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A Review on Effective Role Performance of Private Medical Institutes towards Society

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Abstract:

To ensure the proper health of each member of the society is extremely important for the social and economic development. Hospitals and medical institutes are playing vital role in health care system. Also the role of private medical institutes is important in this regard. The assessment of quality services delivered by these medical institutes is an important research line. The higher quality of delivered medical care leads to improve the social perception of these institutes. In this paper, different angles of social perception assessment are reviewed that includes behavior of medical staff, patient satisfaction, quality education delivered to the students, infrastructure facilities etc. The social perception is studied specifically for private medical teaching institute.

Keywords: Private medical institute, social perception, role performance, infrastructure facilities, patient satisfaction.

1. Introduction

Health is the important aspect of our society. It is really very important to ensure the proper health of each person in the society for economic and social growth. The increasing pollution and mixing chemicals in all sort of eatables is a matter of concern about health. This leads to exponential growth in the number and types of diseases. The increasing demand of health care resulted into growing number of hospitals. The exact definition of hospitals is given by the WHO (World Health Organization). The hospital is an integral part of a social and medical organization, the function of which, is to provide complete health care for the population, both curative and preventive and whose out-patient services reach out to the family and its home environment. The hospital is also a center for training of health workers and for bio-social research. Several new hospitals opened by the government to improve and increase the health care. Private medical institutes (Rao et al. (2011)) are also important component of medical health services.

The social perception (Jussim (2012)) of any hospital or medical institute depends on different factors. These factors include the quality of medical care provided to the patients, quality of education delivered to their students, other volunteer operations taken by the hospitals during emergency medical services, like natural disasters, pestilence etc. The role of medical staff and doctors (Moore (2001)) plays vital role in making the better social perception in the society. The infrastructural facilities and medical technology in hospital are other factors in this regard. Similarly, the patient satisfaction is an important aspect for any medical institutes that indirectly assess the performance and quality of service delivered by the said hospital. The medical institutes perception depends on various parameters, few of these are as follow discussed by Dasgupta (2014):

1. Effective delivery of health care
2. Universal access to health care
3. Nature of medical manpower

They also stated that National Knowledge Commission (NKC) has given so many reforms in professional education.

In this paper, the social perception of private medical teaching institute has been assessed in two dimensions, students and patients. Apart from these several other parameters are considered for review like, infrastructural facilities, behavior of medical staff etc.

2. Private Medical Institutes in Indian Perspective

Private medical institutes (Pai (2007)) are playing a big role in the Indian medical health system. The government of India and other state governments are establishing many effective rules and regulations to promote privatization in the medical health for the purpose of improving its health care quality.

The private medical health growth in India has been discussed by Duggal (2000) and Jesani and Ananthram (1993)). They also explained the GDP of private health system in India. A case study of caring sick children in Bihar by private practitioner has been discussed by Chakraborty et al. (2000). Several new testing approaches are outlined. Similarly, by Chakraborty and Frick (2002), the quality of care has been studied. The case studied was respiratory infections among five children in rural Bengal.

The provision of private health system in Uttar Pradesh has been discussed by Chakraborty (2003). A review on health care in India has been carried out by Gangolli et al. (2005). They have compiled different issues in the Indian Health Sector, i.e. Indian System of Medicine (ISM), public health care in India, expenditure in public health and inclusion of private sector. Also, the evaluation of quality of medical care in India is given by Donabedian (2005).

Suppe and William (2006) have explained the challenges and problems of medical education in India. The growth and development of medical education in India has been reported by Mahal and Mohan (2006). The role of foreign students in private hospitals specifically in India has been studied by Chanda (2007).

A public private partnership perspective in healthcare system has been well defined and explained by Ghanshyam (2008). The importance of public private partnership has been studied by Ghanshyam (2008) in the context of India. A study of developing the health systems in private sector has been carried out by Barraclough (2012). The policy making has been studied through patient questions and observations.

The quality of care has been studied by Rao (2012) due to private medical institutes. Several proposals are made for quality assurance of medical education in India. Waghmare et al. (2014) discussed several perspectives and recommendation regarding this.

Parameters of quality care has been discussed by Bruce (1990). Several issues of improving the quality of care in medical care has been studied by Brugh and Zwi (1998).

Rafei and Sein (2001) studies the role of private hospitals in health care.

The quality health care in public and private health care institutions has been discussed by Mahapatra (2003). The role of private sector in health care is well discussed by Murleedharam and Nandraj (2003).

The problems and shortcomings with private medical schools in India are discussed by Kumar (2004).

Another study of patients' satisfaction with private hospitals at Bangalore has been well given by Hosmac (2009).

3. Behavior of Medical Staff

The impact of quality gaps and the quality of work life QWL index on the performance of a state hospital department has been studied by Labiris et al. (2002) for a period of two years. A QWL index has been developed for all medical and paramedical institutes at Athens, Greece. In this study a random sample of 400 glaucoma patients was interviewed and responded to pre-determined questionnaire.

The operations in hospitals are playing vital role in improving the health affairs. Quality reporting programs have been studied by Pham et al. (2006). This study has been carried out with the parameters, quality improvement activities, resource allocation, feedback and accountability mechanism etc.

Rosenthal (2007) have discussed the problem of non-payment for performance. This basically de-motivates the professional growth of working peoples. A mechanism to solve this problem has been discussed.

The shortage of medical staff in US leads to degrade the hospital activities. This deteriorates the social perceptions. The above issues are addressed by Kuehn (2007).

The behavior of medical staff towards the patients plays vital role in making the social perception. Draper et al. (2008) have discussed the issue of medical staff role in the medical institutes of the USA. They suggested to be performed a series of quality improvement programs for the nurses. A feedback system of the hospital staff is also recommended.

The perception of patients towards medical facilities in hospitals of United State has been studied by Jha and Epstein (2008). Hospital Quality Alliance (HCA) is the organization carrying out this objective of study. The Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) was used to study the key insights of patient's experiences.

Another literature review by Bosch et al. (2009) has been done to study the effectiveness of patient care teams and with the role of clinical experts. This paper review the work published between 1990 and Feb 2008. The results show that enhance of clinical expertise and coordination always improves the patient care satisfaction.

The relationship between hospital's organizational culture and safety climate in VHA (Veterans Health Administration) was assessed by Hartmann (2009). A sample of employees was used in straight random sample of 30 VHA hospitals over a 6-month period.

The patient-physician communication studied to investigate the relationship between hospital facilities and patients of breast cancer by Ansmann (2012). A cross sectional survey was carried out in 2007 to get the outcomes. For result analysis hierarchical logistic regression models were developed. This study uses the communication model developed by Feldman-Stewart (2005).

The perception and attitude of the physicians were studied by Khdour (2013) at West Bank. A self-administered questionnaire was distributed to 250 physicians in four hospitals.

To retain good doctors in the hospitals is a good practical to maintain the higher levels in patient's satisfaction. Sometimes doctors and staff moves towards higher income zone as discussed by Chen and Boufford (2015). This editorial article basically deals with the movement of doctors from poor countries to rich countries.

The patient satisfaction has been measured and studied. The case of spinal surgery patients was taken by Rickert (2015). The results were concluded as follows,

1. Reduces the re-mission rate of the patients.
2. Reduces the mortality rate of the patients.

A detailed study on patient and doctor relationship was done by Pandya (2001).

4. Student Perception about Hospitals

The perception of students towards the private medical institutes is an important parameter towards assessing the quality of medical hospitals as private medical institutes also facilitates the education to students (future doctors). Hence delivery of quality education is also an important parameter.

A case study of Manipal Medical College has been studied by Abraham (2008). The quality of medical care is studied by Das and Hammer (2004). The private hospitals' patients are discussed by Kaur (2002).

The relationship between the human resources for health and health-outcomes has been studied by Anand and Barnighausen (2004). Cross country multiple regression analysis has been done with maternal mortality rate, infant mortality rate and under 5 mortality rate as independent variable. The problems and situations created due to acute shortage of the teachers in the medical college are discussed in Ananthakrishnan (2007).

Bassaw et al. (2003) have studied the perception of students at faculty of Medical Sciences, Trinidad. They developed DREEM (Dundee Ready Educational Environment Measure). Similarly, another study of student's perception at King Abdul Aziz University, Saudi Arabia by Ae-Hazimi et al. (2004).

Lenppard and Seale (2004) studied the view of medical student's views about the quality of teaching during the undergraduate programs. This study was carried out by the semi structured interviews with individual's students at medical school in United Kingdom. In the outcomes, many positive role models and effective approaches in teaching are reported.

As discussed by Boulet (2007), there is a rapid growth in the number of hospitals over 7 continents and these are near about 1900. The up-to-date information about medical schools is given by the International Medical Education Directory (IMED). The role of physicians in medical schools is also discussed.

The environment of learning plays vital role in deciding the student's achievements and learning outcomes. Veerapen and McAleer (2010) studied the learning environment of distributed medical program at university of British Columbia Medical School commenced in 2004. They have used validated Dundee Ready Educational Environment Survey in the students' 2ND and 3RD Year. The learning environment was surveyed in the following domains, student's perception of teacher, academic- self-perceptions, atmosphere, social self- perceptions. In the findings the learning environment was found positive.

The perception of medical students in new institutes is studied in Saudi Arabia by Al-Kabbaa et al. (2012). In this cross sectional study has been carried out with the help of validated Dundee Ready Education Environment [DREEM] questionnaire. This study was carried out at faculty of medicine, King Fahad Medical City, Riyade, Saudi Arabia.

The perception of students towards the role of education in their career is discussed by Gade et al. (2013). The role of private medical institutes is given specifically in central India by Dasputra (2014).

Three parameters of medical education are studied by Chaudhary (2014). The parameters are; growth, geographical distribution and quality concerns. Also the role of private medical institutes has been studied after the big development in the decade of 1990s. The quality of medical education delivered to the students indirectly affects the care to patients. This must be ensured to have a good quality education in the private medical institute.

The quality human resource developed from medical institutes plays vital role in the medical care of society.

They also stated that National Knowledge Commission (NKC) has given so many reforms in professional education

Finally, the goal is to optimize the quality of medical care with quantity, in terms of effectiveness and application area.

The government of India and other state equal governments are establishing many effective rules and regulations to promote privatization in the medical health for the purpose of improving its quality.

Supe and William (2006) have discussed the challenges and problems of medical education in India

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5. Social Perception by Patients

The feedback given by the patients depends on various parameters. These parameters are reviewed in this section. The parameters are as follows.

- Behavior and role of doctors
- Behavior and role of medical staff (nurses, ward boy etc.)
- Infrastructure facilities
- Medical technology and quality of treatment
- Food quality
- Cleanness in the hospital
- Medical Test facility in the hospital
- Availability of medical care in emergency cases
- Variety of availability of specialists

Stewart et al. (2000) has studied the assessment of association between patient centered communication in primary care visits with further health and medical care utilization. They have selected 39 family physicians randomly and participated 315 patients.

Across sectional study for student's perceptions assessment at Australian University was carried out by Brown et al. (2011). Demographic questionnaire and Dundee Ready Education Environment Measure (DREEM) were used in this study.

Similarly, the education environment was studied by Dundee et al., (2006) UK Medical School. Another study of students 'perception on educational environment at Dental Training College, Malaysia was carried out by Zamzuri et al.(2004).

The students 'perception at Yeditepe University was measured using DREEM by Bullet (2009). In this study, DREEM was applied on 94 subjects including 37 males and 57 females.

The climate of education in any institutes affects the achievement, success and satisfaction of students. The study showing the relationship between climate and institutional planning and resources utilization has been studied by Til (2005).

Hogmark et al. (2013) studied for the inventions of knowledge, attitudes and perceptions towards contraceptive use and counseling among students in Maharashtra, India. Across sectional survey was done in this study.

Two cross sectional national surveys were performed to review the associate between GP's and patient's association of mental health at outpatient clinic by Bjertnaes (2009).

6. Organization structure and Social Perception

The delivery of quality care to the patients is the important aspect for any hospital. The organizational structure and processes of any hospital are studied in reference with quality of care and reviewed by Hearld et al. (2008). Donabedian's structure-process-outcome process is used in this review and it is maintained by level analysis framework.

7. Conclusion and future scope

The findings after the review to improve the social perception of private medical teaching institute are as follows;

1. Improve the bio-ethical and socio-ethical reflection and consultation growth
2. Focus on the primary and home care
3. Improving the professionalism in the health care sector
4. Controlling the rise in the cost of the medical treatment and facilities
5. Attitude of health care persons towards the patients
6. Advancement in the medical treatment technology
7. Providing medical services that are highly competent and high quality
8. Enhancing the quality of hospital services

In future, the social perception of private medical teaching institute will be studied using perceptual mapping.

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