

# Patient's Satisfaction towards Government Hospitals in Karnataka

## Abstract

In the present era of population growth and demographic reform, the burden of providing health care has increased. Many countries have pursued health services distribution to their citizenry through merely expanding services with non-governmental organization (NGO) assistance. This solution is not permanent, especially in developing democratic countries like India, where the prime duty of the government is to provide better and equally accessible services to every people. Nonetheless, concerns about the ability of governments to finance health services adequately, the poor performance of public health service delivery systems and the desire to expand the choices available to patients have led a number of Asian countries to encourage the expansion of private-sector healthcare. India is not an exception; private health care services are increasingly prevalent throughout the nation. Today, the private sector provides almost majority of health services in India. Government hospitals are less sought after due to varied perceptions among the common masses. Thus, the paper studies the structure of medical services in government sector and the ways to upgrade so as to stand at par with private hospitals so that the medical services will meet over all demands of health care services irrespective of caste, class, education, urban or rural areas.

**Keywords:** Health, Perceptions, Services, Patients and Satisfaction.

## Introduction

Almost seventy percent of India's population lives in rural areas that lack adequate health facilities, they are unable to satisfy rural health care needs. Even if private services are available in rural areas, the quality differs as compared to that of private providers in urban areas. The increasing gaps in health service utilization from public versus private sources reinforce existing inequalities in the country. The rich benefit from having access to both better quality health care services in the private sector and to subsidized services from government sources. The poor lose out on quality in the public sector and cannot afford private health care services.

Patient satisfaction is increasingly considered to be one of the most important factors in the measurement of quality of medical care. Monitoring consumer satisfaction of health care is an important input to improving the quality of health services. Patients' priorities and views on quality care are well-documented in Western countries but there is a dearth of research in this area in developing countries like India.

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non clinical outcomes of care do influence the customer satisfaction. The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients. Patient satisfaction depends up on many factors such as Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences.

## Background of the Study

**Roy and Prasad (1963)** revealed in his studies the socio-medical aspects of O.P.D patient and further states that 73 percent patient had to wait at the O.P.D for more than 90 minutes before they are examined by the doctor. Medical equipments are not used for the examination of the patients. Only 7 percent patients are examined by senior medical officers. About 73 percent patients are dissatisfied by the doctor's attitude and 36 percent reported that there are shortages of staff. Around 58.3 percents are dissatisfied by sitting arrangements, toilet facilities and cleanliness.

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**Tripathi (2002)** highlighted that generally medical check-ups are done when a person is hospitalized due to ill health and also there are no separate geriatric wards and trained doctors to treat the elderly patients in proper way. On all these accounts the benefits of medical science have gone unutilized, a fact that exist everywhere in rural India.

**Chahal (2003)** identified in his study at primary health centers in three districts of Kathua, Udhampur and Jammu of J&K State. About 31 percent of the patients pointed that doctors were not empathetic and not commendable. The study reported that surgical equipments were of poor quality and primary health centers lacked in hygiene, cleanliness and maintenance. 57 percent of patients pointed out that they had never been asked about their grievances.

**Singh and Sunaina (2005)** have conducted the study on the socio-medical aspects of O.P.D patients. Majority of patients have to wait at the O.P.D for more than one hour before they were examined by the doctors due to their late arrival. Medical equipments are not used for the examination of the patients. Only few patients are examined by the senior medical officers. Most of the patients are dissatisfied by the doctor's attitude, sitting arrangements, toilet facilities and cleanliness.

**Bindu C B Lokesh A J, Srinivasa B S (2014)** have given positive response towards health care facilities. Assessment of the quality of health care services in government hospital may be enhanced by including patient perceptions as well as quality care. Patients are more and more quality conscious than before. Patients' perceptions about public health services seem to have been largely improved by government medical college. The important reasons to visit government hospitals are availability of qualified doctors 24x7 services, to avail govt health & welfare schemes, geographical proximity, less charges, recommendation by their friends or relatives. Good infrastructure, service quality of doctors & paramedical staff might instill more confidence in patients with regard to choice of government hospitals.

#### Objectives

1. To study the perception of satisfaction of the patient towards Government Hospitals.
2. To suggest measures to strengthen and upgrade the medical practices that improves patient satisfaction in government hospitals in Karnataka.

#### Health Care Facilities in Karnataka

Located in the Southern region of India, Karnataka has a population of 52.9 million (Census 2001), making it India's ninth most populous state; it state has an area of 191,791 sq km and accounts for 5.8 per cent of the country's total land area.

Three-tier health infrastructure comprising primary health centers, health units, community health centers and sub-centers. The policy of the government is to establish one primary health centre for every 30,000 inhabitants, one dispensary for every 15,000-20,000 inhabitants, and one sub-centre for every 5,000 inhabitants

#### Health infrastructure

Sl. No.	Health infrastructure	No
1	District hospitals:	17
2	Other hospitals	10
3	Community health centers	325
4	Primary health centers	2,193
5	Sub-centers	8,143
6	Primary health units/dispensaries:	659
7	Beds in hospitals	50,000

Sources: IBEF.org November 2010

#### Total Population of India served per National Councils Registered Doctor / Dental Surgeon /Nurse/Pharmacist

Sl. No	National Councils Registered (Latest)	Population Served per Doctor/Dental surgeon/AYUSH/ Nurse/ Phamacist*
1	Per Doctor both Allopathic and AYUSH	740.49
2	Alopathic Doctor	1312.32
3	AYUSH Doctor	1699.42
4	Dental Surgeon	10271.11
5	Nurse	638.64
6	Pharmacist	1841.35

Source: Medical Council of India, Dental Council of India, AYUSH, Indian Nursing Council, Pharmacy Council of India

#### Number of Doctors in Karnataka Possessing Recognized Medical, Qualifications (under I.M.C act) Registered with State Medical Councils/Medical council of India From the year 2001 to 2011 (As on 31<sup>st</sup> December of the year concerned)

Year	No of Doctors in Karnataka
Up to 2001	587170
2002	21687
2003	22425
2004	21741
2005	22352
2006	25324
2007	30740
2008	29990
2009	32276
2010	52767
2011	75705
<b>Total up to 2011</b>	<b>922177</b>

Source: Medical Council of India

#### Condition of Hospitals

Very few private hospitals have a rational and well defined pricing policy. Many of them do not provide and disclose information about the services that they are expected to render to patients. Most patients are not aware of their rights and very few of them demand to know all this. Despite the enactment of the Karnataka Private Medical Establishments Act in 2009, there is no regulation of cost or enforcement of quality in many of these private hospitals. People need to understand that quality is not always directly proportional to the money they spend. As Dr Noshir Antia, the famous doctor remarked, "Things expensive, need not necessarily mean the best."

Patients have their rights, and they need to be more discerning and empowered with the information that can help them make the right and appropriate choices.

The government, which is also supposed to play the role of the regulator, sees its function as merely registering these establishments and collecting the required fees. This means many private hospitals get away with poor and unethical practices, and charge exorbitant sums of money for services that need not cost so much. This severely restricts access to the middle class and the poor who have no recourse but to seek out government faculties. The opposite is also true. Many government facilities that do not meet the standards prescribed for them are nonetheless allowed to go scot free, because the government applies different standards of enforcement to its own institutions, compared to private ones. An honest regulator, however, must hold both the public and private sector to the same standards.

We need a government that not only ensures that standards in the private sector are followed, but also enforces them on its own hospitals. This will help build faith among the public in the government health care system. Only when the government walks the talk can it demand accountability and performance from the poorly regulated private health sector too. And only then will the interests of the patient be protected.

#### **Conceptual Model of Patient Satisfaction Doctor Services**

Patients' satisfaction is created through a combination of responsiveness to the patient's views and needs, and continuous improvement of the healthcare services, as well as continuous improvement of the overall doctor-patients relationship. Moreover, sustainable relationship depends on dependability between each other. But in Karnataka, reliability of the doctor is often perceived as low for various reasons, such as the accusation that doctors recommend unnecessary medical tests, supervision of patients by care providers is irregular, and specialists are unavailable. Perceptions of reliability are also attenuated when doctors do not provide correct treatment the first time. In view of these reliability drivers, the more reliable the doctor, the greater the patients' satisfaction.

#### **Communication**

Communication is also vital for patient satisfaction. If a patient feels alienated, uninformed or uncertain about her health status and outcomes, it may affect the healing process. When questions of concern can be readily discussed and when patients are consulted regarding the type of care they will be receiving, it can alleviate their feelings of uncertainty (Cohen, 1996). Also, when the nature of the treatment is clearly explained, patients' awareness is heightened and they are better sensitized to expected outcomes. Appropriate communication and good relationship can, thus, help convey important information to influence patient satisfaction. In particular, patients expect from doctors to listen carefully to the patients, explain things in a way so that patients could understand, show interest for what the patients say, spend enough time with patients,

visits sufficiently to the patients, consult with patients relatives regularly.

Now a day's Doctors are money oriented they acted like business man like if rich peoples are came they interact very well, if poor's are visit there clinic they treat different, it's shows that they are not communicate well with patient.

#### **Nurse Services**

Professionals nurse can deliver better quality service to the patients. On the other hand, Knowledge, skill and courtesy of the nurses can provide a sense of assurance that they have the patient's best interest in mind and that they will deliver services with integrity, fairness and beneficence. In the health care system, assurance is embodied in service providers who correctly interpret laboratory reports, diagnose the disease competently, provide appropriate explanations to queries, and generate a sense of safety (Andaleeb et al., 2007). Nurses also play an important part in providing additional support to patients' feelings of assurance by being well-trained and by addressing their needs competently. Nurse empathy and understanding of patients' problems and needs can greatly influence patient satisfaction. Moreover, patients expect nurses to provide personal care and mental support to them. The greater the care to the patients, the greater the satisfaction of the patients.

#### **Health Care Time**

A busy doctor is often a popular doctor with a great reputation. However, by waiting too long for an appointment, patients may compromise their health. The one consistent feature of dissatisfaction which has been expressed with the out-patient service is the length of waiting time in the clinic (Hart, 1995). Patient satisfaction in hospitals will be achieved when the needs of patients will be fulfilled. Regular visits of doctors are one of the existent demands among patients.

#### **Staffs Empathy**

Health service quality is multi-dimensional. Besides medical care, patients also want comfortable rooms, courteous and empathetic staff (Angelopoulou et al., 1998), Lochman (1983) and Gibbs (1989). The success of health sector whether public or private is totally determined on the way service providers offer it to the patients. It is said empathic behavior reduce half of disease. Consequently, assuring the good quality of health care services is an ethical obligation of health care providers. (Zineldin, 2006). Therefore, Good quality of care is considered to be the right of all patients and the responsibility of all staff within the hospital.

#### **Physical Evidence**

Physical evidence that the hospital will provide satisfactory services is very important to patient satisfaction judgments. Generally, good appearance (tangibility) of the physical facilities, equipment, personnel and written materials create positive impressions. A clean and organized appearance of a hospital, its staff, its premises, restrooms, equipment, wards and beds can influence patients' impressions about the hospital (Andaleeb et al., 2007). However, in Bangladesh, most of the hospitals/clinics are lacking in many of the above attributes, thereby attenuating patient satisfaction.

However, private hospitals which were established within 5 years have better physical facilities than other hospitals. So, it can be said that better the physical evidence greater the patient satisfaction.

#### **Feedback from Patient**

The marketer's job does not end when the product is bought. After purchasing the product, the consumer will be satisfied or dissatisfied and will engage in postpurchase behavior of interest to the marketer (Kotler and Armstrong, 2006). Patients always expect the hospital staffs especially doctor and nurse will communicate and listen their feedback after leaving hospital. Sudden call from hospital to know patient health condition delight them certainly. Although, very few hospitals take this relationship building measure with their ex-patient. It can be posited that more call from staffs to know patients condition, the greater the patient satisfaction.

#### **Cost of Treatment**

In addition to service factors, perceived treatment cost is another factor that patients may perceive as excessive. In the more affluent Western world, Schlossberg (1990) and Wong (1990) suggest that health care consumers have become much more sensitive to costs, despite health insurance coverage. Wong also predicts that consumers will shop for the best value. In the developing world, especially Bangladesh, cost is a perennial concern among those seeking health care service, given their low earnings. Such costs include consultation fees, laboratory test charges, travel, drugs and accommodation. While basic health care service is supposed to be free in public hospitals, patients end up bearing the costs of medicine and laboratory tests, as well as some additional unseen costs. Private hospitals are not free but their costs vary markedly across hospitals.

#### **Sufficient Human Resources**

Hospital with sufficient human resource signified as good hospitals (Lam, 1997). This resource includes doctor, nurse, ward boy, maid servant, administrative staff and receptionist. Patient satisfaction will be enhanced for the availability of sufficient resources as it help hospital to execute the services promptly and efficiently.

#### **Emergency Department**

Patients arrive at emergency departments in distress. Physical needs are addressed, but less pressing emotional and social needs often go unrecognized. Although patients may not articulate their concerns, they may later feel dissatisfaction if needs were unmet (Hostutler et al., 1999). Rapid and well-organized service of emergency department increases the patient satisfaction.

#### **Conclusion**

All in consideration, the government hospital should focus on all the dimensions of service quality. Efforts to improve these dimensions can improve performance, which in turn will lead to higher service quality and patients satisfaction. Patients' satisfaction

and the service quality is most important for hospital industry. So the patient's satisfaction of government hospital on service quality is an important in the competitive scenario. The study also reveals that the service quality is influenced by the various nature of the patients. Even one percentage of increase in quality service increases the satisfied patient's percent.

In recent decades government hospitals are working for the betterment of people in giving effective health care services in all the areas of medical sector. However, when it comes to the option many people prefer to private hospitals rather than government hospitals as it is often stigmatized that government hospitals lack sufficient infrastructure, staff and effective doctor-client relationship. Thus, the government hospitals should strive for upgrading itself. By developing as user friendly model, government hospitals can surely be at par with that of private hospitals.

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