



# MEDICAL CARE IN RAJASTHAN: A LOOK AT THE STATE'S PUBLIC AND PRIVATE HOSPITAL

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## ABSTRACT

This study makes an effort to examine hospitals and the means of bettering their services from the patient's perspective in an effort to develop and advocate for patient-centered healthcare facilities. Providers' needs and the satisfaction of their patients, which are one and the same, are satisfied in this way since they are positive systematic commands. There are two types of hospitals: (1) GGHs (Government General Hospitals), which are run entirely by the government, and (2) corporate hospitals (which are run by corporations).

**KEYWORD:** Healthcare, Patient, Government, systematic.

## INTRODUCTION

Healthcare services in India are offered by both the public and private sectors. When compared to services offered by the private sector, those offered by the public sector are quite different in character. The government does more than only provide medical care; it also offers several preventative programs. The government heavily subsidizes programs that teach people how to take care of their surroundings and avoid becoming sick.

Below the Poverty Line (BPL), Reproductive and Child Health (RCH), Department of Tuberculosis (DOTS), and Tuberculosis (TB) patients are only few of the populations targeted by government health care programs. The National Rural Health Movement (NRHM) has also been initiated by the federal government, with particular emphasis on those states with the worst health indicators and infrastructures. The National Maternity Benefit Scheme in Rajasthan is included.

There has been a global expansion of the medical community, and India is no exception. In India, a new kind of hospital known as the "Corporate Hospital" is making waves in the medical field. Since these hospitals focus on a certain field of medicine, they are seeing a rise in the number of people seeking treatment. There is intense rivalry amongst these medical centers for patients. While improving the speed and accuracy with which specialized services may be delivered is a priority, so is ensuring that all services remain of high quality.

Corporate healthcare facilities place a premium on patient happiness above everything else. It is clear that in service marketing, additional P's outside the traditional "four P's"—Product, Price, Place, and Promotion—play a crucial part in delivering on promises made to customers. Satisfaction among consumers is a rapidly expanding academic interest. The big picture of the state and business sector is laid out before us. By comparing the current state to the desired future state, we can do a gap analysis. This research will aid in

improving the current setup. The government may receive our proposals for change. Populations are becoming older, illness patterns are shifting, and people are becoming more conscious of their own health needs, all of which are driving up the demand for health care services. When evaluating the quality of a service, patients often compare their expectations to how the provider actually performed. In spite of the government's best efforts, we'll learn that private hospitals continue to enjoy more popularity among patients than their public counterparts.

Finding out whether or not the facilities and aid offered to patients are adequate is a key outcome. Accessible, cheap, and accountable tactics and ideal business models that should bring equity to the health care system are crucial to bridging the gap between the need for and supply of excellent medical treatment. In order to cope with impending issues. In order to fathom the budgetary surplus or shortfall caused by personnel. To learn the value of providing staff with training and encouragement. Make medical centers accessible to the general public (with essential domestic services like: - water, electricity, clean toilets, waiting area, security etc.) Quality control for government hospitals may be guaranteed by having them certified as "family friendly" or "National Accreditation Board for Hospitals" (NABH) accredited. This can be done via the State Health Services Resource Centre (SHSRC).

## LITERATURE AND REVIEW

**Arab Naz et al (2012)** Patient issues at Central Public Hospitals in Khyber Pakhtunkhwa, Pakistan, are the focus of this research. The study's overarching goal is to pinpoint the deficiencies in public hospitals' provision of patient care resources using sophisticated dimensional analytics. In order to document how people in the community see health care issues at public hospitals, we conducted a thorough survey of the facilities in the study region using a structured interview schedule. Patients at the aforementioned hospital were among the 150 responders chosen at random. Statistics like the chi-square test and the correlation method have been used to verify the data and shed light on the connections between the dependent and independent variables. It has been determined that there is a wide range of issues in the health sector, particularly with regards to facilities and care, that affect patients in public hospitals. It has been proposed that the present issue at public hospitals may be mitigated via effective government attention, the development of solid infrastructure, and the supply of proper medical devices with check and balance and health amenities.

**Prem Kumar et al (2013)** The Internet and the ever-expanding realm of information and communication technologies have had profound effects on the ways in which goods and services are distributed in the modern global economy. Enhanced administration and control, better patient care, tighter cost management, and higher profits are just some of the advantages of using an E-Hospital Management System. U.S. regulations under the Health Insurance Portability and Accountability Act (HIPAA) have established the standard for the healthcare sector worldwide when it comes to the management and protection of patient health data and other personal information. The research summarizes the most up-to-date widely accepted standards and protocols, such as the Health Level Seven (HL7) standards for mutual message exchange, HIS components, etc., and applies them to the task of interpreting key performance indicators for HIS. This research is mostly descriptive and qualitative in nature, with secondary data sources providing the bulk of the survey information. The research takes into account both current survey data and particular case studies of HIS that have been found to be effective in order to arrive at a comprehensive understanding of E-Hospital Management and HIS as a whole. Given the wide variety of E - HMS and HIS implementations now on the market, we've laid down a general module-by-module breakdown of an E - HMS for the benefit of academics and professionals in the field. The paper highlights the success elements and problems encountered in the deployment of E-HMS by analyzing individual case studies of successful implementations. The prerequisites for implementing a Healthcare system are laid out, and some of the essential standards, such as HIPAA, are examined in depth.

**Khushboo Sharma, et al (2021)** The success of businesses in terms of revenue and market share can be traced back to the level of satisfaction their customers have with the services they get. Increasing patient happiness in healthcare calls for better service quality. There is a private hospital in south Rajasthan, which is home to a decently established health care system, on the lookout for quality improvement strategies to draw in new patients and meet their high expectations. India's healthcare system has improved greatly in recent years, with both the public and commercial sectors contributing to the delivery of first-rate care. Maximizing patient happiness is the primary goal of this research, which focuses on the effect of service

quality on that satisfaction in a few chosen private hospitals. About 250 outpatient clinic (OPD) participants were surveyed using the SERVQUAL scale for this research. Descriptive research is utilized in this study to derive conclusions on service quality using statistical methods such as regression, analysis of variance, chi square, etc. The major purpose of this research is to look at how different aspects of service quality affect the happiness of outpatient clinic visitors. The purpose of this literature review is to highlight the research topic of quality improvement in private sector health care services and to gauge OPD patients' understanding of the many characteristics of health service quality, including dependability, assurance, tangibles, responsiveness, and empathy.

**Bhupesh Umath et al (2013)** The healthcare industry in India is already one of the country's most lucrative and fast-growing industries. With their rising buying power, Indian consumers are increasingly prepared to pay a premium for world-class medical treatment. In today's world of globalization and increased competition, it has become clear that Indian healthcare providers must improve the quality of their service if they want to keep both they're in- and out-patients happy. Because of this, it is crucial to understand how those receiving health care and those involved in the care of those individuals rate the quality of that service. An awareness of this kind helps hospital management boost service quality and, by extension, patient satisfaction. Of the several instruments available for this purpose, the SERVQUAL device has shown to be the most popular among both providers and patients. This study takes into account the five characteristics of service quality (servqual) proposed by Parasuraman, Zeithaml, and Berry (1985): tangibility, dependability, responsiveness, empathy, and assurance. The overarching goal of this study is to identify the elements that influence consumer happiness. The goals of this study are (1) to describe the use of service quality (servqual) dimensions in retail businesses, (2) to identify the facets of service quality (servqual) that lead to satisfied customers, and (3) to identify the most influential facets of service quality (servqual) that shape consumers' opinions. The purpose of this study is to quantify and appraise the variables that contribute to patients' impressions of their care in private hospitals in India. This research demonstrates how the SEVQUAL model bridges the gap between hospital staff and patients in India and, more specifically, the state of MP.

**Hem Bahadur Gurung et al (2021)** This research aims to examine the relationship between patients' perceptions of hospitals' value and their evaluations of their quality, cost, convenience, and overall satisfaction. Exploratory study using a causal comparative research design was employed for this investigation. This research made use of a convenience sampling method. Based on a random selection process, 149 participants were selected as the sample size. The findings confirmed that the four factors of location, perceived price, perceived quality, and satisfaction constitute a unique construct for estimating value. In general, hospital value in Nepal is unaffected by patients' perceptions of price, proximity, and satisfaction. It has been shown that one of the strongest predictors of perceived value is perceived quality. In economically developing nations like Nepal, healthcare costs are especially sensitive. When comparing hospitals of a similar quality, price differences may not have much of an impact on the impression patients get. Because Nepalese people care more about the trust and reliability of service, the reputation of hospitals, and recommendations from our family and physicians than about the convenience of hospital location, perception of location has no effect on perceived value. Moreover, we have shown a positive relationship between price and quality in terms of both perceived quality and satisfaction. The findings indicated that hospitals in Nepal could improve their service quality with the help of visionary leadership, careful planning, employee education and training, an abundance of available resources, efficient resource management, streamlined processes, and increased inter-employer cooperation. The study's limitations and implications focus on patients' perspectives on the concepts of value, quality, satisfaction, price, and location. It doesn't take into account the suppliers' point of view. This is a drawback since it does not consider the provider's perspective, which may vary from that of the patient. The findings have important real-world implications, suggesting that managers use consumers' perceptions of value to gain a competitive edge and, in turn, their loyal, long-term support. Prioritizing quality above quantity will increase people's estimation of the hospitals' worth. The study's novelty and significance lie in the fact that it will help hospitals get a better knowledge of how people rate their services based on a variety of factors, including pricing, location, quality of care, and patient happiness.

## RESEARCH METHODOLOGY

What follows is a breakdown of the numerous parts that make up a research technique:

**A. Universe:** Rajasthan, is home to a large number of both government and private hospitals. Recent research found that each of these institutions treated their patients' prospects for care substantially differently.

**Sample:** My thesis research included the following themes related to urban and rural population planning, given that the 2011 census revealed a greater concentration of residents in rural regions served by both government and corporate hospitals. A. Bundi B. Kota C. Baran D. Jhalawar E.

The residents of the aforementioned regions often visit one of the following government hospitals:

#### Government hospitals:

- (1) Pandit Brij Sundar Sharma government general hospital, Bundi.
- (2) Maharav Bhim Singh Hospital, Kota.
- (3) Government general hospital, Baran.
- (4) Government general hospital, Jhalawar.

#### Corporate hospitals:

- (1) Anurag nursing home, Bundi.
- (2) Sudha Hospital, Kota.
- (3) Goyal Hospital, Baran.
- (4) Sanjeevani Vyas hospital, Jhalawar.

A random sample of 200 persons has been chosen from the aforementioned regions in order to get feedback from residents, both rural and urban, on the quality of public and private medical services in their communities.

**B. Tools of data collection:** One hundred and twenty individuals were surveyed for this study, and their perspectives as patients, physicians, hospital administrators, healthcare policymakers, academics, and industry specialists all had a role in the primary data collection process. The information was useful in determining the respondent's credibility.

**Analysis of Data:** Appropriate statistical tests, including cross-tabulation, chi-square, and t-tests, were applied to the primary data.

## DATA ANALYSIS

### Satisfied With the Attitude and Behavior of The Doctor While Treating

**Table no. 1: Showing satisfaction with the attitude and behavior of the doctor while treating.**

Attitude and behavior of the doctor	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent

Highly unsatisfied	17	17%	0	0%
Unsatisfied	23	23%	4	4%
Neutral	5	5%	1	1%
Satisfied	37	37%	66	66%
Highly satisfied	18	18%	29	29%
Total	100	100%	100	100%

Source: Field Survey.

Responses from a cross-section of public and private hospitals are included in Table 1 below, along with information on doctors' demeanor and manner of care during patient visits. Only 17% of those who work in public hospitals are dissatisfied with the statement, while none of those who work in private hospitals feel the same way. Twenty-three percent of those polled at government hospitals and four percent at for-profit hospitals are dissatisfied with this assessment. Five percent of those who work in public hospitals and one percent of those who work in private hospitals are ambivalent about this claim. Only 37% of those who work in public hospitals and 66% of those who work in for-profit hospitals agreed with this. Only 18% of those polled at government hospitals and 29% at private hospitals agreed wholeheartedly with this assertion.

### Services Provide by The Hospital Is Adequate

**Table no. 2 Showing satisfaction services provide by the hospital is adequate.**

Services provided by hospital is adequate	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	5	5%	2	2%

Unsatisfied	21	21%	8	8%
Neutral	4	4%	5	5%
Satisfied	57	57%	69	69%
Highly satisfied	13	13%	16	16%
Total	100	100%	100	100%

Source: Field Survey.

Table 2 provides a breakdown, by Respondents' choice of Government and Corporate hospitals, of how satisfied they are with the services provided by the hospital. Five percent of those who work in public hospitals and two percent of those who work in private hospitals are very dissatisfied with this. The percentage of dissatisfied respondents who work in corporate hospitals is double that of those who work in government hospitals (21 percent vs. 8 percent). Neutral responses came from 4% of government hospital respondents and 5% of corporate hospital respondents. Only 57% of those who work in government hospitals and 69% of those who work in private hospitals agree with this statement. Only 13% of those polled at government hospitals and 16% at corporate hospitals agreed wholeheartedly with this assertion.

### Corporate Hospitals Better Quality Service Providers Than Government Hospitals

**Table no. 3: Showing comparison between better quality service providers.**

Better quality service	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	5	5%	1	1%
Disagree	10	10%	3	3%
Undecided	16	16%	0	0%

Agree	47	47%	71	71%
Strongly agree	22	22%	25	25%
Total	100	100%	100	100%

**Source: Field Survey.**

In Table 3, we have a breakdown of the government and corporate hospitals that were chosen as respondents for the field survey, organized according to the quality of care they provide. 5% of those who work in public hospitals and 1% of those who work in private hospitals disagree with this assertion. In contrast to the 90% who agree, 10% of those who work in public hospitals and 3% of those in private hospitals strongly disagree. Sixteen percent of public hospital respondents and zero percent of private hospital respondents are unsure about this claim. There were 47% of those who worked in government hospitals and 71% who worked in private hospitals who agreed with this statement. Among those who work for the government, 22% agreed wholeheartedly, but among those who work for private hospitals, 25% did.

**Weighing the cost and benefits, corporate hospitals prove to be more effective and efficient.**

**Table no. 4: Showing comparison between cost and benefits service providers.**

Cost and benefits	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	24	24%	0	0%
Disagree	48	10%	1	0%
Undecided	11	11%	6	6%
Agree	10	10%	68	66%
Strongly agree	7	7%	25	27%

Total	100	100%	100	100%

Source: Field Survey.

As you can see in Table 4, the respondents' allocation of public and private hospitals across a range of costs and advantages Participating citizens in the Field Survey. In contrast to the 0% who said "strongly agree," 24% of those who work in public healthcare strongly disagree with this assertion. A majority (52%!) of those who work in private healthcare agree with this statement, while 48% of those who work in public healthcare disagree. There is doubt among 11% of public hospital respondents and 6% of private hospital respondents. The percentage of people who agreed with this statement ranged from 10% at government hospitals to 68% at private hospitals. Only 7% of those working at public hospitals and 25% of those in private hospitals wholeheartedly agreed with this assertion.

## CONCLUSION

Patient satisfaction was studied at both public and private facilities. Having access to the government's policy has several benefits for all patients. All hospitals strive to provide better care for their patients, and the pleasure of their patients is paramount. However, the quality of care provided by a corporate hospital is often far higher than that provided by a government hospital, even for low-income patients. Both have been compared by several hospital departments, including administration, personnel, nursing, infrastructure, and management. Private hospitals charge far more than public ones. Overall, both the responder and the respondent feel quite satisfied.

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