

# PERCEPTION OF PATIENTS ON THE SERVICE QUALITY OF GOVERNMENT HOSPITAL IN COIMBATORE DISTRICT

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**Abstract-**A hospital as a healthcare organization has been defined in varied terms as an institution involved in preventive, curative/ameliorative, palliative or rehabilitative services. However, the definition given by World Health Organization (WHO) is quite exhaustive and exclusive, in which it is defined as an integral part of social and medical organization, which is to provide for the population complete healthcare, both curative and preventive; and whose out-patient services reach out into the family in its home environment. The hospital is also center for the training of health workers and for bio-social research. The WHO has announced its commitment to achieve the goal of "Health for All". Most countries including India have pledged to achieve this goal. Now-a-days hospitals provide bio-social research; teaching and training facilities for doctors, nurses, Para-professions, paramedical, pharmacists, etc. Operationally, hospital provides service to out-patient, in-patient, and general wards, emergency, special wards, intensive care units, operation theatre, delivery suite and also provides support services such as pharmacy, radiology and imaging, CSSD (Central Sterile and Supplies Department), blood bank, laboratory services to the society as a whole. In Coimbatore, Government hospitals play a crucial role in providing healthcare services to a diverse population. It is important to consider the unique challenges and opportunities faced by Government hospitals in Coimbatore and how these factors impact patients' perceptions.

**Keywords:** Hospital, Quality, Health care, Patients.

## 1. INTRODUCTION

When a customer is satisfied, their expectations for a service or product are met. When a patient is satisfied, it indicates that his expectations were met and that he recovered his health in a hygienic setting with kind care at an affordable price. Despite its apparent simplicity, there are a number of variables that stand between the patient's expectations and fulfillment.

People tend to believe that government hospitals operate at a minimal cost and are less concerned with meeting customer expectations and customer happiness. The medical staff at the government hospital believes that because patients pay very little to no fees, the facility is unable to provide high-quality care that meets patient expectations. Furthermore, as patients make smaller payments, people at such centers have lower expectations for medical care because they spend less. Modern consumer law and competition have altered healthcare; even government hospitals are now providing good quality services. Healthcare professionals must adopt new strategies to ensure patients are comfortable and receive high-quality care.

Thus, even in government-run facilities, patients receive benefits that live up to their expectations. In this study, we analyzed the patient's perception towards the Government Hospital in Coimbatore District.

## 2. OBJECTIVES

- To examine patients perceptions towards the quality of services in government hospital.
- To identify the facilities of the government hospital.
- To know about the challenges faced by the patients of government hospital.

## 3. RESEARCH METHODOLOGY

### 3.1 Data Collection

The data were collected from the respondents of the Coimbatore city through the structured interview schedule.

### 3.2 Sample

The population of the customer in the district is unknown. Hence, non-probability sampling method is used. The sample size of the research is 120.

### 3.3 Data Analysis

Descriptive statistical analysis by using SPSS is used to analyze the data.

#### 4. REVIEW OF LITERATURE

Tibebe Beshah, Dawn Medlin, and Ajith Abraham (2010), the importance of information security in the healthcare industry is rising. In this regard, it is important to take into account how patients view various facets of the healthcare industry. In this study, patients' perceptions of health information security at a few chosen public and private hospitals in Addis Ababa, Ethiopia, were evaluated and analyzed. To attempt to scientifically examine the problem, a quantitative research strategy was used, utilizing a questionnaire as an instrument. According to the study's findings, patients typically have a negative opinion of health information security. Age, general awareness, and educational background are important determinants of their perception. It is also important to note that patient perception has a significant impact on the provision of services and the degree to which both parties are satisfied. The study's conclusion is that even more focus is needed on information security in general and health information security in particular. This study, which is a component of several initiatives in the field, looks into patient perception and discovers that it is low in a few public and private health facilities. Additionally, an effort has been made to pinpoint contributing variables and the effects it has on the health industry as a whole. According to a number of corroborating studies, given the sensitive nature of health information, all parties engaged in any work involving this information should be reliable, safeguard patient health information, and follow security guidelines. Encouraging patients to gain a positive understanding and perception of the security of their medical records should be another equally vital responsibility. Saikia & Das (2012) reviewed the current status of rural health care infrastructure in north-east region of India. The study found that after implementation of NRHM in 2005 there has been significant improvement in the rural health infrastructure, especially in case of health centers, but the quality of rural health services has remained an issue of concern. In the north-eastern region all states except Mizoram have suffered acute shortage of Community health centers and primary.

#### 5. DATA ANALYSIS AND INTERPRETATION

**Table No.-5.1 Monthly Income of the Respondents**

Monthly income	No. of respondents	Percentage
Below Rs.10,000	25	27.2
Rs. 10,001-15,000	30	32.6
Rs. 15,001-20,000	24	26.1
Above Rs.20,001	13	14.1
<b>Total</b>	<b>92</b>	<b>100.0</b>

Source: Primary Data

##### 5.1 Interpretation

The above table exhibit that 25 (27.2%) respondents belongs to the monthly income of below Rs.10,000, 30 (32.6%) respondents belongs to Rs.10,000-15,000, 24 (26.1%) respondents are in the earning of Rs. 15,001-20,000 and 13 (14.1%) respondents belongs to the monthly income of above Rs.20,001. Most of the respondents (32.6%) monthly income is between Rs. 10,000- Rs.15,000.

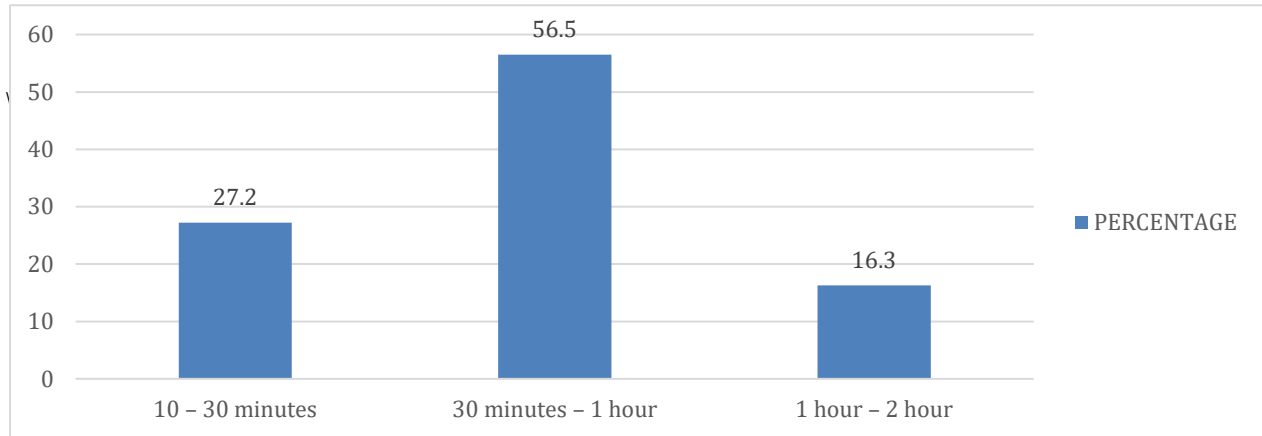
**Table No.-5.2 Duration of Waiting Period**

Waiting hour	No. of respondents	Percentage
10 – 30 minutes	25	27.2
30 minutes – 1 hour	52	56.5
1 hour – 2 hours	15	16.3
<b>Total</b>	<b>92</b>	<b>100.0</b>

Source: Primary Data

**5.2 Interpretation**

The above table exhibit that 25 (27.2%) respondents are waiting for a period of 10-30 minutes, 52 (56.5%) respondents are waiting for a period of 30 minutes - 1 hour and 15 (16.3%) respondents are waiting for a period of 1 hour - 2 hours. Majority of the respondents (56.5%) are waiting for a period of 30 minutes – 1 hour to consult the doctor.



**Fig. 5.1 Duration of Waiting Period**

**Table No.-5.3 Rate of Cleanliness and Hygiene Level**

RATE OF CLEANLINESS AND HYGIENE LEVEL	NO. OF RESPONDENTS	PERCENTAGE
Excellent	15	16.3
Good	26	28.3
Average	48	52.2
Below average	3	3.3
<b>Total</b>	<b>92</b>	<b>100.0</b>

Source: Primary Data

**5.3 Interpretation**

The above table exhibit that 15 (16.3%) respondents have rated the cleanliness and hygiene level as excellent, 26 (28.3%) respondents have rated as good, 48 (52.2%) respondents have rated as average and 3 (3.3%) respondents have rated as below average.

**Table No.-5.4 Availability of Facilities**

Availability of facilities	Very satisfied (5)	Satisfied (4)	Moderate (3)	Dissatisfied (2)	Very Dissatisfied (1)	Total score	Rank
Sanitation	17(5)	14(4)	20(3)	22(2)	19(1)	264	III
Canteen and food facilities	19(5)	15(4)	18(3)	12(2)	28(1)	261	IV
Cleanliness	15(5)	19(4)	22(3)	20(2)	16(1)	273	II
Parking	11(5)	23(4)	17(3)	19(4)	22(1)	258	V
Bed accommodation	30(5)	17(4)	19(3)	08(2)	18(1)	309	I

Source: Primary Data

## 5.4 Interpretation

From the above table, it is understood that bed accommodation is ranked I, factor of cleanliness is ranked II, factor of sanitation is ranked III, factor of canteen and food facilities is ranked IV and factor of parking is ranked V.

## 6. FINDINGS, SUGGESTIONS, AND CONCLUSIONS

### 6.1 Findings

Based on the analysis of data, the following major findings of the study are recapitulated

#### 6.1.1 Simple Percentage Analysis

- Most of the respondents (34.8%) are in the age group of 40-50 years.
- Majority of the respondents (52.1%) belongs to male.
- Most of the respondents (27.2%) belongs to secondary education level.
- Most of the respondents (37.0%) are in employed full time category.
- Most of the respondents (32.6%) monthly income is between Rs.10,000-15,000.
- Majority of the respondent (72.8%) opinion that they have easy experience in booking appointments.
- Majority of the respondents (65.2%) stated that the staff were empathetic towards patients.
- Majority of the respondents (56.5%) duration of waiting period is 30 minutes – 1 hour.
- Most of the respondents (40.2%) stated that maintenance of the washrooms and common areas by the hospital servants are noticed sometimes only.
- Majority of the respondents (50.0%) experienced lack of medical equipment facilities in the hospital.
- Majority of the respondents (52.2%) have rated level of cleanliness and hygiene level as average.
- Majority of the respondents (58.7%) have stated that availability of medicine need to be improved.
- Most of the respondents (40.2%) opined that for disabled persons the hospital provide special way's to reach the doctors and get the treatment.
- Majority of the respondents (60.9%) are having positive approach towards adequate facilities for patients and families.
- Most of the respondents (39.1%) stated that they have experienced longer waiting period as a challenge.
- Majority of the respondents (58.7%) had a difficulty in obtaining medical records.
- Majority of the respondents (66.3%) have agreed that they have experienced delay in receiving medical attention.
- Majority of the respondents (60.9%) are neutrally satisfied with the follow ups and post treatment support.
- Majority of the respondents (67.4%) opinioned of unfair resource distribution as a role of corruption.

#### 6.1.2 Rank Correlation

- From the above table, it is understood that the availability of facilities in government hospital, that the factor of bed accommodation is ranked I, factor of cleanliness is ranked II, factor of sanitation is ranked III, factor of canteen and food facilities is ranked IV, and factor of parking is ranked V.

### 6.2 Suggestions

- Implement an efficient appointment scheduling system to reduce waiting times and ensure timely access to healthcare services for outpatients.
- Introduce online appointment booking platforms or mobile apps to allow patients to schedule appointments conveniently from their homes or mobile devices.
- Send automated appointment reminders via SMS or email to reduce no-show rates and optimize resource utilization.
- Improve pharmacy services by enhancing medication dispensing processes, ensuring availability of essential drugs, providing medication counseling, and facilitating prescription refills for outpatients.
- Enhance access to diagnostic services such as laboratory tests, imaging studies, and diagnostic procedures within the hospital premises to facilitate prompt diagnosis and treatment.
- Provide shuttle services or transportation assistance for patients with mobility limitations or those residing in remote areas, ensuring equitable access to healthcare services.
- Regular cleaning of the hospital could make a better level of cleanliness and hygiene.

## CONCLUSION

The survey on government hospital services for outpatients revealed notable strengths including accessibility, affordability, specialized care, dedicated healthcare professionals, and community outreach programs. However, significant challenges were identified, notably long waiting times, inadequate infrastructure, staff shortages,

communication barriers, and medication availability issues. Addressing these concerns is crucial for enhancing service delivery, patient experience, and health outcomes. Strategic investments, improved communication channels, and patient-centered initiatives are needed to overcome these challenges and ensure high-quality, equitable care for all outpatients accessing government hospital services.

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