

Patient satisfaction in Bangkok: the impact of hospital ownership and patient payment status

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Abstract

Introduction. Patient satisfaction with care received is an important dimension of evaluation that is examined only rarely in developing countries. Evidence about how satisfaction differs according to type of provider or patient payment status is extremely limited.

Objective. To (i) compare patient perceptions of quality of inpatient and outpatient care in hospitals of different ownership and (ii) explore how patient payment status affected patient perception of quality.

Methods. Inpatient and outpatient satisfaction surveys were implemented in nine purposively selected hospitals: three public, three private for-profit and three private non-profit.

Results. Clear and significant differences emerged in patient satisfaction between groups of hospitals with different ownership. Non-profit hospitals were most highly rated for both inpatient and outpatient care. For inpatient care public hospitals had higher levels of satisfaction amongst clientele than private for-profit hospitals. For example 76% of inpatients at public hospitals said they would recommend the facility to others compared with 59% of inpatients at private for-profit hospitals. This pattern was reversed for outpatient care, where public hospitals received lower ratings than private for-profit ones. Patients under the Social Security Scheme, who are paid for on a capitation basis, consistently gave lower ratings to certain aspects of outpatient care than other patients. For inpatient care, patterns by payment status were inconsistent and insignificant.

Conclusions. The survey confirms, to some extent, the stereotypes about quality of care in hospitals of different ownership. The results on payment status are intriguing but warrant further research.

Keywords: patient satisfaction, payment status, private sector health care

The Thai health care system is typical of many East and South East Asian countries in having a mixed economy of health care. Until recently, policy makers had focused their efforts on the public sector. However rising health care costs, increasing use of high technology equipment, and complaints of unethical practices at private hospitals have drawn policy makers' attention to the mixed market for health care services in Thailand [1,2]. An emerging literature on quality of care in the private sector in developing countries has addressed mainly clinical quality of care at the primary level [3]. In terms of consumer perception of quality of care in the private sector, very limited evidence is available, but popular

stereotypes suggest that private (for-profit) providers are more likely to respond to patient preferences (particularly in terms of augmenting hotel aspects of care), whilst public sector providers may be less sensitive to patient preferences but more concerned with clinical quality [4].

More economically developed countries in East Asia, such as Japan, Korea and Taiwan, have attempted to bind public and private providers into a unified health care system through the extension of a Bismarckian model social insurance system (N. Ikegami, T. Hasegawa, unpublished manuscript 1990 [5–7]); Thailand plans to follow a similar path. There are currently several parallel insurance schemes in Thailand including the

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