IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 11, Iss 12 Dec 2022

A CRITICAL ASSESSMENT OF HEALTH TREATMENT SERVICES IN INDIA TO GUARANTEE THE EDUCATION OF ACCESSIBLE PROJECTS AND THE USAGE OF THOSE SERVICES.

Suneel Kumar[1], Dr. Junie Mary M[2]
Department of Nursing
[1,2]Shri Venkateshwara University, Uttar Pradesh, (India)

ABSTRACT.

Healthcare access has become a social equity issue. It's vital to plan and distribute health resources depending on present healthcare accessibility. Healthcare capacity, population demand, and geographic impedance are three important factors to consider when assessing geographical accessibility. Healthcare accessibility refers to the ease with which services in health care can be obtained in a certain location. The National Rural Health Mission (NRHM) was established to improve the delivery of health treatment in rural areas. The health-care system in rural areas has vastly improved. The initiative had a significant impact on maternal and child health. This study employs the descriptive research approach. For the survey, a closed-ended questionnaire was used. A study was done to explain an agree/disagree opinion with 65 respondents agreeing, 57 respondents strongly agreeing, 43 respondents disagreeing, and 35 respondents strongly disagreeing among a population sample of 200 people. The study indicated that India's current healthcare inequities must be addressed by greatly expanding general health spending and implementing effective universal healthcare coverage. Patient satisfaction is determined by the services in health care provided, as well as the service providers' reliability and honesty.

1. INTRODUCTION

1.1 Healthcare accessibility

Accessibility is described as the ease with which health services can be accessed in terms of physical accessibility (geographical distribution), costs, time, and competent personnel availability. A high-quality and efficient health-care system requires accessibility. Access to healthcare has become a social equity problem. It is critical to plan and distribute health resources based on an accurate assessment of current healthcare accessibility. Three critical aspects in determining spatial accessibility are healthcare capacity, geographic impedance and population demand. (1) Health care accessibility refers to how easy it is to obtain services in health care in a specific place. Areas with a paucity of medical resources can be identified by looking at the discrepancies in spatial distribution of medical resources and population. As a result, an accurate estimate of present healthcare accessibility is critical for government agencies to create researchers judgments on urban development in order to ensure proper medical resource allocation. (2)

The United Progressive Alliance (UPA) government launched the National Rural Health Mission (NRHM) in 2005 to improve the provision of health treatment in rural places. The rural health system has seen significant improvements. Maternal and child health improved dramatically as a result of the programme. (3)

ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 11, Iss 12 Dec 2022

1.1.2. Scheme of services in health care

The initiative was created to improve the infrastructure of services in health care and to boost rural areas' general health indices, which were previously lacking. The success of the programme encouraged the Union Cabinet to establish the Mission for Urban Health in the US in 2013. (NUHM). the NUHM and the NRHM both are recently sub-missions of the Mission for Health in the US (NHM). To augment NRHM, the UPA administration launched the Rashtriya Swasthya Beema Yojana (RSYB) national insurance scheme in 2008. The goal was to keep out-of-pocket expenses to a minimum while in the hospital. Over 1.4 crore people benefited from the RSYB, which covered about 4 crore families and 19 crore individuals (12). The programme has received a lot of flak for a variety of reasons. Because of the need to enhance budget allocation due to increased utilization, insurance companies were successful in raising premium rates. The bad are now obliged to pay for health treatment due to low enrolment, limited insurance coverage, and a lack of outpatient coverage.

More people die as a result of bad care than as a result of a lack of access to healthcare. In 2016, 16 lakh Indians died as a result of substandard care, nearly twice as many as those who did not use healthcare facilities (838,000 persons). Is it cost-effective to provide treatment without ensuring health-care quality? Every year, around 24 lakh Indians die from preventable diseases, the worst situation among the 136 countries for an article in The Lancet, I did some research. (2018) as shown in Figure 1. (4)

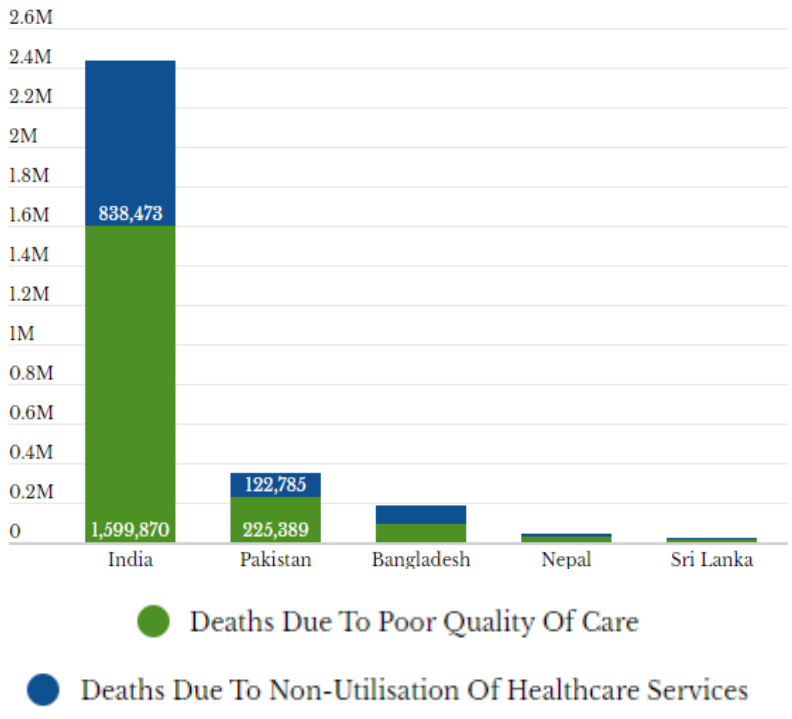

Figure 1: Deaths Amenable To Healthcare In India And Its Neighbors

Source: The Lancet (2018)

A lack of standard treatment, such as bad hand hygiene, the use of unsterilized equipment, and insufficient clinical care, such as the absence of monitoring of the progression of labour in general health facilities, compromises the protection of the bad, according to the findings of another qualitative study on delivery treatment conducted in Uttar Pradesh by the General Health Foundation of India. The study's findings revealed that, in addition to undermining clinical treatment, anonymity, the frequency of violence, and the desire for informal payment were all violated.(5)

Data from around the world also reveals that deaths are on the rise from bad treatment outnumber those from HIV/AIDS or diabetes. According to the Lancet report, the global number of deaths due to bad treatment — 50 lakh per year — is predicted to be five times that of global HIV/AIDS mortality (10 lakh) and nearly three times that of diabetes deaths (14 lakh). (4)

According to Rural Health treatment System: Structure and Current Situation In India, a rural wellfare treatment method was designed as a three-tiered structure, including society wellfare Centres (CHCs) and the 30-bed medical center. Serve as a recommendation centre for four PHCs that provide specialised care. A referral unit for six (4 to 6 bed) subcenters, operated from a health minister & 14 paramedics professionals. A Health Personnel Woman or (HM-F), 1 Health Personnel Male or (HM-M) and Auxiliary Nursing Maternity or (ANM) the Sub Centre, which is located among a first wellfare treatment method or a society wellfare treatment hub (HWM). (11)

Health treatment Services and Quality

'Healthcare facilities' means any medical or curative service consisting of medicinal supplies given in the form of adequate care or service which is approved and recognized by the laws of the State. Because of the increase in the number and spread of the healthcare system, the creation of a wide variety and types of services in the healthcare environment has resulted. A wide variety of services in health care are now offered to the clientele and these types of facilities include voluntary, institutional, governmental, integrated health management agencies for hospital governance, inpatient, outpatient, and community-based.

There are many scientific methods of assessing the quality of health treatment services. There is a clear link between customer satisfaction and service quality, and various elements are included in the services that are provided to the customer. Customers are mostly confused and in crisis when service quality is defined based on the motivation of interpretation and, as a consequence, relies to some degree on health service providers to conceive the idea of the service role or can be viewed as organization(s) behavior that maintain and improve the soundness and functioning of individuals, so that hospital efforts can be enforced.

OBJECTIVES

- To assess health-care services ensuring that people are informed about available initiatives and how to use them.

SCOPE OF THE STUDY

ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 11, Iss 12 Dec 2022

To measure general health practice competency at baseline, identify factors associated with higher competency, document change in competency over 4 years, and document change in competency to assess differential impacts associated with project participation. General health nursing (PHN) is a population-based specialty that requires specialised knowledge, talents, and skills.

LITERATURE REVIEW

Lahariya, C., 2020 (10), The Ayushman Bharat Program (ABP) was announced by the Indian government in February 2018, and it consists of two parts: (a) Wellness and Health Centres (HWCs), which will provide extensive PHC services for the overall population or (b) PM a government agency that works to improve the lives of Yojana Jan Arogya (PMJAY), which will improve allow entry hospitalisation health-care services at the tertiary and secondary levels for the poorest 40percent of the country by December 2022 ABP HWC parts seeks to update or operationalize 150,000 current Primary Health Care by the Government Treatment services.

Parmar, D., & Banerjee, A. 2019 (8) investigated evaluated the impact of India's National Rural Employment Guarantee (NREG) scheme on maternal health treatment consumption in 2019. While NREG did not boost overall facility deliveries, it did enhance deliveries at general facilities, according to our findings. The fundamental goal of NREG is to increase rural family earnings by ensuring 100 days of employment. The study predicts that by increasing family earnings, few economical obstacles, for example out-of-pocket costs, will be reduced. NREG did not boost overall facility deliveries, despite grow in deliveries at general facilities, according to the findings. There is insufficient evidence to demonstrate that NREG reduced births at private institutions. Furthermore, sub-group analysis suggest that facility deliveries have decreased while home deliveries have increased among bader households, who are more likely to engage in NREG. NREG enhanced deliveries to general facilities for wealthier households. Households belonging to marginalized castes were unaffected. Finally, we address the processes behind these impacts as well as their implications for healthcare equity.

Ghosh, S. et al., (2016) (7) .In India, health policy has prioritized the goal of equity in health and healthcare. Despite its policy importance, however, there is a scarcity of literature on the subject. As a result, this research aims to investigate horizontal discrepancies in use of healthcare, including Rehabilitation & hospitalisation, across 15 most significant Indian states or the north-eastern area. Absolute disparities in the percentage of people who say they've seen an ambulatory service were discovered between states, ranging from 4.42 percent to 21.72 percent. Inpatient treatment, on the other hand, ranged from 1% to 10%. In India's urban and rural regions, as well as in the greater number of states, an extent of disparity for Rehabilitation & hospitalisation both has been pro-rich. In fact, the horizontal disparity between types of curative treatment was substantially larger in a greater proportion of More people live in rural areas than in cities in a majority of states. According to the findings, The government spent a lot of money on health care per person related includes reduced disparity in hospitalisation consumption.

Kulig JC, Edge D, Joyce B., 2008[6] With global access to multimedia via social networks at a worldwide stage, it's a wonder that some preventative health treatments facilities, for

example, youngsters or grown-up inoculations, yearly examining to males or ladies, pre-birth and Dental treatment for ladies or youths who are expecting a kid, aren't given at a rate of one hundred percent. Group mindfulness seems to be an important part of preventative health care, but also may be people in charge of actualizing health of the country activities look to acknowledge different vital factors impacting group wellfare. An assurance points of social own-adequacy When nurses looked after patients, there were a lot of them blacks, Southeast Asians and Puerto Ricans When nurses were caring for patients, however, they were low. Latinos and Asians, according to an investigation of 190 groups welfare nurses nuturing blacks, Southeast Asians and , Puerto Ricans. A most minimal results had a place with things identified with the learning of health convictions and work on in regards to regard, expert, and unobtrusiveness within each culture. When translators were used correctly to relay vital messages, scores were higher. Scientists presumed that nurses needed certainty when administering to socially different patients and discovered shortcomings over the nursing educational modules getting ready nurses to care for different statistic groups.

RESEARCH METHODOLOGY

The descriptive research method is used in this study which is a fact-finding study that incorporates proper and accurate interpretation of data, as is widely recognized. The closed-ended questionnaire was conducted for the survey.

RESULTS

Data collection is followed by analysis in all research endeavors. The quantifiable tests were done with SPSS 15.0, an all-around perceived factual programming application. Diagrams and tables were created using Microsoft Word and Microsoft Excel.

Opinion	No. of respondent
Agree	65
Strongly Agree	57
Disagree	43
Strongly Disagree	35

Table 1: Participating in surveying and assessing health treatment services to guarantee that individuals are educated of accessible projects and benefits and aided the usage of those services This table and survey research explain an agree/disagree opinion who are 65 respondents agree, 57 respondents strongly agreed, 43 respondents disagree, and 35 respondents strongly disagreed.

ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 11, Iss 12 Dec 2022

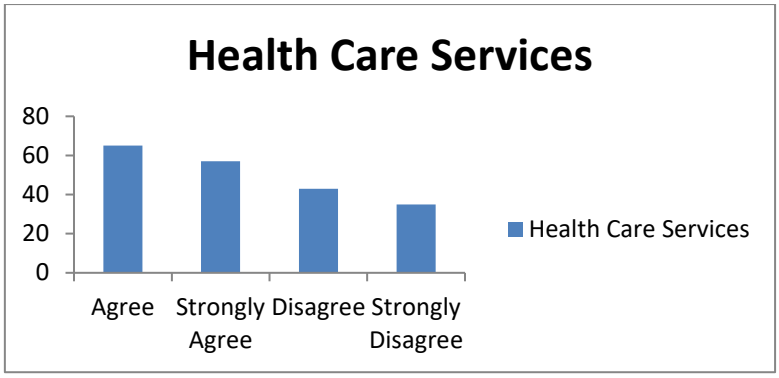

Figure 1: Participating in surveying and assessing health treatment services to guarantee that individuals are educated of accessible projects and benefits and aided the usage of those services.

Opinion	No. of heath care services
Agree	71
Strongly Agree	63
Disagree	38
Strongly Disagree	28

Table 2: Providing health training, care service, and essential care to people and families who are individuals from powerless population and high-risk groups.

This table and survey research explain an agree/disagree opinion who are 71 respondents agree, 63 respondents strongly agreed, 38 respondents disagree, and 28 respondents strongly disagreed.

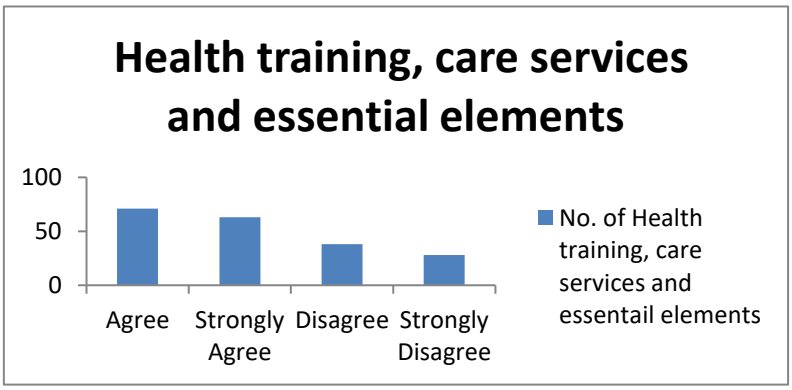

Figure 2: Providing health training, care service, and essential care to people and families who are individuals from powerless population and high-risk groups.

Opinion	No. of respondent
Agree	71
Strongly Agree	66
Disagree	39
Strongly Disagree	24
Strongly Disagree	24

Table 3: Enhance general healthcare nurse frameworks and conventions and in this manner enhance baby results.

This table and survey research explain an agree/disagree opinion who are 71 respondents agree, 66 respondents strongly agreed, 39 respondents disagree, and 24 respondents strongly disagreed.

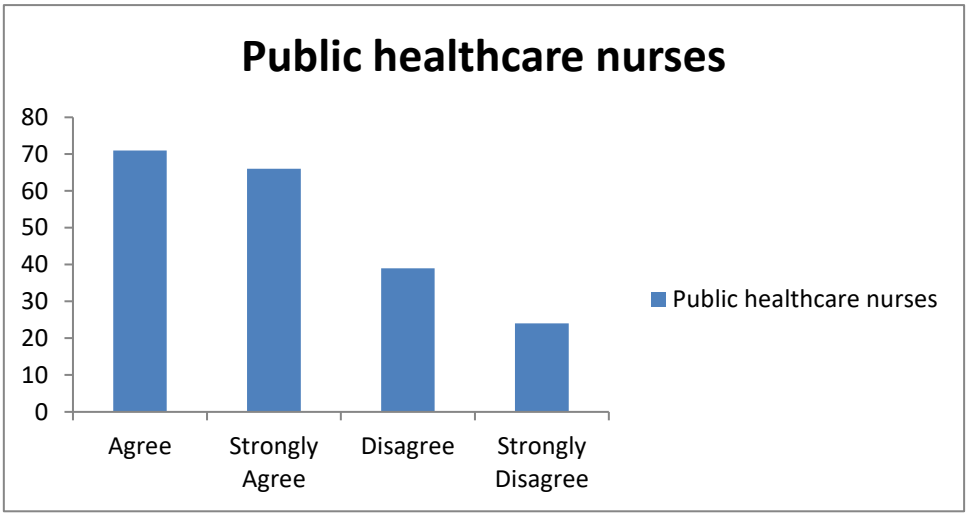

Figure 3: Enhance general healthcare nurse frameworks and conventions and in this manner enhance the results**.**

DISCUSSION

Our findings relate to a number of research papers (Mohanan M et al. 2016, Le HG et al. 2016) and review papers(Kasthuri A 2018) that critically examine the relationship between dependent and independent influencing traits and overall patient satisfaction, as well as their impact on healthcare organizations quality improvement processes.

CONCLUSION

The study indicates that the current imbalances in healthcare must be addressed by significantly increasing In India, governmental spending on health and the establishment of efficient universal healthcare coverage are priorities. Patient satisfaction is influenced by the services in health care, reliability, and integrity of the service providers. As a result of the hospital's approach being evaluated, private and general health institutions are encouraged to pay more attention to the patient's requirements and aspirations. As a result, healthcare practitioners must consider the complementary implications of both strategic plan and marketing focus. Patient feedback is crucial for understanding when measuring the hospital's success. Because of India's fast changing disease profile and expanding chronic disease burden, state and federal governments must engage with researchers and agencies that execute initiatives to improve health treatment in order to advance the quality agenda.

REFERENCES

1. Ma, L., Luo, N., Wan, T., Hu, C., & Peng, M. (2018). An improved healthcare accessibility measure considering the temporal dimension and population demand of different ages. International journal of environmental research and general health, 15(11), 2421.
2. Wang F. Measurement, Optimization, and Impact of Health treatment Accessibility: A Methodological Review. *Ann. Assoc. Am. Geogr.* 2012;**102**:1104–1112.

3. https://www.downtoearth.org.in/blog/health/quality-of-care-must-for-better-health-outcomes-in-india
4. 4.https://www.indiaspend.com/more-indians-die-of-bad-quality-care-than-due-to-lack-of-access-to-healthcare-1-6-million-64432/#:~:text=Bad%20care%20quality%20leads%20to,healthcare%20services%20(838%2C000%20persons).
5. Atif, S., Lorcy, A., & Dubé, E. (2019). Healthcare workers' attitudes toward hand hygiene practices: Results of a multicentre qualitative study in Quebec. *Canadian Journal of Infection Control*, *34*(1).
6. Kulig JC, Edge D, Joyce B. Understanding Community Resiliency in Rural Communities through Multimethod Research. *Journal of Rural and Community Development.* 2008;3:77–94.
7. Ghosh, S. (2014). Equity in the utilization of services in health care in India: evidence from National Sample Survey. *International journal of health policy and management*, 2(1), 29.
8. Parmar, D., & Banerjee, A. (2019). Impact of an employment guarantee scheme on utilisation of maternal services in health care: Results from a natural experiment in India. *Social Science & Medicine*, 222, 285-293.
9. Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman medical journal*, 29(1), 3.
10. Lahariya, C. (2020). Health & wellness centers to strengthen primary health treatment in India: Concept, progress and ways forward. *The Indian Journal of Pediatrics*, 1-14.
11. https://www.nhm.gov.in/images/pdf/monitoring/rhs/rural-health-care-system-india-final-9-4-2012.pdf
12. 12.http://164.100.117.80/sites/default/files/Report%20%20Recommendations%20of%20TRG%20for%20NUHM.pdf
13. 13. Kasthuri A. (2018). Challenges to Healthcare in India - The Five A's. *Indian journal of community medicine: official generalation of Indian Association of Preventive & Social Medicine*, 43(3), 141–143. DOI: https://doi.org/10.4103/ijcm.IJCM_194_18
14. 14. Mohanan M, Hay K, and Mor N.(2016) Quality Of Health treatment In India: Challenges, Priorities, And The Road Ahead. *Health Affairs*, Vol. 35, No. 10. DOI: https://doi.org/10.1377/hlthaff.2016.0676
15. 15. Le H-G , Ehrlich JR , Venkatesh R , Srinivasan A , Kolli A , Haripriay A et al. (2016).A sustainable model for delivering high-quality efficient cataract surgery in southern India . *Health Aff (Millwood)*. Vol. 25, No. 10.pp. 1783 – 90.