What Qualifies For A Good Health Care Facility? – Perspective of A Rural Community

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Abstracts: Background: Understanding the perception and expectations of the community from the primary healthcare institutions are essential to improve the utilization of the services. In rural settings, the utilization of health services is largely driven by community's opinion than of individual's. This aspect is relatively less explored. Objective: The aim of the study was to explore the expectation of rural community from Health Care Centre in Puducherry. Methods: This qualitative study used Focus Group Discussion for capturing the community's opinion. The study participants of more than 18 years of age were selected through purposive sampling from the service area of a rural health and training center (RHC). The FGDs were audio recorded and transcribed to English. Deductive manual content analysis of the transcript was done using a set of a priori codes and categories. Results: In total three FGDs were conducted till the point of information saturation. Two broad categories emerged out of the FGDs, viz., expectations regarding behaviour of the doctor and expectations regarding the infrastructure of the PHC. Adequate time for each consultation with thorough physical examination and explanation about the illness and treatment were the expectations from a good doctor. The participants also felt that a good health facility should be accessible, with availability of medicines and laboratory investigation, quiet consultation rooms and minimal waiting time. Certain expectations such as injections for trivial indications were expressed during FGDs. Conclusion: To be a successful Primary Healthcare practitioner, the doctor should interact with the patient at an emotional, cultural and intellectual plane. At the same time the physician should also address the misconceptions of the community. [Gomathi R NJIRM 2017; 8(5):44-48]

Key Words: qualitative research, primary health care, primary care physicians, focus group discussion, patient's expectation

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Introduction: A good healthcare facility must provide accessible, affordable and quality health care to the population it serves. In India, National Rural Health Mission (NRHM) was launched to provide quality healthcare to the rural population. National Rural Health Mission was launched with the aim to provide accessible, affordable and quality healthcare to the rural population. Patient-centered care is one of the dimensions of Quality of Healthcare. A quality healthcare should take into consideration the preferences, aspiration, and culture of their community[1]. Most studies focusing on patient preferences are done among patients utilizing healthcare services[2]. Studies have shown that patients' expectations directly influence satisfaction with health facility[3]. Better satisfaction with the health facility in turn leads to better utilization of health facility, better compliance and better quality of life[4].

This study focuses on the expectation of rural population who contribute to 75% of India's population. This study was done in the community where the participants do not self-identify themselves as patient and this would be an unbiased opinion. Knowing the expectations of patients will help in planning healthcare delivery and help in overcoming barriers in utilization of health services. Findings of the study will also give an insight to undergraduate medical students about the patient expectation and thereby tailoring their training in medical school. Moreover, in rural settings, the utilization of health services is largely driven by community's opinion than of individual's. These aspect are relatively less explored. Hence, the aim of the study was to explore the expectation of rural community from a healthcare centre.

Methods: The study was conducted in the service area of Rural Health and Training Center (RHC), of a medical college in 2014. The RHC caters to 9,000 populations from four villages. Majority of the people belong to lower socio economic class and the RHC services were utilised by majority of them. The patients are treated by seven to eight MBBS trainees

under the supervision of a medical officer. The RHC functions on a 24*7 basis and receives a patient load of 75-100 per day. Three Focus Group Discussion (FGDs) were done by four authors trained in qualitative research. The interview guide was prepared in consultation with the field staff and Anganwadi workers to capture the community perception regarding their expectation from rural health center. It was verified by the medical officer and faculty working in the area for six years. Female community volunteers who were vocal and actively taking part in the community welfare activities and also utilized RHC services in the past were purposively selected as participants. FGDs were conducted in a place and time which was comfortable to them. After obtaining informed consent from the participants, the FGD was audio recorded and a trained note taker also took notes of the discussion. At the end, the key discussion points were summarized to the participant for participant validation. The FGDs were conducted to the point of information saturation. The contents were transcribed in English by the interviewers on the same day.

Deductive manual content analysis was done using a set of deductive codes and categories. The codes and categories were developed using review of literature and the interview guide[3,4,11]. Statements were taken as the unit of analysis. The content analysis was done over a month period by two authors independently. The analysis was reviewed and discussed by two other authors to derive at the final codes and categories. The codes were grouped into domains. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist served as a framework for the qualitative research[5].

Result: In total three FGDs were conducted during the study period. Around eight to ten participants in the age group of 19-75 years participated in each FGD, and each lasted for around 45 minutes to one hour. The opinion of the people is summarized in Table 1.

The Rural community expressed their opinion that qualities of a doctor and infrastructure of the centre/hospital are important. In their opinion, the doctor should spend sufficient time to listen to the patient, examine him/her and then prescribe the treatment for their disease. Rural people expressed their concerns that they have to spend a lot of time to reach the healthcare facility, and also lose a day's wage. If the doctor does not examine the patient, they felt that buying drugs from medical shop narrating their symptoms, is a better option as it would save them money and time. According to them touching the patient and examining with the stethoscope and BP apparatus gives a good insight of their illness to the doctor and he could treat better. This increases the confidence of patients on the doctor. They also expect the doctor to explain them about the disease condition, its cause, precautions to be taken, and instructions for the medications. Doctor's competency is mentioned as "kairasi" which means the doctor has a healing touch.

The villagers had the misconception that injection will cure diseases quicker. They preferred doctors who gave injections especially to children. Good communication skills, the opinion of the community about the doctor and quicker symptom relief were the other aspects the rural population considered for labeling a health facility as good. Accessibility and familiarity also added to their decision to select a health facility.

Table 1: Summary of FGDs: Opinion of Rural Community on Qualities of Good Healthcare Facility

Category	Code	Statements
Expectation on the doctor	Time for consultation	Doctor should take adequate time for each patient's consultation.
	Good communicator	Listens actively. He should be kind and patient in his speech and action. He should be calm and not harsh.
	Examine the patient	We don't like the doctor who gives tablets just after listening to our complaints without even touching us. We come from a long distance and lose our one day wage, and we feel the doctor has not understood our health condition. He should examine using the stethoscope, BP apparatus. I come to doctor only for the examination, or else I will take treatment in medical shop

	Educate about the illness	I don't like to go to a doctor who just gives tablets without explaining about my illness, its cause. Doctor should tell which tablet is for which symptom
	Community's opinion about the doctor	We prefer "Kairasi doctor" (healing touch) – usually with that doctors treatment the illness goes off.
	Treatment and referral	Symptoms should be relieved fast. With injection recovery is fast. Doctor should give injections especially for children for fast and good recovery Should refer to another facility whenever needed. Unnecessary referral is making us spend a lot of money unnecessarily.
Expectations about infrastructure	Accessibility	Public transport should be available very close to the facility Near the residence
	Facilities in the hospital	All needed medicines and lab tests should be available in the hospital or could be got at the nearest Lab results should be available in a short time Admission facility should be available
	Other infra-structure issues	Consultation room should be quite and less crowded Toilet facility should be there
	Waiting time	Waiting time should not be too long

Discussion: This study identified the expectations of the public from hospital/health centers and facilitating factors for seeking healthcare. The Quality of care offered by the physician is an important expectation of rural population from a healthcare facility. Other studies have found that physician quality of service is an important factor determining the satisfaction of the patient[6,7]. The statement "I come to doctor only for the examination, or else I will take treatment in a medical shop" also reveals that there is a practice of taking medication from a pharmacy without consulting a doctor. The most important behaviour, which the patients look forward during consultation is physical examination by the doctor. Studies done in the same cultural setting found that doctor's touch is a major factor which impact the patient's satisfaction[8]. The expectation of the people with regards to examination varies with culture. In some cultures where touching opposite gender are not acceptable cultural mores, people don't expect the doctor to do a thorough physical examination[9].

Educating the patient about the illness and a good communication skill of the doctor are the other critical expectations of the villagers. Communication skills training of doctors had significantly improved the overall satisfaction with clinical encounters[10]. Our study mainly focused on the services provided by Out Patient Department of a healthcare facility. The villagers gave importance to doctor's communication skill and did not speak out about communication skill of other health staff. In contrast, when Malawian

women were asked about how they would consider the quality of maternal and child healthcare, they mainly focused on the communication skill of the health workers and quality of the consulting rooms[11]. Availability of infrastructure for treatment, quick recovery from the illness and appropriate referral are factors which villagers consider while choosing the healthcare facility for consultation. The community's opinion about the doctor (kairasi doctor) based on the treatment success in the past is another important factor.

In our study, the community felt recovery is quick with injections and they preferred healthcare facility where doctors prescribed injections for the illness especially for children. Similar belief was noted in rural Karnataka, rural Pakistan, and Western Nepal[12–14]. This belief may lead to injection overuse and there is a need to increase awareness of people about the hazards of injections. These misconceptions need to be identified and counselled by the doctor for better patient satisfaction.

Studies done in developed countries have found that patient involvement in clinical decision making, increases satisfaction[15]. However, in our study, the component of involvement of the patient in decision making did not figure out in the FGD. Most of the

expectation of rural community lies on the doctor-patient relationship focusing on the thorough physical examination and good communication skill. The undergraduate medical student should be aware of these expectations of the rural community. This will motivate the student to develop communication skills and other soft skills.

The expectation about the infrastructure has been identified and explicitly recommended for healthcare facility under the Indian Public Health Standards. Patients expect the healthcare facility to be prompt in consultation and investigation without unnecessary delay. This can be addressed by providing sufficient workforce and rapid diagnostic kits which are also dealt with in the Indian Public Health Standards[16]. Since access to the health facilty was perceived as essential by the participants, setting up extension health clinics at village level and efficient utilization of grass root workers can be considered. Already existing Rogi Kalyan Samitis can be strengethened and the funds can be utilized for setting-up of adeqaute sanitation facilities. Public private partnerships can be explored to ensure avaiablity of wider array laboratory investigations.

Involving volunteer in the community who do not self-identify themselves as patient is the strength of the study as this would be an unbiased opinion. The limitation of the study is that it does not capture the view point of the service providers

Conclusion: Rural community expects that the doctor needs to examine them, give sufficient time for consultation, listen, explain about the disease, be calm and kind. They value community's opinion about the doctor. To be a successful Primary Healthcare practitioner, the doctor should interact with the patient at an emotional, cultural and intellectual plane. At the same time the physician should also address the misconceptions of the community.

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