Assessing Patient Satisfaction in Bulawayo's Healthcare System: An Ordered Probit Analysis of Public vs Private Hospitals.

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ABSTRACT

The evaluation of the responsiveness of healthcare services, and thus the quality of healthcare services, can be conducted by measuring the satisfaction of patients with the level of quality they receive from the health services. The study aimed at investigating the level of satisfaction, and the determining factors of satisfaction, for hospitalized patients in public and private hospitals in Bulawayo. A cross-sectional comparative study in two large public hospital United Bulawayo Hospitals and Mpilo Central Hospital including three private hospitals Mater Dei Hospital, Galen House and Corporate 24 Hospital was conducted. 200 patients were enrolled through convenience sampling. A brief and validated questionnaire was used and data was entered into STATA15 and further analysed for satisfaction levels and comparison between the five healthcare systems was studied. By using an ordered probit model regression analysis, findings showed patients in private hospitals had higher scores in all evaluated dimensions compared to patients hospitalized in public hospitals. Mean patient satisfaction score in private hospital was 29.04 ± 3.25 which was significantly higher than that of public hospitals was 24.87 ± 3.69 and private hospitals showed an overall better level of satisfaction ($p < 0.01$) in all aspects. In conclusion, considering the high satisfaction level of the private hospital patients in the study, it is imperative for public hospitals to enact improvement measures concerning organization and management in order to upgrade their quality of health services, in order to earn a competitive place in the country's health services market.

Keywords: Patients satisfaction, healthcare, quality of care, private hospitals, ordered probit model, public hospitals, Zimbabwe, Africa.

INTRODUCTION

Global competition on an emerging sector drives the curiosity of patients and makes them more anxious towards the delivery of healthcare services. The growing concern about health and elevated economic levels of modern civilization have intensely improved the healthcare demands and shifted trends of the population towards attaining a healthier lifestyle Manzoor *et al* (2019). Satisfaction is one of the key factors pertaining to government policy or a successful business which can only be sustained through the delivery of exquisite service quality resulting in improved satisfaction. Thanh *et al*, (2022) defines patient satisfaction is "when medical services meet the patient's expectations during treatment". Vaz (2018) also weighed in and defined patient satisfaction as the extent of agreement between what a patient expects to receive from the healthcare experience and the perception of the level of care they actually receive. Przybek (2023) defines patients' satisfaction to a patient's perception of how well their care provider meets their expectations.

Patient satisfaction is related to the extent to which general healthcare and condition-specific needs are meet. Patient satisfaction is a multidimensional constructs that includes the degree of patient's positive feeling on

satisfaction, quality of service, interpersonal behaviour, communication, financial aspects, time spent with physicians, nurses, administrative staff, pharmacy service, accessibility to health care service, convenience, availability of care and condition of facilities during their health care services.

Improved patient care has become a priority for all health care service providers with the optimum objective of achieving a high degree of patient satisfaction. Patient satisfaction with the quality of the health service they receive is very important, reflecting the quality of the health facility, thereby proposing solutions to improve the quality of the hospital. Providing healthcare services to satisfy customers/patients is a key factor affecting the existence and development of health facilities. It's against this background that this study assesses quality of health system in Bulawayo in both private and public hospitals.

Overview of Quality of Care in Zimbabwe

In Zimbabwe, heath access post-independence improved greatly from less than 60 % in 1980 to greater than 80 % by 1990. However, the initial unprecedented expansion of the public health sector was not supported by a progressive increase in resources for maintaining the services. The health status of the country gradually deteriorated since 1995. Travis Bassett *et al* (1997), posits that since the inception of ESAP hospital user fees remarkably increased leading to dwindling of utilization. As the economy of Zimbabwe depreciated downwards early 2000, the public health system weakened further and it emancipated the private health care system. As the majority of health professionals left the country for greener pastures the private health system provided an alternative though it was accessed by high income earners mostly. This has led to the perception that the public hospitals' quality of care is inferior to that of private hospitals.

Mangundu *et al* (2023) notes that the severe economic crisis that affected Zimbabwe between 1999 to 2008 which led to the signing of the Government of National Unity in 2008 weighed negatively to the quality healthcare. The economic crisis resulted in the deterioration of health infrastructure, such as health facilities, resulting in the closing of some public health facilities, either due to a lack of medical supplies and health workers or financial resources for the maintenance of health facilities (Kevany *et al*, 2012; Makoni, 2019). Health facilities that were functioning experienced shortages of medical drugs and material resources, such as cotton wool, bandages, sutures, and medical needles, which are crucial in the offering of quality healthcare (Kevany *et al*, 2012; Kidia, 2019). MOHCW(2019) also weighs in that the gradual decline of quality of care was aggravated by poorly planned economic policies pursued by the government, inadequate access to health services by the population (physical in-access and inability to pay for services); non-availability of drugs caused by the deterioration of the economic situation and reduced quality of care at health facilities.

During the same period of the colossal economic decline, quality of care was affected by brain drain across the health sector. Chikanda (2020) posits that brain drain has been a significant factor in the deterioration of Zimbabwe's healthcare system over the past two decades. Zimbabwe lost, during this time, large numbers of healthcare workers, including professional nurses and physicians (Nyandoro, 2016; WHO, 2019). Furthermore, the (Ministry of Health and Child Care, 2019) also weighs in mentioning that the public health sector continues to experience critical staff shortages. After the devastating effects of the covid-19 pandemic, UK relaxed immigration policies for health professionals and this has further intensified this trend, exacerbating Zimbabwe's healthcare staffing crisis (WHO, 2021). According to Madzingira *et al* (2021), the ongoing migration of skilled health workers has placed immense pressure on the already strained healthcare system, contributing to service delivery challenges and higher patient mortality rates. Dzinamaria and Masuka (2021) further emphasize that the loss of experienced healthcare professionals has disrupted essential medical services, weakened institutional knowledge transfer, and increased the workload for the remaining staff, leading to burnout and reduced healthcare quality. It is also estimated that between 2021 and 2022, about 4000 health professional from Zimbabwe emigrated to the UK, USA and New Zealand (WHO, 2022; Moyo, 2024). This mass departure is largely attributed to unfavorable working conditions and inadequate remuneration, resulting in a critical shortage of skilled medical professionals within the country (Madzingira *et al*, 2021). The migration of healthcare professionals from Zimbabwe has severely weakened

the country's public health system, negatively impacting health outcomes (Moyo, 2024). For instance, Zimbabwe's life expectancy declined from 60.7 years in 2019 to 58.5 years in 2021, marking a two-year reduction, according to WHO data (WHO, 2022). This figure also falls below the African average life expectancy of 63.6 years in 2021 (WHO, 2022). Currently, the Hospitals are in a poor state and thus not meeting the population's needs as well as world class standards.

Zimbabwe experienced an economic rebound that lasted until 2012 before the economy started to dwindle. During the stable days of the government of national unity (GNU) public hospitals took a major revamp and several of them mostly in urban areas improved and were equipped equally well. Drugs were accessible; health professionals that is doctors and nurses were available to attend patients be it casual or emergency. For instance, two of Bulawayo referral hospitals United Bulawayo Hospital and Mpilo Central Hospital has been repainted, retiled in several wards, morgue repaired, laboratories have been refurbished and cleanliness is being maintained too. Electricity availability improved significantly. A sizeable number of ambulances have were procured and they are operating efficiently. However with change of policies the economy started to weigh down and it affected quality of care in the health sector. Since 2016 the government of Zimbabwe has been trying to move away from dollarisation to boost the economy and inflation has been growing due to excess money supply in the market. In the same vein, major hospitals have faced a dwindling limited expenditure towards health expenditure and most health professionals have been leaving for greener pastures. Furthermore, the hospitals faced the acute shortages of pills, linen, bandages and clean water. Quality of care has once again been compromised and remaining staff morale levels are low. Hospitals like UBH and Mpilo are facing shortages of paracetamol, there is a critical shortage of specialists and basic medical equipment. These public hospitals have essential equipment for cancer treatment and dialysis that have been out of service for year (PCoHCC, 2025). Furthermore, ordinary citizens are bearing the brunt of a poor healthcare system in Zimbabwe with nearly 300 babies and 54 women dying due to complications while giving birth in first month of 2025 alone (MoHCW, 2025).

Nyakutombwa *et al* (2021) in their research assessed factors that influenced patient satisfaction with United Bulawayo Hospital and Mpilo Hospital. Padingani *et al* (2021) in their study aims to determine patients and health workers perception about health services offered at Galen house in order to enable the institution to come up with evidence-based interventions to improve the quality of healthcare services. Meanwhile, Bure (2017) in his research ascertains the differences in quality of care through the eye of the patient by measuring their satisfaction levels in public hospitals of Harare and Bulawayo. It's against this background that this study seeks to investigate the perception of patient satisfaction between public and private hospitals in Bulawayo Metropolitan Province. On this subject not much work has been done to compare the patient satisfaction level in public and private sector hospitals. Therefore the findings of this study seeks to investigate how patients perceive the quality of care received in the public and private hospitals. It is also hoped that findings will provide a springboard from which client centered care will be planned in order to improve services so as to retain and increase market share.

The Importance of Patient Satisfaction Evaluation

Why should Patient Satisfaction be a Top Priority? Improving the quality of patient care in hospitals is very necessary. Listening to your patients is the single most critical component of establishing a long term relationship with your patients. From the patient's feedback, we can measure the patient satisfaction level and accordingly offers an insight into the healthcare provider's level of success.

The healthcare community has been assessing patients. Developments in the medical environment and the increase in competition have promoted the health care organizations to recognize the patients as valuable customers. In the last few years, health systems changed the way of thinking and delivering care, the patient has become the center of the overall care process and providing patient-centred services has become an important focus. (Sajid & Ali, n.d.).

Patient satisfaction is a very important measure and is a primary means of measuring the effectiveness of health care delivery. The competitive environment has forced health organizations to focus on patient

satisfaction as a way to maintain market share and stay ahead in the market. If you are not aware of your strengths and weaknesses you cannot compete effectively. There are several studies that have shown that higher hospital-level patient satisfaction scores were associated with lower hospital inpatient mortality rates and negatively correlated with a hospital's 30-day readmission rates (Environment, n.d.).

The data gathered through patient satisfaction studies indicates the level of care delivered by staff and doctors and can serve as a tool in decision-making and performance appraisal. Patient satisfaction surveys can be tools for learning. They also serve as a means of holding doctors and other staff accountable. Doctors and other staff can be asked to prove that they have acceptable levels of patient satisfaction, which can be used as a performance indicator. Patient satisfaction data can also be used to document thequality of health care, to accrediting bodies nationally as well as internationally.

Patient satisfaction surveys are important as they have the capability to identify and resolve potential problems before they even break into major issues. They could also be used to assess and measure the benefits of any specific initiatives or projects in the service delivery. They can identify those faulty operations and processes that require better explanation to patients. Most importantly, they can increase patient loyalty amongst the patients by demonstrating that they care about their perceptions and are looking for ways in order to improve the experience. There are a number of challenges that small facilities, in particular, face with conducting patient satisfaction surveys.(Murante, 2010) For example, tighter budgets, lack of commitment from administration and lack of funding, small sample size, designing a statistically valid sampling process, obtaining acceptable response rates, reporting survey data, converting findings into information that can be utilised for quality improvement efforts and selecting a survey instrument that will produce valid and reliable results are also major challenges to consider.

Patient satisfaction has a significant and strong direct influence on loyalty and word-of-mouth communication, while loyalty and retention have a substantial influence on profitability. Research shows that there is a clear correlation between patient satisfaction and financial benefits to the organization.

ADAPTED FROM VAZ NAFISA (2018): CHAPTER 10-PATIENT SATISFACTION-GOA INSTITUTE OF MANAGEMENT, INDIA.

Literature Review

Theories on Patient Satisfaction in Healthcare

The major patient satisfaction theories were published back in the 1980s with current theories being mostly "reaffirmations" of past theories as highlighted by (Hawthorne, 2006 cited by Bure, 2017).

Performance Theory

Performance Theory states that, patient satisfaction is not influenced by earlier patient desires by any stretch of the imagination. Genuine execution and the treatment result successfully influence patient satisfaction. Actual performance will overwhelm any emotional response inclinations related to expectation (Oliver, DeSabro, 1998). Higher patient satisfaction may be anticipated to result in better clinical outcomes and lower patient satisfaction is associated with a poor clinical outcome (Oliver, DeSabro, 1998). The theory fundamentally means that, patients have desires, and the satisfaction level is impacted chiefly by the nature of care given and the results of the care. The patient's pre-treatment desires can't in this manner repress the level of patient fulfilment, as it is overcome by the top notch mind offered and a prevalent treatment result.

Discrepancy and Transgression Theory

Discrepancy and transgression theories purports that as patients' medicinal services orientations contrasted and supplier states of care varied, that if orientations and conditions were consistent then patients were

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satisfied, otherwise they were dissatisfied, (Fox, 1981).

Determinants and Components Theory

Lastly, Ware *et al* (1983)'s determinants and components theory propounded that patient satisfaction was a function of patients' subjective responses to experienced care mediated by their personal preferences and expectations. The poor and unprofessional experiences that patients face in public hospitals of Zimbabwe really attributes to the perceptions of patients satisfaction towards the quality of care they receive during their stay at public hospitals.

METHODOLOGY

Study Population

A cross-sectional comparative study in two private and two public hospitals of Bulawayo District was conducted. 200 hospitalized patients were enrolled through convenience sampling. All the consenting patients above 18 years of age were included in the study. The inclusion criteria for the study included: having signed patients' consent, age 18 years and older, having the mental capacity to understand and respond to questions, and a hospital-stay of at least 24 hours.

To investigate the degree of satisfaction and the determining factors of satisfaction with the healthcare services in public and private hospitals, a questionnaire was developed including questions about the demographic characteristics of the studied patients, the level of satisfaction with the medical and nursing staff, the hotel infrastructure of the hospital and the general satisfaction with their hospitalization experience.

The questionnaire was developed after an extensive review of the literature on the concept of patients' satisfaction (in this case for hospitalized patients) with the use of health services, the existing tools and measurement scales, a qualitative survey of 24 patients, and a pilot study using a convenience sample of 50 patients for the reliability control of the tool used. The priority was to make the data collection tool very reliable that is random error of responses must be minimized so that consistency of measurement is achieved. Responses were evaluated on a five point Likert scale from strongly agree [5] to strongly disagree [1].

The demographic characteristics included gender, age, marital status, place of permanent residence, educational level, financial status, level of insurance, information whether the patients had been hospitalized before, the type of hospital and a question regarding the self-evaluation of their health situation (using a five point Likert scale from strongly agree to strongly disagree). The hospitalization characteristics included type of hospital (private/public), ward, duration of stay (in days), type of admission (emergency/planned), sharing the room with other patient, and being informed by the staff about one's rights. The general satisfaction of patients with their hospitalization experience (overall evaluation of hospital) was measured on a five point Likert scale (from strongly agree to strongly disagree).

Data analysis

The study made use of ordered probit model as propounded by (McCullough, 1980) and is given in the form:

$$\boldsymbol{Y}^{*} = \boldsymbol{\beta}'\boldsymbol{x} + \boldsymbol{\epsilon}$$

Where $\boldsymbol{Y}^{*}$ is an ordered categorical response variable. the vector of estimated parameter is given by $\boldsymbol{\beta}'$ and the vector of explanatory variable is given by **x**. the error term, $\in$ (also called disturbance term) is assumed to have a normal distribution of mean equal to zero and variance equal to one, with cumulative distribution by $\emptyset(\cdot)$ and denoted by $\emptyset(\cdot)$. Yenon (2011) suggests that an ordered probit can be used in modelling patient satisfaction since it appropriately identifies relationships which are statistically significant between the explanatory variables and the ordered categorical dependent variable. This holds true for ordinary least squares regression. Researchers in the social sciences find themselves in many instances where the appropriate variable for analysis requires coding for some qualitative outcome. Such models are known as

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qualitative choice models. In such situations, the dependent variable takes a discrete number of mutually exclusive and collectively exhaustive values (Borooah, 2002; 97). Similarly, there are also some occasions when the scale of a multiple category outcome is ordinal in a natural way such as extent of disease (none, some, severe), job performance (inadequate, satisfactory, outstanding), and opinion on some issue (strongly disagree, disagree, agree, strongly agree), where ordered logit or probit models are introduced to analyze them (Hosmer & Lemeshow, 2000:392 cited by Celik *et al* 2014)).

The dependent variable was measured using the client satisfaction questionnaire designed by Larsen *et al* (1979). The CSQ-8 assessed how patients rated the of service they received, if they got the kind of service they were looking for and if the services rendered dealt effectively with patients' problems. The model was examined of Heteroscedasticity and Multicollinearity.The data analysis was performed with the STATA15.

Data Reliability

Data reliability was measured using the Cronbach Alpha. Overall Cronbach Alpha of public and private data along with service quality construct provides values greater than 0.70, as the values of Cronbach Alpha greater than 0.70 is acceptable (Nunnally, 1978).

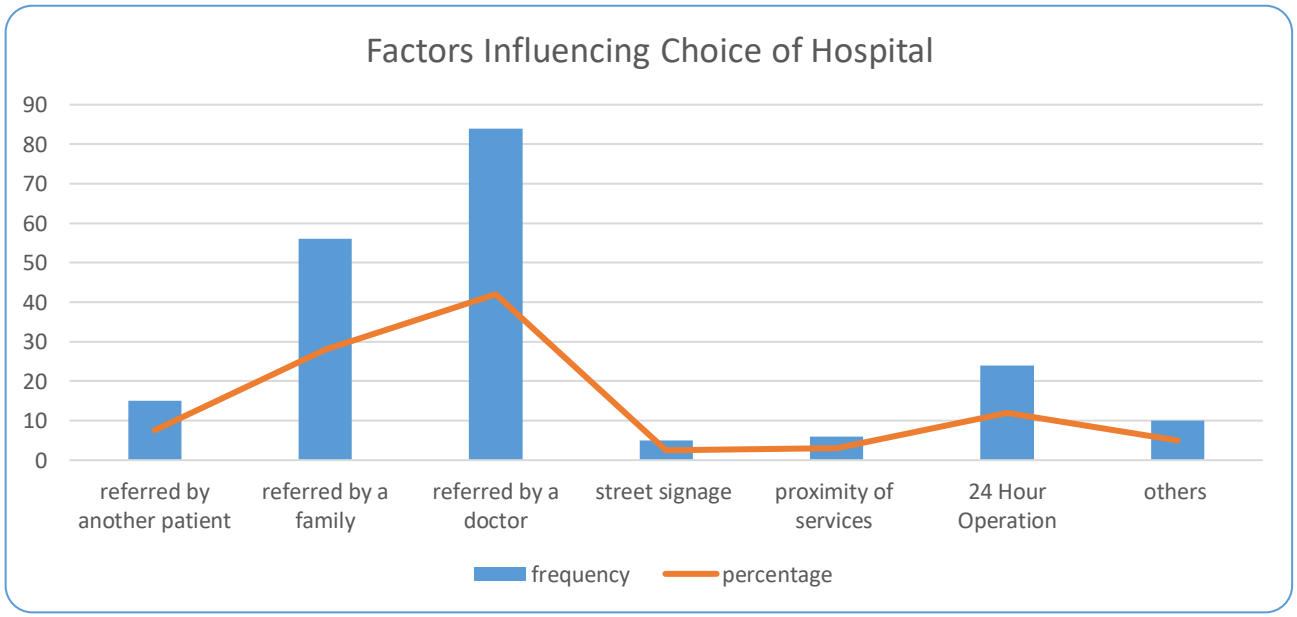
Ethical considerations

Prior to conducting this research, necessary permits were obtained from the relevant organisations (Ministry of Health and Child Welfare, and the Administration of all participating hospitals). Participation was voluntary and confidentiality was guaranteed.

RESULTS AND DISCUSSION

The research covered 200 responses from patients in private and public hospitals in Bulawayo Province. From the 200 questionnaires distributed all 200 were completed representing a 100% response rate. Of the patients interviewed 96 which represent 48% were from private hospitals and 104 responses with a percentage of 52%. Furthermore, all the patients who were interviewed in both the private and public hospitals were influenced by different factors as illustrated in figure 1 below.

Figure 1: Factors influencing choice of hospital



Source: Primary Survey

The most common factor to influence patients on the choice of hospitals is referral by doctors 42%, followed by referral by family or friend 28% thirdly because hospitals are 24 hour operation accounted for 12%. Some

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patients claimed that they chose a particular hospital because they had been referred by another patients who had enjoyed quality of care and services representing 7.5%. Meanwhile, other factors which the researcher had not specified contributed 5%. While on the same note, the smallest contributing factors were proximity of support services and street signage which accounted for 3% and 2.5% respectively.

Table 1: Pearson and Deviance statistical table_

	Chi-square	**Df**	**Sig.**
Pearson	2568.761	2613	0.728
Deviance	2225.438	2613	1.000

Link function: Probit

The significance value greater than 0.05 (as above) indicates that the probit model with predictors is significantly better than the one with intercept only odds assumption holds using both Pearson and Deviance statistic.

Table 2: Presentation of Cronbach Alpha

Item	**Observations**	**Sign**	**Item test correlation**	**Item rest correlation**	**Average inter-item covariance**	**Alpha**
External environment	200	+	0.6472	0.5820	19.36438	0.9002
accommodation	200	+	0.8888	0.8177	13.28454	0.8563
Waiting time	200	+	0.9359	0.8902	12.31991	0.8425
Facilities	200	+	0.8548	0.7994	15.81787	0.8660
Behaviour of nurses	200	+	0.8433	0.7472	13.91815	0.8695
Behaviour of doctors	200	+	0.7116	0.5817	16.32924	0.8940
Test Scale					**15.17235**	**0.8926**

Source: Stata 15

The Cronbach's Alpha coefficient is 0.8926. A rule of thumb is that 0.80 and above is considered pretty sound.

Table 3: Presentation of Regression Results

Variable	**Estimated Coefficient**	**Standard Error**	**T-ratio**	**95% confidence interval**	
				Lower bound	**Upper bound**
Constant	31.65615	3.804572	8.32 (0.000)	-2.843	-1.210
_Istatusof_2	-3.89318	0.844934	-4.63 (0.000*)	1.224	2.843
Behaviour of doctors	-0.580125	0.0539483	-1.08 (0.283)	-.508	.853
Behaviour of nurses	-0.1430029	0.522098	-2.74 (0.007*)	-.676	.778
Facilities	0.0405972	0.0792138	3.51 (0.009*)	-.385	.429
Accommodation	0.237375	0.593717	4.00 (0.000*)	-.598	.814
External Environment	0.1759402	0.1001237	-1.76 (0.080**)	-.321	-.120

Source: Survey

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Independent Sample t-test was applied to check for the significance of difference in each aspect among public and private sector hospitals. Satisfaction level was assessed in areas of Behaviour of doctors and nurses, Facilities, Accommodation and External Environment. Mean patient satisfaction score in public sector hospitals was 24.87 ± 3.69 and in private sector hospital was 29.04 ± 3.25. Private sector hospitals showed an overall better level of satisfaction ($p < 0.01$) in all aspects as shown in the table below.

Table 4: Mean score for private and public hospital

Variable	**Private hospital**	**Public hospital**
	Mean/±SD	**Mean/±SD**
Client satisfaction	29.07±3.25	24.87±3.69
Behaviour of doctor	39.73±2.26	31.87±4.12
Behaviour of nurses	45.02±2.17	37.14±5.42
Facilities	25.77±2.94	19.38±2.62
Accommodation	39.20±3.10	29.96±4.32
External environment	24.02±1.96	20.64±1.94

Source: Stata 15

Discussion of results

Behavior of nurses, accommodation, status of hospital and facilities are significant and have an influence to patient's satisfaction. After doing a dummy regression, the results revealed that status of hospital is significant at 5 percent with a p-value equals to 0.000 and is negatively related to patient satisfaction as revealed by the beta coefficient of -3.89318. Public hospitals are only the source of patients with poor backgrounds and people who in rural areas that lack from the basic health facilities. Furthermore, the bulk of Zimbabwean population are in the informal sector making it the likelihood that citizens only afford public medical care. Meanwhile, private hospitals treat people from high socioeconomic class therefore provide better healthcare services (Al-Badayneh, Anon). Some of Bulawayo patients who rely on public care make an effort to seek private medical care if they seek specialists on complications and expensive drugs which aren't supplied by the government hospitals.

While on the same note, behaviour of nurses was significant at 5 percent significance level with a p-value of 0.007. The coefficient of -0.1430029 indicates that behaviour nurses has a negative influence on satisfaction. Facilities are also significant at 5 per cent level with a p-value of 0009. The results indicate that patient satisfaction positively correlated with facilities. If patients gets overcrowded and management is unable to manage large number of patients; patients tend to be unsatisfied. Zimbabwean economy has been bad for a long time and overtime it has affected facilities of government hospitals. The dilapidation of facilities in government hospitals has led to patients to shun quality of care. Accommodation is significant at 5 percent significance level with a p-value of 0.000. Hygiene conditions cleanliness makes the hospital environment health contribute towards patients' satisfaction. External environment is significant at 10 per cent significant level. The non-positive sign reveal that external dimensions such as parking, security and well-maintained surroundings are linked with satisfaction deterioration. Most private hospitals in Bulawayo are well maintained and spruced up on external environment while public hospitals have seen deterioration due to lack of budgets and a crumbling economy.

Meanwhile, behaviour of doctors was insignificant with a p-value of 1.08. The insignificance shows that patients are unsatisfied when it is not easy to find the doctor when patients need them; patients tend to be unsatisfied by provided health services. Patients in public hospitals expressed satisfaction when they receive medical care and prescription from doctors. This is because they consider them as their life support. Moreso, for patients treated at private hospitals it remained insignificant largely because they are referred by the same doctor who then attends to him or her in the event that the patient is admitted. It means that there is already an existing relationship before the patients visits the facility.

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CONCLUSIONS AND RECOMMENDATIONS

The purpose of the study was to compare patient satisfaction between public and private hospitals using ordered probit model in Zimbabwe, a case of Bulawayo Hospitals. To achieve this, Patient Satisfaction Survey Data (MoMS, 2009) was used. Patient satisfaction was the outcome variable, which was measured on ordinal scale as follows: Very Dissatisfied, Somewhat Satisfied, Neutral/Neither, Somewhat Satisfied and Very Satisfied. The predictor variables were the behaviour of nurses, behaviour of doctors, facilities, accommodation and external environment and were all categorical. The results of the study reveals that behaviour of nurses, accommodation, facilities are statistically significant. The study then concludes that patients who receive their medical care in private sector hospitals are more satisfied compared with patients who receive their care in public sector hospitals as revealed by the patient satisfaction mean scores.

The study then further recommends that public hospital (UBH & Mpilo Hospital) should enacts improvement measures concerning organization and management in order to elevate their quality of health services, in order to earn a competitive place in the country's health services market.

Furthermore, the economy of Zimbabwe has been on the doldrums for the past three decades and this has weighed negatively to the quality of care in all major public hospitals in the country. Hence there is need for government of Zimbabwe to put in place macroeconomic fundamentals that revive the economy and ultimately improving quality of care countrywide. Moreso, in the short and long run the sector will be able to retain professionals within the sector and funding to upgrade and modernize facilities.

While on the same note, Zimbabwe economy is participating in a global village because of advancement of technology and crowd-pulling of funds. It's important to invest in modern facilities and widen case facilities both in remote and urban areas. Provision of such services attracts foreign currency and enhances medical tourism.

Meanwhile, private hospitals needed to have support services within the hospital complex. This comes on the back of that most private hospitals in Bulawayo do not have Laboratories including X-Ray Scans and they depend on referring their patients to public hospitals such as UBH and Mpilo General Hospital which are down and overwhelmed respectively. Patients are usually referred to private laboratories that are expensive too. Moreso, private hospital has experienced tremendous growth thus bridging the gap for public hospitals which continue to face immense pressure both on funding from treasury and losing critical manpower, hence there is need to invest in more infrastructure to accommodate more customers.

Lastly, there is need for government of Zimbabwe to build more public hospitals across Matebeleland Provinces which has a combines estimated population of 2 100 000 million people. UBH and Mpilo hospitals are overwhelmed by the current set up and it's worsened by the fact that shortages of medical equipment among other things.

Future research

Nyakutombwa *et al* (2021) states that patient satisfaction is highly subjective and largely depends on some factors on a particular day. The research's comparative study focused on Bulawayo and focused on 4 hospitals only. It is recommended that future research can be done by increasing the sample size to capture the perception of patients in all the provinces in Zimbabwe.

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