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Review Article

A comparative study of patients satisfaction with the quality of nursing care in public and private hospitals in Uttar Pradesh, India

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ABSTRACT

This research paper presents a comparative study on patients' satisfaction with the quality of nursing care in public and private hospitals within Uttar Pradesh, India. The study is motivated by the need to address the disparities in healthcare services and patient experiences between these two sectors. To accomplish this, a comprehensive framework has been developed encompassing literature review, research design, data collection, variables and measures, data analysis, findings, and recommendations. The study's primary objectives are to identify the factors that influence patients' satisfaction with nursing care and to assess the variations in quality between public and private hospitals. Through the analysis of data collected from a representative sample of patients, this study aims to provide valuable insights for policymakers, healthcare providers, and stakeholders in Uttar Pradesh's healthcare system. The findings and recommendations of this research are expected to contribute to the improvement of nursing care quality, ultimately enhancing the overall healthcare experience for patients in both public and private hospitals in the region.

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1. Introduction

Healthcare is a fundamental human right, and the quality of healthcare services plays a pivotal role in determining the overall well-being of individuals and communities. In India, like many other countries, healthcare services are provided by both public and private sectors, each with its unique characteristics and challenges. Among the crucial aspects of healthcare is the quality of nursing care, which directly impacts patients' experiences and outcomes. Uttar Pradesh, India's most populous state, is home to a diverse healthcare landscape, comprising a mix of public and private hospitals. Understanding and evaluating the quality of nursing care in these settings is of paramount importance, as it can provide insights into the effectiveness of healthcare delivery and inform policy decisions aimed at improving healthcare services.¹ This research paper embarks on a comparative

study of patients' satisfaction with the quality of nursing care in public and private hospitals in Uttar Pradesh. The study is driven by the need to address the existing disparities in healthcare services and patient experiences between these two sectors. The overarching objective is to examine the factors that influence patients' satisfaction with nursing care and to assess variations in quality between public and private hospitals. The study will employ a robust framework that encompasses literature review, research design, data collection, variables and measures, data analysis, findings, and recommendations. By gathering data from a representative sample of patients who have recently received nursing care, this research aims to provide valuable insights for policymakers, healthcare providers, and stakeholders in Uttar Pradesh's healthcare system. As we delve into the comparative analysis of nursing care quality in public and private hospitals, we hope to uncover critical findings that can contribute to the enhancement

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of the overall healthcare experience for patients in Uttar Pradesh. Ultimately, the research seeks to inform evidence-based decisions and initiatives aimed at elevating the quality of nursing care, thereby improving healthcare outcomes and ensuring the equitable provision of healthcare services in the state.

2. Healthcare in Uttar Pradesh

Uttar Pradesh, India's most populous state, faces a complex healthcare system with over 220 million people. The state's healthcare system consists of public and private providers, each with its strengths and weaknesses. The main challenge is the uneven distribution of healthcare facilities and resources, with urban areas having better access to services and facilities. Rural areas often face shortages of healthcare workers and essential supplies, leading to disparities in health outcomes.² The shortage of healthcare personnel, particularly doctors and nurses, further exacerbates health disparities. Inadequate infrastructure in rural areas hinders quality healthcare services, exacerbating health disparities. Healthcare financing remains a concern, with gaps in coverage and financial barriers for economically disadvantaged populations. Maternal and child health remains a priority, with high maternal and infant mortality rates due to inadequate care and limited access to skilled birth attendants. Despite these challenges, Uttar Pradesh has made efforts to address healthcare disparities through initiatives like the National Health Mission.

3. Importance of Nursing Care

Nursing care is a vital aspect of healthcare delivery, encompassing a range of functions beyond medication administration and vital sign monitoring. It focuses on promoting patient comfort, facilitating healing, preventing complications, fostering communication, and enhancing the overall quality of healthcare. Nurses are primary caregivers, offering emotional support and establishing therapeutic relationships to patients experiencing pain, distress, or anxiety. They also implement and monitor treatment plans, ensuring safety and effectiveness. Nurses serve as effective advocates for patients within the healthcare system, empowering them to make informed decisions and advocate for their rights.³ They are skilled communicators, bridging the gap between patients and healthcare providers, and excel in patient education. Their commitment to patient safety and high standards of care contributes to the integrity of healthcare institutions. Nursing care also has a significant impact on public health, as public health nurses conduct screenings, administer vaccinations, and educate individuals on healthy lifestyles. Their outreach initiatives contribute to the well-being of populations and serve as a vital link between healthcare institutions and communities. Nursing care is essential to the healthcare ecosystem, embodying

values of care, compassion, and competence. Nurses are the unsung heroes of healthcare, embodying the values of care, compassion, and competence.

4. Disparities in Healthcare

Disparities in healthcare are persistent and deeply rooted inequalities in access, quality, and outcomes of healthcare services, and they represent a pervasive and complex challenge in healthcare systems worldwide. These disparities are multifaceted, arising from a combination of social, economic, geographic, racial, and ethnic factors, among others. Such disparities result in differential health outcomes, healthcare experiences, and access to medical resources among various populations.^{4,5} Key dimensions of healthcare disparities include access to healthcare services, quality of care, health outcomes, and healthcare utilization. These disparities often disproportionately affect marginalized and vulnerable communities, leading to unjust and avoidable health inequalities. Addressing healthcare disparities is a crucial moral and ethical imperative for healthcare systems globally, as it not only improves the well-being of individuals but also enhances the overall effectiveness and equity of healthcare delivery.⁶ Efforts to eliminate disparities in healthcare require a comprehensive and multifaceted approach that encompasses policy interventions, healthcare system improvements, and societal changes aimed at achieving healthcare equity for all.

5. Impact on Health Equity

Healthcare disparities significantly impact health equity, a fundamental principle of public health and social justice. These disparities result in unequal health outcomes, perpetuating cycles of poverty and social inequality. They also erode health equity by amplifying existing social determinants of health, such as income, education, housing, and employment. These disparities challenge the ethical imperative of treating all individuals with equal dignity and providing them with equal opportunities to lead healthy lives. Additionally, healthcare disparities contribute to healthcare costs and inefficiencies, as individuals from marginalized communities often delay seeking healthcare until their conditions become more severe.^{7,8} Disparities in care can result in preventable hospitalizations and complications, straining healthcare resources. Addressing healthcare disparities is not only an ethical concern but also a practical necessity for creating a more efficient and sustainable healthcare system. Communities with high levels of healthcare disparities often experience lower economic productivity, reduced social cohesion, and increased social unrest.⁹ Recognizing and addressing healthcare disparities is not only a matter of public health urgency but also a moral imperative. Achieving health

equity requires concerted efforts to eliminate disparities in healthcare access, quality, and outcomes, ensuring that every individual has the opportunity to attain their highest level of health, regardless of their background or circumstances.

6. Review of Literature

(Al-Daoar, n.d.) in the study “A Critical Review of the Service Quality And its Measurement in Indian Health Care Sector” and said that This study reviews and analyses 30 papers on the features of India’s health care services, using data from sources including Emerald Insight, EBSCO, and Google Scholar.¹ The studies used self-administered questionnaires with between fifty and two thousand and four hundred and eighty participants. The reliability of the scales was most often determined using Cronbach’s alpha. The quality of care provided to patients is often assessed using a modified version of the SERVQUAL scale. There is a lack of agreement on what constitutes high-quality care in India’s healthcare system.

(Gill, n.d.) in the study “A Primary Evaluation of Service Delivery under the National Rural Health Mission (NRHM): Findings from a Study in Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan” and said that specifically, the research examines the infrastructure, personnel, pharmaceutical supply, decentralised finance, and availability of NRHM-provided services at rural public health facilities.³ The findings highlight implementation challenges and encourage efforts to strengthen standards, while also highlighting variations amongst the four states.

(Samal et al., n.d.) in the study “comparison and study of various reviews and articles on the quality of service in hospitals” and said that after the year 2000, a framework was developed to measure the quality of healthcare in Odisha, India, despite the country’s established infrastructure and economy. The objective was to figure out what needed further research so that healthcare may be improved generally.⁹

(Manary et al., 2013) in the study “The Patient Experience and Health Outcomes” and said that when discussing people, “health care” implies a comprehensive and intensive service. Patient satisfaction is often used as a yardstick of healthcare quality.⁶ How patient satisfaction relates to health care use, cost, and outcome is still an open question. There is a growing connection between health care system enhancements and satisfied patients. The purpose of this research was to examine how hospital administrators were impacted by patients’ views and service expectations so that they might make necessary adjustments.

(Bhattacharyya et al., 2018) in the study “Do women’s perspectives of quality of care during childbirth match with those of providers? A qualitative study in Uttar Pradesh, India” and said that Money incentive programmes in India have not greatly decreased the high rates of maternal death

that plague developing nations.² The quality of obstetric treatment and cultural norms are two factors that affect birth outcomes for mothers. This research looks at the challenges faced by public health institutions in Uttar Pradesh, India, in meeting the needs of pregnant women who seek high-quality treatment.

(Kamra et al., 2019) in the study “An Empirical Study on Service Quality Comparison Between Private and Public Hospitals in Delhi-NCR” and said that using a questionnaire, this research assessed the quality of treatment provided by public and private hospitals in the Delhi-National Capital Region. Results demonstrated a considerable difference in quality, with private hospitals having superior tangibility, empathy, responsiveness, dependability, and assurance.⁴ The distinction was mostly thought to rest with the object’s tangibility. The research advises government attention to enhance public hospitals’ service quality and regular monitoring of patient perception for improved healthcare delivery and patient satisfaction.

(Research Scholar, Bharathi University, Coimbatore, Tamil Nadu, India. & Mammen, 2022) in the study “An Empirical Study on Service Quality Comparison Between Private and Public Hospitals in Delhi-NCR” and said that This study compared the quality of care in public and private hospitals in the Delhi-National Capital Region by use of a questionnaire. According to the findings, private hospitals excelled in all areas measured, including materiality, empathy, responsiveness, responsiveness, reliability, and assurance. It was generally agreed that the distinguishing factor was the physicality of the item in question. The findings recommend that the government prioritise enhancing the service quality of public hospitals and regularly monitoring patient perception in order to enhance healthcare delivery and patient satisfaction.

6.1. Ethical consideration

There were no conflicts of interest present throughout any of the statistical analyses that was done in the lab. The samples were gathered in several parts of Uttar Pradesh India, including Gorakhpur. The volunteers who agreed to have their personal information kept confidential and answered the set of questions included in this study did not experience any racial conflict, prejudice, or discrimination. Additionally, there is no conflict of interest among the writers, and each one contributed equally to the development of the statistical findings.

7. Methodology

A self-administered questionnaire was used to collect the responses from a sample size of 100 respondents. The data is then analysed using SPSS V26 using statistical techniques.

Table 1: Age and sex wise distribution of cases in the study

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	53	53	53	53
	Female	47	47	47	100
Age	Under 18	14	14	14	14
	18-24	24	24	24	38
	25-34	15	15	15	53
	35-44	20	20	20	73
	45-54	15	15	15	88
	55 or older	12	12	12	100

Table 2:

Statement		Frequency	Percent	Valid Percent	Cumulative Percent
Current Residence	Urban	47	47	47	47
	Rural	53	53	53	100
	Strongly Disagree	12	12	12	12
The product/service met my expectations.	Disagree	28	28	28	40
	Neutral	16	16	16	56
	Agree	30	30	30	86
	Strongly Agree	14	14	14	100
	Strongly Disagree	14	14	14	14
I found the product/service to be of high quality	Disagree	21	21	21	35
	Neutral	14	14	14	49
	Agree	34	34	34	83
	Strongly Agree	17	17	17	100
The product/service was delivered in a timely manner.	Strongly Disagree	14	14	14	14
	Disagree	22	22	22	36
	Neutral	16	16	16	52
	Agree	34	34	34	86
I received excellent customer support when needed	Strongly Agree	14	14	14	100
	Strongly Disagree	17	17	17	17
	Disagree	16	16	16	33
	Neutral	16	16	16	49
I would recommend this product/service to others	Agree	35	35	35	84
	Strongly Agree	16	16	16	100
	Strongly Disagree	16	16	16	16
	Disagree	15	15	15	31
	Neutral	14	14	14	45
	Agree	41	41	41	86
	Strongly Agree	14	14	14	100

8. Results and Discussion

The provided data represents the responses from a survey conducted on various aspects of a product or service, along with demographic information of the respondents. The survey includes questions related to gender, age, current residence, and participants' perceptions of the product or service using a Likert scale, ranging from "Strongly Disagree" to "Strongly Agree."

In terms of gender distribution, the respondents were relatively evenly split, with 53% identifying as male and 47% as female. Regarding age groups, the participants encompassed a diverse range, with 24% falling in the 18-24 age bracket, 20% in the 35-44 age group, and 15% each

in the 25-34 and 45-54 categories. Additionally, 14% were under 18 years old, and 12% were 55 years or older. In terms of current residence, the survey population was divided between urban (47%) and rural (53%) areas. (Tables 1 and 2)

The survey then delves into participants' perceptions of the product or service. Notably, the majority of respondents (86%) agreed or strongly agreed that the product or service met their expectations, suggesting overall satisfaction. Similarly, a substantial portion (83%) found the product or service to be of high quality, with a combination of agreement and strong agreement. Regarding timely delivery, 86% of participants agreed or strongly agreed that the product or service was delivered promptly.

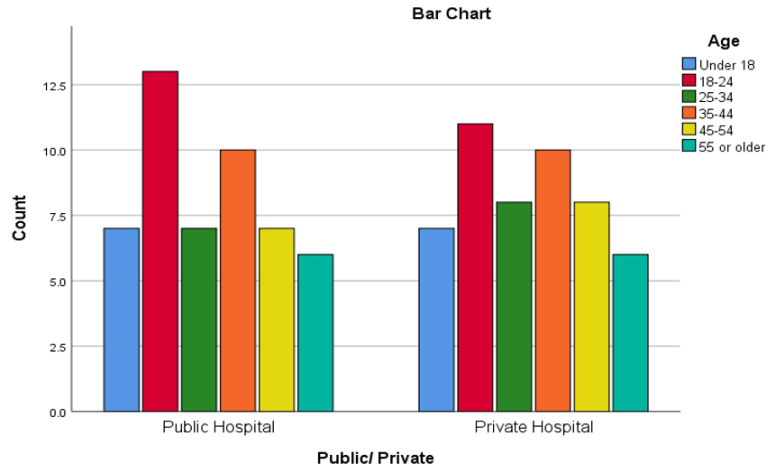


Figure 1: Showing comparative study between public hospitals & private hospitals

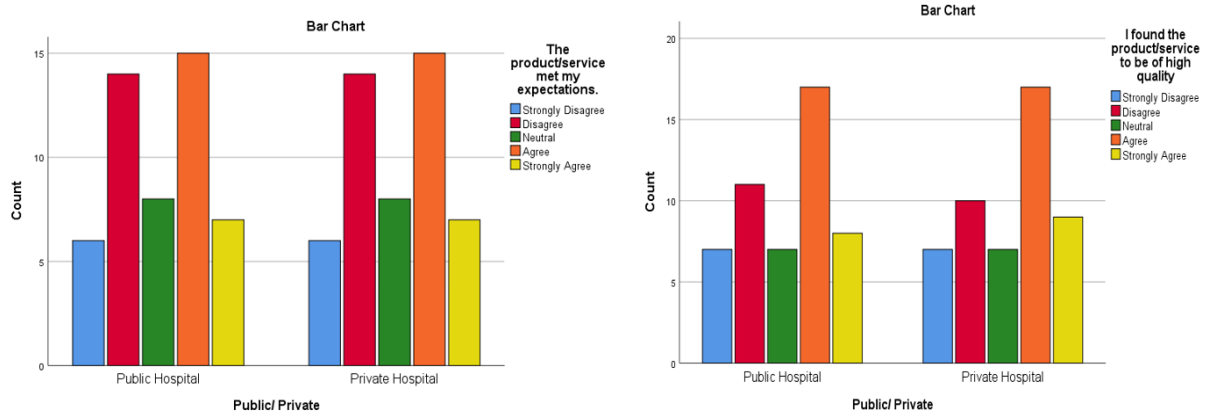


Figure 2:

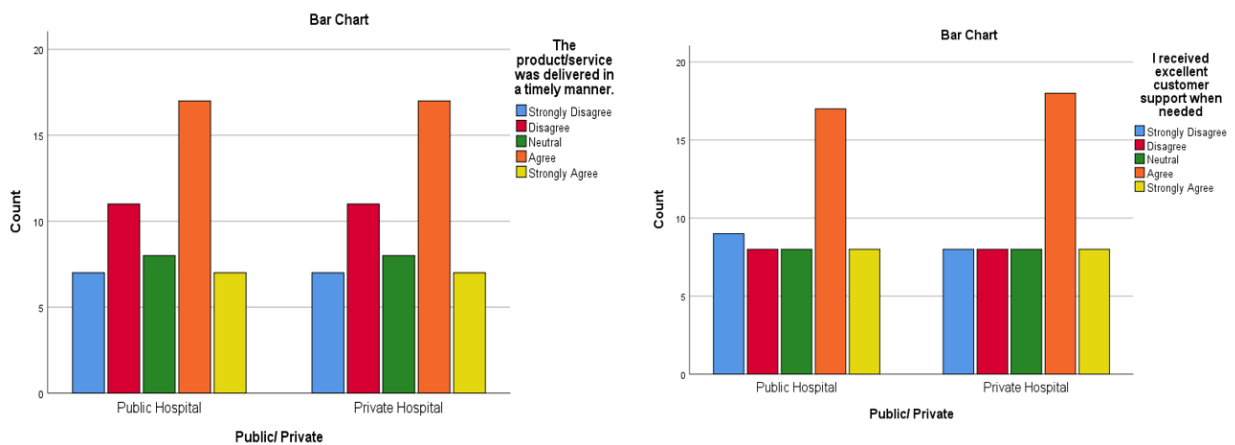


Figure 3:

Furthermore, customer support received positive feedback, with 84% agreeing or strongly agreeing that they received excellent support when needed. Lastly, when asked about recommending the product or service to others, 86% indicated agreement, indicating a willingness to endorse it to potential customers.

In summary, the survey findings indicate a generally positive response from the participants, with the majority expressing satisfaction with the product or service's quality, timely delivery, and customer support. The demographic information also highlights the diversity of the survey population in terms of gender and age, as well as the representation of both urban and rural residents. These insights can be valuable for the product or service provider in understanding customer perceptions and areas for potential improvement.

9. Conclusion

In conclusion, healthcare disparities, characterized by systematic and unjust differences in access, quality, and outcomes of healthcare services, represent a pressing challenge with far-reaching consequences for health equity. These disparities undermine the fundamental principle that all individuals should have an equal opportunity to attain their highest level of health, perpetuating health inequities and amplifying social determinants of health. Addressing healthcare disparities is not only a moral and ethical imperative but also essential for improving health outcomes, reducing healthcare costs, fostering social cohesion, and promoting economic productivity.⁵ Achieving health equity demands a concerted effort involving policymakers, healthcare organizations, providers, researchers, and advocates working collaboratively to ensure equitable access, cultural competence, health education, data-driven interventions, policy changes, community engagement, provider diversity, and research-driven solutions.

10. Source of Funding

None.


11. Conflict of Interest

None.

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