# Analysis of Status and Role of Primary Health Centre in Thoothukudi District

## S. Kanthimathinathan

**Abstract**

The health sector inhabits an extremely significant location in safeguarding maintainable overall socio-economic development in developing countries. The current article is an attempt to analyse the perception of the patients as regards to the services and facilities in the primary health centres in Thoothukudi District.

The main objectives of the study mentioned below:

1. To study the socio-economic background of the patients in Thoothukudi District. 2. To know the opinion about Primary Health Care facilities and services of PHGs. 3. To examine the level of satisfaction about PHC services. 4. To find out the monthly income and expenditure of the respondents. 5. To evaluate theimprovement of PHC Services.

In order to perform the analysis on the socio-economic status of the patients, the villages of Thoothukudi district such as Mullakkadu, Kumaragiri, Mudivaithanenthal, Servakaran Madam and Korampallamselected. The simple random sampling technique used. Secondary data have collected from books, journals, newspapers, internet and periodicals. Percentage analysis, averages, standard deviation, t test, chi-square test, correlation, and probability analysis used. The data related to December 2018. The study reveals that the association between satisfaction of facilities and services of PHGs and socio-economic variables namely age, marital status and family income per month is significant at 5 percent level as the P value is less than 0.05. Hence, the null hypothesis rejected for these variables. The rest of the socioeconomic variables namely, sex, family size and educational qualification not significantly associated at 5 percent level with the satisfaction of facilities and services of PHGs. Hence, the null hypothesis has accepted for these variables. An effort has been made to control the significant relationship between the socioeconomic variable and improvement of PHC Services. It concluded that there are no significant relations between socio-economic variable and improvement of PHC Services.

**Keywords:** Patient satisfaction; Primary healthcare; Quality improvement; Service providers; Hospital industry.

**Author's Affiliation:** Associate Professor and Head, Dept. of Economics, V.O.C. College, Thoothukudi, Tamil Nadu 628008, India.

**Coressponding Author: S. Kanthimathinathan**, Associate Professor and Head, Dept. of Economics, V.O.C. College, Thoothukudi, Tamil Nadu 628008, India.

**E-mail:** amuthajoe@gmail.com

## Introduction

Health is reproduced to be man's most esteemed regulator for all his activities are incomplete by the state of his health. Patients' satisfaction has long been considered an essential component when measuring health outcome and quality of care in both developed and developing countries (Ware JE,

Jr et al., 1978). It constitutes a significant indicator of health care quality (Laschinger et al., 2005).

A better appreciation of the factors about client satisfaction would result in the application of custom made programs conferring to the requirements of the patients, as perceived by patients and service providers (Guadagnino). Many previous studies had advanced and applied patient satisfaction as a quality development tool for health care providers. Thus, patient fulfilment is an important issue both for calculation and development of healthcare services (Al-Eisa IS ET AL., 2005).

India's health system has been particularly imbalanced to the poor. Benefit incidence studies have shown that public subsidy for curative care is heavily skewed towards the rich with the wealthiest 20% of the population getting more than three times the subsidy the poorest 20% receives (Mahal, Yazbeck, Peters, and Ramana, 2001). Significantly, there has been little effort to draw up monitoring mechanisms to promote the development of the private health care sector in an appropriate direction, even when there is evidence of extravagance and abuse (Bhat, 1993).

For specialised treatment like hospitalisation and inquiries, for each referral made, a part of the fee charged to the patient is given to the referring doctor. Patient's information about the feedback also contains information about the structure process and outcome of health care (Mamta Brahmbhatt et al. 2011). Furthermore, disease and perceived health have an essential impact on satisfaction with care (Piette JD, 1999).The present article is an try to analyse the perception of the patients as regards to the services and facilities in the primary health centres in Thoothukudi District.

## Objectives

The main objectives of the study mentioned below:
1.  To study the socio-economic background of the patients in Thoothukudi District.
2.  To know the opinion about Primary Health Care facilities and services of PHGs.
3.  To examine the level of satisfaction about PHC services.
4.  To find out the monthly income and expenditure of the respondents.
5.  To evaluate the improvement of PHC Services.

## Methodology

In order to perform the analysis on the socio-economic status of the patients, the villages of Thoothukudi district such as Mullakkadu, Kumaragiri, Mudivaithanenthal, Servakaran Madam and Korampallam selected. Primary data relating to the socio-economic background of the patients collected through a pre-designed questionnaire from 120 patients from the selected villages. The study covered 120 respondents from each village chosen at random. The data collected from these sample respondents have been carefully processed, edited and tabulated for analytical purposes. The simple random sampling technique used. Secondary data have collected from books, journals, newspapers, internet and periodicals. Percentage analysis, averages, standard deviation, t test, chi-square test, correlation, and probability analysis used — the data related to December 2018.

## Review of Literature

Duckkett (1983) had stressed the need for the JCI accreditation in the hospital industry for improving its quality of service and also profitability. The hospital should render the service on par with an international standard to survive in the competitive industry. It is possible only when there is an establishment, of the JCI accreditation.

Donabedian (1988) had pointed out that since patients are often unable to assess the technical quality of health care services accurately, functional quality had usually become the primary determinant of patients' quality perceptions.

Bolton and Drewy (1995) said that there is growing evidence to suggest that perceived quality is the most critical variable influencing customers' value perceptions. These value perceptions, in turn, affect customers' intentions to purchase products or services.

Prasanta Mahapatra et al., (2007), in their patient contentment survey, found out that the level of patient satisfaction was about 65 percent. The main reason for their displeasure was corruption in primary health centres, which was rampant. Other significant areas of hospital services contributing to patient displeasure were lack of basic utilities like water, fans, lights, poor maintenance of toilets, lack of cleanliness, and poor interpersonal relationship.

Baht et al., (2014), had found grant-in-aid primary health centres to be relatively more efficient than the public primary health centres. In their study,

the management and administration of the primary health centre were found to have a significant effect on the performance of a hospital.

## Analysis and Interpretation

The data collected from the primary source has tabulated, and this forms the principal basis for the research study. The study covered 120 respondents from Mullakkadu, Kumaragiri, Mudivaithanenthal, Servakaran Madam and Korampallam villages chosen at random.

**Table 1:** Age wise analysis of the Respondents

| Sl. No | Age | No. of Respondents | Percentage |
|--------|------|-------------------|------------|
| 1 | Below-30 | 40 | 33.33 |
| 2 | 30-40 | 50 | 41.67 |
| 3 | 40-50 | 20 | 16.67 |
| 4 | Above-50 | 10 | 8.33 |
| | Total | 120 | 100 |

Source: Field survey

This table 1 shows the age composition of the respondents. Out of 120 respondents, 33.33% of them belong to the age group of below 30 years, 41.67% of them belong to the age group 30-40 years, 16.67% of them belong to the age group 40-50 years, 8.33% of them belong to the age group of up to above 50 years.

**Table 2:** Sex-wise analysis of the respondents

| Sl. No | Sex | No. of Respondents | Percentage |
|--------|------|-------------------|------------|
| 1 | Female | 60 | 50.00 |
| 2 | Male | 50 | 41.67 |
| 3 | Transgender | 10 | 8.33 |
| | Total | 120 | 100 |

Source: Field Survey

This table 2 shows the sex compositions of the respondents. Out of 120 respondents, 50% of the respondents are female, and 41.67% of the respondents are male, and 8.33% of therespondents areothers.

**Table 3:** Educational Qualification of the respondents

| Sl. No | Educational Level | No. of Respondents | Percentage |
|--------|-------------------|-------------------|------------|
| 1 | Primary Level | 42 | 35.00 |
| 2 | Secondary Level | 23 | 19.17 |
| 3 | Graduate | 10 | 8.33 |
| 4 | Uneducated | 45 | 37.50 |
| | Total | 120 | 100 |

Source: Field Survey

It is evident from the table 3 represent educational levels of the respondents 35% of the respondents are Primary level, 19.17% are secondary level, 8.33% of the respondents are Graduate, 37.5% of the respondents are uneducated.

**Table 4:** Marital Status of the Respondents

| Sl. No | Marital status | No. of Respondents | Percentage |
|--------|----------------|-------------------|------------|
| 1 | Unmarried | 40 | 33.33 |
| 2 | Married | 70 | 58.34 |
| 3 | Widow/Widower | 10 | 8.33 |
| | Total | 120 | 100 |

Source: Field Survey

This table 4 shows that 33.33% of the respondents unmarried, and 58.34% of the respondents are married, and 8.33% of the respondents are widow/ widower.

**Table 5:** Family size of the Respondents

| Sl. No | Size of the family | No. of Respondents | Percentage |
|--------|--------------------|-------------------|------------|
| 1 | 1-3 | 31 | 25.83 |
| 2 | 3-5 | 49 | 40.83 |
| 3 | 5-7 | 26 | 21.67 |
| 4 | Above 7 | 14 | 11.67 |
| | Total | 120 | 100 |

Source: FieldSurvey

The table 5 shows that the family size of the respondents most of the respondents have dependent ranging between 3-5 members 40.83%, 25.83% of the respondents have dependent ranging between 1-3 members, 21.67% of the respondents have dependent ranging between 5-7 members respectively. Only 11.67% of the respondents have dependent ranging above seven members.

**Table 6:** Family Monthly Income of the Respondents

| Sl. No | Income (Rs) | No. of Respondents | Percentage |
|--------|-------------|-------------------|------------|
| 1 | 3000-6000 | 46 | 38.33 |
| 2 | 6000-9000 | 28 | 23.33 |
| 3 | 9000-12000 | 20 | 16.67 |
| 4 | 12000-15000 | 14 | 11.67 |
| 5 | Above 15000 | 12 | 10.00 |
| | Total | 120 | 100 |

Source: Field Survey

From the table 6, 38.33% of the respondents family earn income between 3000-6000, 23.33% of the respondents family earn income between 6000-9000, 16.67% of the respondents family earn income between 9000-12000, 11.67% of the respondents

family earn income between 12000-15000, and 10% of the respondent's monthly income above 15000 respectively.

Table 7: Family monthly Expenditure of the Respondents

| Sl. No | Expenditure (Rs) | No. of Respondents | Percentage |
|---|---|---|---|
| 1 | 1000-2000 | 51 | 42.50 |
| 2 | 2000-3000 | 34 | 28.33 |
| 3 | 3000-4000 | 20 | 16.67 |
| 4 | 4000-5000 | 9 | 7.50 |
| 5 | Above 5000 | 6 | 5.00 |
| | Total | 120 | 100 |

Source: Field Survey

This table 7 reveals that 42.50% of the respondents spent between 1000-2000, 28.33% of the respondents spent between 2000-3000, 16.67% of the respondents spent between 3000- 4000, 7.50% of the respondents spent between 4000-5000, and 5.00% of the respondents spent above 5000 respectively.

Table 8: Opinion about Primary Health Care facilities andservices of PHGs

| Sl. No | Opinion about PHGs | No. of Respondents | Percentage |
|---|---|---|---|
| 1 | Cleanliness | 50 | 41.67 |
| 2 | Technical capabilities of staff | 12 | 10.00 |
| 3 | Respect and good handling | 30 | 25.00 |
| 4 | Good services | 20 | 16.67 |
| 5 | Availability of medicines | 8 | 6.66 |
| | Total | 120 | 100 |

Source: Field survey

This table 8 shows that 41.67% of the respondent's opinion is cleanliness in PHGs, 10% of the respondent's opinion is technical capabilities staff is excellent. 25% of the respondents are handling perfect manner, 16.67% of the respondent's opinion is good services, and only 6.66 percent respondents reveal the availability of medicines in PHGs respectively.

Table 9: The effect of socioeconomic characteristics on the satisfaction of facilities andservices of PHGs using the chi-square test

| Socio-Economic variables | Chi-Square values | P Values | Significance |
|---|---|---|---|
| Age | 17.351 | 0.010* | Significant |
| Sex | 23.769 | 0.321 | Not Significant |
| Family Size | 12.348 | 0.264 | Not Significant |
| Marital Status | 31.056 | 0.001* | Significant |
| Educational Qualification | 25.501 | 0.319 | Not Significant |
| Monthly Income of Family | 8.374 | 0.001* | Significant |

* Significant level of 5 per cent.

The table 9 reveals that the association between satisfaction of facilities and services of PHGs and socio-economic variables namely age, marital status and family income per month is significant at 5 per cent level as the P value is less than 0.05. Hence, the null hypothesis rejected for these variables. The rest of the socioeconomic variables namely, sex, family size and educational qualification e not significantly associated at 5 per cent level with the satisfaction of facilities and services of PHGs. Hence, the null hypothesis has accepted for these variables.

Table 10: Level of satisfaction about PHC services

| Sl. No | Level of satisfaction | No. of Respondents | Percentage |
|---|---|---|---|
| 1 | Satisfied | 20 | 16.67 |
| 2 | Highly satisfied | 45 | 37.50 |
| 3 | Neutral | 40 | 33.33 |
| 4 | Dissatisfied | 10 | 8.33 |
| 5 | Highly dissatisfied | 5 | 4.17 |
| | Total | 120 | 100 |

Source: Field survey

This table 10 shows that 16.67% of the respondents are satisfied, 37.50% of the respondents are highly satisfied, 33.33% of the respondents are neutral, 8.33% of the respondents are dissatisfied, 4.17% of the respondents are highly dissatisfied respectively.

Table 11: Significant differences in satisfaction of PHC Servicesamong respondents based on sex

| Sex | N | Mean | S.D | 't'Value | Interpretation |
|---|---|---|---|---|---|
| Female | 60 | 18.04 | 7.41 | 0.3843 | Not Significant |
| Male | 50 | 10.86 | 4.96 | | |
| Transgender | 10 | 4.53 | 2.72 | | |

Source: Computed from Primary Data

In order to find out the significant difference in satisfaction of PHC services among the respondents based on sex, the 't' value calculated, and the calculated 't' value was found to be 0.3843 which is lower than the table value 1.97 which is significant at 0.05 level. Therefore the null hypothesis is accepted and concluded that there is no significant difference in satisfaction of PHC services among the respondents between sex of the respondents (Table 11).

**Table 12: The** opinion of patients about the improvement of PHC Services

| Sl. No | The opinion of patients about improvement | No. of Respondents | Percentage |
|--------|-------------------------------------------|--------------------|------------|
| 1 | PHC services satisfaction | 40 | 33.33 |
| 2 | Provide a suitable building | 5 | 4.17 |
| 3 | Increase nursing staff | 10 | 8.33 |
| 4 | Provide a dentist clinic | 20 | 16.67 |
| 5 | Provide public health education | 5 | 4.17 |
| 6 | Provide advanced equipment | 15 | 12.50 |
| 7 | Provide doctors of PHC centres | 15 | 12.50 |
| 8 | Others | 10 | 8.33 |
| | Total | 120 | 100 |

Sources: field survey

In this table 12 shows that opinion of patients about improvement of PHC. 33.33% of the respondents felt PHC services satisfaction. 4.17% of the respondents opinion to provide suitable building. 8.33% of the respondents opinion is increasing nursing staff of PHC center. 16.67% of the respondents opinion is to provide dentist clinic. 4.17% of the respondents opinion is to provide public health education. 12.50% of the respondents opinion is to provide advanced equipment/provide doctors of PHC centres respectively.

**Table 13:** Correlation of Socio-Economic Variables and improvement of PHC Services

| Sl. No | Variable | r | sig |
|--------|----------|-----|-----|
| 1 | Age | -0.814 | 0.372 |
| 2 | Education | 0.139 | 0.423 |
| 3 | Sex | 0.203 | 0.138 |
| 4 | Marital status | -0.119 | 0.311 |
| 5 | Family size | -0.709 | 0.405 |
| 6 | Family Monthly Income | -0.126 | 0.488 |

An attempt has been made to control the arithmetic relationship between the socioeconomic variable and improvement of PHC Services. Above Table gives a correlation of socio-economic variables and improvement of PHC Services. It concluded that there are no significant relations between socio-economic variable and improvement of PHC Services (Table 14).

## Conclusion

Patient satisfaction is an essential measure of health care. Most of the patients are satisfied with the services and facilities provided by primary health care centres. The study mainly focused on the level of satisfaction of patients on services and facilities provided by primary health care centres. Because the most crucial challenge of the health care sector is to provide better services to the patients and to guarantee an exclusive standard for quality. The policymakers should take necessary step to solve the patient's problems with providing more satisfaction and to retain them with the primary health centre. Gender, age and residential area of the patients were known to have a significant relationship with patient satisfaction. It is useful to understand that there are some chances for refining health care services.

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