

Assessing Health System Responsiveness to Non-Medical Patient Needs in Public and Private Healthcare Settings: A Case Study in Jirapa Municipality, Ghana

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Abstract

The responsiveness of healthcare systems to non-medical patient needs is a crucial determinant of patient satisfaction and healthcare quality. These non-medical needs include dignity, autonomy, confidentiality, and communication. In many Low and Middle-Income Countries (LMICs) like Ghana, healthcare systems often prioritize medical care, overlooking non-medical aspects, especially in public healthcare facilities. This study aims to assess and compare the responsiveness of healthcare services to non-medical patient needs in public and private healthcare settings within Jirapa Municipality, Ghana. Using a comparative cross-sectional study design, 96 patients from both public and private healthcare facilities participated in a purely quantitative study. Data were collected using structured questionnaires based on the World Health Organization's health system responsiveness model. Results indicate that private healthcare facilities generally perform better in meeting non-medical patient needs, especially in domains such as dignity, autonomy, and communication. Outpatient services and insured patients also report higher responsiveness compared to inpatient services and uninsured patients. These findings highlight the need for policy interventions to improve the non-medical aspects of care in public healthcare settings.

Keywords: Healthcare responsiveness; Non-medical needs; Patient satisfaction; Public vs. private healthcare; Ghana

Introduction

Healthcare systems worldwide strive to deliver quality care, focusing primarily on medical outcomes. However, patient-centered care involves more than medical interventions, with non-medical needs playing an integral role in shaping patient satisfaction and overall experience. The World Health Organization (WHO) has identified key non-medical domains that are crucial for healthcare responsiveness, such as dignity, autonomy, communication, and confidentiality.

In LMICs, like Ghana, the disparity between public and private healthcare facilities in addressing non-medical patient needs

remains a significant concern. Public healthcare facilities, serving the majority of the population, are often overburdened, leading to an emphasis on medical care at the expense of patient dignity and communication. Conversely, private healthcare facilities, though limited in accessibility due to cost, are generally perceived to provide a more patient-centered experience. This study seeks to compare the responsiveness of public and private healthcare systems to non-medical patient needs in Jirapa Municipality, Ghana, and analyze the effects of healthcare setting, service type (inpatient vs. outpatient), and insurance status on patient perceptions [1-5].

Literature Review

Healthcare responsiveness in LMICs

Healthcare responsiveness, as defined by the WHO, encompasses the ability of healthcare systems to meet the legitimate expectations of patients regarding the non-medical aspects of care. Studies in LMICs have highlighted that while progress has been made in addressing medical needs, the non-medical aspects such as patient dignity, communication, and autonomy remain underexplored. In Ghana, public healthcare facilities face resource constraints, often resulting in overcrowding and reduced focus on non-medical care.

Private healthcare facilities, by contrast, are often perceived as offering more patient-centered care, though access to these facilities is largely restricted to higher-income groups or those with health insurance. A study on healthcare responsiveness in Ghana's private sector found that patients in private facilities reported better communication and autonomy in their healthcare decisions. This contrasts with studies on public healthcare in rural areas, which consistently highlight a lack of prompt attention and insufficient dignity afforded to patients [6,7].

Non-medical domains of healthcare responsiveness

The eight non-medical domains identified by the WHO dignity, autonomy, communication, confidentiality, prompt attention, quality of basic amenities, access to social support, and choice of provider serve as benchmarks for evaluating patient

satisfaction. In LMICs, the domains of dignity, communication, and confidentiality have been shown to significantly influence patient perceptions of healthcare responsiveness. This underscores the importance of these non-medical needs in patient-centered care and suggests that improvements in these areas could lead to higher patient satisfaction and better health outcomes.

Methodology

Study design

A comparative cross-sectional study design was employed, focusing on public and private healthcare settings in Jirapa Municipality. This design is well-suited for identifying variations in patient perceptions of healthcare responsiveness at a single point in time.

Study population and sampling

The study population included patients who had accessed healthcare services within the past month at both public and private facilities in Jirapa Municipality. A total of 96 participants were recruited using systematic random sampling to ensure an unbiased and representative sample. Every nth patient on the facilities' patient lists was selected to participate.

Data collection

A structured questionnaire, based on the WHO health system responsiveness model, was used to collect quantitative data. The questionnaire included Likert-scale items to measure patient perceptions across eight domains of healthcare responsiveness. Data on key variables, including healthcare setting (public vs. private), service type (inpatient vs. outpatient), and insurance status (insured vs. uninsured), were also collected [8-10].

Data analysis

Data were analyzed using SPSS software. Descriptive statistics were used to summarize patient characteristics and perceptions. Inferential statistics, including t-tests and ANOVA, were used to compare perceived responsiveness across healthcare settings, service types, and insurance statuses. Regression analysis was also conducted to identify predictors of perceived responsiveness and assess the mediating role of the eight domains of healthcare responsiveness.

Results

Descriptive findings

The study sample included 96 patients, with an equal representation of public and private healthcare facility users. The majorities of patients were outpatient service users (60%) and insured (65%).

Inferential findings

Private healthcare facilities were perceived as more responsive than public facilities across all domains, particularly in terms of dignity ($p<0.01$), autonomy ($p<0.05$), and communication ($p<0.01$). Outpatient services received significantly higher responsiveness ratings compared to inpatient services ($p<0.05$), and insured patients reported higher responsiveness in the domains of dignity, autonomy, and confidentiality ($p<0.01$) [11-14].

Regression analysis confirmed that healthcare setting, service type, and insurance status were significant predictors of perceived responsiveness. The eight domains of responsiveness mediated the relationship between healthcare setting and overall patient satisfaction, suggesting that improvements in these areas could enhance patient perceptions of care quality.

Discussion

This study's findings align with existing literature, which suggests that private healthcare facilities in Ghana are more responsive to non-medical patient needs than public facilities. These differences may stem from resource constraints in public healthcare settings, including overcrowding and staff shortages, which limit the attention paid to non-medical aspects of care [15,16].

The significant impact of service type on perceived responsiveness highlights the need for healthcare providers to address the unique needs of inpatient populations, who may experience prolonged stays and feel neglected in terms of communication and autonomy. The finding that insured patients report higher responsiveness further underscores the need for expanded insurance coverage in Ghana, as insurance status can enhance patients' access to quality care.

Conclusion

This study demonstrates the importance of healthcare responsiveness in shaping patient perceptions of quality care. Private healthcare facilities generally perform better in addressing non-medical patient needs, particularly in the domains of dignity, communication, and autonomy. Policymakers should prioritize interventions aimed at improving responsiveness in public healthcare settings, especially in rural areas like Jirapa Municipality. Expanding insurance coverage could also play a critical role in enhancing patient perceptions of care quality.

Recommendations

Policy recommendations: Policymakers should focus on improving the responsiveness of public healthcare systems by investing in staff training and basic amenities.

Healthcare practice: Healthcare providers should prioritize communication and prompt attention, particularly in outpatient services, to improve patient satisfaction.

Future research: Future studies should explore the impact of healthcare responsiveness on actual patient outcomes, such as recovery rates and adherence to treatment.

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