Perception of OPD Attendees in Rural Health Training Centre on Medical Care in Aligarh

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Abstract: The Government of India has made primary health centres institutions to provide primary health services for rural and tribal sectors. But shortcomings in the delivery of health care services has resulted in lesser utilization rates. Patients perception about quality of care often determines whether they seek and continue to use services. The aim of this study was to determine the common motivators for the OPD attendees to come to the RHTC for health services and to record the perception regarding the quality of health care received from the OPDs of the RHTC. A cross-sectional study was carried out in Rural Health Training Centre (RHTC) of the Department of Community Medicine, J. N. Medical College, A.M.U., Aligarh. The patients attending the OPDs of RHTC, above the age of 21 years were selected for the study. The study period was of 2 months: August-September, 2013. A total of 200 patients were selected for the study. Data was collected using a pretested semi-structured questionnaire. Informed consent was taken from the study subjects. The data was analysed by using SPSS software. Most of the patients came to RHTC because of free drugs supply(94%) and because the centre was near their house(88%). 75% of patients had faith in doctors and staff of RHTC and 73% believed that health information provided was satisfactory. More than half of patients came directly to RHTC. One fourth of the patients under study went for village level practitioners before attending the OPDs of RHTC. Few went for some other institution and very few believed in home remedy only. 60% were happy with the treatment received at OPD , 30% were partially happy and 10% were indifferent. One of the measures of the quality of health care is by assessing client satisfaction. There is a need for interventions in terms of time spent at the facility, which would promote good customer-focussed service delivery. As we are providing facilities for preventive and curative health care delivered at the doorstep of the people, it is important to ascertain the level of utilization and reasons for non-utilization.

Keywords: Perception, OPD attendees, RHTC

INTRODUCTION

The Government of India has made primary health centres institutions to provide primary health services for rural and tribal sectors. But shortcomings in the delivery of health care services has resulted in lesser utilization rates. Very often, in order to achieve our goal, we neglect the concept of quality of care, which is also a right of clients [1]. Patients perception about quality of care often determines whether they seek and continue to use services [2]. Patient satisfaction has emerged as an important parameter in the assessment of health care quality [3, 4]. Patients often have a specific agenda when visiting a health care facility [5]. Many studies suggest that main health care services utilized were from medicine specialists and RHTC of medical colleges [6, 7].

The aim of this study was to determine the common motivators for the OPD attendees to come to the RHTC for health services and to record the perception regarding the quality of health care received from the OPDs of the RHTC.

MATERIAL AND METHODS

A cross-sectional study was carried out in Rural Health Training Centre (RHTC) of the Department of Community Medicine, J. N. Medical College, A. M. U., Aligarh. The patients attending the OPDs of RHTC, above the age of 21 years were selected for the study. The study period was of 2 months: August-September, 2013. A total of 200 patients were selected for the study. Data was collected using a pretested semi-structured questionnaire. Informed consent was taken from the study subjects. The data was analysed by using SPSS software. It was kept confidential and was used for research purpose only.

RESULTS

As shown in table-1, most of the patients came to RHTC because of free drugs supply(94%) and
because the centre was near their house(88%).75% of patients had faith in doctors and staff of RHTC and 73% believed that health information provided was satisfactory. Only 67% thought that better drugs were available at RHTC and 59% were satisfied with good behavior of doctors and health staff.

As shown in table-2, 57% of patients came directly to RHTC. 26% of patients under study went for village level practitioners before attending the OPDs of RHTC, 14% went for some other institution and 3% believed in home remedy only.

As shown in table-3, 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent.

<table>
<thead>
<tr>
<th>Reason*(multiple responses*)</th>
<th>No.=200</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near the house</td>
<td>176</td>
<td>88</td>
</tr>
<tr>
<td>Free drugs available</td>
<td>188</td>
<td>94</td>
</tr>
<tr>
<td>Better drugs available</td>
<td>134</td>
<td>67</td>
</tr>
<tr>
<td>Faith in doctors/health staff</td>
<td>150</td>
<td>75</td>
</tr>
<tr>
<td>Provision of health information</td>
<td>146</td>
<td>73</td>
</tr>
<tr>
<td>Good Behaviour of doctors/health staff</td>
<td>118</td>
<td>59</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place Of Treatment</th>
<th>No.=200</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Come directly to RHTC</td>
<td>114</td>
<td>57</td>
</tr>
<tr>
<td>Home remedy only</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Village level practitioners(local/qualified)</td>
<td>52</td>
<td>26</td>
</tr>
<tr>
<td>Some other institution</td>
<td>28</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>opinion</th>
<th>n=200</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Happy</td>
<td>120</td>
<td>60</td>
</tr>
<tr>
<td>2.Partially happy or unhappy</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>3.Indifferent</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

**DISCUSSION**
Ours was study at RHTC, located 17km away from J. N. Medical College, Aligarh. We have the references of primary health centres which had the almost similar results e.g. a study reported that 52.3% opined that either proximity of the PHC to their homes or cheaper costs of treatment or both was the main reason why they visited the visited the PHC OPD [8]. Other studies also gave almost similar results [9-12]. A study in Central America reported that health workers were so rude as to affect health services utilization [25].

As shown in table-2, 57% of patients came directly to RHTC. 26% of patients under study went for village level practitioners before attending the OPDs of RHTC, 14% went for some other institution and 3% believed in home remedy only. Almost similar observations regarding the place of treatment was also reported by other studies [13-16].

As shown in table-3, 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent. Similar findings were reported by other studies [8, 17]. The reasons for partial dissatisfaction were long waiting for consultation, lack of free supply of drugs, and always getting the same small yellow drugs for any kind of illness, etc. Some studies reported non-availability of certain drugs and investigations as major areas of client dissatisfaction [18-20]. Waiting time is a source of dissatisfaction in patients [23, 24] in lot of studies.

There are few limitations to this study. Firstly, findings of this study cannot be applied to the entire population that utilizes the primary health care services in India. Secondly, it may be presumed that only patients who are satisfied with a certain health care service will continue to utilize it. So most patients attending the centre would be satisfied clients. This has been pointed by other authors as well [21]. A study reported that a high level of satisfaction was due to good relationship with physician [22].

**CONCLUSION**
One of the measures of the quality of health care is by assessing client satisfaction. There is a need for interventions in terms of time spent at the facility, which would promote good customer- focussed service delivery. As we are providing facilities for preventive and curative health care delivered at the doorstep of the people, it is important to ascertain the level of utilization and reasons for non-utilization.
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