters in the USA

and Japan. Behaviours are grouped into concern, civility, congeniality and attention in the USA whereas in Japan, these are concern, civility, congeniality, communication and courtesy.

Studies have pointed out that patients' perception of the service quality level significantly influences the choice of hospital; however, patients sometimes find it difficult to understand the level of health-care service quality because of its complex nature and many interrelated parts (Hoel and Saether, 2003; Hariharan et al., 2004; Arasli et al., 2008). Judging the service quality of specialized aspects of health- care services, similar as surgeon's expertise or practitioner's diagnostics, has always been a challenge for patients (Eleuch, 2011). Patients are even so more suitable to assess functional quality range, physical evidence, as compared to specialized quality aspects (Bakar et al., 2008).

Camilleri and Mark (1998) compared the public and the private hospital care service quality. They revealed that the private hospital service is regarded as being of superior quality to that provided by the public sector hospital. The expectationsperceptions gap for the public sector is winder than that of the private sector. The patients are expecting more on service personalization. Choi et al. (2005) indicated that the general causal relationship between service quality and patient satisfaction. The pattern of relationship between them was not some for sub-groups when divided by age, and the types of services received.

Face-to-face communication has, therefore, been regarded as more credible because a patient's negative word-of-mouth is at the detriment of the hospital. However, patients often fall on promotion messages to reduce the high perceived risk associated with services marketing. A study by Reicheld and Sasser (1990) found customer satisfaction to be a determinant of promotions. Others argued that the middle class are more effective in expressing their preferences, and, also, older patients prefer patient-centered and a more participative decision-making process (Coulter, 2002). A study conducted by Boachie (2016) found recommendations from family, friends and colleagues as one of the significant factors which influenced the choice of hospital.

According to Qian et al. (2008), these technologically advanced hospitals are usually public or government hospitals. These hospitals are generally seen as high- quality care providers with associated advanced charges (Morrisey et al., 1988). Geweke et al. (2003) establish strong evidence on the relationship with inflexibility of illness and hospital choice, with more severe cases taken to high- quality hospitals. A study by Cohen and Lee (1985) indicate that patients' need for psychiatric treatment impacted less in the choice of hospital, as compared to surgical treatment.

The low- income families are less likely to enter health facility because of the cost, and, if they do, they're more likely to attend a public hospital (Castro- Leal et al., 1999; Mills et al., 2012). Private hospitals compared to the public are expensive to access, thereby becoming a preserve for the middle to high-income group. Russell (2008) found the cost of accessing health care in private hospitals to be higher than public hospitals. Despite this cost disparity, Alderman and Lavy (1996) found out that even the low-income group was willing to pay for higher service charge if the fee translated into quality health care.

Methodology

The study design was descriptive and explanatory. Descriptive served as a forerunner for the explanatory study, by providing a clear picture of the phenomena on which the data were collected (Saunders et al., 2009). The source of data was primary through the use of questionnaire as the research instrument and the data collection was limited to the Madurai city in India, with multiple public and private hospitals. The data were collected by fiveenumerators within fourmonths. The

data were collected by five enumerators within four months. The potential respondents who were 18 years and above were purposively and conveniently selected from urban and rural of Madurai City.1000 respondents were considered for the study.

The questionnaire had items pertaining to the demographics of respondents, service quality, patient satisfaction, referrals by promotion, type of ailment sufferedand cost of service. The demographics considered were gender, age, education and occupation. The service quality items were adapted from Itumalla et al. (2014). They used seven health service quality dimensions, namely, medical services, nursing services, supportive services, administrative services, patient safety, patient communication and hospital infrastructure. Items for the other variables were self-prepared based on findings from literature. Service quality items were responded to using a Likert scale of 1 – strongly disagree, 2 – disagree, 3 – neutral, 4 – agree and 5 – strongly agree. Patient satisfaction items were responded to using a scale of 1 – not satisfied, 2 – less satisfied, 3 – neutral, 4 – satisfied and 5 – very satisfied. With promotional tools, respondents were asked to indicate the extent to which their choice of hospitals was influence by family, friends and workplace policy. They responded to the items using a scale of 1 – not influential, 2 – less influential, 3 – neutral, 4 – influential and 5 – very influential. The researchers grouped ailments as complex and less complex and asked respondents to indicate which of the groups mostly led them to seek for health care. They were finally asked to indicate their perception of service cost, with regards to their hospitals. They were to respond by 1 – not costly, 2 – less costly, 3 – moderate, 4 – costly and 5 – very costly.

An independent samples t-test was conducted to assess the scores of clients of public and private hospitals on the five hospital selection variables (service quality, patient satisfaction, promotional tool, type of ailmentand cost of service). Regression was used in ascertaining the factors that significantly influence the choice of hospitals in Madurai. Gender, age, educational level and occupation of respondents were controlled for in the regression.

Results and discussions

The descriptive of the demographics of respondents were presented as Table 1. The data analysis indicates that females dominated the sample used for the study. The females comprised 60.4 per cent, whereas the males comprised 39.6 per cent. The age distribution indicated that respondents aged 18-30, 31-40, 50-60 and more than 60 years who comprised 51.1, 27.6, 15.9 and 5.4 per cent, respectively, dominated the study.

Demographics	**Responses**	**(%)**
Gender	Male	38.7
	Female	61.3
Age	18-30years	51.1
	31-40years	27.6
	50-60years	15.9
	Above60years	5.4
Occupation	GovernmentEmployee	23.8
	PrivateEmployee	6.1
	Self-employed	33.3
	Student	27.7
	Retired	3.8
	Unemployed	5.3
Education	Noformaleducation	20.3
	Secondary	21.2
	Higher Secondary	22.0
	Graduation	36.5
Typeofhospital	Public	59.2
	Private	40.8

Table1 Demographic detail of the respondents

For the occupation of respondents, 23.8 per cent were government workers, 6.1 per cent were private workers, 33.3 per cent were self-employed, 27.7 per cent were students, 3.8 per cent were retired and 5.3 per cent were unemployed. The educational background of respondents indicated that 20.3 per cent of the respondents had no formal education, 21.2 per cent had secondary education, 22 per cent had higher secondary education and 36.5 per cent had Graduation education. The total sample used for the analysis was 225, out of which 56.4 per cent used public hospitals most often, and 43.6 per cent also patronized private hospitals. Although the study was dominated by the public hospital users, the difference was not that significant and could be considered as a fair distribution.

Descriptive analysis on hospital selection factors

The study used the type of hospital clients patronized (public or private) as the dependent variable and clients' satisfaction, promotional tools, type of ailmentand cost as the independent variables. An independent samples t-test was used to assess the scores of clients of public and private hospitals on the five hospital selection variables. The Levene's test, as presented in Table 2, failed to reject the null hypothesis and was therefore concluded that the population variance of two groups (public and private) were homogenous.

	Levene'stest	
Latent variables	**F**	**Sig.**
Servicequality	1.717	0.199
Satisfaction	0.432	0.688
Promotional Tools	2.969	0.111
Ailmenttype	0.892	0.614
Cost	1.347	0.277

Table2. Levene'stest

The results presented in Table 3 indicate that the service quality mean score of the respondents who patronized private hospitals was higher than those of the public hospitals. Clients from the private hospital rated service quality as 5.1270, whereas public hospital clients rated service quality as 4.7908. The independent samples t-test was statistically significant at 0.01, thereby emphasizing that the general service quality in private-owned hospitals was better than the public hospitals. Comparing the two hospitals, therefore, private hospital's doctors and nurses were more prompt at attending to the needs of patients, they had enough time for patients, they provided adequate information and nurses were courteous, helpful and empathetic. Private hospitals had a less waiting time, had required medicines available in their pharmacy, better facilities, less cumbersome process in admission and discharge, less hospital infections because of their hygienic environment and appealing physical facilities with up-to-date equipment.

Latent variables	**Hospitaltype**	**Mean**	**SD**	***t***	**Sig.(2-tailed)**
Servicequality	Public	4.7908	0.53726	—5.624	0.000
	Private	5.1270	0.57781		
Satisfaction	Public	4.2590	0.51393	—1.473	0.092
	Private	4.3511	0.50949		
Promotional Tools	Public	4.3255	1.21589	2.731	0.004
	Private	3.9335	0.82692		
Ailmenttype	Public	1.6879	0.38333	10.873	0.000
	Private	1.3790	0.36054		
Cost	Public	4.5129	0.88497	—5.491	0.000
	Private	5.1825	0.64638		

Table3. Independentsamples *t*-test

The mean scores of the respondents indicate that higher service quality from the private hospitals translated to a higher client satisfaction. Clients from the private hospitals had the kind of service desired prior to consumption. The independent samples t-test results, however, indicated that there was no statistically significant difference in the satisfaction received from both hospitals. It is therefore assumed that even though private hospitals provided a higher-service quality, both clients were satisfied alike.

Promotional tools have also become a more powerful tool in this twenty-first century when it comes to marketing (Owusu-Frimpong et al., 2010). It is no wonder that network marketing is really gaining grounds with companies reducing advertising cost and leveraging on promotions. The mean score presented in Table 3 shows that respondents who patronize the public hospitals were mostly as a result of recommendation. The recommendations came from trusted and respectable persons such as parents, siblings, other family members, close friends and workplace policy. The independent t-test results showed that the responses from both groups were statistically different at 0.01.

The ailments were grouped as less complicated and complicated. Responds were asked to indicate which of the two categories (less complicated or complicated) accounts for the main reason they usually attend hospital. The results were coded as 0 = less complicated and 1 = complicated.From the analysis, the mean score of public hospital respondents was near to one. Indicating patients with more complicated ailment were more likely to attend public hospital compared to private hospital. The mean score of respondents for private hospital was 1.3790. This indicates that respondents who patronized private hospitals do so mostly for less complicated ailment. This is not to suggest that patients with more complicated ailment would not attend private hospital, but the concentration is on the majority of cases that accounts for patients' visit to a hospital. The t-test result showed a statistically significant difference between public and private health-care seeker (p-value = 0.00).

The mean scores for " cost " of service at both hospitals indicated that private hospitals rated high compared to public hospitals. Public hospital scored 4.5129, whereas private scored 5.1825. Health service has always been more expensive at the private hospitals (compared to the public hospitals).

Factors affecting choice of hospital

Binary logistic regression was used in determining the factors influencing the choice of hospitals in Madurai. The dependent variable was hospital type (public and private) and was coded as 0 = public and 1 = private. The independent variables were service quality, satisfaction, promotional tools, type of ailment and cost of health service. The demographic variables (gender, age, occupation and education) were also controlled for. Before the regression was conducted, a correlations matrix (Table 4) was produced to check for any multicollonearity. The results indicate that even though there existed some correlation among the independent variables, they were not highly correlated. The data was therefore fit for the regression.

Unlike the ordinary least squares regression, the coefficients (B) in logistics regression output are in log-odds units, and, therefore, the concentration is on the direction (+ or —). The effect was explained instead using the odds ratios, that is the Exp(B). The regression was conducted in two blocks (stepwise). The first block was to determine the effects of the demographic variables used as control, and the second assessed the effects of the main independent variables amid the control variables.

Independent variables	SQ	SAT	PoT	Ailment	Cost	Hospital
SQ						
Pearson correlation	1					
Sig. (2-tailed)						
SAT						
Pearson correlation Sig.	0.378**	1				
(2-tailed)	0.000					
PoT						
Pearson correlation Sig.	—0.240	—0.325	1			
(2-tailed)	0.184	0.118				
Ailment						
Pearson correlation	—0.334**	—0.103	0.282**	1		
Sig. (2-tailed)	0.012	0.181	0.006			
Cost						
Pearson correlation	0.505**	0.262**	—0.232*	—0.431**	1	
Sig. (2-tailed)	0.001	0.010	0.030	0.081		
Hospital						
Pearson correlation	0.438**	0.201	—0.275**	—0.504**	—0.202**	1
Sig. (2-tailed)	0.000	0.091	0.003	0.000	0.002	

** Correlation is significant at the 0.01 level (2-tailed);
* correlation is significant at the 0.05 level(2-tailed)

Table 4. Correlation matrix

In the Model 1, gender had a negative relationship with the choice of private hospital. This means that males were less likely to attend private hospitals (refer to coding above). The age of respondents also had a negative relationship with the choice private hospital. Meaning the more people advance in age, the less likely they are to attend private hospitals. They would therefore prefer to visit the public hospitals where they are covered. Both variables were, however, not statistically significant.

Although educational level of respondents had no statistically significant effect on hospital selection, the result showed that it had a positive relationship with hospital selection. Meaning, the more educated people tend to patronize more private health-care facility. Occupations were coded as dummy because it was categorical and had more than two options. The reference group was the unemployed. Being a private worker (2), self-employed (3) and a student (4) increased the chance of attending a private hospital more than the unemployed. Being a government employee (1) and retired (5) also reduced the chance of patronizing private health facility. However, none of the results for occupation was statistically significant

In Model 2 as well, none of the demographics (gender, age, education and occupation) had a statistically significant effect on hospital selection. From Table V, service quality had a positive relationship with the choice of private hospital. This means that patients making hospital choice decision-based service quality are likely to patronize private health facility. This supports the independent samples t-test conducted earlierand this was statistically significant at 0.01.

Customer satisfaction had a negative relationship with the choice of private hospital. This implies that making decision based on satisfaction, patients were likely to patronize the services of private hospitals. This result was, however, not statistically significant at 0.05. The reason being that there was no statistically significant difference in the satisfaction of patients from both groups (Table 2).H2 was therefore rejected.

Promotional tool also had an inverse relationship with the choice of private hospital, and the effect was statistically significant. This means that the choice of private hospital is influenced less by recommendations from parents, siblings, other family members, close friends and workplace policy. H3 was therefore accepted.

Block	Independentvariables	B	SE	Wald	df	Sig.	Exp(B)
1	Gender	—0.221	0.332	0.482	1	0.372	0.793
	Age	—0.285	0.254	2.109	1	0.235	0.633
	Education	0.132	0.183	0.534	1	0.348	1.050
	Occupation			10.435	4	0.017	
	Occupation(1)	—0.741	0.888	0.689	1	0.289	0.395
	Occupation(2)	0.264	0.843	0.919	1	0.652	1.226
	Occupation(3)	0.232	0.691	0.112	1	0.598	1.221
	Occupation(4)	0.787	0.765	0.758	1	0.268	1.967
	Occupation(5)	—0.993	1.332	0.399	1	0.396	0.280
	Constant	—0.292	0.818	0.084	1	0.669	0.676
2	Gender	—0.355	0.454	0.579	1	0.303	0.586
	Age	0.177	0.322	0.285	1	0.597	1.093
	Education	0.323	0.256	1.053	1	0.196	1.267
	Occupation			12.754	4	0.013	
	Occupation(1)	—1.467	1.422	1.049	1	0.197	0.135
	Occupation(2)	0.061	1.488	0.003	1	0.872	1.162
	Occupation(3)	—0.643	1.271	0.165	1	0.484	0.432
	Occupation(4)	0.932	1.343	0.327	1	0.427	2.348
	Occupation(5)	0.112	1.956	0.009	1	0.842	1.091
	ServiceQuality	1.615	0.577	7.358	1	0.002	4.457
	Satisfaction	—0.352	0.590	0.317	1	0.478	0.634
	Promotional Tools	—0.531	0.232	4.563	1	0.011	0.482
	Ailment	—5.172	0.756	38.792	1	0.000	0.011
	Cost	0.125	0.243	0.418	1	0.489	1.058
	Constant	2.934	3.054	0.765	1	0.258	14.467

Block		**Cox&SnellR^2**	**NagelkerkeR^2**
Stepwisebinary	1	0.103	0.138
Logisticregression	2	0.477	0.639

Table 5. Cox & Snell R2 and Nagelkerke R2

The type of disease had an inverse relationship with the choice of private hospital. This means that with more complex ailment like spinal disorders and heart-related issues, patients were less likely to visit the private hospital. All things being equal, patients with a more sever and complex ailments are likely to attend a more technologically advanced hospital, with highly trained physicians. And, these technologically advanced hospitals are usually public hospitals. H4 was therefore accepted.

The result showed a positive relationship between cost and choice of private hospitals, even though the effect was not statistically significant at 0.05. Considering the direction, however, it means private hospital was more associated with higher service charges as indicated in Table 3. H5 was therefore rejected.

Considering the values of Cox & Snell R2 and Nagelkerke R2 presented in Table V, the independent variables used in Model 2 were more useful in predicting the response variable than the Model 1.

Conclusion

The study concluded that patients' choice of private or public hospital was significantly influenced by service quality, word-of-mouth and type of ailment Patients who make choice decision based on service quality were more likely to attend a private hospital.Promotional tools influenced the choice of public hospitals, more than private hospitals. Patients preferred visiting public hospitals for more complicated diseases.The service quality of public hospitals, especially the patient relationship, must be critically addressed. Because the service provider (doctor or nurse) cannot be disassociated from the service itself, a good patient relationship management will positively influence the perceived service quality.

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