

**A STUDY ON AWARENESS ABOUT THE PUBLIC AND PRIVATE HEALTHCARE IN
MADURAI**

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Abstract

The presents study examines the nature of public and private hospitals service quality (SQ), customer satisfaction (CS), customer loyalty (CL) and perceived value (PV) of awareness in Madurai district. The current study targeted on service provided in government and personal hospitals and examined the utility of quality indices together with perceived price, satisfaction and loyalty of the patients. What's common to several care systems may be a discussion regarding the best balance between public and private provision. This paper provides a scoping review of research comparing the performance of public and private hospitals in Madurai. The aim is to summarize and compare analysis findings and to get queries for more studies.

Introduction

Healthcare has become one of India's largest sector, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian care sector is growing at a brisk pace because of its strengthening coverage, services and increasing expenditure by public also non-public players. Indian supplying system is classified into two major parts public and private. The government, i.e. public care system, contains restricted secondary and tertiary care establishments in key cities and focuses on providing basic care facilities within the style of primary care centers (PHCs) in rural areas. The non-public sector provides the majority of secondary, tertiary, and quaternary care establishments with major concentration in metros and tier I and tier II cities. The concept of late healthcare sector has emerged as one of the leading industries in Madurai. The healthcare service sector provides both wealth

and employment to the economy. It broadly covers hospitals, clinical research studies, and medical services, outsourcing telemedicine, medical tourism, health insurance and medical facilities.

The expansion of Indian healthcare sector is due to its wider coverage and increase expenditure on infrastructure and medical facilities. Public and private sector is the two main components of Indian healthcare system. The public healthcare system constituted of the primary healthcare centre's which operates in the rural area whereas the secondary health cares centre's aims to deliver adequate healthcare services in major cities of Madurai. Private healthcare industry concentrates on secondary, tertiary and quaternary treatment facilities in metro tier one and tier two cities. Madurai gains a competitive advantage in terms of well- trained healthcare staff members. It also gives competitive cost advantage as compared to Tamilnadu cities. The concept of Public awareness is not new. Patients are one of the main stake holders among the ever expansive modern world of medicine. A wealth of medical literature supports the notion that there have been unprecedented shifts in the traditional "Doctor-Patient" relationship. Patient satisfaction forms an important element of the many policy level selections. Changes in patient care trends are seen in developing countries recently. Patient satisfaction may be a complicated, multidirectional issue that must be approached from many completely different angles.

Healthcare System in Madurai

Madurai has a vast health care system, but there remain many differences in quality between rural and urban areas as well as between public and private health care. Despite this, Madurai is a popular destination for medical tourists, given the relatively low costs and high quality of its private hospitals. National students in Madurai should expect to rely on private hospitals for advanced medical care. Studying in Madurai offers a number of health challenges that students from developed cities may be unused to, so it is important to know how the health care system in Madurai operates in the event you need it. Health care in Madurai is a vast system and can be much like the rest of the state: full of complexity and paradoxes.

Private and Public

The health care system in Madurai is universal. That being said, there is great discrepancy in the quality and coverage of medical treatment in Madurai. Healthcare between state and rural and urban areas can be vastly different. Rural areas often suffer from physician shortages, and disparities between cities mean that residents of the poorest cities often have less access to adequate healthcare than

residents of relatively more affluent cities. State governments provide healthcare services and health education, while the central government offers administrative and technical services.

The awareness towards services offered by private and public hospitals has been measured on the basis of their opinion about their awareness factors in the following aspects. The level of awareness of patients about the Hospitals, Services, Charges, Doctors' Qualifications & Specialization, Preventive Disease Programmes conducted by hospitals.

Objective:

1. To measure public satisfaction in private and public sector hospitals of Madurai using a modified "Public Satisfaction Questionnaire".
2. To compare composite scores in the different categories of Patient Satisfaction between private and public sector hospitals of Madurai.
3. To adapt, modify and apply PSQ for Madurai people based on similar data from Madurai.
4. To find out the awareness of hospitals from the public in Madurai.

Review of Literature:

The review of literature for healthcare is important as public behavior changes with passage of time and in order to have knowledge about the various authors review findings and suggestions on the concerned topic. So, the review of literature for the study is as follows:

Patient satisfaction: Patients satisfaction is a function of service expect and performance perception in any given time. Patient satisfaction is commonly used for measuring the quality of service in the healthcare sector.

Patient loyalty: Patient loyalty as a preemptive management plan to uphold long-term service quality for customers. This will lead to patient satisfaction and aspiration to repeat healthcare services.. Patient loyalty is broadly used in the healthcare sector to determine service quality (Roberge, Beaulieu, Haddad, Lebeau, &Pineault, 2001; Mortazavi, Kazemi, Shirazi&Azizabadi ;Hu, Cheng,Chiu, & Hong).

Perceived value: The perceived value concept has been described as one of the most operational promotional and competitive steps (Parasuraman, 1997), and has already been argued as one of the most important component of repurchase expectations (Parasuraman and Grewal, 2001).

NaceurJabnoun, Mohammed and Chaker (2003) compared the hospitals care services of public and private hospitals with dimension of service quality i.e. tangibles, reliability, empathy, administrative responsiveness and supporting skills. The results were highlighted for hospital administrator. The service quality private hospitals were found to be better than the government hospitals.

Siddiqui and Khandaker (2007) conducted survey on service quality factors of hospitals services. The results concluded that the level of service in private hospitals was significantly greater than in public nursing homes, the measurable hospital aspects were hygiene, provision of resources and availability of medicines.

Yesilada and Direktor (2010) pointed out the significant effect of service quality on public and private hospital services. Outcome of the study indicated that the empathy, tangibility and reliability were three key factors of customer satisfaction.

Irfan and Ijaz (2011) compared hospital service quality in both public and private hospitals in Burden, Pakistan. Private hospitals delivered better service quality to their customers, particularly for dimensions of tangibility and empathy. Ramez (2012) indicated that patients' perception about the service quality, satisfaction and behavioral intention, identified responsiveness, empathy and tangible dimensions to have largest influence on the overall service quality. The work also revealed a positive significant relationship between overall service quality, patients' satisfaction and their behavioral intention.

J. Jaypradha (2012) in the article, "Problems and prospects of health insurance in India" highlighted that the health insurance sector in India has registered 30% growth rate in 2008- 09. The penetration of health insurance in India had risen to 4.8%, in 2008 from 1.2% in 1999-2000. The average medical expenditure of an Indian household is 6.7% of the annual income.

K. SelvaKumar and Dr. S. Vijay Kumar (2013) in their article, “Attitude of policy holders in the direction of administration of general insurance companies with orientation to Madurai region” The study reveals that 23% policy holders belongs to low level of attitude, 46% to medium level of attitude and 31% to high level of attitude. There is an important relationship between ages, sex, education, and marital status, type of family, community and level of their attitude headed for administration of services of public sector general insurance companies holds good.

R. Amsaveni and S. Gomathi (2013) made an attempt to find out medical policy holder satisfaction, to recognize the reason for preferring medical policy to safe guard themselves and stay away from future risk, majority of the respondents have taken personal scheme to employees. The major problems faced by the respondents are lack of timely communication and limited list of hospitals covered by the health insurance providers.

Results and Discussion

Section-1: demographic profile of the respondents:

Among the 114 respondents, majorities (75.4%) were male and (24.6%) was female. As far as age of the participants is concerned, 32.05% were in the 18–29 years, 63.2% were in the age group of 30-49 years and 4.4% of the people were in the age group of more than 50 years. As far as their education was concerned, majority (76.3%) respondents studied up to college, 2.6% educated up to school level, and very few (21.1%) were others. As far their employment was concerned, majority (54.5%) of them was private service and 34.8% of the people were in individual services, 10.7% of them were government service. The attitude mean score toward private hospital was (59.6%) and government hospital (40.4%) which showed an inclined toward private hospitals. There was no association of attitude with the selected demographic variables of the participants (Table-1). The 46.35% of the sample derived from Public Hospital while the 52.65% from private Hospital (*Table 2*).

Table – 1: Socio-demographic characteristics

Categories	Level of attitude	Type of healthcare systems N (%)		Total	%
		Public (n1=46)	Private(n2=68)		
Age group	18-29	17	20	37	32.05%
	30-49	28	44	72	63.2%

	Above 50	3	2	5	4.4%
Gender	Male	36	51	87	75.4%
	Female	10	17	27	24.6%
Education	School	1	2	3	2.6%
	College	36	51	87	76.3%
	Others	9	15	24	21.1%
Work	Individual	16	23	39	34.8
	Private	23	38	61	54.5
	Government	5	7	12	10.7

Table - 2. Hospitals

Gender	Public Hospital	Private Hospital	Total	%
Male	36	51	87	75.4%
Female	10	17	27	24.6%
Total	46(40.35%)	68(52.65%)	114	100%

Awareness of the public and private healthcare services

Awareness of the public and private healthcare services The awareness towards services offered by public and private hospitals has been measured on the basis of public’ opinion about their awareness factors such as Public’ awareness about the hospitals, their services and charges based on sources of information. The awareness of the public’ towards qualifications of the doctors, nurses, programmes on preventive diseases and patients awareness on the availability of major types of hospital facilities are discussed.

Table- 3: Public Awareness on different facilities.

Categories	Level of attitude	Type of healthcare systems N (%)		Total	%
		Public (n1=46)	Private(n2=68)		
Cost of health	Very satisfied	29(63.04)	21(30.88)	50	(43.9%)

care	Somewhat satisfied	15(36.60)	42(61.76)	57	(50%)
	Not satisfied	4(8.69)	3(4.41)	7	(6.1%)
Nurses treat with courtesy and respect	Very satisfied	32(69.56)	45(66.17)	77	(67.5%)
	Somewhat satisfied	12(20.08)	22(32.35)	34	(29.8%)
	Not satisfied	2(4.34)	1(1.47)	3	(2.6%)
Nurses listen carefully	Very satisfied	29(63.04)	39(57.35)	69	(60.5%)
	Somewhat satisfied	14(30.43)	42(61.76)	36	(36.8%)
	Not satisfied	2(4.34)	1(1.47)	03	(2.6%)
Nurses explain things in an understandable way	Very satisfied	29(63.04)	39(57.35)	68	(59.6%)
	Somewhat satisfied	14(30.43)	42(61.76)	43	(37.7%)
	Not satisfied	2(4.34)	1(1.47)	03	(2.6%)
Doctors treat with courtesy and respect	Very satisfied	31(67.39)	50(73.52)	81	(71.1%)
	Somewhat satisfied	13(28.26)	16(23.52)	29	(25.4%)
	Not satisfied	2(4.34)	2(2.94)	4	(3.5%)
Doctors listen carefully	Very satisfied	32(69.36)	49(72.05)	81	(71.1%)
	Somewhat satisfied	12(20.08)	17(25)	29	(25.4%)
	Not satisfied	2(4.34)	2(2.94)	4	(3.5%)
Doctors explain things in an understandable way	Very satisfied	31(67.39)	50(73.52)	82	(71.9%)
	Somewhat satisfied	12(20.08)	15(22.05)	27	(23.7%)
	Not satisfied	2(4.34)	3(4.41)	5	(4.4%)
In patient department was clean	Very satisfied	25(54.34)	43(63.23)	68	(59.6%)
	Somewhat satisfied	12(20.08)	22(32.35)	34	(29.8%)
	Not satisfied	9(19.56)	3(4.41)	12	(10.5%)
Outpatient department was clean	Very satisfied	21(45.65)	25(36.76)	46	(40.4%)
	Somewhat satisfied	19(41.30)	42(61.76)	61	(53.5%)
	Not satisfied	6(13.04)	1(1.47)	7	(6.1%)
Bathrooms / latrines were clean	Very satisfied	19(41.03)	31(45.58)	50	(43.9%)
	Somewhat satisfied	15(32.60)	30(44.11)	45	(39.5%)
	Not satisfied	12(20.08)	7(10.29)	19	(16.7%)
Enough time to discuss medical problem the doctors/health officer or nurse	Very satisfied	26(56.52)	39(57.35)	65	(57%)
	Somewhat satisfied	13(28.26)	27(39.70)	40	(35.1%)
	Not satisfied	7(15.21)	2(2.94)	9	(7.9%)

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s with the assessment of the level of attitude of people toward seeking health services provided by government and private hospital in Madurai city. The level of attitude score is divided under the following heading of very satisfied, somewhat satisfied and not satisfied [Tables-2].

Table- 2 indicated that majority (70%) reported a good attitude followed by which (26%) showed an excellent attitude and very few (3.33%) reported average attitude scores toward seeking government health facilities.

Table-3 indicated that cost of healthcare (43.9%) reported a very satisfied followed by which (50%) showed a somewhat satisfied and very few (6.1%) reported not satisfied scores toward seeking the government and private health facilities.

Table-3 refers to the service quality of the healthcare systems. Proper patient care and use of safety procedures were almost equal in both public and private healthcare centers. The health personnel of Public healthcare systems treated patients better than the health personnel of private health systems but there was no significant difference between service quality of public and private healthcare systems.

Patient satisfaction in different facilities of hospitals:

Table-3 shows the Patient satisfaction in public and private healthcare systems. Patient satisfaction was totally based on participants' perception. Participants were more satisfied in the public and private healthcare systems with the services like Nurses treat with courtesy and respect of very satisfied vs somewhat satisfied (67.5% vs 29.8%), Nurses listen carefully (60.5% vs 36.8%) and Nurses explain things in an understandable way(59.6% vs 37.7%). the Doctors treat with courtesy and respect (71.1% vs 25.4%), Doctors explain things in an understandable way(71.9% vs 23.7%). The Public' satisfaction of both hospitals is analyzed by comparing the questions' means. In this scale the participants were asked to evaluate their satisfaction concerning several questions about their experience in both hospitals, (1.very satisfied, 2. satisfied 3.not satisfied) the results are presented in detail in Tab 3. Respondents hospitalized in Private and public Hospitals appear to be more satisfied regarding In patient department was clean(in public hospital Very satisfied(54.34%) ,Somewhat satisfied (20.08%) and Not satisfied(19.56%)and private hospital in public hospital Very satisfied(63.23%) ,Somewhat satisfied(32.35%) and Not satisfied(4.41%)), the Outpatient department was clean (in public hospital Very satisfied(45.65%) ,Somewhat satisfied (41.30%) and Not satisfied(13.04%)and private hospital in public hospital Very satisfied(36.76%) ,Somewhat satisfied (61.76%) and Not satisfied(1.47%))and the cleanliness of the bathrooms and toilets(in public hospital Very satisfied(41.03%) ,Somewhat satisfied (32.60%) and Not satisfied(20.08%)and private hospital in public hospital Very satisfied(45.58%)

,Somewhat satisfied (44.11%)and Not satisfied(10.29%)) Moreover, Enough time to discuss medical problem the doctors/health officer or nurse they are more satisfied about respect which receives by the staff, the fact that they can always find doctors and nurses when they need something.

Conclusion

From the study, it was concluded that the patients visiting the private healthcare systems had higher education and private jobber than the patients visiting public health systems. The accessibility, transparency, doctor punctuality and responsibility were higher in public healthcare systems whereas overall satisfaction, services provided, overall quality of services were higher in private healthcare systems. Based on the findings, the government of Madurai should focus on improving quality of services of public healthcare systems for the betterment of overall health status of people of the country with better satisfaction. The study concluded that better health care services are provided by private hospitals. It was recommended that public health care providers should improve upon their quality health care services as more people visit the public health care centers due to their low health care cost.

Recommendation

Base on the findings of the study, the following recommendations were given

- The management of public hospital should provide enough diagnostic facilities and ensure the proper maintenance of the existing once.
- Base on the findings, I recommend that in-service training should be organized by management of hospitals enhance the hospital staffs and patients relationship.
- Doctors and Nurses are professional, they should provide services that will enable their patients to have a good perception and use their facilities.
- The private hospital should not have the mainstay of all operational services in money. The General Hospital should treat all patients equally.

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Appendix

Data Collection Questionnaire:

1. Do you have preferred hospital?
2. Which one hospital you give preference?
3. Do you feel comfortable judging the hospitals in this area?
4. Which one is the main difference of your areas hospital?
5. Cost of health care
6. Convenience of location for you
7. Nurses treat with courtesy and respect
8. Nurses treat with courtesy and respect
9. Nurses listen carefully
10. Nurses explain things in an understandable way
11. Doctors treat with courtesy and respect
12. Doctors listen carefully
13. Doctors explain things in an understandable way
14. In patient department was clean
15. Outpatient department was clean
16. Bathrooms / latrines were clean
17. Enough time to discuss medical problem the doctors/health officer or nurse

18. Age

19. Gender

20. Education