

Evaluation of Healthcare Services “Why Did We Choose This Hospital?”

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1. Introduction

Concern for the quality of health care is as old as care itself. Quality in health care is innovative as it involves explication and systematization of methods of setting, appraising and maintaining standards. Such methods involve the regular observation, review and improvement of care.

There are two main ways of defining health, the positive health where health is viewed as a capacity or an asset to be processed and the negative approach which emphasis the absence of specific illnesses, diseases or disorders.

1.2 The Positive Concept of Health

The World Health Organization (WHO) has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition is significant in stressing mental as well as physical aspect of health and social as well as individual well-being. This definition has criticized for being utopian though it is perhaps more appropriately viewed as an ideal towards which health care and other social actions may be orientated (Twaddle,1974) ¹. Illich² in his critique of medicine argues that health designates the intensity with which individuals cope with their internal states and environmental conditions.

To summarize, health in a positive sense can be seen as a feeling of general well-being on an individual and social level. More specifically it can also be seen as a process of adaptation to the environment, a capacity to function and strength to cope both with specific illness and with life in general.

1.2 The Negative Concept of Health

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In terms of the negative concept of health, an individual is regarded as being healthy when not suffering from a particular illness or disease. The terms “illness” and “disease” often used interchangeably.

Health and illness can vary over one’s lifetime with individual being more prone to particular illnesses at certain stages in their lives. There are also significant geographical variations in health and illness. There are differences in health between social classes between the sexes and between ethnic groups in the population.

2. Review of Literature

This research study makes an attempt to understand the observations made by many illustrious scholars in this field.

Donabedian⁶ commented that a personal physician would be the primary care giver as well as the coordinator and counselor when care is provided by others.

According to the white paper on “Working for Patient”⁷ and the subsequent health service reform bill confronted that one of the central proposals was that all doctors and other health professionals in hospitals primary care and community setting should be involved in some form of “Medical Audit”.

Black⁸ draws attention to grasp in provision and to average standards of care whereas monitoring and to individual episodes of care and of facility based delivery in more likely to highlight outstanding individual instances of both high and low quality of health care.

Willamson and Wrong⁹ use Deming’s analysis of industrial quality control in their discussion of health care Quality. For Deming quality control or assurance is only successful when the costs of monitoring quality are substantially less than the cost of poor quality.

Kirkup and Forster¹⁰ has been suggested an approach is to compare existing service levels with those expected from the population covered to investigate their expectations are meet or exceeds or short-fall.

According to Agarwal¹¹, hospital effectiveness which can be measured in terms of patient satisfaction does not depend on the improvement of hospital service aspect alone but on the

medical care aspect. The hospital social system is almost the measure of its organizational health, some element of democracy must be introduced in the hospitals.

Dr. C.M.K. Reddy ¹², Head of Tamil Nadu Medical Council (TNMC) said that” we have already started receiving about four complaints a week”. But I admit medical councils in most states are largely inactive and exist only on paper.

3. Regional and Local Variations

The immediate local environment is regarded as a more important determinant of health than the region in which one resides. Urban areas particularly purpose-built inner city estates and deprived industrial areas are least healthy, rural and prosperous areas the most healthy. Hence in the north one can find areas where the population’s health is good while some localities in the south have very poor levels of health.

4. Rationale behind the Study

Health care services are activities undertaken specifically to maintain or improve health or to prevent decrements of health. Health is important to every human being. Health is routinely conceptualized by different people in both negative and positive terms narrowly and broadly.

The rationale behind the study is to highlight the finding of health care services and patients satisfaction carried out in twin cities of Hyderabad and Secunderabad at public and private hospitals to assist and encourage health care providers to maintain and improve the standards of care and meet patient’s needs. The study also helps the researchers to contribute and throw more light on this topic.

5. Objectives of the Study

1. To access the perceived quality of services, provided by the doctors in the hospitals.
2. To examine the degree of patient satisfaction with quality of health care services provided by the doctors according to their socio-economic background of the patients.

6. Scope of the Study

The scope of the study was confined to select public and private hospitals in the twin cities of Hyderabad and Secunderabad. Two types of hospitals were selected on the basis of their

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ownership namely public hospitals and private hospitals, besides they were qualified on the basis of their bed strength. All those hospitals which were having a minimum of 100 beds were chosen for the study. As such, seven hospitals in the private ownership and five hospitals in public ownership have been short listed.

7. Research Methodology

A descriptive research design is adopted in order to conduct the study. This design was found the most suitable for understanding the patients satisfaction with the services provided to them in the select hospitals of Hyderabad and Secundrabad.

Sources of Data

The primary data were collected from patients (customers) of all the private and government hospital of Hyderabad and Secundrabad. Primary data formed the core of the research of the study.

The secondary data has been collected from the Medical reports, Journals, Articles, Books, Doctoral thesis, Magazines of Indian and foreign origin.

Sampling

The sample for this study includes 600 patients (350 from private and 250 from public hospitals). The patients were selected randomly from the list generated by the front office staff of all the hospitals. All these were administered the structured questionnaire and the interview schedule.

Data Processing and Analysis

The data collected from the respondents were separated according to their category and were screened for any possible errors or incompleteness. Later, these data which were in qualitative form were converted into numerical codes and entered into the computer in the excel sheet. This excel sheet data is processed with the help of SPSS package. All the percentage tables were prepared first in order to know the trends. Further to know whether the association between both the variables is statistically significant chi-square test was computed.

Limitations of the Study

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The study is limited to the patients of Hyderabad and Secundrabad cities.

8. Data Analysis

The data collected through structured questionnaire was analyzed by SPSS software using statistical tools like cross tabulation and chi-square test.

8.1 Reasons for Choosing the Hospital

It was decided to know why the patients have chosen the hospital in which they were admitted. Therefore, data collected in this regard are cross tabulated according to the type of hospitals and results in this regard are presented in the following table.

Type of Hospital	Reasons for choosing the hospital							Total
		Reputation	Family/Friends	Physician	Insurance	Location	Others	
Private Hospital	Count	21	112	133	36	46	2	350
	%	6.0	32.0	38.0	10.3	13.1	0.6	100
Public Hospital	Count	5	115	57	15	55	3	250
	%	2.0	46.0	22.8	6.0	22.0	1.2	100
Total	Count	26	227	190	51	101	5	600
	%	4.3	37.8	31.7	8.5	16.8	0.8	100

	Value	df	P=
Chi-Square	34.219	5	.000

It is evident from the table that a large number of the patients from private hospitals said that either family/friends (32.0%) or physicians (38%) have been the reason for being admitted in the hospital. Similarly, in case of public hospitals also respondents reported the same result. That is a large number of them were either recommended by family/friends (46.0%) or physicians (22.8%). Further, chi-square value also suggests that such results are statistically significant.

1.2 Carefulness by the doctors

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The Patients observe doctors during their handling of the patients. Especially when patient has pain he/she expects doctors to be careful in handling him/her. It was decided to know whether they are satisfied with the same. Data collected in this regard are cross tabulated and presented in the following table.

Type of Hospital	Carefulness by doctor				Total
		Very good	Good	Bad	
Private Hospital	Count	82	252	16	350
	%	23.4	72.2	4.6	100
Public Hospital	Count	5	123	122	250
	%	2.0	49.2	48.8	100
	Count	87	375	138	600

Total		Value	df	P=	
	Chi-Square	182.344	2	.000	
	%	14.5	62.5	23.0	100

It is evident from the table that a large majority of patients from private hospitals (72.0%) said that carefulness of doctors while treating the patient was good. Whereas in case of public hospitals a large number (48.8%) said it was bad. Further, the chi-square value also suggests that such result is statistically significant.

1.2 Doctor's Friendliness and Courteous Manner

Besides, expertise doctors are expected to be friendly and courteous with the patients. Thus it was decided to know whether they are satisfied with the friendliness and courteousness of the doctors. Data collected in this regard are cross tabulated and presented in the following table.

Type of Hospital	Responses				Total
		Very good	Good	Bad	
Private Hospital	Count	83	244	23	350
	%	23.7	69.7	6.6	100
Public Hospital	Count	9	78	163	250
	%	3.6	31.2	65.2	100
Total	Count	92	322	186	600
	%	15.3	53.7	31.0	100

	Value	df	P=
Chi-Square	240.489	2	.000

It is evident from the table that a large majority of patients from private hospitals (69.7%) said that friendliness and courteousness of the doctors is good. Whereas in case of public hospitals (65.2%) said it was reported to be bad. Further, the chi-square value also suggests that such result is statistically significant.

1.2 Feeling for Safety and Protection

Safety and Protection of the patients in all respects when they are being taken for diagnostics and testing is very important. Patients express that they should be satisfied in all such instances. Therefore, their feeling for safety and protection was assessed. Thus it was decided to know whether they are satisfied with the safety and protection in the hospitals. Data collected in this regard are cross tabulated and presented in the following table.

Type of Hospital	Feeling for safety and Protection			Total	
		Very good	Good		Bad
Private Hospital	Count	53	284	13	350
	%	15.1	81.1	3.7	100
Public Hospital	Count	5	62	183	250
	%	2.0	24.8	73.2	100
Total	Count	58	346	196	600
	%	9.7	57.7	32.7	100

	Value	df	P=
Chi-Square	321.887	2	.000

It is evident from the table that a large majority of patients from private hospitals (81.1%) said that feelings for safety and protection in the hospital are good. Whereas in case of public hospitals (73.2%) said it was reported to be bad. Further, the chi-square value also suggests that such result is statistically significant.

1.2 Time Spent by the Doctor

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It is generally understood that doctors spend less time on each patient, whereas nurses spend more time. However, patients expected doctors to spend more time since it contributes to their satisfaction. Thus, it was decided to know whether they are satisfied with the time spent by the doctors. Data collected in this regard are cross tabulated and presented in the following table.

Type of Hospital	Time spent by the Doctor			Total	
		Very good	Good		Bad
Private Hospital	Count	83	248	19	350
	%	23.7	70.9	5.4	100
Public Hospital	Count	9	98	143	250
	%	3.6	39.2	57.2	100
Total	Count	92	346	162	600
	%	15.3	57.7	27.0	100

	Value	df	P=
Chi-Square	208.592	2	.000

It is evident from the table that a large majority of patients from private hospitals (70.9%) said that the time spent by the doctors in providing correct attention towards patients in the hospitals is good. Whereas in case of public hospitals majority of them (57.2%) said it was reported to be bad, while a large number of them said it was good (39.2%). Further, the chi-square value also suggests that such result is statistically significant.

9. Findings and Conclusions of Patients

The important findings and conclusions of patients' satisfaction in both public and private hospitals are summed up below.

1. As reason for choosing the particular hospitals for their health care services, a large number of the patients from private hospitals said that family and friends (32.0%) and physician (38.0%) have been the reason for being admitted in the hospitals. Similarly, in case of public hospitals respondents reported that family and friends (46.0%) and physician (22.8%) for choosing the hospital for their healthcare need.
2. The patients observe doctors during their handling, especially when patient has pain he expects doctors to be careful in handling him/her. A majority of the patients from private

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hospitals (72.2%) said that carefulness of the doctors while treating the patient was good. Whereas in case of public hospitals a large number (48.8%) reported good and remaining has reported that they are bad.

3. Doctors are expected to be friendly and courteous with the patients. A majority of patients from private hospitals (69.7%) said that friendliness and courteousness of the doctor is good. Whereas in case of public hospitals (65.2%) said it was reported to be bad.
4. Safety and Protection of the patients in all respects when they are being taken for diagnostics and testing is very important. In this regard, majority of the patients from private hospitals (81.1%) said that the feeling of safety and protection in the hospital are good. Whereas in case of public hospitals (24.8%) said that it was good.
5. It is generally understood that doctors spend less time on each patient. However, patients expected doctors to spend more time since it contributes to their satisfaction. Majority of the patients from private hospitals (70.9%) said that the times spent by the doctors in providing correct attention towards patients in the hospitals are good. Whereas in case of public hospitals (39.2%) said that it was reported to be good and (57.2%) reported that they are very poor.

The suggestions offered by the patients from Public and Private Hospitals as well as recommendation made would certainly bring a sea-change in the health services provided by both the sectors. It is recommended that these hospitals gain competitive advantage by being more dynamic in providing latest technology at affordable price to enhance patient's satisfaction.

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