

A Study on Problem Faced By Patient Selected Hospital Tamilnadu in Villupuram District

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Abstract: *Today the concept of patient satisfaction is rapidly changing to customer's delight which means the patient is not only cured of his ailments during the hospital stay, but is also pleased with the amenities provided to him by the hospital and its staff during the stay which he fondly remembers after being discharged. Most of the private and government hospital not provide adequate facility to the patient not only this, also having the lot of problem faced by the patient in hospitals. This study focused on problem faced by patient selected hospitals in Tamilnadu in Villupuram District . A total of 600 respondents were selected in the study area in and out patients were included in the study to know their perceptions towards the public and private health facilities. The major reason of choosing the public health facility was inexpensiveness, infrastructure, and proximity of health facility. From the analysis of the respondents regardless of their social status have expressed the same poor 'views, but there is a significant difference in the degree of poor opinion across respondents categories by age, sex, education and occupation. It is finally concluded that problems faced by the patient in selected hospitals is significantly better in private hospitals compared to Government hospitals in Villupuram district.*

Keywords: *Patient satisfaction, Hospital , Services ,Health care, Customer satisfaction.*

1. INTRODUCTION

The goal of any service organization is creation of satisfaction among the customers. Satisfaction, like many other psychological concepts, is easy to understand but hard to define. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. Every organization nowadays is concerned with satisfying the users of its products or services, they are known as clients, customers, consumers or patients. Today the concept of patient satisfaction is rapidly changing to customer's delight which means the patient is not only cured of his ailments during the hospital stay, but is also pleased with the amenities provided to him by the hospital and its staff during the stay which he fondly remembers after being discharged. Most of the private and government hospital not provide adequate facility to the patient not only this, also having the lot of problem faced by the patient in hospitals.

1.1. SIGNIFICANCE OF THE STUDY

Improving the quality of patient care in hospitals is a vital and necessary activity, therefore the researcher carried out this study for Tamil Nadu hospitals, trying to study patients' perception about hospital services and to determine the variables that affect satisfaction and aiming at coming up with recommendations for centered health care centers

and decision makers, and producing data that can help managers and doctors to identify and solve problems. Results of the patient satisfaction survey thus have broad implications for improving patient care in both the public and private health sectors.

1.2. OBJECTIVES OF THE STUDY

- 1) To analyze the socio-economic profile selected respondent in study area.
- 2) To Assessing the problem faced by patient selected hospitals in Villupuram district
- 3) To offer suggestions and conclusions of study area

1.3. STATEMENT OF THE PROBLEM

Studies of patients' perception towards health services, health personnel and resources are important to determine whether they meet patients' expectations and needs and to judge patient satisfaction. This information can be used by hospital management to develop improvement programs and to address problems identified by the patients. This will further help provide a detailed picture of the patients' experience at the hospital from which the hospital management can direct and focus their resources for better service in the future.

2. METHODOLOGY

The study pertains perception towards the hospital services in the Villupuram district. The researcher selected samples from both Private and Government hospitals. This study has been confined to private and government hospitals of Villupuram district providing only allopathic type of health care services. This study is exploratory in character and therefore the survey method of data collection was adopted.

2.2. PERIOD OF THE STUDY

The required primary data were collected from the selected respondents during months period, from October 2019 to March 2020, Secondary data were collected for ten years period from 2008 to 2019.

2.1. SAMPLE SIZE

The results of this survey based upon information obtained from a randomly drawn sample of 300 from government hospitals and 300 from private hospitals in Villupuram District.

2.2. SAMPLE FRAME

List of patients who are admitted to hospitals in Villupuram District for medical, surgical, or obstetric treatment, observation or care and stay at least two nights (only inpatient) during two months were collected.

2.3. INCLUSION CRITERIA

Patients over the age of 18 years admitted to the hospital for a minimum of two days (only inpatient) were included in the study.

2.4. EXCLUSION CRITERIA

Patients admitted to Intensive Care Unit (ICU) and those who were unable to communicate because of their severe illness were excluded from the study. Patients under 15 years were also excluded.

2.5. LIMITATIONS OF THE STUDY

The study area was limited to Villupuram district and the findings may not be applicable to other districts, as vast differences exist among the patients with regard to demographic and psychographics characteristics. Hence, the findings of the study may be considered

appropriate for the situations similar to study area and extra care should be taken while generalizing the results.

3. ANALYSIS AND INTERPRETATION OF THE STUDY

3.1.DISTRIBUTION OF RESPONDENTS BY SOCIO-ECONOMIC CHARACTERISTICS

Table -1
Distribution of Respondents by Socio-Economic Characteristics

Socio-Economic Characteristics	Number of Respondents	% to Total
Hospital Category		
Private	300	50.00
Government	300	50.00
Age (in years)		
18-30	95	15.83
31-40	96	16.00
41-50	148	24.67
51-60	116	19.33
> 50	145	24.17
Gender		
Male	339	56.50
Female	261	43.50
Education		
Illiterates	118	19.67
School level	109	18.17
Graduates	164	27.33
Post Graduates	209	34.83
Monthly Income (in Rs.)		
Up to Rs.5000	174	29.00
Rs.5001-10000	125	20.83
Rs.10001-15000	110	18.33
Rs.15001-20000	70	11.67
> Rs.20000	121	20.17
Location		
Urban	252	42.00
Rural	348	58.00
Occupation		
Agriculturist	159	26.50
Business	102	17.00
Salaried	150	25.00
Professional	48	8.00
Un employment	141	23.50
Total Sample	600	100.00

Source: Primary Data

According to the table, there are 300 respondents each from the population of patients visiting private and government hospitals in the study. Out of 600, majority of the respondents are in the age between 41-50 years (24.67%) followed by those with age above 60 years (24.17%). While 19.33 per cent of the respondents are in the age between 51-60 years, 16.0 per cent and 15.83 per cent of the respondents are found between 31-40 years and 18-30 years respectively. When classified by Gender, it is identified that male group comprising 56.50 per cent outnumber the female group (43.50%).

When grouped by education, it is apparent that 34.83 per cent of the respondents are postgraduates followed by undergraduates, illiterates and school level educated with 27.33 per cent, 19.67 per cent and 18.17 per cent respectively. While monthly income of the family is up to Rs.5000 for 29.0 per cent of the respondents, it is between Rs.5001-10000, Rs.10001-15000, Rs.15001-20000 and above Rs.20000 for 20.83 per cent, 18.33 per cent, 11.67 per cent and 20.17 per cent of the respondents respectively. Rural group comprising 58.0 per cent of the total sample outnumber the urban counterparts. Across categories by occupation, agriculture group consisting of 26.50 per cent of the sample is more than that of those in any other occupational category. While respondents with salaried occupation are 25.0 per cent, unemployed and business groups constitute 23.50 per cent and 17.0 per cent of the sample. Just 8 per cent of the entire sample comprises professional occupation (48 out of 600).

3.2. PROBLEMS FACED BY PATIENTS IN HOSPITALS

Problems faced by patients in hospitals are evaluated based on the views expressed by the respondents. Table provides the results of the analysis of opinion of whole sample.

Table-2

Problems Faced by Patients in Hospitals based on Entire Sample

Problem Measurement Items	Mean	SD	t Value
Understanding the language doctor users	3.52	1.13	11.31***
Paying attention to patient problems by physician	3.72	1.01	17.34***
Reliability of the physician, nurses and other staff	3.74	1.02	17.75***
Inadequate space in patient rooms	2.73	1.26	-5.27***
Attached toilet in the patient rooms with a geyser facilities	3.19	1.26	3.67***
Lack of availability of Pure filter water in the hospitals	2.80	1.50	-3.25***
Unavailability of Drugs all the time	2.79	1.23	-4.27***
Cost for health services is unreasonable	3.20	1.60	3.12***
There is favouritism in care delivery	2.77	1.63	-3.47***
Quality of clinical care	3.75	1.26	14.64***

***Significant at 1% level.

As provided in the Table-2 the mean perception scores are above 3.50 for “Understanding the language doctor users” (Mean = 3.52), “Paying attention to patient problems by physician” (Mean = 3.72), “Reliability of the physician, nurses and other staff” (Mean =

3.74) and “Quality of clinical care” (Mean = 3.75) whereas they are in between 2.50 and 3.50 for all other remaining measures.

From the above picture, it is understood that the patients in the whole sample have perceived that facing problems due to “Understanding the language doctor users”, “Paying attention to patient problems by physician”, “Reliability of the physician, nurses and other staff” and “Quality of clinical care” is less whereas the problems in respect of other remaining aspects are moderate.

From significant one-sample t-test values, it is further found that the problems in respect of inadequate space in patient rooms, attached toilet facilities and unavailability of drugs at all time have been moderate (significantly less than ‘3’ the value for ‘neither low nor high’) whereas problems in respect of pure filter water availability, unreasonable cost of health services are strongly at moderate level. In respect of “favouritism in care delivery”, it is just at moderate level.

3.3. COMPUTATION OF PROBLEMS OF PRIVATE AND GOVERNMENT HOSPITAL PATIENTS

The problems faced by patients are compared between private and government hospitals and Table-3 presents the results of the analysis.

Table-3

Problems Faced – Comparison of Opinion between Private and Government Hospital Patients

Problem Measurement Items	Sector		t Value
	Private	Government	
Understanding the language doctor users	3.59 (1.14)	3.45 (1.11)	1.45
Paying attention to patient problems by physician	4.03 (0.80)	3.40 (1.10)	7.97***
Reliability of the physician, nurses and other staff	3.98 (0.80)	3.50 (1.15)	5.89***
Inadequate space in patient rooms	1.92 (0.82)	3.54 (1.08)	20.82***
Attached toilet in the patient rooms with a geyser facilities	2.41 (1.12)	3.96 (0.84)	19.19***
Lack of availability of Pure filter water in the hospitals	1.48 (0.57)	4.12 (0.82)	45.85***
Unavailability of Drugs all the time	1.93 (0.78)	3.64 (0.98)	23.79***
Cost for health services is unreasonable	4.70 (0.46)	1.71 (0.64)	65.38***
There is favouritism in care delivery	1.24 (0.43)	4.30 (0.68)	66.35***
Quality of clinical care	4.32 (0.65)	3.18 (1.45)	12.40***

Figure in brackets are standard deviation; Degrees of freedom = 598 for t values.
Table value for 598 df @ 10 = 1.64, @ 5% = 1.96; @ 1% = 2.58

***Significant at 1% level

It can be observed from the table that the mean scores for private hospital patient group are in 'high' opinion range for all measures except "Understanding the language doctor users" (Mean = 3.59), "Paying attention to patient problems by physician" (Mean = 4.03), "Reliability of the physician, nurses and other staff" (Mean = 3.98) and "Quality of clinical care" (Mean = 4.32).

On the other hand, none of the measures is perceived as low by the government hospital patient group. However, from mean perception, it is apparent that the problems faced by the patients in Government hospitals regarding "understanding the language used by the doctors", "paying attention to patients problems by physician", "reliability of the physician, nurses and other staff" and "quality of clinical care" are less than that of private hospitals. Though problems in respect of unreasonable cost of health services are significantly very low, problems faced with regard to other remaining measures are found to be significantly higher for patient groups in Government hospitals (t values are significant).

In sum, it is found that there is no notable difference in the extent of problems faced from understanding the languages used by the doctors between Government private hospital patient groups. However it is found that the problems in respect of "Paying attention to patient problems by physician", "Reliability of the physician, nurses and other staff", "unreasonable cost for health services" and "Quality of clinical care" is significantly less in Government hospitals while problems due to "inadequate space in patient rooms", "Attached toilet in the patient rooms with a geyser facilities", "lack of availability of Pure filter water in the hospitals", "unavailability of drugs all the time" and "favouratism in care delivery" are significant less in private hospitals.

Table-4, presents the discriminant analysis results for problem faced between private and government hospital patient groups.

3.4. RESULTS OF DISCRIMINANT ANALYSIS TESTING SIGNIFICANCE OF DISCRIMINANT FUNCTION ON PROBLEMS FACED

Table-4

Results of Discriminant Analysis Testing Significance of Discriminant Function on Problems Faced

Function	Eigenvalue	Canonical R	Wilks' Lambda	Chi-Square	Mean Function Score (Group Centroid)	
					Private	Government
1	20.1733	0.9761	0.0472	1810.28***	4.4840	-4.4840

***Significant at 1% level.

According to the table, eigenvalue is very high (20.1733), Wilks' lambda (0.0472) is very low and canonical R is almost equal to one (0.9761). The chi-square value for the difference in group centroid between private and government hospital groups is also highly significant (1810.28, $p < 0.01$). This reveals the fact that there is a very high difference between private and government hospitals in respect of overall problems faced by the patients.

3.5. FINDINGS OF THE STUDY

It is found from the study that there are 300 respondents each from the population of patients visiting private and government hospitals.

It is found from the study that majority of the respondents are in the age between 41-50 years (24.67%) followed by those with age above 60 years (24.17%). While 19.33 per cent of the respondents are in the age between 51-60 years, 16.0 per cent and 15.83 per cent of the respondents are found in the age between 31-40 years and 18-30 years respectively

It is identified that the male group comprising 56.50 per cent outnumber the female group (43.50%).

It is noted from the study that 34.83 per cent of the respondents are graduates followed by under-graduates, illiterates and school level educated with 27.33 per cent, 19.67 per cent and 18.17 per cent respectively.

It is observed from the study that the income of the family income is up to Rs.5000 for 29.0 per cent of the respondents, it is between Rs.5001-10000, Rs.10001-15000, Rs.15001-20000 and above Rs.20000 for 20.83 per cent, 18.33 per cent, 11.67 per cent and 20.17 per cent of the respondents respectively

It is found from the present study that rural group comprising 58.0 per cent of the total sample outnumbers the urban counterparts. Across categories by occupation, agriculture group consisting of 26.50 per cent of the sample is more those in any other occupational category.

The survey indicates that while respondents with salaried occupation are 25.0 per cent, unemployed and business group constitute 23.50 per cent and 17.0 per cent of the sample.

Just 8 per cent of the entire sample comprises of professional occupation (48 out of 600).

It is found that there is no notable difference in the extent of problems faced from understanding the languages used by the doctors between Government private hospital patient groups. However it is found that the problems in respect of "Paying attention to patient problems by physician", "Reliability of the physician, nurses and other staff", "unreasonable cost for health services" and

"Quality of clinical care" is significantly less in Government hospitals while problems due to "inadequate space in patient rooms", "Attached toilet in the patient rooms with a geyser facilities",

"lack of availability of Pure filter water in the hospitals", "unavailability of drugs all the time" and "favouratism in care delivery" are significant less in private hospitals.

3.6.SUGGESTIONS FOR IMPROVEMENT HOSPITAL SERVICES

Patients' satisfaction is one of the indicators of the quality of care being given to the users of a service, and it can be used as a benchmark upon which to compare services offered in public hospitals with those provided in private health facilities. Even though patients were satisfied with medical service, it is highly recommended that assessment of the patients' satisfaction be an ongoing process. Their feedback should be addressed, based on the comments they make. This will enhance patients' satisfaction with the care they receive in the public hospitals. The hospitals should start implementing changes to meet their clients' suggestion like the need to improve the seating capacity of the OPD, put up a directory map and instructional materials, additional windows/counters on getting hospital medical records, to install toilet facility in the OPD complex as well as a drinking water dispenser and a play area for children.

4. CONCLUSION

From the inferences of the results of the analysis, regarding problems faced by the patients, it is concluded that the problems faced by the patients in private hospitals patients are less than those of government hospitals in respect of all except "Reliability of the physician, nurses and other staff". As far as the satisfaction of the patients with

various health related services are concerned, it is concluded that the patients tend to exhibit a moderate satisfaction with Behaviour of Doctors, Nursing Services, Supportive Services, Other Services and Medical Services whereas their satisfaction with Medical Services is below the moderate level.

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