



Patients Perception Towards Government Hospitals in Tamilnadu

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ABSTRACT

Nowadays, consideration of patient satisfaction is an integral part of hospital management across the world and also an essential necessity for healthcare providers. Patient satisfaction is considered a major criterion of quality; however, related data has not been formally collecting to improve the healthcare service quality. Misunderstanding of patients' needs has led to an underutilization of the existing facilities and hindered the overall development of the health system.

A challenging issue for healthcare providers is to realize what elements of patients' perception significantly influence on patient satisfaction. Patient perceptions identify the various improvement factors which to be implement in government hospital. Hospital management system is to be properly maintained to provide good quality in each and every aspects of Government hospital. Maximum poor people preferring Government hospital due to their economic problem. Feeling of all human are same that they are expecting to come back home with fully cured.

Keywords : patient perception, patient assessment, hospital quality, patient satisfaction, hospital facility

Introduction

India is a signatory to the Alma Ata declaration of 1978 that urged the world community to protect and promote 'Health for all'. The Millennium Development Goal and its extension have been striving towards achieving this. The Government is committed to build a robust healthy population, not only by providing standard health facilities but also by ensuring the availability of quality health care services for all citizens. It is not possible to discuss the problems in medical and health care without referring to the hospitals. The major consumer of health care expenditure in many countries is the hospital sector. The same scenario prevails in the developing countries also, where the health system is often hospital dominated. India is no different from others in this aspect.

Health Management System

The **health management system** (HMS) is an evolutionary medicine regulative process, in which actuarial assessment of fitness and economic-type cost-benefit analysis determines the body's regulation of its physiology and health. This incorporation of cost-benefit calculations into body regulation provides a science grounded approach to mind-body phenomena such as placebos that are otherwise not explainable by low level, noneconomic, and purely feedback based homeostatic or all static theories.

A **patient** is a person who is a recipient of healthcare, itself defined as services received by individuals or communities to promote, maintain, monitor or restore health. Patients are referred to rather than clients, tenants or consumers, although it is recognized that many recipients such as a healthy pregnant woman or a child undergoing immunization may not be regarded, or regard themselves, as patients. Healthcare includes self-care. Health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'—the WHO definition.

Safety is the reduction of risk of unnecessary harm to an acceptable minimum, and hazard a circumstance, agent or action with the potential to cause harm. A circumstance is a situation or factor that may influence an event, agent or per-

son(s), an event is something that happens to or involves a patient, and an agent is a substance, object or system that acts to produce change.

Patient safety is the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum. Healthcare-associated harm is harm arising from or associated with plans or actions taken during the provision of healthcare, rather than an underlying disease or injury.

Developing nations

Developing nations have been focusing on relevant infrastructure, technology, disease control, and health outcomes in terms of deaths and disability-adjusted life years, largely ignoring the service quality aspect from the patient's viewpoint. However, researchers opine that real improvement in quality of care cannot occur if the user perception is not involved.

Patients' perception is significant as it impacts their 'health-seeking behaviour' including utilization of services, seeks involvement in issues directly related to them, enables the service provider to meet their expectations better, and provides relevant information to the policy makers to improve the quality. Some studies conducted in the recent years have made attempts to develop multi-dimensional scales and measure quality of healthcare services in the developing nations.

Four reasons for preferring government hospital

The **first** is as a means of providing a safety net for the poor, promoting equity and alleviating poverty. However, with 40% of TamilNadu's population living below the poverty line, the poor cannot always afford to pay for their own health care. Government subsidization of health care is one of the most important factors in improving the welfare of the poor. Not only does publicly provided health care form a social safety net, it also serves indirectly as a means of poverty alleviation, as the most important asset of the poor is generally their labor. In this framework, basic health care can preserve and promote the use of this asset, raising productivity levels and thereby income.

The **second** reason arises from market failures that are characteristic of health insurance markets, in particular adverse selection and cream-skimming. Health represents a unique type of consumption in that various forms of health care expenditures may be concentrated, unforeseen and difficult to smooth over time. Health insurance is therefore an important market response to deal with the risk represented by catastrophic illness.

However, there is a basic asymmetry of information between the consumer and the insurer, in that the consumer generally has better information about his or her own health status. If insurance is priced based on a mean value of health status, it will represent a better deal for individuals with below average health status, who are therefore likely to buy a greater amount of insurance. This "adverse selection" has the effect of raising the overall cost of insurance, further disincentivising individuals with higher health status from purchasing insurance. Insurance companies, on the other hand, have an incentive to indulge in "cream-skimming", i.e. the practice of trying only to insure the healthy. Together these lead to ever-higher premiums and lower coverage. The combination of these problems is often sufficient to inhibit the development of effective health care insurance markets, and it falls to the government to institute regulations to control these market failures.

The **third** reason involves efficiency considerations that arise from the public good aspect of certain health care expenditures. Health care has been characterized as a 'merit good' in that it generates value to society above and beyond its utility to the private individual.

For example, immunization against infectious diseases provides benefits to the individual, but also provides a benefit to society because it reduces the spread of disease to others. In such cases, rational individuals will often purchase less of the service than is socially optimal. It is therefore efficient for the government to subsidize such goods, thereby lowering their price and encouraging greater use. In the case of pure public goods, where no one can be excluded from consumption, such as vector control to prevent such diseases as malaria or schistosomiasis, it is generally efficient for the government to take on the full cost.

Finally, another important role that falls to the government is the regulation of the private market for health care. Once again, this is a function of asymmetric information, this time on the part of the supplier. Individual consumers are often not in a position to fully evaluate the quality of care being provided and it falls, therefore, to the government to guarantee quality through certification procedures and to enforce standards of care.

The following factors are to be improve in government hospitals according to the patient perception

1. Facilities:

Facilities are available in the government hospital but it should regulate and maintain properly like restroom, bed facilities, ventilation, water facilities, washing facilities, ward facilities and food facilities. Patients are overcoming many problems towards poor maintenance of the government hospital.

2. Technology:

Many technologies are upcoming now days for health

care, every government hospital is to adopt and update the technology like multi specialty hospitals to safeguard the patient's life. The technology to be implement in the area like ophthalmology, neurology, gastroenterology and bio-chemistry.

3. Time schedule:

Time schedule is not follow correctly in GH. The doctors may not arrive at correct time and sick patients may not able to stand for long time. The staff nurses also want to maintain the time schedule to check up the individual patients.

4. Health meeting

Health meeting is to carry out by the doctors to the patient; it helps to create awareness about the disease.

5. Doctors, Staff Nurse and technicians helping mind

Each and everyone who are working they should have the service and helping mind motto.

6. Guidance for hospital structure:

Patients and their relation whose who are coming for GH for first time they are not known about the hospital infrastructure .To overcome this problem infrastructure map and a guide can allot for that .

7. Utilization of technology

Now days all kind of technology are there in the GH but the utilization may be less because the employee in the hospital may not have aware about it. A separate well versed person can appoint for the usage of technology in government hospital.

8. Individual counseling:

Individual counseling can provide to the patients according to their health and diet by doctors or nurse.

9. Night duty In charge

Night duty in-charge should have very conscious towards the patients, to attend the calls, emergency need and so on

10. Computerized lab

Today everything was computerized, in GH all reports of patients, account detail, staff detail, drugs and injection detail is to update and maintain properly.

11. Formation of queue

Queue was one of the main drawback from entering the hospital to exiting the hospital in each section queue is formed. Sick persons may not able to stand for long time. To overcome this more staff can recruit according to the patient population.

12. Drugs and injection:

Drug and injection stock is maintained correctly while the patient in need of drugs or injection it should available for that time. Expired date is to be noticed properly.

13. Diet :

Doctors should provide a diet chart to the patient while in hospital to prevent from diseases and to maintain the health while in disease.

Conclusion

Government hospitals are having many facilities and also the government if providing more funds for the GH, even though facilities are lacking. Maintenance of all the factors is to b follow and check regularly. It helps to achieve patient satisfaction throughout the duration of their hospitalization. Furthermore, future research should be developed to make strategies for institutions and policy-makers to improve and optimize patient satisfaction with health care.

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