

Original Article

Assessment of Patients' Satisfaction with Care Provided in Public and Private Hospitals of the Republic of Cyprus: A Comparative Study

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Abstract

Purpose: The purpose of this study was to assess patients' satisfaction with the provided health services at Private and Public Hospital. The objectives of the research were to evaluate the level of patients' satisfaction with healthcare services provided, to identify these factors that may influence the satisfaction of participants from the provided health services

Methodology: The subjects were patients hospitalized in the above hospitals and were discharged from the clinic during the period February to April, 2016. The sample consisted of 285 patients who were treated in these hospitals. The scale developed by Raftopoulos (2005) has been used.

Results: The majority of patients express considerable satisfaction regarding overall, nursing and medical care. Specifically, patients hospitalized in Private Hospitals seem to be more satisfied than those who were admitted to the Public Hospital. However, the differences that arise in most questions are limited. No statistically significant difference are observed in overall satisfaction between genders ($p = .687$). In contrast, the age and education factors demonstrated a statistically significant relationship ($p < .001$, $p = .016$) with satisfaction. Furthermore, the differences identified in the measurement of satisfaction and expectations of each hospital were mainly statistically significant as $p < .05$

Conclusions: In general, patient satisfaction is an important indicator of the healthcare quality provided by hospitals. The majority of authors recognize the high importance of patients' views regarding their preferences for healthcare services. It is shown that Patients can recognize and evaluate the quality of care they receive. They are also able to assess the value of healthcare services and capture results and impacts.

Key words: Patients' satisfaction, quality in healthcare, Public and Private Hospitals, Cyprus healthcare services, perceptions, expectations

Background

Assessment of healthcare provision is crucial in the ongoing evaluation and resulting quality enhancement of healthcare services. In the past, assessments have ignored the patients' feedback in preference to physiological reports of their outcome. However, the last decades, healthcare systems tend to expect a balance in offered services between the clinically evidence-based care and the delivery of that care (Fitzpatrick,

1997). In fact, a lot of attempts have been made to determine these features of patient care which are likely to influence patient satisfaction.

Quality in healthcare

When Plato referred to the quality meaning, he related it to the virtue and intellectual and physical superiority of a man. Nowadays, quality involves a sense of superiority and excellence that attaches the acquisition of goods or use of a popular service due to their outstanding features.

According to Abbott and Firestone (1995) quality is a value determined by the perceived quality of the supplied product or service and the price the consumer has to pay for the acquisition. On the other hand, Gilmore (1974) defines quality as compliance with established standards, while Crosby (1979) considers quality as a result of the satisfaction of customer requirements. Deming (1982) considers quality as an endless cycle of continuous improvement and presents the PDCA-cycle

Parasuraman et al. (1988) states that the key dimensions of quality in services are the following:

- **Reliability:** the ability to accurately provide the promised service
- **Response:** the willingness and desire of the operator to serve the customer adequately.
- **Security:** the training of employees toward customer satisfaction.
- **Accuracy:** the proper execution of the service on the first try.
- **Uniqueness:** the production of a service that is different for each user

Quality is an ongoing effort of all members of an organization that aims to satisfy the customer needs and expectations (Laffel & Blumenthal, 1989). Ovretveit (2004) defines quality in healthcare as “satisfaction of consumer requirements at the lowest cost” and continues that quality definition should involve a professional definition of what customers need, the extent that the provided services meet these needs and customers’ opinion concerning the satisfaction of these needs.

It is well known that health units’ main objectives are a correct diagnosis, treatment and rehabilitation of patients. In the past, health agencies were convinced that the patient satisfaction was influenced only by the provision of high quality medical services, however, as time goes by, patients requirements seem to be increased (Angelopoulou, 1998). Quality in health sector seems to be a complex issue as it presents a particular dynamic and a multidimensional nature integrating past and present experiences. In the health sector, an area of labor-intensity rather than capital-intensity, it is obvious a significant variation regarding the interpretation of quality both from the patient’s perspective and the health personnel perspective.

The proposed definitions of quality in healthcare vary and depend mainly on the individual who interprets them. Some argue that as quality in health includes a lot of complexity, it cannot be measured. Nevertheless, others believe that it can be identified and interpreted in some aspects, but it is unspecified by others (Alexiadis & Sigalas, 1999). Quality is the type of care, which is expected to maximize the living as well as the well-being of patients, taking into account the benefits and losses included in the healthcare process (Donabedian, 1988). Filiatrault et al (1996) defines the quality as a research for continuous improvement of health care methods. In 1990, the USA Institute of Medicine defines the quality of health as the degree to which health services for individuals and entire populations increase the likelihood of desired health outcomes and are consistent with current scientific knowledge (Alexiadis & Sigalas, 1999). According to Ovretveit (2004), quality of health services is operatively connected to the suitability, availability, respect, security, activity, continuity, efficiency and effectiveness. The dimensions of quality in health services that contribute to the assessment of the level of quality is threefold (Slater, 1997):

a) Structure Quality comprising of both the characteristics of the system of health care providers and other attributes of health professionals. The structure quality refers to factors such as organization, financial and logistical resources, the composition of specialties, the adequacy of services, accessibility, management, facilities, funding, management control, staff composition, and training level in quality issues.

b) Procedure which essentially refers to the assessment of the overall progress of the patient.

c) Results and Quality of Life which refers to the overall impact of the service on health. The quality of the results may be varied as each individual involved in the health system realizes differently the desired effect. Initially, the results are determined by the effectiveness of medical care and the benefit that the patient gained (Oz et al, 1997). The results are those that ultimately shape the perceived quality regarding the health system in the environment. The improvement is done through individual improvements of these two aforementioned dimensions.

Therefore, although hospitals continue to have as primary responsibilities the diagnosis, treatment

and rehabilitation of patients, the management department acquires new purposes. The redesign and restructuring of the health sector remains a global key issue due to globalization, the increasing service costs and the rise of social consciousness in relation to health. Hence, it is vital for a hospital to provide high quality health services which are recognized by patients (Alexiadis & Sigalas, 1999).

Patient Satisfaction

Nowadays, although the concept of “patient satisfaction” regarding the provided healthcare services appears to be easy to realize, a lot of difficulties spring up as for the determination of commonly accepted definition. According to Donabedian (1988), patient satisfaction is an indicator that measures the final benefits that a patient achieved by the health services. Patient satisfaction involves quality as it is related to the patient expectations and perceived values (Theodosopoulou & Raftopoulos, 2007). On the other hand, the Yucelt (1994) defines patient satisfaction as the occurrence or not of the expectations regarding the quality and performance of health services. Kotler et al (1987) states that although patient’s priority, when being in a hospital, is treatment, it seems that several additional factors may affect their satisfaction. Patients tend to evaluate the healthcare quality by how the healthcare unit manages the existing complaints, the staff attitude, promptness of health care and the overall picture of the environment of the hospital. The evaluation of the quality by the patients is a particularly complicated process due to the following reasons (Karydis et al, 2001):

- High uncertainty regarding the nature of health services.
- Inability in forecasting patients’ needs due to the nature of the service.
- Inability in meaningful comparison among competitive hospitalization units.
- Lack of knowledge from the patient side.
- When using healthcare services creates anxiety and insecurity.

Parasuraman et al, (1989) conducted a survey which revealed that consumers tend to have basic service assessment criteria corresponding to the key factors of quality. The most important are reliability, responsiveness, skills and abilities, accessibility, politeness, helpfulness, respect, professionalism and confidence (Parasuraman et al, 1985).

Based on researches, medical doctors’ communication skills enhance the image and degree of patient satisfaction. Therefore, doctors and nurses are able to affect the patients’ judgment by improving their communication towards them (Angelopoulou et al, 1998).

According to Taylor et al (1994) an increased patient satisfaction tends to be an important competitive advantage for health units. Service quality is recognized internationally as an important aid for health sector and Pascoe (1983) the patient satisfaction is a general impression regarding the provided service having taken into account previous experiences. The resulting impression is shaped by observing the environment conditions or behavioral changes (Clearly, 1988).

Two interesting theories illustrated which explain the patients’ persistence to be sympathetic towards their satisfaction despite the difficulties encountered during their hospitalization (Theodosopoulou and Raftopoulos, 2004). The first one supports that a patient still appreciates the healthcare quality if his/her expectations are outside the sphere of health professional duties. The second theory supports that even if the patient feels that health professional does not do his duty efficiently, he/she still appreciates the experience provided.

Methodology

Sample

This study was conducted at Public and Private Hospitals in a city of the Republic of Cyprus, during the period February to April, 2016. The patients who participated in this study were hospitalized in one of the following hospitals’ clinics: pathology, surgery, cardiology, orthopedics, gynecological, ophthalmological, urological and oncological. It should be mentioned that patients hospitalized in pediatric clinic, a psychiatric hospital and intensive care were not deliberately selected to participate in the research. The sample was consisted of patients admitted to the studied hospitals and were discharged within the given time period. The additional criteria set were as follows:

- The participants’ consent after being informed about the purpose and the objectives of the research.
- The participant is required to be at least 18 years old.

- The participant must have resided in the hospital at least 24 hours.
- The participant should be a permanent resident of Cyprus
- The participant should be able to communicate and converse without his/her health being burdened.

At first, the head of each clinic informed the partner of our research about the patients' discharges. Then the partner politely approached the patients and explained in understandable terms the purpose of the study. At the same time, he assured them that they would keep their anonymity and the provided data would be strictly confidential. Then he shared in patients a copy of the anonymous survey questionnaire having attached a cover letter summarizing the purpose and the significance of the research. Patients essentially were encouraged to complete honestly the questionnaire and then return it in person. This method of gathering the questionnaires prevented patients from feeling afraid of their answers may have an impact on their treatment. Therefore, they could express clearly and honestly their perceived satisfaction without their judgment been misrepresented by health professionals. The research partners approached 312 patients in hospitals, 285 of those patients completed the survey and returned in in person (participation rate of 91,3%).

Statistical analysis

All items were coded and scored, and questionnaires that were completed were included in the data analysis set. Individual items that were not answered were excluded from the analysis. SPSS 18 software was used for statistical analysis of the obtained data. The Pearson correlation coefficient was used to calculate the linear correlation of two continuous variables. The chi-squared test was used to explore the existence of a statistically significant relationship between the categorical variables. P-Values lower than 0.05 were considered to be statistically significant, unless otherwise stated.

Structure of the questionnaire

The questionnaire used has been validated and used in several researches in Cyprus, Greece and Poland in order to evaluate the satisfaction of the elderly patients concerning the hospital services provided (Raftopoulos, 2005).

The questionnaire is divided into three parts:

I. The first part consists of 28 closed questions regarding patients' expectations and perceptions. The part is divided into five categories:

- The first category refers to questions related to individual characteristics and general questions about the stay in hospital.
- The second category includes questions related to the medical and nursing care.
- The third group of questions is related to food and room offered and during their stay in hospital.
- The fourth category refers to management procedures regarding the hospitalized patients.
- The fifth category of questions is related to patient assessment for the provided health services.

II. The second part involves a scale of 26 questions which contribute to the evaluation of patients' perceived quality and covering all areas of primary care provided and includes:

1. Perceived efficiency of the service: inviting the patient to answer whether an event 'happened'. The answers were the type "not happened", "happened" and "I do not know".
2. The patient's satisfaction of provided service: posing the question: "What are your feelings about..." and asking the patient to respond with an eight-point Likert scale with a range from 0 for "indifferent" answer until 7 for the answer "very satisfied".

III. The third part refers to demographic and social patient data.

Results

Patients' characteristics

Details of patients are presented in *Table 1*. There is a balance between gender distribution, 50.2% were females. Regarding the age distribution of the sample, the most participants are over 55 years old. The prevailing marital status is "Married" (66%) and most participants are white collar workers (48.4%).

Furthermore, 27.7% of the participants stayed at hospital for three days, 17.2% for five days and 10.2% for two days. When the respondents were asked to answer the question "Apart from this time how many other times you have been hospitalized the past two years in hospital, public

or private, for more than one night." 31.9% said that has been hospitalized twice, 21.8% once, 18.2% more than three times while 28.1% said that this was the first hospitalization since the last two years. The 43.2% of the sample derived from Private Hospital while the 56.8% from State Hospital (Table 2). 63.2% claimed that had not been hospitalized in the particular hospital, while 71.2% supported that was hospitalized as an emergency. 78.2% of the participants claimed that they do not suffer from a chronic disease, while 77.2% said that their problem did not require any surgery.

Tab 3 illustrates that 23.5% of patients who visited the Private Hospital had been hospitalized at the same hospital in the past. The figure of the Public Hospital is estimated at 46.9%. We also found that the majority of chronically ill identified in Private Hospital. More specifically, of the total 21.7% of patients, 58% chose the Private Hospital for treatment while 42% the Public Hospital. The results, also, showed that 75.3% of those who undergone a surgery were in the Public Hospital.

Reasons for selecting each hospital

The participants were asked to claim the reasons for having chosen the specific hospital for their treatment. As far as the Private Hospital is concerned, the main reasons are "good doctors" (35,8%), "a previous visit" (20,3%) and "a familiar doctor works in this hospital" (17,1%). Regarding the Public Hospital, the prevailing reasons are "its is public" (51,2%), "good doctors" (15,4%) and "a previous visit" (9,9%) (Table 4).

When participants asked to evaluate which the most important factor is regarding the perceived care in the Private Hospital, 42.3% said all the factors, 11.4% the detailed information as for their health, 11.4% the food and 9.8% the respect that staff showed to them. In the case of the Public Hospital 52.5% of respondents claimed that all the available factors are important, 9.9% psychological support they received, 8.6% the food and just 2.5% the respect that staff showed. Additional rates are presented in Tab 5.

Patients' perceptions and expectations

Initially, patients were asked to state how much help they needed from the staff and the degree of their satisfaction. 54.7% of the sample claimed that they did not need any substantial help, 27.4% little help, 11.2% enough help while 6.7%

substantial help. The Pearson Chi-square test showed no statistically significant difference between how the two hospitals regarding the help which the hospitalized needed. ($p = 0.051 > 0.05$). As for the evaluation of their satisfaction, in Private Hospital, 29.3% was very satisfied, 36.6% quite satisfied and 18.7% satisfied. However, 6.5% felt very unhappy on the assistance provided. Instead, the rates of patients coming from the Public Hospital ranged as follows: 6.8% very satisfied, 17.3% quite satisfied, 29% satisfied, while a significant cumulative 21% felt dissatisfied. 25.9% was neutral and indifferent regarding the provided help.

Also, respondents evaluated the provided medical care. Private Hospital's patients reported 13% very satisfied, 29.3% quite satisfied, 22.8% satisfied, while 11.4% claimed very dissatisfied. On the other hand, 17.3% of patients in Public Hospital stated a high satisfaction concerning the provided medical care, 14.2% were quite satisfied and 16% satisfied. It is important to point out a cumulative rate of 27.8% reported dissatisfaction regarding the provided medical care. Pearson Chi Square test indicated that the results are statistically significant as $p < 0.05$. Therefore, the 65.1% of patients in the Private Hospital claimed at least satisfied should be taken into consideration in relation to the lower percentage of the Public Hospital (47.5%).

When the patients were asked to evaluate if their expectations as for medical care were satisfied, 44.7% of those who were hospitalized in Private Hospital said that they found it better than they expected, 40.7% good as they expected and 10.6% bad as expected. However, 42% of respondents who came from the Public Hospital reported that they found it good as they expected, 24.1% better than they expected, while a 9.3% worse than their expectations. Pearson Chi Square test results are statistically significant ($p < 0.05$). Hence, we conclude that the Private Hospital predominates patients' expectations regarding medical care. As far as the provided nursing care related to the former expectations is concerned, results followed a similar trend between the two hospitals.

Patients' expectations regarding the food offered, we observed that 88.6% of Private Hospital's patients found it good or better than they expected, while the respective percentage of

Public Hospital's patient was 57.4%. The findings are statistically significant as in Pearson Chi Square test $p = <0.05$.

Patients were asked to indicate the degree of their agreement or disagreement with the question "I think doctors should decide for my healthcare without asking me, because they know what is best for me". 74.8% of the sample agreed with the proposal while only 1.8% claimed indifference on the issue.

Then, patients evaluated the quality of provided medical care. In Private Hospital, 81.3% agree that the medical care they received was qualitative, while in the Public Hospital, the figure was just 66.6%. The difference is statistically significant as when controlling the Chi Square test $p = 0.01$. Respondents were asked to compare the provided medical care with other hospitals. In the case of Private Hospitals 38.2% said it was better than other hospitals, 35% good as other hospitals, 7.3% worse than other hospitals and 4.1% had no prior experience in other hospitals. In Public Hospital, just 1.9% said that the provided medical care is better than other hospitals, 20.4% found it good, and 21% worse than other hospitals. The difference is statistically significant since $p < 0.05$.

As for the evaluation of the quality of nursing care, the Private Hospital's patients found it better than those who were hospitalized in the Public Hospital. The comparison with other hospitals showed that 36.62% of the patients in Private Hospital evaluated the nursing care to be better than in others, while 11.1% in the Public Hospital stated that the nursing care was worse than in other hospitals ($p < 0.05$).

The assessment of the total health provided service showed that in the Private Hospital, 81.3% claimed at least satisfied and 12.2% dissatisfied, while, in the Public Hospital, the figures were 54.3% and 16.3% respectively. It is important to point out that when the respondents were asked to state if they will recommend this hospital to familiar people, the positive figures for Private and Public Hospitals were 59.3% and 63.3% respectively.

Patients' Satisfaction Results

Patients' satisfaction of both hospitals is analyzed by comparing the questions' means. In this scale the participants were asked to evaluate their satisfaction concerning several questions about their experience in both hospitals (1: too

dissatisfied, 2: dissatisfied, 3: neither satisfied, nor dissatisfied, 4: satisfied, 5: very satisfied). The results are presented in detail in Tab 6. Respondents hospitalized in Private Hospitals appear to be more satisfied regarding the food, the cleanliness of the rooms and toilets. Moreover, they are more satisfied about respect which receives by the staff, the fact that they can always find doctors and nurses when they need something. The largest deviation between the hospitals concerning patients' satisfaction is located in the number of nurses during night, the comfortable room and the politeness of the staff. The patients of both hospitals are equally satisfied with the explanation of health outcomes and the doctors' advice as insignificant deviations exist. However, the most important difference concerning the patients' satisfaction is the time spent by doctors in retrieving health history. Private Hospital's patients seem to be more satisfied than those who chose the Public Hospital for their health problem.

Statistically significant correlations

The majority of the differences identified concerning the expectations, the perceptions and the patients' satisfaction between the studied hospitals are statistically significant. Pearson Chi Square test explains some of the following conclusions:

- A statistically significant difference in overall patient satisfaction with different age ($p = <.001$)
- A statistically significant difference in overall patient satisfaction with a different level of education ($p = .016$)
- A statistically significant difference in overall satisfaction with different marital status of patients ($p <.001$)
- There is no statistically significant difference in overall satisfaction with different gender patients ($p = .687$)

Discussion

Patients' satisfaction

Various studies indicate that patients generally tend to be satisfied with the provided health care (Fitzpatrick & Hopkins, 1983). In the present study the effects of satisfaction appear to be relatively higher as compared to the results of such investigations. More specifically, taking into consideration 285 patients who were hospitalized in two hospitals, the majority

(72.3%) of the participants are satisfied with the overall provided healthcare to the hospital. Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the

Public Hospital in terms of overall satisfaction. Patients in Private Hospitals are presented more satisfied (78.9%), than in the Public Hospital (52.3%).

Tab 1. Patients' characteristics

	N	%
Gender		
<i>Female</i>	143	50.2
<i>Male</i>	142	49.8
Age		
<i>18-24</i>	22	7.7
<i>25-34</i>	22	7.7
<i>35-44</i>	21	7.4
<i>45-54</i>	48	16.8
<i>55-64</i>	65	22.8
<i>65-74</i>	71	24.9
<i>75+</i>	36	12.6
Marital Status		
<i>Living together</i>	17	6.0
<i>Widowed</i>	29	10.2
<i>Divorced</i>	9	3.2
<i>Married</i>	188	66.0
<i>Single</i>	42	14.7
Nationality		
<i>Cypriot</i>	249	87.4
<i>Other</i>	36	12.6
Education		
<i>MSc, MBA, Phd</i>	22	7.7
<i>University(AEI)</i>	80	28.1
<i>College/TEI</i>	15	5.3
<i>Technical School</i>	58	20.4
<i>Lyceum</i>	48	16.8
<i>High School</i>	30	10.5
<i>Some elementary</i>	15	5.3
<i>None</i>	17	6.0
Occupation (Current or Previous)		
<i>Unemployed</i>	20	7.0
<i>Housewife/ househusband</i>	59	20.7
<i>Blue collar</i>	68	23.9
<i>White collar</i>	138	48.4
Place of residence		
<i>Larnaca</i>	193	67.7
<i>Urban</i>	92	32.3

Tab 2. Hospitals

Hospitals	N	%
Private	123	43,2
Public	162	56,8

Tab 3. Have you ever been hospitalized again at this hospital?

Hospital	%within Yes	%within No
Private	23.5	76.5
Public	46.9	53.1

Tab 4. Reasons for selection

Reasons	%Private	%Public
Good Doctors	35.8	15.4
I have visited it in the past	20.3	9.9
A familiar doctor works there	17.1	8.0
Recommendation	8.9	6.2
Reputation	7.3	2.5
It is the only one in the region	7.3	3.7
Friendly nurses	3.3	3.1
It is public	-	51.2

Tab 5. Key factors of perceived quality

	%Private	%Public
All the above	42.30	52.50
Communication with the staff	6.50	6.20
Staff is polite with me	1.60	3.70
Food	11.40	8.60
Comfortable room	5.70	8.00
Staff supports me psychologically	6.50	9.90
Staff shows sympathy	4.90	4.30
Staff shows respect	9.80	2.50
Detailed information regarding my situation	11.40	4.30
Total	100	100

Table 6. Patients' Satisfaction (means)

Questions/ Proposals	Private (means)	Public (means)
Food variety	3.9106	2.9074
Nice meal service	3.9106	2.0802
Tasteful meal	3.9106	2.9074
Clean room and bathroom	4.3902	3.3765
Visiting hours	4.1545	3.1173
Hospital organization	4.3821	3.3642
Security	4.2439	4.3395
Nurses at night	4.0976	2.9321
Comfortable room and bed	4.3984	3.2654
Quiet sleep without staff noises	4.3984	3.2593
Staff shows interest	4.4065	3.5000
I can discuss personal problems with doctors and nurses	4.4146	3.3210
Doctor reveals the truth about my health	4.4228	3.3025
I can always find a doctor	4.4309	3.2531
I can always find a nurse	4.4309	3.0679
Staff is polite	4.4228	2.8519
Doctors respect my personality	4.6504	4.6235
Experienced nurses	4.6341	4.4568
Staff does no discuss my problems with strangers	4.2114	3.8889
Staff asks me before acting	4.0163	3.3951
Doctors explain my test results in an understandable manner	4.1951	3.9630
Doctors give advice regarding my therapy	4.2276	4.4136
Staff do not ask for compensation	4.9268	4.9012
Staff respects my relatives	3.9756	4.0926
Doctors devote sufficient time to acquire a complete health history	4.2276	3.6111
SD	2487,624	6745,958

The 71.9% is satisfied with the overall quality of the provided nursing care. Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospital in terms of overall satisfaction concerning nursing care. Patients in Private Hospitals are presented more satisfied (65.1%), than in the Public Hospital (30, 2%). Eight out of ten (82.5%) were satisfied with the overall quality of provided medical care. Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospital in terms of overall satisfaction concerning medical care. Patients in Private Hospitals are presented more satisfied (65.1%), than in the Public Hospital (47.5%). Seven out of ten (68.4%) were satisfied with the quality of the offered food during their hospitalization. Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospital in terms of overall satisfaction concerning the offered food. Private Hospital are presented more satisfied (82.9%), than in the Public Hospital (19.8%).

Patient's quality expectations

Noteworthy differences were observed regarding the patients' expectations. More specifically:

Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospital regarding expectations for the overall provided quality, (Private Hospitals 78.9%, Public Hospital 52.3 %). Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospital regarding expectations for nursing care (Private Hospitals 79.7%, Public Hospital 44.4 %). Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospitals regarding expectations for medical care (Private Hospitals 73.2%, Public Hospital 42.5 %). Statistically significant difference ($p < 0.005$) appeared to exist between the Private and the Public Hospital regarding expectations for the offered food (Private Hospitals 88.6%, Public Hospital 57.4%).

Conclusion

Beyond any doubt, the assessment and interpretation of patients' satisfaction is a very enigmatic yet interesting task for health managers. As Ford et al. (1997) summarize "the precise measurement of patient's' feelings are a much greater challenge than determining the curvature of a tire."

Measuring patient's satisfaction is an important indication of the existence and the degree of healthcare quality. Patients are able to recognize and evaluate the healthcare quality provided as well as the outcomes of their health improvement. As a consequence, it is vital the majority of researchers acknowledge the importance of the views of patients in developing services and their preferences for the care as well.

As far this research is concerned, it is the first time that a research between public and private hospitals regarding customers' satisfaction is conducted in Cyprus. Consequently, it seems to be of great importance for further research.

In addition, this study revealed that the National Plan requires local managers to conduct surveys of consumers' views and degree of satisfaction in order the healthcare system in Cyprus to be enhanced. The public and private hospitals in Cyprus could take into account the research findings and improve their operational procedures and behaviors so as to improve patients' satisfaction. This event could lead to generally enhanced healthcare outcomes at country level.

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