

## STUDY OF FUNCTIONING OF OPD SERVICES IN AYURVEDIC HEALTH CENTRE, BAGGI, DISTT MANDI, HIMACHAL PRADESH

**Monika Sharma**

AMO, AHC Baggi

District Mandi, Himachal Pradesh, India

### ABSTRACT

As a result of technological developments, demand for highly specialised staff, changing facility requirements and increased consumer demands, the health care world over is becoming progressively complex and expensive. This phenomenon has put great emphasis on looking more carefully at the community needs for services and setting priorities based on those needs, managing them more carefully and continually evaluating how are we doing. Researchers have found it useful to differentiate between general patient satisfaction and patient perceptions of quality. Patient satisfaction reflects the extent to which expectations of service standards have been met and is typically operationalized by asking patients about general satisfaction with care received. Perceptions of quality record patient ratings about specific aspects of service quality. Satisfaction reflects personal preferences much more than ratings of specific aspects of quality. Furthermore, ratings of specific aspects of quality offer much more actionable information for quality improvement than general satisfaction with services. This project described the 16 - item scale that can be used to measure perceived quality at a range of facility types for outpatients in an Ayurvedic Health Centre.

### INTRODUCTION

OPD should be user friendly. Patients want prompt service, to see the doctor and comfortable surroundings. They should receive appropriate care. This implies clarity of purpose of referral, provision of appropriate facilities, and a monitored 'plan of care'. They should know why they are attending OPD and should only be reviewed if there is a cogent clinical reason for this. Government of Himachal Pradesh has planned deep rooted health care services in the state. Health care institutions are functioning at village level. For basic and holistic treatment at this level Ayurvedic Health Centres (AHC) are running the OPD. Objective of project was to measure and identify the aspects of outpatient's

perception of quality which have large effects on patients satisfaction and to recommend methods to improve performance of OPD Services at AHC Baggi, Distt. Mandi.

### MATERIAL AND METHODS

This study was conducted in Ayurvedic Health Centre located at Baggi, Distt. Mandi in Himachal Pradesh. AHC Baggi is serving people of village Baggi under Shegli Panchyat, Distt. Mandi, HP. Baggi is a Village in Mandi Sadar Tehsil in Mandi District of Himachal Pradesh State. Area of Shegli Panchyat is 3641.67 hectares. The population of village Baggi under Shegli Panchyat is 3000 people. It has staff of four people, 1 Doctor, 1 Pharmacist, 1 Midwife, and 1 Class four.

AHC administration is in the hand of in charge Ayurvedic Medical Officer who in turn report to Distt. Ayurvedic Officer, distt Mandi. A convenient sample of outpatients was drawn from all the area concerned in the month of April 2014. Outpatients were sampled as they exited from the health facility. Verbal consent was taken from patients before interviewing, but no record of refusals were kept. Total 100 outpatients were interviewed. Patient from the age group of

18-60 yrs were taken and those were rated as defaulter case that were unable to answer most of the questions. Data was collected by the staff of AHC Baggi, who helped them to understand the questions in their local parlance.

## RESULTS AND OBSERVATIONS

### I. Data collected from Questionnaire is summarized below:-

*Table 1 Background characteristics of sampled outpatients*

Variable	Outpatients	
Sample size	100	
Age (years)	18-60 yrs	
Sex	Male (%)	40
	Female (%)	60
Area of residence	Rural (%)	100
	Urban (%)	00
Religion	Hindu (%)	96
	Muslim (%)	04
Occupation	Farmer (%)	94
	In – job (%)	06
Education	No / Elementary education (%)	72
	Secondary (%)	15
	Upton Higher Secondary (%)	12
	> Higher Secondary (%)	02
Economic status	Lower (%)	87
	Middle (%)	13
	Upper (%)	00
Self reported waiting time	1-2 days (%)	70
	3-4 days (%)	25
	>5 days (%)	05

Patients were deliberately taken in the age group of 18 – 60 yrs as children were unable to understand the questions and old people were not disturbed by asking questions. The OPD was attended mostly by the Female (60%). All patient were Rural residents (100%), a few (4%) were Muslim, mostly Farmers (94%), with Little / No Education (72%), and Low

socioeconomic status (87%). The self reported waiting time was of big significance as 30% people took more than 3 days to reach for treatment as people of this area sometimes take permission of Devta before coming to take treatment.

*Table 2 General patient satisfaction*

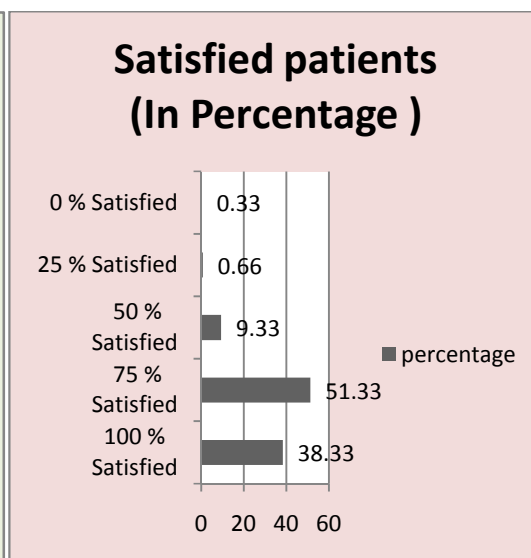
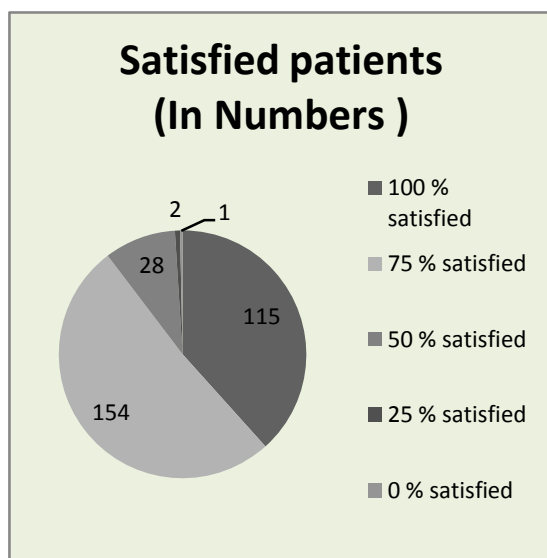
Question	Strongly	Disagree	Neutral	Agree	Strongly	Tota
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	Disagree (0%)	(25%)	(50%)	(75%)	Agree (100%)	1
<b>Overall how satisfied are you with the services at this hospital?</b>	01	02	16	74	07	<b>100</b>
<b>How satisfied are you with the services you received at this hospital compared with what you paid?</b>	00	00	00	13	87	<b>100</b>
<b>Are you completely satisfied with your treatment?</b>	00	00	12	67	21	<b>100</b>
<b>Total</b>	<b>01</b>	<b>02</b>	<b>28</b>	<b>154</b>	<b>115</b>	<b>300</b>

74% patients were satisfied with the services at this AHC and 87% were more satisfied because the services and medicines are given free of cost. 67% patients agree with the kind of treatment they got here and 21% strongly agreed with the treatment. This may be because

most of the patients in rural area believed in Ayurvedic method of treatment. 12% patient needed prompt treatment and were neutral in satisfaction as Ayurvedic medicines requires time to show results.

**Figure 1 Showing Satisfied patients in general patient satisfaction**



A total of 38.33% patients were 100% satisfied and 51.33 % patients were

75% satisfied. 9.33% were neutral in satisfaction and 0.99 % dissatisfied.

**Table 3 Descriptive statistics of final scale items**

S. No.	Scale items	Strongly Disagree (0%)	Disagree (25%)	Neutral (50%)	Agree (75%)	Strongly agree (100%)
1.	This hospital has all the	00	06	10	74	10

	medicines needed by you					
2.	You are able to get all the necessary medicines easily	00	00	04	20	76
3.	The doctors gave you advice about ways to avoid illness and stay healthy	00	00	00	80	20
4.	The doctor gave you complete information about your illness	00	00	05	75	20
5.	The doctor gave you complete information about your treatment	00	00	05	75	20
6.	Hospital workers talk politely	00	00	05	80	15
7.	Hospital workers are helpful to you	00	00	05	80	15
8.	You are given enough time to tell the doctor everything	00	00	04	06	90
9.	Doctors listen carefully to what you have to say	00	00	05	10	85
10.	The doctor checks patients properly	00	00	01	06	93
11.	The doctor is always ready to answer your questions	00	00	03	05	92
12.	The doctor gave you adequate time	00	00	07	13	80
13.	The cleanliness of the hospital is adequate	00	03	02	15	80
14.	The condition of the toilets are good	100	00	00	00	00
15.	Drinking water is easily available in the hospital	00	00	00	04	96
16.	This hospital has all the requisite amenities	00	01	06	29	64

**Table 4 Final scale items and related factor loadings (Average of all sampled patients)** The boldface values are to

highlight the factor loadings that load on specific factors.

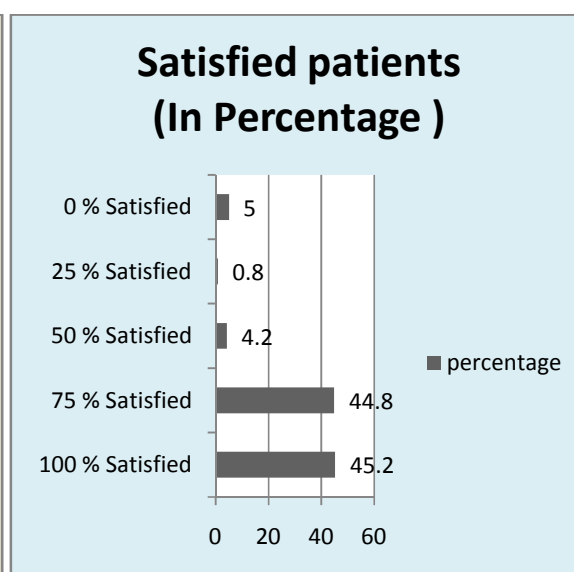
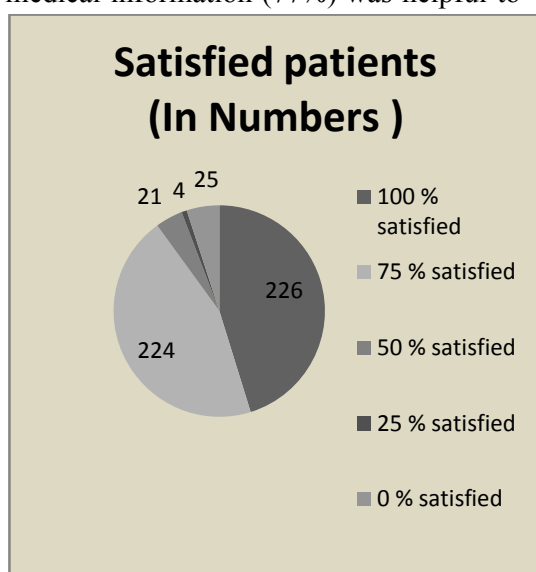
S. No	Factor	Strongly Disagree (0%)	Disagree (25%)	Neutral (50%)	Agree (75%)	Strongly Agree (100%)	Total
1.	Medicine availability	00	03	07	<b>47</b>	43	<b>100</b>
2.	Medical information	00	00	03	<b>77</b>	20	<b>100</b>
3.	Staff behaviour	00	00	05	<b>80</b>	15	<b>100</b>

4.	Doctor behaviour	00	00	04	08	88	100
5.	Hospital infrastructure	25	1	02	12	60	100
Total		25	04	21	224	226	500

Results of final scale items and related factor Hospital Infrastructure was found unsatisfactory (25.75%) as there was no toilet facility for patients. Doctor's and staff behaviour was satisfactory. The higher scores (88.2%) on the doctor behaviour subscale was likely due to acquiescence bias and gratitude bias. Staff behaviour was satisfactory (80%) may be due to prevalent caste disparity. The medical information (77%) was helpful to

patients as village people usually follow the instructions given by the doctor. About medicines availability patients were confused (43% - 47%) because medicines are available free, they get some of them but for the rest they have to travel 8KM to nearest town because there is no chemist shop in the village and surrounding area.

**Figure 2 Showing Satisfied patients in descriptive patient satisfaction**



A total of 45.2% patients were 100% satisfied and 44.8 % patients were 75% satisfied. 4.2% were neutral in satisfaction and 5.08 % were dissatisfied.

**II Stastical Significance**

**Table 5 Chi-Square Calculation for General patient satisfaction**

Questions	0 % Satisfied	25 % Satisfied	50 % Satisfied	75 % Satisfied	100 % Satisfied	Row Totals
Question 1	1 (0.33) [1.33]	2 (0.67) [2.67]	16 (9.33) [4.76]	74 (51.33) [10.01]	7 (38.33) [25.61]	100
Question 2	0 (0.33) [0.33]	0 (0.67) [0.67]	0 (9.33) [9.33]	13 (51.33) [28.63]	87 (38.33) [61.79]	100
Question 3	0 (0.33) [0.33]	0 (0.67) [0.67]	12 (9.33) [0.76]	67 (51.33) [4.78]	21 (38.33) [7.84]	100

Column Totals	1	2	28	154	115	300 (Grand Total)
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**P Value Results**

Chi<sup>2</sup>=159.5075 DF=4

The two-tailed P value is less than 0.0001

The result is significant at p < 0.05.

By conventional criteria, this difference is considered to be **statistically significant**.

**Table 6 Chi-Square Calculation for Final scale items and related factors**

	0 % Satisfied	25 % Satisfied	50 % Satisfied	75 % Satisfied	100 % Satisfied	Row Totals
Medicine availability	0 (5.00) [5.00]	3 (0.80) [6.05]	7 (4.20) [1.87]	47 (44.80) [0.11]	43 (45.20) [0.11]	100
Medical information	0 (5.00) [5.00]	0 (0.80) [0.80]	3 (4.20) [0.34]	77 (44.80) [23.14]	20 (45.20) [14.05]	100
Staff behaviour	0 (5.00) [5.00]	0 (0.80) [0.80]	5 (4.20) [0.15]	80 (44.80) [27.66]	15 (45.20) [20.18]	100
Doctor behaviour	0 (5.00) [5.00]	0 (0.80) [0.80]	4 (4.20) [0.01]	8 (44.80) [30.23]	88 (45.20) [40.53]	100
Hospital infrastructure	25 (5.00) [80.00]	1 (0.80) [0.05]	2 (4.20) [1.15]	12 (44.80) [24.01]	60 (45.20) [4.85]	100
Column Totals	25	4	21	224	226	500 (Grand Total)

**P Value Results**

Chi<sup>2</sup>=296.8836 DF=4

The two-tailed P value is less than 0.0001

The result is significant at p < 0.05.

By conventional criteria, this difference is considered to be **statistically significant**.

Results from analyzing general patient satisfaction scores and the different perceived quality subscale scores and other variables are summarized above. Analysis of residuals indicated that model fit was generally good. All the perceived quality dimensions have a positive and statistically significant effect on overall

outpatient satisfaction. Patients were satisfied irrespective of various problems. Although this data is confined to only 100 patients out of the whole population, so possibility of various biases can't be ruled out.

**III. Problems of AHC**

Given below are the major problems AHC Baggi is facing in general, its impact on the functioning and possible actions that are required to be taken by the authorities.

**Table no. 7: Problems of the AHC Baggi**

S. No.	Problem	Severity of problem	It's impact on functioning	Action required, if any
1.	Low OPD turnout	Low	<u>Low</u>	More service and more publicity

2.	Low motivation of staff	Moderate	Moderate	Motivational leadership and benefits
3.	Hospital infrastructure	High	Low	Construction of departmental building
4.	Medicine availability	Moderate	High	More supply on need and demand
5.	Medical information	Low	Moderate	Educating the primary stakeholders
6.	More self reported waiting time	Moderate	Moderate	Ensuring better connectivity and transport facilities
7.	Handling difference	Low	Low	Making SOP for all procedures
8.	Natural disaster ( flood )	Low	Very High	Administrative and functional disaster management

#### IV. Factors responsible for ill health of Government Health services in HP

1. Absence of forward planning
2. Grouping of unrelated activities
3. Lack of clarity in duties and responsibilities
4. Lack of delegation and decentralization of authority
5. Faulty staffing procedure
  - Political interference
  - Employee exodus
  - Absence or forced transfer
  - Lack of training and CMEs
  - Unutilised specialised physicians
  - Delayed promotion of staff
  - Biased rules for regular and contract employees
6. Ineffective leadership
  - Lack of coordination amongst staff members
  - Unsatisfactory supply of drugs
  - Favouritism in the allotment of funds
  - Less emphasis on humane side of medicine
  - Old techniques of drug dispensing
  - Occupational limitations
  - Lack of research activities

#### 7. Lack of motivation

- Poorly paid staff members
- Low morale of nursing personnel
- Idle equipments due to neglect
- Non courteous attitude of employees in the confrontations
- In effective communication
- Absence of public relation duties
- Lack of basic facilities for working
- Lack of recreational activities
- No housing / travelling facilities
- No facilities for the families of staff members

#### 8. Lack of formal control mechanism

- Records management in bad shape
- Defective infrastructure
- Corruption amongst staff
- Negligence
- Professional misconduct
- Less interest in proper biomedical waste disposal

#### 9. Imprudent financial benefits and management

### CONCLUSIONS

The critical success factors for successful OPDs include:

- Good organisation
- Medical Information systems to facilitate audit
- Good communication within staff members
- Meeting patient needs
- Appropriate numbers and mix of personnel in OPD.

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### RECOMMENDATIONS:

- Enhancing quality of OPD services by utilisation of services.
- OPD should have a clear written objective understood by all personnel.
- Easy access to OPD with better connectivity through roads and transport.
- Enforce rule that health card must be presented before delivery of care.
- Supply of drug must be OPD dependent with the approval of incharge AMO of AHC.
- Drugs must be from GMP certified pharmacy and AFI / API / IP referred formulation.
- Organising monthly Ayurvedic Health Camps for publicity of the AHC.
- Improve health information systems.
- Delegation and decentralization of authority.
- Better coordination between Health and AYUSH department for better referral services.
- Clear-cut transfer policy of staff without political interference.
- Regular updates and periodic orientation and training of the members of staff should be organised.
- Staffs lack motivation and commitment to the cause of improving OPD services. Incentives and facilities may be provided to the

members of staff to increase their motivational levels.

- Regular minimal funds for up gradation and maintenance of the AHC.
- Generating additional funds through minimal user charges at the AHC level.
- Utilisation of funds generated through various schemes.
- Guidelines for expenditure of funds should be framed, and audit mechanism must be defined.
- Barriers to effective functioning of OPD should be identified at the earliest and effective measures should be taken to eliminate these barriers.
- It is critical that organisation meets regularly, recommend necessary changes and ensure their implementation.
- Contact details of staff must be displayed in the hospital to promote transparency and ensure grievances redressed.
- Efforts should be made to increase community participation in the management of the hospital.
- Awareness generation activities should be organised to improve the awareness level of the beneficiaries.
- There should be proper feedback mechanism to effectively implement the decisions.

By increasing access to services to all types of health institutions, providing quick services, and increasing timing of OPD hours can help to increase the level of patient satisfaction which is the essential message provided by this study. Further qualitative and follow-up studies to further improve the quality of care are also recommended.

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## CORRESPONDING AUTHOR

**Dr. Monika Sharma**

AMO, AHC Baggi

District Mandi, Himachal Pradesh, India

**Email:** [drmonika.herbalcosmetics@gmail.com](mailto:drmonika.herbalcosmetics@gmail.com)

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