

ABSTRACT

Quality is the ability to deliver services that satisfy the consumer's needs whereas service quality is the ability to meet or exceed customer expectations, providing quality healthcare is an ethical obligation of all healthcare providers and receiving quality care is a right of all patients. Kenya has witnessed general deterioration in health indicators due to rapid population growth, child nutrition problems, poverty, HIV/AIDS, acute respiratory infections, malaria, diarrhea, and poor quality health facilities and services. Nairobi city with high population and Kiambu a neighboring County, the Public and some Faith-based hospitals in these two counties experience shortage of drugs and medical supplies, unaffordable out-of-pocket costs for health services' consumers, poor quality of care due to overcrowding of the patients, thus services provided are considered unsatisfactory. Public and Faith-based hospitals are preferred since they handle patients from all classes and with various health problems. The purpose of this study was to compare client perception on quality of health care offered to patients admitted into Public and Faith-based Hospitals in Kiambu and Nairobi counties, Kenya. The specific objectives were to identify the service quality dimensions that contribute to patient's satisfaction in Public and Faith-based hospitals; to compare the perception of patients on public with faith-based hospitals service quality and assess compliance of public hospitals with faith-based hospitals service to Ministry of Health quality standards. Few studies have reputed comparative analysis of quality of health care in faith based hospitals with public hospitals by use of SERVQUAL dimensions to asses' patient perception. The study was carried out at Mbagathi District hospital and Jamaa Mission hospital in Nairobi County and Kiambu County hospital and Nazareth Mission hospital in Kiambu County. A sample size of 384 of hospitalized patients was calculated using Fishers formula. To select a sample of 384 patients, a sample frame was made for each hospital. Systematic sampling, every 5th patient at exit point was used to select the clients to be interviewed. Qualitative data was collected using open ended questions and quantitative data was obtained by use of structured questions and assessment checklists. Qualitative data was analysed using Atlas.ti 7.0 results was exported to Microsoft Word and was used to identify dimensions for patient satisfaction while Quantitative data was used to assess patient perception on service quality. T test was used to test the difference in means between public and faith-based hospitals service quality at $p \leq 0.05$ test of significance. Chi-Square was used to test significance difference on patient perception on service quality dimensions in faith-based and public hospitals. Qualitative results on dimensions in faith-based hospitals had many satisfies as compared to public hospitals these were cleanliness of the environment, availability of equipment, maintenance of physical structure, adequate meal, availability of drugs and services, caring, courtesy, efficiency, doctors attitude and low mortality and morbidity rate while in public hospitals were cost of services, adequate meal, doctors attitude and interpersonal skills. Quantitative results showed that faith-based hospitals overall mean was (4.23 on a scale of 1 to 5 & SD 0.347) showing positive opinions and public hospitals mean was 2.62 (on a scale of 1 to 5 & SD 0.760) indicating negative opinions among all five (Tangibility, Responsiveness, Reliability, Assurance and Empathy) dimensions. The overall T test was -24.688; there was a mean difference in the patient's opinions of public and faith-based hospitals on perception of service quality. There was significance difference at $p \leq 0.05$; T test and Chi-Square p value was .000 for all five dimensions. The results confirmed that faith-based hospitals (94%) compliance was higher than public hospitals (68%) to Ministry of Health Quality Standards. Patients had positive perception on service quality in faith-based and negative perception on service quality in public hospitals. There is need for re-structuring health service in public hospitals, to put in empowerment strategies to provide patient centeredness which is continuous quality health care improvement process.