Differences In Service Quality Of Government Hospital And Private Hospital In Purbalingga Regency Using HCAHPS Method

*Mustika Ratnaningsih Purbowati[1], Ira Citra Ningrom[2]
[1]Fakultas Kedokteran, Universitas Muhammadiyah Purwokerto

*)Correspondence author
Mustika Ratnaningsih Purbowati
Faculty of Medicine
University Muhammadiyah Purwokerto, Purwokerto 53113 , Indonesia
Email: mustikaratnaningsih@gmail.com

Abstract

The quality of hospital services can be assessed from various perspectives, one of which is the patient's perspective. Good service quality will foster patient confidence in the hospital and will come back and even recommend to others. Good service quality will also create a good degree of public health. To determine the difference in the quality of service of government hospitals and private hospitals in Purbalingga district. This type of research is quantitative, with an observational analytic design and a cross-sectional approach. The number of samples is 100 respondents, consisting of 50 inpatients in government hospitals and 50 inpatients in private hospitals. The research instrument used the HCAHPS (Hospital Consumers Assessment Providers and Systems) questionnaire. The sampling technique used non-probability sampling with purposive sampling and analyzed using the Mann Whitney comparative test. Mann Whitney comparative test of service quality of government hospitals and private hospitals in Purbalinga Regency showed p-value on the doctor's communication component 1.00 (> 0.05), nurse communication 0.325 (> 0.05), hospital environment 0.205 (> 0.05), experience hospitalized 0.204 (>0.05), discharge information 0.155(>0.05), overall hospital 1.00 (>0.05), self-care comprehension after hospitalization 0.977 (>0.05). There is no difference in the service quality of government hospitals and private hospitals in Purbalingga Regency

Keywords: service quality, government hospital, private hospital

INTRODUCTION

Hospitals are labour-intensive, capital-intensive, and technology-intensive organizations that provide complete individual health services. The services provided include emergency services, outpatient care, and inpatient care.[1] Hospitals must have good service quality in order to gain public trust and survive competition.[2]

Service quality can be assessed from various perspectives, namely patients, hospitals, and BPJS or other health insurance. Patients are users of health services, hospitals are health service providers, and BPJS or health insurance are funders of health services. The patient's perspective is one of the most important. Quality of service from the patient's perspective will be achieved if we can meet the expectations that the patient wants while undergoing treatment at the hospital. Good service can create patient loyalty and this is very good for the continuity of the hospital.[4,5]

Hospitals are divided into two based on ownership, namely government hospitals and private hospitals. Each hospital has its own funding and management characteristics. Government hospitals are managed using the Regional Public Service Agency system which has the authority to manage the budget independently and responsibly so that they have the opportunity to provide the best quality service to the community. Private hospitals are business entities whose management is not limited by government regulations, decisions and actions can be made quickly so that they have the same opportunity to provide good service to the community. Good service quality will create a good degree of public health.[6,7]

Purbalingga Regency is currently very active in carrying out development in various sectors including health. Purbalingga Regency has 5 private hospitals and 2 government hospitals. With these 7 hospitals, it is hoped that the health service needs of Purbalingga Regency can be met properly. This can be obtained when public and private hospitals have the same quality of service.[8]

METHOD

This study used an analytic observational method and a cross-sectional approach. The sample size is 100 respondents, consisting of 50 inpatients at government hospitals and 50 inpatients at private hospitals. The research instrument used the HCAHPS (Hospital Consumers Assessment Providers and Systems) questionnaire. The sampling technique uses non-probability sampling with purposive sampling and is analyzed using the Mann Whitney comparative test.

The inclusion criteria in this study were:

a) Patients with compos mentis / fully conscious status
b) Patients aged 17 years and over, can read and write
c) Inpatients with at least 3 days of hospitalization

The exclusion criteria in this study were:

a) The patient is not willing to be a respondent
b) The patient is known to have a history of mental disorders

The research instrument was a questionnaire, using the HCAHPS (Hospital Consumers Assessment Providers and Systems) questionnaire to assess the quality of hospital services from various components including doctor communication, nurse communication, hospital environment, hospital experience, discharge information, the entire hospital. , and self-care understanding when discharged from the hospital.

RESULTS

1. Characteristics of Patient Respondents at Government Hospitals and Private Hospitals in Purbalingga Regency

   Based on table 4.1, it can be seen that the largest number of respondents in both hospitals were female, aged early adulthood (26-35 years), worked as housewives, and had primary education

2. Univariate Analysis of Respondent Distribution Based on Variables Researched in Inpatients at Government Hospitals and Private Hospitals in Purbalingga Regency

   a. Quality of hospital services is based on the doctor's communication component

      Based on table 4.2 and table 4.3, it can be seen that in the doctor's communication component at government hospitals and private hospitals, 47 respondents (94%) were very satisfied and 3 respondents (3%) were satisfied with the communication made by doctors.

   b. Quality of hospital services based on nurse communication components

      Based on tables 4.4 and 4.5 it can be seen that in the communication component of nurses in both government hospitals and private hospitals the majority were very satisfied, namely 42 respondents (84%) and 38 respondents (76%).

   c. Hospital service quality based on hospital environment components

Based on tables 4.6 and 4.7 it can be seen that in the communication component of nurses in government hospitals and private hospitals the majority were very satisfied, namely 39 respondents (78%) and 33 respondents (66%).

d. Quality of hospital services is based on the experience component of being hospitalized

Based on tables 4.8 and 4.9 it can be seen that the experience component of being treated in government hospitals and private hospitals was mostly very satisfied, namely 37 respondents (74%) and 42 respondents (84%).

e. The quality of hospital services based on the discharge information component

Based on tables 4.10 and 4.11, it can be seen that in the discharge information component both at government hospitals and private hospitals the majority were very satisfied, namely 45 respondents (90%) and 48 respondents (96%).

f. The quality of hospital services is based on the overall component of the hospital

Based on tables 4.12 and 4.13 it can be seen that in the overall hospital components in government hospitals and private hospitals the majority were very satisfied, namely 47 respondents (94%).

g. The quality of hospital services is based on the component of understanding self-care after returning from the hospital

Based on tables 4.14 and 4.15 it can be seen that in the component of understanding self-care when they go home from the hospital, both in government hospitals and private hospitals, most of them feel very understanding, namely 46 respondents (92%) and 43 respondents (86%).

3. Bivariate Analysis of Differences in Service Quality of Government Hospitals and Private Hospitals in Purbalingga Regency

The bivariate analysis used to determine differences in service quality in government hospitals and private hospitals is the Mann-Whitney test. The alternative hypothesis (H1/Ha) is accepted if the p-value < 0.05.

Based on table 4.16 it can be seen that the results of the analysis test obtained a p-value of 1.00 or > 0.05 so that the alternative hypothesis was rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the doctor's communication component.

Based on table 4.17 it can be seen that the results of the analysis test obtained a p-value of 0.352 or > 0.05 so that the alternative hypothesis was rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the nurse communication component.

Based on table 4.18 it can be seen that the results of the analysis test obtained a p-value of 0.205 or > 0.05 so that the alternative hypothesis was rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the hospital environment component.

Based on table 4.19 it can be seen that the results of the analysis test obtained a p-value of 0.204 or > 0.05 so that the alternative hypothesis was rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the experience component at the hospital.

Based on table 4.20 it can be seen that the results of the analysis test obtained a p-value of 0.155 or > 0.05 so that the alternative hypothesis was rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the discharge information component.

Based on table 4.21 it can be seen that the results of the analysis test obtained a p-value of 1.00 or > 0.05 so that the alternative hypothesis was rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the overall impression component of the hospital.

Based on table 4.22 it can be seen that the results of the analysis test obtained the p-value is 0.977 or > 0.05 so that the alternative hypothesis is rejected. It can be concluded that there is no difference in the service quality of government hospitals and private hospitals in the self-care understanding component when returning from the hospital.

DISCUSSION

The quality of health services is a form of service provided by professional health workers in accordance with science and standard. The quality of hospital services is assessed using the HCAHPS (Hospital Consumers Assessment Providers and Systems) method. This instrument assesses 7 aspects including doctor communication, nurse communication, hospital environment, hospital experience, discharge information, the entire hospital, and understanding of self-care when returning from hospital.[10,11]

The results of the univariate analysis in table 4.1 show that the demographics of patients in both hospitals are mostly female, aged 26 to 35 years, have primary school education, and work as housewives. The results showed that there were no significant differences in demographic characteristics at government hospitals and private hospitals in Purbalingga District.

The distribution of respondents in both hospitals was dominated by female gender. Based on the research results, it was found that women are good decision makers in determining health services not only for themselves but also for their families. The age distribution of patients in both hospitals was dominated by early adulthood, namely ages 26 to 35 years. Utilization of health services will increase with age.[12] The distribution of education levels in the two hospitals is dominated by those with primary school education and those who work as housewives. The Central Bureau of Statistics stated that the majority of the labor force in Purbalingga Regency has an elementary school education level of 52% and the employment rate in Purbalingga Regency is still low.[13]

The results of the analysis of the doctor's communication component at the two hospitals showed that most of the patients were very satisfied with the doctor's communication. There is no significant difference in the communication between doctors in government hospitals and private hospitals. This shows the fulfillment of the patient's wants and needs for the doctor's services. The doctor's communication assessment includes the doctor's polite and respectful treatment of patients, the doctor's willingness to listen to patient complaints, and the doctor's attitude in giving explanations to patients. Many research results state that doctor communication has a significant relationship to patient satisfaction. Communication between doctor and patient is the main thing in therapeutic activities. Good communication will result in patient satisfaction and make the patient come back to the doctor at the hospital.[9,14]

The results of the analysis of the components of nurse communication at the two hospitals showed that most of the patients were very satisfied with nurse communication. There is no significant difference in nurse communication in government hospitals and private hospitals. Assessment of nurse communication includes the polite and respectful treatment of nurses towards patients, the willingness of nurses to listen to patient complaints, and the attitude of nurses in providing explanations to patients. Nurses play an important role in providing health services in hospitals because they interact directly with patients during the treatment process and have more numbers than other health workers. The success of nurses in carrying out medical and psychological care determines patient recovery and satisfaction. The absence of differences in the quality of nurse communication in the two hospitals is expected to improve public health status.[15,16]

The results of the component analysis of the hospital environment at both hospitals showed that most of the patients were very satisfied with the physical environment of the hospital. There were no significant differences in the environment in government hospitals and private hospitals. Assessment of the physical environment includes cleanliness and noise. The quality of physical facilities plays a very important role in improving the quality of hospital services. The environment of the hospital's physical facilities such as noise, air temperature, lighting, cleanliness, and tidiness can affect the patient's psychological condition. A good quality physical environment will increase uptimism which is expected to speed up the patient's healing process.[17]

The results of the component analysis of hospital experience at both hospitals showed that most of the patients were very satisfied. There were no significant differences in experience at government hospitals and private hospitals. The assessment of experience in the hospital includes the responsiveness of the hospital staff, the communication skills of the hospital staff in providing explanations about administering new drugs, the purpose and side effects of drugs. Efforts to understand whether the quality of service is in accordance with the wishes and needs of customers can be done by exploring the patient's experience while in the hospital.[18, 19]

The results of the analysis of the discharge planning information component at the two hospitals showed that most of the patients were very satisfied. There was no significant difference in providing discharge information at both government and private hospitals. This assessment includes whether the hospital asks what the patient needs when leaving the hospital, and whether the patient gets information about symptoms or health problems to watch for when they leave the hospital.[20]

Discharge planning is an activity that must be carried out in the hospital before the patient and family go home. This activity includes systematic planning to determine needs, and coordinating possible care after the patient is discharged so that continuing care can be carried out and the patient can achieve optimal health. Discharge planning is very beneficial for both parties. Beneficial for the hospital because it can reduce the

length of stay and hospital costs. It is beneficial for patients because it gives them the opportunity to meet their needs and feel that they are an active part of the treatment process, not just an object. Failure of the discharge planning process will be very risky to physical disturbances, disease severity, and life threats. Patients who urgently require home care will return to the emergency room within 24 to 48 hours after discharge. Good discharge planning has a significant effect on the level of patient satisfaction.[21]

The results of the overall hospital component analysis at both hospitals showed that most of the patients were very satisfied. There was no significant difference in the overall assessment of government hospitals and private hospitals. This rating includes the rating given to the hospital on a scale of 0 to 10, and whether the patient would recommend the hospital to friends and family. Most patients rate it on a scale of 9 and 10 and would recommend the hospital to their friends and family. High patient satisfaction fosters trust in the hospital, so that patients will come back to use the service and even recommend it to their families and others. Low patient satisfaction will make the patient decide to move to another hospital. The quality of hospital services influences the patient's decision to use health services. [22]

The results of the analysis of the self-care understanding component when returning from the hospital showed that most of the patients felt very satisfied. There is no significant difference in the understanding of patients in government hospitals and private hospitals. This assessment includes whether the patient feels happy and will be responsible because he understands his health and whether the patient clearly understands the purpose of each drug given. By communicating with all hospital staff and providing good discharge planning, the patient's self-care understanding will also be good.[21,22]

The hospital is a technology-intensive and expert-intensive organization that has a strategic role in efforts to improve the health status of the Indonesian people. Increased public knowledge has increased demands for the quality of public health services. [23] Equal service quality between government hospitals and private hospitals in Purbalingga Regency is a good capital to create a good degree of public health in Purbalingga.

CONCLUSION

There is no difference in service quality between government hospitals and private hospitals in the components of doctor communication, nurse communication, hospital environment, experience of being hospitalized, discharge information, overall hospital, and understanding of self-care after being hospitalized.

Importance to evaluating hospital performance from the point of view of patient satisfaction periodically, so that the quality of health services can be maintained properly. This will improve the quality of public health.

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Appendix.

Tabel 4.1 Characteristics of Respondents

No.	Characteristics	Frequency (n)		Percentage (%)	
		Government Hospital	Private Hospital	Government Hospital	Private Hospital
1	**Gender**				
	Male	0	10	0	20
	Female	**50**	**40**	**100**	**80**
2	**Age**				
	<26	11	5	22	10
	26-35 (Early mature)	**23**	**15**	**46**	**30**
	36-45 (Late Adult)	11	14	22	28
	46-55 (Elderly early)	5	9	10	18
	56-65 (Late Elderly)	11	6	22	12
	>65 (Elderly)	0	1	0	2
3	**Work**				
	IRT	**29**	**58**	**36**	**72**
	Private sector worker	17	34	12	24
	Government employees	4	8	2	4
4	**Education**				
	No education	0	9	0	18
	Elementary School	**18**	**16**	**36**	**32**
	Secondary School	11	14	22	28
	Senior High School	15	5	30	10
	Diploma	3	4	6	8
	Bachelor Degree	3	2	6	4

Table 4.2 Components of Doctor Communication in Government Hospitals

Doctor Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	47	94.0	94.0	94.0
	Satisfied	3	6.0	6.0	100.0
	Total	50	100.0	100.0	

Table 4.3 Components of Doctor Communication in Private Hospitals

Doctor Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	47	94.0	94.0	94.0
	Satisfied	3	6.0	6.0	100.0
	Total	50	100.0	100.0	

Table 4.4 Components of Nurse Communication in Government Hospitals

Nurse Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	42	84.0	84.0	84.0
	Satisfied	8	16.0	16.0	100.0
	Total	50	100.0	100.0	

Table 4.5 Components of Nurse Communication in Private Hospitals

Nurse Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	38	76.0	76.0	76.0
	Satisfied	12	24.0	24.0	100.0
	Total	50	100.0	100.0	

Table 4.6 Components of the Hospital Environment at Government Hospitals

Hospital environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	39	78.0	78.0	78.0
	Satisfied	11	22.0	22.0	100.0
	Total	50	100.0	100.0	

Table 4.7 Components of the Hospital Environment at Private Hospitals

Hospital environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	33	66.0	66.0	66.0
	Satisfied	17	34.0	34.0	100.0
	Total	50	100.0	100.0	

Table 4.8 Components of Experience Treated in Government Hospitals

Experience Treated in Hospitals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	37	74.0	74.0	74.0
	Satisfied	13	26.0	26.0	100.0
	Total	50	100.0	100.0	

Table 4.9 Components of Experience Treated in Private Hospitals

Experience Treated in Hospitals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	42	84.0	84.0	84.0
	Satisfied	8	16.0	16.0	100.0
	Total	50	100.0	100.0	

Table 4.10 Components of discharge information at Government Hospitals

Discharge information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	45	90.0	90.0	90.0
	Satisfied	5	10.0	10.0	100.0
	Total	50	100.0	100.0	

Table 4.11 Components of discharge information at private hospitals

Discharge information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	48	96.0	96.0	96.0
	Satisfied	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

Table 4.12 Overall Hospital Components at Government Hospital

Overall Hospital Components

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	47	94.0	94.0	94.0
	Satisfied	3	6.0	6.0	100.0
	Total	50	100.0	100.0	

Table 4.13 Overall Hospital Components at Private Hospital

Overall Hospital Components

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	47	94.0	94.0	94.0
	Satisfied	3	6.0	6.0	100.0
	Total	50	100.0	100.0	

Table 4.14 Components of Understanding Caring for Yourself After Returning from the Hospital at Government Hospital

Self Care Understanding When Going Home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very understand	46	92.0	92.0	92.0
	Understand	4	8.0	8.0	100.0
	Total	50	100.0	100.0	

Table 4.15 Components of Understanding Caring for Yourself After Returning from the Hospital at Private Hospital

Self Care Understanding When Going Home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Really understand	43	86.0	86.0	86.0
	Understand	7	14.0	14.0	100.0
	Total	50	100.0	100.0	

Table 4.16 Differences in Quality of Service in Government Hospitals and Private Hospitals from the Doctor Communication Component.

	Doctor Communication
Mann-Whitney U	1250.000
Wilcoxon W	2525.000
Z	.000
Asymp. Sig. (2-tailed)	1.000
a. Grouping Variable: Hospital	

Table 4.17 Differences in Quality of Service in Government Hospitals and Private Hospitals from the Components of Nurse Communication

	Nurse Communication
Mann-whitney U	1156.000
Wilcoxon W	2431.000
Z	-.930
Asymp. Sig. (2-tailed)	.352
a. Grouping variable: Hospital	

Table 4.18 Differences in Quality of Service in Government Hospitals and Private Hospitals from the Hospital Environment Components

	Hospital Environment
Mann-Whitney U	1106.000
Wilcoxon W	2381.000
Z	-1.268
Asymp. Sig. (2-tailed)	.205
a. Grouping Variable: Hospital	

Table 4.19 Differences in Service Quality of Government Hospitals and Private Hospitals from Components of Hospital Experience

	Hospital Experience
Mann-Whitney U	1119.500
Wilcoxon W	2394.500
Z	-1.270
Asymp. Sig. (2-tailed)	.204
a. Grouping Variable: Hospital	

Table 4.20 Differences in Quality of Service in Government Hospitals and Private Hospitals from the Discharge Information Component

	Discharge Information
Mann-Whitney U	1200.000
Wilcoxon W	2475.000
Z	-1.421
Asymp. Sig. (2-tailed)	.155
a. Grouping Variable: Hospital	

Table 4.21 Differences in Service Quality of Government Hospitals and Private Hospitals from Overall Hospital Components

	Overall Hospital Components
Mann-Whitney U	1250.000
Wilcoxon W	2525.000
Z	.000
Asymp. Sig. (2-tailed)	1.000
a. Grouping Variable: Hospital	

Table 4.22 Differences in the Quality of Service in Government Hospitals and Private Hospitals from the Components of Self-Care Understanding When Returning from Hospitals

	Understanding Self-Care When Coming Home From Hospital
Mann-Whitney U	1248.000
Wilcoxon W	2523.000
Z	-.029
Asymp. Sig. (2-tailed)	.977
a. Grouping Variable: Hospital	