

Original Article

QUALITY OF SERVICES PROVIDED TO THE PATIENTS IN GOVERNMENT GENERAL HOSPITAL, SRIKAKULAM–A CROSS-SECTIONAL STUDY

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ABSTRACT

Objective: To assess the quality of services provided in Outpatient department (OPD), to the Inpatients (IP) and quality of Supportive services.

Methods: This is a hospital-based cross-sectional study. Feedback was taken from the 150 patients after taking permission from the concerned authorities of the hospital, after taking Institutional ethical committee approval and after written consent from the patients. Feedback is taken from the patients attending 5 departments, namely (Medicine, Surgery, Gynaecology and Obstetrics, Orthopaedics and Paediatrics. Opinion from 30 patients from each department covering 15 Outpatients and 15 inpatients were taken.

Results: Most of the patients of Out Patient Department (OPD) and Inpatients (IP) have expressed satisfaction regarding the services they are receiving/received from the hospital.

Conclusion: Utilizing the available hospital resources judiciously with wholehearted commitment from the available manpower with time to time needed budgetary support from the Government can improve the quality of services in the Government hospitals at par with the corporate hospitals.

Keywords: Quality of services, Government hospitals, Corporate hospitals, Outpatient department services, Inpatient services

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INTRODUCTION

Both private and government-run hospitals offer medical services to their patients. The cost of receiving medical care from corporate hospitals is higher than that of government hospitals. Three levels of healthcare are offered by the government to the general public: primary care is provided by Primary Health Centers, secondary care is provided by hospitals at the district level, and tertiary care is provided by teaching hospitals connected to medical institutions. Every hospital level has its own staff members and intended goals. The government sets aside money in its budget to provide services to patients who visit its hospitals at the various levels indicated above. Only when consumer input is gathered can services at any level of the healthcare system be enhanced. This is done in order to identify any shortcomings in the services being rendered, which aids administrators in concentrating on these shortcomings and in enhancing the quality of the services through the use of diverse approaches tailored to the discovered issue. Therefore, getting feedback on the caliber of services rendered is crucial.

To know the user end opinion (patients) regarding the quality of various services provided to the patients in Government General Hospital, Srikakulam, which is a tertiary health care hospital is the main aim of the study. The objectives of the study includes to assess the quality of services provided to the patients in Out Patient Department (OPD), to know the quality of services provided to the Inpatients (IP) and to study the quality of other patient support services.

MATERIALS AND METHODS

Study design

It is a Hospital-based cross-sectional study.

Study setting and study population

Patients attending the outpatient department and treated as Inpatients in Government General Hospital, Srikakulam. Study was conducted during the periods from October 2023 to December 2023.

Sample size and sampling technique

The list of all the departments was taken from the MS office and the departments were selected randomly using random number table. A convenient sample size of 30 patients (15 OPD and 15 IP) from each of the selected 5 departments were included in the study. So a total sample size of 150 was obtained. There were 6 non-respondents. So the final sample size was 144. Permission was taken from the concerned authorities of the Government General Hospital, Srikakulam to carry out the work.

Ethical consideration

Ethical approval was obtained from the Institutional Ethics Committee.

Inclusion criteria

All the patients who can give consent and who can understand questions and give their opinion were included in the study.

Exclusion criteria

Those patients who were critically ill and those who cannot understand and give their opinion were excluded from the study.

Method of data collection

After obtaining written informed consent from the patient or guardian in case of patients below 18 y, a pre-designed semi structured questionnaire was administered. The questionnaire contains socio-demographic details of the patient. Questionnaire contains 30 questions framed in English and local language Telugu covering all the patient services provided in the hospital. Their opinion on the services provide at the OPD, in wards, Pharmacy, Operation theaters, Sanitation, Security, Diet, Laundry, Diagnostic services, and Aarogyasri-related services was taken. The opinions were given based on the five point scale ranging from Worst, Poor, Satisfactory, Good, Excellent.

Data analysis

Data collected in the form of feedback forms were entered into Microsoft Excel and analyzed using SPSS version 25. Descriptive

statistics were represented in the form of frequencies and percentages.

RESULTS

The opinion of 144 patients were analyzed and presented under the heads namely: OPD services, IP Services, Supportive services.

Outpatient department services (OPD)

About half of the patients (53.5%) were satisfied regarding the issue of OP ticket and the average time taken to procure OP ticket was 30 min as said by 47.2% of the patients. 62% of the patients were satisfied with the services at the Help desk in guiding them. The doctor's punctuality in the OPD was satisfactory in 63.9% and the

average time taken to meet the consultant doctor in the OPD was 45 min as said by 43% and 25% of the patients opined it as 30 min 25% as 1 hour. Majority were satisfactory (74.3%) in sharing their health issues with the doctor and with the attitude of the staff (77.8%) in the OPD. Maintenance of the washrooms and cleanliness in the OPD was satisfactory for 63.9% and 71.5% of the patients, respectively. However, more than a quarter of the patients about 36% expressed poor maintenance of the wash rooms and almost a quarter of the patients expressed that the help received in shifting the patients to the ward was poor. The mean scores of the OPD services across the clinical departments was almost the same. The difference of the scores across the 5 different departments is statistically not significant (table 1 and table 2).

Table 1: Frequencies of scores regarding out-patient services

Frequencies of scores	Score				
	Worst (1) n (%)	Poor (2) N (%)	Satisfactory (3) n (%)	Good (4) N (%)	Excellent (5) N (%)
Issue of OP tickets and working pattern in OP Ticket issue counter	0	45 (31.2)	77 (53.5)	22 (15.3)	0
Guidance of hospital help desk in taking to the required OP	0	24 (16.7)	89 (61.8)	31 (21.5)	0
Doctors punctuality in OPD	0	22 (15.3)	92 (63.9)	30 (20.8)	0
Sharing your health issues with the doctor in OPD	0	17 (11.8)	107 (74.3)	20 (13.9)	0
Staff attitude in the OPD	0	19 (13.2)	112 (77.8)	13 (9)	0
Cleanliness maintained in OPD	0	22 (15.3)	103 (71.5)	19 (13.2)	0
Wash rooms maintained in OPD	0	52 (36.1)	92 (63.9)	0	0
Help received in shifting from OPD to ward	0	35 (24.3)	109 (75.7)	0	0

Table 2: Interdepartmental mean scores of the OPD services

Name of the department	mean±2SD	P value
Medicine	20.74±1.631	0.925
Surgery	20.69±1.339	
Gynaecology and obstetrics	20.54±1.527	
Paediatrics	20.41±1.500	
Orthopaedics	20.61±1.273	

Inpatient services

About 72.9% and 77.1% of the participants expressed their satisfaction about the nursing care and supporting staff in the ward, respectively. 77.8% were satisfied with the cleanliness in the ward and about quarter of the patients opined that the

maintenance of the washrooms was poor. Operation theater services were satisfactory as opined by 81.1% and poor by 18.9% of participants. The mean scores of the Inpatient services across the 5 clinical departments was almost the same. The difference observed between the departments was not statistically significant (table 3 and table 4).

Table 3: Frequencies of scores regarding Inpatient services

Frequencies of scores	Score				
	Worst (1) N (%)	Poor (2) N (%)	Satisfactory (3) n (%)	Good (4) N (%)	Excellent (5) N (%)
Nursing care in the ward	-	14 (9.7)	105 (72.9)	25 (17.7)	-
Supporting staff in the ward	-	33 (22.9)	111 (77.1)	-	-
Cleanliness maintained in the ward	-	18 (12.5)	112 (77.8)	14 (9.7)	-
Wash rooms maintained in the ward	-	47 (32.6)	97 (67.7)	-	-

Table 4: Interdepartmental mean scores of the inpatient services

Name of the department	mean±2SD	P-value
Medicine	11.52±0.935	0.662
Surgery	11.62±0.903	
Gynaecology and Obstetrics	11.32±0.863	
Paediatrics	11.63±1.115	
Orthopaedics	11.39±0.899	

Supportive services

There is no availability of canteen in the hospital but diet for the inpatients was being provided by diet contractor daily. Nearly a

quarter opined that the diet received was poor and 72.2% were satisfactory. Bed sheets status were graded as satisfactory by 77.1%. Majority of the participants opined that the Laboratory services, Security services, and Aarogyasri-related services were satisfactory:

79.9%, 89.6% and 86.8%, respectively. Safe drinking water was available in the hospital. 6 patients of the 144 studied reported that the hospital staff asked money from them for the services. Based on

the overall experience they had, almost all the patients said that they would recommend Government General Hospital Srikakulam to their friends and relatives for their health needs (table 5).

Table 5: Frequencies of scores regarding supportive services

Frequencies of scores	Score				
	Worst (1) N (%)	Poor (2) N (%)	Satisfactory (3) n(%)	Good (4) N (%)	Excellent (5) N (%)
Diet received in the hospital	-	40 (27.8)	104 (72.2)	-	-
Bed sheets used in the ward	-	33 (22.9)	111 (77.1)	-	-
Lab services in the hospital	-	13 (9)	115 (79.9)	16 (11.1)	-
Security services in the hospital	-	15 (10.4)	129 (89.6)	-	-
Aarogyasri-related services in the hospital	-	7 (4.9)	125 (86.8)	12 (8.3)	-

DISCUSSION

A hospital's patient care program includes a wide range of services. Depending on the patient's needs, several services are available as soon as they arrive at the hospital. Services begin at the hospital's help desk and conclude when the patient receives the treatment he has been prescribed. Hospital assistance desk, Op ticket issue counter, Outpatient department (OPD) service, Inpatient (IP) service, Lab service, OT service, Sanitary, Security, Diet, etc. are some of the hospital's many diverse patient care offerings. In order for the patient to have total satisfaction, all hospital services must be of high quality. Any shortfall in any of the aforementioned services causes patient unhappiness, which in turn causes Quality of services provided in a hospital can be known by getting feedback on the services provided. Feedback can be obtained either by internal audit by in-house team appointed for the purpose, verifying the status of various services provided or by external audit by any agency visiting the hospital at random and also from the patient feedback taken at the time of discharge. Internal audit or external audit is useful for qualitative and quantitative assessment of the various services provided, whereas patient feedback helps mostly in qualitative assessment of the services. This study is confined to the Qualitative assessment of the services provided in the hospital from patient perspective. The quality of services rendered in a hospital is contingent upon several critical elements, including the availability of adequate workforce, the workforce's commitment to providing the services, and the institution's financial support. Numerous factors influence each of these characteristics in turn. When opposed to government hospitals, corporate hospitals are more popular since they typically have stable financial resources, a large enough workforce, and consultants who are committed to working in the hospital. The doctors and workers that work in government settings have a dedication that is either government-driven or self-driven. In contrast to authority-driven commitment, which is typically weak, transient, and yields subpar outcomes, self-driven commitment is typically stronger, lasts longer, and produces exceptional results. There are a number of elements that determine the difference in workforce commitment and discipline between government and corporate hospitals. According to our observations, employees' dedication to the work assigned is influenced by their employment type-contract or regular. Even though it cannot be applied universally to the public sector, some permanent employees who have stable jobs sometimes treat their duties with less care than contract employees who have the same job chart. A contract worker does the tasks assigned to them. In a study done by Indradevi, and Veronica [1] determined whether employee commitment influences organizational citizenship behavior, which in turn influences employee result. The enthusiastic work ethic of the employees of the chosen firms is evident in their unwavering commitment to maximizing efficiency inside the workplace. Baird Kevin *et al.* [2] introduced and empirically investigated a new theoretical model that argues that hospital performance in terms of operational effectiveness and patient care is influenced by the level of Employee Organizational commitment, which is in turn influenced by the performance of hospitals in terms of staff resources, medical facilities, and support facilities. Roli Ilhamsyah Putra [3] investigated the components of commitment. The outcome demonstrates that

corporate culture and competency have a big impact on commitment. This suggests to the management that fostering an appropriate organizational culture and raising staff competency are critical components of bolstering employee commitment. Tatoy Chery *et al.* [4] concluded that work life is an important aspect of daily life that might lead to pressure if an employee is dissatisfied with their job. Because nursing is such a demanding and tough career, the majority of nurses carries out their duties with professionalism and occasionally chooses to overlook the stress that negatively impacts both their work and personal lives. It is necessary to view every unique institutional situation separately in terms of profession and other associated elements. The results indicate a relationship between work commitment and job happiness. Consequently, the study's findings have a significant impact on the healthcare industry. Organizations can use these findings to influence how satisfied their staff members are as well. Hospitals in the public sector experience a shortage of personnel more frequently than those in the private sector. This is influenced by numerous factors. Of which, higher compensation for technical and specialized positions draws more attention and has a greater sway over decision-making when compared to the public sector. Thus, there's a probability that government-run hospitals will have more open positions. Manpower shortages have a serious impact on services, which ultimately results in low patient satisfaction. The government is currently attempting to fill open positions in government hospitals in a number of ways. The services are drastically improving just because of this one reason.

Joel Aluko, *et al.* [5] reported the details and documented staffing deficit in PHC facilities that provide maternity services on a generic basis. Evidence of ineptitude and unsuitable categories of health workers providing maternity-related health care to mothers and their newborns were noted. Heads of facilities criticized and denounced the inadequate funding for PHCs, which led to the collapse of the current recruitment system. In a study done by Ramesh [6] demonstrated the significant influence that efficient manpower management has on raising hospital staff performance and healthcare quality. The study recommends that before beginning the performance development process, the hospital's human resources managers' performance should be evaluated. Staff performance should also be continuously improved upon and trained. The findings of Lovilla Erestain [7] demonstrated how the lack of healthcare professionals affects the physical and mental well-being of healthcare workers as well as the safety and treatment of patients. Similarly, there is a low level of job satisfaction and a high rate of burnout, which causes people to quit and look for less demanding and higher-paying positions. Therefore, policy makers and healthcare care authorities should carefully listen to worker problems and take strong action to address them in order to stop this trend from continuing and avert a serious crisis in the healthcare business. In a study by Subhasish Chatterjee and Niraj Pandit [8] found the key issues must be prioritized by the government in order to advance the public health care system. These issues include improving the financial budget, supporting the advancement of cutting-edge medical technology, enhancing the management information system, and establishing appropriate training and development cells-that is, a few knowledge capital hubs

scattered throughout various rural areas- for training and development. The authors noted that the issue of inadequate medical treatment in rural areas is not unique to India but rather is present in many other nations as well. A hospital's ability to receive funding is a major factor in determining how effective its services are. Finance has a multifaceted impact on the effectiveness of services. That instance, inadequate funding results in a shortage of equipment, inadequate infrastructure, and a reduction in labor, all of which lower service quality. A corporate hospital has an advantage in terms of finances since its owner concentrates all of their resources into one or a small number of the facilities they own. However, this is not the situation for hospitals in the public sector, where entire state-wide distribution of available funds is required. Budget *al.* locations are typically much smaller than what a hospital needs. Therefore, the hospital's administrators must prioritize the necessities, frequently at the expense of certain financial resources. As a result, some services become inadequate. This results in a general decline in service quality, which in turn causes patient discontent. In a study done by Akinleye *et al.* [9] found that the greatest factor separating quality from safety is enhanced patient reported experience of care, which is correlated with high financial performance. These results imply that hospitals with sound financial standing are better equipped to uphold extremely dependable systems and supply continuous resources for quality enhancement. In a study done by Hasan Yusefzadeh *et al.* [10] reducing excess production components through thorough planning based on Data Envelopment Analysis findings can significantly lower hospital and healthcare sector costs. The original and anticipated values of inputs differed in hospitals with a technical efficiency score below one, leading to a surplus. For these hospitals to function at their best and achieve optimum efficiency, they need, therefore lower their input values. Andras Kiss *et al.* [11] concluded that physicians' treatment decisions were unaffected by the change in incentives, but only patient pathways which were presumably influenced by hospital management were. Even though the overall duration of stay dropped, there was no discernible difference in 30-day readmission rates or in-hospital death.

CONCLUSION

With careful use of the hospital's resources, unwavering dedication from the workforce, and occasionally needed financial assistance from the government, it is possible to raise the standard of care provided by government hospitals to that of private hospitals.

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AUTHORS CONTRIBUTIONS

All authors have contributed equally.

CONFLICT OF INTERESTS

Declared none

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