

Short Communication

Are patients satisfied with accessibility and services provided at siddha hospitals? Findings of patient satisfaction survey from a district of South India

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ABSTRACT

The study was aimed to assess patient satisfaction about with services provided by Siddha (indigenous) system of medicine which was merged with public health system recently in India. A facility based cross-sectional study was conducted among the outpatients attending selected siddha hospitals in Tamil Nadu. Perception regarding the quality of services was assessed from every 10th patient visiting the hospitals during the month of February and March 2014. Of total 263 out patients interviewed, majority of them reported that the amenities related to infra-structure (47-68%) and OPD timings (96.6%) were satisfactory. However, 32% and 23% of the patients reported that seating facility and waiting time were not satisfactory respectively. Almost all patients were satisfied regarding competency, behaviour of siddha doctors and pharmacists. Of the 217 patients who revisited the siddha wing, most of the patients (98.2%) reported improvement in their illness. There is a scope to improvise the amenities related to infra-structure in these health facilities.

Keywords: AYUSH, Clients, Health care quality, Patient satisfaction, Siddha, Traditional medicine

INTRODUCTION

Patients and staff satisfaction is an important component of the health care system to improve the service delivery to the community. High level of satisfaction perceived by the patients helps in increasing the patient attendance and maintaining the sustainability of quality of services of any hospital in the long run. While satisfaction needs to be included in the routine performance appraisal of any health system this becomes much crucial when the system is newly introduced or transformed.

While none of the available medicinal approaches is complete on their own, every society tries to go back to their traditional systems of medicine. Indian systems of medicine are getting the recent resurgence in health care delivery. In South India, the Siddha System of Medicine (SSM) is prevalent since ancient times. Siddha is based on the principles of balance between *vata* (wind), *pita* (bilious) and *kabam* (mucus) in the body.¹ Apart from aiming to achieve preventive and curative health, siddha focuses on immortality through preventing degeneration of cells in the body. Among the various contemporary

systems of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (Ayush) systems, the practice of siddha system of medicine is exclusively present in Tamil Nadu and Kerala.² Considering the major acceptability of these Indian Systems of Medicine (ISM), National Health Mission has introduced various strategies to mainstream Ayush in health care system.³

Factors like local availability of drugs, perceived lack of side effects, cost effectiveness and the feel of traditional bond make acceptance of alternate systems of medicine among the community members to face an inclining trend.⁴ This increase in attendance to alternate systems of medicine reveals the relevance of inclusion policies related to alternate systems of medicine in health care.

Under National Health Mission, depends on the local preference of Indian systems of medicine various Ayush clinic and hospitals are functioning. As on 2014, totally 15350 Ayush health facilities are functioning all over India.² Various pilot projects had reported exclusive establishment of Ayush clinics are not cost effective. Hence, majority of Ayush dispensaries and hospitals were structured as co-located one.⁵

Roll out of Ayush to grass root level, justification of resource allocation to Ayush wing and measures to increase access to Ayush needs assessment of consumer satisfaction towards these emerging health care delivery systems. Unless the expectations of consumers are met in these newly started health facilities sustainability of service provision will be questionable.

Despite ample evidences are available on patient satisfaction of Allopathy care in India, patient satisfaction under Ayush system is not yet explored. Hence, this study was planned to assess satisfaction of patients regarding facilities provided in siddha wing and behaviour of health care providers among patients attending selected siddha dispensaries in a district from Tamil Nadu, south India.

METHODS

Study design and study place

A facility based cross-sectional descriptive study was conducted among the outpatients attending siddha hospitals in Erode district of Tamil Nadu.

Ayush services were provided in 50 public health facilities in the district, of which two hospitals (Government Hospital, Anthiyur and Government Hospital, Bhavani) were randomly selected for the study. Average number of outpatients in these hospitals would be 75-130 patients per day. Out-patient departments function from 7.30 am-12.00 noon and from 3.00 pm to 5.00 pm. Each hospital is managed by qualified siddha practitioners supported by siddha pharmacist and other general support staff. These siddha health facilities were

co-located along with other branches of allopathic systems of medicine in district or sub district-level government hospitals.

Study population

All individuals who attended the siddha outpatient department (OPD) in the siddha hospitals were eligible for the study. Both new and old cases (patients) attending the OPD were included.

Data variables and data collection

Information on socio-demographic variables like age, gender and education were collected from all study participants. Perceptions of patients regarding accessibility, waiting time, infrastructure, the attitude of health care providers and perceived quality of treatment were collected using a pre-tested interview schedule. Geographical locations (distance), mode of transport and location of OPD within the hospital were considered as measures of accessibility. Assessment of perception regarding the quality of services was collected from every 10th patient visiting the siddha OPD during the month of February and March 2014. The study protocol was reviewed and approved by Human Institute Ethics Committee of Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.

Data entry and data analysis

Data were single entered and analyzed using EpiData software (version 3.1 for data entry and version 2.2.2.182 for analysis, EpiData association, Odense, Denmark). Patient satisfaction response on each item was collected in the form of very good, good, satisfactory, not satisfactory, and poor. Later 'very good', 'good' and 'satisfactory' responses were clubbed to classify whether the patient was satisfied in that particular item. We used mean (SD) and median (IQR) to summarize continuous variables and proportions to summarize categorical variables.

RESULTS

A total of 263 outpatients were interviewed. Of the 263, 59.3% were males and 40.7% were females. Mean (SD) age of the study participants was 45.6 (18.5) years. Of the total 263 participants, 217 (83%) had attended these siddha clinics previously.

Majority of the participants reported that the provision of facilities such as water quality, ventilation, cleanliness of toilets and OPD timings were satisfactory in siddha wing. However, 32% and 23% of the patients reported that seating facility and waiting time in the OPD was not satisfactory respectively. Around 30% of the participants reported that the time to reach health facility from their home took more than half an hour with the use of two wheeler or bus (Table 1).

Table 1: Patients' perception on services provided in siddha wing in selected health facilities in Erode district, south India, 2014.

Services/facilities	Patients reporting services as satisfactory N (%)
Able to reach the health centre within 30 minutes	182 (69.2)
Ease of identification of Siddha OPD by signboard	249 (94.7)
Waiting time to receive OPD slip (within 30 minutes)	202 (76.8)
Waiting time to collect drug in pharmacy (within 30 minutes)	261 (99.2)
Convenience in OPD timing	254 (96.6)
Quality of drinking water (n=162)*	76 (46.9)
Cleanliness of toilet facility (n=51) [†]	27 (52.9)
Seating facility (n=263)	179 (68.1)

*out of 263 participants only 162 had known the availability of drinking water; [†]only 51 participants had used toilet in the health facility.

Table 2: Patients perception on behaviour of health care providers in siddha wing of selected health facilities in Erode district, South India, 2014.

Behaviour	Patients reporting services as satisfactory n (%)
Consultation time with doctor	261 (99.2)
Doctors behaviour	248 (94.3)
Instructions given by doctor on illnesses	262 (99.6)
Instructions given by doctor for diet modification	239 (90.9)
Pharmacist behaviour	241 (91.6)
Instructions by pharmacist for dosing and regimen of drugs	257 (97.7)
Hospital workers' behaviour	249 (94.6)

Almost all patients were satisfied regarding competency, behaviour of siddha doctors and pharmacists. Of the 217 patients who revisited the siddha wing, most of the patients 213 (98.2%) reported improvement in their illness. Tablets (57%) and powder (30.4%) were the commonly preferred forms of drug formulations. When the participants were asked regarding their overall opinion on siddha services, none of them said it was unsatisfactory or bad (Table 2).

DISCUSSION

As a part of mainstreaming of Ayush under NRHM, siddha wings are started in many district level hospitals in Tamil Nadu recently.³ Patient satisfaction at allopathic outpatient departments have been studied in detail in

many studies, however, literature on siddha wing is limited. Hence we attempt to compare the patient satisfaction in the present study with that of allopathic setting.

In the present study, a majority of patients (94.7%) did not have difficulty in identifying the siddha wing inside the hospital. In contrast to this, more than 60% participants from other studies had felt that there should have been more signboards.^{6,7} Regarding the facilities available at the hospital like the quality of drinking water, cleanliness of toilets 46.9%, 52.9% were satisfied with the available ones respectively. Majority of the satisfaction surveys reported the satisfaction on water quality to be 30-45% including the present study except for the study by Saini et al which reported the 66% satisfaction.^{6,8,9} In this study, about 76.8% of patients consulted the physician within 30 minutes after making the outpatient registration at the counter. In contrast to this finding, study conducted in various government health facilities of Agra reported that only 39% of the patients were able to meet the doctor within 30 minutes.⁷ No patient was dissatisfied with the doctor in the current study. Majority of the studies report doctor's behaviour as satisfactory by more than 90% of participants though minimal variations were found based on the type of health facilities. In the present study, pharmacists and other support staff behaviour had been reported as satisfactory by almost all participants. Similar findings are reported in other studies as well.^{7,9-11}

Though overall satisfaction was reported to be good, still seating facility and cleanliness of toilets could be improved. In our study, almost all (99.6%) reported that information sharing was adequate compared to 61%-92% reported by patients attending allopathic health facilities.^{10,12} The reason could be siddha based consultations follows a holistic approach where communication is shared in local language without any technical jargons. Similar to this, in allopathic system also comprehensive information regarding their illness was provided at primary care level where caseload is minimal for health care providers compared to secondary or tertiary level.^{7,11}

The study has few strengths. This is the first study from India assessing the satisfaction about health care services provided by the Siddha health facility in India. Second, we comprehensively assessed the satisfaction including the infrastructure, facilities, health care providers' behavior and response to treatment. Third, exit interviews were done by a trained health care provider working in a different health facility which could have reduced socially desirable responses. There were few limitations. Interviews at health facility would have to lead to desirable responses. Only two health facilities were included in the study which makes it difficult to generalize the findings to other siddha health facilities.

The high level of satisfaction reported from this study especially among the chronic visitors of these siddha hospitals indicates that this emerging system of alternate systems of medicine might become one of the preferred systems of medicine in this region. Though satisfaction is high in terms of attitude and behaviour of the providers, still there is a scope to improvise the amenities related to infrastructure. Untied funds sanctioned under National Health Mission can play a major role to improvise facilities in this regard.

In conclusion, outpatients attending the selected siddha health facilities were satisfied with care provided. Future studies can focus on quality of services at primary health care facilities as well.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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