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A STUDY ON PATIENT SATISFACTION IN HOSPITALS

(A Study on Three Urban Hospitals in Guntur District, Andhra Pradesh)

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Objectives: 1. To study the satisfaction levels of the patient in sample hospitals. 2. To suggest measures to strengthen the administrative practices that improves patient satisfaction in hospitals in India. **Settings:** Government General Hospital (GGH), St. Joseph General Hospital (SJGH) and NRI Hospital (NRI) in the state of Andhra Pradesh in South India. **Results:** 38 – Items scales having good reliability and validity was developed. Seven dimensions of perceived quality were identified—Admission Procedure, Physical Facilities, Diagnostic Services, Behaviour of the staff, Cleanliness, Dietary Services and Discharge procedure. The researcher observed that patient satisfaction is high in the case of SJGH and followed by NRI and GGH. **Conclusion:** The developed scale is used to measure perceived quality at a range of facility types for patients. Perceived quality at public facilities is only marginally favorable, leaving much scope for improvement. Better staff and physician relations, interpersonal skills, infrastructure, and availability of drugs have the largest effect in improving patient satisfaction. In this study patient refer to inpatient.

Keywords: Health care system, Quality of services, Inpatient satisfaction

INTRODUCTION

A critical challenge for health service providers in developing countries is to find ways to make them more client-oriented. Indifferent treatment of patients, unofficial payments to providers, lack of patient privacy, and inadequate provision of medicines and supplies are common, yet are rarely acknowledged by traditional quality assessment methods. Assessing patient perspectives give users a voice, which, if given systematic attention, offers the potential to make services more responsive to people's needs and expectations, important elements of making health systems more effective (Krishna Dipankar Rao *et al*., 2006). The main beneficiary of a good health-care system is clearly the patient. As a customer of health care, the patient is the focus of the health care delivery system. Customers who are merely satisfied often do not come back and organisation operating under this discipline

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of satisfaction outperformed the firms that did not provide satisfaction. The long-term survival of hospitals depends on loyal patients who come back or recommend the hospital to others (Yogesh Pai *et al*., 2011). The concept of patient satisfaction is rapidly changing to customers' delight which means the patient is not only cured of his ailment during the hospital stay (Akoijam *et al*., 2007). The degree of patient satisfaction can be used as a means of assessing the quality of health care and the personnel. It reflects the ability of the provider to meet the patients' needs. Satisfied patients are more likely than the unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens (Yousef Hamoud Aldebasi and Mohamed Issa Ahmed, 2011). A very important aspect on which patient satisfaction depends is 'nursing care' because nurses are involved in almost every aspect of client's care in hospital (Mufti Samina *et al*., 2008). It is assumed that these patients have formed a positive attitude with regard to the service performance of the provider based on prior use of services (Sharma and Hardeep Chahal, 1999). Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience (Andrabi Syed Arshad *et al*., 2012). Health care is changing rapidly. Customers are educated and are demanding that we meet their needs. In the ideal service environment, we do not want to just meet the customers' needs, we want to "delight" the customer. It is important, then, to identify all of our customers (Marni Reisberg, 1996). Patient-Centered Care can improve treatment outcomes, and its implementation has become the focus of national and local efforts to optimize health and health care delivery. Patients' satisfaction with care is one of the pillars of patient-centered care. As such, results from patient satisfaction surveys (ie, patient experience of care measures) can be a driving force behind changes in health care delivery—with institutions and individual clinicians hoping for and actively seeking optimal survey scores. Although such initiatives generally promote improvements in practice that are responsive to patients' expressed needs, they may paradoxically promote prescribing of opioids and other addictive medications (Aleksandra Zgierska *et al*., 2012). The quality of service—both technical and functional—is a key ingredient in the success of service organizations (Grönroos, 1984). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and are currently in use in health-care organisations. Information relating to this is not generally available to the public, and remains within the purview of health-care professionals and administrators (Bopp, 1990). Functional quality, in contrast, relates to the manner of delivery of health-care services. Numerous studies have shown that provision of high-quality services is directly related to increase in profits, market share, and cost savings (Devlin and Dong, 1994). With competitive pressures and the increasing necessity to deliver patient satisfaction, the elements of quality control, quality of service, and effectiveness of medical treatment have become vitally important (Friedenberg, 1997). Despite the consensus that patient satisfaction in services is important for quality assurance in medical services and hospitals, there is a dearth of empirical information on consumers' acceptance of health-care practices (Sadiq Sohail, 2003).

An enormous number of new valuable or evidence based insights, techniques and procedures are published each year; innovations

that claim to contribute to patient care. Changing and improving patient care and making it effective and efficient to prove to be a complex but challenging undertaking (Richard Grol, 2000).

PATIENT SATISFACTION

It is essential to have an overview of theoretical notions of satisfactions and expectations of the customers, generalities in planning intensive care units, social system, doctor patient relationships, physician role and behavior, nurse behavior patient role and opinions. An organization exists to achieve its goal, the goal of hospital, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary.

There are various factors which influence customer's expectations of services. They include efficiency, confidence, helpfulness, personal interest reliability. These are intrinsic factors. They influence the response of the hospital staff to the patient and his relatives. Intrinsic factors are susceptible to training. They can be improved by training when the performance does not reach the set standards. Accordingly, external factors exist. These are the outside reasons given by the employee. They include media influence, experience of others and contributes to customers expectations.

Collection of Data: The data is collected from both sources i.e. primary and secondary. For collection of data from primary sources, efforts were made to elicit the opinions of almost all key personnel in the organisations through observation, personal interviews, questionnaire and schedules. The data for the study was collected by administering the questionnaire schedules and through observation method. Observation method is one of the most important and extensively used methods.

Procedure: First of all permission was sought from the selected three hospitals. Then the researcher went to them as and when time was given. Questionnaire was distributed to personnel who were selected as sample and in some cases researcher explained the implications of the questions. Respondents were asked to fill up the set of questions as per instructions mentioned on them. They were specifically requested not to read all the items at once but to go throw each individual statement and answer it and then only move the next. Respondents were assured of the confidentiality of their responses. All respondents were encouraged to express their opinion freely and fairly. Precautions were also taken to obtained unbiased results. Schedules are explained by the researcher personally in a vernacular language and were filled by him personally.

Methodology for Data Analysis: The questionnaire, which was intended to diagnose the administrative problems contain twenty two statements in total. The count of responses is considered and for each type of response (Strongly Agree, Agree, Can't say, Disagree and Strongly disagree) and for each hospital the percentage are calculated.

Selection of Sample size and its justification: There are more than 800 hospitals in Guntur district. It is difficult for a researcher to take up all the hospitals and study the existing management patterns. For this reason a detailed study of three hospitals that run on direct lines were taken up for study. The sample respondents were drawn through stratified random sampling. The Inpatients were taken based on final number of the sample was taken based on the bed capacity of each hospital. It was observed that there are approximately 1177 beds in GGH 250 beds in SJGH and 550 beds in NRI. The following Table 1

Table 1: Selected Hospitals – Respondents (Patient)		
Public/Govt.	Autonomous	Private/Corporate
GGH – 120	SJGH – 35	NRI – 75

gives the information relating to the respondents in sample hospitals.

The schedules were distributed to 125 patients in GGH and 120 respondents were selected for final analysis. In case of NRI, out of 90 respondents 75 respondents opinion were taken for final analysis. In SJGH, out of 50, 35 respondents opinion were taken for final analysis.

Development of Questionnaire: Initially a schedule was prepared and open interviews of random samples were carried out to find out the views of patients about the services provided in the hospital.

The areas of activities or interaction during the patient stay in different sample hospitals were considered. The areas of satisfaction/dis-satisfaction were identified. Questions were give with different alternatives. The questionnaire was drafted with words which are easily understood by the respondents. The interview schedule was distributed when the patient were in private rooms/ ward and before their discharge from the hospital. Each patient was given a brief explanation about the purpose of the enquiry and asked that strict confidentiality would be maintained. During interviews the research attempted to establish for patients a neutral and independent position, when patients were in the hospitals. The questionnaire was collected back after two hours.

ANALYSIS – PERCEPTIONS OF PATIENTS

In this part, it is proposed to elicit information on related to admission procedure. Important areas include procedure, people, delay, reception services and whole registration.

From the Table 2 it can be concluded that majority of the respondents in GGH expressed

Table 2: Socio-Economic Information of Sample Patients					
No.	Particulars		GGH	SJGH	NRI
1	Age	Below 30 Years	48	17	28
		31-50 years	47	12	25
		Above 50 years	25	06	22
		Total	120	35	75
2	Sex	Male	76	23	42
		Female	44	12	33
		Total	120	35	75
3	Education	No formal Education	42	11	30
		Below X Class	40	09	18
		X class to Degree	30	09	18
		Above Degree	08	06	09
		Total	120	35	75

Table 2 (Cont.)

No.	Particulars		GGH	SJGH	NRI
4	Profession	Govt./Public Sector	46	14	28
		Private Sector	34	09	24
		Business	15	03	05
		Agricultural Labourers	13	04	10
		Unemployed	12	05	08
		Total	**120**	**35**	**75**
5	Income	Below Rs.2,000	60	17	32
		Rs.2,001-Rs.5,000	20	6	21
		Rs.5,0001-Rs.10,000	23	5	19
		Above Rs.10,000	17	7	3
		Total	120	35	75
6	Nativity	Rural	54	16	36
		Urban	66	19	39
		Total	120	35	75

their dissatisfaction towards admission procedures and people at registration counter are helpful NRI. Most of the respondents in SJGH expressed their dissatisfaction towards admission. Reception services are not good in GGH. On the whole it can be said that the respondents of NRI are satisfied stage towards registration procedure.

From the above discussion in Table 3 most of the NRI respondents are happy with trolleys and wheel chair facilities and finding the bed is difficult in GGH. Cleanliness was not good in Government

Table 3: Perceptions of the Patient Towards Admission Procedure

No.	Particulars		GGH	SJGH	NRI
1	The admission procedure of this hospital is good	Strongly Agree	19.17	25.71	34.67
		Agree	5.83	8.57	13.33
		Can't Say	8.33	14.29	6.67
		Disagree	19.17	22.86	26.67
		Strongly Disagree	47.5	28.57	18.66
		Total	120	35	75
2	People at the registration counter are helpful	Strongly Agree	36.67	31.43	54.66
		Agree	4.17	8.57	6.67
		Can't Say	10.83	5.71	6.67
		Disagree	12.5	22.86	21.33
		Strongly Disagree	35.83	31.43	10.67
		Total	120	35	75

Table 3 (Cont.)

No.	Particulars		GGH	SJGH	NRI
3	Do you find delay for admission	Strongly Agree	41.66	65.71	66.67
		Agree	1.67	5.71	6.67
		Can't Say	4.17	5.71	2.68
		Disagree	8.33	14.29	13.31
		Strongly Disagree	44.17	8.58	10.67
		Total	120	35	75
4	Reception services are good Strongly Agree	7.5	31.43	38.66	
		Agree	6.67	25.71	17.33
		Can't Say	5.83	5.71	6.67
		Disagree	53.33	25.71	22.67
		Strongly Disagree	26.67	11.44	14.67
		Total	120	35	75
5	On the whole, registration procedure is good	Strongly Agree	20.83	22.86	33.33
		Agree	6.67	11.43	6.67
		Can't Say	5.83	5.71	5.34
		Disagree	40.83	25.71	21.33
		Strongly Disagree	25.84	34.29	33.33
		Total	120	35	75

hospital. SJGH is comfortable for treatment and toilet facilities are not good in GGH.

From the Table 4 it can be con-cluded that diagnostic services were good in SJGH and

Table 4: Perception of the Patient Towards Physical Facilities

No.	Particulars		GGH	SJGH	NRI
1	Wheel chairs and trolleys in the premises are giving satisfactory services	Strongly Agree	12.5	11.43	66.67
		Agree	5.83	5.72	13.33
		Can't Say	6.67	5.71	5.33
		Disagree	32.5	37.14	9.33
		Strongly Disagree	42.5	40	5.34
		Total	120	35	75
2	Do you find difficult in getting bed	Strongly Agree	63.33	57.14	70.67
		Agree	4.17	2.86	2.67
		Can't Say	2.5	8.57	5.33
		Disagree	12.5	17.14	13.33
		Strongly Disagree	17.5	14.29	8
		Total	120	35	75

Table 4 (Cont.)

No.	Particulars		GGH	SJGH	NRI
3	Cleanliness in the ward/room is good	Strongly Agree	10.83	11.43	86.67
		Agree	4.18	2.86	5.33
		Can't Say	5.83	5.71	6.67
		Disagree	35.83	37.14	1.33
		Strongly Disagree	43.33	42.86	0
		Total	120	35	75
4	Do you think this hospital is comfortable	Strongly Agree	4.17	48.57	37.33
		Agree	2.5	31.43	17.33
		Can't Say	3.33	2.86	2.67
		Disagree	50.83	11.43	22.67
		Strongly Disagree	39.17	5.71	20
		Total	120	35	75
5	Toilet facilities are good	Strongly Agree	6.67	42.86	37.34
		Agree	4.17	34.29	18.67
		Can't Say	5.82	5.71	5.33
		Disagree	49.17	11.43	21.33
		Strongly Disagree	34.17	5.71	17.33
		Total	120	35	75

doctors not give much attention in NRI. Medical care is not good in GGH. Sophisticated equipment is used for investigation in SJGH and NRI. On whole hospital services are not satisfactory in Government hospital.

From the above discussion in Table 5 it can be concluded that doctors were not to take enough time in GGH and SJGH. Doctor attitude was good in NRI. Number of rounds made by the doctor was reasonable in Government hospital. SJGH ward boys, sweepers and ayahas behavior. Nursing staff behavior was arrogant in Government hospitals. Staff services and level of care is good in NRI.

From the above discussion in Table 6 it can be concluded that linen was properly cleaned in SJGH

Table 5: Perception of the Patient Towards Diagnostic Services

No.	Particulars		GGH	SJGH	NRI
1	Diagnostic services are good	Strongly Agree	6.67	57.14	42.66
		Agree	5.83	22.86	10.67
		Can't Say	5.83	5.71	2.67
		Disagree	52.5	11.43	30.67
		Strongly Disagree	29.17	2.86	13.33
		Total	120	35	75

Table 5 (Cont.)

No.	Particulars		GGH	SJGH	NRI
2	Doctors give much attention to the patients	Strongly Agree	04.16	48.57	17.33
		Agree	5.83	22.86	20.34
		Can't Say	4.17	8.57	2.56
		Disagree	79.17	14.28	29.11
		Strongly Disagree	6.67	5.72	30.66
		Total	120	35	75
3	Do they give proper medical care	Strongly Agree	7.5	48.57	25.33
		Agree	4.17	22.86	22.67
		Can't Say	3.33	5.72	5.34
		Disagree	50.83	17.14	30.67
		Strongly Disagree	34.17	5.71	15.99
		Total	120	35	75
4	Sophisticated equipment is used for investigation	Strongly Agree	6.67	42.86	33.33
		Agree	3.3	31.43	14.67
		Can't Say	5.03	5.71	2.67
		Disagree	50.83	17.14	30.67
		Strongly Disagree	34.17	2.86	18.66
		Total	120	35	75
5	On the whole hospital is providing satisfactory services	Strongly Agree	3.33	45.71	34.67
		Agree	4.17	25.71	10.67
		Can't Say	5.83	2.86	5.33
		Disagree	49.17	14.29	30.67
		Strongly Disagree	37.5	11.43	18.66
		Total	120	35	75

Table 6: Perceptions of the Patient Towards Behaviour of the Staff

No.	Particulars		GGH	SJGH	NRI
1	Doctor has given enough time to narrate the illness	Strongly Agree	17.5	34.86	58.67
		Agree	5.83	5.71	2.67
		Can't Say	3.33	2.86	5.33
		Disagree	34.17	17.14	21.33
		Strongly Disagree	39.17	39.43	12
		Total	120	35	75
2	Attitude of doctor is satisfactory	Strongly Agree	26.67	31.44	62.67
		Agree	12.5	2.86	5.33
		Can't Say	6.67	11.43	4

Table 6 (Cont.)

No.	Particulars		GGH	SJGH	NRI
		Disagree	28.33	51.41	13.33
		Strongly Disagree	25.83	2.86	14.67
		Total	120	35	75
3	Number of rounds made by the doctor is reasonable	Strongly Agree	12.5	28.56	21.33
		Agree	3.33	22.86	25.33
		Can't Say	5.83	2.86	5.34
		Disagree	49.17	31.43	34.67
		Strongly Disagree	29.17	14.29	13.33
		Total	120	35	75
4	Behavior of the wad boys, sweepers and ayahs is satisfactory	Strongly Agree	5.83	31.43	22.66
		Agree	3.34	31.43	26.67
		Can't Say	2.5	2.86	2.67
		Disagree	50.83	17.14	34.67
		Strongly Disagree	37.5	17.14	13.33
		Total	120	35	75
5	Behavior of nursing staff is satisfactory	Strongly Agree	19.17	28.57	78.67
		Agree	5.83	2.86	5.33
		Can't Say	3.34	5.71	2.67
		Disagree	25.83	34.29	9.33
		Strongly Disagree	45.83	28.57	4
		Total	120	35	75
6	Staff services and level of care is good	Strongly Agree	15.83	25.71	82.67
		Agree	3.33	5.71	5.33
		Can't Say	4.17	2.86	6.67
		Disagree	32.5	34.29	2.67
		Strongly Disagree	44.17	31.43	2.66
		Total	120	35	75

and Cleanliness is not good in Government hospital. Toilets are properly cleaned in SJGH. In all sample hospitals sweepers are adequate in number. Government hospitals are not properly cleaned by the sweepers.

From the above discussion in Table 7 it can be concluded that Served food was tasty and hygiene in SJGH and NRI. Served food is not hot in GGH. Food was served as per the doctors suggestions in SJGH and NRI. Canteen menu was not good in government hospitals. Canteen prices are reasonable in GGH and SJGH. Seating arrangements are not sufficient in Government hospitals.

From the Table 8 it can be concluded that SJGH patients were discharged after proper medical care. Discharge procedure was not good

Table 7: Perception of the Patient Towards Cleanliness

No.	Particulars		GGH	SJGH	NRI
1	Linen is clean in the hospital	Strongly Agree	10.84	31.43	30.67
		Agree	9.17	25.71	25.33
		Can't Say	5.83	5.71	4
		Disagree	38.33	17.14	25.33
		Strongly Disagree	35.83	20.01	14.67
		Total	120	35	75
2	Cleanliness in the ward/room is good	Strongly Agree	6.66	17.14	86.67
		Agree	5.83	5.71	2.67
		Can't Say	4.17	5.71	2.67
		Disagree	34.17	31.43	5.33
		Strongly Disagree	49.17	40.01	2.66
		Total	120	35	75
3	Toilets are properly cleaned	Strongly Agree	12.5	42.86	25.34
		Agree	5.83	22.86	10.66
		Can't Say	4.17	5.72	5.34
		Disagree	44.17	8.57	30.66
		Strongly Disagree	33.33	19.99	28
		Total	120	35	75
4	Sweepers are adequate number in hospital	Strongly Agree	30.83	34.29	30.67
		Agree	20.83	25.71	21.69
		Can't Say	5.83	5.71	5.33
		Disagree	33.33	22.86	27.64
		Strongly Disagree	9.18	11.43	14.67
		Total	120	35	75
5	Sweepers properly clean the hospital	Strongly Agree	4.17	42.86	29.33
		Agree	2.5	22.86	29.33
		Can't Say	5.83	2.86	9.34
		Disagree	50.83	25.71	25.33
		Strongly Disagree	36.67	5.71	6.67
		Total	120	35	75

Table 8: Perception of the Patient Towards Cleanliness

No.	Particulars		GGH	SJGH	NRI
1	Served food is tasty and hygiene	Strongly Agree	6.67	42.36	30.66
		Agree	6.67	31.43	21.33
		Can't Say	2.5	2.86	2.67

Table 8 (Cont.)

No.	Particulars		GGH	SJGH	NRI
		Disagree	50.83	17.14	30.67
		Strongly Disagree	33.33	6.21	14.67
		Total	120	35	75
2	Served food is hot and in time	Strongly Agree	8.33	42.86	29.33
		Agree	7.5	25.2	25.33
		Can't Say	6.67	2.86	5.33
		Disagree	50.83	22.86	33.33
		Strongly Disagree	26.67	6.22	6.68
		Total	120	35	75
3	Food served as per suggestions of the doctor	Strongly Agree	9.17	51.43	30.67
		Agree	3.33	22.86	21.33
		Can't Say	5.83	5.71	5.33
		Disagree	43.33	17.14	26.67
		Strongly Disagree	38.34	2.86	16
		Total	120	35	75
4	Are you satisfied with the canteen menu	Strongly Agree	10.83	42.86	45.33
		Agree	5.83	25.71	25.33
		Can't Say	6.68	2.86	5.33
		Disagree	50.83	22.86	18.68
		Strongly Disagree	25.83	5.71	5.33
		Total	120	35	75
5	Canteen prices are reasonable	Strongly Agree	30.83	45.72	21.33
		Agree	26.67	22.86	10.67
		Can't Say	4.17	5.71	5.33
		Disagree	20.83	17.14	41.34
		Strongly Disagree	17.5	8.57	21.33
		Total	120	35	75
6	Plates and glasses are properly washed	Strongly Agree	12.5	45.71	30.67
		Agree	4.17	22.86	21.33
		Can't Say	3.33	2.86	6.67
		Disagree	50.83	17.14	29.33
		Strongly Disagree	29.17	11.43	12
		Total	120	35	75
7	Are you satisfied with the seating arrangements in canteen	Strongly Agree	20.83	51.43	30.67
		Agree	10.83	22.86	21.33
		Can't Say	4.18	2.86	2.67
		Disagree	40.83	17.14	33.33
		Strongly Disagree	23.33	5.71	12
		Total	120	35	75

in Government hospitals. Government hospital staff was not supportive. SJGH patients were get suggestions from doctors. Ambulatory services were not good in Government hospitals.

COMPARATIVE STUDY ON PATIENT PERCEPTIONS IN SAMPLE UNITS

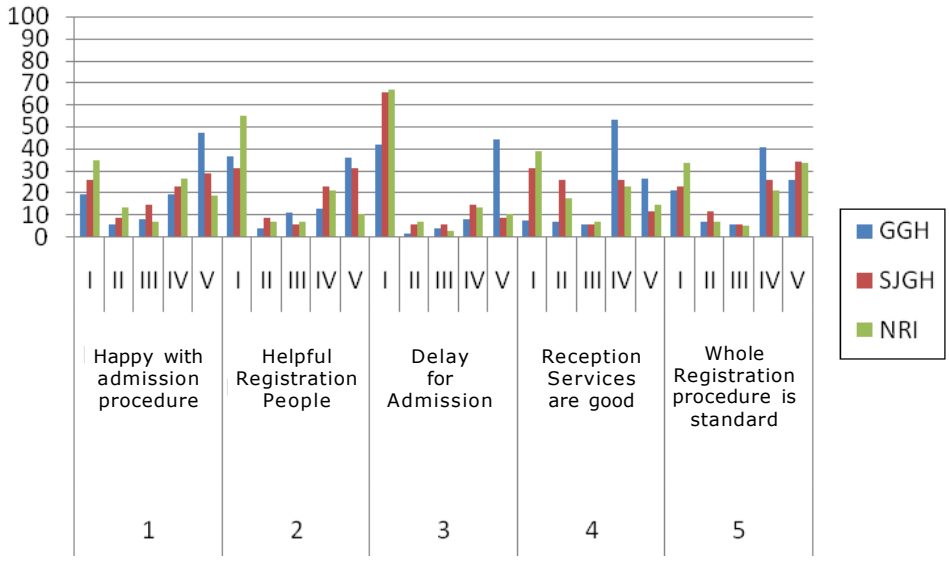
Suggestions to Improve the patient Satisfaction in Sample Units

General Suggestions

1. Improving Stewardship and Oversight: The organizational structure of the government—at both the central and the state levels— currently lacks a strong unit that can analyze health system performance and key health system strategies. An organizational locus for monitoring and evaluation of health system development and consequent use of that information in policy design are also lacking. Along with this lack of organizational structure as a base for the government's stewardship role, limited training and technical capacity exist among senior and mid-level officers to design, plan, implement, and evaluate major health system innovations such as health financing reform or engagement of private providers in the provision of essential services. Strategic planning and stewardship over the whole sector are nonexistent.

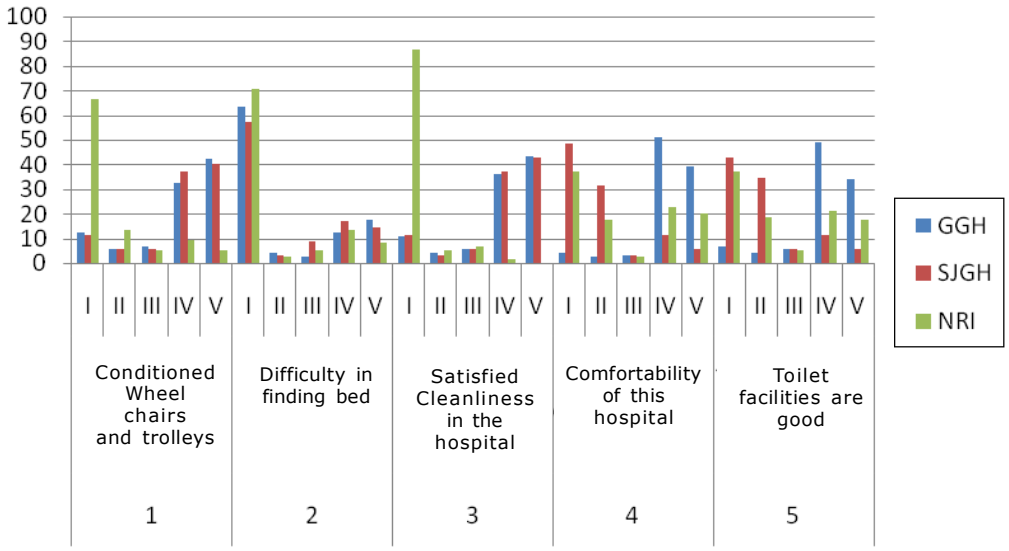
2. Consider Partnerships with the Private Sector: Because the private sector is the entry point to health care for most illnesses, an effective public health system must incorporate the private sector. At the very least, the government should consider methods for exchanging records on the most important communicable diseases. The government should consider bringing in private sector representatives to take part in the design and implementation of national health programs and priorities. The government can also build capacity to purchase primary health care from the private sector where appropriate, as discussed previously.

Figure 1: Comparative Analysis on Admission Procedure of Patients



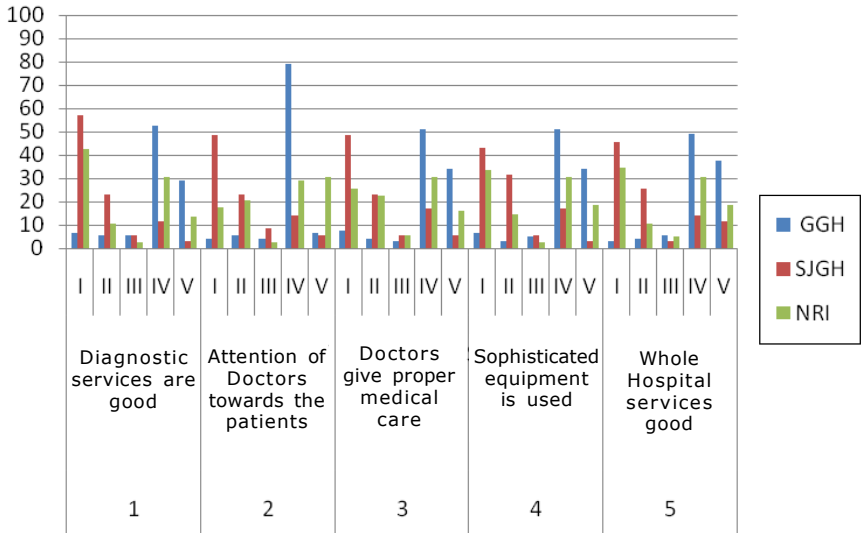
Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.

Figure 2: Comparative Analysis of Physical Facilities



Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.

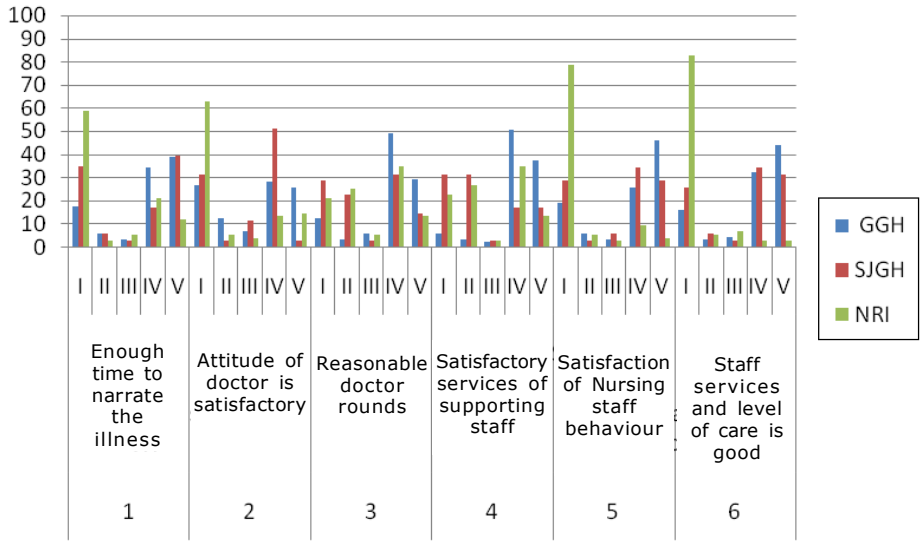
Figure 3: Comparative Analysis on Admission Procedure of Patients



Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.

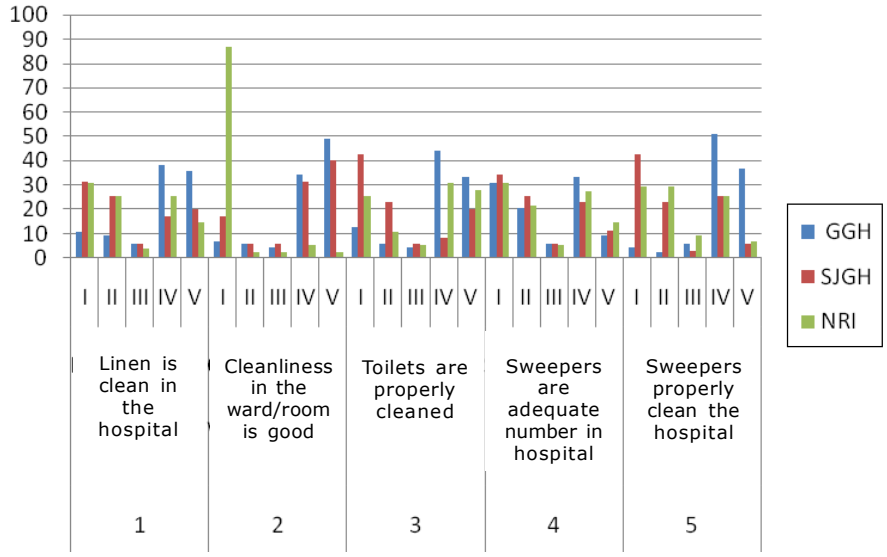
3. Review Pertinent Legislation: In some cases, the current legal framework is not conducive to private sector participation in health. For instance, high minimum-capital requirements for private insurance companies effectively protect the sector from competition. In some states, outdated regulations constrict the ability of the formal private sector or drive it into informality. Any attempt to partner with the private sector should be based on a sound and up-to-date legal framework.

Figure 4: Comparative Analysis of Behaviour of the Staff



Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.

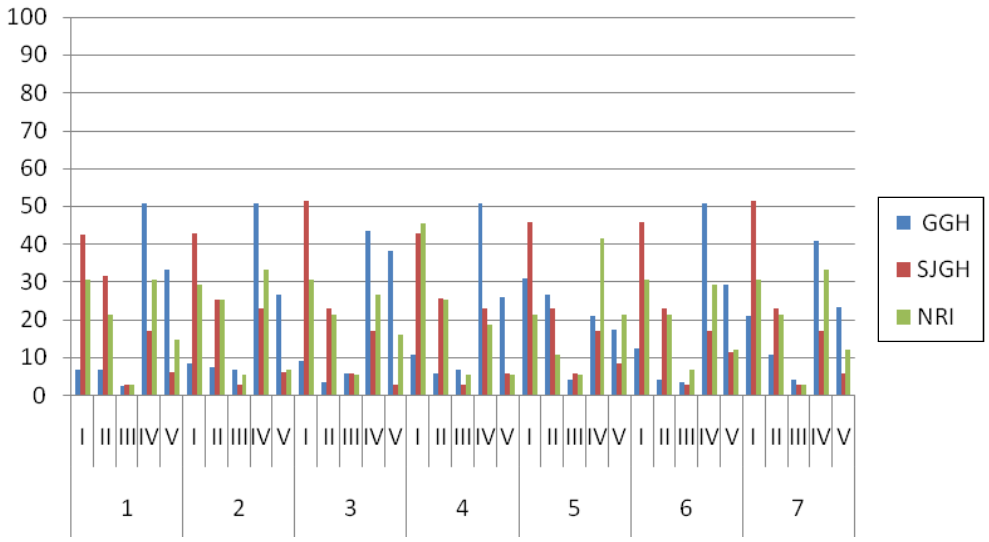
Figure 5: Comparative Analysis of Cleanliness



Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.

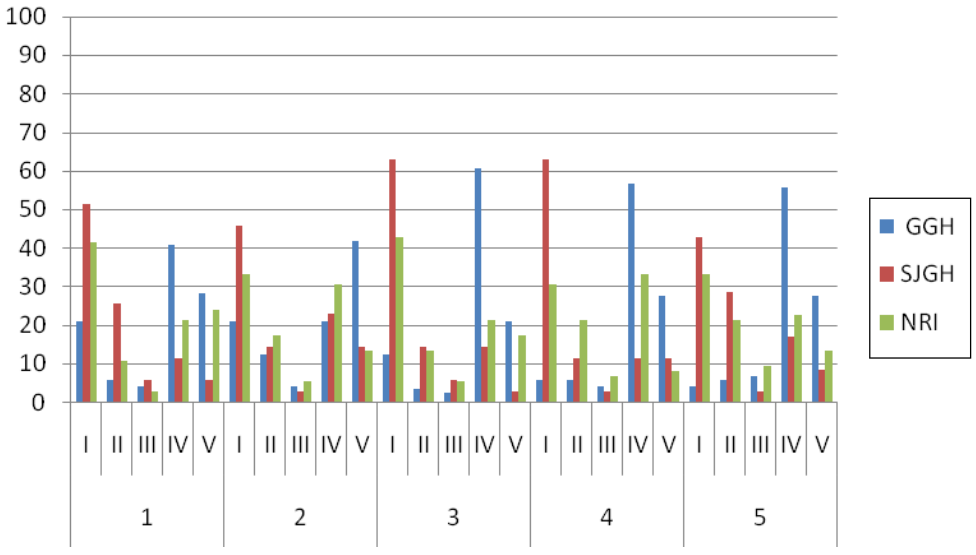
4. Improving Responsiveness: The current health system is not meeting the needs of the poor, especially for low-cost, high-impact primary health care. The private sector is either focused on providing expensive tertiary care for the rich or providing poor-quality informal services for the poor. Meanwhile, the public sector has failed to deliver even basic primary health care, such as immunization, antenatal care, and improved nutrition. Confronted with such a situation,

Figure 6: Comparative Analysis of Dietary Services



Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.
1-Serviced food is tasty and hygiene; 2-Served food is hot and in time; 3-Food served as per doctor; 4-Satisfied with the canteen menu; 5-Canteen prices are reasonable; 6-Plates and glasses are properly washed; 7-seating arrangements are sufficient.

Figure 7: Comparative Analysis of Discharge Procedure



Note: I – Strongly Agree; II – Agree III – Can't Say; IV – Disagree; V – Strongly Disagree.
1-Discharged after being care; 2-Discharge procedure is good; 3-Get good support from nurses, orderlies' 4-Get any suggestions from doctors; 5-Ambulatory services are good.

government can either improve the performance of the public sector or contract with the private sector to provide primary health care.

5. Conduct Public Education Campaigns: This review points out a huge need for the government to invest in better knowledge for patients and their

health care providers. In addition to training Registered Medical Practitioners (RMPs), a public education campaign would play a useful role in health care delivery. A health awareness campaign could cover the potential hazards of visiting RMPs as well as general information on illnesses that the rural poor are likely to experience and their appropriate treatment. Such a program, if successful, could create a demand for improved needle protocols and reduced use of drips, steroids, and antibiotics.

6. Use Social Franchising: Franchising is traditionally used in the private sector to expand outreach of a certain product and to capture economies of scale while ensuring a high product quality. Those characteristics make it particularly suitable for improving access to health care, especially health care that can be packaged as a product. Involving RMPs in a franchise scheme has a number of advantages. It can train the RMPs to provide useful services such as family planning products and advice.

7. Comprehensive Human Power Plan for the Health Sector: The first element of such a plan would be a clear demarcation of the number and skills mix of the health workforce required to provide essential healthcare (including important non-clinical personnel) with a focus on primary healthcare and under-served areas.

8. Standard Protocols for the Entire Medical Profession: There is an urgent need to eliminate widespread irrational medical practices including unnecessary medications and procedures, which would considerably cut down costs in the health system. This should be done for the entire medical profession, both in private and public sector, through standard treatment protocols and management guidelines whose adherence could be monitored by prescription audit and other means. These guidelines would specify indications fro various investigations, surgeries and procedures. Various low-cost yet effective, innovative healthcare methods and techniques developed in the voluntary sector also need to be encouraged and generalized by the public health system.

9. Ensure Quality Improvement Through Standards and Accreditations: The government should set up standards for hospitals and health centres at various levels. It should analyze the development of a system of accreditation of health facilities in the public as well as in private sector. The accreditation status of the hospitals should be widely disseminated. Quality improvement efforts should also include non-clinical and support services.

Specific Suggestions

1. Staff Behavior: Healthcare is a high involvement service as it concerns the person's health and well-being. Healthcare providers should manage quality through continuously redesigning process and understanding the factors that are highly associated with patient satisfaction. Staff behavior has the largest effect on inpatients satisfaction in hospitals. Because, inpatients associated with the hospital staff, they are provide not only a treatment but also mercy and concerned.

2. Medicine Availability: Patients in are suffering due to non-availability of emergency drugs/ life saving drugs. The emergency drugs/life saving drugs is defined as drugs which require immediate administration within minutes post or during a medical emergency. These medicines have the potential to sustain life and/or prevent further complications and are prescribed for both out-patients and in-patients. The non-availability of these drugs in government hospitals has posed

serious problems forcing patients to buy these drugs from outside.

3. More Attention to Patients: Efforts should be made to reduce the patients load at the higher level facilities that doctors and other staff can give more attention to the patients.

4. Hospital Infrastructure: The efforts also needed to strengthen infrastructure and human resources at lower level health facilities.

5. Food Arrangements Needed to be Strengthen: The dietary units stand as the second major department of a hospital from the point of view of expenditure. Except the well-established hospitals, patients are not happy with the quality of food supplied to them. That is why most of them get food from their houses or from relatives. There is a problem of excess diet consumption when compared to the number of in-patients in the hospital resulting huge expenditure.

6. Interpersonal Skills of the Medical Personnel: The importance of patients' feedback in hospital settings. The findings indicate areas for improvement including removal of poor interpersonal relationships between providers and patients. These skills are improved among the medical personnel.

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APPENDIX-I

History of Sample Hospitals

Guntur General Hospital (GGH): It was established as a District Head quarters Hospital in 1848 in a rented tiled house over the Madras Trunk Road. It grew in stages, changed locations and in 1954 was upgraded to a Teaching Hospital and named Govt. Gen. Hospital, Guntur occupying an area of 10.85 aces. The bed strength was 12 in 1861 and over the years it has been increased to the present strength of 1177. There are on the whole 24 departments functioning. A diet canteen has been functioning since 1987 for the benefit of both patients & doctors.

St. Joseph General Hospital (SJGH): The St. Joseph's Hospital in Guntur has celebrated centenary of its establishment in 1904 as a small clinic at the same place where the modern hospital stands today. Seven members of the Jesus, Mary and Joseph Missionaries from Holland started the dispensary with one Mohamed as their first patient on March 22.The foundation for the present hospital was laid by Sister Mary Glowry, an Australian in 1924 with three beds for in-patients, to cater the medical needs of the people specially women and children. The 250-bed hospital was one of the first Catholic hospitals in South India. It is a non-profit voluntary organization administered by the "Society of Jesus, Mary Joseph". It has a 15 bedded state-of-the art Emergency Medical Unit with facilities for providing multi-parameter haemodynamic monitoring and total ventilator support for the critically ill patients.

NRI General Hospital (NRI): NRI Academy of Sciences is promoted by a small consortium of 32 NRI doctors from USA who were all born and brought up in Guntur and Krishna Districts of Andhra Pradesh. They started the Medical College in the year 2003-2004. The College and the Hospital are situated in a sprawling campus and has a total built-up area of 10,00,000 sq. ft comprising of 8 buildings. The entire necessary infrastructure is composed of fully-equipped laboratories, air-conditioned lecture halls attached with a 550 bed Teaching Hospital as per Medical Council of India (MCI) norms. There are approximately ten wards catering to the needs of respective departments including Critical care units (NICU, PICU, and ICU). Special Rooms are available at an affordable cost. Their Causality consists of 26 beds supported by two ambulances and is fully equipped with state of art equipment attached with Emergency operation theatre.

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