

Patient Satisfaction at Public Health Care Centres

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Abstract

Objective

The main aim of the paper is to assess the satisfaction of the patients at public health facilities (infrastructure facilities/basic amenities/non clinical facilities) of Belgaum District Hospital, Karnataka.

Methods

Primary Data: Data was collected from the patients through a structured questionnaire at public health care centres from the sampled Belgaum district and eight taluka hospitals of the district. These District and Taluka hospitals form the part of public health care services.

Secondary Data: Data for the study purpose was assembled from sources viz., mainly articles and journals and newspaper relating to the topic. District Health Office (DHO) and Belgaum Institute of Medical Sciences (BIMS) data has been a part in the process of the study.

Results

A total of 347 patients were included in the study to know their perceptions about the non-clinical services at the public health centres. Maximum of the patients are satisfied with the Ambulance, seating arrangement, cleanliness, lighting, fan, ventilation, rooms, bed, laboratory, pharmacy, timing and 24x7 services there still a need in improvement to be in laundry, hygiene care, privacy, safety, bed covers, canteen, toilets and drinking water.

Keywords: Hospital basic amenities, Patient Satisfaction, Clinical, Non-clinical.

Introduction

Satisfaction of patients has always been a yardstick to measure the services available or services being provided at the health care centres. But it becomes difficult to assess patient satisfaction as one cannot consider only clinical facilities even non clinical facilities provided/available at the centre need to be considered. Satisfaction has been defined as a consumer's emotional feeling about a specific consumption experience (1, 2). It is perceived that a service or product themselves or their features provide a pleasurable level of consumption related fulfilment. The patient clearly is the core beneficiary of any good health care system, and becomes the main focus of the health care delivery system.

The perceptions of the patients or clients of the health care system seem to have been highly ignored by the health care managers mostly in the developing countries. Satisfaction of the patients depends not only clinical factors but also on non-clinical factors which comes into contact in the clinical process. These non-clinical factors mainly consist of the basic amenities that exist in the health care centres such as, hospital services, food made available beds etc.

Review of Literature

The recent studies are gaining more importance on the satisfaction of patient or accessing patient satisfaction as it heeds to the needs or helps in removing the hindrances by providing scope for improving the public health care services. Patient's feedback is necessary to identify problems that need to be resolved in improving the health services. This type of feedback triggers a real interest that can lead to a change in their culture and in the perception of patients.

However some of the studies recently on patient satisfaction conducted in India consist of Prahlad R.S, Rajeev K.K, Jayati S. and Laxman S. (2010), Rasheed N, Arya S, Acharya A. and Khandeka J. (2012), Krishna D.R, David H.P. and Karen B.R. (2006), Sujata R. (2011); V. Krishnamoorthy, P. Karthikeyan and N. Prakash (2016), Amitabha C, Tusharkanti S, Prasanto Ray K, Prajjal S, Kakoli B, and Shamima Y. (2013), Mekoth N, George B.P, Dalvi V, Rajanala N. and Nizomadinov K. (2012), and P.R. Sodani and Kalpa S. (2011). (4,5,6,7,8,9,10,11). Hence this study too is an attempts to highlight patient satisfaction among the patients who have availed the basic services at the health care centres other than the core service of treatment from the doctor. The aim of the study is to identify the factors that also affect the satisfaction of the patients among the patients in the non-clinical services. The purpose of the present study is to carry out the evaluation of the public health facility by getting feedback from the patient. It is based on the study conducted at the public health centres in Karnataka state, Belgaum District to measure patient satisfaction who have availed the services. The main objective of the paper is to share the findings on satisfaction of patients about the basic infrastructure of the health care centre. And these infrastructure facilities include water, sanitation, laundry etc.

Manpower Requirements for District and Taluka (Sub-District/Sub-Divisional) Hospitals

India's Public Health System has been developing over the years as a 3-tier system, viz., at primary level, secondary level and tertiary level of the health care. District Health System has been the fundamental basis for implementing different health schemes and policies, delivery of healthcare from the top to the roots till the village level which is managed for a defined geographical area. The term District hospital means a hospital which is termed as the secondary referral level responsible for a district of a defined geographical area containing a defined population.

The next level to that of District hospital is the Sub-District hospital (taluka) level. This forms the first referral units for the talukas population in which area they are located. They form first referrals to the Community Health Centres which are below the taluka hospitals.

The various components which form these health care centres are the infrastructure, Functions, Services, Equipment's and Service Providers. In any service oriented sector the provider forms a very important link with the customers, who is also called as the manpower of the sectors. The study is focusing on the two most important components i.e., the receiver (customer) and provider (human resource) of the service. The study is concentrating on this manpower consisting of, Medical Doctors, Nurses, Paramedical Staff and Administrative Staff. The paper compares the sanctioned manpower by the Government of Karnataka for the functioning of the District and taluka hospitals as per the manpower in position.

Research Objectives

The main objectives of this study is:

- To find out the availability of health care infrastructure.
- To find out the availability of healthcare manpower

Limitations of the Study

In this study the data is collected only from District and Taluka hospitals run by Government of Karnataka, which essential elements of the Public Health Care System.

Research Methodology

The patients (or inmates with patients) were asked to rate the facilities (non-clinical) as unavailable, good, bad and do not know, the facilities were rated so as the patients considered consisted of both in patients and out patients. The percentages of the patients opinion was computed as the results/finding of the study. It showed which facilities need to be improved so the patient can have a good experience during the stay at the health care centre. Data was collected from an overall perception of the patients regarding the basic services available at the health care centre.

Table 1. Distribution of Male and Females Patients by Age Groups

Age groups	Male	%	Female	%	Total	%
0 – 15	41	30.83	41	19.16	82	23.63
16– 30	18	13.53	109	50.93	127	36.60
31 - 50	37	27.82	26	12.15	63	18.16
50 & above	37	27.82	38	17.76	75	21.61
Total	133	100.00	214	100.00	347	100.00

Source: Field Survey

Table 1 illustrates age wise distribution of male and female patient respondents. The maximum number of respondents are in the age group of 16-30 of age i.e., 127 (36.60%) patients, among which 109 (50.93%) are female and 18 (13.53%) are male respondents. Between the age group of 0-15 the number of patients shows the total respondents as 82 (23.63%) of which each consists of 41 of male and female respondents. The age group of 50 and above had the total number of patients to 75 (21.61%) where 37 (27.82) were male and 38 (17.76%) were female. The least number of beneficiaries were in the age group of 31-50 i.e., 63 (18.16%), of which 37 (27.82%) were male beneficiaries and 26 (12.15%) were female beneficiaries

Table 2. Distribution of Male and Female Patient's Educational Qualifications

Educations	Male	%	Female	%	Total	%
No formal education	29	21.80	62	28.97	91	26.22
Primary	44	33.08	57	26.64	101	29.11
Secondary	45	33.83	87	40.65	132	38.04
Graduate & above	15	11.28	8	3.74	23	6.63
Total	133	100.00	214	100.00	347	100.00

Source: Field Survey

Table 2 shows education wise distribution of male and female patients' respondents. Education being one of the important variables which determines the utilization of the existing health care services. The patients who have attained

secondary education is 132 (38.04%) which is the highest amongst the total respondents, of which 87(40.65%) were female and 45 (33.83%) were male. The total of 101 (29.11%) respondents consisting of 44 (33.08%) male and 57 (26.64%) were female respondents having primary education. The patients having no formal education was depressing with total of 91 (26.22%) of which 29 (21.80%) were male and 62 (28.97%) were female patients. The sample beneficiaries visiting government hospital consisted of 23 (6.63%) patients whose education was graduation and above out of which 8 (3.74%) and 15 (11.28%) were female and male respectively

Table 3. Distribution of Male and Females Patients by Admission

Admission	Male	%	Female	%	Total	%
OPD	50	37.59	97	45.33	147	42.36
IPD	83	62.41	117	54.67	200	57.64
Total	133	100.00	214	100.00	347	100.00

Source: Field Survey

Table 3 shows admission wise distribution of male and female patient respondents. Out of the total patients of 200(57.64%) beneficiaries were from IPD, of which 117(54.67%) were female and remaining 83(62.41%) were male beneficiaries. The OPD had a total of 147(42.36%) of the patients which included of 50(37.5%) and 97(45.33%) of males and female beneficiaries respectively. Table 4 above shows the number of visits distribution of male and female patient respondents.

Table 4. Distribution of Male and Females Patients by Number of Visits

Number of visits	Male	%	Female	%	Total	%
First time	39	29.32	60	28.04	99	28.53
1 to 5 times	27	20.30	61	28.50	88	25.36
6 to 10 times	67	50.38	93	43.46	160	46.11
Total	133	100.00	214	100.00	347	100.00

Source: Field Survey

There exists very little difference among the groups distributed. The highest number of patients of the study were in the group of six times and more, with 160(46.11%) of beneficiaries, of which 93(43.46%) were female respondents and 67(50.38%) were male respondents. The study showed number of reasons the major being among them were, good doctors, various department doctors available under one roof, free treatment, reasonable charges etc.

The patients who were visiting for the first time to the health care centers included of total 99(28.53%) beneficiaries of which 60(28.04%) were female and 39(29.32%) were male respondents. The remaining were in between visits with not being first time visitors not coming too frequently, the total respondents were 88(25.36%) of which 27(20.30%) and 61(28.50%) were male and female respondents.

Table 5a. Manpower Requirements

Healthcare Centre	Doctors Sanctioned	Doctors In Position	Nurses Sanctioned	Nurses in Position	Paramedical Sanctioned	Paramedical in Position	Administrative staff sanctioned	Administrative staff in Position
District Hospital (500 Bed)	110	74	316	98	339	168	51	46
Bailhongal (100 Bed)	11	08	19	19	06	05	09	04
Chikkodi (100 Bed)	12	06	17	11	07	05	08	00
Gokak (100 Bed)	15	10	19	16	06	05	05	02
Hukkeri (100 Bed)	10	08	23	17	05	04	06	04
Khanapur (100 Bed)	10	06	21	20	05	05	06	02
Raibagh (100 Bed)	10	08	21	06	05	04	06	00
Ramdurg (100 Bed)	11	08	13	08	05	03	04	01
Savadatti (100 Bed)	16	13	15	12	05	04	12	08

Source: District Health Office

Table 5b. Manpower Requirements

Healthcare Centre	Doctors Sanctioned	Doctors in Position	Nurses Sanctioned	Nurses in Position	Paramedical Sanctioned	Paramedical in Position	Administrative staff sanctioned	Administrative staff in Position
DISTRICT (500 BEDS)	110	74	316	98	339	168	51	46
TALUKAS (100 BEDS)	107	74	165	122	48	39	60	22

Findings

The data in Table 5a and 5b specify the status of manpower required and available, segregated as Doctors, Nurses, Paramedical Staff and Administrative Staff of district hospital and taluka hospitals.

Doctors: At district hospital the number of doctors sanctioned are 110 whereas in position there are only 74 doctors. District hospital is a hospital which acts as the second referral responsible for a district of a defined geographical area containing a defined population. So the population of the patients visiting the district hospital is large in number, therefore it is expected the doctors providing treatment to be more. And the other reason for more doctors is that this hospital centres doctors of all specialities under the same roof. Another drawback for patients visiting the centre is lack of all the medical departments at taluka levels.

At taluka level hospitals, the doctors in position are less compared to the number of doctors sanctioned. This is due to the non-existence of all the departments at the centre or no appointments made as sanctioned, mainly because most of the doctors do not prefer to work in the rural parts of the district.

Nurses: At the district hospital, the sanctioned number of nurses is 316 which forms less to that of the nurses in position with just 98 of them serving.

At the taluka level hospital the number of the nurses in position is less to that of sanction but the variations are not much.

Paramedical Staff: The paramedical staff required at the District hospital is 339, having on 168 in position showing the lack of staff at the health care centre. This inputs the extra burden on the existing staff which creates laziness among the staff as the number of patients too is large.

Taluka hospital shows no significant difference in the staff position where most of the talukas are having staff positions equal to the requirement of the government.

Administrative Staff: 51 is the staff number required for administrative section in the centre whereas 46 is the position of the staff at the District hospital.

The administration sections at taluka levels shows significant difference. The difference exists due as there is no separate staff for administration at Chikkodi and Raibagtalukas, whereas the requirement is eight and six respectively. In other talukas the difference in sanctioned staff and in position staff there exists much difference.

Table 6. Basic Amenities: (Facilities utilized by the patients)

Basic amenities	Total	%
Ambulance		
Unavailable	0	0
Good	244	70.32
Bad	2	0.58
Do not know	101	29.11
Seating Arrangements		
Unavailable	4	1.15
Good	320	92.22
Bad	19	5.48
Do not know	4	1.15

Cleanliness		
Unavailable	0	0
Good	287	82.71
Bad	58	16.71
Do not know	2	0.58
Lighting		
Unavailable	0	0
Good	346	99.71
Bad	0	0
Do not know	1	0.29
Fan		
Unavailable	1	0.29
Good	344	99.14
Bad	1	0.29
Do not know	1	0.29
Ventilation		
Unavailable	0	0
Good	343	98.85
Bad	0	0
Do not know	4	1.15
Toilets		
Unavailable	1	0.29
Good	178	51.3
Bad	144	41.5
Do not know	24	6.92
Drinking water		
Unavailable	150	43.23
Good	128	36.89
Bad	28	8.07
Do not know	41	11.82
Food/Canteen		
Unavailable	273	78.67
Good	31	8.93
Bad	9	2.59
Do not know	34	9.8
Rooms		
Unavailable	5	1.44
Good	324	93.37
Bad	7	2.02
Do not know	11	3.17
Bed		
Unavailable	0	0
Good	294	84.73
Bad	24	6.92
Do not know	29	8.36

Bed Covers		
Unavailable	23	6.63
Good	145	41.79
Bad	129	37.18
Do not know	50	14.41
Safety		
Unavailable	101	29.11
Good	131	37.75
Bad	27	7.78
Do not know	88	25.36
Privacy		
Unavailable	211	60.81
Good	31	8.93
Bad	39	11.24
Do not know	66	19.02
Laboratory		
Unavailable	0	0
Good	325	93.66
Bad	5	1.44
Do not know	17	4.9
Hygiene Care		
Unavailable	22	6.34
Good	70	20.17
Bad	220	63.4
Do not know	35	10.09
Pharmacy		
Unavailable	2	0.58
Good	339	97.69
Bad	0	0
Do not know	6	1.73
Laundry		
Unavailable	129	37.18
Good	39	11.24
Bad	33	9.51
Do not know	146	42.07
Timing		
Unavailable	1	0.29
Good	341	98.27
Bad	1	0.29
Do not know	4	1.15
24x7 services		
Unavailable	1	0.29
Good	334	96.25
Bad	2	0.58
Do not know	10	2.88
Total	347	100

Source: Field Survey

Findings

Table 6 provides the basic amenities utilized by the patients during their stay in the hospital.

Ambulance: 244 (70.32%) of the patients were of the opinion that the ambulance services in the health care centres were good. While 2 (0.58%) and 101 (29.11%) had a bad experience and did not know about the service respectively.

Seating Arrangement: The patients who said that the seating arrangement was not available consisted of 4 (1.15%). 320 (92.22%) patients agreed that the arrangement was good while 19 (5.48%) said it too be bad. And 4 (1.15%) of the patients were not aware of its existence.

Cleanliness: The patients who seem satisfied with this facility are 287 (82.71%) patients while none of the patients agree its unavailability.

Lighting: 346 (99.71%) of the patients are of the opinion that lighting services at the centre are good. 1 (0.29%) patients do not know about the lighting at the centre. While none of the patients have any bad opinion about it and its unavailability.

Fan: Maximum of the patients 344 (99.14%) have a good opinion about the fan facility in the centre. And the rest three patients were distributed one each equally relating to bad opinion, unavailability and its awareness respectively.

Ventilation: The beneficiaries who do not know about the facility consist of 4 (1.15%) which is the lowest and the remaining 343 (98.85%) are of the opinion that it is good.

Toilets: 178 (51.30%) of the patients agree that the toilets at the public health care centre are good similarly 144 (41.50%) are of the opinion that they are bad. Only 1 (0.29%) say of its unavailability.

Drinking Water: Maximum of the client 150 (43.23%) of them are of the opinion that it not available. 128 (36.89%) of the clients said they were good while 28 (8.07%) say they are bad. The remaining 41 (11.82%) do not know about it.

Food/Canteen: About 273 (78.67%) of the patients are of the opinion that the canteen facility is unavailable. And minimum of 9 (2.59%) of them that the facility is bad. 31 (8.93%) and 34 (9.80%) agree that it's good and do not know respectively.

Rooms: The clients who share a good opinion about the room facility at the centres consist of 324 (97.37%), While 7 (2.02%) say they are bad and 5 (1.44%) speak of its unavailability.

Bed: 294 (84.73%) of the patients are of the opinion that the rooms are good while 24 (6.92%) of them had a bad experience.

Bedcovers: The beneficiaries with the good opinion about the bedcovers at the centre are 145 (41.79%) while minimum of 23 (6.63%) patients shared an opinion that they were unavailable.

Safety: The patients who feel that the safety is good at hospital consist of 131 (37.75%) while 27 (7.78%) of them feel it to be bad. The patients who do not know consist of 88 (25.36%) and 101 (29.11%) of the patients feel it is unavailable.

Privacy: Maximum of 211 (60.81%) of the beneficiaries are of the opinion that privacy is not available at the government hospitals.

Laboratory: 325 (93.66%) of the patients agree that the lab services at the centres are good while none of the patients spoke of its unavailability.

Hygiene Care: The maximum of the patients who have had bad experience concerning hygiene care consist of 220 (63.40%). And 22 (6.34%) of the patients feel that's it's not available.

Pharmacy: None of the patients had bad comments about the pharmacy. 339 (97.69%) of the patients had good opinions about the pharmacy.

Laundry: Maximum of the patients 146 (42.07%) are not aware of its existence while the minimum 33 (9.51%) of them feel it's bad.

Timing: 341 (98.27%) of the patients feel that the timing of the centre is good and 1 (0.29%) felt it to be bad.

24x7 Services: The patients visiting the health care centres are satisfied with the 24x7 services available consisting of 334 (96.25%). While 2 (0.58%) do not agree on the same.

Recommendations

Infrastructure Facilities: The target to be achieved by a service organization is satisfaction among its customers. Improvements are essential in non-clinical factors too. The services of which the maximum number of patients are satisfied are that of Ambulance, seating arrangement, cleanliness, lighting, fan, ventilation, rooms, bed, laboratory, pharmacy, timing and 24x7 services.

The areas which need improvement are laundry, hygiene care, privacy, safety, bed covers, canteen, toilets and drinking water. The patients are concerned about drinking water, sanitation and food which form the most essential in one's existence and especially when it is relating to one's health improvement. And moreover at a health care centre it forms even more essential as the patient is undergoing treatment for improvement of his/her health. The government has to take appropriate steps to make proper budgetary allocation to provide these services more adequately. The government also has to identify the gaps in the present and future services, programs and schemes. After all health of the centres is vital for providing appropriate services to patients. So the basic necessities need to be well equipped.

Manpower Requirement: There is also a need to increase the manpower and reorganise the organisation structure in the public health centres in India.

A strong recommendation would be to increase the number of doctors at both first and second referrals i.e., taluka government and civil hospitals. At the least to the number of that the government of Karnataka has sanctioned. Increase in the number of the manpower becomes very essential to reduce the burden of the staff which in turn will help them to perform better. And from the customers perspective they will get required attention for their health and its wellbeing. As the study too has shown that although the sanction from the government is done rightly on basis of geographical area and population the working manpower is not to its mark. The best way would be to carry out any evaluation process regularly which will help the government to know if the standards set by them are maintained.

Conclusion

The study findings about the non-clinical factors shows that they are equally important in the process of patient's treatment. As they form the supporting services to the patients along their treatment and also in their betterment

and improvement of their health during their visit and stay at the health care centre. Efforts should be made to strengthen these non-clinical factors considering their importance as per patient's perception basically. The findings of the present study can be utilised to improve the services at the hospital facilities resulting improvement towards patients health and their satisfaction.

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