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PATIENTS SATISFACTION ON TREATMENT AND ENVIRONMENTAL SERVICES IN PRIMARY HEALTH SERVICES AT KANCHIPURAM DISTRICT

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Abstract

Health treatments were helping people with health-related issues and illness. For the example, special counselling, psychotherapies to change behaviour, feelings, reactions, and how the patients see and understand situations. Drugs for cerebral and material use disorders provide significant relief for many people and help manage indicators to the point where people can use other approaches to pursue recovery. For many of them, the most effective behavioral health approach involves a combination of counselling and medication. Early treatment is best. A trained professional should do a full evaluation to make the diagnosis. No single treatment works best. Treatments must address each person's needs and signs. Health services being fundamentally irrelevant to 'closing the health gap' in all nations are important to be understood. Thus, this research throws light on accent the health services by PHCs of Kanchipuram district with a comprehensive analysis and suggested measures for further research.

Introduction

Health care is important on practical, systematically sound and socially satisfactory methods and technology made universally accessible to human beings and their families in the country. The human beings contribution and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It plays an Essential part of the country's health system and replicates overall social and economic development of the country. It is the first level contact of individuals, the family and community with the

national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care system.

Review of Literature

Nural Fadly Habidin (2015) studied to increase the understanding about customer relationship management (CRM), Service quality instrument (SQI) and Outpatient (OP) measures in Malaysian healthcare industry. A research model has been proposed through path analysis by Structural Equation Modeling (SEM) technique. Quantitative survey was used in the Malaysian healthcare industry. Questionnaires were distributed to healthcare managers in Malaysian healthcare industry. Statistical tools such as mean, standard deviation and frequencies and exploratory factor analysis, reliability analysis and confirmatory factor analysis were used to test the data for conclusion. It was found out that, CRM is viewed as one of the organization strategy to manage the relationship between healthcare providers and patient. Many authors found that there was a gap between CRM and organizational performance. But with the support from service quality improvement as a mediator, organization could improve their quality of organizational performance.

Shaik Mohamed (2015) the study conducted on consumer's opinion about the private hospitals OPD (Out-patient Department). The study focused on various dimension such as services, consumer satisfaction on the physical facilities and general facilities present in the Hospital. The study also assessed the patient's opinion on services provided by the doctors and Paramedical staff. The study consists of 100 patients as samples based on non-probability sampling method of convenience sampling technique. Statistical tools such as Mean value and standard deviation were used using SPSS package. The study revealed that most of the patients were satisfied with the communication and treatment of the doctors and also with the time taken to consult the doctor but there must be a reduction in the time spent in the pharmacy and also the cost of investigations to improve customer satisfaction.

Bhupesh Umath (2015) used the SERVQUAL model to analyze the gap between perceptions and expectations of the patients, with regards the services at hospitals in cities such as Ujjain, Dewas and Indore of Madhya Pradesh. This study was conducted to know the critical factors that lead to patient satisfaction using SERVQUAL model. Cross sectional data was collected from 270 respondents using simple random sampling method and analyzed for reliability test, correlation analysis, descriptive analysis and service index. It was found that the two hospitals had good service quality because the gap between perception and expectation are less in reality. Reliability and assurance, responsiveness and reliability, reliability and empathy had good correlation with each other.

Dhyana Sharon Ross (2015) analyzed factors influencing quality in healthcare and patient satisfaction and to study patient perception towards factors influencing quality and to assess the role of hospital administrators towards quality and patient satisfaction. 272 samples were collected, 208 from patients and attenders and 64 from hospital administrators using simple random sampling technique. Friedman test and chi-square test were used for statistical analysis. The study revealed that physical facilities are the most important factor on quality, followed by food and behaviour of staff and admission procedure. The level of understanding on healthcare quality differed widely with highly experienced staff with more knowledge on healthcare quality.

Quality improvement initiatives helped the administrators to work towards quality of the services.

Daprim S Ogaji (2015) researched on the systematic review of patients' views on the quality of primary health care in sub-Saharan Africa. The conduct and reporting of this systematic review followed the recommendations of the preferred reporting items for Systematic Reviews and Meta-analysis (PRISMA). This study constructs of 372 samples, weighted average and standard deviation tools were used for analysis. The study recommends for improvement in the methods used to examine patient views on quality of primary health care.

Saira Azhar (2015) explored the role and perception of academic pharmacists regarding their role in the healthcare system of Pakistan. Qualitative methodology was used to explore perception of academic pharmacists. Semi-structured interview was used and data collected from the cities of Islamabad and Lahore, Pakistan. From the interview, it was found that there was a necessity for curriculum alignment, as it was considered important to enhance pharmacy practice activities. It would ultimately yield several benefits of pharmacists, including job satisfaction

Objectives of the Study
1.   To Identify the Important health services provided by PHCs and group the services of PHCs
2.   To analyze the Patients' satisfaction on Health services in PHC's of KanchipuramDistrict.

Statement of the Problem
The health care service is one of the India's largest and important sectors, in terms of income and employment; one can very well witness the sector to expand rapidly. With the fast growing purchasing power, Indian patients are willing to pay more to avail best health care services which are of international standard. In the era of globalization and stiff competition, there are many factors affecting the patient satisfaction on health services like doctors, nursing and staff services. Hence, it is essential to find the patients' satisfaction on Health services of PHC's in KanchipuramDistrict.

Need of the Study
Thestudy can help to display the Patients' satisfaction on Health services of PHC's in Kanchipuram District. The Data drawn from this study can serve as guidelines to organization/improve existing Health centers policies, patients satisfaction level and expectations.

Methodology of the study
The present study is mainly based on primary data. Primary data has been collected through a well structure questionnaire designed for the study.

Sampling Design
Convenience sampling method was adopted in this study for the purpose of data collection.
The number of patients taken for the study is 100 respondents.
Primary Data
Primary data were collected from the patients of primary health centers of Kanchipuram
district, through a structured questionnaire. It incorporates four dimensions

on health care services offered by PHC's in Kanchipuram district. Personal details regarding age, monthly income, employment status, educational qualification and years of experience etc

Tools used

The data collected through the questionnaires were analyzed by using the following statistical tools such as Percentage Analysis, ANOVA and Multiple Regression.

Analysis & Interpretation

Table 1 – Demographic Profile of the Patients

Profile of the Respondents	Particulars	Frequency	Percentage %
Gender	Male	63	63
	Female	37	37
Marital Status	Married	72	72
	Unmarried	28	28
Age	Up to 18 Years	9	9
	19 Years to 40 Years	53	53
	41 Years to 60 Years	25	25
	More than 60 Years	13	13
Educational Qualification	Up to HSC	35	35
	UG	31	31
	PG	23	23
	Professional	11	11
Occupation	Agriculture and allied activities	43	43
	Government	21	21
	Private Sectors	12	12
	Self-employment	13	13
	Professional	11	11
Annual Income	Up to Rs.100000	62	62
	Rs.1,00,001 to Rs.3,00,000	25	25
	More than Rs.3,00,000	13	13

Source: Primary Data

Table 2 - Model Summary of Patients' Satisfaction on other Health Services and Treatment Services

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Dietary	.688 (a)	.498	.485	8.52365
Nursing And Staff	.763 (b)	.558	.566	7.84335
Relation with Patients	.777 (c)	.568	.583	7.66622

Doctors Services	.782 (d)	.585	.592	7.61240

From the above table, it is found that r = 0.688, r^2 is 0.498, adjusted r^2 =0.485 and SE of the estimate is 8.52365. It could be seen from above statistical result that the variable on Dietary service at 5% level. This shows that there is good fit of regression on these variables. It reveals that r = 0.763, r^2 is 0.558, adjusted r^2 =0.566 and SE of the estimate is 7.84335. It could be seen from above table that the variable on Nursing and staff service at 5% level. This shows that there is good fit of regression on these variables. It depicts that r = 0.777, r^2 is 0.568, adjusted r^2 =0.583 and SE of the estimate is 7.66622. It could be seen from above statistical result that the variable on Relation with Patient at 5% level. This shows that there is good fit of regression on these variables. It analyzes that r = 0.782, r^2 is 0.485, adjusted r^2 =0.492 and SE of the estimate is 7.61240. It could be seen from above statistical result that the variable on Doctors services at 5% level. This shows that there is good fit of regression on these variables.

Table 3 - ANOVA of Patients' Satisfaction on Other Health Services

Model		Sum of Squares	Df	Mean Square	F	Sig.
Dietary Service	Regression	2264.023	1	2264.023	303.682	.000(a)
	Residual	2736.164	99	72.653		
	Total	**5000.187**	**100**			
Nursing and Staff	Regression	2577.427	2	1238.713	208.686	.000 (b)
	Residual	1962.760	98	61.518		
	Total	**4540.187**	**100**			
Relation with patients	Regression	2609.823	3	8869.941	150.934	.000 (c)
	Residual	1830.364	97	58.771		
	Total	**4440.187**	**100**			
Doctors Services	Regression	2628.412	4	6732.103	116.147	.000 (d)
	Residual	1811.775	96	57.949		
	Total	**4440.187**	**100**			

From the Table No.2, it is found that Dietary Service (F value = 303.692, P = .000), Nursing and Staff services (F value = 208.698, P = .000), Relation with Patients (F value = 150.924, P = .000), Doctors Services (F value = 116.174, P = .000) which are systematically significant at the 5% level and it may be concluded that the regression fit is significant. The Independent variables i.e., Dietary Service, Nursing and Staff, Relation with Patients and Doctors Services are highly significant in explaining the patients' satisfaction on Treatment. Further, the individual impact is measured through t test and the values are shown in Table No.3 indicating the co-efficient explain the influence on the patients' satisfaction on Treatment.

Table 4 - Influence of Patients' Satisfaction on other Health Services

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	23.680	3.296		7.185	.000
	Satisfaction on dietary service	.704	.040	.698	17.427	.000
2	(Constant)	13.111	3.332		3.935	.000
	Satisfaction on dietary service	.513	.045	.509	11.483	.000

	Satisfaction on nursing services and staff services	.337	.044	.340	7.664	.000
3	(Constant)	14.067	3.265		4.308	.000
	Satisfaction on dietary service	.349	.060	.347	5.821	.000
	Satisfaction on nursing services and staff services	.314	.043	.753	7.245	.000
	Satisfaction on environment services	.177	.044	.228	3.983	.000
4	(Constant)	8.294	4.071		2.037	.042
	Satisfaction on dietary service	.307	.062	.305	4.943	.000
	Satisfaction on nursing services and staff services	.281	.045	.283	6.181	.000
	Relation with Patients	.168	.044	.215	3.779	.000
	Satisfaction on doctors' services	.145	.062	.113	2.345	.020

a. Dependent Variable: Satisfaction regarding treatment

From the Table4, it is found that Dietary Service (t = 17.427, P = .000), Nursing and Staff Services (t = 7.664, P = 0.000), PHC Environment (t = 3.983, P = 0.000), Relations with Patients (t = 3.779, P = 0.000), Doctors Services (t = 2.345, P = 0.020) are statistically significant at 5% level. In the same way Dietary Service is also highly Influence the satisfaction of the patients on Treatment. Therefore, it may be concluded that these health-related issues inferences, the application of multiple regressions test discloses that the patients' satisfaction on Treatment is influenced by Dietary Service, Nursing and Staff Services, PHC Environment, Relations with Patients and Doctors services.

Influence of Patients' satisfaction on other Health Services and Environmental services
The other services viz., Dietary services, Awareness programs and Treatment are considered as independent variables and the patient satisfaction on PHC Environment is taken up as dependent variables.

Table 5 Model Summary of Patients' Satisfaction on other Health Services and Environment Services

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Dietary Service	.771 (a)	.595	.594	9.73755
Awareness Programs	.811 (b)	.657	.655	8.96456
Treatment	.822 (c)	.676	.673	8.73499

From the Table 5, it is found that r = 0.771, r^2 is 0.595, adjusted r^2 =0.594 and SE of the estimate is 9.73755. It could be inferred from above statistical result that the variable on Dietary Services at 5% level. This shows that there is good fit of regression on these variables.From the Table No. 5.28, it is found that r = 0.811, r^2 is 0.657, adjusted r^2 =0.655 and SE of the estimate is 8.96456. It could be inferred from above statistical result that the variable on Awareness programs at 5% level. This shows that there is good fit of regression on these variables.From the Table No. 5.28, it is found that r = 0.822, r^2 is 0.676, adjusted r^2 =0.673 and SE of the estimate is 8.73499. It could be inferred from above statistical result that the variable on Treatment at 5% level. This shows that there is good fit of regression on these variables.

Table 6 - ANOVA of Patients' Satisfaction on Environmental Services

Model		Sum of Squares	Df	Mean Square	F	Sig.
Dietary Service	Regression	4736.629	1	4736.629	468.313	.000 (a)
	Residual	3027.932	99	94.758		
	Total	**7764.561**	**100**			
Awareness Programs	Regression	4949.033	2	2424.516	305.171	.000 (b)
	Residual	2555.528	98	80.363		
	Total	**7504.561**	**100**			
Treatment	Regression	5217.424	3	1605.808	220.259	.000 (c)
	Residual	2487.136	97	76.300		
	Total	**7704.56**	**100**			

From the Table No.5.29, it is found that Dietary Service (F value = 468.313, P = .000), Awareness Programs (F value = 305.171, P = .000), Treatment Services (F value = 220.259, P = .000) which are systematically significant at the 5% level and it may be concluded that the regression fit is significant. The Independent variables i.e., Dietary Service, Awareness programme, and Treatment are highly significant in explaining the patients' satisfaction on PHC Environment. Further, the individual impact is measured through t-test and the values are shown in Table No 6indicating the co-efficient explain the influence on the patients' satisfaction on PHC Environment.

Influence of other services on Patients Satisfaction of PHC Environment

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.350	3.764		-.359	.720
Satisfaction on dietary service	.998	.046	.771	21.641	.000
(Constant)	3.581	3.526		1.016	.311
Satisfaction on dietary service	.707	.057	.546	12.377	.000
Satisfaction on awareness programme services	.253	.033	.337	7.625	.000
(Constant)	-2.471	3.721		-.664	.507
Satisfaction on dietary service	.551	.067	.426	8.255	.000
Satisfaction on awareness programme services	.239	.032	.754	7.362	.000
Satisfaction on treatment	.244	.058	.190	4.235	.000

a. Dependent Variable: Satisfaction regarding environment service

From the Table No., it is found that Dietary Service (t = 21.641, P = .000), Awareness Programs (t = 7.625, P = 0.000), Treatment (t = 4.235, P = 0.000) are statistically significant at 5% level. In the same way Dietary Service is also highly Influence the satisfaction of the patients on PHC Environment. Therefore, it may be concluded that these health-related issues inferences, the application of multiple regressions test discloses that the patients' satisfaction on PHC Environment is influenced by the services of Dietary Service, Awareness programs and Treatment.

Findings of the Study

- The majority of 63 per cent of the patients aremale.
- The most of the respondents (72%) aremarried.
- The 53% of the respondents are in the age group of 19 - 40years.

- 43% of the respondents areagriculturalist.
- 62% of respondents are in the income group of up to Rs 1,00,000 peryear.
- Multiple Regression Tests it can be concluded that all the health services are influenced by other variables (services). Therefore patients' satisfaction on health services influenced by all other services and these variables are deciding patients' satisfaction level on health services

Suggestions

The PHC may extend bed facilities to all types of patient in sub centers.The Govt. may provide all the equipment's (x-ray, surgical equipment's etc.) to sub centers for the purpose of people welfare.The PHC will take initiative to start dietary service in sub centers of PHC.The Govt. will take sufficient action to maintain medicines availability in sufficient level at sub centers of PHC

Conclusion

The primary objective of the public health policy must be ensuring the accessibility and affordability to primary health care for all the people. Health care is the fundamental right of the individual and it is the primary responsibility of the Government. The Government should take sufficient measures to control against the charging of more fee on different health services by private hospitals. At the same time the Government should conduct more health awareness programs for the welfare of the people. Well co-operation of the public is very important in this regard. The Governments primary health centers are collectively responsible for the availability of medicines and other services in the sub-centers of PHC. This study concludes that the majority of the patients are satisfied with the health services provided by primary health centers of KanchipuramDistrict

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