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Original Article

Patient Satisfaction with Mental Health Services in Public and Private Tertiary Care Hospitals of Peshawar: A Cross-Sectional Study

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Abstract

Background: Patient satisfaction serves as a vital indicator of healthcare quality, reflecting how well patient expectations and needs are met during care. In the field of mental health, satisfaction is particularly important as it directly influences treatment adherence, recovery outcomes, and long-term engagement with services.

Objective: This study aimed to assess and compare patient satisfaction with mental health services in public and private tertiary care hospitals of Peshawar.

Methodology: A descriptive cross-sectional study was conducted from 17th March to 30th June 2024 across three public and three private tertiary care hospitals in Peshawar. A total of 310 patients were selected using a stratified random sampling technique. Patient satisfaction was assessed using a validated satisfaction tool designed for low-income countries (Cronbach's alpha = 0.89). Data were analyzed using SPSS version 20, with descriptive statistics, frequencies, and percentages reported. One-way ANOVA and post hoc tests were applied to compare differences across hospitals, with a significance level of $p < 0.05$.

Results: The mean age of participants was 26 years (SD ± 11.53), with 66.8% males and 33.2% females. Urban residents comprised 56.8% of respondents, while 43.2% were from rural areas. Educational levels ranged from illiterate (19%) to graduates/postgraduates (23.5%). Overall satisfaction was slightly higher in private hospitals (79.99%) than in public hospitals (77.14%). The highest satisfaction was observed at Northwest General Hospital (87.11%), while the lowest was at Lady Reading Hospital (71.74%). ANOVA results revealed significant inter-hospital differences in service quality ($p < 0.05$), particularly in waiting times, communication, and accessibility.

Conclusion: Patients reported higher satisfaction with private sector hospitals compared to government hospitals, largely due to better facilities, reduced waiting times, and greater resource availability. Strengthening public mental health infrastructure, improving staff training, and addressing financial and accessibility barriers are recommended to enhance overall patient satisfaction.

Keywords: Healthcare quality, Mental health services, Patient satisfaction, Public vs. private hospitals, Tertiary care.

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Introduction

Patient satisfaction is widely recognized as a critical indicator of healthcare quality, representing the degree to which patients' expectations and needs are met during their healthcare experience [1]. It encompasses satisfaction with multiple aspects of care, including provider communication, facility environment, accessibility, and empathy of healthcare staff [2]. Globally, mental health conditions affect approximately 792 million individuals, accounting for 10.7% of the world's population, with women disproportionately affected compared to men. Among these, substance use disorder (13%), anxiety (3.8%), and depression (3.4%) are the most prevalent, while bipolar disorder, schizophrenia, and eating disorders, though less common, remain highly debilitating [3].

Studies from different regions report variable satisfaction levels with mental health services. In Ireland, satisfaction rates reached as high as 90%, compared to 57% in India, and 66% among schizophrenia patients in Nigeria [4]. Ethiopian studies have reported satisfaction levels ranging between 44.5% and 72%, highlighting disparities across healthcare systems [4]. In China, psychiatric inpatients demonstrated high satisfaction, influenced by education level, cost management, and privacy protection [6]. Similarly, a Bangladeshi study reported overall satisfaction of 65%, with higher levels in private hospitals (75%) compared to public facilities (51%) [7]. In India, technical skills of doctors were found to have a greater influence on satisfaction than interpersonal skills [8].

In Pakistan, the mental health care system faces considerable challenges. With no dedicated budget for mental health and minimal insurance coverage, access remains limited [9]. Approximately 350–400 psychiatrists serve the entire country, equating to one psychiatrist per million people [10]. According to WHO data, there are 3,729 outpatient mental health institutions, serving 343.34 individuals per 100,000 population [11]. Despite gradual improvements over the past decade, significant gaps remain in service delivery.

Most studies in Pakistan focus on assessing general quality of mental health services, with limited comparative evaluation between public and private tertiary care hospitals. This study therefore aims to assess patient satisfaction with psychiatric services in both sectors in Peshawar, thereby providing evidence for targeted interventions and future policy improvements.

Methodology

Study Design:

This was a descriptive cross-sectional study designed to evaluate patient satisfaction with mental health services in both public and private tertiary care hospitals of Peshawar. The cross-sectional design was chosen as it allows the assessment of patient experiences and satisfaction at a single point in time, providing a snapshot of service quality and comparative analysis across different hospital settings.

Ethics:

Ethical approval for the study was obtained from the Institutional Review and Ethics Board (IREB) of Khyber Medical College under reference number 48/DME/KMC. Prior to participation, the objectives of the study were clearly explained to all respondents, and verbal informed consent was obtained from each participant. Confidentiality of information and anonymity of participants were ensured throughout the study.

Setting:

The study was conducted across six tertiary care hospitals in Peshawar, comprising three government institutions (Khyber Teaching Hospital, Lady Reading Hospital, and Hayatabad Medical Complex) and three private institutions (Northwest Teaching Hospital, Rehman Medical Institute, and Life Care Hospital). Data were collected over a period of three and a half months, from 17th March 2024 to 30th June 2024.

Participants:

The study population consisted of male and female patients, as well as their attendants, seeking psychiatric care at the selected hospitals. Participants were included if they were willing to participate, aged up to 65 years, and provided verbal consent. Patients with severe mental health problems, including severe cognitive impairment, frank psychosis, and serious comorbid physical illnesses such as cerebrovascular accidents, were excluded to avoid compromising the reliability of self-reported data.

Variables:

The primary outcome variable was the level of patient satisfaction with mental health services. Independent variables included sociodemographic factors (age, gender, marital status, residence, and educational status) as well as hospital type (public vs. private).

Data Sources/Measurement:

Patient satisfaction was measured using a standardized satisfaction assessment tool that was originally developed

and validated for use in low-income countries. This tool, adapted from a study in Ethiopia, demonstrated high internal consistency (Cronbach's alpha = 0.89) for service users. Data were collected by trained research assistants who administered structured questionnaires to participants.

Bias:

To minimize selection bias, a stratified random sampling technique was employed, ensuring proportional representation of participants from both public and private hospitals. Information bias was reduced by training research assistants to follow a standardized protocol while collecting data, and by using a pre-validated questionnaire to maintain reliability and comparability.

Study Size:

The sample size was calculated using Cochran's formula, taking a prevalence rate of 73% from a previous study conducted in Rawalpindi. The final calculated sample size was 310 participants, which was distributed across the six hospitals according to patient flow and proportional stratification.

Quantitative Variables:

Quantitative variables included age, satisfaction scores, and waiting times, whereas qualitative variables included gender, residence, educational status, and marital status. Satisfaction scores were categorized as "Good" if they exceeded 75% of the total possible score, indicating that the patient was satisfied with the services provided.

Statistical Methods:

Data were entered and analyzed using the Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics were calculated for sociodemographic and satisfaction variables, with means and standard deviations reported for continuous data, and frequencies and percentages for categorical variables. Comparative analyses between public and private hospitals were conducted using one-way ANOVA to test for statistically significant differences in satisfaction across hospital groups. Post hoc tests were applied to identify specific inter-hospital differences, with a p-value < 0.05 considered statistically significant. Results were presented in the form of tables, graphs, and figures to facilitate clarity and interpretation.

Results

Participants

A total of 310 patients participated in the study, drawn from six tertiary care hospitals of Peshawar. Among these, 207 (66.8%) were male and 103 (33.2%) were female, reflecting a higher proportion of male respondents. The age of participants ranged from 4 to 60 years, with a mean age of 26 years (SD ± 11.53). Both urban and rural populations were represented, with 176 (56.8%) participants residing in urban areas and 134 (43.2%) from rural backgrounds. Marital status distribution showed that 164 (52.9%) were unmarried while 146 (47.1%) were married.

Descriptive Data

Educational status of respondents varied considerably. A total of 59 participants (19%) were illiterate, 35 (11.3%) had completed primary education, 25 (8.1%) had attained middle-level education, 58 (18.7%) had secondary education, 60 (19.4%) had higher secondary education, and 73 (23.5%) were graduates or postgraduates. This diverse educational representation provided insight into satisfaction levels across different literacy groups.

Outcome Data

Overall satisfaction rates were calculated by aggregating the mean values of all satisfaction-related variables. A satisfaction score above 75% was considered "Good," indicating that the patient was satisfied with the services received. Comparative analysis across hospitals revealed variation in satisfaction levels. The highest satisfaction rate was reported at Northwest General Hospital (87.11%), followed by Khyber Teaching Hospital (82.46%), Rehman Medical Institute (78.73%), and Hayatabad Medical Complex (77.97%). Life Care Hospital reported a satisfaction rate of 74.5%, while the lowest was observed at Lady Reading Hospital (71.74%). When grouped by sector, private hospitals demonstrated slightly higher overall satisfaction (79.99%) compared to public hospitals (77.14%).

Main Results

Analysis showed that patients generally expressed satisfaction with communication, privacy, and respect from healthcare providers in both public and private settings. However, notable gaps were identified in areas such as waiting time, accessibility, financial issues, and facility cleanliness. A one-way ANOVA revealed statistically significant differences in service quality across hospitals ($p < 0.05$). Post hoc comparisons highlighted significant disparities, particularly between Hayatabad Medical Complex and Northwest General Hospital ($p = 0.04$), Lady Reading Hospital and Khyber Teaching Hospital ($p = 0.0001$), and Rehman Medical Institute versus Northwest General Hospital ($p < 0.05$). These results indicate that while private sector facilities generally scored higher, there are marked inter-hospital differences that reflect variability in resource allocation, infrastructure, and quality of care delivery.

Table 1: Overall Psychiatric Patient Satisfaction in Each Hospital.

Name of Institute	Satisfaction Rate
NWSM	(269)87.11%
KTH	(254)82.46%
RMI	(241)78.73%
HMC	(238)77.97%
LCHP	(229)74.5%
LRH	(220)71.74%

Table 2: Psychiatric Patient satisfaction in Private Hospitals

Variables	Poor, Fair n(%)	Variables	Poor, Fair n(%)
I was carefully listened to by the health worker.	12 (7.59%)	146 (92.41%)	3.39
I understood what the health worker said.	24 (15.18%)	134 (84.82%)	3.27
The outpatient service's location is appropriate.	32 (20.2%)	126 (79.8%)	3.20
It was a clean healthcare facility.	26 (16.4%)	132 (83.6%)	3.27
The waiting room was kept clean.	30 (18.98%)	128 (81.2%)	3.27
The toilet area was cleaned.	35 (22.15%)	123 (77.85%)	3.15
The wait time was reasonable.	35 (22.15)	123 (77.85%)	3.13
I have enough time to talk to a medical professional.	15 (9.49%)	143 (90.51%)	3.31
Information was presented to me in a way that I could understand.	22 (13.92%)	136 (86.08%)	3.36
I was given some good advice.	31 (19.6%)	127 (80.4%)	
The administrative team was courteous and respectful to me.	20 (12.6%)	138 (87.4%)	3.36
They respect my privacy.	15 (9.49%)	143 (90.51%)	3.48
I have the chance to see the same healthcare provider again.	20 (12.6%)	138 (87.4%)	3.29
Sufficient details regarding service payment were given.	35 (22.15%)	123 (77.85%)	3.18
My private information is kept private.	23 (14.55%)	135 (85.45%)	3.35
It is possible to refer someone to a specialist.	40 (25.3%)	118 (74.7%)	3.16
The treatment is effective at decreasing relapses.	41 (25.9%)	117 (74.1%)	3.07
My earnings improved as a result of the treatment.	43 (27.2%)	115 (72.8%)	3.02
I can obtain assistance from a health worker whenever I need it.	46 (29.1%)	112 (70.9%)	3.03
Getting to the hospital was easy.	59 (37.3%)	99 (62.7%)	2.87
I had enough time to come to the hospital.	46 (29.1%)	112 (70.9%)	3.03
I could afford to come and receive treatment.	60 (37.9%)	98 (62.1%)	2.91
I would suggest that my family visit the hospital.	37 (23.4%)	121 (66.6%)	3.25
The service works well for addressing financial issues.	51 (32.2%)	107 (67.8%)	3.02

Table 3: Psychiatric Patient satisfaction in Government Hospital			
Variables	**Poor, Fair n(%)**	**Variables**	**Poor, Fair n(%)**
I was carefully listened to by the health worker.	11 (7.23%)	141 (92.8%)	3.42
I understood what the health worker said.	22 (14.47%)	130 (85.53%)	3.33
The outpatient service's location is appropriate.	36 (23.6%)	116 (76.4%)	3.13
It was a clean healthcare facility.	30 (19.7%)	122 (80.3%)	3.21
The waiting room was kept clean.	34 (22.36%)	118 (77.64%)	3.19
The toilet area was cleaned.	34 (22.36%)	118 (77.64%)	3.13
The wait time was reasonable.	45 (29.6%)	107 (70.4%)	2.94
I have enough time to talk to a medical professional.	18 (11.84%)	134 (88.16%)	3.23
Information was presented to me in a way that I could understand.	31 (20.3%)	121 (79.7%)	3.17
I was given some good advice.	38 (25%)	114 (75%)	3.09
The administrative team was courteous and respectful to me.	28 (18.4%)	124 (81.6%)	3.21
They respect my privacy.	31 (20.3%)	121 (79.7%)	3.18
I have the chance to see the same healthcare provider again.	32 (21%)	120 (79%)	3.08
Sufficient details regarding service payment were given.	41 (26.9%)	111 (73.1%)	3.01
My private information is kept private.	32 (21%)	120 (79%)	3.15
It is possible to refer someone to a specialist.	44 (28.9%)	108 (71.1%)	3.01
The treatment is effective at decreasing relapses.	44 (28.9)	108 (71.1%)	3.15
My earnings improved as a result of the treatment.	42 (27.6%)	110 (72.4%)	3.01
I can obtain assistance from a health worker whenever I need it.	52 (34.2%)	100 (65.8%)	3.00
Getting to the hospital was easy.	48 (31.5%)	104 (68.5%)	3.01
I had enough time to come to the hospital.	57 (37.5%)	95 (62.5%)	2.86
I could afford to come and receive treatment.	54 (35.5%)	98 (64.5%)	2.96
I would suggest that my family visit the hospital.	61 (40.13%)	91 (59.87%)	2.84
The service works well for addressing financial issues.	38 (25%)	114 (75%)	2.85

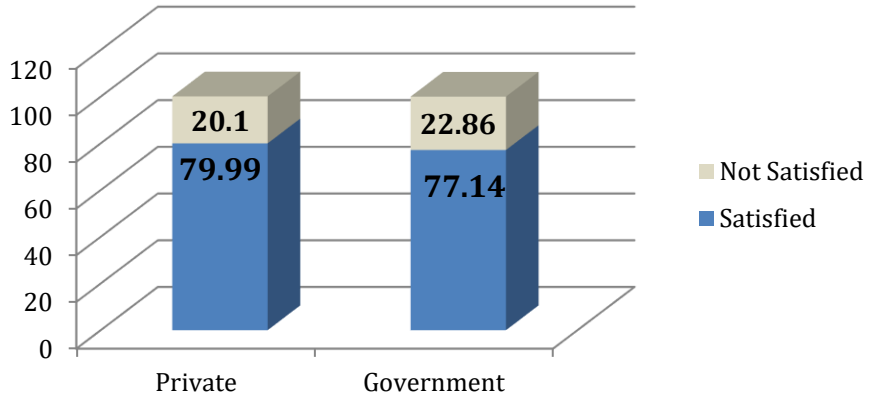


Figure 1: Private Vs Government Psychiatry Patients Satisfaction rate

Table 4: Is the treatment effective in decreasing the symptoms

Hospital	Mean	SD	Levene Statistic	Sig	ANOVA
Hayatabad Medical complex	3.02	0.761	1.257	.283	0.0001
Lady Reading Hospital	2.71	0.855			
Khyber Teaching Hospital	3.30	0.789			
Northwest Hospital	3.59	0.698			
Rehman Medical Institute	3.13	0.817			
Lifecare Hospital	2.93	0.836			

Discussion

The findings of this study provide valuable insight into patient satisfaction with mental health services in both public and private tertiary care hospitals in Peshawar. Overall, the study revealed that satisfaction levels were slightly higher in private hospitals (79.99%) compared to public hospitals (77.14%). This difference may be explained by better infrastructure, reduced waiting times, improved resources, and more patient-centered services in private facilities, as highlighted in similar studies across South Asia and other low- and middle-income countries [14].

When compared to previous research in Pakistan, our findings show higher levels of satisfaction than those reported in Quetta, where only 60% of general outpatients in government hospitals expressed satisfaction [14]. The difference may be due to variation in hospital infrastructure, patient load, and the nature of services provided, as our study focused specifically on psychiatric patients. International comparisons also highlight similar trends. For example, satisfaction rates in Ethiopia were found to be 65.46%, which is lower than our study's results [15]. Studies conducted in India, Nigeria, Sweden, and Norway reported variable satisfaction rates ranging from 57% to 83%, with Copenhagen reporting the highest at 80.4% [16,17]. The EPSILON study by Ruggeri et al. further emphasized cultural and systemic differences in satisfaction across Europe, noting highest satisfaction in Copenhagen and lowest in London, where common concerns included lack of family involvement and inadequate information sharing [18].

In terms of specific domains, patients in both public and private hospitals in our study expressed higher satisfaction with communication, respect, and privacy compared to cost-related factors and waiting times. Similar patterns have been observed in Ethiopia and Switzerland, where cleanliness and provider communication scored higher than affordability and accessibility [19]. Although private hospitals in our study performed better overall, significant disparities were observed between hospitals within the same sector. For instance, Northwest Hospital demonstrated significantly higher satisfaction compared to Life Care Hospital and Rehman Medical Institute, suggesting that even within private institutions, variations in staff training, administrative practices, and resource allocation can influence satisfaction.

These findings reinforce the importance of addressing gaps in public sector healthcare, particularly in relation to patient load, waiting times, and financial barriers. In addition, strategies such as involving families in patient care, reducing stigma, enhancing peer support systems, and improving mental health first aid training can further strengthen patient engagement and satisfaction [18,19].

This study has several limitations. The cross-sectional design restricts interpretation to a single point in time and does not allow for evaluation of changes in satisfaction over time. Furthermore, individuals with severe cognitive impairment or psychosis were excluded, limiting the generalizability of findings to more vulnerable groups. The geographic focus on Peshawar also restricts the applicability of results to the wider Pakistani context. Despite these limitations, the study provides important baseline data for healthcare planners and policymakers to improve mental health service quality in tertiary care hospitals.

Conclusion

This study highlights that patients in Peshawar report higher satisfaction with mental health services in private tertiary care hospitals compared to public ones, primarily due to better facilities, shorter waiting times, and more resources allocated per patient. Nevertheless, the gap between sectors was not large, indicating that public hospitals are also providing reasonably satisfactory care despite resource constraints. To further enhance satisfaction, it is essential to expand the availability of mental health facilities, strengthen workforce capacity, improve infrastructure, and implement strategies to reduce waiting times and financial burdens on patients. Such improvements will not only enhance service quality but also foster trust, continuity of care, and better treatment outcomes among individuals seeking mental healthcare.

Authors' Contributions:

All authors meet the ICMJE criteria for authorship. They have reviewed and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

Author 1: Substantial contribution to conception and design, drafting the manuscript, final approval, agreed to be accountable for all the work.
Author 2: Substantial contribution to conception and design, data acquisition, drafting the manuscript, final approval, agreed to be accountable for all the work.
Author 3: Analysis and interpretation of data, drafting the manuscript, final approval, agreed to be accountable for all the work.
Author 4: Analysis and interpretation of data, critical revision, final approval, agreed to be accountable for all the work.
Author 5: Substantial contribution to conception and design, drafting the manuscript, final approval, agreed to be accountable for all the work.
Author 6&7: Substantial contribution to conception and design, data acquisition, drafting the manuscript, final approval, agreed to be accountable for all the work

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