

COMPARATIVE SURVEY ON PATIENT EXPERIENCE: A COMPARISON OF PUBLIC AND PRIVATE HOSPITALS STAYS IN BANGALORE, INDIA

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ABSTRACT

The well-being and prosperity of a nation are closely linked to the health of its individuals. Healthcare plays a crucial role in addressing and managing diseases, illnesses, and various physical and mental conditions, encompassing their diagnosis, treatment, and prevention. This study aimed to investigate and compare the attitudes towards public and private hospitals among respondents of different age groups, genders, educational backgrounds, and marital statuses. Questionnaires were used to collect data from a diverse sample of participants, and statistical analysis, including t-test was conducted to compare the attitudes between public and private hospitals. The findings will provide insights into the strengths and areas for improvement in each sector, informing policymakers and healthcare providers on how to enhance the patient experience in Bangalore. This research contributes to the better understanding of the healthcare landscape and can guide efforts to improve patient-centered care in both public and private hospitals.

Keywords: public hospitals, private hospitals, attitudes, age groups, genders, education, marital status, questionnaires, statistical analysis.

INTRODUCTION

Public and private hospitals represent two distinct sectors within the healthcare industry, each with its own set of characteristics and challenges. Public hospitals are government-funded institutions that primarily serve individuals with limited financial resources. These hospitals often face resource constraints, high patient volumes, and long waiting times. In contrast, private hospitals cater to patients who can afford higher-priced services, offering a more personalized and potentially more luxurious experience. By comparing patient experiences in these two sectors, we can gain valuable insights into the impact of funding, resources, and patient demographics on the overall patient experience.

Effective communication is a vital component of a positive patient experience. In public hospitals, communication channels can be complex due to the involvement of multiple healthcare professionals and departments. Patients may encounter challenges in understanding medical information, receiving timely updates, and feeling heard. On the other hand, private hospitals often prioritize individualized attention, providing patients with easier access to their healthcare providers and streamlined communication pathways. Examining the differences in communication practices between public and private hospitals can help identify areas for improvement and foster better patient-provider interactions across both sectors.

Access to quality healthcare is a fundamental right that should be available to all individuals, regardless of their financial status. Public hospitals aim to serve a broader population, but limited resources can sometimes affect the quality and accessibility of care. Private hospitals, with their potentially advanced technologies and shorter waiting times, may offer a different level of service. By exploring patient experiences in terms of quality of care and accessibility, we

can gain insights into how healthcare systems can work collaboratively to ensure equitable access to high-quality care for all patients, regardless of the type of hospital they choose.

LITERATURE REVIEW

Sabir, H.M.A., Maira, Tariq, A., Sheikh, M.N., Rehman, H., Ghaffar, T., Malik, K., Manzoor, U. and Shafique, K. (2023) : According to the research findings, it has been determined that there is a significant difference in the quality of life and satisfaction level of patients receiving treatment from private and government hospitals in Faisalabad. The study indicates that patients in private hospitals reported a higher level of satisfaction and overall quality of life compared to those in government hospitals.

According to the researchers, the study findings indicate that private **Akbar Javan Biparva, Hamed Baghayi, Shahriar Peyghani Asl and Rahim Khodayari-Zarnaq (2023)**: hospitals scored higher than public hospitals in all dimensions when it comes to the development of Health Promotion Hospitals (HPH) standards in Tabriz, Iran in 2021. The competitive environment among private hospitals seems to have contributed to their better performance in HPH, while public hospitals showed less focus on competition and improving their performance in this area

Mohammad Zakaria Pezeshki, Alizadeh, M., Akbar Nikpajouh, Ebadi, A., Soheila Nohi and Soleimanpour, M. (2019): According to the study, it is stated that the hospitals in East-Azerbaijan, Iran demonstrated moderate compliance with the Health Promotion Hospitals (HPH) program. The study highlights the need for improvement, particularly in terms of providing a healthy workplace and delivering appropriate education and health-promoting services to patients after discharge.

Mahmood, K., Ahmed, F., Ashraf, V. and Sarri, L. (2022): The study found that the knowledge, attitude, and practices among janitorial staff working in public and private hospitals of Hyderabad regarding hospital waste management system were not satisfactory. The majority of the staff had less than 5 years of working experience. The study revealed that staff working in private hospitals had higher scores in terms of adequate knowledge and positive attitude compared to those working in public hospitals. However, staff working in public hospitals scored higher in terms of good practices.

Lucifora, C. (2023): The study reported that when analysing data from 1,183 hospitals in 7 countries, collected in 2010 as part of the "World Management Survey" initiative, significant variations in management practices were observed both between countries and within countries across hospitals. The findings indicate that, compared to private hospitals, managers in public sector hospitals tend to underperform in all the countries studied. The study also found that larger hospitals generally exhibit better management practices, while there was no significant difference between teaching hospitals and other types of hospitals.

Tynkkynen, L.-K. and Vrangbæk, K. (2018): The research report indicates that, based on a Review of 17 studies encompassing over 5500 hospitals across Europe, public hospitals are most commonly reported to exhibit the best economic performance compared to private not-for-profit (PNFP) and private for-profit (PFP) hospitals. The second most frequently reported ownership type with superior economic performance is PNFP hospitals, while PFP hospitals are least frequently reported as superior. However, a significant number of studies did not find notable differences. Regarding quality, the results are varied, and it is not feasible to draw definitive conclusions regarding ownership superiority.

Kaya, O., Teymourifar, A. and Ozurk, G. (2020): According to research, healthcare systems often consist of both public and private hospitals, each with distinct characteristics. Public hospitals tend to offer services at lower prices, but they are plagued by long waiting times and lower perceived service quality. On the other hand, private hospitals provide faster access and higher quality care, albeit at higher costs. Interestingly, despite the advantages of private hospitals, many patients still prefer public hospitals due to the affordability factor.

Kaabi, S.A., Varughese, B. and Singh, R. (2022): Research indicates that a public healthcare system is characterized by government control and governance over healthcare services, ensuring access to high-quality medical care for all individuals, regardless of their financial means. Comparisons between public and private healthcare systems demonstrate several advantages of the former. Public healthcare systems tend to reduce overall healthcare and administrative costs, promote standardization of services, contribute to a healthier workforce, prevent future costs, and guide the population towards making informed health choices. In contrast, private healthcare systems often prioritize business interests, leading to unfair competition for non-profit organizations.

Christian Jay S. Orre, Regie A. Baurisra, Carlo Bryan Borrico, Junefairh Else C. Neo, Arisorle M. Parico, and Mary Ann S. De Dios (2020): According to the study, both public and commercial health service delivery were compared for patient satisfaction using descriptive-comparative approaches. On the other hand, total satisfaction was found to be neutral, probably as a result of some patients being satisfied and some not. According to this survey, public hospitals saw higher levels of satisfaction, especially in the assurance and concrete aspects.

Awinaba Amoah Adongo, Francess Dufie Azumah, and John Onzaberigu Nachinaab (2021): This study collected data from 255 hospital patients getting care using quantitative methodologies and a questionnaire developed for a social survey. The results showed that patients received better quality medical care from private hospitals than from governmental hospitals. Consistency in meaning was unaffected; nonetheless, the primary explanation was that, in contrast to public hospitals, which provided fundamental social services to a vast patient population, private hospitals sought to attract and retain patients in order to increase revenues. The study came to the conclusion that private hospitals offer superior medical treatment. It was suggested that public health care professionals should raise the calibre of their medical care given the increased number of visits to public health centres because to their low healthcare cost.

Farima, T., Malik, S.A. and Shabbir, A. (2018): The purpose of this paper is to explain the patients' views towards private healthcare service providers. The study examined the relative importance of quality metrics in predicting patients' satisfaction and loyalty with an emphasis on hospital service quality. The study offers patient opinions and perceptions regarding the calibre of medical care. The physical environment, customer-friendly environment, responsiveness, communication, privacy and safety, and other aspects of the quality of healthcare services were evaluated. The impact of hospital healthcare service quality on patient loyalty and satisfaction was investigated.

OBJECTIVES OF THE STUDY

1. To study and compare the attitudes and answers of individuals towards public and private hospitals in Bangalore.
2. To examine if there are discernible differences in attitudes towards public and private hospitals among different age groups.
3. To analyze whether attitudes towards public and private hospitals vary based on gender.
4. To evaluate if there is a substantial difference in opinions towards public and private hospitals among individuals with different levels of education.
5. To investigate if attitudes towards public and private hospitals differ based on marital status.

HYPOTHESIS

1. Both public and private hospitals have similar attitudes and answers, and there is no discernible difference between the two.
2. When it comes to the attitudes of respondents, there is no discernible difference in the perspectives of those of different age groups about public and private hospitals.
3. Regarding the subject of private versus public hospitals, there is not a discernible difference in the attitudes held by individuals of different genders.
4. When it comes to the perspectives of people with different levels of education, there is not a substantial difference in the opinions of public and private hospitals.
5. There is no discernible difference in the attitudes of respondents with respect to private hospitals and public hospitals, regardless of whether they are married or not marriage is present.

DATA COLLECTION METHOD

Primary Data Collection: A survey was conducted using a Google Form questionnaire. The researcher sent the questionnaire to 31 patients who had experiences in hospitals, both public and private, in Bangalore, India. The survey aimed to gather first-hand information from the patients regarding their experiences of various aspects of their hospital stay.

Secondary Data Collection: Secondary data was also utilized in this research. This involved gathering existing information from relevant sources such as academic journals, research papers, government reports, and healthcare databases. Secondary data provided background information, context, and additional insights related to the patient experience in public and private hospitals in Bangalore.

DEMOGRAPHIC FACTORS OF THE RESPONDENTS

Frequency Table			
	Particulars	Frequency	Percent
Age	Below 30	19	61.29
	Above 30	12	38.70
	Total	31	100
Gender	Female	17	54.83
	Male	14	45.16
	Total	31	100
Education	Undergraduate	3	9.3
	Postgraduate	28	90.7
	Total	31	100
Occupation	Student	15	48.3
	Working professional	16	51.7
	Total	31	100
Marital Status	Married	6	19.3
	Unmarried	25	80.7
	Total	31	100
Employment	Full time/Part time	9	29
	Self employed	10	32.2
	Unemployed	12	38.8
	Total	31	100
Hospital	Private	16	51.6
	Public	15	48.4
	Total	31	100

Interpretation

- **Age:** Relatively young, with a majority (61.3%) below 30 years old.
- **Gender:** Slightly skewed towards females (54.8%).
- **Education:** Highly educated, with 90.3% having postgraduate degrees.
- **Occupation:** Balanced representation of students (48.3%) and working professionals (51.7%).
- **Marital Status:** Predominantly unmarried (80.6%).
- **Employment:** Diverse range of statuses, with unemployment being the highest (38.8%).
- **Hospital Preference:** Almost evenly split between private (51.6%) and public (48.4%) hospitals.

The demographic analysis suggests that the study participants are relatively young, well-educated, and diverse in terms of employment and marital status. The near-equal preference for public and private hospitals indicates a potential opportunity to explore the reasons behind this choice and identify areas for improvement in both public and private healthcare sectors.

HYPOTHESIS 1

Both public and private hospitals have similar attitudes and answers, and there is no discernible difference between the two.

Hospital	N	Mean	Std. Deviation	t	Sig.
Public	15	36.20	13.391	-6.271	0.000
Private	16	60.56	7.650		

According to the statistics, there is a significant age gap between patients who visit public hospitals and those who visit private hospitals in Bangalore, India. The average age of patients who use public hospitals is 36.20 years, which is much lower than the average age of patients who use private hospitals (60.56 years). Due to the fact that the p-value for this difference is 0.000, it is statistically very significant.

HYPOTHESIS 2

When it comes to the attitudes of respondents, there is no discernible difference in the thoughts of people of different age groups about public and private hospitals.

AGE (Below 30 Years)	N	Mean	Std. Deviation	t	Sig.
Public	9	36.44	10.53	-4.98	0.000
Private	10	57.80	8.121		
AGE (Above 30 Years)					
Public	6	35.83	18.016	-3.893	0.003
Private	6	65.17	4.021		

Interpretation

Based on the statistics, it seems that there is a substantial age gap between patients who visit public and private hospitals in Bangalore, India, including those who are under 30 years old and those who are over 30 years old.

For users below 30:

- A very significant p-value of 0.000 indicates that the mean age of patients who use public hospitals is 36.44 years, which is substantially lower than the mean age of patients who use private hospitals, which is 57.80 years.

For users above 30:

- The age disparity is even more evident, with the average age of patients who use public hospitals being 35.83 years, while the average age of patients who use private hospitals is 65.17 years. A p-value of 0.003 indicates that this difference is likewise very significant.

It seems from these statistics that the majority of patients who are treated at public hospitals in Bangalore are younger than those who are treated at private hospitals. This gives rise to concerns over the availability of healthcare services in the city as well as their relative pricing for individuals of varying ages.

HYPOTHESIS 3

Regarding the subject of private versus public hospitals, there is not a discernible difference in the attitudes held by individuals of different genders.

Gender (Female)	N	Mean	Std. Deviation	t	Sig.
Public	9	35.44	14.205	-4.432	0.000
Private	8	60.50	7.709		
Gender (Male)					
Public	6	37.33	13.292	-4.073	0.002
Private	8	60.63	8.123		

The data shows that there is a considerable age gap between patients who use public hospitals and those who use private hospitals in Bangalore, India, and this gap exists across both genders.

For female users:

- Those who use public hospitals have a much lower mean age (35.44 years) compared to those who use private hospitals (60.50 years), with a p-value of 0.000, which indicates that this difference is very significant.

For male users:

- A similar pattern emerges, with users of public hospitals having an average age of 37.33 years and users of private hospitals having an average age of 60.63 years, a difference that is similarly highly significant (p-value = 0.002).

These data give solid evidence that public hospitals in Bangalore serve a younger population rather than private hospitals, regardless of gender. This is the case regardless of whether the hospitals are public or private.

HYPOTHESIS 4

When it comes to the perspectives of people with different levels of education, there is not a substantial difference in the opinions of public and private hospitals.

EDUCATION LEVEL (Under Graduate)	N	Mean	Std. Deviation	t	Sig.
Public	2	42.00	14.142	-0.115	0.927
Private	1	44.00	-		
EDUCATION LEVEL (Post Graduate)					
Public	13	35.31	13.641	-6.682	0.000
Private	15	61.67	6.466		

When it comes to the perspectives of people with different levels of education, there is not a substantial difference in the opinions of public and private hospitals.

For undergraduate users:

- Although there are two public users and one private user, the sample size is rather modest.
- In comparison, the average age of a single private user is 44 years old, while the average age of public users is 42 years old.

- It seems that there is no statistically significant difference between the two groups, as shown by the p-value of 0.927.

For postgraduate users:

- The mean age of patients who use public hospitals is 35.31 years, which is much lower than the mean age of patients who use private hospitals (61.67 years).
- This difference has a p-value of 0.000, which indicates that it is very significant.

Based on these data, it seems that public hospitals are more likely to serve a younger population, particularly persons who have completed postgraduate studies, in comparison to private hospitals.

HYPOTHESIS 5

When it comes to the subject of private versus public hospitals, there is not a discernible variation in the attitudes of respondents based on their jobs.

OCCUPATION (Student)	N	Mean	Std. Deviation	t	Sig.
Public	5	35.00	9.695	-4.828	0.000
Private	10	57.70	8.042		
OCCUPATION (Working Professional)					
Public	10	36.80	15.361	-4.407	0.001
Private	6	65.33	3.933		
OCCUPATION (Self Employment)					
Public	7	32.71	11.146	-5.113	0.001
Private	3	67.33	3.512		

The data demonstrates a persistent trend of considerable age discrepancies between patients who utilise public and private hospitals in Bangalore, India, across a variety of vocations, including the following:

Students:

- When compared to private users, who are 57.70 years old, public users are much younger (35.00 years), with a p-value of 0.000, which indicates that the difference is very significant.

Working professionals:

- In comparison to their private counterparts, who are 65.33 years old, public users are much younger (36.80 years), with a p-value of 0.001 indicating that this difference is extremely significant.

Self-employed individuals:

- Once again, the age of public users is much lower (32.71 years) than the age of private users (67.33 years), with a p-value of 0.001 indicating that this difference is extremely significant.

These statistics constantly reveal that the majority of patients who seek medical care at public hospitals in Bangalore are younger people, regardless of the occupations they come from.

HYPOTHESIS 6

When it comes to the thoughts of respondents on private and public hospitals, there is no discernible difference between the spouses of those who participated in the survey.

MARITAL STATUS (Unmarried)	N	Mean	Std. Deviation	t	Sig.
Public	11	38.55	14.862	-4.646	0.000
Private	14	60.07	8.004		
MARITAL STATUS (Married)					
Public	4	29.75	4.992	-8.213	0.001
Private	2	64.00	4.243		

The data shows that there is a considerable age gap between patients who visit public hospitals and those who visit private hospitals in Bangalore, India, depending on whether or not they are married.

For unmarried individuals:

Those who use public hospitals are much younger (38.55 years) than those who use private hospitals (60.07 years), with a p-value of 0.000 indicating that this difference is very significant.

For married individuals:

The age gap is even more dramatic, with public users accounting for an average age of 29.75 years and private users accounting for an average age of 64.00 years (the p-value is very significant, about 0.001).

These statistics consistently suggest that public hospitals in Bangalore largely serve a younger population, regardless of whether or not the patients are married.

FINDINGS:

Hypothesis 1: Significant differences exist in the age distribution of patients between public and private hospitals in Bangalore, with public hospital patients being notably younger.

Hypothesis 2: Age disparities persist across different age groups, both below and above 30 years, emphasizing the consistent trend of public hospitals catering to a younger population.

Hypothesis 3: Regardless of gender, the age gap remains significant, affirming that public hospitals tend to serve a younger demographic compared to private hospitals for both male and female patients.

Hypothesis 4: Public hospitals attract a younger population, especially among postgraduate individuals, while the undergraduate sample size is insufficient for conclusive findings.

Hypothesis 5: Across various occupations, including students, working professionals, and self-employed individuals, public hospitals consistently serve a younger demographic, reinforcing the pattern observed in previous hypotheses.

Marital Status as a Contributing Factor:

Hypothesis 6: Marital status also influences age distribution, with public hospitals catering to a significantly younger population, both among unmarried and married individuals.

SUGGESTIONS AND CONCLUSIONS:

The consistent age disparities observed across diverse demographics suggest that public hospitals in Bangalore predominantly serve a younger population compared to their private counterparts. This raises important considerations for healthcare resource allocation, service planning, and pricing structures, as public hospitals seem to attract a demographic with different healthcare needs. Further research and policy assessments are warranted to understand the implications of these age disparities on healthcare accessibility, quality, and the overall health system in Bangalore. Addressing these issues will contribute to more targeted healthcare strategies that better meet the diverse needs of the population.

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