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SERVICE QUALITY PERCEPTIONS AND PATIENTS' SATISFACTION: A COMPARATIVE CASE STUDY OF A PUBLIC AND A PRIVATE SECTOR HOSPITAL IN PAKISTAN

Abstract: Management of hospitals should take initiatives to improve the overall service quality of patient care. Regular feed-back from patients should be taken and rules should be made considering the expectations and requirements of patients. This study attempts to examine the satisfaction of patients from service quality they received from hospitals. Moreover, satisfaction is measured in both public and private hospital.

Keywords: Service Quality, Hospitals, Patients' Satisfaction, Pakistan

1. Introduction

In a developing country like Pakistan, healthcare is a serious concern and a point to ponder about for practitioners, researchers and government officials. A variety of steps have been taken by government of Pakistan and management of hospitals to improve the quality of patient care in hospitals. Now the question arises, what is quality care? Quality care is defined as, “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. It is also defined as, “the totality of features and characteristics of a service that bear on its ability to satisfy a given need” (Bauer JE, Duffy GL, Westcott).

It is the right of ill people to get better health services. For this purpose, it is the basic

responsibility of government to provide its people with best health care facilities at affordable price. As healthy people can contribute to country's progress and ailing nation makes a country unsuccessful.

In Pakistan, both private and public entities are providing health services. Pakistan is a developing country spending major part of its GDP on defense services and debt servicing. In addition to this, mismanagement and huge administrative set up consumes much of GDP share that is actually required to fund public sector development projects and providing social services to masses like education and health facilities. Pakistan's spending on education and health is very low as compared to developed countries of the world. There are many problems associated with this low budget allocation as described above. In addition to low budgetary allocation on health facilities, there is also a lack of proper mechanism to ensure fair distribution and transparent allocation of budget. Therefore, Pakistan is amongst those countries that are

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having poor health facilities. In this context, private sector hospitals are in business of health care. People belong to high income level prefer private hospitals as they can afford medical expenses. While people who belong to lower income group prefer public sector hospitals, as treatment is given free of cost or on nominal charges. It is general perception that public sector hospitals fail to provide good health care facilities and struggling to meet the demands of patients both in terms of quality and quantity. So, the focus of present study is on measurement of satisfaction level of patients in public and private sector hospitals in Pakistan by collecting data from two public and two private sector hospitals. Earlier studies conducted in Pakistan have their focus on other aspects of service quality; see for example, Shabbir *et al.* (2010) and Khurram and Jafri (2011). However, they have not focused on practices prevailing in this region of Asia, like "tips" (offering money to have better services in hospitals). The present study is different from the earlier aspects in the context that it focuses on aspects of service quality prevailing in Asian context. Moreover, it also has its focus on both public and private sector hospitals and compare patients' satisfaction level on given constructs in both sectors.

Healthcare in Pakistan has faced considerable improvements in recent years in few health indicators but it is still ranked poorer than its peers. Its infant mortality rate is higher amongst all the peers i-e India, Bangladesh and Srilanka. Overall, annual population growth in Pakistan is 2.03, life expectancy rate is 65.99, infant mortality rate per 1000 is 63.26 and mortality rate under 5 per 1,000 is 86.5, compared to other similar countries of the region (Economic survey of Pakistan, 2011-2012). Healthcare in Pakistan enjoys numerous advancements but basic health facilities are still lacking. Despite increase in budget allocation in other sectors, budget for healthcare remained constant. Instead, it decreases as percent of GDP. Total healthcare expenditure in public

sector from 2010-2011 is 55.12 billion; development expenditure is 26.25 billion, while current expenditure is 28.87 with percentage change of 31.24. These facts show that healthcare system has not improved to an extent in Pakistan to satisfy patients' needs.

Healthcare in Pakistan is divided into two categories; public and private. In public sector hospitals, provincial governments are given authorities to make rules and regulations. While in private sectors, there is no control of Government. Other than this, there is range of healthcare facilities including, allopathic, homeopaths and hakeems. However, NGOs and corporations are also active in healthcare and to some extent; they are successful in raising the positive standard of health. The patients per bed and per doctor are 1,665 and 1,206 (Economic survey of Pakistan, 2011-2012). This shows that one doctor has to attend a large number of patients due to which quality of healthcare services is affected. In this context, the study aims to find the satisfaction level of patients from the service provided to them by public and private hospitals of Pakistan and to establish a comparison between public and private hospitals regarding patients' satisfaction level.

2. Literature review

Service quality has received considerable importance in literature because of its importance and difficulty to measure (Parasuraman *et al.*, 1985; Lewis and Mitchell, 1990). It has many definitions but most important definition is, meeting customers' needs or expectations (Lewis and Mitchell, 1990). Parasuraman *et al.* (1985) firstly introduced this concept. They developed SERVQUAL scale to measure service quality, SERVQUAL. SERVQUAL is 22-item scale measuring five dimensions of service quality namely Responsiveness, Empathy, Tangibility, Reliability and Assurance. It measures service quality on

two dimensions of, expectations and perceptions. It is the most important instrument that is widely used in service sector organizations. This can be amended according to the focused organization (Wisniewski, 2001).

Hospitals provide same type of service but their quality of services varies from hospital to hospital (Youssef *et al.*, 1996). Best way to measure service quality is to measure the satisfaction level of customers, as they are ultimate beneficiaries of service quality (Bergman and Klefsjo, 1994). Quality in healthcare was previously defined by clinics as delivery of technical service in which basic needs and requirements of patients were not focused. Recent literature in developed countries focused upon needs of patients and their insights. Empirical research is also done on service quality in healthcare. Attention is now given to patients' perspective and their perceptions instead of focusing only on hard aspects of quality (O'Connor *et al.*, 1994; Andaleeb, 2000).

Healthcare initiatives have considerable importance in past 25 years. Budget allocated to healthcare is also improved. Patient opinions have also given importance to improve the overall quality of services delivered by hospitals (Armstrong, 1991; Meredith *et al.*, 1993).

It is very necessary to improve the service quality of both public and private sector hospitals. If hospital staff is trained and need the wants of the patients and it may possible for them to satisfy large number of patients. Besides this, hospitals should monitor their staff according to patients' requirements. A team or management should be developed in the hospitals that should keep an eye on each and every activity of the staff and in case of any leniency towards patients' care, report it to higher authorities. In this way, staff can feel the sense of responsibility and fulfil their duties properly. Quality management practices should be properly introduced in public sector hospitals. Moreover, quality

enhancement cells should also be made with trained professionals. Quality audit should be done on regular basis in hospitals and government should be reported before the admission of patients in hospital about the budget required for their treatment. As this is a practice of government hospitals that requirement of budget is told to government after the admission of patients. Feedback from the patients from time to time should necessarily be taken as they can determine the quality of services they are receiving from the hospital. Patients should also be educated about rules and regulations of hospitals. However, hospital pharmacy should provide all medicines free of cost. So that in case of any emergency, patients should not have to walk outside the hospital to buy the medicines. All patients should be treated equally, without any reference of any authorized person, especially in public sector hospitals.

SERQUAL has received considerable importance in literature. Different studies have focused upon different dimensions of SERQUAL. These studies have their focus on barriers to implement TQM (Short and Rahim, 1995) which are bureaucratic, high departmentalized and complex structures. Unique relationship of hospitals with physicians, existing quality assurance programs, conflict between hospital management philosophies and conflict philosophies and union-management relationships are also problematic.

Patients' satisfaction (Büyüközkan *et al.*, 2011) and expectations have also been the point of focus i-e, Lim and Tang, 2000 and Youssef *et al.*, 1996. Andaleeb (2000) compared the public and private hospitals in Bangladesh for service quality and predictors of hospital choice. It is assumed that quality provided by a hospital is based on the structure under which hospitals are operating. Quality is determined on the basis of constructs such as responsiveness, assurance, communication, discipline and baksheesh (tip).

Hasin *et al.* (2001) studied the factors of change attitude of patients about non-conforming service, training, and efficiency of inner departments and absence of policy. It is evident from a study of Sohail (2003) that perceived value of patients for services is greater than expectations for all the constructs. SERQUAL has also relationship with leadership (Jabnoun and Rasasi, 2005; Khurram and Jafri, 2011). Quality management and business management of hospitals has also relationship with each other. Improvement in quality management of hospitals leads to their increased business management (Kunst and Lemmink, 2010). Businesses can only achieve success by adopting customer oriented strategies. Same is the case with hospital's success.

In Pakistan, several studies have been conducted in health care sector to measure service quality and patients' satisfaction level. Results of studies show that patients are more satisfied with services of public sector hospitals as compared to private ones.

Khurram and Jafri (2011), assessed the behavioural integrity of leaders and progress of organization through TQM implementation in hospitals of Pakistan.

In general, Service quality provided by the hospitals to their patients is the source of their satisfaction or dissatisfaction from the hospitals. There are various dimensions that are the predictors of service quality. Focused dimensions in this study are; responsiveness, assurance, discipline, communication and tips.

Responsiveness

It is the willingness of doctors, nurses and staff of a hospital to provide quality services. It involves setting appointments, providing services and medicines quickly, and proper check-up (Naidu, 2009). It is the ability to help customers and to provide prompt services (Buttle, 1996). If they are responsive to patient needs then the quality level of services can be automatically improved.

Assurance

It is the trustworthiness and credibility of the employees to keep best interests of the customers at heart (Buttle, 1996). It involves the competence and training level of doctors and employees as the prescriptions and advised medical tests are dependent upon it (Rashid and Jusoff, 2009). It is also about the assurance given to employees about the efficient and prompt services (Andaleeb, 2001).

Communication

Communication means to remain intact with customers and keep informing them about their health condition (Suki *et al.*, 2011). It also includes communicating patients in a language understandable for them, telling them about their health condition and treatment.

Discipline

It involves the overall discipline maintained during providing the services and the discipline of the staff (Narang, 2011). Cleanliness is also the part of discipline and patients are the best analyzers of the cleanliness of the hospital, as they have to avail all services (Andaleeb, 2001).

Tips

It is the amount of money given to staff to get comparatively better services, after getting good service for first time. It is given when there is no proper mechanism and no criterion is maintained for SQ (Chang, 2009). So, patients give money themselves to get better service that was not provided by hospital staff earlier. Patients who are keener to get good services then give some money to staff so that they could provide better service to them (Andaleeb, 2001).

Patients' Satisfaction

According to Asadi-Lari *et al.* (2004), patients' satisfaction is defined as "Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met" or "Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied

patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services and stay within a health provider (where there are some choices) and maintain with a specific system".

Service quality is considered as the best predictor of patients' satisfaction from the hospitals. But in many cases it is not the best predictor because there are many other factors which contribute to the dissatisfaction of patients such as they may not be satisfied with the doctor's advice or may be because of much traffic and non-availability of doctors (Lee *et al.*, 2011). Many studies have shown the direct impact of service quality dimensions on patient satisfaction that is, if these dimensions (responsiveness, assurance, discipline, communication) are fully fulfilled and according to expectations of the patients then they will be satisfied from the services of the hospitals (Gooding, 1995; O'Connor *et al.*, 2000; Wu *et al.*, 2008). Similarly, if there are no tips in hospitals then satisfaction level of individuals can be raised (Andaleeb, 2001).

It is the common practice in public hospitals of Pakistan that when a patient is brought to a hospital, he/she has to fill many requisite forms. No one attends the patient until he/she is officially admitted. It is also observed that when nurses are called, they come according to their will, not considering the concerns of patients. For quick recovery of patients, it is the responsibility of staff at hospitals to help patients and to provide prompt services (Sohail, 2003). If they are responsive to patient needs and respond immediately when called, then the PS can be improved. If the staffs of sector hospitals of Pakistan is responsive towards patients' needs and is courteous and caring then patients will be highly satisfied with the quality of services they are getting from the hospital. Satisfaction of patients can be achieved when doctors keep best interests of the patients at heart and feel for them.

Patients at hospitals of Pakistan should also be assured of efficient and prompt services. When they are assured of skills, professionalism, training and competence of staff then it enhances the satisfaction level of patients (Rashid and Jusoff, 2009). Reason follows, it the mind-set of people that in public hospitals they presume doctors and nurses to be more skilled and experienced as they attend a large number of patients regularly.

It is the responsibility of the doctors and staff of hospitals of Pakistan to listen to patients and communicate with them in language easily understandable for them. It includes, explaining patients about the trade-off between service and cost (Buttle, 1996). It is the desire of every patient to be explained about his or her condition and treatment (Pakdil and Harwood, 2005). If they keep on informed about their health conditions and doctors also listen to them carefully, then their behaviour plays a positive role towards their satisfaction. It is desire of every patient that he/she should be explained about his/her health condition and treatment, so it is necessary that the patients should be told about these things. If they are told about their health condition and doctors listen their problems without writing prescription rapidly then patients become satisfied that if they are listened and communicated properly then their treatment will be fine also. It is to remain intact with customers and keep informing them about their health condition. In many cases it is possible to communicate in more than one language according to the feasibility and understanding of the patients.

Cleanliness and discipline has an important role in PS. Unclean places are the source of their discomfort (Kilbourne *et al.*, 2004) and spread of diseases. Clean environment without any foul smell is the source of rapid recovery, and patients feel satisfied in this environment. Cleanliness and discipline has also an important role in satisfying patients.

A common practice which is observed in most of the hospitals is that staff demand and expect baksheesh/tips from patients which decreases the level of satisfaction of patients. Patients who are keener to get good services give some money to staff to get better service in Pakistani public hospitals. If there are is no practice of awarding tips in hospitals then satisfaction level of patients can be raised.

Following consecutive testable hypotheses are developed based on literature review, identified variables and above discussion.

H1. Higher the responsiveness of staff, greater will be the satisfaction of patients

H2. Higher the assurance of provided services more will be the satisfaction of patients.

H3. High the communication, greater will be the satisfaction of patients.

H4. Higher the discipline maintained in the hospital, more will be the satisfaction level of patients.

H5. Tip has negative relationship with the patients' satisfaction.

H6. There is a difference between service quality perceptions and patients' satisfaction in public and private sector hospitals of Pakistan.

3. Methodology

3.1 Participants and procedure

For this research, feedback was taken from 95 admitted patients from two public hospitals and two private hospitals located in twin cities (Islamabad and Rawalpindi). This study was conducted to check the impact of different service quality dimensions on patients' satisfaction in both types of hospitals. Cross-sectional data were collected from admitted patients from these hospitals of twin cities based on following reasons; first, these hospitals are established by the Government of Pakistan to provide medical services and treatment to general

public free of cost, so a majority of population prefers these hospitals. Second, in case of any natural disaster or mishap the government announces emergency in these hospitals only. And finally, these are among those hospitals in twin cities in which newly graduated MBBS students are allowed to practice, showing importance of these hospitals. Key reason for targeting admitted patients is that they are better service recipients as they have to stay for a longer period in hospitals and utilize all services. However, Out Door Patients (OPD) stays in a hospital for a short while and leave after consultation.

Participants of study were approached after seeking formal permission from Medical Superintendents or Executive Directors of the respective hospitals. Data were collected from all wards except pediatric, emergency, ICU, CCU and Psychiatric wards as patients in these wards were not in condition to respond. Bilingual questionnaire (in English and Urdu language) in the printed form was used for data collection purpose. It was compromised of two parts, first was about constructs and second was about demographics of patients. Participants were assured of their anonymity, and questionnaires were distributed and got filled on the voluntary basis.

3.2 Measures

Model developed by Andaleeb (2001) was replicated and used as the study model. Reason for selecting these measures was that they have been used in the subcontinent countries having almost same culture as that of Pakistan's.

3.3 Reliability and validity

Since, items were used from a different context; therefore, inter-item consistency coefficient was ensured and demonstrated the construct reliability and validity. All inter-item consistency coefficients showed excellent inter-item consistency (George and

Mallery, 2003). All composite reliability measures were crossed the threshold of 0.70 (Lee *et al.*, 2007). For validating constructs, convergent and discriminant validities were confirmed. The standardized loadings were above the threshold of 0.5 at $p < 0.05$ provided evidence of convergent validity (Fraj *et al.*, 2006). Moreover, the square root of each construct's average variance extracted was found to be larger than its corresponding correlation coefficients. This revealed evidence of discriminant validity (Lee *et al.*, 2007).

3.4 Data analysis approach, preparation and editing

Data were analyzed in SPSS. Before attaining results, normality and the sample adequacy was ensured with the purpose of minimizing the possibility of empirical underidentification, heteroscedasticity, and the likelihood of technical problems in the analysis respectively. The assumption for univariate normality was satisfied as none of the items revealed the absolute value of kurtosis greater than 10 (Harrington, 2009).

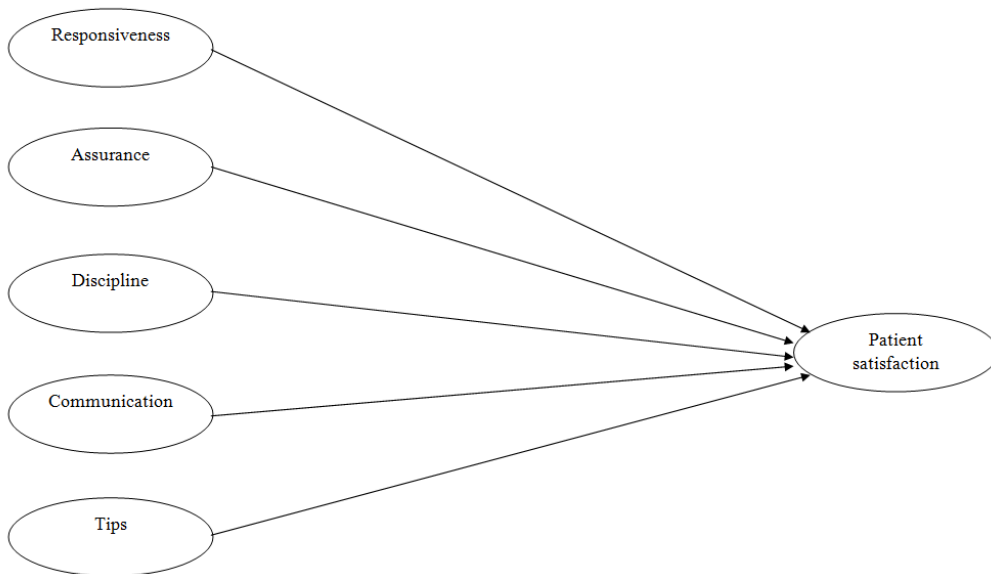


Figure 1. Impacts on patients satisfactions

4. Results

Table 1 shows the descriptive statistics, correlations, reliability and validity results. According to these results, all constructs are reliable (composite reliability and inter-item consistency) and valid (Average Variance Extracted) to be used for admitted patients in public and private sector hospitals. Correlation results shows that all the

constructs are positively correlated except the relationships with tips, which is negatively correlated. However, except relationship of tips with communication and satisfaction in public sector hospital and communication with satisfaction in private hospitals all correlations are significant (see table 1). Reliability and validity results also demonstrate the reliability and validity of constructs under study.

Table 1. Descriptive Statistics, Reliability and Validity

Variables	Composite Reliability	Chronbach's α	Correlation Coefficients						
			1	2	3	4	5	6	
1. Responsiveness	0.876	0.855	1.000						
2. Assurance	0.883	0.875	0.453**a	1.000					
			0.725**b						
3. Communication	0.897	0.849	0.440**a	0.279**a	1.000				
			0.473**b	0.410**b					
4. Discipline	0.841	0.840	0.461**a	0.568**a	0.265**a	1.000			
			0.599**b	0.649**b	0.428**b				
5. Tips	0.889	0.833	-0.135 ^{nsa}	-	-0.179 ^{ns} a	-0.219**a	1.000		
			-	0.396**b	0.565**b	0.462**b	0.531**b		
6. Satisfaction	0.919	0.928	0.471**a	0.506**a	0.490**a	0.564**a	-0.161 ^{nsa}	1.000	
			0.732**b	0.462**b	0.212 ^{nsb}	0.443**b	-0.242*b		
\sqrt{AVE}			0.741	0.848	0.833	0.852	0.900	0.861	

a: Public sector hospital, b: Private sector hospital

p<0.01, p<0.05, ns=not significant

Dependent variable: Satisfaction

*p<0.05, **p<0.01

According to the results of Public sector hospital presented in table 1, out of all the constructs of service quality i.e., responsiveness, assurance, communication, discipline and tips, only assurance ($\beta=0.205$, $p<0.05$), communication ($\beta=0.313$, $p<0.01$) and discipline ($\beta=0.332$, $p<0.01$) has significant relation with the dependent variable of satisfaction. However, the R^2 adjusted R^2 and F statistics for this regression result is 0.480, 0.451 and 16.278 respectively. Bases on these results, hypotheses H2 and H3 are accepted and H1, H4 and H5 are rejected for public sector hospitals.

According to results of Private sector hospital in table 1, only responsiveness ($\beta=0.202$, $p<0.05$) and communication ($\beta=0.104$, $p<0.10$) has significant relationship with patients' satisfaction. Relationship of all other service quality constructs is insignificant. However, the R^2 adjusted R^2 and F statistics for this regression result is 0.572, 0.541 and 18.420 respectively. So, hypotheses H1 and H3 are

accepted in case of private sector hospitals and H2, H4 and H5 are rejected.

H6 was about the difference in public and private sector hospitals for patients' satisfaction, based on service quality provided to them. According to this, both hospitals differ in responsiveness ($t(167) = 0.212$, $p = 0.028$) towards their admitted patients.

Moreover, common method variance explained is 49%.

5. Discussion

Both public and private hospitals of Pakistan are trying to offer best patient care services to patients to satisfy their needs and overcome the health issues in Pakistan. According to the results of public sector hospital (Table 2. and Table 3.), assurance, communication and discipline has positive and significant relation with the patients' satisfaction. However, responsiveness and tips have insignificant relationship with

patients' satisfaction in public sector hospital. Patients want the assurance of quality of services and accuracy of treatment provided to them by the hospital (Yesilada and Direktor, 2010). Public sector hospital is efficient in providing this level of assurance to patients. Patients also want in public sector hospitals that they should be communicated properly about their treatment, their health condition and all the tests they have to undergo. Communication results are significant with the results of (Frohna *et al.*, 2001; Curry and Sinclair, 2002; Stein *et al.*, 2005; Graugaard *et al.*, 2005). Doctors of public sector hospital are efficient enough to provide them with this information, hence leading to the satisfaction

of patients. Discipline of staff, cleanliness and regular visits of doctors is also the source of satisfaction for patients. Public sector hospital is good enough to provide them with these services. Responsiveness is not considered as element of satisfaction by patients in public hospitals as they only want good quality treatment and high communication quality by doctors which leads to their satisfaction. Tips also have insignificant relationship with patient satisfaction. Reason follows, people coming to public hospitals are not wealthy enough to thought about giving tips to staff and hence do not consider it an element of their satisfaction.

Table 2. Regression results: Public Sector vs Private Sector hospital (Dependent variable; Patients' satisfaction)

Public (Group I)					
Independent Variable	Standardized Regression Coefficients (β)	T-value	Significance Probability	TV	VIF
<i>Constant</i>		-969	ns		
<i>Responsiveness</i>	0.094	0.440	ns	0.642	1.556
<i>Assurance</i>	0.205	2.039	*	0.585	1.708
<i>Communication</i>	0.313	3.611	**	0.788	1.269
<i>Discipline</i>	0.332	3.415	**	0.624	1.604
<i>Tips</i>	0.050	0.610	ns	0.873	1.146
<i>R2</i>	.480				
<i>Adjusted R2</i>	.451				
<i>F</i>	16.278		.000		
Public (Group II)					
<i>Constant</i>		2.788	**		
<i>Responsiveness</i>	0.202	7.143	**	0.408	2.449
<i>Assurance</i>	0.144	-1.343	ns	0.356	2.808
<i>Communication</i>	0.104	-1.938	*	0.679	1.472
<i>Discipline</i>	0.148	0.835	ns	0.499	2.004
<i>Tips</i>	0.097	-0.284	ns	0.574	1.741
<i>R2</i>	.572				
<i>Adjusted R2</i>	.541				
<i>F</i>	18.420		.000		

*p<0.05, **p<0.01, ns= non significant

Table 2. Independent sample t-test

	F	Sig	t	df	Sig (2-tailed)
Responsiveness	4.376	0.038	-0.212	167	0.028
Assurance	0.362	0.548	0.434	167	0.665
Communication	0.228	0.634	0.339	167	0.735
Discipline	6.870	0.010	-0.889	167	0.376
Tips	0.162	0.688	0.018	167	0.986

When come to private sector hospital, responsiveness and communication has significant relation with patient satisfaction. But the relationship of communication with satisfaction is negative. However, assurance, discipline and tips have insignificant relationship with patients' satisfaction in private sector hospital. In private sector hospital, patients demand more responsive attitude from staff and doctors, as patients have to pay from their pocket for all the services they are getting. Private hospital is efficient enough to show responsiveness towards patients and hence a source of their satisfaction. Patients in private hospital are not satisfied with the level of communication of doctors and staff. They demand high level of communication that may lead to their satisfaction. They demand that each and everything about their treatment and tests should be explained to them in detail and sometimes doctor feel reluctant to provide this information, considering the sensitive health condition of patients. Patients take it negative as they are curious to find more hence leading to their dissatisfaction. Assurance, discipline and tips are not considered as element of satisfaction by patients in private hospital. They want only responsive attitude and good level of communication by staff and doctors even they have to give money in the form of tips also to get these services. According to results obtained by Andaleeb, (2001) in hospitals of Bangladesh, all the service quality dimensions had significant relationship with patients' satisfaction. In overall results of present study indicate that patients in public sector hospital are more satisfied than the private one. These are contrary to the results of Taner and Antony

(2006), where patients in private hospitals are more satisfied.

To improve the service quality of the hospitals in Pakistan, importance should be given to the patients' opinion and their suggestions should be incorporated. It was observed that in some wards, there was more than one patient were one the same bed. For rapid and complete recovery of patients, it is required that comfortable environment should be provided to them. To cope up with the problem of cleanliness, more staff should be hired by public sector hospitals. Moreover, it is also required that performance of staff should also be monitored. Pharmacy of hospital should have stock of all prescribed medicines so that should not have to go outside in case of any emergency. In case of any emergency, services should be efficiently provided, instead of waiting for all procedures meant for treatment. Act of treating referral patients' promptly should be avoided, so that all patients could get same level of treatment.

6. Conclusion

According to the results of present study, we reach to some conclusions. Public sector and private sector hospitals are a source of satisfaction for patients in some aspects but in other ones they are not that much satisfied. Majority of population in Pakistan is earning a very low income. Because of poor economic conditions and inflation, people are not able to afford private hospitals. They go mostly for public ones and as they don't have to spend much money there so they are mostly satisfied. On the

contrary, patients in private sector hospitals have to pay for their treatment hence they demand better quality of service. Summarizing all, patients need better and improved health services and for this purpose, important steps should be taken by management of hospitals. Even if patients are not paying for better services, as a human it is the right of every individual to get better health facilities.

The implications drawn from the present study may be considered in the light of certain limitations. Only specific wards were focused in this study so future research should be focused on remaining wards and OPD (Out Door Patients). Emergency wards and intense care units should be considered in future to measure the satisfaction level of patients in case of emergency conditions. For these purpose, their feedback can be obtained after their complete recovery. Moreover, it is also possible to get information about the service quality of hospitals from the care takers of patients. Moderating role of different demographic variables can also be assessed. In this way, a detailed study related to profiles of patients can also be conducted. New constructs related to food quality and pharmacy of hospital can also be added.

7. Conclusion

The findings of the present study also provide a rationale for providing best patient care services. Therefore, its findings can be used for imparting training to hospital staff to increase patient care. Besides this, hospitals should train and monitor their staff according to patients' requirements. Only the healthier people can be the source of healthier society so government should also

frame legislation on patient care in both public and private sector hospital and develop mechanism to ensure compliance. For this purpose, this study can prove to be a guideline to policy makers in drafting rules and regulations. Patients should also be educated about rules and regulations of hospitals. Hospital staff should be responsive towards patients' needs as this is moral and societal obligation of staff to take good care of patients. Especially in private sector hospitals, staff should be trained to focus towards providing quality care to patients instead of focusing only of their fee as they pay considerable amount of money for health care facilities hence their expectations are high. Finally, government should take steps to make regulatory authority more independent and vibrant to ensure compliance of fair practices, transparent allocation and use of health care budget and provision of best medical care facilities in both private and public sector hospitals.

8. Recommendations

Based on the results of the present study, some recommendations are proposed for public and private sector hospitals to increase quality of their services and to satisfy patients. Patients' opinions should be given importance, one bed should be allotted to one patient only, more staff should be hired to maintain the cleanliness, performance of staff should be monitored regularly, in case of any emergency, services should be efficiently provided and act of treating referral patients' promptly should be avoided.

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