

Evaluation of the Patient's Satisfaction with the Quality of Medical Care Rendering in the State and Private Medical Network

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Abstract

In our research we presented public and private clinic patient survey results that reveal patient satisfaction in healthcare. Both groups of respondents showed higher satisfaction with the quality of medical care in a private clinic. The leading motivation of choosing private clinic was focus on a particular specialist, greater access and a higher level of medical care.

Keywords: *Health Care Quality; Private Medicine*

Private medicine in Russia has existed for a quarter of a century. This is quite a long period, allowing to give it a rating and compare it with the state medicine. A search for a request on the Internet "Analysis of the activities of private clinics" gives 4 million answers. However, a review of several hundred publications suggests that they are often based on speculative conclusions, and research work is mainly devoted to marketing, the financial component, and only in some cases - the organization of medical care.

The majority of the publications devoted to comparison of efficiency and appeal to the population of two forms of medical care is constructed on estimates of experts. The number of the publications based on population poll is not so high. So Semyonova ON, Naumova EA, Schwartz Ue. About [1], Evseenko AA, Khudyakova MA [2], Serdyukov O [3] is considered that one of the most important advantages of private clinics is the possibility of easier access to receiving the help, at the same time the paid help is not available to most of the population because of the low standard of living. Patients to psychological aspects of interaction with personnel of medical institutions *независимо* from a form of their property were most sensitive. Higher level of satisfaction with private medicine in comparison with state is noted also by foreign researchers from Cyprus [4], Pakistan [5], Turkey [6]. At the same time patients from Nepal on a number of indicators of medical care were more satisfied with the state hospital [7]. The researches devoted to the narrow-purpose help rely on opinion of patients. The research conducted in Kazan showed high satisfaction of patients with rendering the ophthalmologic help in private clinic and its availability [8,9].

One of the most important criteria for the effectiveness of the medical institution's activities is patient satisfaction with the level of medical care, which was the purpose of our research.

Considering insufficient readiness of the specified subject and discrepancy of the available data and also influence of regional aspect, we set a goal - to study in comparative aspect satisfaction with quality of service of patients in clinics of the state and private medicine.

According to specially designed questionnaires, we conducted an anonymous questioning of patients in outpatient departments of the state (first group) and private (second group) medical institutions in 2016. Carrying out a research was coordinated with administration of medical institutions. When collecting the questionnaire clinical interns of department were involved. The patients expecting reception in halls and corridors of medical institutions were offered to fill out anonymous questionnaires which did not allow to identify the patient. The refusal of filling of the questionnaire could not influence the patient negatively. The specified circumstances guaranteed voluntariness of participation in poll. The written informed consent would break the principle of anonymity and on it was not carried out. The proposed questionnaires included several blocks: 1) social and biological criteria (gender, age, education, etc.), 2) assessment (in points from 0 to 10) degree of satisfaction with the quality of care provided (including the kindness of the doctor, his interest in providing assistance, completeness of the information received and treatment prescribed); 3) financial aspects (compliance of the assistance provided to the amount of payment, the acceptability of payment, taking into account the financial situation of the patient, etc.); 4) organizational aspects (the reason for preferring a private medical institution to a public one, the source of information about a private clinic, the patient's focus on a specific type of care, etc.) At statistical processing Student's criterion was used.

The first group consisted of 48 people (40% of men and 60% of women), the second - 53 people (47% of men and 53% of women). The generalized characteristics of the compared contingents of both groups are presented in table 1.

Basic social and biological indicators	Groups of respondents	
	State polyclinic	Private clinic
Total number of respondents	48	53
Gender (%)		
Men's	40	47
Women's	60	53
Average age (years)	42 ± 15	38±9
Age categories (%)		
20 to 35 years old	44	37
36 to 60 years old	42	59
Over 60 years old	14	4
Education (%)		
Higher	75	73
Average technical	23	19
Full average or secondary special	2	8
Average personal expenses (rub./month))	5000	4700
Adequacy of knowledge about your health problem (%)		
Enough	63	83
Insufficient	37	17
Need for more knowledge (%)		
Yes I do	90	79
No	10	21

Table 1: Respondents' characteristics by main social and biological criteria.

As can be seen from the table, the compared groups were similar by sex, age and level of education, with the exception of a smaller proportion of elderly people in the second group. In both groups, the contingent surveyed was characterized by a fairly high level of education: the overwhelming majority have higher education (75% and 73%, respectively), 23% and 19% graduated from technical school, and even fewer graduated from secondary school or vocational school (2% and 8%, respectively). The average amount that a patient can spend on himself personally is 5,000 and 4,700 rubles per month, respectively.

The majority of respondents rated their level of knowledge about the health problem as sufficient (63% in the first group and 83% in the second). However, 90% and 79%, respectively, believe that they need additional knowledge on this issue.

100% of the respondents of the first group previously sought help from private clinics, which gave us the opportunity to compare satisfaction with the provision of assistance in these clinics in both groups.

The data we obtained are comparable with the results of the study by LI Kashchuk [10], which showed that in the city of Pavlodar 72% of the population applied to private medical institutions, while young people aged 25 - 30 and retirees almost did not use this help.

Table 2 shows the degree of patient satisfaction with medical care in a municipal and private clinic. As can be seen from the table for all indicators leading private medical service. At the same time, a pattern is traced: the respondents of the first group estimate the quality of medical care in private clinics much higher than in the municipal, while the indicators of the respondents of the second group exceed all the indicators of the respondents of the first group.

Satisfaction rates	First group of respondents		Second group of respondents
	Evaluation of the municipal health clinic	Assessment private clinic	
Total acceptance satisfaction, points	6,2 ± 2,1	8,4 ± 1,4	9,0 ± 1,4
Satisfaction with doctor's benevolence, scores	6,8 ± 2,0	8,6 ± 1,5	9,1 ± 1,4
Satisfaction with the completeness of the information received, points	6,2 ± 2,1	8,5 ± 1,4	9,0 ± 1,5
Satisfaction with the doctor's interest in providing care, points	6,8 ± 2,2	8,2 ± 1,8	8,9 ± 1,6
Satisfaction with prescribed treatment, points	6,9 ± 2,0	8,2 ± 1,5	9,1 ± 1,6

Table 2: Comparative characteristics of respondents on the main indicators of satisfaction with the quality of medical care provided (in points).

Researches of other authors show a contradictory picture: surveys conducted in Khanty-Mansi Autonomous Okrug in 2004 did not reveal preferences of patients whereas in 2006 the private medicine was in the lead.

According to the respondents of the first group, the main reasons for the preference of a private clinic compared to the state were: easier access to care (38%), orientation to a specific specialist (25%), higher quality of medical care (23%), the need for the help of a specialist who is not in state medicine (10%), other reasons (4%). The main and most popular types of care, for which patients applied to private clinics, were consultative and diagnostic (27%), laboratory tests, dental care (23% each), functional diagnostics (19%), rehabilitation treatment (8%).

The majority of respondents of the first group (69%) believe that the assistance provided in private clinics corresponds to the amount of payment for it, and 31% found it inappropriate. 40% of respondents rated it as acceptable for themselves and their budget, for 42% it is on the verge of their financial capabilities, 18% believe that it causes material damage. We are confident that 33% of respondents will go to this clinic in the future, 51% gave the answer “more likely yes”, 14% answered “no rather” and only 2% answered definitely negatively.

Cluster analysis of data on satisfaction criteria showed that general satisfaction with a reception in a municipal medical institution is more positively affected by satisfaction with the completeness of the information received, while the doctor’s goodwill is in last place (apparently, it is the most difficult to get in free medicine). In a private medical institution, it is exactly the opposite - the benevolence of a doctor is in the first place with overall satisfaction with the reception, and the interest of the doctor goes into the background.

From table 3 it follows that from the number of patients in the second group, 2/3 of the respondents applied to this clinic for the first time. Approximately the same proportion of patients (60%) addressed their problem to other clinics. Relatives or acquaintances (47%) became the priority source of information about the clinic, the specialists, the medical services rendered by them and their cost, and the Internet (21%) came second. Television (17%) and newspapers (15%) were less popular.

Basic organizational indicators	Second group Respondents
Sources from which patients learned about the clinic	
Relatives or acquaintances	47
The Internet	21
Television	17
Newspapers	15
The shortness of the clinic visit	
For the first time	66
Re-run	34
Treatment for his problem in another clinic	
Yes I do	60
No	40
The main reason for the selection of the clinics	
Reputation	26
Proximity of location	9
Acceptable price	6
Writing to a specific specialist	59
The type of care provided in the clinic	
Advisory and Diagnostic	45
Laboratory tests	6
Functional diagnostics	17
Restorative treatment	28
Dental care	4

Table 3: Characteristics of the second group of respondents by main organizational criteria (in percent).

The main reason for applying to this particular clinic was orientation to a specific specialist (59%), followed by the reputation of the clinic (26%). The convenience of the clinic location (9%), as well as the price of the assistance provided (6%), did not play a special role in this case. According to LI Kashchuk [10], the main reason for choosing a particular private clinic is the orientation towards a particular doctor and the convenience of the location of the medical institution.

The largest number of visits to the clinic is noted in consultative and diagnostic purposes (45%), for rehabilitation treatment (28%), and functional diagnostics (17%). Laboratory testing (6%) and dental care (4%) can be considered the least popular, which is apparently due to the presence of a large number of specialized laboratory and dental offices.

From figure 1 shows that although relatives and friends are the main confidential source of information, their role is exclusive only for elderly people, while for young patients the Internet and television play a comparable role. For middle-aged people, information from newspapers comes to the second position.

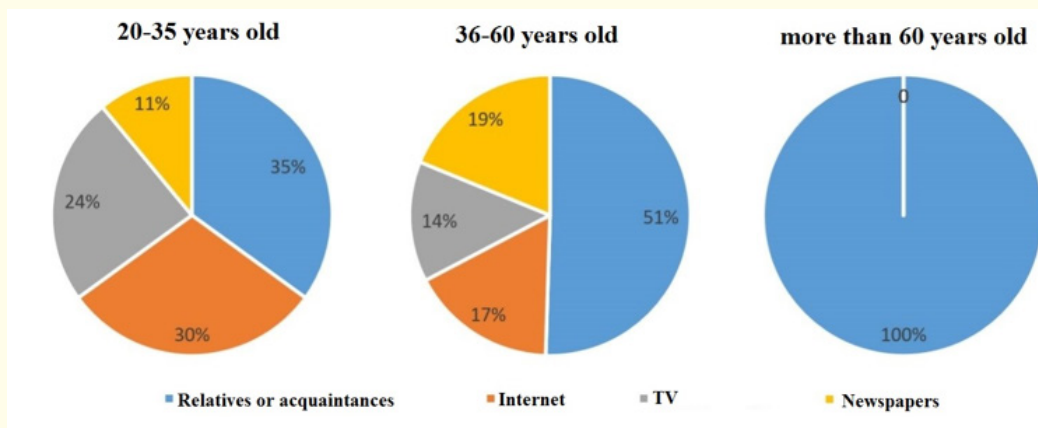


Figure 1: Comparison of the source of information about the clinic with the age categories of the patients who applied to it.

The majority of respondents (75%) believe that the assistance provided corresponds to the amount of payment. 36% considered it acceptable for their financial situation, for 54% the payment was on the verge of financial capacity, and for 10% it was detrimental to their personal budget. In the future, 73% plan to go to this clinic, and 37% do not intend to attend it (including 23% due to the high price and 4% due to dissatisfaction with the quality of care). The cost of care compared to other private clinics was assessed by 45% of respondents as higher, equal to other clinics - 19%, only 2% considered that prices are lower and 34% found it difficult to answer. Comparative assessment of the quality of care: above - 30%, the same - 38%, below - 2%, found it difficult to answer - 40%.

About 30% of patients counted on a one-time consultation, as many on episodic consultations, 40% on a course treatment. At the same time, the doctor recommended a one-time consultation only in 6% of cases, re-treatment - 51% and course treatment - 43% of the examinees.

Thus, our study showed a high degree of demand for private clinics, especially among middle-aged people. The main source of information about the clinic are recommendations of significant persons for the patient, to a lesser extent the Internet and the media. When visiting a private clinic, most patients (60%) are focused on a one-time visit or occasional consultations. However, 40% are ready for coursework, which is not so little, since more than half of the respondents said that paying for medical care is on the verge of their financial capacity or is detrimental to the budget, because the amount of funds that a patient can spend on his personal needs, averages no

more than 5,000 rubles. Satisfaction with the quality of care in private clinics was higher than in municipal ones. Most of the respondents believe that the quality of care in private clinics corresponds to the amount of payment, while, as one would expect, there is more of this among visitors to a private clinic compared to visitors of the municipal polyclinic. More than half of the patients interviewed at a private clinic stated their intention to continue to visit her, while among the visitors of the municipal clinic, only one out of four stated such an intention. From all that has been said, it can be concluded that a fairly stable and generally positive attitude towards private medicine has emerged in society, at least among a certain circle of people, mostly middle-aged.

The first group (patients of the state polyclinic) consisted of 48 people (40% of men and 60% of women), the second (private clinic) - 53 people (47% of men and 53% of women).

As can be seen from the table 4, the majority of respondents of the first group (69%) believe that the assistance provided in private clinics corresponds to the amount of payment for it, while 34% of them rate it as acceptable for themselves and their budget, for 27% it is on the verge of their financial capabilities, and only 8% it causes material damage. Of the same number of respondents, 25% are sure that they will go to this clinic in the future, 38% cannot give a definite answer to this question, but they are still more likely to return, 6%, in turn, are less likely to repeat visit the clinic. Among the remaining 31% of patients who consider the assistance rendered inconsistent with its value, 6% still believe that it is acceptable for them for material reasons, 15% consider it to be on the verge of their financial capabilities, 10% find it incommensurable with their budget. On the question of further visits to a private clinic in this case, contrary to expectations, there are more positive answers (8% and 13%) than negative (8% and 2%).

Key financial indicators		Matching the quality of aid to the size of the payment	
		Doesn't match	
Appropriate			
Total distribution	Abs.	33	15
	%	69	31
Acceptability of payment based on financial situation (%)			
Acceptable		34	6
On the brink of financial opportunity		27	15
Damages the budget		8	10
Further treatment to visited private clinics (%)			
Yes I do		25	8
Rather yes		38	13
Rather not		6	8
No		-	2

Table 4: The ratio of assessing the quality of medical care (matching the size of payment) and its financial affordability, as well as the intention to continue to go to a private clinic among the first group of respondents.

On the basis of the data presented above, a comparison was made of indicators of compliance with payment for the assistance provided, its acceptability and further treatment at the clinic according to satisfaction criteria using Student's t-test with a confidence indicator of $p < 0.05$. The majority of respondents who consider the help provided in a private clinic corresponding to its cost (69%) are significantly more satisfied with the reception ($p < 0.05$), the doctor's interest ($p < 0.05$), the treatment prescribed ($p < 0.001$), payment for them is reliably acceptable, or to the point of their financial capabilities ($p < 0.05$), and later they are more likely to apply to paid medicine ($p < 0.05$). At the same time, they are reliably satisfied with the quality of free care, namely with the general reception ($p < 0.05$).

and the prescribed treatment ($p < 0.01$). Those who believe that the assistance provided does not correspond to payment (31%) were significantly less satisfied with the reception in a private medical institution ($p < 0.05$), the doctor's interest ($p < 0.05$) and the quality of the treatment prescribed ($p < 0.001$), however, these same patients are also significantly more unsatisfied with the quality of free care, namely, the prescribed treatment ($p < 0.01$) and the whole intake ($p < 0.05$). The same category reliably believes that, taking into account their financial situation, the cost of assistance turned out to be on the verge of financial opportunities for them or even damaged their budget ($p < 0.05$), and therefore they are less likely to re-apply to paid specialists.

Key financial indicators		Matching aid to the size of the payment	
		Appropriate	Doesn't match
Total distribution %	Abs.	40	13
	75	25	
Acceptability of payment based on financial situation (%)			
Acceptable		34	2
On the brink of financial opportunity		41	13
Damages the budget		-	10
Continued treatment in our clinic (%)			
yes I do		60	13
No	High price	13	10
	Dissatisfaction with quality	2	2
Cost of care compared to other clinics (%)			
Below		-	2
Same		13	6
Above		30	15
I can't appreciate it.		32	2
The quality of care compared to other clinics (%)			
Below		-	2
It's the same.		15	13
Above		26	4
I can't appreciate it.		34	6

Table 5: The ratio of assessing the quality of medical care (matching the size of payment) and its financial affordability, as well as the intention to continue to go to a private clinic of the second group of respondents.

The majority of the second group of respondents (75%) believes that the assistance provided corresponds to the amount of payment, but for most of them it is on the verge of financial capacity - 41%, 34% consider it acceptable; 60% plan to go to this clinic in the future. Those who do not wish to visit it later explain this by the high price of the assistance provided - 13% and dissatisfaction with the quality of assistance provided - 2%. Estimating the quality of care in comparison with other private clinics, the majority of respondents found it difficult to assess (32%), noted it as a higher 30%, did not find a difference of 13%, no one gave a lower estimate. The cost of care in comparison with other clinics was assessed as follows: 34% found it difficult to answer, higher - 26%, 15% did not find differences. Among the remaining 13 people (25%), who consider the payment is not appropriate for the assistance provided, the following is most

noticeable: the presence of those for whom it is detrimental to the budget is 10%, the desire of 13% of patients to visit the clinic anyway for high prices in 10% of patients, the presence of negative reviews about the quality and cost of care provided compared with other private medical institutions only in two cases (2% each).

Figure 2 shows a significant similarity in assessing the satisfaction of medical care in private clinics with respondents of both groups with a slightly higher level in the second group. At the same time, among the satisfied in the second group there are no respondents who consider that payment is detrimental to their budget, whereas in the first group there are 6% of the total.

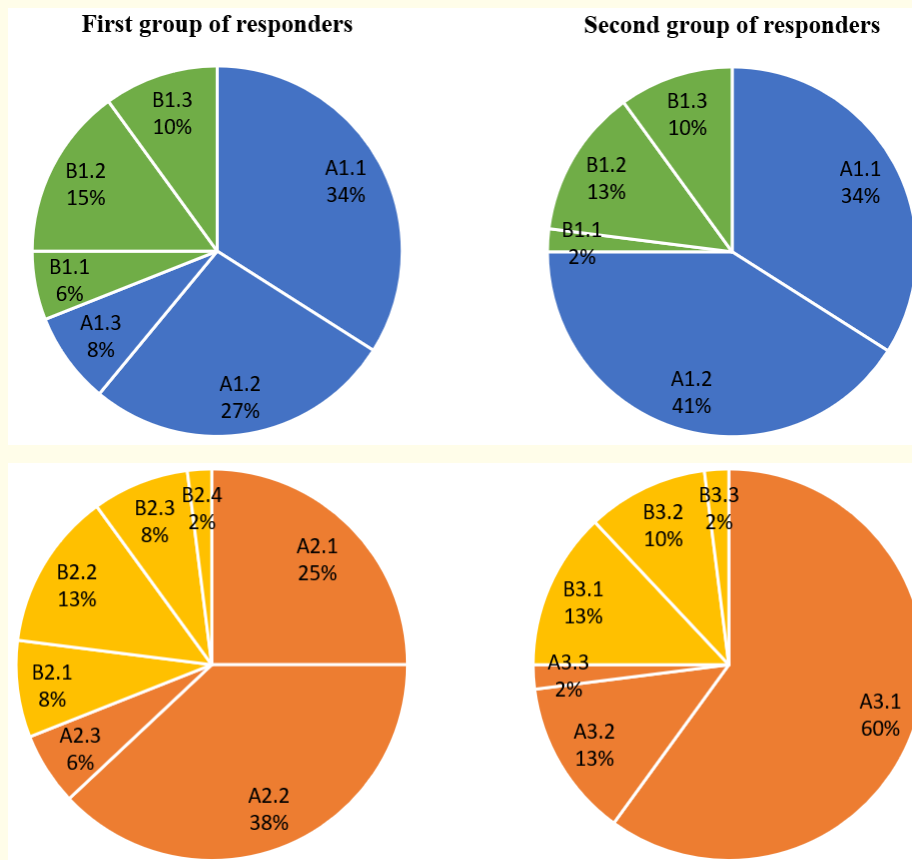


Figure 2: Comparison of surveyed groups based on financial criteria.

And - considering the rendered help corresponding to the amount of payment; B - those who consider the rendered assistance are not appropriate for the amount of payment.

1.1 - Those who consider payment for the rendered assistance acceptable; 1.2 - Those who consider payment for the assistance rendered on the verge of their financial capabilities; 1.3 - Those who consider payment for the rendered assistance that is detrimental to their budget.

2.1 - Intending to continue to contact private clinics; 2.2 - More prone to further refer to private clinics;

2.3 - Less prone to further refer to private clinics; 2.4 - Not intending to continue to contact private clinics.

3.1 - Wishing to continue further treatment in this clinic; 3.2 - Unwilling to continue treatment in this clinic due to the high cost of care provided; 3.3 - Unwilling to continue treatment in this clinic due to inadequate quality of care provided.

The intention of the respondents to visit a private clinic in the future is consistent with their assessment of the quality of medical care. At the same time, the share of respondents who specifically declared their intention to continue to visit a private clinic in the future, in the second group was 60% versus 25% in the first. It is significant that in both groups among those who consider the level of remuneration to be inconsistent with the quality of medical care, the majority expressed a definite or presumed intention to continue to use the help of private clinics.

Based on the above data for the second group of respondents, we compared the indicators of compliance with payment for the help provided, its acceptability, further treatment at the clinic, and indicators of the cost and quality of care provided in comparison with other private clinics by satisfaction criteria using the Student's t-criterion significance $p < 0.05$. As a result, it was found that 40 people who considered the assistance provided corresponding to the payment (75%) were significantly most satisfied with the reception as a whole ($p < 0.05$), the completeness of the information received ($p < 0.05$) and the treatment they prescribed ($p < 0.05$), given their financial situation, payment for them was reliably acceptable or was on the verge of their financial capabilities ($p < 0.001$) and in the future they are more likely to seek help from this medical institution ($p < 0.01$). The remaining 13 people (25%), who do not recognize the compliance of the assistance provided with its cost, are significantly less satisfied with the reception as a whole ($p < 0.05$), the completeness of the information received ($p < 0.05$) and the treatment prescribed by them ($p < 0.05$), payment for them reliably appeared on the verge of their financial capabilities or even damaged their budget ($p < 0.001$) and in the future they were more likely to refuse to go to this medical institution ($p < 0.01$).

On the basis of data retrieved heads of medical institutions and health care can make a number of recommendations. Informing about medical establishment should have address character. In particular for younger contingent it is necessary to use the Internet, and for elderly - direct work with the population. The high demand the population of knowledge acquisition about the problem attracts attention. It is necessary to resume practice of lectures in labor collectives, public associations, vacation spots, etc. For increase in motivation to the request for the paid help introduction of the differentiated payment taking into account frequency of the address is reasonable.

Patients can advise to define the choice not only on the basis of reputation of medical institution, but also reputation of the specific doctor.

Conclusion

Thus, our research showed high degree of demand of private clinics, especially among middle-aged persons. The main source of information on clinic are the recommendations of persons, significant for the patient, to a lesser extent the Internet and media. At visit of private clinic most of patients (60%) is focused on single visit or incidental consultations. However 40% are ready for course treatment that not and it is not enough as more than a half of respondents noted that payment of medical care is on the verge of their financial opportunities or causes damage to the budget as the size of means which the patient can spend for the personal needs averages no more than 5000 rubles. The satisfaction with quality of the help in private clinics was higher, than in municipal. The most part of respondents considers that the quality of assistance in private clinics corresponds to the amount of payment, at the same time, as one would expect those more among visitors of private clinic in comparison with visitors of municipal polyclinic. More than a half of the patients interviewed in private clinic expressed the intention to continue to visit it while among visitors of municipal polyclinic such intention was expressed only by every fourth. Intention for repeated visit of private clinic more depends on assessment of a ratio of the price and quality of medical care, than on wealth of the patient. It is possible to assume that a part in assessment of quality of medical care is played by not only the level of its rendering in itself, but also personal qualities of patients as those who are satisfied with quality of the paid help are also more often satisfied also with the free help and vice versa, the dissatisfaction extends at the same time both to paid, and to the free help. Similar regularities are noted also at assessment of the acceptability of payment taking into account financial position: the patients considering that the level of payment is on the verge of their financial opportunities or causes damage to the budget, more crucially treat assessment of compliance of the price and quality. From everything told it is possible to draw a conclusion that in society the positive relation to

private medicine, at least, among the determined circle of people, mainly middle age was created rather steady and in general. The relation to private medicine, as well as to paid treatment in general, has certain dynamics and has distinctions depending on the region that testifies to need of carrying out repeated researches on this subject.

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