

Problem of doctors in government and privet hospital Gulbarga district comparative study

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Abstract

India has a vast health care system, but there remain many differences in quality between rural and urban areas as well as between public and private health care. The health care system in India is universal all the city and villages have government hospitals its cover all the area. But lack of facilities in adequate services and limited Doctors or Specialized Doctors people not prefer government hospitals on the other hand private hospitals in India offer world class quality health care at a fraction of the price of hospitals in developed countries. In our study we asked question to Doctors and we collect the opening of Doctors about Hospital Problems in both government and privet hospitals. Thus, the present study is based on the primary data collected from doctors practicing both at government and private hospital in Gulbarga district through structured interview schedule. The main objective of the paper is to evaluate the Problems of Doctors in government and Privet Hospital Gulbarga district.

Keywords: Doctors, hospital, healthcare and profession

Introduction

The Indian health care system includes public and private hospitals. India's Ministry of Health was established with independence from Britain in 1947. The government has made health a priority in its series of five-year plans, each of which determines state spending priorities for the coming five years. The National Health Policy was endorsed by Parliament in 1983. The policy aimed at universal health care coverage by 2000, and the program was updated in 2002. The health care system in India is primarily administered by the states. India's Constitution tasks each state with providing health care for its people. In order to address lack of medical coverage in rural areas, the national government launched the National Rural Health Mission in 2005. This mission focuses resources on rural areas and poor states which have weak health services in the hope of improving health care in India's poorest regions.

The manufacturing sector in many countries around the globe had successfully benefited by implementing the quality management principles and gained remarkable success both at local market as well as in the global market. Products are tangible in nature and quality of the products can be easily measured whereas the services are intangible in nature and difficult to measure as compared with the products. Due to intangible in nature, it is difficult to measure the quality of any services as it is highly dependent on customer perceptions and expectations (Samson & Parker, 1994) ^[7].

Objectives of The Study

The objectives of the present study is to find out the socio-economic status of the doctors and to evaluate the Problems of Doctors in government and Privet Hospital Gulbarga district.

Research Methodology

A close study has been carried out by selecting the a sociological study of doctors in Gulbarga District and the methodology in social research comprises selection of study area, selection of sample and collection of both primary and

secondary data for the study. The samples are restricted to only doctors in government and private hospitals and the universe for data collection is restricted to the Tumkur district only.

Sources of Data

The present study has been conducted with the help of both primary and secondary sources of data.

Primary Data

The study is mainly based on the primary data. The primary data were collected through a structured interview schedule consisting both open and close ended questions. Before the actual collection of data, the questionnaires were pre-tested through a pilot study. Necessary modifications were made in the questionnaires on the basis of testing. The questionnaires were personal interview method. Some of the respondents were also contacted personally. An in-depth discussions / interviews were also held with women doctors at Government and private Hospitals.

Sample

The samples of 250 doctors from Government and Privet Hospitals in Gulbarga were selected on purposive sampling method.

Field work

Personal interview method was adopted. The researcher has received the required co-operation in the govt. and private hospitals. However, certain problems were encountered by the researcher in collecting the data from the medical records and eliciting the information from doctors.

Result and Analysis

Socio-Economic back ground

The gender of 250 covered in the present study. The distribution of male respondents is 172 which cover 68.8 per cent followed by 78 respondents which cover 31.2 per cent only of the total respondents 250. table reveals that the male

respondents are more in number and in percentage level whereas female respondents are very less. We can find the male participants more in number as this is the professional course as well as the case study area Gulbarga District is very backward district in socio-economic aspect since from the India's independence.

The age wise distribution reveals that the 46.8 per cent of the doctors both male and female falls in 24 to 34 years age group; followed by 33.2 per cent falls in 35 to 44 years age group; 17.2 per cent of the respondents falls in 45 to 54 age group and only 2.8 per cent respondents falls above 55 years of age group. We can find young age groups are more and But the experienced doctors less.

The marital status of the respondents reveals that the 60.8 per cent of the respondents are married followed by 37.6 per cent are unmarried; 1.2 per cent are widowed and only 0.4 per cent respondents are separated or divorced. The above data also reveals that the married respondents are more in percentage wise.

The religious composition of the respondents in the present study. Gulbarga district consists of the major three religions which are Hindu's, Muslim's and Christians. All the three major religions are more prevalent in the present study area. Hindus are more in percentage wise covers for about 83.2 per cent; the second religion covers 14.4 per cent and Christian religion respondents are covered only 2.4 per cent. The observation made from the above data is that the maximum number of 208 (83.2%) respondents is Hindus and least number is Christians that is only 6 (2.4%) respondents only.

The caste wise distribution of the respondents is classified as Forward Caste, Backward Caste and Scheduled caste and Scheduled Tribes. Since caste or class plays important role in the Indian Society the same also plays an important role in the

present study where caste class still exists in our society and in particular Gulbarga District. About frequency of 50 (20%) which belongs to forward caste that it is General Category followed by backward caste that is Other Backward Class covers 143 (57.2%) respondents and Scheduled caste and Scheduled Tribes frequency is 57 (22.8%) only. The discussion of the above data reveals that the maximum number of respondents in the study belongs to the Other Backwards Classes Caste which consists of Lingayats, Gowdas Muslims, Minorities etc.

The type of family into two categories as joint family; nuclear family. The table reveals the respondents type of family with joint family system which is prevalent in India and in Gulbarga District is 110 (44%) followed by 140 (56%) respondents are Nuclear Family system which is the present generation trend. The observation made from the above Data is that even though nuclear family (56%) percentage is more and equally joint family system percentage is also there for about 44 per cent. The statistics of the table shows that the present generation and medical profession type of family system is moving more towards the nuclear family system.

The Monthly Income of the respondent's in different categories which are from below 30 thousands rupees; 31 to 50 thousands followed by 51 to 70 thousands; 71 to 90 thousands and 90 thousand rupees above. The observation made from the table is the maximum number of respondents of 44.8 per cent falls under the income category which ranges from 31-50 thousands. About 37.6 per cent of the respondents income falls in 51-70 thousands income level followed by 6.8 per cent of the respondents income level falls between 71-90 thousands and 1.6 per cent of the respondents income level is above 90 thousands.

Problems of Doctors in Hospital

Table 1: What are the problems faced by you as a Government/Private Employee

S. No	Particulars	No. of respondents	Percentage
1	No Cooperation From Government	64	25.6
2	Frequent Transfers	49	19.6
3	Lack of Required Medical Facilities to do the service	35	14.0
4	No proper amenities given in the hospitals	26	10.4
5	Irregular Payment of SALARY according to the work	15	6.0
6	No Quarters Facilities available	20	8.0
7	Too much of Lengthy Process in fulfilling professional requirements	41	16.4
	Any other	00	00
	Total	250	100

The *Table No.1.* reveals respondents views on the problems faced by the doctors as a Government/Private Employees. The observation made from the above table is that the 25.6 per cent of the respondents said there is no cooperation from the government. By the frequency transfers of the government doctors is also a problem faced by the respondents which is about 19.6 per cent. About 14 per cent of the respondents said that there is lack of Required Medical Facilities to do the service. Problems faced by the doctors are also because of there are no proper amenities given in the hospitals and percentage of respondents who expressed this option is 10.4

per cent. About 6 per cent of the respondents said there is irregular payment of salary according to the work who is working in private hospitals. About 8 per cent of the respondents said there is no facility of quarters at work place. About 16.4 per cent of the respondents said that there is too much of Lengthy Process in fulfilling professional requirements as the respondents are facing these types of problems with both government and private doctors. Here we can observe the problems faced by doctors differently like problems faced by private hospital doctors and problems faced by government hospital doctors.

Table 2: If you are working in a Private hospital answer the following

S. No	Particulars	No. of respondents	Percentage
1	No cooperation by the Government and Employees	45	18.0
2	Unethical Management Practices	53	21.2
3	Too much of profit motive	25	10.0
4	Extortion of Money from Patients	20	8.0
5	Lack of profession development and Profession Skills	24	9.6
6	Too much of Interferences by the Third Party	35	14.0
7	Lack of Specialised Technology	30	12.0
8	Working hours are heavy	11	4.4
9	Perks are not satisfied	05	2.0
10	Greater abundance to work in cities	02	0.8
	Total	250	100

The *Table No. 2.* discusses about the private doctors and problems they are facing in performing their duties have been discussed from the table. The table reveals that the 18 per cent of the private doctors who are working in private hospitals and clinics said that they don't have any cooperation from the government and employees of their place in performing their regular duties and to enhance their skills in the profession. About 21.2 per cent of the respondents said that the unethical management practices prevail in their hospitals; 10 per cent of the respondents who are private doctors said there is a too much profit motive rather than following the ethics and morality in their profession at private hospitals. About 8 per cent of the respondents said there is a extraction of money from patients is prevailing from the patients who are poor and don't know much about medical practices. There is lack of professional development and professional skills at the hospitals that too private hospitals in the study found about 9.6 per cent. 14 per cent of the respondents said there is too much of interference by the third parties in performing their duties. About 12 per cent of the respondents opined there is a lack of specialized technology. About 4.4 per cent of the respondents said there is a heavy working hours in their profession. About 2 per cent of the respondents said there is a heavy working hours in their profession About 0.8 per cent of the respondents said there is a greater abundance to work in the cities in the private hospitals.

Conclusion

These factors include: government funding, lack of government interest in development of new healthcare projects rural areas and overburdened public hospitals due to rapid growth in population and people trends to move from rural areas to major cities. These factors are affecting the service quality of public hospitals. Results showed that in public hospitals, doctors, nurses and supporting staff are not taking pain to attend the patient or to provide individual care to the patients, take care of cleanliness, and sterilization of equipments, lack of feedback mechanism showed a low commitment level towards their responsibilities. It requires government attentions to improve the existing quality of the public hospitals and develop more hospitals in public sector to maintain the healthcare needs of the people It is needed to develop a comprehensive study in order to gain clear understanding about the service quality of public and private hospitals. This will provide more accurate response regarding their perceptions about the services delivered to them.

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