

# Perception of Health Facilities and Justice: A Comparative Study between Public and Private Hospitals

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### Abstract

This study was an attempt to explore the allocation of health facilities distributed to the people and how it is been perceived by the patients in terms of health care equality, equity, and need. In this background, the present study examined the relationship between perceived justice and health facilities of public and private hospital patients. In addition to that, patients' perception of general health, fairness and health facilities that are being provided by public and private hospitals in the Indian context also explored in the study. Sixty participants adhering to treatment from both public and private hospitals volunteered in the study in a Tamil Nadu state of South India. The obtained data were analyzed by using Pearson Product moment correlation and t-test and frequency analysis. The major findings of the study indicated that justice and injustice were inversely correlated; Justice and health facilities were positively correlated. Injustice and health facilities were inversely correlated. The patients' who received treatment from private hospitals are relatively more deprived than patients from public hospitals. The findings could be understood in the context of capacity to spend sufficient money for treatment. On contrary, Private hospital patients perceived better health facilities than public hospital patients. There was no significant difference between public and private treatment seekers with respect to perceived unfairness. Based on patients' preference of hospitals, perceived fairness of private hospital patients was higher than public hospital patients. Patients' perceived injustice was not significantly different for both public and private hospital treatment; Lowermiddle-income class patients perceived more relative deprivation, availability of facilities and perception of fairness than health facilities than uppermiddle-income class patients; Upper middle-income class patients' perceived unfairness was higher than lower income class peoples.

**Keywords:** Health, Justice, Injustice, Fairness, Unfairness, Health facilities, Public and Private Hospitals.

### Introduction

'Health is Wealth' is a famous saying that refers to the importance of health in the lives of human beings. Health is indeed a wealth as it is considered that health is the one that tends to remain with an individual to the last in any given circumstances. Good health assures tolerance of being free from any given diseases or disorders to an individual. Being unhealthy obviously invites suffering from health-related issues or other issues pertaining to the same. People seek for good health because of its role in facilitating and providing happiness. Health, in general, could actually be defined basically in two dimensions: the length of life (longevity) and the quality of life. A person derives value from the quality of life directly and indirectly: directly because one's level of health affects the enjoyment of goods and leisure and indirectly because one's level of health enhances productivity.

Considering the situations, and with an intention to take better advantage of a condition of existence of mistreatment in the allocation of resources and facilities to seek health services from government, the private health service providers in India are gradually and significantly turning to be the dominant health care sector in the nation. As health is such an essential aspect of the individual which basically cannot be taken granted, people tend and strive to maintain better health and also protect themselves from unforeseen situations in future through various means.

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One among such means is health insurance, which in India is considered to be a much-developing segment as the nation's economy and the life expectancy per birth were reported to be as 67 and 70 respectively for male and female in 2015. Witnessing to the growing segment of health, the Government's spending on the health sector in the year 2014 was reported to be 4.7% out of its Gross Domestic Product (GDP) according to WHO, 2014.

In fact the basic need and also the basic right of each and every individual to be healthy and to be availed by basic health services. Like as in the other cases where the citizens of a given nation are entitled to receive certain facilities and also utilize the basic rights for several other aspects, however, it has been witnessed in several incidents that the citizens in some of the other way and reasons tend not to receive such facilities or fail to utilize the rights given to them. Even if provided with services and opportunities to exercise their rights, it might be the reach of very few or some form of discrimination or inappropriate treatment to a certain section of the citizens takes place while few others may exercise and avail the same without any form of hindrances. The existence of such a form of practices actually indicates the existence of injustice in a given situation or perspective.

#### **Perception of Justice in Health Services**

Fairness refers to the manner in which an individual is treated within the process of seeking health care services. It refers to being treated equally by the health care providers irrespective to the race, region, caste, and economic backgrounds. Individuals, tend to engage in an act of cost-effective analysis of the money they are about to spend in return of an outcome of the treatment sought, which further answers the query of fairness and unfairness in health settings. If the patients are not provided with equal opportunity to take up the treatment to cure their illness, it may further lead to the perception of unfairness in health services.

As being mentioned already that access to health is one of the several rights of the citizens of a given state or nation, it is therefore not an exception for practices of such mistreatment in accessing and providing health care facilities to the citizens. As the government is responsible for providing adequate and equal access to health facilities to all of its citizens, in general, it's the government which is held responsible in case such facilities were not provided to targeted groups. Like several other facilities of government which actually are targeted to certain groups of people but end up not in real form reaching to them as the same may be misused by the service providers, public hospital middleman, or may have been deceived by any other individuals or organizations pertaining to providing the same. In addition to the aspect of misuse by the service providers, it is to be noted that the service providers who are to be referred as middlemen in government hospital tend to indulge in a practice of denying the service to the common man with an excuse of non-functioning of an instrument or non-availability of the same. Whereas in the reality, it is the tie-ups of this middleman with the

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other nearby private hospitals to say so, as a result of which, the common man end up reaching those private hospitals, benefiting them being the victims; and the share of that benefit is given to this government hospital middleman.

In other cases, though these middlemen are the beneficiaries to avail government hospital services, in case they or their family members come up with some health issues they end of not availing the service of government hospital but of a private hospital. Speaking on the reasons for being deceived of health services to an individual on the basis of certain social aspects is caste one among them. Though being educated and professionals it is witnessed among the health care providers that a mindset of caste and caste-related discrimination with a sense of superiority and inferiority still exists. Due to these perceptions which are held by the service providers, either with intentions or without consciousness, they may tend to discriminate people on the basis of caste in providing health care services. Therefore, the individuals belonging to this health service denied community tends to have a sense of relative deprivation towards these intended services.

#### **Relative Deprivation**

Talking about the communities that have been witnessing the discrimination, needs to have a relook on the past. The ancient Hindu legal system was fully supported the four *Varnas* (a Sanskrit word referring to colour or class) which are: Brahmins, The Kshatriyas, The Vaishyas, and The Shudras. This legal system had refused to recognize the basic fundamental right that all human beings are born equal. The Hindu Varnashrama dharma and the caste system pushed forth Brahmins as the highly privileged caste with high social status and stamped the vast majority of the people as 'Sudras' and 'untouchables' fit for only manual labour. As a result, they were deprived of educational opportunities and were condemned to a low social status. The consequences of it led to increasing of privileges to the privileged class and the other classes became more and more oppressed and depressed; such a social structure raised inequality in status and denial of equal opportunities for all (Raghavendra, 2016).

Dr B R Ambedkar, he fought all the odds, and pursued higher education and launched himself politically with an intention to fight for the rights of the depressed classes and against inequality practised in the society. His vision was to produce a new social order based on the principles of justice, equality, and fraternity (Mallik, 2011). He was very much influenced by Rousseau's words and he decided to fight for justice based on equality. Therefore, he wanted economic and social equalities before political equality; he tried his best to make sure that the downtrodden got a proper place in society. His approach of economic and social aspects of justice seems relevant to our present study, as in the case of discrimination in terms of availing health care facilities from a government or private hospital, based on caste and community identity is not just of economic criteria but of a social nature too. Therefore, it could be asserted that discrimination in terms of providing

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health disadvantageous groups in not only because of the lower financial conditions but could also be more likely to happen because of social aspects that are the caste they belonged to in a given society.

As mentioned above the caste system in India is of four classifications; post-independence, for the purpose of upliftment of the downtrodden and the backward classes, few classifications of the disadvantageous groups were made as Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Classes (OBC), Most Backward Classes (MBC), and Minorities. The Varna system according to Ambedkar is the root cause of all inequalities and also the parent of the system and untouchability. Considering the statement and the common understanding of individuals that discrimination happens in all the spheres and many forms, it is the effort of the present study to see if discrimination to the disadvantageous groups in terms of providing health care services is also influenced by this caste-based discrimination mindset. Because, as Ambedkar said and proved that he stood for a social system in which man's status is based on his merit and achievements and where no one is noble or untouchable because of his/her birth. The relevance of investigating the existence of discrimination of individual on the basis of caste with respect to availing health care services seems apt as mentioned by Ambedkar himself that social differences and untouchability have not been removed due to the difficult caste system and blind faiths have been continuing for centuries (Raghavendra, 2016).

Tougas et al (2008) stated that according to James relative deprivation as an insight that is perceived by an individual for having the membership of a given group which is disadvantageous in its position i.e., relative to some other advantageous group. In other words, the sense of deprivation comes from a social comparison with better-off persons. Stouffer et al. (1949) have first coined the term relative deprivation with their work. The *American Soldier*, which yielded the results that although men in the air corps had more chances of advancement than those in the military police, they were the least satisfied with their promotion opportunities. The study also found that feelings of deprivation are subjective rather than objective, the same was proved in the study of Pettigrew (1964).

Runciman (1966) was the contributor of expansion of the concept of relative deprivation by providing some essential conceptual distinctions and clarifications. However, he suggested that all the forms have some defining elements: cognitive and affective component. The cognitive component refers to the perceived magnitude of the inequality between two objects of comparisons such as self-versus others. Whereas the affective component is referred to the resulting emotional responses, i.e. discontent, dissatisfaction, or grievance. It is more likely that the majority of individuals experience deprivation on behalf of another disadvantaged group (Tougas & Beaton, 1996). Though there have been several studies on the concept of relative deprivation in personal and social inequalities in western contexts,

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very few studies have been found that have focused on the caste-based approach of relative deprivation in the context of health service from public and private hospitals. Therefore, the study is most relevant for the investigations of the intended questions and objectives.

## Methods

### The Problem of the Study

The problem of the study was to assess the patients' perception of justice and health facilities provided by Public and Private Hospitals.

### Objectives of the study

1. To investigate the patient's perception about treatment provided by Public and Private Hospitals
2. To assess the patients' perception of the health facilities provided by Public and Private Hospitals
3. To find out the Patients' perception of Justice and Injustice Public and Private Hospitals

### Hypotheses

1. There would be a positive relationship between patients' perceived justice and health facilities.
2. There would be a significant difference in patients' preference of hospitals with respect to perceived relative deprivation, perceived facilities, fairness, unfairness, justice, and injustice.
3. There would be a significant difference in patients' perception of relative deprivation, perceived facilities, fairness, unfairness, justice, and injustice with respect to patients' caste.

### Sample

The participants of the study were selected from the hospitals located in Coimbatore city which includes thirty participants from a Private Hospital (30) and thirty from a Public Hospital) with a total of sixty (N= 60) patients. Patients' family monthly income ranged from 5000 rupees to 100000. Majority of the respondents belonged to Scheduled Caste (22) 36.7% followed by Most Backward caste (21) 35%, Backward caste (10) 16.7% and General were (2) with 3.3%. Scheduled caste respondents monthly family income average earnings were 12704 rupees, Scheduled Tribes = 29600 rupees, Most Backward class = 28190 rupees, Backward class = 41550 rupees and General caste respondents were earning 60000 rupees.

### Procedures

The participants who volunteered for the study were approached with the informed consent and handed over the tools: Socio-demographic sheet which includes monthly family income, caste and preference of hospitals and Health and fairness perception questionnaire (based on Amartya Sen's (2008) the idea of justice, education, health facilities).

The data were analyzed by using Pearson product moment correlation, Frequency analysis, and t-test and Cronbach alpha reliability with SPSS 20.0v.

### Results

The present study aimed to give a comprehensive account of Patients' perception of health facilities and justice respective among the public and private hospitals. Treatment seekers data were collected and analyzed through the Pearson

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Product moment correlation and t-test and the findings are presented below.

**Table 1: Shows the relationships among Justice, Injustice, Relative Deprivation and Health Facilities of patients perception**

	Injustice	Relative deprivation	Health facilities
<b>Justice</b>	-0.47**	0.42**	0.32*
<b>Injustice</b>		-0.23	-0.31*
<b>Relative deprivation</b>			0.56**

**Table2: Shows the t-test for perceived Relative deprivation, Facilities, Unfairness, Fairness, Justice, and Injustice of patients with respect to patients 'preference of hospital'**

Categories	Public Hospital(n=30)		Private Hospital (n=30)		't'-values
	Mean	SD	Mean	SD	
<b>Relative Deprivation</b>	34.00	7.36	39.50	7.74	2.82**
<b>Facilities</b>	7.90	2.55	10.70	1.78	4.92**
<b>Unfairness</b>	18.90	2.88	18.23	2.52	0.95 <sup>ns</sup>
<b>Fairness</b>	14.40	3.64	16.70	2.73	2.76**
<b>Justice</b>	3.73	1.53	3.80	1.21	0.18 <sup>ns</sup>
<b>Injustice</b>	4.83	1.34	4.80	0.99	0.10 <sup>ns</sup>

\*\*-significant at 0.01 level ns- Not significant

As above-mentioned table 2 which indicates that private hospital treatment seekers M=39.50 (SD =7.74) significantly differed from Public hospital treatment seekers at t=2.82 (p<0.01). Health facilities perceived by the private hospital patients M=10.70 (SD=1.78) significantly differ from the public hospital patients M=7.90 (SD=2.55) at t=4.92 (p<0.01). Unfairness perceived by both public and private

Table 1 indicates the results of correlation between variables of perception of patients. The justice was inversely correlated with injustice (-0.471\*\*) significant at the 0.01 level, justice was positively correlated with relative deprivation (0.425\*\*) at the 0.05 level and justice positively correlated with facilities. Injustice is inversely correlated with facilities (-0.310\*) at 0.05 level. Relative deprivation is positively correlated with facilities.

hospital treatment seekers was not significantly differed. Private hospital treatment seekers perceived fairness M=16.70 (SD=2.73) significantly differed from public hospital patients M=14.40 (SD=3.64) at t=2.76 (p<0.01). Perception of health justice and health injustice did not significantly differ from both hospital treatment seekers.

**Table 03: Shows t-test for the perceived Relative deprivation, Facilities, Unfairness, Fairness, Justice and Injustice of patients with respect to patients 'Caste'**

Categories	SC and ST (n=27)		MBC and BC (n=31)		't'-values
	Mean	SD	Mean	SD	
<b>Relative Deprivation</b>	33.30	8.53	39.29	6.40	3.04**
<b>Facilities</b>	8.30	3.07	9.94	1.67	2.56*
<b>Unfairness</b>	19.26	2.78	18.13	2.46	1.64 <sup>ns</sup>
<b>Fairness</b>	14.30	3.76	16.45	2.68	2.53*
<b>Justice</b>	3.63	1.54	3.84	1.24	0.57 <sup>ns</sup>
<b>Injustice</b>	4.85	1.32	4.81	1.01	0.14 <sup>ns</sup>

Note\*\*-significant at 0.01 level \*-significant at 0.05 level ns- Not significant  
SC-Scheduled Caste MBC- Most Backward Caste BC- Backward Caste

As given in table 3 Most Backward Caste and Backward Caste patients mean=39.29 (SD=6.40) perceived more deprived than scheduled caste and scheduled tribe patients mean= 33.30 (SD=8.53) at t=3.04 (p<0.01). Most Backward Caste and Backward caste patients m=9.94 (1.67) perceived more health facilities than Scheduled Caste and Scheduled tribe patients mean=8.30 (SD=3.07) at

t=2.56 (p<0.05). The perception of unfairness did not significantly differ from Most Backward, Backward Caste between Scheduled caste and scheduled tribe peoples. Scheduled Caste and Scheduled Tribe caste patients perceived better fairness than Most Backward and backward caste patients did. Likewise, the perception of health justice and injustice did not significantly differ from both caste group of patients.

**Table 04: Shows t-test for the perceived Relative deprivation, Facilities, Unfairness and Fairness, with respect to patients 'Family Income'**

Categories	Up to 16000 rupees (n=31)		Above 16001 rupees (n=29)		't'-values
	Mean	SD	Mean	SD	
<b>Relative Deprivation</b>	40.35	6.34	32.90	7.84	4.06**
<b>Facilities</b>	10.45	2.27	8.07	2.37	3.96**
<b>Unfairness</b>	18.00	2.86	19.17	2.43	1.70 <sup>ns</sup>
<b>Fairness</b>	17.10	2.66	13.90	3.35	4.10**

\*\*-significant at 0.01 level ns- Not significant

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\*\*-significant at the 0.01 level \*-significant at the 0.05 level

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Patients with family income of up to 16000 rupees perceived more deprived mean= 40.35 (SD=6.34) than above 16001 rupees patients mean= 32.90 (SD=7.84) at  $t= 4.06$  ( $p<0.01$ ). Contrary to this up to 16000 rupees earning families mean=10.45 (SD=2.27) perceived better health facilities than family income above 16001 rupees mean=8.07 (SD=2.37) at  $t= 3.96$  ( $p<0.01$ ). The perception of unfairness did not significantly differ based on patients' income groups. Whereas patients perception of health settings' fairness respect to less than 16000 rupees family income mean=17.10 (SD=2.66) than mean= 13.90 (SD=3.35) at  $t=4.10$  ( $p<0.01$ ) patients families who earn above 16001 rupees.

### Discussion

It was expected in general that patients who belong to Most Backward Caste and Backward Caste patients and private hospital treatment seekers would perceive more relative deprivation than the other disadvantaged group i.e., Scheduled Caste and Scheduled Tribes as based on the study of Tougas and Beaton's (1996). Perception of health facilities on justice and injustice would be determined by the way the resource has been allocated and how it is utilized by the health seekers. In addition, the perception of fairness or unfairness investigated in this study was based on the way they were been treated at public and private hospitals. Moreover, private hospital treatment seekers tend to perceive better health facilities than public hospital patients. With this general expectation, the present study investigated and the findings are discussed below.

Perception of justice was significantly correlated with injustice inversely; this particular finding reveals the fact that if the patients perceive the prevailing of justice in the hospitals during the process of availing health care services, it increases their likeliness to not to perceive any form of injustice to be existing in the given hospital. It relates to the basic understanding that observation and an experience of fairness by an individual tends to lead the perception of his/her as rating the given organization as fair enough, loyal and dedicated, therefore, they do not tend to believe that any form of unfairness, mistreatment, and ignorance would be existing in that particular organizations. The possible reason behind this would be that justice and injustice or fairness and unfairness are the concepts which are internalized by the common man as good and bad. Most of the times, the individuals have a perception that because these two aspects are of opposite ends, they tend to believe that both of them are less likely to exist at the same time in the same situation, so it is either good or bad. Due to this manner of understanding, individuals in the present study might have recognized that in the existence of justice and fairness, there is no room for injustice or unfairness. Therefore, the findings revealed that higher the perception of justice among the health seekers the lower their perception would be towards the existence of injustice in a given hospital.

Perception of health justice significantly correlated with health facilities positively. This particular finding reveals that when individuals observe, obtain and experience the equal

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opportunities and impartial access to the reserved resources in the process of availing health services in a given hospital, it leads them to perceive that hospital as being fair, justice-oriented. As a result, they would rate the services as high; they may further acknowledge and appreciate the availability of health care services in the hospital and are also more likely to recommend the hospital for fellow beings. Apart from this explanation, it is also to be noted that justice and health services are most of the time interdependent. They are interdependent mutually, especially in the present scenario it is the health services that act as independent and justice as a dependent. The example that a simple act of providing an extra bedsheet for the in-patient, availability of hygienic toilets, frequents visits of the doctors to in-patients wards, a friendly interaction by the nurses on duty will act as very crucial factors that determine the perception of patients towards the hospital as fair and loyal. Availability of these services in adequate manner indicates to the feeling of satisfaction to the individual, which in turn helps to appreciate the efforts of the organization for being fair and justice-oriented and also recognize the availability of adequate health facilities.

On the other hand, injustice was significantly correlated with health facilities inversely. It can be inferred from this finding which is opposite to the above discussed findings, that when the individual who is a health care service seeker comes across the act of partiality and mistreatment in any given manner, for example, the distribution of resources such as medicines and various tests and checkups, he/she would tend to build a sense of unfairness and an understanding of the existence of injustice in that hospital. This sense of understanding and experience is related to the health services of the hospital. It is in this finding too, the interdependent relationship of perception of injustice and health services exist. The example of government hospital would explain this relationship more appropriately. It is a known fact that most of the government hospitals irrespective of District, Community and Primary health centres suffer from adequate resources, equipment, and infrastructure facility, adequate human resources for a long time. Even with the available resources, equipment, and facilities, the hospitals suffer from trained personnel to operate them, as a result, the machines remain unused and making the health services seekers feel deprived of it. Due to disuse of equipment as a result of inadequately trained professionals, the service providers who are to be referred as middleman end up saying to the service seekers that the health service isn't available at all with a causal explanation of non-sanctioning of the budget. The consequences of getting to hear such things more frequently lead to the service seekers' perception of dissatisfaction with the hospital and feel disappointed for the same. Because it's a basic right of the health care seekers of the given hospital for having paid the money for the same, in case of unsatisfactory services and care they would tend to perceive that they are not getting what they are entitled to. By not receiving the desired entitlements,

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the individuals understand that it's an unfair treatment that they are going through and they are more likely to not to return to it for next time and are less likely to recommend the hospital for fellow beings. Therefore, the clear interdependent relationship between the perception of inadequate health services and justice could be understood.

Interestingly it was found that a significant positive correlation between the Perception of health justice and relative deprivation exists. It basically is an interesting and contradictory finding, basically because of the general understanding held by the individuals that if they perceive the existence of justice and fairness in a given organization, they are less likely to feel deprived of services which they are entitled to. This indicates the expectation of the study as higher the perception of justice, the lower the perception of relative deprivation would be to go with a general understanding. But the finding isn't the way as per the general understanding. The group member who has more economic stability may go for above said health services in a more appropriate manner whether in private or public hospitals. However, when they compare with the other disadvantaged group, they may feel relatively deprived because these disadvantaged group tend to get the government health services with almost a free-of-cost nature, though there is a charge for the few services, it is not much as of private hospitals. Therefore, though the individuals who have a sense of fairness and justice with the private hospital in a comparison of the amount they spent and the services they received, they feel deprived in the comparison of the economically weaker sections as they are provided within case of Below Poverty Line (BPL) ration card a few concession and free treatment. This particular finding is also shown in the study of Tougas and Beaton (1996) and it was articulated that even rich people would also feel more deprived on behalf of the other disadvantaged groups.

Whereas the analysis of the preferences of the hospitals in which patients get treatment from the public and private hospital, the findings specifically revealed that the private hospital treatment seekers feel more deprived than public hospital patients. It was inferred that the private hospital treatment charges are comparatively higher than Public hospitals. But still, private hospital patients are adjusting with the treatment cost because they need a good treatment and friendly or generous environment, saving the time and to ensure fast recovery from the illness. As mentioned earlier that the basic need and also the basic right of each and every individual to be healthy and to be availed by basic health services. The given government has to make sure that the citizens of it are given with adequate facilities relating to healthcare and maintenance of health. But the government is failing to fulfil this need and also minimizing the exercise of this basic right by the citizens through its insufficient allocation of the budget so that services which are available at a private hospital are also available to the government hospital at a minimal cost. Still, the economically weaker section individuals continue to get the similar

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treatment and services in the government hospital at lower cost but of lower quality. And this particular aspect, the almost similar treatment, and services excluding the quality at a very different level of costs at private and public hospitals create a disturbance among private hospital health service seekers. A comparison of the amount they spent to avail service in the private hospital and the amount spent by individuals at the public hospital for the same irrespective of the quality is the factor that makes the private hospital health service seekers feel more relatively deprived in comparison of public hospital seekers. The concept of relative deprivation as pointed by Crosby (1982) refers to the act of wanting one what does not have and feels that one deserves whatever it is one does not have. Similarly, in our study private hospital treatment seekers deserved to have free treatment in public hospital as well, but they are been perceived as public hospitals are not serving up to private hospitals treatment seekers expectations hence they more likely to prefer private hospitals for the treatment.

Moreover, private hospital treatment seekers perceived more facilities than public hospital patients. It is to be understood here that, private hospital health seekers tend to get more health facilities than Public hospital whereas, in Public hospitals, they are getting health care services at free of cost with low-quality treatment, long time waiting in the queue, less time of interaction between doctors and patients. As discussed earlier, an example that a simple act of providing an extra bedsheet for the in-patient, availability of hygienic toilets, frequents visits of the doctors to in-patients wards, a friendly interaction by the nurses on duty shall act as very crucial factors that determine the perception of patients towards the hospital as fair and loyal as well as adequate. Availability of these services in adequate manner indicates to the feeling of satisfaction to the individual, which in turn helps to appreciate the efforts of the organization for being fair and justice-oriented and also recognize the availability of adequate health facilities. Moreover, the key indicators such as satisfying the patients' expectations and cleanliness at the government hospitals were found to be poor like minimizing the growth of infective organisms (Bacteria), it may spread among patients', unmaintained toilets and patient care areas regularly dirty due to these reasons private hospital health seekers were perceived, better health facilities in private hospitals.

However, there was no significant difference between the perceived unfairness treatments, which indicates that both hospital patients perceived as in the same manner. This finding could have yielded as so because it is ultimately the decision of the individuals to go the private or public hospital for health services, though they were aware of the unfairness in a given hospital they do not really tend to blame the organization for the same as they were already aware of the same and still decided to get services from there. As a result, they do not really tend to reveal to the others that there really exists the practice of unfairness. This particular form of practice

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of behaviour by the individuals during the process of health service seeking might be due to the repeated exposure of these individuals to such unfairness and a realization of them they can't really do anything to change it leads them to consider that such conditions are their fate and there is no way of escaping it. On the contrary, it was found that health services seekers of private and public hospitals differed significantly in their perception of fairness. It could be inferred from this finding that individuals who tend to get treatment from private hospitals perceived better fairness than public hospital health service seekers. It could be related to possible reason as to the quality of treatment and health care services provided by private hospitals. As mentioned earlier that the example of a simple act of providing an extra bedsheet for the in-patient, availability of hygienic toilets, frequents visits of the doctors to in-patients wards, a friendly interaction by the nurses on duty shall act as very crucial factors that determine the perception of patients towards the hospital as fair and loyal. Availability of these services in adequate manner indicates to the feeling of satisfaction to the individual, which in turn helps to appreciate the efforts of the organization for being fair and justice-oriented and also recognize the availability of adequate health facilities.

In a comparison of private hospital health service seekers, public hospital health seekers have a lower perception of fairness in the process of availing health services and treatment. It could be explained with an example as mentioned earlier that it is a known fact that most of the government hospitals irrespective of District, Community and Primary health centres suffer from adequate resources, equipment, and infrastructure facility, adequate human resources since a long time. Even with the available resources, equipment, and facilities, the hospitals suffer from trained personnel to operate them, as a result, they remained unused and making the health services seekers feel deprived of it. Due to disuse of equipment as a result of inadequately trained professionals, the service providers who are to be referred as middleman end up saying to the service seekers that the health service isn't available at all with a causal explanation of non-sanctioning of the budget. The consequences of getting to hear such things more frequently lead to the service seekers' perception of dissatisfaction with the hospital and feel disappointed for the same. Not receiving the desired entitlements, the individuals understand that it's an unfair treatment that they are going through in comparison of private hospitals and more likely to not return to it for next time, instead visit private hospitals as they perceive them being fair and are also less likely to recommend the public hospital for fellow beings.

The findings didn't reveal any significant difference between public health service seekers and private health seekers with respect to perception of justice. It indicates to the fact that the health care service seeker of both public and private hospitals have perceived justice as in the same manner, however, an observation of the mean reveals a

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minute difference which indicates that the perception of justice was better in private hospital and the possible reason for that would be satisfaction of health care service seekers for having spent more money and receiving the quality treatment and services in return. Similarly, there was no significant difference between the perceived injustices with patient's preference of hospital. It is indicating to the fact that the perceived injustice of patients with their preference of hospital was not significantly different. It could be understood from the finding that patients perceive justice and injustice as in the same manner irrespective of the type of hospitals. It could be due to the reason that the majority of the individuals tend to anticipate, observe and experience to having the equal access of health facilities and fairness treatment irrespective to mainly their caste and income and other social factors as seeking health services for one's better health condition is the basic right of all human beings.

The findings of the study also highlight the fact that a significant difference between the caste of the participants with respect to their perception of relative deprivations. It was indicated by the findings that patient belonging to Most Backward Castes and Backward Castes felt more relatively deprived than Scheduled Caste and Scheduled Tribes. This particular finding goes well with the findings of the study by Stouffer's (1949), which highlighted that well-off groups perceive more relative deprivation than the non-well off groups. In the context of the present study, it is the Backward Class (BC) and Most Backward Class (MBC) individuals being of a well-off group perceived more relative deprivation in comparison of the Scheduled Caste and Scheduled Tribes group which is a non-well-off group. One possible reason for such finding is that higher caste may feel more deprived with a comparison of lower castes as they sense that their resources are being grabbed by the given constitution and the government and given to others i.e., the disadvantaged or lower caste. Another possible reason for this particular finding goes in the line of explanation by Gurr (1970) according to whom the perception of relative deprivation in the context of comparison of two groups happen when a tension that develops from a discrepancy between the 'ought' and the 'is' or more specifically, the discrepancy between the goods and opportunities that individuals want or to which they feel entitled, and their current or anticipated ability to obtain the object, service or any given information. Therefore, according to Gurr (1970) the felt deprivation may be of a result when an individual who lacks X, wants that X, feels entitled to X, and thinks it not feasible to attain X. Considering this understanding of Gurr to our present study, the findings explain that as mentioned earlier about the availing of health services is the basic right of all the individuals which includes individuals of both advantaged and disadvantaged groups of a given nation, in other words they all are entitled to these services. However, certain facilities which the Below Poverty Line (BPL) ration card who are referred to be belonging to an economically weaker sections (which

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consist most of the individuals from SC and ST community) are given with such as fees concession and free treatment with reference of certain health schemes of the government for their upliftment to which in actual sense all the individuals even the well-off groups such as Backward and Most Backward Class are entitled, however are ending up not receiving the same. As a consequence of not receiving their entitlements, it leads to a development of tension and frustration reaching to the extent of disappointment; therefore they, though being of a well-off group tend to feel more deprived than the non-well-off groups.

Furthermore, the comparison in the context of the perception of health facilities at a given hospital, it was found to be a significant difference between the SC & ST and MB & MBC. The individuals belonging to BC and MBC group perceive better availability of health services during their process of getting treatment. The possible reason for the same could be that though the SC & ST groups may additional facilities such as health schemes the schemes lack adequate resources, equipment, and trained professionals to operate the testing machines and so on, and the grant could be misused or was not given to the beneficiary by the provider instead utilized for himself or herself. Therefore, they end up not receiving the fullest benefit of the scheme and avail adequate health facilities during the treatment period. On the other hand, as the individuals who do not really fall into the category of beneficiaries of such schemes, they have to look after their own expenditure, and due to their sufficient economic capability, they prefer to avail health care services from the private hospital by spending the required amount of money. Because they are paying a handful of the amount to the private hospitals, those hospitals are supposed to provide health care seekers with adequate facilities during the period of treatment. Availability of adequate resources in return of a handful of amount being spend given these individuals a sense of satisfaction with the facilities and treatment which is why they perceive better availability of facilities more in comparison of the other group.

The comparison of the perception of unfairness in the respective hospitals between the SC & ST and BC & MBC revealed that there was no significant difference. It denotes that the practice of unfair treatments was not being followed in the hospitals where these participants in the study had undergone treatment. It may be inferred that people of all the castes would face some unfairness treatment in their life for sometimes which had been happening since decades in India due to the Hindu Varna System being followed nationwide. As the system of unfair treatment among the four Varnas was a legal one, individuals didn't really feel that as discrimination and as a disturbing practice for them. It was mentioned earlier that when individuals are already aware of the discrimination happening in the social system over the decades, therefore, they are adjusted to such treatment for a very long time. As a result, they do not really tend to perceive, feel, observe and

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reveal to others that there really does exist the practice of unfairness. This particular form of behavioural practice by the individuals during the process of health service seeking might be due to the repeated exposure of these individuals to such unfairness and a realization of them that they can't really do anything to change it leads them to consider that such conditions are their fate and there is no way of escaping it.

Meanwhile, the findings revealed that comparison of perception of fairness is significantly different between SC & ST and BC & MBC individuals, wherein, the health service seekers of BC & MBC group perceived better perception of fairness than SC & ST group's health service seekers. It may be due to the reasons as mentioned earlier such as their economic stability as a capability to spend more money to avail the mentioned treatment. Due to their sufficient economic capability, they prefer to avail health care services from the private hospital by spending the required amount of money. Because they are paying a handful of the amount to the private hospitals, those hospitals are supposed to provide health care seekers with adequate facilities during the period of treatment. Availability of adequate resources in return of handful of amount being spend given these individuals a sense of satisfaction with the facilities and treatment which is why they perceive better availability of facilities more in comparison of the other group which in turn leads to the perception of fairness in the organization as they are being given with all the entitlements in the private hospitals for whatever they have paid for. As a result, the individuals belonging to well-off groups perceived better fairness in the hospitals compared to non-well-off group individuals during the process of health care service seeking. Moreover, the sense of caste-based discrimination, as well as lack of money to spend on treatment, makes people from Scheduled Caste perceive less fairness as compared to the Most Backward Caste people. By contrary, there was no significant difference between the perceived justice and injustice with respect to the caste of the patients. It means patients tend to perceive in both the hospitals as in the same way and caste does not seem to play any role in this aspect.

Family income plays a vital role in patients' perception of relative deprivation in such a manner that in the present it was found that there was a significant difference between the lower-middle-class family income and upper-middle-class family income with respect to their perceived relative deprivations. In any given nation, more or less all the patients desire to have good health facilities and to be healthier by having sufficient basic needs for survival. It could be inferred here that those who are having less income they feel more relatively deprived as compared to rich people. The findings seem really relevant to the present scenario of the hospital and health sector wherein the costs of the medicines, the tests, and operations are reaching to the skies especially in private hospitals. Because health is such a thing with which individuals can't take a lighter concern of. The individuals with better economic

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conditions of a higher family income could manage to afford the costs of these hospital affairs without many hindrances, but it is a nearly impossible affair to most of the lower middle-class family income individual to arrange the required money for operations at times. As the nature of hospital also turning to be more inhumane especially consider the conditions and terms of not to provide the treatment and start the required operations without paying the bill makes the individuals of lower middle class feel more deprived in comparison of upper-middle-class family income individuals.

Similarly, there was a significant difference between the perceived facilities among the patients with respect to their family income. It could be understood from the finding that a person with low income interestingly perceived better availability of facilities and was satisfied with the facilities provided to them in comparison of individuals of upper-middle-class family income group. The possible reason for the yielded finding would be that though the lower-middle-class family income individuals lack behind the upper-middle-class family income individuals they are fortunately provided with certain benefits which the other group is not provided with by the government. Relaxation in the fees of hospital charges and claim of health insurance facilities for the lower-middle-class family income individuals given by the government makes them feel that the government has concern for their poor economic stability and wants an integrated and comprehensive development of the society with equal opportunities to the deserved. Therefore, along with the acknowledgement of the government's efforts for their upliftment and overall development, individuals belonging to the lower middle class perceive better perception of facilities being available to them in adequate manner.

Moreover, there was no significant difference found between the lower-middle-class family income group and the upper-middle-class family income group with respect to the perceived unfairness. The comparative analysis revealed that family income of the individuals of these both groups doesn't matter much in their perception of injustice, however, a minute difference in the mean reveals that upper-middle-class family income group perceived higher unfairness compared to the other. The possible reason would be that the comparisons made by the upper-middle-class group individuals with respect to the money spent by them and the other group members to avail the almost similar health services and treatment from a given hospital. It could also be because since the upper-middle-class individuals are spending more than the lower middle-class group or for having been of a higher class in the society they may expect certain additional and special treatment and facilities compared to that of lower-middle-class group individuals.

#### **Overview of the Findings**

This present study has led us to conclude in accordance of the above discussion of the findings by exhibiting that the higher perception of justice of the participants of the study resulted in a lower perception of injustice indicating to an inverse correlation

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between justice and injustice. In addition, there was an interesting finding that when the perception of justice increases among the patients in one group consequently, another group will feel relatively deprived. Moreover, when people perceive that the treatment is justifiable promptly, perception regarding the availability of facility also seems to be better. Fundamental to note that, when the perception of justice decreases (moving towards injustice) meanwhile perception of facilities also declines which explains the interdependent relationship between the both. Moreover, when one group of people perceives relatively deprived than the other group enjoys enough health facilities. Patients seeking treatment from private hospitals relatively deprived than public hospital treatment seekers. Similarly, Most Backward caste people highly felt relatively deprived than Scheduled Caste and Scheduled tribes patients. In addition to that, the patients' family monthly incomes of the lower middle class were found to perceive more relative deprivation as compared to the upper-middle-class patients. When it comes to the health facilities, the private hospitals' patient received more facilities than public hospital patients do. Likewise, Most Backward caste and backward caste patients get relatively higher facilities than Scheduled Caste and Scheduled Tribe people. Lower middle-class patients in the present study perceived more facilities than upper-middle-class patients. On the other hand, Private Hospitals' treatment seekers especially Most Backward Class patients and upper-middle-class patients perceived better fairness than the Public hospital patients and Scheduled Caste and Scheduled Tribes and lower-middle-class patients.

#### **Conclusion**

In current scenarios of the health sector, we could see the huge divergence on the basis of health services to patients with respect of rich-poor (patients' economic backgrounds), caste-based acceptance, equality, providing good health service to the known people and showing favouritism in the delivery of services is been existing in the society. Once the patients are dissatisfied with treatment, which is provided by Public and Private hospitals further it leads to instability of the physical wellness, mental wellbeing, social wellbeing of the health seekers and their family as well community. As well as the present study also adds the understandings about how the disparities prevail among patients and their expectations towards the health care systems and actual outcome of public and private hospitals health care inputs in terms of their perceived health facilities and justice. Hence, the Public health sector should initiate plans to eliminate the disparities, which exists in the health sectors. Maintaining the equal access and keep monitoring the private health sectors' services also brings equal access for everyone in the society.

#### **Limitations of the Study**

A key limitation of this research is that it did not address the problem of health workers views about justification towards their job, workload and job stress with respect to their occupation. Secondly, the data were collected from only one Public and Private

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hospital and participants responded to this research were very less. Hence, the present study findings would be applicable to the only participants and further, it is limiting the generalizability of the study.

### References

1. Amartya Sen.(2008). *The Idea of Justice*, *Journal of Human Development*, 9:3,331-342, DOI: 10.1080/14649880802236540
2. Beaton, A. M., Tougas, F., and Joly, S. (1996). Neosexism among male managers: Is it a matter of numbers? *Journal of Applied Social Psychology*, 26: 2189–2203.
3. Buijsen, M.A.J.M. (2008). *The meaning of 'justice' in health care*. *Medicine and Law: an international journal*, 535–545. Retrieved from <http://hdl.handle.net/1765/14564>.
4. Cropanzano, R., & Byrne, Z. S. (2000). *Workplace justice and the dilemma of organizational citizenship*. In M. VanVugt, M. Snyder, T. R. Tyler, & A. Biel (Eds.), *Cooperation in modern society: Promoting the welfare of communities, states, and organizations* (pp. 142–161). London: Routledge.
5. Crosby, F. J. (1976). "A Model of Egotistical Deprivation." *Psychological Review* 83:85–113.
6. Crosby, F. J. (1982). *Relative Deprivation and the working woman*. New York: Oxford University Press.
7. David Colin-Thomé & Brian Fisher (2013) *Health and Wellbeing Boards for newpublic health*, *London Journal of Primary Care*, 5:2, 78-83, DOI: 10.1080/17571472.2013.11493384.
8. Deutsch, M. (1975). Equity, equality, and need: What determines which value will be used as the basis of distributive justice? *Journal of Social Issues*, 31, 137–149.
9. Gurr, T. R. (1970). *Why Men Rebel*. Princeton, NJ: Princeton University Press.
10. Hillsdale, NJ: Erlbaum. Dikemann, K. A., Samuels, S. M., Ross, L., & Bazerman, M. H. (1997). *Self-interest and fairness in problems of resource allocation: Allocators versus recipients*. *Journal of Personality and Social Psychology*, 72, 1061–1074.
11. J. Smith, H., & Walker, L. (n.d.). *Relative Deprivation: Specification, Development, and Integration*. Retrieved June 2001, from <http://catdir.loc.gov/catdir/samples/cam031/2001018437.pdf>
12. Kanfer, R., Sawyer, J., Earley, C., & Lind, A. (1987). *Fairness and participation in evaluation procedures: Effects on task attitudes and performance*. *Social Justice Research*, 1, 235–249.
13. Lee-Ann Fenge, Sarah Hean, Sue Staddon, Andy Clapper, Vanessa Heaslip & Eleanor Jack (2014) *Mental health and the criminal justice system: The role of interagency training to promote practitioner understanding of the diversion agenda*, *Journal of Social Welfare and Family Law*, 36:1, 36-46, DOI: 10.1080/09649069.2014.891338
14. Leventhal, G. S. (1980). *What should be done with equity theory? New approaches to the study of fairness in social relationships*. In K. J. Gergen, M. S. Greenberg, & R. H. Willis (Eds.), *Social exchange: Advances in theory and research* (pp. 27–55). New York: Plenum.
15. Mallik, C. (2011). *Justice and equality in Dr. BR Ambedker's vision of India*. Doctoral dissertation, Jadavpur University, Kolkata.
16. Messick, D. M., & Sentis, K. P. (1979). *Fairness and preference*. *Journal of Experimental Social Psychology*, 15, 418–434.
17. MHFW.(2005). *Rural Health Care System in India*, Ministry of Health and Family Welfare, Public of India, New Delhi.
18. Pandey, V. (2011). *Distributive justice in the Indian context: the role of situational determinants* (Unpublished Thesis- IIT- Kanpur).
19. Pettigrew, T. F. 1964. *A Profile of the Negro American*. New York: Van Nostrand
20. Raghavendra, H.R. (2016). *Dr. B.R. Ambedkar's Ideas on Social Justice in Indian Society*. *Contemporary Voice of Dalit*, 8(1), 24-29.
21. *Relative Deprivation*. "A Dictionary of Sociology. Retrieved January 10, 2019, from <https://www.encyclopedia.com/social-sciences/dictionaries-thesauruses-pictures-and-press-releases/relative-deprivation>
22. Runciman, Walter G. 1966. *Relative Deprivation and Social Justice*. London: Routledge and Kegan Paul.
23. Stouffer, S. A., Suchman, E.A., DeVinney, L, C., Starr, S.A., & Williams, R.M. (1949). *The American soldier: Adjustment to army life* (Vol. 1) Princeton, NJ: Princeton University Press.
24. Thibaut, J. W., & Walker, L. (1975). *Procedural justice: A psychological analysis*. Hillsdale, NJ: Erlbaum.
25. Tougas, F., & Beaton, A. (1996). *Relative Deprivation; Specification, Development, and Integration*. The Press Syndicate of the University of Cambridge. The UK. Retrieved from: <http://catdir.loc.gov/catdir/samples/cam031/2001018437.pdf>
26. Tougas, F., & Beaton, A. (2008). *Personal Relative Deprivation: A Look at the Grievous Consequences of Grievance*. *Social and Personality Psychology Compass*, 2/4, 1753-1766. doi:10.1111/j.1751-9004.2008.00127.x
27. Tyler, T. R., & Bies, R. J. (1990). *Beyond formal procedures: The interpersonal context of procedural justice*. In J. S. Carroll (Ed.). *Applied social psychology and organizational settings* (pp. 77–98).
28. WHO Statistics India. (2008). Retrieved, from <http://www.who.int/countries/ind/en/January> 07,16,
29. WHO Statistics India.(2014). Retrieved from <http://www.who.int/countries/and/en/March> 1 0-16.

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