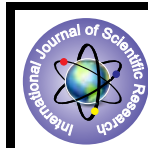


## Counselling for Patients in Rajapalayam Government Hospital



### Economics

**KEYWORDS:** Guidance, Counselling, Group Meetings and Cost.

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### ABSTRACT

*The Tamil Nadu Health System Project (TNHSP) developed a clinical guide entitled "Handbook for Counselors 2010", With an objective to provide evidence-based recommendations to guide management of women during pregnancy, childbirth, postpartum and post-abortion periods, and newborns during the first week of life, including management of endemic diseases like malaria, HIV/AIDS, TB and anaemia. The present study was undertaken in Rajapalayam Government Hospital (GH) in Virudhunagar district and based on secondary data. The study in counselling to Antenatal Mothers, Postnatal Mothers and Family Welfare, covering a period from April 2008 to December 2008. The total no of people counseled on availability of services, availability of investigations, doctors notes, drug consumption, antenatal mothers, postnatal mothers, in patient, family welfare, group meetings and other general guidance by counsellors was 17,575 patients (beneficiary) from April 2008 to December 2008. Per day the patients counseling cost was ₹ 491. TNHSP spends ₹ 14730 per month and ₹ 8 per patient for counselling. The patients stopped their visit to private hospital, after counselling (availabilities of services) of counsellors in the GH. It is reducing medical cost of the patients. The counsellors are satisfied in the counselling of the patients that stop their pregnancy after birth of two children and male child is not important but child is very important. It shows that not only the expenditure is declining but also the health awareness and counseling have helped the patients to aware and understand the health care practices. This is observed more in the care of female patients. Counselling for mental health related issues need immediate attention to project and keep improve the human health and development for overall economic development.*

### Background

Counselling psychologists use various techniques, including interviewing and testing, to advise people on how to deal with problems of everyday living, including career or work problems and problems faced in different stages of life. The "Handbook for counselors (HC) 2010" is designed by Tamil Nadu Health System Project (TNHSP) to support Counsellors in developing effective counselling and communication skills especially in maternal and newborn health. Mother-To-Child Transmission (MTCT) is the main cause of HIV infection in children (Karamagi CAS and others 2006). HIV counselling and testing for pregnant women is therefore considered a key factor for successful Prevention of MTCT (PMTCT) (Fabiani 2007 and Rutenberg 2003). The nature of the HC is open and flexible, with a strong emphasis on skills building. In the past, counsellors have frequently focused on one-way provision of information rather than two-way shared dialogue. The main mandate of this Handbook is to provide key counseling skills to the counsellors so they can assist women and their families to make knowledgeable decisions to improve maternal and newborn health.

Improved interpersonal communication and intercultural capability of health care workers result in greater patient satisfaction levels, higher observance with treatments, more accurate diagnoses, positive outcomes, enhanced perceptions of quality of care, and overall increased service use (WHO, 2003; Brown et al, 1995; Young Mi Kim et al, 2001). Women are more likely to improve their health status if they have a full understanding and ownership in the decision-making process (Portela & Santarelli, 2003). The HC is chiefly designed to be used by groups of counsellors with the help of a facilitator. Ideally, the facilitator should be someone with a counselling background who can guide and motivate the counsellors as they work through the Hand book. It can also be used by individuals who can get together with other counsellors for discussions and activities where needed. It relies on a self directed learning approach, allowing counsellors to work at their own pace, drawing on their past counselling experience.

### Issues

In managing any physical health problem it is important to consider not only the biological mechanisms involved in the disease process but also the impact of that condition on the individual person, and the extent that the individual person influences the process of the illness. This broader approach to managing an illness is based on the biopsychosocial model

(Engel 1980), which recognizes that an individual's psychological and social worlds are key influences on both the process and management of illness. The World Health Organisation (WHO) adopted a resolution on "Global burden of mental disorders and the need for a comprehensive, coordinated response at the country level" in Geneva in 2012. It was moved by India which was lauded for getting the world to appreciate the need to draw up policies and measures to fight illnesses that lead to phenomenal human suffering and loss of productivity. Mental illnesses are only increasing along with the other non-communicable diseases, the outcome of rapidly changing lifestyles that are, in turn, the effect of socio-political and economic changes at the global level.

WHO estimates that the global effect of mental disorders in terms of loss of economic output will reach \$16,000 billion over the next two decades. While even in the high-income countries nearly 35 percent to 50 percent of those with mental disorders do not get treatment, the figure is 76 percent to 85 percent for the low and middle-income countries. Mental health costs are the single largest source of global economic burden, topping cardio vascular disease, cancer or diabetes. Women sufferers bear a heavier burden. There is also little appreciation of the need for counselling in times of natural disasters and the attention to be paid to post-traumatic stress disorders in general. Mental health and its ramifications affect every country and section of society (Anon, 2012). In the present study exercise the Patient Counselling Services in Rajapalayam Government Hospital is examined in the two fold objectives as to study the Performance of Patient Counselling Services in Rajapalayam Government Hospital and to understand the Economic cost in counselling.

### Methods

The present study was undertaken in Rajapalayam Government hospital in Virudhunagar district with secondary data. The study is confined to Patient Counselling Services, covering a period from April 2008 to December 2011. There are nine Governmenttt hospitals in Virudhunagar District, namely Virudhunagar, Aruppukottai, Tiruchuli, Kariapatti, Rajapalayam, Watrap, Srivilliputtur, Sivakasi and Sattur and for the present study Rajapalayam Government Hospital alone was selected. In this hospital there are eight wards namely male, female; children, maternity, neonatal, eye ward, lip racy ward and post operative ward with 164 beds. On an average 707 patients are coming every day. Public-private partnerships have also emerged as one viable

method of growing the healthcare sector while keeping public goals in mind. The main objectives of public-private partnerships are to improve quality, accessibility, availability, acceptability, and efficiency of healthcare services. While different states in India have had different levels of success with implementation of such initiatives, it is expected that the private sector will continue to take on an increasing role in India's healthcare system.

To assist patients attending Secondary care Government Hospitals, the Government of Tamil Nadu approved the proposal of Tamil Nadu Health Systems Project to create Patient Counseling centres. Accordingly 185 Patient Counseling centers were created in 185 hospitals in the State. Each Counseling centre has 3 counselors who have been selected and appointed by the NGO. This intervention is undertaken in a partnership mode. At present there are 555 counselors assisting the patients and in particular mothers and children to avail proper treatment. Besides guiding the patients in out patients ward, the patient counsellors render counselling services for anti-natal and post natal mothers, pre & post operative patients, patients with hypertension, diabetes mellitus, cardiovascular diseases, carcinoma lungs/tobacco and HIV/AIDS infected and affected persons through one on one/ group counselling in the counselling rooms and the respective wards in the Government Hospitals. Three counsellors appointed by Rotary club of Rajapalayam in Rajapalayam government hospital.TNHSF flat that any degree and master degree is a qualification of patient counsellors. The working hours of counsellors was 8 A.M to 8 P.M. Night time counseling shall be discontinued and the services of such counsellors may be utilized as day time counsellors i.e. two counsellors from 8 A.M to 2 P.M. and the other counselor from 2 P.M to 8 P.M.

**Discussion**

Rural people are frequently illiterate and have no experience or understanding of the city or the complexities of the hospital system (hospitals in the capital city are frequently divided into specialties: cancer hospital, eye hospital, fever hospital, etc.). As out patients / inpatients expected support from doctors, nurses and other staff. The key to doing well breastfeeding is likely to be Information, Education and Communication (IEC) strategies meant at behavior change (IYCF). According to a study by Sable and Patton from Missouri, USA in 1989-91, only 37 percent of antenatal women reported that their health providers advised them to consider breastfeeding (Sable and Patton, 1998). In this study, only 3155 women received antenatal counseling on breastfeeding and mother to- child HIV transmission. It is clear that counseling on breastfeeding is not given due importance as part of antenatal visits.

**Table -1 Performance of Patient Counselling Services in Rajapalayam Government Hospital from April 2008 to December 2008**

Sl. No	Activities	A			B			C			Total		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	Guidance on Availability of Services	115	193	307	367	111	873	427	818	1094	1099	1918	3737
2	Guidance on Availability of Immunizations	190	299	489	188	248	437	188	239	427	184	718	1343
3	Explanation on doctor's notes	198	227	345	94	198	242	113	208	421	343	723	1468
4	Explanation on Drug Consumption	123	197	302	107	117	224	139	242	330	361	694	1056
5	Counseling to antenatal mother	0	1138	1138	0	1024	1024	0	1022	1022	0	2155	3189
6	Counseling to Postnatal Mothers	0	650	650	0	881	881	0	117	117	0	1574	2974
7	Counseling to Family members	187	734	901	132	154	286	190	350	754	479	1884	2343
8	Counseling to Inpatients	92	182	274	42	388	430	117	189	306	217	129	746
9	Counseling to Hypertensive	250	199	449	199	131	330	318	387	705	427	687	1324
10	Counseling to Diabetes Mellitus	57	95	152	78	85	163	111	74	185	244	226	476
11	Re-counseling by Group Meeting	33	83	116	91	88	179	41	61	102	117	131	332
12	Other general guidance	142	179	321	127	144	271	182	194	376	424	324	888
	Total	1496	4678	5964	1344	4109	5453	1739	4526	6265	4488	13367	17575

Sources: Monthly Performance Report from April 2008 to December 2008, Rajapalayam Government hospital.

Note: A, B and C means is names of the Counsellors.

Though a trial by Alexander et al suggested that routine breast examination during antenatal care does not increase the chances of victorious breastfeeding (Alexander, 1992), detection of retractile nipples in the antenatal period followed by appropriate manoeuvres to make the nipples protractile may aid in ensuring the success of breastfeeding in the postnatal period (Singh and other,2006). During antenatal visits, counsellors should make every effort to have face-to-face meet to give accurate information on breastfeeding and clarify misconceptions among hopeful mothers. Counsellors also need education and training in breastfeeding support and management. Some patients has been known availability of the maternity funds in this hospital such as Janani suraksha yojana and Dr.Muthulakshmi Reddy Maternity Benefits Scheme through counsellors. It is also leading to entry of Antenatal women and come follow up to in this GH.

Table illustrates that TNHSP also offer additional support and advice through patient counselling services which is now available at every secondary hospital in Tamil Nadu. According to Breastfeeding Promotion Network of India (BPNI), only 10 per cent of hospitals and maternity facilities in India had Baby Friendly Hospital Initiative (BFHI) status in 2005(IYCF).Cigarette smoking was more closely related to carcinoma of the lung than pipe smoking. There are 470 people can take many steps through counselling to reduce their risk of developing metabolic forms of diabetes (type 2 and gestational diabetes). The primary focus is on managing weight through regular exercise and a sensible diet. Such practices also help people with other forms of diabetes avoid insulin resistance and double diabetes. It is also beneficial to control blood pressure and cholesterol.

Counseling of antenatal and postnatal is useful to inpatients and outpatients those are coming to the hospital. It is save the life of child and mothers and leads to safe motherhood during the pregnancy. The service of the counsellors is depending upon the time spending of the patients. It is only possible to inpatients. Explanation of doctor's note and drug consumption by counsellors to the patients is more effective to save the time and healthy life. Counsellors has been needed because of the doctor's cannot explain everything to the patients. Commonly the wastes are generating by out patients and inpatients in this hospital. Also, the counselling of self hygiene and waste management is reducing the general waste.

Cost can be divided into patient cost and non-patient cost or programme costs. While patient cost refers to all costs at the point of delivery such as outpatient visits, bed days, and drug or laboratory tests. The programme costs includes costs incurred at the administrative levels of the district, provincial or central levels i.e. the costs incurred at a level other than the delivery point of an intervention to beneficiaries. A recent report on macroeconomics and health to the WHO anticipates that even some of the lowest-income countries will increase their annual health outlays in the near-term future. Tables 2 illustrate that counselling cost of the patients to per day, per month and per patient.

**Table -2 Total Counselling Cost of Rajapalayam Government Hospital from April –December 2008**

Year	Bed Available	Total In patients counselling	Total outpatients Counselling	Total Counselling	Total Counselling Cost	Counselling Cost (CC) (in ₹)		
						CC/ day	CC/ month	CC/ patient
Apl-Dec 2008	164	2820	14755	17575	135000*	491	14,730	7.68

Sources: Monthly Performance Report from April 2008 to

December 2008, Rajapalayam Government hospital.

Note: Monthly Salary of Three Counsellors was (3x5000) 15000.

.\* means Total salary of 3 Counsellors from April to December in 2008.

As it was already noted there are 164 beds in various wards of Rajapalayam Government Hospital. When considered for the entire survey period (from April to December 2008), more outpatients, had visited the government hospital. Per day the patients counseling cost was ₹ 491. TNHSP spends ₹ 14730 per month and ₹ 8 per patient for counselling. The cost of patient's counselling is not varied because the salaries of counsellors are fixed. In patients are getting more advantages compared to the out patients through the counselling by the counsellors.

### Conclusion

Patients should be spending their time for group counselling. The total no of people counseled on availability of services,

availability of investigations, doctors' notes, drug consumption, antenatal mothers, postnatal mothers, inpatient, family welfare, group meetings and other general guidance by counsellors was 17,575 patients (beneficiary) from April 2008 to December 2008. Per day the patients counseling cost was ₹ 491. TNHSP spends ₹ 14730 per month and ₹ 8 per patient for counselling. The patients stopped their visit to private hospital, after counselling (availabilities of services) of counsellors in the GH. It is reducing treatment cost of the patients.

The counsellors are satisfied in the counselling of the patients that stop their pregnancy after birth of two children and male child is not important but child is very important. It shows that not only the expenditure is declining but also the health awareness and counseling have helped the patients to aware and understand the health care practices. This is observed more in the care of female patients. Counselling for mental health related issues need immediate attention to project and keep improve the human health and development for overall economic development.

## REFERENCE

- Alexander JM, Grant AM, Campbell MJ (1992), "Randomized Controlled Trial of Breast Shells and Hoffman's Exercises for Inverted and Nonprotractile Nipples", *Br Med Journal*, 304:1030-1032. | | Anon, (2012), "India pilots a WHO resolution on mental healthcare, but when will it set its own house in order?", *Economic & Political Weekly*, 47 (5), 2012:8. | | Assessment of Status of IYCF: Practice, Policy and Program: Achievements and Gaps [<http://www.bpni.org/IYCF-BFHL.html>] | | Brown L et al (1995), "Improving Patient-Provider Communication: Implications". Bethesda, MD: University Research Corporation. | | Engel B (1980), "The Clinical Application of the Biopsychosocial Model", *American Journal of Psychiatry*, 137: 535-544. | | Fabiani M, Cawthorne A, Nattabi B, Ayella EO, Ogwang M, Declich S (2007), "Investigating Factors Associated with Uptake of HIV Voluntary Counselling and Testing Among Pregnant Women living in North Uganda", *AIDS care*, 19:733-739. | | IYCF Policy and Programme: Information Support [<http://www.bpni.org/IYCF-information-support.html>] | | Karamagi CAS, Tumwine JK, Tylleskar T, Hegggenhougen K (2006), "Antenatal HIV Testing in Rural Eastern Uganda in 2003: Incomplete Rollout of the Prevention of Mother-to-Child Transmission of HIV Program", *BMC International Health and Human Rights*, 6:6. | | Portela A and Santarelli C (2003), "Empowerment of Women, Men, Families and Communities: True partners for Improving Maternal and Newborn Health", *Br Med Bull*, 67: 59-72. | | Rutenberg N, Siwale M, Kankasa C, Nduati R, Oyieke J, Geibel S (2003), "HIV Voluntary Counselling and Testing: An Essential Component in Preventing Mother-to-child Transmission of HIV", *Horizons Research Summary Population Council*. Washington, DC. | | Sable MR, Patton CB (1998), "Prenatal lactation Advice and Intention to Breastfeed: Selected Maternal Characteristics", *J Hum Lact*, 14:35-40. | | Singh D, Kumar A, Ravichander B (2006), "Breastfeeding and Antenatal Preparation: (Letter)", *Medical Journal Armed Forces India*, 62:208. | | World Health Organization (2003), "Working with Individuals, Families and Communities to Improve Maternal and Newborn Health", WHO, Geneva, WHO/FCH/RHR03-11. | | Young Mi Kim et al (2001), "Operations Research: 'Smart Patient' Coaching in Indonesia as a Strategy to Improve Client and Provider Communication" (paper delivered at the annual meeting of the American Public Health Association [APHA], Atlanta, Oct. 21-25. |