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A study on Rural Healthcare in India

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Abstract

Services Sector has increasingly assumed an important role in the economic development of many countries including India. Economy experienced increase in employment with the growth in service sector. While employment in the manufacturing sector is receding every year, employment in the service sector is rising. Even in times of economic recession, unlike in the manufacturing sector, the service sector has kept employment up. One of important sector in service sector is Health sector. Health services are designed to meet the health needs of the community through the use of available knowledge and resources. Health services are provided to the community through a network of Sub-Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs), hospitals and dispensaries. In this paper an attempt has been made to find the efficiency in working of PHCs by taking Patient satisfaction into account. Three revenue divisions in Guntur Dist. were taken into consideration.

Questionnaires were prepared for patients who were drawn through stratified random sampling. The patients were taken based on the average number of patients per day for each PHC. Schedules were distributed in three revenue divisions and the number is limited to 250 patients in each division covering 9 PHCs. The items of patients are divided into tangibles, reliability, responsiveness, assurance, empathy and accessibility. Based on the analysis, suggestions were given to improve the prevailing situation in PHCs. It is observed that Management Process plays a vital role in satisfying the patient. The PHC's are in crisis due to lack of planning, defective organization structures, faulty staffing procedures, ineffective leadership, absence of co-ordination and controlling methods. It is suggested that the in charge of the every PHC has to take necessary steps to streamline the PHC activities to reduce delays and wastages and for supply of right quality medicines.

Keywords: PHCs, CHCS, Sub-Centres, tangibles, reliability, responsiveness, assurance, empathy, accessibility, Leadership.

1. Introduction

Services have increasingly assumed an important role in the economic development of many countries including India. Almost all developed countries and many developing countries are emerging as services economy or service societies. An economy is called a services economy when the contribution of the service sector to the GDP of the nation is more than 50 percent. USA was the first economy to be declared as a service economy way back in 1948 with about 53 percent contribution of the service economy way back in 1948 with about 53 percent contribution of the service sector to the GDP of the nation. There is an argument that the statistics of the service sector's contribution in many countries is a gross under estimation of the truth, the value of services produced by manufactures of goods in the industrial sector is not included in service output value. As such, there is a large 'hidden service sector' that is not classified under the service sector.

Services are becoming a critical source of wealth in many ways to the economy. Economy experienced increase in employment with the growth in service sector. While employment in the manufacturing sector is receding every year, employment in the service sector is rising. Even in times of economic recession, unlike in the manufacturing sector, the service sector has kept employment up.

All human beings are service producers as well as consumers. Transportation, education, communication, health care, hospitality, entertainment, banking, information technology, electricity and a host of services have become a part of our lives. Infact, the concept of service is as old as human kind and began when man started serving himself. A part of the society became affluent; it started utilizing the services of others at a price. Then services became a business proposition. Over the years, services have grown in different ways throughout the world. However, until the beginning of the 20th century, the focus of the economy was to produce more and more tangible goods and sell agricultural and manufactured products. Services such as accounting, banking, insurance and transportation were considered as support to the manufacturing units.

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In the beginning, throughout the world most services were in the public sector. Most organization enjoyed the status of monopoly. The situation of excessive demand over supply and absence of competition or negligible competition led many service organizations to be insensitive to the marketing concept. The management and the marketing literature developed until the 1970's depicted manufacturing organization and suggested that the same philosophy and technology be applied to the service organizations also. The deregulation of services in many parts of the world during the early 1970's particularly in the areas of banking and insurance, telecommunications transportation and health care services, led to intensified competition among various organizations.

Importance of Health System

Health services are designed to meet the health needs of the community through the use of available knowledge and resources. It is not possible to define a fixed role for health services when the socioeconomic pattern of one country differs so much from another. The health services are delivered by the "health system", which constitutes the management sector and involves organizational matters.

Two major themes have emerged in recent years in the delivery of health services: (a) First, that health services should be organized to meet the needs of entire populations and not merely selected groups. Health services should cover the full range of preventive, curative and rehabilitation services. Health services are now seen as a part of the basic social services of a country. (b) Secondly, it is now fully realized that the best way to provide health care to the vast majority of undeserved rural people and urban poor is to develop effective "primary healthcare" services supported by an appropriate referral system. The social policy throughout the world was to build up health systems based on primary healthcare, towards the policy objective of Health for All by 2000A.D.

Primary Healthcare Services

Health services are provided to the community through a network of Sub-Centres(SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the rural areas and hospital dispensaries etc in urban areas. The primary healthcare infrastructure in rural areas has been developed as a three-tier system. The norms for establishing Sub-Centres, Primary Health Centres and Community Health Centres are under

Population Norms Hilly/Plain Areas

Centre	Population Norms* Plain Area	Hilly/Tribal Area
Sub-Centre	5000	3000
PHC	30,000	20,000
CHC	1,20,000	80,000

Source: Rural Health Statistics in India 2010

Sub-Centre: The sub centre is the most peripheral and the first contact point between the primary healthcare system and the community. Sub centre are assigned tasks relating to interpersonal communication in order to bring about behavioural change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes. There were 1,47,069 sub-centres functioning in the country as on March 2010.

Primary Health Centre: Primary Health Centre is the first contact point between village community and the Medical Officer. The primary health centre was envisaged to provide an integrated curative and preventive healthcare to the rural population with emphasis on preventive and primitive aspects of healthcare. There were 23,673 PHCs functioning as on March 2010 in the country.

Community Health Centre: Community Health Centre are being established and maintained by the state government, under MNP/BMS programme. It is manned by 4 medical specialists i.e. surgeon, physician, gynaecologist and paediatrician supported by 21 paramedical and other staff. As on March, 2010 there were 4,535 CHC's functioning in India. From the table the norms for establishing sub-centres, PHCs & CHC in hilly and plain areas providing services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhoea and control of communicable diseases programmes.

Number of Sub-Centres, PHCs & CHCs functioning in India as on March 2010

Sl. No	State/UTs	Sub-Centres	PHCs	CHCs
1.	Andhra Pradesh	12522	1570	167
2.	Arunachal Pradesh	286	97	48
3.	Assam	4604	856	108
4.	Bihar	9696	1863	70
5.	Chhattisgarh	4796	716	143
6.	Gujarat	7274	1096	290
7.	Haryana	2484	441	107
8.	Himachal Pradesh	2671	449	73
9.	J&K	1907	375	77
10.	Jharkhand	3958	330	188
11.	Karnataka	8143	2193	325
12.	Kerala	4575	813	233
13.	Madhya Pradesh	8869	1155	333
14.	Maharashtra	10580	1816	365
15.	Manipur	420	73	16
16.	Meghalaya	405	109	29
17.	Mizoram	370	57	9
18.	Nagaland	396	126	21
19.	Orissa	6688	1279	231
20.	Punjab	2950	446	129
21.	Rajasthan	11487	1504	368
22.	Sikkim	147	24	0
23.	Tamil Nadu	8706	1283	256
24.	Tripura	627	79	11
25.	Uttaranchal	1765	239	55
26.	Uttar Pradesh	20521	3692	515
27.	West Bengal	10356	909	348
28.	A&N Island	114	19	4
29.	Chandigarh	16	0	2
30.	D&N Haveli	50	6	1
31.	Daman & Diu	26	3	2
32.	Delhi	41	8	0
33.	Lakshwdeep	14	4	3
34.	Pondicherry	53	24	3
	All INDIA	147069	23673	4535

Source: Rural Health Statistics in India 2010

From the table shows the Sub Centres, PHC, CHC in India. Uttar Pradesh has more number of Sub Centres (20521), PHCs (3692) and CHCs (515). Andhra Pradesh is having Sub-centres (12,522), PHCs (1570) and CHC's (167).

District wise Availability of Health Centres in AP

Name of the District	No. of Sub-Centres	No. of PHCs	No. of CHCs
Adilabad	470	76	5
Ananthapur	609	76	13
Chittoor	653	90	8
Kadapa	462	68	6
East Godavari	809	84	9
Guntur	689	72	8
Hyderabad	53	0	1
Karimnagar	580	72	6
Khammam	591	76	5
Krishna	609	72	8
Kurnool	576	77	5
Mahabubnagar	680	86	8
Medak	489	66	8
Nalgonda	626	72	7
Nellore	481	65	6
Nizmad	412	45	4
Prakasam	555	81	6
RangaReddy	399	41	10
Srikakulam	488	73	10
Visakhapatnam	573	82	11
Vizianagaram	470	59	7
Warrangal	605	69	8
West Godavari	643	68	5
Total	12522	1570	167

Source: Rural Health Statics in India 2010

From the table shows the significant progress of health sector from 1981- 2007. Here we can observe growth in Sub Centres, PHCs & CHCs. Only 13 percent of rural residents have access to PHCs, 33 percent to Sub-Centre, 9.6 percent to hospital and 28.3 percent to a dispensary or clinic. The number of physicians per 1000 population for the world is 1.5 for India, it is 0.6. Against a world average of 3.98 hospital beds per 1000 population, Russia has 9.7, Brazil 12.6, China 2.5 and India 0.9.

The doctor-patient ratio in India is 1:700. If we take into account doctors under the traditional medical system the ratio comes down to about 1:700. The WHO recommended criterion is 1:300.

Patient Satisfaction

The primary function of a PHC is patient care and administration of the health centre. Hence, patient satisfaction should be the main goal of a PHC. It is one of the yardsticks to measure the performance of services it produces. The effectiveness of the PHC relates to good provision of good patient care and satisfaction is the real testimony to the efficiency of PHC. The satisfaction gives the patient confidence to face the disease. The PHC serves all the members of the society. The expectations of the users differ from one person to another person because each one carries a particular set of thoughts, feelings and needs. For this purpose we have to know the meaning of patient and the relationship between PHCs, its management functions and patient satisfaction.

The meaning of 'patient' is 'one who suffers' or 'is having a medical; care'. It gives two distinct meanings : as the person who is ill and is accepting a sick role and on the other hand it can be implied as an individual who is on the list of doctor who accepts responsibility for his medical care. In the words of Henderson the concept of patient is described as: 'when you talk to a patient, you should listen first to what he would like to tell, secondly for what he does not want to tell, thirdly

for what he cannot tell. The patient has definite feelings about healthcare that he or she is receiving. The person who is ill joins the 'patient group' and when the person is not ill; one cannot see him as a patient at all'.

"Put yourself in your patient's shoes", this proverb explains how to proceed with a patient. The determinations of patient's real feelings are very difficult. One can get it by using some tips such as listening to the patients, asking questions and seeking answers, by doing something extra for each patient and by admitting mistakes gracefully and so on. A patient's wants make him feel happy in all times. A patient is God for the in charge of the PHC and he should be dealt very carefully with the customers of the PHC.

In order find out efficiency and working of PHCs an attempt has been made to elicit the opinions patients in selected PHCs in Guntur district. In order to find out an answer to the question as to how far the PHCs have attained their organizational goals, one has to take the patient into account. Patient's perceptions of medical care are increasingly important to researchers and administration staff of the PHC.

It is essential to have an overview of theoretical notions of satisfactions and expectations of the consumers, generalities in planning the operations of the PHC, social system, doctor, nurse and administration staff relationship their role and opinions. An organization exists to achieve its goal, the goal of PHC, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary.

There are various factors which influence customer's expectations of services. They include efficiency, confidence, helpfulness, personal interest, reliability. They influence the response of the PHC staff to the patient and their relatives. Intrinsic factors are susceptible to training. They can be improved by training when performance does not reach the set standards.

Objectives of the Study

The study is undertaken to identify the various factors influencing patients satisfaction with the three revenue division in Guntur. Keeping the objective of the study in mind and to identify the factors which influence the patient satisfaction in nine PHCs under study, the following methodology has been adopted. Questionnaires were prepared for patients who were drawn through stratified random sampling. The patients were taken based on the average number of patients per day for each PHC. It is observed those 250 patients in Guntur division, 250 patients in Narasaraopet division and 250 patients in Tenali division. The schedules were distributed in all nine PHC's and were taken for final analysis.

Analysis and interpretation

Tangibles: - Appearance of physical facilities, equipment, personnel and written materials.

Tangibles provide physical representations or images of the service that customers, particularly new customers, will use to evaluate quality. Service industries that emphasize tangible in their strategies include hospitality services in which the customer visits the establishment to receive the service, such as restaurants and hotels, retail stores and entertainment companies. Although tangibles are often used by service companies to enhance their image, provide continuity and signal quality to customer, most companies combine tangibles with and other dimension to create a service quality strategy for the firm. Tangibles – provide fast, efficient service and comfortable.

The Primary Health Centres should have up to date equipment, physical facilities which were visually appealing, the staff (doctors & nurses) is well dressed and appears neat and the appearance of the physical facilities is excellent, keeping in view of the type of services required. From the study in Guntur division that majority of the respondents in category C PHCs expressed their satisfaction towards up to date equipment. Better physical facilities were provided. The doctors and nurses are well dressed and appeared neat. In category C PHCs it is observed that the tangibles are totally satisfactory. In category A PHCs a high percentage of respondents expressed physical facilities are not adequate.

From the study in Narasaraopet division it can be said that in all three PHCs physical facilities were not visually appealing. Majority of the respondents in category A PHCs opined that category C PHCs had up to date equipment. Most of the respondents in category B PHCs expressed their dissatisfaction towards the dress of doctors and nurses. Very high percentage of respondents in category A PHCs and a good number of respondents in category C PHCs expressed their satisfaction towards the type of services required by the patients. From the study in Tenali division, it is observed that high percentage of respondents told up to date equipment is being used in category A PHCs. The physical facilities are to be improved in category B PHCs. The type of services required and appearance of the physical facilities are to be improved in category C PHCs. In all three PHCs doctors and nurses are well dressed and appear neat.

From the ANOVA of the patient satisfaction level on 'Tangibles' in category A PHCs categories in all three divisions the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores of patients are different. Therefore, the average overall perception scores are higher in Narasaraopet division as compared to Guntur and Tenali divisions. From the ANOVA of the patient satisfaction level on 'Tangibles' of B PHC category in all three divisions the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores are different in category B PHCs. Therefore, the average overall perception scores of Narasaraopet are higher. From the ANOVA of the patient satisfaction level on 'Tangibles' of C PHC in all three divisions the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores of Tenali and Narasaraopet are same. Therefore, the average overall perception scores of Guntur are higher than Tenali and Narasaraopet.

Reliability: - Delivering on promises.

Reliability is defined as the ability to perform the promised service dependably and accurately. Reliability means that the company delivers on its promises – promises about delivery, service provision, problem resolution and pricing. Customers want to do business with companies that keep their promises, particularly their promises about the service outcomes and core service attributes. The Primary health Centres should keep its records accurately, promised services should be fulfilled at the right time, the staff (doctors & nurses) was sympathetic and reassuring towards patients problems.

From the study in Guntur division it can be concluded that majority of the respondents in category B PHCs expressed their satisfaction towards the promises made by the PHC. Most of the respondents in category C PHCs expressed their satisfaction towards the problems of the patients was

sympathetic and reassuring. In category A PHCs provided services and promised services are not done. In category A PHCs the records are not maintained properly. On the whole it can be said that the respondents of category B PHCs are in satisfied stage towards reliability. From the study in Narasaraopet division it is observed that majority of the respondents in category A PHCs and category B PHCs is not happy with the promises made by the PHCs. High percentage of respondents in category B PHCs claimed that doctors and nurses are not showing interest towards patient's problems. Most of the respondents in category C PHCs are dependable on the PHC. Records are maintained accurately in A PHCs and C PHCs category. From the study in Tenali division it can be concluded that most of the respondents in category A PHCs the promises are not fulfilled in time. In category C PHCs doctors and nurses are showing sympathetic attitude toward patients. Most of the respondents opined that category B PHCs was not dependable. Majority of the respondents in category B PHCs kept its records accurately.

The ANOVA of the patient satisfaction level on 'Reliability' in all three divisions of category A PHCs the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores are same in Tenali and Narasaraopet divisions. Therefore, the average overall perception scores of Guntur is lower than Narasaraopet & Tenali divisions. From the ANOVA of the patient satisfaction level on 'Reliability' of category B PHCs the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores are same in Tenali and Narasaraopet divisions. Therefore, the average overall perception scores of Guntur PHC category are lower than Narasaraopet and Tenali divisions. From the ANOVA of the patient satisfaction level on 'Reliability' of category C PHCs in all three divisions the average overall perception score are highly significant. By applying Duncan post hoc test the average overall perception scores are different. Therefore, the average overall perception scores of Guntur are higher than Narasaraopet and Tenali divisions.

Responsiveness: - Being willing to help.

Responsiveness is willingness to help customers and to provide prompt service. This dimension emphasizes attentiveness and promptness in dealing with customer requests, questions, complaints and problems. Responsiveness is communicated to customers by the length of time they have to wait for assistance, answers to questions, or attention to problems. Responsiveness also captures the notion of flexibility and ability to customize the service to customer needs. The Primary Health Centre informs when the services will be performed, always ready to respond to patient request promptly and provide prompt service.

In the sample PHCs in Guntur division it is observed that majority of the respondents opined that services are not performed exactly in category A PHCs. Majority of the patients receive prompt service from the PHC staff. Most of the respondents in category A PHCs and category C PHCs the staff are not willing to answer patient's questions. Majority of patients in category A PHCs opined that staff is not responding to patient request promptly. In the sample PHC's in Narasaraopet division, it is observed that in category B PHCs patients are informed about the services performed exactly. Majority of the respondents in category A PHCs and category C PHCs receive prompt service from the PHC staff. Most of the respondents in category A PHCs and category B

PHCs are not willing to answer patient questions. Majority PHC staff in category C PHCs ready to respond patient request promptly. In the sample PHC's in Tenali division, it can be concluded that exact information of services are not available in category C PHCs. Most of the respondents are not receiving prompt service in category B PHCs and category C PHCs. In category B PHCs staff is not willing to answer patient questions. Majority of respondents said that doctors and nurses give considerable time to patients in category B PHCs.

From the ANOVA of the patient satisfaction level on 'Responsiveness' in all three divisions in A PHC categories the average overall perception scores of patient are highly significant. By applying Duncan post hoc test the average overall perception scores are similar in Tenali and Narasaraopet divisions. Therefore, the average overall perception scores of Tenali and Narasaraopet divisions are higher than that of Guntur division. The ANOVA of the patient satisfaction level on 'Responsiveness' the average overall perception scores of B PHC are highly significant. By applying Duncan post hoc test the average overall perception scores of Tenali and Narasaraopet divisions are same. However the average overall perception scores of Guntur is lower than Tenali and Narasaraopet division. The ANOVA of the patient satisfaction level on 'Responsiveness' of category C PHCs in all 3 divisions the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores are similar in Narasaraopet and Guntur. Therefore, the average overall perception scores in Tenali PHC category are lower than Guntur and Narasaraopet divisions.

Assurance: - Inspiring trust and confidence.

Assurance is defined as employees' knowledge and courtesy and the ability of the firm and its employees to inspire trust and confidence. This dimension is likely to be particular important for services that customers perceive as high risk or for services of which they feel uncertain about their ability to evaluate outcomes – for e.g. banking, insurance, brokerage, healthcare and legal services. Trust and confidence may be embodied in the patients of the PHC, and the services rendered by the administration staff and doctors. In such service context the staff of the PHC seeks to build trust, adequate support, polite, knowledgeable and loyalty between key contact persons and patients.

In the sample PHCs in Guntur division, it is observed that majority of the respondent in category A PHCs felt in secure in dealing with PHC. Most of the patients do not trust the staff in category A PHCs. Treatment was not confidential in category A PHCs. Staff of the PHC was not polite in category A PHCs. Majority of the respondents in category A PHCs and category C PHCs are getting adequate support from the PHC authorities to do their jobs well. The staffs of PHC in all three PHCs are knowledgeable.

Empathy: - Treating customers as individuals.

Empathy is defined as the caring, individualized attention that the firm provides its customers. The essence of empathy is conveying, through personalized or customized service, that customers are unique and special and that their needs are understood. Patients want to feel understood by and important to PHC that provide service to them. Doctors and Administration staff often know patients by name and build relationships that reflect their personal knowledge of patient's requirements and preferences. Treating patients in the Primary

Health Centres the staff should understand customer specific needs, pay personal and individual attention, operating hours convenient to all, no waiting time.

From the study in Guntur division it can be concluded that in category B PHCs personal attention was given by the staff. Individual attention is not given in category B PHCs. Patient's specific needs are understood by the PHC staff in all three PHC's. Operating hours are not convenient to all patients in category B PHCs. No waiting time to receive the services in all three PHCs. From the study in Narasaraopet division it can be concluded that in category B PHCs personal attention was not given by the PHC staff. Majority of the respondents in category B PHCs did not give individual attention. Customer specific needs are not understood by the staff in category A PHCs. In category A PHCs operating hours convenient to all patients. Majority of the respondents have not expressed their opinion regarding to wait a long time to receive services at the PHC. From the study in Tenali division it can be concluded that personal attention were given by the PHC staff in category B PHCs. In category A PHCs majority of the respondents said those individual attentions were not given. Customer specific needs are understood in category A PHCs. In all three PHCs said that operating hours convenient to all patients. There is no long waiting time to receive services in all three PHCs.

From the ANOVA of the patient satisfaction level on 'Empathy' in all three divisions of category A PHCs category the average over all perception scores of patients are highly significant. By applying Duncan post hoc test we conclude that the average over all perception scores are similar in Narasaraopet and Guntur division PHC's and the average overall perception scores are homogeneous in Guntur and Tenali divisions. However the average over all perception scores of Tenali division are higher than that of Guntur and Narasaraopet division PHCs on Empathy. From the ANOVA of the patient satisfaction level on 'Empathy' on category B PHCs in all three divisions the average overall perception scores are highly significant difference in all three divisions. By applying Duncan post hoc test we conclude that the average overall perception scores are similar in Narasaraopet and Guntur division PHC's and the average overall perception scores are identical in Guntur and Tenali division. However the average overall perception scores of Tenali division PHC's are higher than that of Guntur and Narasaraopet division PHC's on Empathy. From the ANOVA of the patient satisfaction level on 'Empathy' of category C PHCs in all three divisions the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores of Guntur PHC category is higher than Narasaraopet and Tenali.

Accessibility

Accessibility is defined as, ease of visiting, accessibility to patients during office hours, ability to visit convenient time, easy to find way, clear directions provided for getting care and locations are in healthy and cleanse vicinity.

From the study in Guntur division it can be concluded that in category C PHCs expressed their satisfaction in visiting PHC. Majority of the respondents opined that clinics are accessible to patients during office hours in category C PHCs. Timings are convenient to the patient in category C PHCs. In all three PHC's said that finding of PHC was easy. Clear directions are provided in category C PHCs. Majority of the respondents are happy towards the healthy climate and cleanse vicinity in category C PHCs and category B PHCs. From the study in

Narasaraopet division it can be concluded that in category A PHCs and category C PHCs majority of the respondents are satisfied in visiting PHC. Clinics are accessible to patients during office hours in category B PHCs. In category A PHCs timings are convenient to the patients. Most of the respondents in category A PHCs expressed that they are easily find way to PHC. Clear directions provided for getting care in category A PHCs. Majority of the respondents expressed healthy climate and cleanse vicinity in category B PHCs and category A PHCs. In the sample PHC's in Tenali division, it is observed that visiting PHC was easy in category B PHCs. Reasonably good numbers of respondents in all three PHC's have not shown interest in answering the query during office hours. Timings are convenient to the patients in category A PHCs and category C PHCs. Clear directions provided for getting care in all three PHCs. Category A PHCs is located in healthy climate.

The ANOVA of the patient satisfaction level on 'Accessibility' in all three divisions of category A PHCs category the average overall perception scores are significant. By applying Duncan post hoc test the average overall perception scores of Narasaraopet and Tenali are same. Therefore, the average overall perception scores of patients in Guntur division are lower than Narasaraopet and Tenali divisions. From the ANOVA of the patient satisfaction level on 'Accessibility' on category B PHCs in all three divisions that the average overall perception scores are highly significant difference. By applying Duncan post hoc test we conclude that the average overall perception scores are same in Narasaraopet and Tenali divisions. However the average overall perception scores of Narasaraopet and Tenali divisions are higher than that of Guntur division on Accessibility. The ANOVA of the patient satisfaction level on 'Accessibility' of category C PHCs in all 3 divisions the average overall perception scores are highly significant. By applying Duncan post hoc test the average overall perception scores of Narasaraopet and Tenali PHCs category are same. However, the average overall perception scores on Guntur PHC category are higher than Narasaraopet and Tenali.

Suggestions for improving facilities in PHCs

1) A strategic concept: The PHCs should be patient obsessed and have a clear sense of their target customers and their needs. The PHC should be committed to values, quality service and cleanliness. They should develop distinctive strategies to satisfy patients.

2) Setting of high standards: Standards are to be set in all PHC's for providing better service quality which leads to patient satisfaction. The performance is to be compared with their own standards on a regular basis which leads to patient satisfaction⁶.

3) Cultural factors: Cultural is the fundamental determinant of an individual's wants and behaviour. It refers to a set of feelings of the patient or his relatives. In culture there exists subculture. It includes geographic groups of the patient. The patient belonging to the rural area will have a set of expectations which gives satisfaction/dissatisfaction. Social class reflects sex, income, occupation, education, area of residence.

4) Psychological factors: The person's satisfaction is influenced by the psychological factors such as perception, learning and attitudes. Perception is the process by which an individual selects and interprets the information inputs to

create a meaningful picture. Learning involves changes in an individual's behaviour arising from experience. The satisfaction depends on experience of the patients through beliefs, learning and attitudes. A belief is a descriptive thought that a person holds about something and an attitude is a person's enduring favourable or unfavourable evaluation, emotional feelings and action tendencies towards some object.

5) Encourage lodging Complaints: The in charge of the PHC has to take necessary steps to encourage the patients to lodge complaints and each one is to be fully investigated. This procedure gives utmost satisfaction to the patients and to their relatives.

Conclusion

In order to find out the efficiency and working of sample PHC's an attempt has been made to elicit the opinion from the patient's. The items of patients are divided into tangibles, reliability, responsiveness, assurance, empathy and accessibility. The analysis of tangibles in Guntur division reveals that most of the respondents in category C PHCs expressed their satisfaction towards up to date equipment. Better physical facilities were provided. The doctors and nurses are well dressed and appear neat. In category C PHCs it is observed that the tangibles are totally satisfactory. In category A PHCs a high percentage of respondents expressed physical facilities are not adequate. In Narasaraopet division all three PHCs physical facilities were not visually appealing. Majority of the respondents in category A PHCs opined that category C PHCs had up to date equipment. Most of the respondents in category B PHCs expressed their dissatisfaction towards the dress of doctors and nurses. Very high percentage of respondents in category A PHCs and a good number of respondents in category C PHCs expressed their satisfaction towards the type of services required by the patients. In Tenali division it is observed that high percentage of respondents told up to date equipment is being used in category A PHCs.

The physical facilities are to be improved in category B PHCs. The type of services required and appearance of the physical facilities are to be improved in category C PHCs. In all three PHC's doctors and nurses are well dressed and appears neat. The analysis of reliability in Guntur division reveals that majority of the respondents in category B PHCs expressed their satisfaction towards the promises made by the PHC. Most of the respondents in category C PHCs expressed their satisfaction towards the problems of the patients was sympathetic and reassuring. In category A PHCs provided services and promised services are not done. In category A PHCs the records are not maintained properly. On the whole it can be said that the respondents of category B PHCs are in satisfied stage towards reliability. In Narasaraopet division majority of the respondents in category A PHCs and category B PHCs are not happy with the promises made by the PHC's. High percentage of respondents in category B PHCs claimed that doctors and nurses are not showing interest towards patient's problems. Most of the respondents in category C PHCs are dependable on the PHC. Records are maintained accurately in category A PHCs and category C PHCs. In Tenali division most of the respondents in category A PHCs the promises are not fulfilled in time. In category C PHCs doctors and nurses are showing sympathetic attitude toward patients. Most of the respondents opined that B PHC was not dependable. Majority of the respondents in B PHC kept its records accurately.

Based on the analysis, it is suggested that the PHCs must be patient obsessed and should focus on their mission. Standards are to be set in all PHC's for providing better service quality which leads to patient satisfaction. Management Process plays a vital role in satisfying the patient. The PHC's are in crisis due to lack of planning, defective organization structures, faulty staffing procedures, ineffective leadership, absence of co-ordination and controlling methods. The in charge of the PHC have to take necessary steps to streamline the PHC activities in order to reduce delays and wastages and for supply of right quality medicines.

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