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The Study of Common Responses of Key Service Providers with Special Reference to Causes of Patient Dissatisfaction in Government Hospital

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Abstract: ***The present study was conducted to know the various reasons for patient dissatisfaction at various places & explanations of service providers for patient dissatisfaction. 400 patients were selected from all clinical departments for the study to know the satisfaction and then the key service providers of various departments were interviewed for the explanations of the same at Government Medical College Hospital, Miraj. Out of 400 patients 364 (91%) had reported one/ more dissatisfaction/s. Higher frequencies of dissatisfaction reporting found in illiterate, lower social class, in-door patients, treated by surgical departments & lower frequencies of dissatisfaction in age group below 15 years and rural dwellers. Of the 37 types of dissatisfaction reported, 10 were found to be of serious nature viz. cursory clinical examination (56%), lack of counseling (40%), inadequate privacy during clinical examination (14.28%), lack of explanation regarding drug schedule (43%), unsatisfactory emergency management (32.95%), occurrence of post-operative surgical complications (28.82%), discharged without relief (6.18%) & illegal demand of money, etc. Most of these were 'acts of omission' on part of service providers. In terms of legal liability, the 'service-provider' constitutes a 'collective responsibility' with respect to application of law. Some of the dissatisfactions need to be taken seriously and prevented. Emphasised the need for consumer education, creation of permanent consumer grievance redressal cell in hospital, availability and easily accessible of 'complaint register', staggering of O.P.Ds etc.***

Keywords: Dissatisfaction, Service provider, C.P.A.

1. Introduction

The National Commission in 1993, clearly ruling, that medical services were unequivocally covered under the provision of the Consumer Protection Act.(1) It was believed at that juncture, that Government and Public Sector health facilities were immune to litigations, as services rendered free-of -charge.(2) In a very important decision, with far-reaching consequences, the Supreme Court of India in the case of State of Haryana Vs. Smt. Santra in sterilization failure in 2000 ruled, that the immunity was applicable if and only if all patients/ patients were treated free- of-charge.(3) It will be wrong to wait for the dissatisfactions to come in the Consumer Forum and then defend the cases. The principle, that 'Prevention is Better than Cure' is very much applicable to this problem.(4,5,) This was a modest attempt to study the various reasons for patient dissatisfaction at various places in the beneficiaries (patients) of typical Government hospital & to know the explanations of service providers (Administration, I/C Doctors, Paramedicals, etc) for patient dissatisfaction with a view to suggest corrective measures and improvements.

2. Materials and Methods

The Cross- Sectional study was conducted at Government Medical College Hospital, Miraj. The study population were patients and Key Service Providers of G.M.C.H. Miraj. The sample size was 400 patients from all departments of hospital and key service providers. Patients from all departments (Medicine / Surgery / OBGY / Orthopedics / Ophthalmology / E.N.T./ Dental /Others) of outdoor and in-door sections were interviewed with the help of pre-tested 'Patient Questionnaire' at exit points by stratified sampling method to elicit required information. Stratification was done according to the preceding year's proportion of patients attending Medicine & Paediatrics, Surgery & allied (included General Surgery, Orthopaedics, E.N.T. & Ophthalmology) and Obstetrics & Gynaecology departments keeping the same proportion in the sample. Key 'service providers' i.e. administrative and paramedical personnel viz. Medical Superintendent (1), Resident Medical Officers (2), Heads/Unit in-charge of Clinical /Surgical Departments (6), Matron (1), Sister in-charge wards (5), Pharmacist (2) those responsible for providing various aspects of services were interviewed with respect to related dissatisfactions to find out their views, explanations and difficulties with respect to the dissatisfactions.

3. Results

The patient status with respect to his/her status was (52%) new / (48%) old, (56%) outpatient / (44%)in-patient, (81.5%) routine / (18.5%)emergency. 224 patients were from Medicine & Paediatrics 114 from Surgery, Ortho, Ophthalmology, E.N.T, while 32 from Obstetrics & Gynaecology departments. 93.72% of new, 88.55% of old, 96.32% of routine, 67.56% of emergency, 87.05% of out-door patients & 96.03% of in-door patients had one/more dissatisfaction reported. Dissatisfactions such as non-availability of person at inquiry counter (100%), absence of guidance (87%), compulsion of daily registration (80%), purchase of drugs (52%), investigations (80%) from outside etc. have been reported by high proportion of patients; while, serious matters such as absence of privacy at the time of examination of female patients (14.28%), absence of

relief after surgery/ post-operative complications (28.42%), discharge in spite of no relief (6.18%), money demand by doctors etc. have been reported by very few patients.

More of illiterate patients (97.74%) responds one/more dissatisfactions compared to literates ($p<0.001$). Patients from lower social class (96.97%) had significantly more dissatisfied compared to middle social class. Pooled data revealed significant difference ($p<0.001$). Difference in knowledge regarding disease process and management, expectations regarding cure etc. may perhaps explain the findings. Lower proportion of dissatisfactions reported (135) in rural dwellers were found to be significant ($p<0.001$). Routine patient had significantly more dissatisfied (314) compared to emergency ($p<0.001$). In-door patients had significantly higher dissatisfactions reporting (169) compared to out-patients ($p<0.001$). More dissatisfactions reported by patients treated in surgical and allied branches (96.53%) compared to other counterparts, found highly significant.

4. Discussion

364 patients (91%) had reported one/more dissatisfaction/s with respect to the services received at G.M.C.Hospital Miraj, while only 36 patients (9%) had satisfaction in the present study. Higher frequencies of dissatisfaction reporting found in illiterate, lower social class, in-door patients, treated by surgical departments. While lower frequencies of dissatisfaction reported in age group below 15 years and rural dwellers.

Lower dissatisfactions in rural dwellers could be possibly attributed either to lower expectations who find the hospital set-up much better than experienced in the rural, or to inhibitions in making complaints. Since active efforts were made to find out and record dissatisfactions, illiterates had a chance to be heard. Thus dissatisfactions of 302 illiterate patients would perhaps never been voiced in the routine working of the hospital. More dissatisfaction in illiterates may be due to misconceptions about disease process and illogical expectations from treatment. Routine patients had more grievances, as they had to wait for all the times e.g. registration, clinical examination, investigation, transportation, treatment, surgery etc. compared to emergency. The in-door patients had more dissatisfactions compared to out-doors, as they had to stay in the hospital for more time for investigations, treatment, surgery etc. also go through all troublesome procedures of admission in hospital.

One has to realize, that the importance of any given dissatisfaction cannot be judged solely by the weight of the frequency of complaints, but by the ethical, moral and legal implications of a given dissatisfaction. 24% patients were unhappy, that ‘tonics’ & ‘injections’ were not prescribed to them. Kathleen-Holloway found the same attitude with respect to so called ‘tonics’, reported irrational expectations of patients regarding ‘tonics’ & ‘anti-microbials’. The author has stated, that if the treating doctor does not prescribe the desired ‘tonics’ & ‘anti-microbials’, the doctor looses those patients to other doctors who bow to the irrational expectations of patients [5]. In the context of the consumer protection scenario what is more important is to examine whether the basic rights [4] of a patient as a consumer have been violated or not. The following 10 types of reported dissatisfactions need to be viewed as serious, among the total 37-reported dissatisfactions- 1] Cursory clinical examination by doctor (56%). 2] Absence of counselling regarding the illness and management (40%). 3] Inadequate privacy during examination of female patients (14.28%). 4] Lack of explanation regarding drug schedule and toxicity (43%). 5] Unsatisfactory care during clinical emergency while in the ward (32.95%). 6] Cursory consent procedure without proper counselling for legally valid consent (80.18%). 7] No proper counselling regarding surgical procedure and its outcomes (45%). 8] Absence of tangible relief / occurrence of complications after surgery (28.82%). 9] Discharging a patient despite no tangible clinical improvement (6.18%). 10] Illegal demand of money on part of providers, especially doctors and nurses.

Most of above mentioned serious dissatisfactions (no.1-7) were ‘acts of omission’ on part of providers. Inconvenience rather than negligence and lack of knowledge/ misconception explained these commonly reported dissatisfactions. While last three dissatisfactions (no.8-10) constitute ‘acts of commission’ and need to be viewed more seriously and sternly.

It is reasonable to assume, that the pattern of dissatisfactions is likely to be very different and perhaps significantly more serious, in case of patients who died during/despite treatment, as well as those who left the hospital against medical advice. It is also reasonable to assume that these types of patients are more likely to have ground for claiming damages due to medical negligence.

In terms of legal liability, 'service providers' have ‘collective responsibility' with respect to the application of law. The most common responses of key service provider’s were-

1] Done as per government policy (52.94%). 2] Inadequate budgetary provisions, financial constraints (58.82%). 3] Deficient staff, inadequate ‘staff: patient’ ratio (88.24%). 4] Our performance is comparatively good (82.35%).Some other responses included. 5] Outright denial of negligence (52.94%). 6] Blaming other categories of service – providers (52.94%). 7] Unrealistic expectations and misconceptions of patients (41.18%). 8] Failure of communication (29.41%). 9] Helplessness/ exasperation concerning class IV servants (47.06%). 10] Exceptional events like closure of O.T. during study (23.53%).

5. Conclusion

In the light of the quoted basic rights [4] most of the above-mentioned serious dissatisfactions were “acts of omission” on part of providers. Some reported dissatisfactions (e.g. post-operative complications, discharge without clinical relief, absence of counselling, cursory clinical examination etc.) may have potential as possible medical negligence cases. Such dissatisfactions need to be taken seriously and prevented. Emphasised the need for consumer education, creation of permanent consumer grievance redressal cell in hospital, availability and easily accessible of ‘complaint register’, staggering of O.P.Ds etc.

6. Future Scope

Detailed studies regarding dissatisfactions / grievances related to deaths and patients leaving hospital against medical advice must be undertaken both in Government & private hospitals to find out areas requiring improvements by priority.

References

[1] Arora Manish. Medical Negligence and Legal Remedies with special reference to Consumer Protection Law. 1975.
[2] Chulani H.L. The Law of Medical Negligence Medigard
[3] Supreme Court. State of Haryana Vs. Smt. Santra Consumer Protection Judgments Vol. I; 55 -64; 2000.
[4] Gadgil Gangadhar. Medical Negligence + Consumer Protection Act; Feb-1993
[5] Holloway Kathleen. Essential Drugs Monitor. Double issue no. 28-29:9; World Health Organization 2000
[6] World Health Organization. International Digest of Health Legislation Volume 48 no. 2:3:4; 1997 and Volume 49; 1998

Table 1: Patient Dissatisfactions & Demographic Profile

Profile	*Dissatisfaction N(%)*	*Satisfaction N(%)*	*Total N(%)*	*Statistical Analysis*
Social class				
Middle	240(88.23)	32(11.77)	272(68)	$SEp_1 \sim p_2$ = 2.48, z = 3.48,p< 0.001
Lower	124(96.97)	4(3.13)	128(32)	
Residence				
Rural	135	24	159	χ^2 = 11.94, d.f.=1, p < 0.001
Urban	229	12	241	
Patient Status				
New	194(93.72)	14(6.73)	208(52)	$SEp_1 \sim p_2$ = 2.9 , z = 1.62 , p > 0.05
Old	170(88.55)	22(11.45)	192(48)	
Routine	314(96.32)	12(3.68)	326(81.5)	$SEp_1 \sim p_2$ = 5.53, z = 5.19,p< 0.001
Emergency	50(67.56)	24(32.44)	74(18.5)	
OPD	195(87.05)	29(12.95)	224(56)	$SEp_1 \sim p_2$ = 2.68, z = 3.3, p < 0.001
IPD	169(96.03)	7(3.97)	176(44)	
Male	262(90.97)	26(9.03)	228(72)	$SEp_1 \sim p_2$ = 3.3, z = 0.03, p > 0.05
Female	102(91.07)	10(8.93)	112(28)	
Literate	62(68.14)	29(31.86)	91(22.75)	$SEp_1 \sim p_2$ = 4.91, z = 6, p < 0.001
Illiterate	302(97.74)	7(2.26)	309(77.25)	
Department-wise				
Medicine & Paed	197(87.95)	27(12.05)	224(56)	Dissatisfaction - χ^2 = 121.89, d.f.=2, p < 0.001
Surg,Ortho,Eye,ENT	139(96.56)	5(3.47)	144(36)	
Obstetric & Gynae	28(87.5)	4(12.5)	32(8)	Satisfaction- χ^2 = 28.16, d.f.=2, p < 0.001
All Departments	364(91)	36(9)	400(100)	

Author Profile

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