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Review Article

A Study of Indoor Patients' Inclusion and Satisfaction Among Economically Marginalized Sections at a Public Hospital in Aizawl District, Mizoram, India

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Abstract - *Public health and healthcare provision play a vital role in developing countries like India. A healthy population is a prerequisite for rapid economic development and progress. At the same time, quality healthcare as compared to developed countries is a challenge given the higher cost So, Government-funded public hospitals play a pivotal role in the provision of healthcare and other health-related services, especially to the economically challenged sections of the community, which in fact, amounts to a sizeable portion of the population. Public hospitals often face malice of polemics from the general public regarding their healthcare provision and quality in India. As such, the need for scholarly inquiry into this field is needed. The study is based in Aizawl, Mizoram, one of the states in India. The study finds that people among the economically challenged sections are not excluded from access to healthcare facilities at public hospitals and that there is a significant relationship between poverty status and level of patients' satisfaction.*

Keywords *- Healthcare, Public Hospitals, Poverty, Patients' Satisfaction.*

I. INTRODUCTION

There is a worldwide consensus that health is one of the most important factors for social welfare, economic growth and development, and progress at large. A healthy population leads to a vibrant and strong economy by increasing the productivity as well as the working capacity of the labor force. Hence, a healthy population or workforce is necessary for human resource development which will ultimately lead to the desired outcome of any economic policy—sustained long-run growth and development. As such, the importance of health cannot be neglected in the field of economic study and research.

In developing countries like India, a large chunk of the population does not have access to health insurance. Moreover, access to a private hospital is difficult due to the huge financial cost for people who are economically challenged. As such, public healthcare provision plays a vital role in filling this gap. The study is based in Aizawl—the capital of Mizoram, which is one of the states of India. Public healthcare provision in India is often criticized due to lack of care and rampant discrimination and negligence as compared to their private counterpart. As such, an inquiry into the satisfaction level, especially that of the economically marginalized section of the population, is a much-needed literature in the field of health economics. This study inquires about the veracity of the prevailing perception regarding public hospitals and whether or not they contribute to universal access to healthcare which is the fundamental right of every individual, irrespective of their social and economic status.

II. OBJECTIVES OF THE STUDY

- To find out the poverty status of indoor patients of Civil Hospital, Aizawl.
- To determine the level of indoor patients' satisfaction regarding the provision of healthcare by Civil Hospital, Aizawl.
- To further test whether poverty status and patients' satisfaction have a significant relationship.

III. REVIEW OF LITERATURE

Baker (1996) argues that despite interest in the relationship between patient satisfaction and consultation performance, there is little information about how other characteristics of general practitioners, practices, and patients influence satisfaction with consultations. Patient characteristics associated with falls in satisfaction were increased age and an increased proportion of male patients. The findings of his study give further support to the importance of a personal service in determining patient satisfaction in general practice. (1)

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Patients' satisfaction plays a key role in the provision of public healthcare, Mahapatra*et. al.* (2001) identified that Corruption by all categories of staff was the greatest cause for dissatisfaction, followed by general cleanliness, poor utilities, etc. Also significantly high level of dissatisfaction was noted regarding patient's assessment of the technical quality of doctor's work and less time spent by the doctor with the patients, which are the main causes for people to go to private healthcare organizations, where majority of patients who come for treatment to public hospital are poor and illiterate.(3)

Kjerstad (2003) writes that in Norway, a new system of Activity Based Financing (ABF) for general hospitals was introduced on a comprehensive basis in July 1997. The main purpose of the reform was to increase activity so that more patients could receive treatment more quickly without reducing the quality of care. His study concludes that the reform has had a significant impact on the number of patients treated.(2)

Yadav (2007), in a cross-sectional study conducted at the Government Medical College Hospital, shows that owing to inflation and rising costs of commodities, some people from the upper-middle class can no more afford the costs incurred in the private medical sector and have to therefore seek medical services of a government hospital.(4)

IV. METHODOLOGY

The study is based on primary and secondary data. Structured interview schedule based on the objectives of the study is prepared, and each respondent is individually interviewed. A Likert scaling method is employed to calculate patients' satisfaction. For this, 4 clusters are made to extract patients' satisfaction with doctors, nurses, infrastructure and care given, and finally, information received. Patients are asked to rank their preference ordinally, and each question has a point of 0, 1, 2, and 3 based on their response, in which four options are given. Then the points each individual indoor patient score is scaled on a five-point scaling method. Finally, the relationship between poverty status and patients' satisfaction is tested using relevant statistical techniques like correlation and chi-square tests.

V. DATA ANALYSIS

A. Poverty Status

Another important aspect of the socio-economic condition or status of patients is their family's poverty status. In India, poverty status is broadly classified into three categories—Antyodaya Anna Yojana (AAY), Below Poverty Line (BPL), and Above Poverty Line (APL). The income threshold set by the Government is different in each category. A is the lowest income group who are mainly bereft of regular income and a decent standard of living. As the interest of this research is whether free and universal basic healthcare services benefit the economically challenged or marginalized section of the population, an inquiry into the poverty status is an important parameter. The following table (1) highlights the poverty status of indoor patients' families of Civil Hospital Aizawl:

Table 1. Poverty Status of Respondents' Family

Family Status	Frequency	Percent	Valid Percent	Cumulative Percent
ANY	5	12.5	12.5	12.5
BPL	21	52.5	52.5	65
APL	14	35	35	100
Total	40	100	100	

The above table, i.e., table 1, shows the poverty status of the respondents' families. It is broadly classified into three categories as per the Government's classification of poverty status in India. People who are poor or living in relative poverty have the highest frequency, with 21 as seen in the BPL category of the table, which is 52.5 percent out of the total of 40. Those very poor or AAY have 5 families, which is 12.5 percent of the total. Together, families who are in relative poverty and extreme poverty contributes 26 or 65 percent of the total indoor patients studied. Patients' family above the poverty line is 14 or 35 percent of the total. It can be said that most of the indoor patients of Civil Hospital Aizawl are people from below the poverty line.

B. Poverty Status and Overall Satisfaction

The following tables (tables 2 and 3) highlight whether there is any correlation or inter-dependence between indoor patients' satisfaction and their poverty status. The former table shows cross-tabulation of poverty status and overall satisfaction of indoor patients and the latter, chi-square test and correlation values:

Table 2. Poverty Status and Overall Satisfaction of Patients

	Overall Satisfaction of Patients			
Poverty Status	Unsatisfied	Somewhat Satisfied	Satisfied	Total
AAY	1 (20%)	0 (0%)	4 (80%)	5
BPL	4 (19%)	3 (14.3%)	14 (66.7%)	21
APL	5 (35.7%)	6 (42.9%)	3 (21.4%)	14
Total:	10 (25%)	9 (22.5%)	21 (52.5%)	40

The above table, i.e., table 2, shows the cross-tabulation of patients' overall satisfaction and poverty status of the respondents. The following table, i.e., table 3, further highlights the chi-square value and correlation values of the above analysis:

Table 3. Chi-Square Test of Poverty Status and Overall Satisfaction

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.421	4	0.051
Likelihood Ratio	10.634	4	0.031
Linear-by-Linear Association	4.589	1	0.032
Valid Cases	40		

It can be seen from the above table, (i.e., table 3) that the chi-square value is 9.421 at 4 degrees of freedom. Since the asymptotic significance value is 0.051, it can be said that there is a significant relationship between poverty status and overall satisfaction of indoor patients. It can be seen from the above tables that the satisfaction level is lowest among APL family members. In all cases, there is no recorded response of the two extremes, i.e., very unsatisfied or completely satisfied. Respondents are usually between unsatisfied and satisfied. BPL family members have the highest satisfaction level, and AAY family members are in overall—satisfied. It can be seen clearly from this test that patients who are from the lower strata of the income group are not discriminated against, and in fact, the satisfaction level is much lower among the higher income groups or people above the poverty line. In total, 25 percent of the respondents are unsatisfied, 22.5 percent are somewhat satisfied, and 52.5 percent are satisfied. As mentioned earlier, the satisfaction level is lowest among APL families, and out of the total of 14 patients studied in this category, 35.7percent or 5 respondents are unsatisfied, and 42.29 percent or 6 respondents are somewhat satisfied, and only a mere 21.4 percent or 3 respondents are satisfied. Satisfaction level is highest among BPL family members. Out of the total of 21 respondents, only 19 percent or 4 respondents are unsatisfied, 14.3 percent or 3 are somewhat satisfied, and the rest 66.7 percent or 14 respondents are satisfied with the healthcare services that they received during their stay at Civil Hospital Aizawl.

VI. CONCLUSION

It is observed from this study that public healthcare provider does not exclude the economically marginalized sections of the community. Since the study finds that there is a significant relationship between poverty status and satisfaction with regard to the provision of healthcare to indoor patients, the level of satisfaction of the economic sections is much higher than that of people with relatively higher economic status. Hence, the existing healthcare provision through public funding should be continued, and in fact enlarged, in order to realize healthcare for all.

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