

SERVICE SATISFACTION OF PRIMARY HEALTH CENTERS: A PERSPECTIVE OF PATIENTS IN JEVARGI TALUKA

AMEETH RAMESH MASHEMADE

Research Scholar, Department of Studies and Research in Management,
Gulbarga University, Kalaburagi

ABSTRACT

Primary Health Centers are the backbone of the Indian primary health care system as they cater to the health needs of large numbers of the population nearly 70% of them residing in rural areas and remote parts of the country. Primary healthcare is a vital service that remains the strongest part of health service delivery. Primary healthcare is the day-to-day care needed to protect, maintain, or restore public health. For most people, it is both their first point of contact with the healthcare system and their most frequently used health service. In India concept of primary healthcare was laid down by the recommendations of the Bhore Committee (1946). In the last seven decades of independence, we have seen much improvement in primary healthcare services, infrastructure, and related healthcare indices of the country. Still, many challenges are ahead to achieve better healthcare for all. There is a need to discuss the problems faced by rural people in obtaining services from the PHCs and address them to make them more satisfied and encourage them in getting the services offered by primary health centers. The research methodology adopted for the paper is a sample survey of 600 patients of Jevargi talukas. In this article an attempt is made to know the problems faced by the people of Jevargi taluka in using the PHCs, further to know how much they are satisfied with the services of PHCs in their locality and give suggestions to improve them timely.

Keywords: Primary Health Centers (PHC), Components, Programs. Service satisfaction.

1.1 INTRODUCTION

As it is rightly said, "Health is Wealth". The health of the people is very important for the development of a nation; a country like India which is the second most populated country becomes a daunting task to provide affordable health care to all the citizens. According to the World Health Organization (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The first and foremost duty of any Government is to provide health facilities to all its citizens, with this motive Primary Health Centers were established to provide healthcare facilities to the most marginalized people of society. The Indian healthcare system is divided into three levels. These are very important steps in the health care system in India. These levels represent different types of care involving varying degrees of complexity. They are as follows:

- i. Primary Health Care includes Primary Health Centers

- ii. Secondary Health Care also known as CHCs which includes Community Health Centers
- iii. Tertiary Health Care includes District hospitals, Medical College Hospitals, etc.

Primary Health Centers are the bedrock of rural health services and they play a prominent role in the production of healthcare services in rural areas of the country. PHCs are the first harbor where the rural population acquires curative service from a qualified doctor of the public sector. Generally, a typical PHC covers a populace of 20,000 in hilly, tribal, or difficult areas and a population of 30,000 in plain areas with 4–6 indoor/observation beds.

According to the Indian Public Health Standards Guidelines (IPHS), a PHC must be manned by a medical officer and 14 paramedical and other staff. As of 31.3.2020 30,813 PHCs are functioning in the country. It is assumed that in ideal conditions the rural population should always visit PHCs for primary and secondary level healthcare because that's what PHCs are established for, but according to NFHS-4 only around 12% of the households generally visits PHCs for general healthcare services. People in rural and distant areas still lack access to basic healthcare. There is a need for filling the gap in the last-mile delivery of patient care in remote locations.

a. Primary health care

Primary health care is defined as “essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation 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 forms an integral part of the country’s health system, of which it is the central function and main focus of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system bringing healthcare as close as possible to where people live and work and constitutes the first elements of a continuing healthcare process.

Primary Health Care was identified as the key measure through which HFA was envisaged to be achieved. In India, the first National Health Policy in 1983 aimed to achieve the goal of ‘Health for All’ by 2000 AD, through the provision of comprehensive primary healthcare services. It stressed the creation of an infrastructure for primary healthcare; close co-ordination with health-related services and activities (like nutrition, drinking water supply and sanitation); active involvement and participation of voluntary organizations; provision of essential drugs and vaccines; qualitative improvement in health and family planning services; provision of adequate training; and medical research aimed at the common health problems of the people.

b. Characteristics of Primary Health Care

1. Stresses prevention rather than cure.
2. Relies on home self-help, community participation and technology that the people find acceptable, appropriate and affordable.
3. Combines modern, scientific knowledge and feasible health technology with acceptable, effective traditional healing practices.
4. Should be shaped around the life patterns of the population.

5. Should both meet the needs of the local community and be an integral part of the national health care system.
6. Should be formulated and implemented with the involvement of the local population.

c. Components of Primary Health Care

There are eight essential components:

1. Education about common health problems and what can be done to prevent and control them;
2. Maternal and child health care, including family planning;
3. Promotion of proper nutrition;
4. Immunization against major infectious diseases;
5. An adequate supply of safe water;
6. Basic sanitation;
7. Prevention and control of locally endemic diseases;
8. Appropriate treatment for common diseases and injuries.

d. Primary Health Centers (PHCs)

Sometimes referred to as public health centers are state-owned rural and urban healthcare facilities in India. They are essentially single-physician clinics usually with facilities for minor surgeries. They are part of the government-funded public health system in India and are the most basic units of this system.

e. Primary Health Centres programs are listed below

1. Provision of medical care
2. Maternal-child health including family planning
3. Safe water supply and basic sanitation
4. Prevention and control of locally endemic diseases
5. Collection and reporting of vital statistics
6. Education about health
7. National health programs as relevant
8. Referral services
9. Training of health guides, health workers, local dais and health assistants
10. Basic laboratory workers

1.2 Objectives of the study:

The following are the objectives of the study

- a) To study the theoretical aspects of PHCs
- b) To study the problems faced by the patients in the PHCs
- c) To know the satisfaction level of patients

1.3 Research Methodology and Limitations:

The research method used for the present paper was an exploratory method, based on literature reviews, a questionnaire survey of 600 respondents, informal interaction with the respondent patients and the researcher's practical experiences in the interaction at the Primary Health Centers. A judgmental sampling method was adopted for the study.

Data analysis tools: The analysis of the data is done using frequency tables and statistical tools like Correlation to know the relationship between problems and satisfaction levels to understand the service quality of PHCs.

1.4 Hypotheses of the Study

a. H₀: There is no significant association between the demography of people and satisfaction with PHC services.

b. H₀: There is no significant association between the availability of doctors in PHCs and patient satisfaction.

1.5. Data Analysis and Interpretation.

a. Gender of respondents

The gender of the respondents may influence the level of perception of the services offered by the hospitals. Male respondents may know more than female respondents about the availability of the various services offered by the hospitals in the study area. So they can easily compare and rate the service quality of the hospital better than the female respondents. The distribution of respondents based on their gender is provided in the below Table

Table 1.1 Genders of Respondents

N=600

Gender	No. of Respondents	Percentage of Respondents
Male	340	56.67
Female	260	43.33
Total	600	100

Source: Field survey

Table 1.1 shows that out of the total respondents, a maximum number of the respondents 340 (i.e., 56.67 %) were male, whereas the remaining number of the respondents 260 (i.e., 43.33%) were female respondents. The analysis reveals that the important gender among the respondents was male i.e., 340(i.e., 56.67%).

b. Income of the respondents

Income is an economic indicator, which determines not only the levels of cost of living but also the economic status. Income earned from a job depends on several factors such as the place of work, timing of work, organizational climate and so on. The personal income per month among the respondents is confined to less than Rs.10, 000, Rs.10, 000 - 20,000, Rs.20, 000 - 30,000, Rs. 30,000 - 40,000 and above 40,000. The distribution of respondents based on their monthly income is given in the below table.

Table 1.2 Income-wise classification of the Respondents

N=600

Income group per month in ₹	No. of Respondents	Percentage of Respondents
0 – 10000	430	71.67
10000-20000	119	19.83
20000- 30000	25	4.17
30000-40000	17	2.83
40000 -50000 and above	9	1.50
Total	600	100

Source: Field survey

From table 1.2 it was inferred that the total income of the 430 (i.e., 71.67%) respondents ranged between less than Rs 10,000 per month, 119(19.83%) respondents ranged between 10000-20000 income, 25(i.e., 4.17%) respondents ranged between 20000-30000 income, 17(i.e., 2.83%) respondents income ranged between 30000-40000 and 9(i.e., 1.5%) belonged to the range of 40000 and above. From the analysis of the table, it was clear that the maximum number of respondents was in the range of less than ₹ 10000 i.e., 430(71.67%) of the total respondents and a mere 9 (1.5%) of the total respondents were in the range of ₹ 40000-50000 and above.

Table 1.3 Problems encountered during treatment in the PHCs

N=600

Opinion	No. of Respondents	Percentage of Respondents
Yes	345	57.50
No	255	42.50
Total	600	100

Source: Field survey

Table 1.3 clears that 345(i.e., 57.5 %) respondents have encountered problems during treatment in the PHCs and 255(i.e., 42.5 %) respondents have not encountered problems during their treatment in PHCs. The lesser the problem you face at the health centers the more you would like to visit and the more you encounter problems during the treatment at the health centers you may not like to visit, from the table it is very clear that the maximum number of respondents i.e., 345(57.5%) are not willing to visit PHCs as they have encountered some problems during their treatment at the PHCs.

Table 1.4 Non-availability of doctors in the PHCs on time

N=600

Opinion	No. of Respondents	Percentage of Respondents
Yes	375	62.5

No	225	37.5
Total	600	100

Source: Field survey

The above table 1.4 visualizes that out of the total respondents i.e., 375(62.5 %) opined that Doctors were not available on time and 225(37.5 %) told that Doctors were available on time.

In the study the five-point Likert scale was used to measure the level of satisfaction of the respondents, consisting of the keywords starting with Strongly Agree, Disagree, Neither agree nor Disagree, Agree and Strongly agree. These have been used to describe the satisfaction level of the respondents towards the services of the PHCs.

Table 1.5: Satisfaction level of respondents towards services of PHCs

N=600

Satisfaction level	Number of respondents	Percentage of respondents
Strongly disagree	115	19.17
Disagree	95	15.83
Neutral	185	30.83
Agree	130	21.67
Strongly agree	75	12.50
Total	600	100

Source: Field survey

Table 1.5 shows the satisfaction level of respondents towards the services of the PHCs and it was inferred that more respondents were neutral out of the total respondents 185(i.e., 30.83%) were neutral, 130(i.e., 21.67%) respondents agreed and 75(i.e., 12.5%) respondents have strongly agreed that they were satisfied and remaining respondents 115(i.e.,19.17%) have disagreed and 95(i.e., 15.83%) respondents have strongly disagreed about their satisfaction level towards the services offered by the PHCs.

1.6. Hypotheses Test Results

Table 1.6 Correlation Calculations on Gender, Income Vs Patients Problems

Particulars		Gender	Problems encountered by the respondents
Gender	Pearson Correlation	1	.983**
	Sig. (2-tailed)		.000
	N	600	600
Income	Pearson Correlation	1	.603**

	Sig. (2-tailed)		.000
	N	600	600
Problems encountered by the respondents	Pearson Correlation	.983**	1
	Sig. (2-tailed)	.000	
	N	600	600
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Field survey

The Pearson correlation coefficient calculation shows that both Gender and Income variables have a significant effect on the perceived problems of patients about PHCs, ($p < 0.01$, at 1% level of significance). Further, gender and Income have a moderate to strong positive correlation with problems faced by the patients. (Gender $r = .983$ and Income $r = .603$). Hence, the null hypothesis " H_0 : There is no significant association between demography of people and satisfaction about PHC services." is rejected.

Table 1.7 Correlation Calculations on Non-availability of Doctors Vs Satisfaction

Particulars		Non-availability of the Doctors on time	Satisfaction level of respondents
Non-availability of the Doctors on time	Pearson Correlation	1	.799**
	Sig. (2-tailed)		.000
	N	600	600
Satisfaction level of respondents	Pearson Correlation	.799**	1
	Sig. (2-tailed)	.000	
	N	600	600
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Field survey

The Pearson correlation coefficient calculation shows that the non-availability of doctors in PHCs has a significant effect on the satisfaction level of patients at 1% level of significance, ($p < 0.01$, at 1% level of significance). Further, it can be analyzed that there is a strong positive correlation between patient satisfaction and the non-availability of doctors in PHCs. ($r = .799$).

Therefore, the null hypothesis " H_0 : There is no significant association between availability of doctors in PHCs and patients satisfaction" is rejected. The study has shown that there is a positive association between patient satisfaction with PHCs services with the demographical profile of patients and the availability of doctors on time in PHCs.

FINDINGS

- From the study, it was found that more than half of the respondents were male (i.e., 340) and less than half of the respondents were female (i.e., 260).

- b) From the study it was analyzed that the maximum number of respondents i.e., 71.67% were earning less than ₹ 10,000 income and a very less number of respondents i.e., 1.5% were earning ₹ 40000-50000 and above.
- c) The majority of the respondents (i.e., 57%) have opined that they have faced problems during their treatment in the PHC.
- d) A considerable number of respondents i.e., 375 respondents have revealed that there were no Doctors available on time in the PHCs.
- e) From the study, it was understood that a large number of respondents were satisfied with the services of PHCs.

SUGGESTIONS

- a) It was found from the study that there is still a section of respondents who do not visit PHCs or Government hospitals due to various reasons. The major ones of those are unavailability of proper care, good treatment and poor maintenance of hygiene in the hospital. There is a need to create a positive impression in public minds about PHCs and Government hospitals.
- b) From the study it was found that large numbers of respondents were belonging to the female gender and higher age group people, there should be specialized facilities given to these people like Pregnancy care units, Cardiology units, and Neurology and Orthopedics wards.
- c) An inadequate number of female Doctors for posting in rural areas is one of the reasons behind fewer visits of female patients to the PHCs, the para-medical staff especially the nurses should be provided training on Obstetric Gynecology to enable them to popularize and facilitate institutional deliveries.
- d) From the study, it was found that most of the Doctors and paramedical staff of PHCs were not available on time in the PHCs, so this will increase the waiting time of the patients in the PHCs. It can be reduced by providing quarters to the hospital staff nearby PHCs.

CONCLUSION

The health system has a prominent importance in a developing nation, without health one cannot achieve anything. A healthy nation is always a productive nation, Indian health care Industry has grown drastically in recent years but the improvement has been lopsided across regions with large-scale inter-state variations. Still, there is a lot of improvement needed in Primary health care as its Primary Health Centers are not up to the mark and are failing to cater to the health care needs of rural people as they are not fully equipped with modern technology and equipment. There is an urgent need to assess and address this issue so that the 'health for all' motto may be possible. The Government has taken many initiatives in this regard series of reforms to achieve universal healthcare through the implementation of the National Health Policy of 2017, the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the Atmanirbhar Bharat Abhiyan and National Digital Health Mission (NDHM).

The paper concludes with a view that there are problems existing in the PHCs such as Doctors are not available on time, the paramedical staff being scarce and advanced equipment is not available. So the Government should take measures to curb such issues.

REFERENCES

1. Kenneth E. Covinsky, and Gary E. Rosenthal, et al. (1999), *The Relation Between Health Status Changes and Patient Satisfaction in Older Hospitalized Medical Patients; Health Status Changes and Patient Satisfaction Volume 13. April 199; p.p. 224-229.*
2. Sower, V., Duffy, J., Kilbourne, W., Kohers, G., & Jones, P. (2001). *The Dimensions of Service Quality for Hospitals: Development and use of the KQCAH scale. Healthcare Management Review, 26(2), 47-59.*
3. Ritu Narang (2010), *Measuring perceived quality of health care services in India; International Journal of Health Care Quality Assurance Vol. 23 No. 2, 2010 pp. 171-186.*
4. Shan, L., Li, Y., Ding, D., Wu, Q., Liu, C., & Jiao, M., et al. (2016). *Patient Satisfaction with Hospital Inpatient Care: Effects of Trust. Medical Insurance and Perceived Quality of Care, 1-18.*
5. Dr. Reshma S. Gajakosh al. *A Study of Problems and Prospects of Primary Health Centers in Rural Areas, International Journal of Recent Research Aspects ISSN: 2349-7688, Vol. 6, Issue 3, Sept 2019, pp. 1-3*