Chapter VI

FINDINGS, SUGGESTIONS AND RECOMMENDATIONS, CONCLUSION

Chapter Flow

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6.1 FINDINGS

The research analysis and interpretations detailed in Chapter V have the following findings

- Villagers have deeply recognized the treatment offered by rural eye hospitals. It is deeply acknowledged that a phenomenal number of villagers opted for treatment at tertiary rural eye care. This confirms the importance of rural eye hospitals in the minds of villagers. It is also acknowledged that villagers have primarily undertaken treatment in medical camps conducted by rural eye hospitals from time to time and then opted for advanced treatments in the associated tertiary rural eye care hospitals.

- It is highly recognized that all rural eye care hospitals have been effectively publicizing the role and importance of medical camps conducted by them. Villagers are found to be highly aware of the medical camps through newspaper, social club campaigns and NGO’s.

- It is authenticated that rural eye hospitals have been able to sustain their relations with all communities beyond medical requirements. It is seen that more than 90% of the villagers feel that all rural eye hospitals strongly believe in social associations with village community and henceforth a strong social bondage is established.
Almost 95% of the villagers have confirmed their acceptance of all services offered by rural eye hospitals. It is also found that all of them would recommend to others to undertake medical and surgical treatments, if required in the respective rural eye care hospitals. Hence it is found that all rural eye hospitals have been successful in initiating cause marketing initiatives and have secured the acceptance of villagers, on a phenomenal level.

It has to be recognized that more than 90% patients among villagers have cataract. Apart from cataract, other eye ailments are also found. With the above contentions, it becomes very important to note that these ailments have to be settled through medical and surgical interventions. This increases the prospect of tertiary rural eye care hospitals in villages.

It is highly commendable to note that almost 97% of the villagers receive additional medical assistance from rural eye hospitals, apart from the eye treatment. It is also confirmed that there is high level of personal, moral, financial and social support from all rural eye care hospitals for the villagers. Also the rural eye hospitals supports villages to conduct community programs and for maintenance of hygiene and cleanliness. Thus all rural eye hospitals provide great scope for social value additions in villages.

It is seen that villagers who require treatments stick on to one specific rural eye hospitals connected with their village. They don’t change their treatment place often. This confirms the spirit of villagers in continuing their association with the rural eye hospitals. This helps in development and progress of individual rural eye hospitals.

It is acknowledged that rural eye hospitals have been able to reach out to female population in villages in majority. Females have been given excellent opportunity to pursue treatment in rural eye hospitals. This indirectly shows that there have been no conventional bottleneck in females in receiving treatments and it also confirms that the rural eye hospitals have been able to position their services very well in the mind of females.
• It should be noted that there is a strong relationship between age intervals and level of satisfaction towards treatment. This confirms that rural eye hospitals specifically focus on each age intervals, with respect to the treatment given from time to time.

• There is strong level of relationship between profession and level of satisfaction towards treatment. It is found that people irrespective of their professions have equal satisfaction towards treatment offered by rural eye hospitals. This confirms that rural eye hospitals cater to all professions equally with respect to treatment offered.

• From the analysis, it is noted that level of satisfaction towards treatment is equally distributed as high, medium and low in each village among villagers pursuing other types of agriculture. This confirms that each village pursues different type of agriculture and the level of satisfaction towards treatment is highly focused among villagers pursuing unique and different type of agriculture. Hypothesis testing confirms that there is a very strong relationship between type of agriculture (distinctive in each village) and the level of satisfaction towards treatment. This evolves a localized importance for rural eye hospitals to contribute differently for each village.

• The findings contribute for a better understanding regarding the sources of awareness for villagers. It is confirmed after hypothesis testing that there is no significant relationship between source of awareness and level of satisfaction towards treatment. The patients from each village who approach rural eye care hospitals don’t depend primarily on a single source of awareness like medical camp, relatives, friends etc. The villagers cater to all sources of awareness evolved in the society. This confirms the social consciousness in villagers regarding the services offered by rural eye hospitals.

• It is noted that each type of treatment offered by rural eye hospitals to villagers is very important. This confirms that rural eye hospitals have advanced and progressed by offering all types of treatment for villagers. This is the reason that there is a very strong relationship between types of treatments and level of satisfaction towards treatment.
• It is seen that medical camps undertaken by rural eye hospitals is not alone the platform for creating level of awareness in villagers. It is confirmed through testing of hypothesis that there is no real relationship between level of awareness regarding medical camps and the level of satisfaction through treatment.

• The findings shows that level of expenses spent by villagers up to Rs 1000 have equal level of satisfaction at 90% for high, medium and low level. This confirms that there are real pockets of villages where rural eye hospitals have rendered excellent services with low fees and also there are pockets of villages where the services are only fairly justified. The findings also confirm that there are still large pockets in rural areas where the rural eye hospitals have to improve a lot for rendering services.

• It has been proactively recognized that health interventions have to be closely associated with community based programs in rural health care. It has proved beyond doubt that community participation is essentially a stepping stone for health care interventions to get totally affiliated with social needs and necessities. Eye care has been focused as one of the key benchmark in attributing the success to the rural folk. The findings of the research have proved it as well.

• The secondary analysis of different models has not been able to relate specific relevance of components required for social development. It is only observed in such models that eye care in rural areas can be perceived as an advantage for pursuing social interventions. Factor analysis I and Factor analysis II (the statistical measures used) have proven effective for

  1) Factors determining the Organisational Development of Rural Eye Hospital and
  2) Factors determining the Social Development by Rural Eye Hospital

In the case of Organisational development, 20 variables were considered and in the case of Social development, 16 variables were considered. It is statistically inferred that the Correlation between all variables are in good fit and Scale is reliable and can be used in future. This has been
proved in both cases. Hence the present research gives recognition for the interventions necessitated for developing an organization through the development of the society (rural community).

6.2 SUGGESTIONS AND RECOMMENDATIONS

Ntsoane MD and Oduntan OA (2010) the study reviews the importance of eye care services to the society. The study shows that the major cause of reasons behind visual impairment is non availability, non accessibility and non affordability of services. The study also reveals that the factor barriers are demographic, personal, cultural and social. The study also stresses eye care promotions and awareness on available eye care services must be done intensively for avoiding blindness in rural communities.

The present research study advances the scope of service rendered by rural eye hospitals through the understanding of different variables, which are closely associated with personal, demographic, cultural and social attributes of human beings. Very important socio medical interventions have been carried out by rural eye hospitals in the villages of Tamil Nadu and Kerala. These rural eye hospitals were able to understand peripheral needs connected with health care of villagers and that too for sustenance of eye care. It is very significant to understand the responses from villagers under such rural eye hospitals. These rural eye hospitals have conducted many cause marketing initiatives and such initiatives have brought only a peripheral understanding of village attributes. It is very important to understand attributes connected with villages quite intensely. This will help for better social understanding and henceforth for a social development.

Rajeswari S.P (2007) the study recognises the transition from commercial activity to community participation. The study finds the significance of pushing the pursuits of commercial attributes through synchronising social pursuits. The study gives a real picture of benefits of cause marketing. It concretises the fact that identity creation of an organisation happens only if brand differentiation, customer retention and outreach is guaranteed by addressing a social cause. It should be noted that for any cause marketing effort to sustain, there should be uniqueness in each organizations efforts for a good patient flow and this is possible only through community
outreach programmes. This expands the scope for rural eye hospitals in conducting medical camps, preliminary awareness camps, other community oriented programmes etc. All these interventions will cater for a better association with rural eye hospitals and empowerment of village communities. It is also significant to note that each village community is different with its status of demographics, personal, social and cultural. Hence the cause marketing efforts undertaken by different rural eye hospitals will be different for different communities.

Mr. Keerti Bhusan Pradhan and Mr. Partho Banerjee (2001) the study establishes the synchronization of community participation for “Health management of Preventive eye diseases”. The study brings in the relevance of diverse factors that are interrelated and very important for the existence of a healthy environment.

The present study emphasizes the role of interrelations of demographic, personal, social and cultural factors in rural communities for a better understanding of social development. Macro understanding of different rural eye care models and various literature reviews stressed the need for understanding the following attributes individually and socially. Age, Gender, Profession, Type of Agriculture, Profession, Type of treatment, Level of awareness, Level of expenses, sources of awareness were taken up for specific understanding. These factors were statistically tested against level of satisfaction in villagers towards treatment undertaken by different rural eye hospitals. Findings have been comprehensively detailed earlier.

Karthik Tiruvarur (2011) the study acknowledges the relevance of ophthalmic interventions possible in rural areas through a service delivery model. It was noted that the interventions were much needed through constant touch with local community leaders and households to get synchronized with the new service delivery model. The proposed research takes an earnest attempt to progress further by evolving a strategic service model.

The following model has been recommended after taking into account all findings as fairly justifiable.
Figure 6.1

Model Recommended

Mission – Tertiary Eye care in a village

Village as the opportunity

Structural Recognition for an Organization to Sustain

Age
Gender
Profession
Type of Agriculture
Type of treatment
Source of awareness
Level of awareness
Community
Level of Expenses

Cause – Implicit Promotions
“Rural Eye care”

Medical camps – Preliminary analysis
Referring for Medical and Surgical treatments

Regular follow-ups

Improves confidence and consistency

Additional services – Hygiene, Educational backup, Health care campaigns, Support for villagers profession

Improved level of satisfaction in villagers towards treatment

Social Recognition of a village

Improves Eye sight, Relevance of Eye care

Improves confidence and consistency

Relevance of Eye care
Improves confidence and consistency

“Rural Eye care”
6.3 CONCLUSION

The research “Organisational and Social Development through Cause Marketing – The Case of Rural ophthalmic Health care” was identified as a platform of focus for me personally and professionally.

Kinuthia Wamwangi (2003) the study reveals that Organisational Development is a strategy for change. It is based on the understanding of behavioural sciences and is precisely concerned with the functioning of people and organisation. It also reads through very much to find out how much they can be made to perform better through effective use of human and social processes. Organisational development aims at gaining sustained commitment to the pursuit of intangible goals such as attitude change and new sets of values (Schaffer and Thompson, 1992) which are long term. The study set forth the relevance of society on a precise geography where very important strategic changes can be modelled by an Organisation.

Detailed analysis of rural eye care models – Aravind Eye care, Sankara Eye Care, L.V.Prasad Eye Care, Comtrust Eye hospital and Koumudi Grameena Netralaya confirmed on a broader level that the approaches have benefitted each models in terms of organisational and social development, through changes. All the approaches have been practical in terms of focussed and specific cause marketing efforts pursued in different localities (villages). All localities have been benefitted with the sustained efforts put in by all rural eye hospitals. It is deeply recognised that these sustained efforts have helped positively in patient retention, brand differentiation and maximising outreach in villagers. This has helped in evolving a better social mindset regarding the importance of eye care.

These models were taken forward to find out the depth of relationships and association “a villager” had with a rural eye hospital with respect to his/her perspective need. These needs were not just personal needs alone, but also a need evolved through social support systems guaranteed by the models.
The present research explored the possibility of finding out how far these social support systems are valuable in terms of understanding the internal constituents for organizational and social development. This emphasized the role and responsibility of the researcher in analyzing in depth regarding the internal constituents associated for nurturing organizational and social development. It is also very significant to recognize the involvement of these constituents for making the model sustainable and interventional. This confirmed the status of organizational development as a strategy for change.

Hilary Waugh (March 2011) the study comprehensively addresses the relevance of rural health care service. The study reveals the integral part of total improvement of whole system of rural health care service and not alone with the improved professional expertise of a medical practitioner. The study recommended engaging communities and establishing local ownership of rural services. Reinvigoration of community hospital and community based services are quite essential for organization and social development.

The findings of present research recognizes the fact of creating tertiary eye care centers in rural areas through orderly and formal social structures and systems, and by empowering rural community. This is possible only when the dependency and independency of factors are analysed and better focused. The research orientation has been able to substantiate the demand in the sector of ophthalmic interventions for better eye care in rural areas. Evolving from the perspectives of different interventional models, it is well observed that “Right to Eye sight” will have a purposeful existence provided there are structural recognitions for community participation. This would characterize the implicit demand for the specific focus on rural areas by taking into account demographic, social, personal, cultural and geographic variables.

This research has substantiated

a) the very existence of “Village” as a great opportunity
b) the agricultural community as an effective populace for social interventions
c) evolution of relevance of tertiary eye care services in villages as a tool of social contributions and business viability
d) beyond doubt that a well structured cause promotional approach in a village, will be in a state of advantage for organizational sustenance and social improvement

On a concluding note, let us define and accept that “Rural Eye Care” is an inspiring and enriching platform to relate “cause aspects” to be addressed, and measured as a road map for organizational and social development.