
Original Research Article**Perception of OPD Attendees in Rural Health Training Centre on Medical Care in Aligarh**Uzma Eram¹, Salman Shah², Tamanna Z³^{1,2}Assistant professor in the Department of Community Medicine, J. N. M. C. H, Aligarh, India³Assistant consultant in KFMC in Riyadh in Emergency Department, Saudi Arabia***Corresponding Author:**

Uzma Eram

Email: uzmazoya27@gmail.com

Abstract: The Government of India has made primary health centres institutions to provide primary health services for rural and tribal sectors. But shortcomings in the delivery of health care services has resulted in lesser utilization rates. Patients perception about quality of care often determines whether they seek and continue to use services. The aim of this study was to determine the common motivators for the OPD attendees to come to the RHTC for health services and to record the perception regarding the quality of health care received from the OPDs of the RHTC. A cross-sectional study was carried out in Rural Health Training Centre(RHTC) of the Department of Community Medicine, J. N. Medical College , A.M.U., Aligarh. The patients attending the OPDs of RHTC, above the age of 21 years were selected for the study. The study period was of 2 months: August-September, 2013. A total of 200 patients were selected for the study. Data was collected using a pretested semi-structured questionnaire. Informed consent was taken from the study subjects. The data was analysed by using SPSS software. Most of the patients came to RHTC because of free drugs supply(94%) and because the centre was near their house(88%).75% of patients had faith in doctors and staff of RHTC and 73% believed that health information provided was satisfactory. More than half of patients came directly to RHTC. One - fourth of the patients under study went for village level practitioners before attending the OPDs of RHTC. Few went for some other institution and very few believed in home remedy only. 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent. One of the measures of the quality of health care is by assessing client satisfaction. There is a need for interventions in terms of time spent at the facility, which would promote good customer-focussed service delivery. As we are providing facilities for preventive and curative health care delivered at the doorstep of the people, it is important to ascertain the level of utilization and reasons for non-utilization.

Keywords: Perception, OPD attendees, RHTC**INTRODUCTION**

The Government of India has made primary health centres institutions to provide primary health services for rural and tribal sectors. But shortcomings in the delivery of health care services has resulted in lesser utilization rates. Very often, in order to achieve our goal ,we neglect the concept of quality of care, which is also a right of clients [1]. Patients perception about quality of care often determines whether they seek and continue to use services [2]. Patient satisfaction has emerged as an important parameter in the assessment of health care quality [3, 4]. Patients often have a specific agenda when visiting a health care facility [5]. Many studies suggest that main health care services utilized were from medicine specialists and RHTC of medical colleges [6, 7].

The aim of this study was to determine the common motivators for the OPD attendees to come to the RHTC for health services and to record the

perception regarding the quality of health care received from the OPDs of the RHTC.

MATERIAL AND METHODS

A cross-sectional study was carried out in Rural Health Training Centre (RHTC) of the Department of Community Medicine, J. N. Medical College , A. M. U., Aligarh. The patients attending the OPDs of RHTC, above the age of 21 years were selected for the study. The study period was of 2 months: August-September, 2013. A total of 200 patients were selected for the study. Data was collected using a pretested semi-structured questionnaire. Informed consent was taken from the study subjects. The data was analysed by using SPSS software. It was kept confidential and was used for research purpose only.

RESULTS

As shown in table-1, most of the patients came to RHTC because of free drugs supply(94%) and

because the centre was near their house(88%).75% of patients had faith in doctors and staff of RHTC and 73% believed that health information provided was satisfactory. Only 67% thought that better drugs were available at RHTC and 59% were satisfied with good behavior of doctors and health staff.

As shown in table-2, 57% of patients came directly to RHTC. 26% of patients under study went for

village level practitioners before attending the OPDs of RHTC, 14% went for some other institution and 3% believed in home remedy only.

As shown in table-3, 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent.

Table 1: Common Motivators For Seeking Health Care From The RHTC

Reason*(multiple responses*)	No.=200	Percentage
Near the house	176	88
Free drugs available	188	94
Better drugs available	134	67
Faith in doctors/health staff	150	75
Provision of health information	146	73
Good Behaviour of doctors/health staff	118	59

Table 2: Distribution of the place of treatment of the patients before attending the OPDs of the RHTC

Place Of Treatment	No.=200	Percentage
Come directly to RHTC	114	57
Home remedy only	6	3
Village level practitioners(local/qualified)	52	26
Some other institution	28	14

Table 3: Opinion of patients of OPD regarding treatment received

opinion	n=200	Percentage
1.Happy	120	60
2.Partially happy or unhappy	60	30
3.Indifferent	20	10

DISCUSSION

Ours was study at RHTC, located 17km away from J. N. Medical College, Aligarh. We have the references of primary health centres which had the almost similar results e.g. a study reported that 52.3% opined that either proximity of the PHC to their homes or cheaper costs of treatment or both was the main reason why they visited the visited the PHC OPD [8]. Other studies also gave almost similar results [9-12]. A study in Central America reported that health workers were so rude as to affect health services utilization [25].

As shown in table-2, 57% of patients came directly to RHTC. 26% of patients under study went for village level practitioners before attending the OPDs of RHTC, 14% went for some other institution and 3% believed in home remedy only. Almost similar observations regarding the place of treatment was also reported by other studies [13-16].

As shown in table-3, 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent. Similar findings were reported by other studies [8, 17]. The reasons for partial dissatisfaction were long waiting for consultation, lack of free supply of drugs, and *always getting the same*

small yellow drugs for any kind of illness, etc. Some studies reported non-availability of certain drugs and investigations as major areas of client dissatisfaction [18-20]. Waiting time is a source of dissatisfaction in patients [23, 24] in lot of studies.

There are few limitations to this study. Firstly, findings of this study cannot be applied to the entire population that utilizes the primary health care services in India. Secondly, it may be presumed that only patients who are satisfied with a certain health care service will continue to utilize it. So most patients attending the centre would be satisfied clients. This has been pointed by other authors as well [21]. A study reported that a high level of satisfaction was due to good relationship with physician [22].

CONCLUSION

One of the measures of the quality of health care is by assessing client satisfaction. There is a need for interventions in terms of time spent at the facility, which would promote good customer-focussed service delivery. As we are providing facilities for preventive and curative health care delivered at the doorstep of the people, it is important to ascertain the level of utilization and reasons for non-utilization.

REFERENCES

1. National Institute of Health and Family Welfare: *Reproductive and child Health Module for Medical Officers* (PHC). New Delhi NIHFV 2002; XVIII.
2. Fitzpatrick, R. (1991). Surveys of patient satisfaction: I. Important general considerations. *British Medical Journal*, 302, 1129-1132.
3. Bar-dayan, Y. (2002). Waiting time is a major predictor of patient satisfaction in a primary military clinic. *Military medicine*, 167(10), 842.
4. Dansky, K. H., & Miles, J. (1997). Patient satisfaction with ambulatory healthcare services: waiting time and filling time. *Journal of Healthcare Management*, 42(2), 165.
5. Price, J. H., Desmond, S. M., & Losh, D. P. (1991). Patients' expectations of the family physician in health promotion. *American journal of preventive medicine*.
6. Davey, S., Raghav, S. K., Muzammil, K., Singh, J. V., & Davey, A. (2014). Study of rural health centre services utilization by adolescents in district Muzaffarnagar (Uttar Pradesh-India).
7. Davey, S., Raghav, S. K., Muzammil, K., Singh, J. V., Davey, A., Singh, S. K., ... & Sehgal, S. (2014). Study on role of rural health training centre (RHTC) as a supporting component to a primary health care system for NRHM programme in district Muzaffarnagar (UP).
8. Mohapatra, S. C., & Mohapatra, A. (2015). Utilization pattern and perception of OPD attendees of primary health centres on medical care: an exit poll assessment. *month*, 1392, 6-5.
9. Chakrabarty, M. K. (1972). *A study of Primary Health Centre*, Chiraigaon (Varanasi); Thesis for MD(PSM), BHU.
10. Mc Phail, J. E. B., Nilson, E. E. I., & Eckersley, L. W. (1963). *A study on the working of PHCs in UP(India)*; WHO; SEA/RH/14.
11. Mohapatra, S. C., & Mohapatra, A. (2015). Utilization pattern and perception of OPD attendees of primary health centres on medical care: an exit poll assessment. *month*, 1392, 6-5.
12. Ghosh, B. N., & Mukherjee, A. B. (1988). An analysis of health services coverage of a primary health centre in West Bengal. *Indian journal of public health*, 33(1), 26-30.
13. Mohapatra, S. C. (1978). *Study of medical care provided by 3 PHCs of Varanasi district, UP*. Thesis for MD(PSM), BHU.
14. Kochar, V., Marwah, S. M., & Udupa, K. N. (199). Strengthening the folk systems. Proposed link between the health needs of rural population and limitation of formal health system in remote rural areas; alternative approach to health care. *ICMR and ICSSR publications, New Delhi*.
15. Srivastava, B. C., Trivedi, B. K., & Siddhu, C. M. S. (1970). A study of utilization of different agencies of medical care by patients before reporting to a teaching hospital. *Ind J Prev Med*, 12(2), 49-52.
16. Johns Hopkins University, Monograph. (1970). Functional Analysis of health needs and services. quoted by V. Kochar and others-alternative approach to health care; *ICMR and ICSSR,ND,1977*.
17. Evaluation study on functioning of PHCs assisted under social safety Net Programme; Programme Evaluation Organization, Planning Commission, Govt. of India, ND; Aug, 2001.
18. Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social science & medicine*, 52(9), 1359-1370.
19. Zineldin, M. (2006). The quality of health care and patient satisfaction: an exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics. *International Journal of Health Care Quality Assurance*, 19(1), 60-92.
20. Rahman, M. M., Shahidullah, M., Shahiduzzaman, M., & Rashid, H. A. (2002). Quality of health care from patient perspectives. *Bangladesh Medical Research Council Bulletin*, 28(3), 87-96.
21. Qatari, G. A., & Haran, D. (1999). Determinants of users' satisfaction with primary health care settings and services in Saudi Arabia. *International Journal for Quality in Health Care*, 11(6), 523-531.
22. Saeed, A. A., Mohammed, B. A., Magzoub, M. E., & Al-Doghaiter, A. H. (2001). Satisfaction and correlates of patients' satisfaction with physicians' services in primary health care centers. *Saudi medical journal*, 22(3), 262-267.
23. Al-Faris, E. A., Khoja, T. A., FALOUA, M., & Saeed, A. A. W. (1996). Patient's satisfaction with accessibility and services offered in Riyadh health centers. *Saudi medical journal*, 17(1), 11-17.
24. El-Awady, M. Y. (1999). Satisfaction of clients attending OPDs at Ain Shams University Hospital. *J Egypt Public Health Assoc*, 74, 263-74.
25. Kambala, C., Morse, T., Masangwi, S., & Mitunda, P. (2011). Barriers to maternal health service use in Chikhwawa, Southern Malawi. *Malawi medical journal*, 23(1), 1-5.