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Comparative Health Care Facilities In Odisha: Government Vs Private

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Abstract

Implementation of National Health Policy 2017, health and wellness as a goal of sustainable goal targets to avail health facility to all. In the context of India, which is the most diversified and populous country in the world is a herculean task. To achieve the goal “Health for All” government of India has taken various measures to revamp health care system. This present study is a novel attempt to look out the perception of health seekers regarding the health care services in both government and private hospital. This will helpful for the exploration of ground reality of health care services. Here PIGMER (government) AND SUM (private) has been taken as universe of the study. Interview schedule technique is implemented for collection of data. The study explored that health care system has worked tirelessly to give best health care services to people. Now money is not a barrier for qualitative health care services. Poor people are accessible to private health care services and also government hospitals are doing hard to provide qualitative care to all. This is a new changing scenario of health care system.

Keywords: Health for All, Health care, Accessibility, Responsiveness and service quality.

Introduction

The perception of healthcare seekers refers to how individuals or patients perceive and interpret various aspects of healthcare services and also their experiences within the healthcare system. It encompasses their beliefs, attitudes, expectations, and opinions about healthcare providers, facilities, treatments, and the overall quality of care they receive. This perception can be influenced by factors such as the quality of care, communication with healthcare providers, access to services, empathy, cost, trust, cultural sensitivity, and personal experiences. Patients' perception of healthcare plays a crucial role in shaping their healthcare-seeking behavior, affecting whether they seek care when needed, follow treatment plans, and engage in preventive healthcare. Understanding and addressing patients' perceptions are essential for improving healthcare quality and patient satisfaction. Hospital accessibility is a vital factor in identifying areas with a shortage of healthcare. Hospital accessibility measures the ease with which residents in a given area can reach healthcare facilities(Zhou, X., Yu et. al 2020). Accessibility research of healthcare facilities is developing towards multiple transportation modes (MTM), which are influenced by residential transportation choices and preferences. Due to differences in travel impact factors such as traffic conditions, origin location, distance to the destination, and economic cost, residents' daily travel presents different residential transportation mode choices (RTMC). Different

parameters like location is accessible, 24-hour ambulance facilities, time to reach hospital from nearest bus stop is less than 30 minutes, easy identification of the hospital, road condition is good, frequent transport facilities, available in GIS (Geographic Information System), data has been collected from respondents regarding the accessibility of both the government and private hospitals and presented in the following table.

Objectives: As the study aims to make a comparison on health care services in government and private hospital.

1. To identify Accessibility, Responsiveness and Service quality of both the hospital.
2. To access issues and challenges in both the hospitals.

Locales and samples of the study: The present study has been situated in Bhubaneswar, the capital city of Odisha. As it is the capital city and located in a strategic location flourished with good health care facilities which includes public and private hospitals. As the major aim of the study to look into access of the health seekers in quality hospitals. So, both the private and public hospitals are brought into the preview of the study. To be more specific the best and biggest public hospital of the city i.e. capital hospital and SUM hospital, privately managed and run hospital were the locale of the study. The study took 80 samples from each of the hospital to assess their socio economic background and their perception towards the concept of universalization of health care. It also assessed the nature of care they received from the hospitals.

Methods: The present study had adopted an explanatory design with mixed method comprised with qualitative and quantitative data. The researcher prepared exhaustive interview schedule information and impression collected from pilot study and the quantitative data collected through narratives documented by researcher through identify few cases.

Results: Results of the study are presented in the table followed by its analysis.

Table No. 1.1

Perceptions of Healthcare Seekers on Accessibility of Hospitals

Sl. No.	Statements	Government Hospital			Private Hospital		
		A	D	UD	A	D	UD
1	Location is Accessible	68(85)	5(6)	7(9)	72(90)	3(4)	5(6)
2	24-hour Ambulance facilities	73(91)	4(5)	3(4)	75(93.5)	5(6.5)	0
3	Time to reach Hospital from nearest bus stop is less than 30 minutes	75(93.5)	4(5)	1(1.5)	68(85)	8(10)	4(5)
4	Easy identification of the hospital	80(100)	0	0	78(99)	0	2(1)
5	Road Condition is good	80(100)	0	0	80(100)	0	0
6	Frequent Transport facilities	80(100)	0	0	80(100)	0	0
7	Available in GIS	72(90)	0	8(10)	67(84.5)	0	13(15.5)

Agree, D-Disagree, UD-Uncecided. The number given in the brackets are percentage
(Primary source of data)

From the above table it is seen that 85% respondents of government hospital said that the location of the hospital is accessible it is 90 per cent in case of private hospital. With regards to 24-hour ambulance service, 91 per cent respondents of the government hospital and 93.5 per cent respondents of private hospital are agreed that ambulance service is available in the hospitals on 24x7 bases. Similarly, 93.5 per cent respondents of government hospital and 85 per cent respondents of private hospital agreed that time to reach the hospitals from nearest bus stop/auto stop is less than 30 minutes. All most all the respondents of private and government

hospital agreed that hospitals are easily identified by them. Similarly, in response to road condition and frequent transport facilities all the respondents of both the hospitals agreed that road condition is good and frequent transport facilities are available to reach the hospitals. Another way of locating hospitals now a days through Geographical Information System (GIS) it is seen that 90 per cent of respondents of government hospital and 84.5 per cent of private hospitals agreed they locate the hospitals through GIS and Google maps.

5.2 Perceptions on Responsiveness of Hospitals

Responsiveness is seen as a key strategic characteristic for effective health systems. It is related to the system's ability to address the legitimate fulfillment of customer non-medical expectations while interacting with health system; including the way individuals are treated and the environment surrounding them. Data has been collected from the respondents regarding the responsiveness of hospital towards the healthcare seekers. To access this certain parameters like registration at the entrance, prompt attention, proper guidance at the reception access to social support, immediate action, respect to patient's dignity and good communication. Collected data on the respective parameters to access responsiveness of hospital are tabulated below.

Table No. 1.2

Perceptions on Responsiveness of Hospitals

Sl. No.	Statements	Government Hospital			Private Hospital		
		G	S	P	G	S	P
1	Registration at the entrance	71(89)	5(6)	4(5)	72(90)	3(4)	5(6)
2	Prompt attention	37(46)	14(17)	29(37)	52(65)	25(31)	3(4)
3	Proper guidance at the reception	1(1.5)	4(5)	75(93.5)	4(5)	8(10)	68(85)
4	Access to social support	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
5	Immediate action	34(42)	12(15)	36(43)	60(76)	15(18)	5(6)
6	Respect to patient's dignity	21(26)	30(38)	29(36)	52(65)	23(28)	5(6)
7	Good communication	12(15)	24(30)	44(55)	21(26)	34(42)	25(32)

P-Poor, S-Satisfactory, G-Good. The number given in the brackets are percentage

(Primary source of data)

Table 1.2 presents the perceptions of healthcare seekers regarding the responsiveness of Government Hospitals (GH) and Private Hospitals (PH) across various aspects. The data is categorized into three levels: Poor (P), Satisfactory (S), and Good (G), with percentages provided in parentheses. Registration at the entrance: In GH, 89% of respondents perceive it as good, while only 6% find it poor. In PH, 90% perceive it as good, with 4% finding it poor. Overall, both GH and PH receive positive ratings in this aspect.

Prompt attention: GH scores lower in this aspect, with 46% perceiving it as good and 17% as satisfactory, while 37% find it poor. PH, on the other hand, scores higher with 65% rating it as good and 31% as satisfactory, with only 4% perceiving it as poor. Health seekers of PH are comparatively satisfied than GH.

Proper guidance at the reception: GH fares poorly with only 1.5% rating it as good, while 5% find it satisfactory and 93.5% rate it as poor. PH also has room for improvement, with 5% rating it as good, 10% as satisfactory, and 85% as poor. One of the attendant of a baby in capital hospital stated that "Hospital staff are there to guide but the way they are guiding I am confused the root and found difficulties and it is time taking to search respective departments". In SUM Hospital one of the patient stated, "I have visited this hospital third time but the departments are shifting frequently and staff are only indicating to go this way. So I am facing problem".

Access to social support: Both GH and PH receive relatively good ratings, with the majority perceiving them as good (81% for GH and 88% for PH). In GP it is comparatively poor because of more patient flow.

Immediate action: GH scores lower in this aspect, with 42% perceiving it as good and 15% as satisfactory, while 43% find it poor. PH scores higher with 76% rating it as good, 18% as satisfactory, and only 6% as poor.

Respect for patient's dignity: In both GH and PH, roughly a quarter of respondents perceive it as good. GH has a higher percentage (38%) rating it as satisfactory compared to PH (28%). However, PH has a lower percentage (6%) rating it as poor compared to GH (26%). In both hospitals respect for patient's dignity needs to be prioritized. Researcher has observed that patient are waiting for the ticket in a queue for hours and also sleeping on the floor. This pitiable sight puts question mark on dignity of patient. This is the situation of sum hospital in neurology department. Baillie, L. (2009) stated that patients are vulnerable for loose of dignity. Staff behavior and hospital environment are two areas to be considered to uphold the dignity of patient.

Good communication: GH scores lower, with 15% perceiving it as good, 30% as satisfactory, and 55% as poor. PH fares slightly better, with 26% rating it as good, 42% as satisfactory, and 32% as poor. Overall, the table suggests that both GH and PH have areas where they can improve in terms of responsiveness to healthcare seekers. Hassan, I. (2018) also supported that good communication between health workers and patient can minimize medical error.

In overall parameters of responsiveness PH generally scores higher in most aspects, but there is still room for enhancement. When the researcher found out the rank order of the responses that in government hospitals good responses are given to registration at the entrance is 85%, access to hospital support is 81%, prompt attention is 46%, immediate action is 42%, respect to patient's dignity is 21%, good communication is 15% and proper guidance at the reception is 1.5%. The data reflects lower ratings, particularly in proper guidance, communication and immediate action, prompt attention are in moderate satisfaction level. These perceptions can impact healthcare seekers' decisions and satisfaction with the healthcare services they receive.

From this rank order analysis it is found that registration is done at entrance and social support is good in Government hospitals but proper guidance at the entrance, good communication is highly poor with this also prompt attention and immediate attention are moderate and demands to improve these areas for better perception of health care services. Similarly in private hospital registration at the entrance, access to social support is good whereas immediate action and prompt attention, respect to patient's dignity are moderate response. So in private hospitals dissatisfied responses are for proper guidance at the reception and good communication are the areas need to give attention and improvement.

Perceptions on Service Quality of Hospitals

The service quality of hospitals is a topic of paramount importance in the realm of healthcare delivery. How healthcare seekers perceive the quality of services provided by hospitals significantly influences their overall satisfaction and, ultimately, their health outcomes. Hospital service quality typically reported on structural aspects of care, process and outcomes (Donabedian, 1988). However, Gronroos (1984) believed that hospital service quality has associated technical and functional dimensions. He believed that it is not easy for a health care seeker to evaluate technical quality. Further, outcome of care might take a long time show its effect and hence could not be evaluated immediately (Berry & Bendapudi, 2007). At times, patients are unable to properly evaluate the outcome of care. Besides this, functional quality is common in marketplace and health care seeker can easily evaluate it. Later interpersonal dimension was also included in the hospital service quality evaluations (Baltussen, 2002). This variable represents the quality of emergency services at public and private hospitals. doctors' availability in 24 hours a day for emergency patient care, safety procedure, behavior of health personnel, emergency treatments, waiting time at hospital, cleanness of the hospital, physical facilities, nurse's services, laboratory services, pharmacy services, e-medical facilities, ICT facilities in OT, modern equipment's in the hospital, food quality, convenient OPD/wards location, cleanness of hospital toilets, cleanness of hospital surrounding, empathy of doctor and nurses. Data collected from the respondents from both the hospitals are represented in the following table.

Table No. 5.3

Perceptions of Healthcare Seekers on Service Quality of Hospitals

Sl. No.	Statements	Government Hospital			Private Hospital		
		G	S	P	G	S	P
1	Proper patient care	37(46)	14(17)	29(37)	52(65)	25(31)	3(4)
2	Physician Costs	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
3	Doctors Availability	23(28)	45(56)	12(16)	53(66)	18 (22)	9(12)
4	Use of safety procedure	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
5	Behavior of health personnel	34(42)	12(15)	36(43)	60(76)	15(18)	5(06)
6	Emergency treatments	21(26)	30(38)	29(36)	52(65)	23(28)	5(06)
7	Waiting time at Hospital	12(15)	24(30)	44(55)	21(26)	34(42)	25(32)
8	Cleanness of the hospital	71(89)	5(6)	4(5)	72(90)	3(4)	5(6)
9	Physical facilities	23(28)	45(56)	12(16)	53(66)	18(22)	9(12)
10	Nurse's services	60(76)	15(18)	5(06)	34(42)	12(15)	36(43)
11	Laboratory services	12(15)	24(30)	44(55)	21(26)	34(42)	25(32)
12	Pharmacy services	10(13)	32(40)	38(47)	38(47)	30(38)	12(15)
13	E-medical facilities	1(1.5)	4(5)	75(93.5)	4(5)	8 (10)	68(85)
14	ICT facilities in OT	0	5(6.5)	75(93.5)	2(3)	15(18)	63(79)
15	Modern equipment's in the hospital	53(66)	20(22)	2(12)	20(28)	45(56)	15(16)
16	Food Quality	12(15)	24(30)	44(55)	34(42)	21(26)	25(32)
17	Convenient OPD/Wards Location	65(81)	3(4)	12(15)	70(88)	8(10)	2(1)
18	Cleanness of hospital toilets	44(55)	28(35)	8(10)	38(47)	30(38)	12(15)
19	Cleanness of hospital surrounding	21(28)	44(56)	15(16)	54(67)	19 (21)	2(12)
20	Empathy of doctor and nurses	9(12)	33(41)	38(47)	40(50)	30(38)	10(12)

P-Poor, S-Satisfactory, G-Good. The number given in the brackets are percentage

(Primary source of data)

Table presents the perceptions of healthcare seekers regarding the service quality of Government Hospitals (GH) and Private Hospitals (PH). The data is categorized into three levels: Poor (P), Satisfactory (S), and Good (G), with percentages provided in parentheses.

Proper patient care: In both GH and PH, a significant portion of respondents perceive proper patient care as poor (37% in GH, 29% in PH). However, PH scores higher in the good category (65% in PH, 46% in GH). Patient care is comparatively better in PH than GH.

Physician Costs: A majority in both GH and PH perceive physician costs as good (81% in GH, 88% in PH). However, a small percentage finds it poor (15% in GH, 10% in PH). In this context one of the patient from cancer ward of Capital Hospital states that “I have not spent a single penny neither for the doctor’s consultation nor for diagnosis for my treatment though the treatment process of cancer is very expensive”. Another patient from SUM hospital of day care stated that “I have not spent money on doctor’s consultation and bed charges in general ward”.

Doctors Availability: Respondents in both GH and PH largely perceive doctor availability as good (66% in PH, 28% in GH). In government hospitals doctors’ availability is poor where as in private hospital it is comparatively better. Bajpai, V. (2014) emphasized that huge unplanned increase of urban cities put patient

load on tertiary sector hospitals and unavailability better medical facilities in PHC and CHC people migrate to urban areas for tertiary sector treatment.

Use of safety procedure: Similar to physician costs, a majority in both GH and PH perceive the use of safety procedures as good (81% in GH, 88% in PH). Only a small percentage finds it poor.

Behavior of health personnel: In both GH and PH, a significant portion of respondents perceive the behavior of health personnel is comparatively better in private hospitals than government hospitals. (76% in PH, 42% in GH).

Emergency treatments: The perceptions of emergency treatments are similar to proper patient care, with a significant portion in both GH and PH finding it poor (36% in GH, 43% in PH). PH scores higher in the good category.

Waiting time at Hospital: A majority in both GH and PH perceive waiting times as poor (55% in GH, 32% in PH). GH scores lower in this aspect. Khan, H., & Singh, A. K. (2021) stated that almost all hospitals of underdeveloped and developing countries have facing long waiting time in OPD.

Cleanness of the hospital: Respondents in both GH and PH largely perceive the cleanliness of hospitals as good. PH scores higher in this aspect.

Physical facilities: The perceptions of physical facilities are similar to doctor availability, with a significant portion in GH finding it satisfactory and poor. PH scores higher in the good category.

Nurse's services: Similar to the behavior of health personnel, a significant portion of respondents in both GH and PH perceive nurse's services as good. However, there are also respondents who find it poor.

The rank of responses states that health seekers are satisfied on physician cost(81%),use of safety measures(81%),convenient OPD and IPD location(81%), nurses services(42%),physical facility(28%), modern equipment in the hospital(28%), cleanliness of hospital surrounding(28%), food quality, laboratory services and waiting time at the hospital have 15% each, cleanliness of hospital toilets and pharmacy services each have secured 10%, empathy of doctors and nurses is 12%. So from above ranking of different parameters to access service quality of government hospitals, it is concluded that cleanliness of hospital toilets, empathy of doctors and nurses, pharmacy services, laboratory services, waiting time, food quality are very poor services. Some middle ranks services like physical facility, modern equipment, cleanliness of the surroundings, physical facility. These services need some improvement for good perception of government health care services. (Bhatia, J. S., & Sharma, M. D. (2023). Study in Ujjain city of UP also depicts same view that after a lot of health care reform people are inclined towards private health care for their qualitative care.

These perceptions provide insights into how healthcare seekers view various aspects of hospital services in both government and private settings. While both types of hospitals have strengths and areas for improvement, private hospitals generally score higher in many aspects. Improving the areas where perceptions are less favorable can enhance overall healthcare service quality and patient satisfaction.

Issues and Challenges in Hospitals: After this study it is clear that both the hospitals have their challenges. Government hospitals are facing challenges to provide prompt attention, immediate action, respect to patient's dignity, poor communication skill of staff and poor E-medical facilities.

Similarly private hospitals have also long waiting time, inadequate physical facilities for huge patient flow, pharmacy services, E-medical facilities and cleanliness are the concerned challenges of private hospitals.

Discussion and conclusion

1. Both the hospitals i.e. capital (government) and SUM hospital (private) are accessible to people. Both the hospitals are in center of Bhubaneswar city, which have modern infrastructure facilities. All types of modern transportation and GPS facilities are available. (Parvin, F,2021) supported that modern transport facilities enhances accessibility of health care facilities.
2. Prompt attention, respect to dignity of patient, good communication and immediate action are certain parameters on which public hospitals need to give attention to make the government hospital more accessible(Soyemi, T. S., &Aborode, A. T.2022). State that immediate patient care is hard to avail for

patient because of shortage in bed and overcrowding situation in hospital on the above parameters private hospitals are comparatively better but not providing excellent service. Private hospitals need to give attention on proper guidance, good communication (Adesanya, T., 2012) supported the findings that responsiveness is better in private hospital than government hospital and also suggested staff training and demand management performance of the hospital can be improved.

3. Public hospitals are comparatively poor in E-medical facility, ICT, modern equipment, cleanliness, food quality, laboratory services and waiting time are these areas perceived to be prioritized to improve the perception of people towards qualitative service care. Whereas private hospitals need to work on waiting time, laboratory services, ICT, pharmacy and empathy of doctors to improve qualitative service. (Alumran, A. et al., 2021) supported that good quality health care services is provided by private hospitals than public hospital.
4. Patient care is perceived better in private hospital. Study of (Sharma, M., & Rawat, D., 2023) mentioned that though staff to patient ratio is higher in private hospitals, patients receive more personalized care. This reflects in better patient care than government hospital.
5. Physician cost (81%), Use of safety procedure (81%), cleanliness (89%) Nurse's services (76%) and Modern equipment (66%) are perceived as better in government hospital. National health policy (2017) prioritizes and strengthens government health care services to shape health care services.
6. Physician cost (88%), doctors availability (66%), Use of safety procedure (88%), cleanliness (89%), emergency treatment, cleanliness in hospital (90%) and convenient OPD (88%) are the facilities perceived as better in private hospital. Sustainable goal (2017) Good health and wellbeing is one of the sustainable goals. For this goal NHP 2017 implemented, which also targeted for cost effective health care and also minimize out of pocket expenditure. Government of India launched Ayushman yojana for insured health care services up to 5 lakh. This innovative approach helped poor people to access private health care services.

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