A study on problem faced by patients in private hospitals

Ratha K[1], Lakshmi P[2]

[1]*Student, Ponnaiyah Ramajayam Institute of Science and Technology, Madurai campus, Tamil Nadu*
[2]*Assistant Professor, Ponnaiyah Ramajayam Institute of Science and Technology, Madurai campus, Tamil Nadu*

ABSTRACT

This research study investigates various problems that are faced by patients in Private Hospitals, Ramanathapuram Taluk. Under the elaborated dimensional analyses, the study aims to identify the lack of facilities in private hospitals that adversely affect a patient's health. A comprehensive survey was made of the hospitals situated in the research area through structured interview schedule in order to record the perception of respondents regarding health & financial problems in private hospitals. A sample of 250 respondent particularly patients were randomly selected in the Private hospitals. The data has been statistically verified in the KS (Kolmogorov Smirnov) test. It has been found that the problem faced by the patients in private hospitals on the basis of facilities and treatment provided by the health sector. This study suggests that the proper attention of provision of sound infrastructure, usage of medical equipment and cost consumed by the private hospitals.

Keywords— Health, Private Hospital, Patient's Problems, Existing Facilities in Hospitals, Medical equipment

1. INTRODUCTION

The main aim of the study is to identify the problems that are being faced by the patients and to assess the factors determining the choice of a hospital in Ramanathapuram Taluk. The major findings and analysis of the above in this study has been summarized and presented in this study. Collected information is presented in the form of tables. Interpretation is drawn so as to enable the reader to understand the concept in a lucid manner. It is said that "health is wealth"; but in India, health is getting increasingly unaffordable. Is there some solution to making health more accessible and affordable not only to the middle class but also the masses? Before we look at the possible solution, we need to understand a few facts and problems. Hospital is an integral part of a social and medical organization. The function of a hospital is to provide complete healthcare, both curative and preventive. The healthcare industry in India is becoming increasingly more competitive. There are different types of hospitals like the government hospital, private hospital, and single and multi-specialty hospital, trust hospital which provide different kinds of facilities to the patients. This has necessitated each hospital to identify the functions or services which could provide a competitive edge. The products or the services in one hospital differ from another hospital.

The strategy of marketing could take different roles due to an increase in the disposable income of the consumer and also the increase in the number of competitors. Especially, the consumer spending on healthcare in India is predictably quite low due to lack of awareness and level of importance given to health care. Moreover, the consumers are in need of information about hospital services like physical facilities, equipment, performance and execution of promised services, accurate and specialized skills, quality service at an optimum price and the like. So every hospital intends to inform and educate the public about various services available, particularly in providing healthcare. Through organized methods and persuade the new consumer that the services are worth using and inform the consumer about how to obtain the services easily and conveniently. The strategies towards the marketing of hospital services are setting of market segments, creating more consumer awareness, setting up of a chain of hospitals, increasing purchasing power and attracting limited available specialists. In addition to that, the development of marketing strategies in healthcare service is influenced not only by the opening of hospitals or healthcare center's but more so by their effective administration and management. If hospitals or healthcare center's are managed properly, there would be an expansion in the medical facilities, albeit with the least possible investment. Even in hospitals, with huge investment many times the general masses do not avail the proper services. Though it was started on the humanitarian ground their pricing policy for the medical services cannot be lower, still, it is also judicious that installation of high-cost, hi-tech services would not permit a liberal pricing policy. While promoting medical services, the advertising and publicity strategies are expected to communicate all the related information such as the fee structure, the boarding facilities, the lodging facilities for the attendants and the transportation and communication facilities. It would raise the demand for improving the services.

2. OBJECTIVES

- To study the problem faced by patients in the private hospital.
- To analyze the qualities if an ideal hospital.
- To analyze the consumer level of awareness and problems about private hospitals.
- To offer suggestions based on the patient's preference.

3. RESEARCH METHODOLOGY

The present study analysis problem faced by private hospitals patient's in Ramanathapuram taluk. The research questions are carried out through the primary and secondary data. Primary data collected through observation and direct interview schedule in Private Hospitals. The study was conducted in Private hospitals and health care centers in Ramanathapuram taluk. The secondary data have been collected from the newspapers and articles and district administration office at Ramanathapuram taluk to support the present study.

3.1 Limitation of the Study

The period of the study is conducted to (1st October 2017 to 30th June 2018) nine months. The study was conducted to admit in different wards and outpatients, and study will depend upon the accuracy of information to given by the patients.

3.2 Sample Size and Sampling Technique

The sample size preferred for this study 250 respondent which including the general demographic profile of the respondents. This study has to elect Non – probability sampling methods.

3.3 Methods of Data Collection

The study is the explanatory one. In order to viewpoint various respondents, an Interview Schedule is developed and the same was personally administered by the researcher. The researcher uses the method of both Primary Data and Secondary Data for Data Collection. Primary data is used for analysis and interpretation. The Interview Schedule is implemented with the major emphasis of which was gathering new ideas or insight so as to determine and bind out a solution to the problems.

3.4 Primary Data: The researcher had collected the Primary Data from the patients of the Private hospital.

3.5 Secondary Data: The Secondary Data has been collected through Website, Profile Books, Journals, and Magazines.

3.6 Tools for Gathering Data: Interview Schedule is the tool which was used by the Researcher

3.7 Statistical Tools

Kolmogorov Smirnov Test (KS Test)

The formulated null hypotheses were tested with the help of Kolmogorov Smirnov Test (KS Test). The formula for the KS test analysis is given below

$D = O - E$

D - Refers to the calculated value

O - Refers to the cumulative observed proportion

E - Refers to the cumulative expected proportion

The cumulative observed proportion is calculated on the basis of observed frequency.

Cumulative expected proportions are calculated on the basis of expected proportion. Since there are five gradations for each gradation 0.20 (i.e.1/5) is assigned as expected proportion and then the cumulative expected proportion is calculated. For each gradation, the difference between cumulative observed proportion and cumulative expected proportion is calculated. The largest difference will be taken as the calculated value. If the calculated value is greater than the table value, the null hypothesis would be rejected. On the other hand, if the calculated value is less than the table value, the null hypothesis would be accepted.

4. RESULT AND DISSERTATIONS

Table 1: Opinion on high fees paid by the customer

S. No	Opinion	No. of Respondents
1	Strongly agree	147
2	Agree	57
3	Neutral	9
4	Disagree	24
5	Strongly disagree	13
Total		250

Table 2: KS test analysis on the opinion of high fees paid by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	147	0.588	0.588	0.2	0.2	**0.388**
Agree	57	0.228	0.816	0.2	0.4	**0.416**
Neutral	9	0.036	0.852	0.2	0.6	**0.252**
Disagree	24	0.096	0.948	0.2	0.8	**0.148**
Strongly disagree	**13**	**0.052**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.416 (i.e., the largest difference)

Table value at 95% confidence level = 1.36/ $\sqrt{250}$

= 1.36/15.81

= 0.086

As the calculated value 0.416 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement "**High fees paid**" is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table 3: Opinion on absences of lab facilities

S. No	Opinion	No. of Respondents
1	Strongly agree	56
2	Agree	50
3	Neutral	52
4	Disagree	53
5	Strongly disagree	29
Total		**250**

Table 4: KS test analysis on the opinion of absences of lab facilities by private hospital

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	56	0.224	0.224	0.2	0.2	**0.024**
Agree	50	0.2	0.424	0.2	0.4	**0.024**
Neutral	52	0.208	0.632	0.2	0.6	**0.032**
Disagree	53	0.212	0.844	0.2	0.8	**0.044**
Strongly disagree	**39**	**0.156**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.044 (i.e., the largest difference)

Table value at 95% confidence level = 1.36/ $\sqrt{250}$

= 1.36/15.81

= 0.086

As the Table value 0.086, is greater than the calculated value 0.044 the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement "**Absences of lab facilities**" is accepted. As such, there is no difference in the importance of ratings given by the private hospital patient's.

Table 5: Opinion on no operation theatre

S. No	Opinion	No. of Respondents
1	Strongly agree	78
2	Agree	65
3	Neutral	61
4	Disagree	26
5	Strongly disagree	20
Total		**250**

Table 6: KS test analysis on the opinion of no operation theatre private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	78	0.312	0.312	0.2	0.2	**0.112**
Agree	65	0.26	0.572	0.2	0.4	**0.172**
Neutral	61	0.244	0.816	0.2	0.6	**0.216**
Disagree	26	0.104	0.92	0.2	0.8	**0.12**
Strongly disagree	**20**	**0.08**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.216 (i.e., the largest difference)

Table value at 95% confidence level = 1.36/ $\sqrt{250}$

= 1.36/15.81

= 0.086

As the calculated value 0.616 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement **"No operation theatre"** is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table 7: Opinion on unhygienic environment

S. No	Opinion	No. of Respondents
1	Strongly agree	81
2	Agree	60
3	Neutral	54
4	Disagree	37
5	Strongly disagree	18
	Total	250

Table 8: KS test analysis on the opinion of unhygienic environment by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	81	0.324	0.324	0.2	0.2	0.124
Agree	60	0.24	0.564	0.2	0.4	0.164
Neutral	54	0.216	0.78	0.2	0.6	0.18
Disagree	37	0.148	0.928	0.2	0.8	0.128
Strongly disagree	18	0.072	1	0.2	1	0

Calculated D value = 0.18 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
$$= 1.36/15.81$$
$$= 0.086$$

As the calculated value 0.186 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patients on the statement "Unhygienic Environment" is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table 9: Opinion on a poor relationship with patients by customer

S. No	Opinion	No. of Respondents
1	Strongly agree	105
2	Agree	70
3	Neutral	40
4	Disagree	28
5	Strongly disagree	7
	Total	250

Table 10: KS test analysis on the opinion of poor relationship with patients by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	105	0.42	0.42	0.2	0.2	0.22
Agree	70	0.28	0.7	0.2	0.4	0.3
Neutral	40	0.16	0.86	0.2	0.6	0.26
Disagree	28	0.112	0.972	0.2	0.8	0.172
Strongly disagree	7	0.028	1	0.2	1	0

Calculated D value = 0.26 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
$$= 1.36/15.81$$
$$= 0.086$$

As the calculated value 0.26 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement **"Poor relationship with patients"** is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient'

Table 11: Opinion on no proper communication between doctors/staff, and patients

S. No	Opinion	No. of Respondents
1	Strongly agree	99
2	Agree	75
3	Neutral	60
4	Disagree	9
5	Strongly disagree	7
	Total	250

Table 12: KS test analysis on the opinion of no proper communication between doctors/staff, and patients

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	99	0.396	0.396	0.2	0.2	**0.196**
Agree	75	0.3	0.696	0.2	0.4	**0.296**
Neutral	60	0.24	0.936	0.2	0.6	**0.336**
Disagree	9	0.036	0.972	0.2	0.8	**0.172**
Strongly disagree	**7**	**0.028**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.336 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
$$= 1.36/15.81$$
$$= 0.086$$

As the calculated value 0.336 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patients on the statement **"No proper communication between doctors / staff and patients"** is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table 13: Opinion on poor diagnosis

S. No	Opinion	No. of Respondents
1	Strongly agree	**89**
2	Agree	**65**
3	Neutral	**46**
4	Disagree	**30**
5	Strongly disagree	**20**
	Total	**250**

Table 14: KS test analysis on the opinion of poor diagnosis by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	89	0.356	0.356	0.2	0.2	**0.156**
Agree	65	0.26	0.616	0.2	0.4	**0.216**
Neutral	46	0.184	0.8	0.2	0.6	**0.2**
Disagree	30	0.12	0.92	0.2	0.8	**0.12**
Strongly disagree	**20**	**0.08**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.216 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
$$= 1.36/15.81$$
$$= 0.086$$

As the calculated value 0.216 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patients on the statement **"Poor diagnosis"** is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table 15: Opinion on lack of canteen facilities

S. No	Opinion	No. of Respondents
1	Strongly agree	**132**
2	Agree	**52**
3	Neutral	**21**
4	Disagree	**21**
5	Strongly disagree	**24**
	Total	**250**

Table 16: KS test analysis on the opinion of lack of canteen facilities by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	132	0.528	0.528	0.2	0.2	**0.328**
Agree	52	0.208	0.736	0.2	0.4	**0.336**
Neutral	21	0.084	0.82	0.2	0.6	**0.22**
Disagree	21	0.084	0.904	0.2	0.8	**0.104**
Strongly disagree	**24**	**0.096**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.336 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
= 1.36/15.81
= 0.086

As the calculated value 0.336 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement **"Lack of canteen facilities"** is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table: 17: Opinion on no proper consulting time

S. No	Opinion	No. of Respondents
1	Strongly agree	127
2	Agree	63
3	Neutral	24
4	Disagree	21
5	Strongly disagree	15
	Total	250

Table 18: KS test analysis on the opinion of no proper consulting time by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	127	0.508	0.508	0.2	0.2	0.308
Agree	63	0.252	0.76	0.2	0.4	0.36
Neutral	24	0.096	0.856	0.2	0.6	0.256
Disagree	21	0.084	0.94	0.2	0.8	0.14
Strongly disagree	15	0.06	1	0.2	1	0

Calculated D value = 0.308 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
= 1.36/15.81
= 0.086

As the calculated value 0.308 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patients on the statement "**No proper consulting time**" is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table: 19: Opinion on no quick process in paying the bill

S. No	Opinion	No. of Respondents
1	Strongly agree	70
2	Agree	30
3	Neural	63
4	Disagree	50
5	Strongly disagree	37
	Total	250

Table 20: KS test analysis on the opinion of no quick process in paying the bill by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	70	0.28	0.28	0.2	0.2	0.08
Agree	30	0.12	0.4	0.2	0.4	0
Neural	63	0.252	0.652	0.2	0.6	0.052
Disagree	50	0.2	0.852	0.2	0.8	0.052
Strongly disagree	37	0.148	1	0.2	1	0

Calculated D value = 0.08 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
= 1.36/15.81
= 0.086

As the calculated value 0.08 is lesser than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement **"No quick process in paying the bill"** is accepted. As such, there is no difference in the importance of ratings given by the private hospital patient's.

Table 21: Opinion on lack of new technology and equipment

S. No	Opinion	No. of Respondents
1	Strongly agree	**79**
2	Agree	**56**
3	Neural	**52**
4	Disagree	**40**
5	Strongly disagree	**23**
	Total	**250**

Table 22: KS test analysis on the opinion of lack of new technology and equipment by private hospital customer

Opinion	Observed Number	Observed Proportion	Cumulative Observed Proportion O	Expected Proportion	Cumulative Expected Proportion E	O-E
Strongly agree	79	0.316	0.316	0.2	0.2	**0.116**
Agree	56	0.224	0.54	0.2	0.4	**0.14**
Neural	52	0.208	0.748	0.2	0.6	**0.148**
Disagree	40	0.16	0.908	0.2	0.8	**0.108**
Strongly disagree	**23**	**0.092**	**1**	**0.2**	**1**	**0**

Calculated D value = 0.148 (i.e., the largest difference)
Table value at 95% confidence level = 1.36/ √250
$$= 1.36/15.81$$
$$= 0.086$$
As the calculated value 0.148 is greater than the Table value 0.086, the null hypothesis, there is no difference in the importance ratings given by the private hospital patient's on the statement **"Lack of new technology and equipment"** is rejected. As such, there is the difference in the importance of ratings given by the private hospital patient's.

Table 23: The problems faced by the consumer in private hospitals

S. No	Aspects	SA	A	N	DA	SDA	Total Score	Avg. Score	Rank
1	High fees paid	147	57	9	24	13	**1051**	**4.2**	**I**
2	Absences of lab facilities	66	50	52	53	39	**831**	**3.3**	**X**
3	No operation theatre	78	65	61	26	20	**905**	**3.6**	**VII**
4	Unhygienic Environment	81	60	54	37	18	**899**	**3.59**	**VIII**
5	Poor relationship with patients	105	70	40	28	7	**988**	**3.95**	**V**
6	No proper communication between doctors / staff and patients	99	75	60	9	7	**1000**	**4**	**III**
7	Poor diagnosis	89	65	46	30	20	**923**	**3.69**	**VI**
8	Lack of canteen facilities	132	52	21	21	24	**997**	**3.99**	**IV**
9	No proper consulting time	127	63	24	21	15	**1016**	**4.06**	**II**
10	No quick process in paying bill	26	30	63	61	70	**631**	**2.52**	**XI**
11	Lack of new technology and equipment	79	56	52	40	23	**878**	**3.51**	**IX**

From the above Table 23, it is concluded that the most number of the respondents has given first ranked for High fees paid, the respondents have given the Second rank for No proper consulting time. The third rank was No proper communication between doctors / staff, and patients, fourth rank was Lack of canteen facilities, the fifth rank was Poor relationship with patients, the sixth rank was Poor diagnosis, the seventh rank was No operation theatre, the eighth rank was Unhygienic Environment, the ninth rank was Lack of new technology and equipment, the tenth rank w Absences of lab facilities and followed by No quick process in paying bill.

5. SUGGESTION
The above findings of the study reveal that marketing of healthcare services problem faced by private hospitals patient's in the study area is moderate. Based on the findings of the study, the following suggestions are offered.
- Online patient organizer in an effort to reduce the time it takes for patients to schedule appointments and fill-in questionnaires while they wait, patients could do many of these things before they set foot in the physician's office.
- Avoid unnecessarily long waits for lab results to be distributed; this practice is disrespectful and even cruel
- The hospitals should see that the fees charged for providing healthcare services is reasonable and affordable to the clients concerned.
- Helping non-English speakers for patients who don't speak English, an iconography card could help them express themselves to hospital staff, particularly in urgent situations if they had pain or need to make a call when a family member or translator is not available.
- Patients should be treated with respect, dignity and due consideration.

6. CONCLUSION

This study reveals that people generally prefer private hospitals when they talk about timeliness, infrastructure, before and after time services, extra care, advance techniques etc. Hospitals industry today plays a big role in making the welfare of the public. Doctors come second after the God. So both organization should take care of their social responsibility towards the society first and profit afterward.

Health care is moving into the home increasingly often and involving a mixture of people, a variety of tasks, and a broad diversity of devices and technologies; it is also occurring in a range of residential environments. The factors driving this migration include the rising costs of providing health care; the growing numbers of older adults; the increasing prevalence of chronic disease; improved survival rates of various diseases, injuries, and other conditions (including those of fragile newborns); large numbers of veterans returning from war with serious injuries; and a wide range of technological innovations. The healthcare that results varies considerably in its safety, effectiveness, and efficiency, as well as its quality and cost.

7. REFERENCES

[1] Maxcila F.B., (2014), A study on customer perception towards Multi-Specialty Hospitals in Krishnagiri District, Indian Journal of Applied Research 4(1) (2014).

[2] Rajinder Singh (2010), Patients' Perception towards Government Hospitals in Haryana (VSRDTNTJ, Vol. I (4), 2010, 198-206).

[3] Mandel, Prior (et. Al) (2004), Quality assessment program in primary care clinics: A tool for Quality Improvement, International Journal for Quality in healthcare, pp 175-1803.

[4] Chahel Hardeep (2003), Strategies for enhancing consumer satisfaction in rural health services in J and K, Indian Journal of marketing.

[5] S. M. Irfan1, A. Ija," Comparison of Service Quality between Private and Public Hospitals: Empirical Evidence from Pakistan" Journal of Quality and Technology Management Volume Vii, Issue I, June 2011, Page 1 - 2.

[6] Dr. Arab Naz (Vol. 3 No. 5; March 2012) an analytical study of patients' health problems in public hospitals of Khyber Pakhtunkhwa Pakistan,

[7] Mace, S. (1998). An Analysis of Patient Complaints in an Observation Unit, Journal of Social Science and Medicine 18(2) 151-158.Ministry of Health (2003). Annual Report of D