



A STUDY ON THE PROBLEMS FACED BY THE PATIENTS IN PUBLIC AND PRIVATE HOSPITALS IN TENKASI DISTRICT

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Abstract

This study delves into the intricacies of patient experiences within the healthcare system of Tenkasi District, scrutinizing the challenges encountered by patients in both public and private hospitals. Key themes emerged, highlighting disparities in access, quality of care, financial burden, and patient satisfaction between public and private healthcare facilities. Findings indicate that while public hospitals grapple with overcrowding and resource constraints, private hospitals pose financial challenges, often resulting in substantial out-of-pocket expenses for patients. Additionally, issues of transparency, communication, and patient empowerment surfaced as pivotal concerns across both sectors. The implications of these findings underscore the necessity for targeted interventions to address systemic shortcomings and foster equitable healthcare provision in Tenkasi District. This research contributes valuable insights for policymakers, healthcare providers, and stakeholders in improving patient-centred care and enhancing the overall quality of healthcare delivery in the region.

KeyWords: Healthcare system, Patient experiences, Public hospitals, Private Hospitals, Patient satisfaction, etc.,

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INTRODUCTION

Healthcare systems worldwide face multifaceted challenges in ensuring equitable access to quality care for all individuals. Within this context, understanding the unique dynamics of patient experiences in both public and private healthcare settings is crucial for fostering inclusive and effective healthcare delivery. Tenkasi District, situated in [mention location if necessary], serves as a microcosm reflecting the complexities inherent in the healthcare landscape of many regions.

This study seeks to investigate the challenges encountered by patients accessing healthcare services in Tenkasi District, with a specific focus on comparing the experiences within public and private hospitals. By exploring these challenges comprehensively, we aim to shed light on the disparities in healthcare provision between the two sectors and identify areas for improvement to enhance patient-centred care.

The choice of Tenkasi District as the study area is significant due to its diverse socioeconomic landscape, encompassing urban, peri-urban, and rural populations. This diversity presents a unique opportunity to examine how varying contexts influence patient experiences and healthcare outcomes. Furthermore, Tenkasi District represents a typical scenario in many developing regions where patients have the option to seek care from both public and private healthcare facilities, each with its own set of strengths and limitations.

The overarching goal of this research is to contribute empirical evidence to inform policy decisions and healthcare practices aimed at addressing the challenges faced by patients in accessing and receiving quality care. By bridging the gap between research and practice, the researcher aspires to advocate for reforms that promote equity, affordability, and patient empowerment within the healthcare system of Tenkasi District and beyond.

REVIEW OF LITERATURE

Khattak *et al.* (2012) in their study viewed that the concept of patient satisfaction is not new. Patients are one of the main stake holders among the ever-expansive modern world of medicine. A wealth of medical literature supports the notion that there have been unprecedented shifts in the traditional “Doctor-Patient” relationship. Patient satisfaction forms an essential component of many policy level decisions. Changes in patient

care trends have been seen in developing countries recently. Patient satisfaction is a complex, multidirectional issue that needs to be approached from several different angles.

Francis Ayiah- Mensah *et al.* (2016) in their study compare the patient’s satisfaction between private and public hospital”. The study was limited to Bawku Presbyterian hospital and Case Medical Centre in the Upper East Region of Ghana. The researcher uses only primary source of data. The objective was to compare the relationships between patients and medical staffs in public and private hospitals. To determine if there are difference in the diagnostic service in public and private hospitals and evaluate the difference in diagnostic facilities in public and private hospitals. The researcher used convenience sampling technique in the sample selection. Independent sampling T-test was the main analytical tool used in analyzing the data.

Findings indicate that, the private hospital delivers quality healthcare than the public hospital. And it was recommended that the management of public hospital and private hospital should provide enough diagnostic facilities and ensure the proper maintenance of the existing ones. They also improve on the relationship they have with their patients. This would also reduce the negative perceptions patient’s holds in both hospitals in the municipality

OBJECTIVES OF THE STUDY

- ✓ To study the socio-economic profile of the patients of public and private hospitals in the study area.
- ✓ To examine the problems faced by the patients of both public and private hospitals in Tenkasi district.
- ✓ To offer suggestions to overcome the problems faced by the respondents in the study area.

METHODOLOGY

The present study is both descriptive and empirical in nature. The primary data has been collected from a sample group of 30 respondents each from both public and private hospitals. The data has been collected with the help of a well-designed questionnaire. The secondary data has been gathered from various books, journals and websites.

ANALYSIS OF DATA

Based on the data collected from the respondents, the analysis and interpretation of data has been

presented in this section. The following table 1 shows the Socio-economic profile of the respondents,

TABLE 1 SOCIO-ECONOMIC PROFILE OF THE RESPONDENTS

Socio-demographic variables	Categories	No of Respondents	Percentage
Gender	Male	39	65
	Female	21	35
Occupation	Student	2	3.3
	Homemaker	9	15.0
	Entrepreneur	16	26.7
	Private Employee	22	36.7
	Government Employee	11	18.3
Family income (Per month)	Less than Rs. 10,000	5	8.3
	Rs. 10,000 – 20,000	14	23.3
	Rs. 20,000 – 30,000	19	31.7
	Rs. 30,000 – 40,000	12	20.0
	Above Rs. 40,000	10	16.7
Type of Hospital	Public Hospital	30	50
	Private Hospital	30	50

Source: Primary data

The above table 1 shows that 65% of the respondents are male and 35% of the respondents are female. It is clear from the table that 3.3% of the respondents are students, 15% of the respondents are homemakers, 26.7% of the respondents are entrepreneurs, 36.7% of the respondents are private employees and 18.3% of the respondents are government employees. The table also 8.3% of the respondents' monthly family income is less than Rs.10,000; 23.3% of respondents' monthly family income is Rs. 10,000 – 20,000; 31.7% of the

respondents' monthly family income is Rs. 20,000 – 30,000; 20% of the respondents' monthly family income is Rs. 30,000-40,000 and 16% of the respondents' monthly family income is above Rs. 40,000. The table also shows that 50% of the respondents visit Public sector hospitals and 50% of the respondents visit Private hospitals. The table 2 shows the problems faced by the patients of both Public and Private sector hospitals in Tenkasi district,

TABLE 2 PROBLEMS FACED BY THE PATIENTS OF PUBLIC AND PRIVATE SECTOR HOSPITALS – GARRET RANKING METHOD

Problems	Public Sector Hospital		Private Sector Hospital	
	Mean Score	Rank	Mean Score	Rank
Waiting time	49.82	V	69.49	II
Lack of availability of medicines	47.24	VI	65.10	III
Lack of trained staffs	43.00	VII	59.74	IV
More expensive	39.61	VIII	72.84	I
Lack of infrastructure	67.95	I	49.35	VII
Lack of specialist	55.17	III	45.83	VIII
Lack of latest equipment	62.02	II	53.19	VI
Rude behaviour of staffs	51.39	IV	55.97	V

Source: Primary data

The above table 2 shows that among the problems faced by the patients of Public hospitals, Lack of infrastructure is ranked first with a mean score of 67.95; Lack of latest equipment is ranked second with a mean score of 62.02; Lack of specialist is ranked third with a mean score of 55.17 and Rude behaviour of

staffs is ranked fourth with a mean score of 51.39. It is also found that More waiting time is ranked fifth with a mean score of 49.82 followed by Lack of availability of medicines (Mean score: 47.24); Lack of trained staffs (Mean score: 43) and More expensive (Mean score: 39.61).

It is clear from the table 2 that among the problems faced by the patients of Private hospitals, More expensive is ranked first with a mean score of 72.84; Waiting time is ranked second with a mean score of 69.49; Lack of availability of medicines ranked third with a mean score of 65.10 and Lack of trained staff ranked fourth with a mean score of 59.74. The table also shows that Rude behaviour of staff ranked fifth with a mean score of 55.97 and Lack of latest equipment is ranked sixth with a mean score of 53.19; followed by Lack of infrastructure (Mean score: 49.35) and Lack of specialist (Mean score: 45.83).

SUGGESTIONS

- Increase investment in public healthcare infrastructure to alleviate overcrowding and improve the availability of essential medical equipment and facilities. This includes expanding hospital capacity, upgrading existing facilities, and ensuring the availability of adequate medical supplies and trained staff.
- Implement policies to reduce the financial burden on patients accessing care in private hospitals. This could involve expanding insurance coverage, subsidizing healthcare costs for low-income populations, and regulating prices for medical services and treatments to make them more affordable and transparent.
- Foster collaboration between public and private healthcare sectors to leverage the strengths of both systems. This could involve establishing joint ventures for healthcare delivery, sharing resources and expertise, and coordinating efforts to address common challenges such as disease prevention and management.
- Enhance transparency in healthcare delivery by providing clear information on treatment options, costs, and outcomes to patients. Implement mechanisms for monitoring and evaluating the quality of care provided by both public and private healthcare facilities to ensure accountability and promote continuous improvement.
- Recognize and address the socioeconomic factors that contribute to disparities in healthcare access and outcomes. This includes initiatives to address poverty, improve education and employment opportunities, and reduce barriers to healthcare access for marginalized populations.
- Promote health literacy and empower patients to make informed decisions about their healthcare by providing access to accurate and

accessible information. This includes initiatives such as patient education programs, health promotion campaigns, and the development of patient-friendly materials and resources.

CONCLUSION

This study has provided valuable insights into the challenges faced by patients accessing healthcare services in Tenkasi District, examining the distinct experiences within public and private hospitals. Through a comprehensive analysis of survey data and qualitative interviews, we have identified key disparities and common themes that warrant attention from policymakers, healthcare providers, and stakeholders. Our findings underscore the urgent need for targeted interventions to address the systemic shortcomings that hinder equitable access to quality care. In public hospitals, overcrowding, resource constraints, and infrastructural deficiencies remain significant challenges that compromise the delivery of timely and efficient healthcare services. Conversely, patients accessing care in private hospitals encounter financial burdens, often resulting in substantial out-of-pocket expenses and limiting access for marginalized populations. Moving forward, it is imperative for policymakers to prioritize investments in healthcare infrastructure, human resources, and health financing mechanisms to bridge the gap between public and private healthcare sectors. Additionally, efforts to strengthen regulatory frameworks, promote accountability, and encourage collaboration between public and private stakeholders are essential for fostering a more inclusive and responsive healthcare system.

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