PROBLEMS FACED BY THE PATIENTS IN HOSPITAL: AN EMPIRICAL STUDY ON SELECTED HOSPITALS OF BANGALORE

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Abstract—Healthcare industry has grown both in the direction and size, handling their management has become a challenging task. As many big hospitals and polyclinics came into the picture, the problems or issues in hospitals and management of patients have compounded. In today's situation, satisfaction of patient is a major challenge in the hospital industry. The better understanding of patient satisfaction can lead to profitability, higher productivity, resolution of complaints will become faster and the future survival of hospitals. This study aims to explore the major problems that are faced by the patients in hospitals and to analyse the quality of services provide by the hospitals in Bangalore city. As healthcare is one of the fastest emerging Industries in India in terms of employment, interest, and investment this industry is facing so many challenges. In this study the researcher will identify the major issues faced by the patients in the hospitals of Bangalore city and quality of services provided by the hospitals.

Keywords—Healthcare Industry, Hospitals, Patient Satisfaction, Quality Services, Productivity.

1. INTRODUCTION

In the view of global natural human's dependent on the environmental locations, power sources of nature and climatic conditions. Irrespective of place they live like rural or urban areas all lives are dependent on the facilities available in the universe which are available as natural sources, climatic factors, life status, feeding system, environmental factors, etc. All these systems that are available, act as the nervous system of the body and it is depended on the health of an individual. The health of a person is depended on the natural global sources and environmental factors. The health function can be poor due to lack of responsibilities and duties, poor action in disciplinary system, poor decision making at all the levels, poor communication, and some major changes in healthcare systems. The major issues affecting in the healthcare system are lack of co-ordinations, lack of situation physically, poor infrastructure and lack of maintenance of records and data, usage of out dated technology, poor quality of supply of services and food, high paid technical staffs, non-availability of new technologies in the public hospitals and high treatment cost in the private hospitals etc. In India, the health services are provided in terms of public sector and private sector. The services provided by these two sectors differ very significantly. The private healthcare sectors provide more preventive health services other than curative service and private health sector is more profit oriented, therefore, in such circumstances the poor and middle-class people depend mainly in the public sectors. The term health facility referred to where the healthcare services are provided. The health facilities vary from small clinics with one doctor and nurses to large hospitals which many doctor's emergency rooms and including multi-speciality centres like trauma etc. India is in the second position for the population rate and around 75% of the Indian population belongs to or living in the rural and semi urban areas therefore still people in those regions are suffering without getting proper health services.

2. REVIEW OF LITERATURE AND GAPS: -

The review of literature covers the quality of service provided by the hospitals, patients and doctor relationship and the patient satisfaction on the treatment and it also include the risk or difficulties associated with improvement in quality, satisfaction of the healthcare provider's etc. This literature also defines these significant research gap associated with the healthcare service providers involvement in outpatient and in-patient department management along with patient satisfaction. The review of work involvement of healthcare service providers in both outpatient and in-patient department

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is on the special reference to both public and private hospitals is very difficult as it based on the personal tact's and traits and based on the hospital management. The conditions differ from time to time, place to place and management to management.

- **KEIWKARNKA, RAMSOOTA &MANDOKHAIL** (2007) observed that the autonomy of a hospitals is a trial to achieve the objectives like reducing the complexity of administration, improvement in communication, to improve the efficiencies and effectiveness of the hospital management by allowing them in great discretions, to improve the accountability for publics, to improve the local knowledge's on priorities of developments, to gain objectives in political like developments, democratizations, determining and self-reliance. The survey conducted on patient satisfaction is a tool for analysing or measuring the quality of services the hospitals provide.
- MPINGA AND CHASTONAY (2011) as said that patient fulfilment in their helpfulness as an observing instrument of the privilege to wellbeing. Quiet fulfilment expands on moral and good establishments. The standards of self-sufficiency (free decision, support and so forth), usefulness and non-misbehaviour (logical sufficiency, specialized competency, ability to compassion and so on) ought to be regarded by wellbeing experts and be a basic piece of the systems of usage furthermore, observation nature of care and essential privileges of patients.
- LIN, XIRASAGAR AND LADITKA (2004) guessed that the unrivalled asset base of gathering practices would convert into better client support. Tolerant observations are to impact future choices to profit the centre's administration's, fulfilment with the facility and conduct purpose to come back to the centre and prescribes it to companions what's more' family members. The discoveries have strategy suggestions for governments and the board suggestions for office-based doctors. Office practice-based consideration is increasingly efficient, geologically, and strategically increasing the availability and possibility offers better coherence of care and results for walking conditions. Looking to change wellbeing frameworks need to assess administration quality in solo. Versus bunch rehearses from a quality and key advertising viewpoint.
- SULTANA, REHMAN, RIZA AND SABIR (2009) recommended that nature of human services indicated that effective conveyance of primary healthcare through the current wellbeing frameworks will prompt improved wellbeing conditions by decreasing dreariness, maternal and new born child mortality and populace development rate. Attendants need to know the elements affecting the patient fulfilment to improve the nature of social insurance. Everyone conveys a specific arrangement of considerations, segments, and necessities.

3. NEED FOR THE STUDY: -

The main purpose of the study on problems faced by the patients in the hospitals is to provide some suggestions on the basis of patients preference related to the quality of service provided by the hospitals like proper attention on provisions of sound infrastructure, usage of medical equipment and technologies, cost consumed by the hospitals for treatment etc.

4. STATEMENT OF THE PROBLEM: -

This study aims to explore the major problems that are faced by the patients in hospitals and to analyse the quality of services provides by the hospitals in Bangalore city. As healthcare is one of the fastest emerging Industries in India in terms of employment, interest, and investment this industry is facing so many challenges too. One of the major challenges is to satisfy the patients with the services provided by the hospitals. As there are so many issues the patients may face in the hospital like poor infrastructure, expenditure out of pocket is high, lack of manpower and equivocal quality in service etc. In this study the researcher will identify what are the major issues faced by the patient's in the hospital of Bangalore city and provide some suggestion based on the patient's preference.

5. SCOPE OF THE STUDY: -

The study on "problems faced by the patients in hospitals" was confined to some selected hospitals in Bangalore province in India. The scope of the study is related to the satisfaction of patients in the quality of service provided by the hospitals and to provide some suggestions on the basis of patients preference related to the quality of services provided by the hospitals.

6. OBJECTIVES OF THE STUDY: -

- To study the problems the patients are facing in the hospital.
- To analyze the quality of service provided by the hospital.
- To offer some suggestions based on patient's preference related to the quality of service provided by the hospitals.

7. RESEARCH DESIGN: -

7.1 SAMPLING: -

The sample study will be based on a non-profitability sampling. In non-profitability sampling not all member of the population will be given a chance of participating in the study.

• SAMPLE SIZE: -

The sample size preferred for this study is around 105 respondents who would take part in our research.

• AREA OF OPERATION: -

The research is conducted in Bangalore city.

7.2 TOOLS FOR DATA COLLECTIONS: -

Both primary and secondary data are taken into the account for data collection.

• PRIMARY SOURCES:

The primary data will be collected through the respondents using the well-structured questionnaire.

• SECONDARY SOURCES:

Secondary data are those data which are already been collected by someone who have already been through statistical persons, this study is also uses data and information from journal and magazines, internet, and books etc.

7.3 DATA ANALYSIS: -

The data collected will be tabulated will be used to present data. The resulting tables will be analysed, and inference will be drawn.

7.4 STATISTICAL TOOL USED FOR DATA ANALYSIS:

Percentage analysis will be used to analyse the data of the study.

8. LIMITATIONS OF THE STUDY: -

- > The study is confined to a finite period.
- > The result fully depends on the information given by the respondents which is also known as opinion survey.
- ➤ The analysis of the present study has been done based on the information collected from the one who are residing in Bangalore city.

9. DATA ANALYSIS AND INTERPRETATION:

Data analysis is the process of collecting the information from different sources. It helps in gathering data from many areas and to interpret it. This will help in knowing the complete details of the respondents from different places by taking sample size. The age, gender, educational qualification, occupation, and income level of the respondents is also one of the analyses of data and so on. Interpretation of statistics refers to the mission of drawing inferences from the collected information after an analytical and/or experimental have a look at. The mission of interpretation has major factors like the effort to establish continuity in research through linking the results of a given examine with those of another, and the establishment of a few explanatory concepts.

TABLE 1: AGE OF THE RESPONDENTS

Sl no	Age	No. of the respondents	Percentage
1	Under 25 age	51	49%
2	25-35 age	34	32%
3	35-45 age	12	11%
4	Above 45 age	8	8%
	Total	105	100%

Source: Primary Data

The above table demonstrates that 49% of the respondents comes under below 25 age and 32% of the defendants are originating under 25-25 age, 11% respondents originates under 35-45 age, 8% of the defendants comes underage group above 45.

TABLE 2: GENDER OF RESPONDENTS

Sl no	Gender	No. of the respondents	Percentage
1	Male	87	83%
2	Female	18	17%
	Total	105	100%

Source: Primary Data

The above table shows that 83% of the respondents go under male classification and 17% of the respondents go under female class. In this way, larger part of the respondents is male.

TABLE 3: OCCUPATION OF THE RESPONDENTS

Sl no	Occupation	No. of the respondents	Percentage
1	Student	41	39%
2	Self employed	34	32%
3	Service	2	2%
4	Others	2	2%
	Total	105	100%

Source: Primary Data

The above table indicates that 39% of respondent's falls under the category of students, 32% of the respondents' falls under self-employed category, and 25% of respondents falls under the category of professionals and 2% each falls under the category of service and other categories.

TABLE 4: INCOME OF THE RESPONDENTS

Sl no	Income	No. of the respondents	Percentage
1	Below 10000	60	57%
2	10000-20000	18	17%
3	20000-25000	26	25%
4	Above 25000	1	1%
	Total	105	100%

Source: Primary Data

The table 4 explains the income of the respondents. Regarding income of the respondents, 57% of the respondents are earning income less than Rs.10000 per month, 17% of the respondent income is 10000-20000, 25% of the respondents are under the income 20000-25000 and the least is 1% whose income per month is above 25000.

TABLE 5: HEALTHCARE SECTOR PREFERRED

Sl no	Healthcare sector preferred	No. of the respondents	Percentage
1	Public	66	63%
2	Private	39	37%
	Total	105	100%

Source: Primary Data

The table 5 shows that 63% of the respondents prefer public healthcare service provider and 37% of the respondent prefer private healthcare sector.

TABLE 6: FREQUENCY OF VISITING HEALTHCARE FACILITY

Sl no	Particulars	No. of the	Percentage
		respondents	
1	Not at all	19	18%
2	1 to 2	74	71%
3	3 to 4	10	10%
4	More than 4 times	2	1%
	Total	105	100%

Source: Primary Data

The above table shows that 18% of the respondents' visit the healthcare facility not at all in an year, 71% of the respondents visit 1to 2 times, 10% visit the healthcare 3-4 times in a year and 2% of the respondents visit the healthcare facility more than 4 times.

TABLE 7: PROCESS OF BOOKING APPOINTMENT WITH DOCTOR

Sl no	Particulars	No. of the respondents	Percentage
1	Very satisfied	12	11%
2	Satisfied	60	57%
3	Neutral	26	25%
4	Dissatisfied	4	4%
5	Very dissatisfied	3	3%
	Total	105	100%

Source: Primary Data

The above table 7 shows that 11% of the respondents are very much satisfied, 57% of the respondents are just satisfied, 25% of the respondents are neither satisfied nor dissatisfied, 4% of the respondent is dissatisfied and 3% of the respondents are very much dissatisfied with the process of booking appointment with the doctor.

TABLE 8: WAITING TIME TO MEET THE DOCTOR

Sl no	Particulars	No. of the respondents	Percentage
1	0-30 minutes	57	54%
2	30-60 minutes	28	27%
3	More than an hour	12	11%
4	More than 2 hours	8	8%
	Total	105	100%

Source: Primary Data

From the above table it is show that 54% of the respondents have to wait for 0-30 minutes past the appointment time, 27% of the respondents has to wait for 30-60 minutes, 11% of the respondents that is 12 out of 105 has to wait more than an hour and 8% of the respondents says that they have to wait more than 2 hours to meet the doctor past the appointment time.

TABLE 9: PROFESSIONALISM OF THE STAFFS

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Sl no	Particulars	No. of the respondents	Percentage	
1	Very satisfied	8	8%	
2	Satisfied	57	54%	
3	Neutral	30	28%	
4	Dissatisfied	6	6%	
5	Very dissatisfied	4	4%	
	Total	105	100%	

Source: Primary Data

The above table shows that 8% of the respondents are very much satisfied, 54 % of the respondents are just satisfied, 28% of the respondents are neither satisfied nor dissatisfied, 6% of the respondent is dissatisfied and 4% of the respondents are very much dissatisfied with the attitude of staffs at the waiting area towards patients problems.

TABLE 10: ATTITUDE OF STAFFS AT THE WAITING AREA TOWARDS PATIENT'S PROBLEM

Sl no	Particulars	No. of the respondents	Percentage
1	Very satisfied	7	7%
2	Satisfied	59	56%
3	Neutral	24	23%
4	Dissatisfied	11	10%
5	Very dissatisfied	4	4%
	Total	105	100%

Source: Primary Data

The above table shows that 7% of the respondents are very much satisfied, 56 % of the respondents are just satisfied, 23% of the respondents are neither satisfied nor dissatisfied, 10% of the respondent is dissatisfied and 4% of the respondents are very much dissatisfied with the attitude of staffs at the waiting area towards patients problems.

TABLE 11: AVAILABILITY OF REQUIRED MEDICINES IN THE HOSPITAL PREMISES

Sl no	Particulars	No. of the respondents	Percentage
1	Yes	72	69%
2	No	14	13%
3	Maybe	19	18%
	Total	105	100%

Source: Primary Data

From the above table 69% of the respondents agree with the availability of required medicines in the hospital premise, 13% of the respondents disagree with this statement and 18% neither agree nor disagree with the statement.

TABLE 12: EASE OF OBTAINING FOLLOW-UP INFORMATION

Sl no	Particulars	No. of the respondents	Percentage
1	Very satisfied	6	5.7%
2	Satisfied	51	48.6%
3	Neutral	40	38.1%
4	Dissatisfied	5	4.8%
5	Very dissatisfied	3	2.9%
	Total	105	100%

Source: Primary Data

The above table shows that 5.7% of the respondents are very much satisfied, 48.6% of the respondents are just satisfied, 38.1% of the respondents are neither satisfied nor dissatisfied, 4.8% of the respondent is dissatisfied and 2.9% of the respondents are very much dissatisfied with the ease of obtaining follow-up instructions like test results, care instructions etc.

TABLE 13: EQUIPMENTS AND LATEST TECHNIQUES USED TOWARDS THE DIAGNOSTIC PROCEDURE

Sl no	Particulars	No. of the respondents	Percentage
1	Very satisfied	9	8%
2	Satisfied	63	60%
3	Neutral	23	22%
4	Dissatisfied	6	6%
5	Very dissatisfied	4	4%
	Total	105	100%

Source: Primary Data

The above table shows that 8% of the respondents are very much satisfied, 60 % of the respondents are just satisfied, 22% of the respondents are neither satisfied nor dissatisfied, 6% of the respondent is dissatisfied and 4% of the respondents are very much dissatisfied with the equipment and latest techniques used in the diagnostic procedure.

TABLE 14: AVAILABILITY OF AMBULANCE SERVICES AN CASUAL TRANSPORT AT THE RECEPTION

Sl no	Particulars	No. of the respondents	Percentage
1	Yes	88	84%
2	No	17	16%
	Total	105	100%

Source: Primary Data

From the above table 84% of the respondents agree with the availability of both ambulance and casual transportation services at the reception of the hospitals and 16% of the respondents disagree with this statement.

TABLE 9.15: OVERALL RATING LEVEL WITH THE SERVICES THE HOSPITAL PROVIDE FOR THE PATIENTS

Sl no	Particulars	No. of the respondents	Percentage
1	Very satisfied	5	4.8%
2	Satisfied	51	48.6%
3	Neutral	39	37.1%
4	Dissatisfied	8	7.6%
5	Very dissatisfied	2	1.9%
	Total	105	100%

Source: Primary Data

From the above table, only 4.8% of the respondents are very satisfied with the services the hospitals provide to the patients and the majority of the respondents say they are just satisfied with the services and 37.1% are neither satisfied nor dissatisfied with the services provided to patients.1.9% of the respondents' are very dissatisfied with the services the hospitals provide to their patients.

FINDINGS: -.

- More than half of the respondents are male and female respondents are less. The reason for less number of female respondents can be because most of the women try homemade solutions to most their health issues and not prefer going to hospitals and also many women do not reveal their health problems until it is emergency or serious.
- > Most of the respondents are under the age group 25 who takes the healthcare facilities.
- Majority of the people prefer public healthcare sector i.e. mostly the one who earns less than 10000 rupees per month. As it is affordable and reliable to them.

- Majority of the respondents are satisfied with the process of booking appointment with the doctor but still around 10% of the respondents are still facing this problem.
- Majority of the respondents has to wait up to 0-30 minutes past the appointment time.
- Majority of the respondents visit 1-2 times in a month to their healthcare facilities.
- > 38.1% of the respondents say that they are neither satisfied nor dissatisfied with the ease of obtaining follow up instructions.
- ➤ 84% of the respondents agree with the availability of ambulance services but still 16% of the respondents are facing difficulty in the availability of ambulance services and other casual transportation.
- > Only 4.8% of the respondents are very much satisfied with the services hospitals provide to the patients. On the other hand, majority says that they are satisfied with the services but improving measures has to be implemented.

SUGGESTIONS: -

- It is recommended to offer online services for booking appointments in public hospitals.
- Sending confirmation of appointments and reminders of appointment through SMS services will be helpful to the
 patients.
- Minimize the waiting time to meet the doctor.
- Using digital methods to share helpful contents on health-related issues in the hospitals.
- It is also recommended to educate the people about the value of health and on health-related issues.

10. CONCLUSION: -

Healthcare industry has grown both in the direction and size, handling their management has become a challenging task. As many big hospital's and polyclinics came into the picture, the problems or issues in hospitals and management of patients have compounded. Due to the huge rise in the demand, hospital should maintain a good relationship with the patients which can help them to sustain profitability. To achieve complete patient satisfaction the hospital should maintain a good working relationship with the patients. In today's situation, satisfaction of patient is a major issue in the hospital industry. The better understanding of patient satisfaction can lead to profitability, higher productivity, resolution of complaints will become faster and the future survival of hospitals. The aim of the study was to know about the major problems faced by the patients in the hospitals and to provide few suggestions based on the survey conducted. The people are still not very much satisfied with the service the hospitals provide. The patients are facing issues in the process of booking appointment with the doctors, waiting time to meet the doctor past the appointment time, professionalism of the staffs' availability of ambulance services and other casual transportation at the receptions etc. For positive outcomes and to the central of patient satisfaction the patient-doctor relationship is a important part. In the study few suggestions to improve the satisfaction of the patient's like offering online services for booking appointments, reducing waiting time, long term communication with the patients appointing well professionalized staff etc.

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