Understanding patient satisfaction and loyalty in public and private primary health care

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Abstract

Background: The quality of health centers, patient satisfaction, and loyalty are three key factors that enable health care providers to improve their services and cost-effectiveness. This study, therefore, aims to determine patient satisfaction and loyalty in public and private primary health care centers.

Design and Methods: Data were obtained from a cross-sectional design of 1470 self-administered questionnaires and analyzed based on mean, standard deviation, and correlation coefficients.

Results: The results showed respectively a strong and moderate correlation between patient satisfaction and loyalty in private (r=0.767) and public (r=0.54) primary health care centers, respectively. In addition, in both centers patients received adequate medical services, with social aspects as the least important factors affecting patient satisfaction.

Conclusions: In conclusion, primary health care practices need to recognize the needs that influence patients’ satisfaction and loyalty, to improve the quality of their services.

Introduction

Competition among health care centers helps to improve the quality of their services and promotes innovative interventions, thereby benefiting patients as consumers. Health care management facilities are guided by professionals and collaborate with insurance companies in accordance with the various compliance laws. Furthermore, when health insurance is properly regulated with equal benefits provided to providers and patients, the competition also increases. According to studies, private healthcare services received more patient satisfaction compared to public hospitals. Consequently, private care is more competitively aggressive in achieving its target patients.1-3

The quality of health centers, patient satisfaction, and loyalty are three key factors that enable health care providers to improve its services and cost-effectiveness. Studies showed that the following important factors influence patient satisfaction: (1) timely visit, (2) compassionate professionals, (3) accurate medical bills, (4) effective communication skills, (5) promptness in delivering healthcare services, and (6) willingness to support others. Patient satisfaction also affects other dimensions of healthcare services, including retention, which is the key factor that determines their willingness to return to the same center. In addition, the provision of high standard health services, motivation, and showing appreciation help to retain patients.4-7

Other factors that determine their willingness to return to the same health center or make positive recommendations include loyalty, trust, and satisfaction. Therefore, it is important to determine the driving forces that influence patients’ willingness to return for more services in order to implement effective strategies for maintaining their loyalty.8

Trust is an important predictor of patient loyalty to doctor in primary health care centers. It has been demonstrated to have a positive effect on health outcomes, including a willingness to seek treatment from previous medical personnel and adherence to prescribed medicines. Therefore, trust is the fundamental aspect of doctor-patient relationship aids emotional support, public norms and a qualified, competent person.9,10

Irrespective of the numerous barriers associated with accessing adequate health services, primary health care (PHC) remains a keystone of providing essential public services in a community. PHC delivers integrated patient care with adequate funding, well-managed, and high-quality services. This strategy tends to create a long term doctor-patient relationship, thereby generating more profits.11,12 The key steps for strengthening primary health care include delivering a better quality of health services, ensuring the fairness of National Health Insurance, providing competent family doctors, and effective management. The Indonesian government supports primary health care services under the National Health Insurance.13

In Indonesia, the provision of adequate health care depends on public and private hospitals. However, the Indonesian government has set accreditation standards for measuring these qualities.
including the need to collaborate with national health insurance. In addition, PHC need to prepare, improve, maintain their facilities and deliver services based on scientific knowledge and evidence-based practice.\textsuperscript{13}

The Indonesian national health insurance benefits cover patients in a wide variety of services, and its system is directly linked to referrals. In addition, patients are able to access all public and private health care services, which have a contract system with Indonesian National Health Insurance. Approximately 75\% of the total populations in Indonesia are covered by this insurance, which helps to regulate, maintain, keep its contract system, credit, and conduct appropriate services.\textsuperscript{14} Other existing studies ascertained that 55\% of patients were satisfied with the primary care services provided, and the majority of the complaints stemmed from issues regarding the National Health Insurance practices.\textsuperscript{15,16} Therefore, this study aims to investigate patient satisfaction and loyalty in public and private primary health care.

### Design and Methods

An analytic observational study with a cross-sectional design was used to measure patient satisfaction and loyalty in primary health care. The simple random sampling method was used to collect data from 470 respondents chosen in two types of primary health care, with patient satisfaction and loyalty measured by self-administered questionnaires that were tested for validity and reliability. All respondents were informed of the risks involved in carrying out the research before participating and free to withdraw at any time without giving reasons. Research approval was obtained from the Health Ethics Committee of the University of Muhammadiyah Malang in April 2019. The data obtained were analyzed based on mean, standard deviation, and correlation coefficients in SPSS 22 to determine the correlation between patient satisfaction and loyalty in public and private primary health care centers.

### Results and Discussion

The results showed characteristics of respondents in private and public PHC while analyzing the mean score, SD, and cross-tabulation in accordance with patient satisfaction, loyalty, and correlation analysis, as shown in Tables 1-4.

Table 1 shows that most patients in both private and public PHC were female above 45 years and without the intention of leaving. Additionally, 75\% of patients that attend private PHC had employer-based subsidy health benefits, which provides them with the option to choose the right membership suitable for their primary health care services. Therefore, patients easily move to other types of health services without proper consent and notification, and this leads to constraints on health care providers and additional capital payments.\textsuperscript{14} The government has heavily subsidized all patients in public PHC for health insurance coverage. The public sector tends to provide easy access to health services by enabling people to take advantage of National Health Insurance and meeting with qualified family doctors. Conversely, private PHC tend to prescribe more types of drugs which are expensive and inappropriate with patient conditions.\textsuperscript{17,18}

The majority of patients stated that they were satisfied with their visits with doctors in both private and public PHC, as shown in Table 2. However, they were more satisfied with the biological and psychological aspects of M (SD) at 15.12 (1.05) and 14.33, respectively, provided by doctors in private PHC in comparison to the public. The social aspects were the least important factors affecting patient satisfaction in both health centers. Predictors of patient satisfaction include physical-psychological wellbeing and patients involved in decision making (P<0.00001). Other factors that contribute to satisfaction were age (P<0.02), care coordination (P<0.01), support from family, friends and relatives (P < 0.0001), and care continuity (P<0.001).\textsuperscript{19} Several studies on better continuity of care, human resources, and comprehensive care were performed more in the private PHC. Meanwhile, public PHC ensures more access to health care services and facilities.\textsuperscript{20-23} However, this study aims to investigate patient satisfaction and loyalty in public and private primary health care.

### Table 1. Characteristics of respondents in private PHC and public PHC.

| Indicator                      | Category                | Private PHC | Public PHC |
|--------------------------------|-------------------------|-------------|------------|
|                                |                         | n | %   | n | %   |
| Age                            | <30 y.o                 | 270 | 27.3 | 90 | 18.8 |
|                                | 31-45 y.o               | 630 | 63.6 | 180 | 37.5 |
|                                | >45 y.o                 | 90  | 9.1  | 210 | 43.7 |
| Sex                            | Male                    | 270 | 27.3 | 0  | 0    |
|                                | Female                  | 720 | 72.7 | 480 | 100  |
| History of leaving PHC         | No                      | 990 | 100  | 480 | 100  |
|                                | Yes                     | 0   | 0    | 0   | 0    |
| Membership status of health insurance | Government-based subsidy | 0  | 0    | 16  | 100  |
|                                | Employer-based subsidy  | 25  | 75   | 0   | 0    |
|                                | Individual plans        | 8   | 25   | 0   | 0    |

### Table 2. Mean, SD, cross-tabulation of patient satisfaction in private PHC and public PHC.

| Indicator               | Private PHC Mean (SD) | Very satisfied | Responses (n, %) | Public PHC Mean (SD) | Very satisfied | Responses (n, %) |
|-------------------------|-----------------------|----------------|------------------|----------------------|----------------|------------------|
| Biological aspect       | 15.12 (1.05)          | 840 (84.85)    | 150 (15.15)      | 0 (0)                | 14.94 (0.77)   | 270 (56.25)      |
| Psychological aspect    | 14.33 (1.34)          | 780 (78.79)    | 210 (21.21)      | 0 (0)                | 13.75 (1.18)   | 300 (62.5)       |
| Social aspect           | 12.36 (1.52)          | 600 (60.61)    | 390 (39.39)      | 0 (0)                | 12.94 (1.29)   | 240 (50)        |
Table 3. Mean, SD, cross-tabulation of patient loyalty in private PHC and public PHC.

| Indicator                          | Private PHC Mean (SD) | Responses (n, %) | Public PHC Mean (SD) | Responses (n, %) |
|------------------------------------|-----------------------|------------------|----------------------|------------------|
|                                    | Very loyal            | Loyal            | Not Loyal            | Very loyal       | Loyal            | Not Loyal |
| Attending PHC with similar cases   | 10.91 (1.77)          | 810 (81.82)      | 180 (18.18)          | 0 (0)            | 11.13 (1.20)     | 330 (68.75) | 150 (31.25) | 0 (0) |
| Attending PHC with different cases | 10.85 (1.99)          | 840 (84.85)      | 150 (15.15)          | 0 (0)            | 9.94 (1.77)      | 270 (56.25) | 210 (43.75) | 0 (0) |
| Making recommendations for others  | 8.18 (1.96)           | 660 (66.67)      | 210 (21.21)          | 120 (12.12)      | 7.38 (1.41)      | 120 (25.00) | 270 (56.25) | 90 (18.75) |

Table 4. Correlation analysis between patient satisfaction, and loyalty in private/public PHC.

| Correlations                        | Sig. value | Correlation coefficient | Interpretation       |
|-------------------------------------|------------|-------------------------|----------------------|
| Satisfaction-loyalty in private PHC | 0.000      | 0.767                   | Strong correlation    |
| Satisfaction-loyalty in public PHC  | 0.001      | 0.54                    | Moderate correlation  |

In conclusion, primary health care practices need to recognize the various obligations that influence patient satisfaction and loyalty, which in turn affects the quality of services. By identifying these strengths and weaknesses, health care providers can allocate adequate resources to enhance the quality of their service. Therefore, the public health care needs to improve its services to achieve excellent quality and attract more patients.

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Key words: Patient satisfaction; loyalty; primary health care.

Contributions: All authors contributed equally to this article. FEBS conducted this study, SS & EE served as supervisors and reviewed the final article. Thanks to RL who have kindly and thoughtfully managed this study.

Conflict of interest: The author declares no potential conflict of interest.

Funding: This study was financially supported by Faculty of Medicine, University of Muhammadiyah Malang.

Acknowledgments: The authors thanks to Faculty of Medicine, University of Muhammadiyah Malang, Malang, Indonesia for their kind support and encouragements during this study.

Clinical trials: This study has been approved by health research ethics committee of Faculty of Medicine, University of Muhammadiyah Malang.

Conference presentation: Part of this paper was presented at the 4th International Symposium of Public Health, 2019 October 29-31, Griffith University, Gold Coast, Australia.

Received for publication: 6 March 2020. Accepted for publication: 13 June 2020.

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