

Patient's Perception towards Service Quality of Government Hospitals an Empirical Study in Nilgiris District

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Abstract

India is the second most populous country in the world. Although there have been major improvements in public health care sector in since 1950's. The country is passing through demographic and environmental transition which is adding to burden of diseases. And Health care facilities and services in the government hospitals is playing vital role of society and promoting health care service in India. And the most of the people in nilgiris living at rural part of areas and their referring to government hospitals for health check up and various major and minor diseases and health problems. Because of due to economically below poverty. This study has to reveals perception towards service quality in government hospital for their treatments, The problem of this study reveals in government hospitals were insufficient infrastructure facilities, technological aspect and medical equipments, If a response is promised in a certain time, does not happen and responding the client quickly, and insufficient doctors. Data have been collected through interview schedule in Nilgiris district.

Index terms— service quality in government hospitals and insufficient infrastructure facilities, technological aspect and medical equipments, responsiveness, and i

1 I. Introduction a) History of Nilgiris District

he Nilgiris, because of its natural charm and pleasant climate, was a place of Special attraction for the Europeans. In 1818, Mr. Whish and Kindersley, who were assistants to the Collector of Coimbatore, discovered the place Kotagiri near Rengaswamy peak. John Sullivan, the then Collector of Coimbatore was greatly interested in this part of the country. He established his residence there and reported to the Board of Revenue on 31st July 1819.

The Name 'Nilgiris' means Blue hills (Neelam -Blue and giri -Hill or Mountain) the first mention of this name has been found in the Silappadikaram. There is a belief that the people living in the plains at the foot of the hills, should have given the name, the Nilgiris, in view of the violet blossoms of 'kurinji' flower enveloping the hill ranges periodically. The earliest reference to the political history of the Nilgiris, according to W.Francis relates to the Ganga Dynasty of Mysore.

Immediately after the Nilgiris was ceded to the British in 1789, it became a part of Coimbatore district. In August 1868 the Nilgiris was separated from the Coimbatore District. James Wilkinson Brecks took over the administration of the Nilgiris as its Commissioner. In February 1882, the Nilgiris was made a district and a Collector was appointed in the place of the Commissioner. On 1st February 1882, Richard Wellesley Barlow who was the then Commissioner became the First Collector of Nilgiris.

2 b) District Administration

The Nilgiris District Comprises of six taluks, Like Udhamandalam, Kundah, Coonoor, Kotagiri, Gudalur and Pandalur. c) The Nilgiris District: Census Data on 2011

In 2011, The Nilgiris had population of 735,394 of which male and female were 360,143 and 375,251 respectively. In 2001 census, The Nilgiris had a population of 762,141 of which males were 378,351 and remaining 383,790

were females. The Nilgiris District population constituted 1.02 percent of total Maharashtra population. In 2001. The Nilgiris District Population Growth Rate There was change of 3.51 percent in the population compared to population as per 2001. In the previous census of India 2001, The Nilgiris District recorded increase of 7.31 percent to its population compared to 1991.

3 d) Health Sector and Infrastructures

Now -a -day's health care sector playing vital role of the human society. Whether growing population and shortage of health care service providers meet the very big challenges of the growth of human society, particularly government hospitals and their quality of services have been played in very huge role in the rural part of areas.

Even though rapid growth of population and shortage of health care facilities technological aspects in government hospitals. Government hospitals have been played on essential role of human society at rural areas, and demand of health care service in government hospitals increasing to the Day -by -Day because of the certain factors like, better facilities, services and technological equipments provide to the patients. And due to the several reasons perception of government hospitals and its treatments, infrastructure available, technological equipments with the hospitals, a noble suggestions and other related studies and references.

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4 II. Objective of the Study

? To found the standard of government hospitals that is understandable to patients. ? To identifying the facilities for the government hospital. ? To originate to the government hospitals and their quality of service and treatments.

5 a) Statement of the problems

The government hospitals have been played remarkable role in India particularly rural part of areas. As well as economically and financially low level people depends on government hospitals because of their minor and major health problem and their quality of treatment. This study reveals the major problems in government hospitals were insufficient infrastructure facilities, technological aspect medical equipments and medicines, If a response is promised in a certain time, does not happen and responding the client quickly, and quality of services.

Research Methodology: The percent study analysis and evaluation of the research questions are carried out through the primary and secondary data. Primary data collected through observation and direct interview schedule in government hospitals. The study was conducted in government hospitals and primary health care centers in Nilgiris district. The secondary data have been collected from the news papers and articles and district administration office at Nilgiris district to support the present study.

State health society, Tamil Nadu -established of 17 neonatal intensive care units (NICUS sick neonatal care units and health and family welfare EAPII /2 Dept dated 13 / 05 / 2013., District Of The Nilgiris District Administration, Last Updated on 25-02-2012 -E-mail:collrnlg nic in Phone :0423-2442344 © District Administration The Nilgiris, Tamilnadu, India.

6 b) Limitation of the study

The period of the study is conducted to two months. And the study will be conducted to admit in different wards and out patients, and study will depend upon the accuracy of information to given by the patients.

7 c) Sample size and sampling technique

The sample size preferred for this study 50 respondent which including the general demographic profile of the respondents. And this study has to elect Non -probability sampling methods. Interview Schedule: Interpretation: The above table shown as whether the government hospitals provide quality of service 34% respondents they said yes and 66 percentages of the respondents said no. Interview Schedule: Interpretation: If is learn from the above table that 76% of the respondents have been influenced by the free medical treatment and remaining 24% of the respondents influenced by the infrastructure and quality of treatment. Interview Schedule: Interpretation: From the above table reveals that 94 percentages of the respondents replied that the quality of the government hospital in health care service good and average.

8 III. Findings and Conclusion

? Patients are satisfied with the government hospitals and the perception is responsiveness of the doctors, staff and they provide quality of service. ? Patients they may feel and expect doctors have been taken more care of the patients. ? Government hospitals and doctors also play on important role in economically and financially low level people, and especially rural part of areas like their minor and major health problem and quality of service and treatments. ? There is a problem faced by the patients in government hospitals, insufficient infrastructure facilities, technological aspect and they want that it should be quality of service and treatment. ? And the infrastructure, free treatment, cost and free medicines are influencing the patients to select a government hospital.

9 IV. Suggestion and Recommendations

Government hospitals services should be improved in terms of quality of service and treatment, and the doctors should be taken care of the patient and give them response in systematic way. The staffs, nurses and midwives attend the patients in right time of the right place. And this study suggest government should take initiative improve the quality of the government hospitals and its infrastructure facilities. And avoiding noise pollutions and disturbance in general



Figure 1:

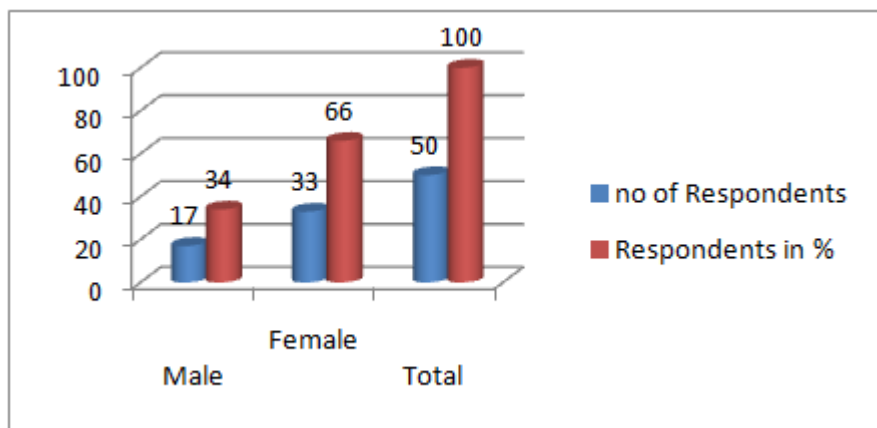


Figure 2:

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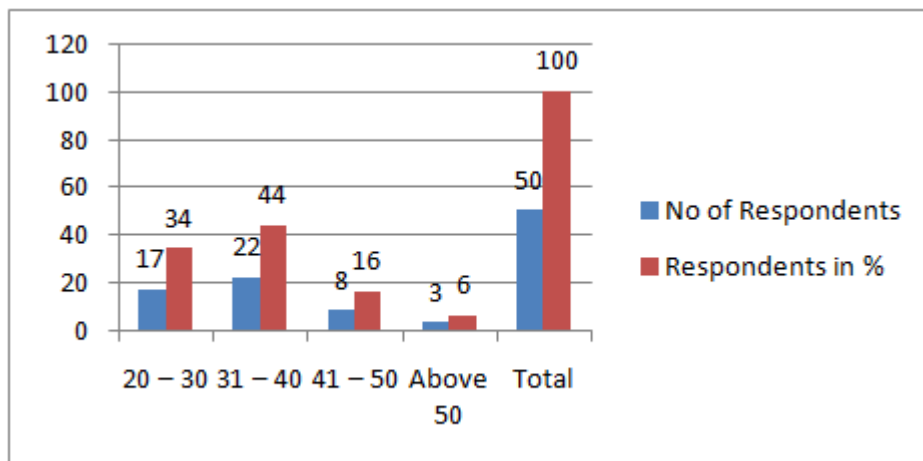


Figure 3:

Name of the Revenue Division	Name of the Taluk	No. of Revenue Firkas	No. of Revenue Villages	Town Panchayat	Village Panchayat
Coonoor	Udhagai	3	13	Udhagai	4
	Kundah	2	7	Coonoor	4
	Kotagiri	3	15	Kotagiri	1
Gudalur	Gudalur	2	8	Gudalur	4
	Pandalur	2	4		5

[Note: Reference: Source: District of the Nilgiris District Administration, Last Updated on 25-02-2012 -E-mail: collnlg nic in Phone: 0423-2442344 © District Administration The Nilgiris, Tamilnadu, India.]

Figure 4:

		No of Allied pathological units available in	
	Sl	Name of the municipalities	
	No		
	1	Ooty (M)	
	2	Coonoor (M)	
	3	Udhagamandalam (B)	
	4	Coonoor (B)	
	5	Kotagiri (B)	
	6	Gudalur (B)	
SNCU Sick Neonatal care units and state health society, Tamil Nadu Published strength of Government Hospital in Nilgiris District. State health society, Tamil			
Year	Sl	District Nilgiris	SNCU to be Established/ Strengthened Govt H
2015	No 1		
(Sl S.No 1 3 2 No 1	has been a favored health resort of the Europeans and	Name of the medical college
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	4	Saraswathi Mani Hospital	Emanuel Eye Hospital
	5	Parvathi Nursing Home	Family Plan. Asso.India
	6	Sanhita Hospital	Gudalur
	7	Nirmala Nursing Home	Govt. Hospital
	8	Blisy Eye Hospital	Devershola
	9	District TB.Centre	Garden Hospital
	10	ESI Dispensary	
		Health and family welfare Hospitals, Dispensaries, Bed Strength, Doctors and Nurs	
		In Nilgiris District Year -2008 to 2	
		Indian	
		Medicine	
	Sl	Classification	Modern Ayurvedic Siddha Unnani Combin
	No		medicine
	1	Hospitals	26 -
	2	Dispensaries	02 -
	3	Primary health center	28 -
	4	Health sub center	194 -
	5	Other medical	00 -
		5	
		institutions	
	6	Bed Strength	839 -

No

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Volume 8, No. 1 2 3 4 Interpretation: Interview schedule: Age Group 20 -30 31 -40 41 -50 Above 50 Total Res

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S.No 1

Occupation Agricultural

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Data Analysis: Table No -I Employed in professional Business

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S.No others GENDER

Res

1 Total Male

2 Interview schedule:

Female

Total

Interview schedule:

[Note: K© 2015 Global Journals Inc. (US) Interpretation: The above table reveals that 44 percentages of the respondents are belongings to the age group of 31 to 40 those who contribute to their views on government hospitals Interpretation: From the above table reveals the status of occupations level respondents 48% of the people are being employed in professional and 28% of respondents in daily wages, 16% in agricultural and both the business and others only 4%.]

No

Interview schedule:

Interpretation: From the above table state income level of the respondents 40% of the respondents below 5,000, Rs.5,000 to 7,500 6%, 38 percentages of the respondents 7,500 to 10,000 and 16 percentages of the respondents above 10,000.

Table No -V Awareness about Government Hospital			
S. No	Variables	Respondents in No	Respondents in %
1	Yes	47	94
2	No	3	6
	Total	50	100

Interview schedule:

Interpretation: Table No -VII Satisfaction of services in Government Hospital

S.No	Variables	Respondents in Num- ber	Respondents in %
1	Yes	17	34
2	No	33	66
	Total	50	100

Figure 7: Table No -

No

Table No -X Preference and rating for Quality service in Government Hospital						
S.No	1	S.No	2	1 3 2	Economic status	Below 5000
4	3	4	5		Variables	5000 -7500 7500 -
					10000 Very high	High Above
					10000 Normal	Total Low Very
					low	
						Respondents in Number 20
						Respondents in Number 3
						3 19 0 8 35
						50 0 12
						100 24
6					Don't know	0
					Total	50
						100
Interview Schedule: Interpretation; Table No -XI Responsiveness						
S.No					Variables	Respondents in Number
1					Strongly agree	0
2					Agree	17
3					Neutral	19
4	5	Interview Schedule:	Disagree	Strongly disagree	Total Interpretation:	14 0 50
						28 0 100
S.No					Variables	Respondents in Number
1					Accessibility	3
2					Free treatment	0
3					Free medicine	35
4					Courtesy	0
5					Credibility	12
					Total	50
						100
Interview schedule:						

[Note: Interpretation: About 70 percentages of the respondents reveals major reason to visit on government hospital for free medicine.]

Figure 8: Table No -

No

S.No	Variables	Respondents in Number	Respondents in %
1	Free medical treatment	38	76
2	Hospitality and infrastructure	2	4
3	Quality treatment	5	10
4	Free medical camp	5	10
5	Free ambulance facility	0	0
6	Timely attending the case	0	0
	Total	50	100

Figure 9: Table No -

No

Year 2 015

S.No	1	2	3	4	5	Interview Schedule:	Highly satisfied	Respondents in Number	Respondents in %
Variables	Satisfied	Neutral	Dissatisfied	Highly dissatisfied					
Total	17	15	18	30	36	0	0	50	100
Interpretation:	Volume XV	Issue V	Version I	(D D	D D)	K			

Figure 10: Table No -

No

S.No	Variables	Respondents Number	in	Respondents in %
1	Excellent	0	0	
2	Very good	3	6	
3	Good	18	36	
4	Average	29	58	
5	Very poor	0	0	
	Total	50	100	

Figure 11: Table No -

Year 2 015

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Figure 12:

