7.1 INTRODUCTION

Health care is one of the important things to be considered for quality living by every human kind. The neglect of health care reduces a person’s capacity to take part in the various activities within society. Besides this, such neglect reduces the capacity of the whole society in the future. Therefore, health care is not only an object of development by itself, but a pre-requisite for the development of future generations also.

This chapter includes the conclusion drawn and suggestions based upon the findings of the study. The research findings have given an understanding of nursing staff demographic profile, their work characteristics, working conditions and facilities provided, and their current work situation with regard to work life balance, absenteeism, work stress, communication, job satisfaction, self perception on their work performance and quality of work-life. The nursing staff work environment and quality of work life have been identified by studying and analyzing the above mentioned factors and the findings are presented in this chapter.

The study is based on both primary and secondary data. The primary data were collected from 1027 beneficiaries and 207 PHC staff. This study was undertaken with the following objectives: to analyse the demographic profile of the respondents and their awareness of health related aspects; to examine the respondents’ opinion about the functioning of PHCs and their services; to evaluate the impact of service quality on overall patient satisfaction and their loyalty and to examine the perception of the staff working at PHCs towards their occupational climate.

The collected data were tabulated and analyzed by using appropriate statistical tools like percentage, mean, standard deviation, chi-square test, descriptive statistical analysis, reliability test and exploratory factor analysis.
7.2 FINDINGS

Perception of Beneficiaries

- Majority of the respondents are aware of the village medical welfare program of the government.
- A large number of the respondents has been immensely benefited by the polio drops health welfare program than any other program.
- Majority of the respondents are affected by diseases.
- The respondents report that the main reason for diseases is poor sanitation, lack of nutritious food adultred food and careless candling of food.
- A large number of the respondents take treatment in PHC for all diseases and only two percent of the respondents have taken indigenous treatment which is comparatively very less costly.
- Majority of the respondents take treatment in PHC for all diseases rather than using it for first aid alone.
- Some of the respondents do not take treatment in PHC because no sufficient facilities available there.
- Majority of the respondents prefer PHC because of its existence at the nearby area.
- Most of the children and old age people are more sensitive to diseases because of low level resistancy.
- Almost all the respondents are widely using PHC in treating most of the diseases as it found nearer to them.
- Majority of the respondents have a good opinion about the treatment given in PHC for pregnancy.
- Majority of the respondents suggest others to avail PHCs services since they found good services there.

- There is no significant difference between the gender, age, occupation and marital status of the respondents in relation to the satisfaction of PHC service which is noted for its good service.

- There is no significant difference between the occupation and marital status of the respondents and their expectations from PHCs.

- There is no significant difference between the profiles of gender, occupation and marital status of the respondents and kinds of treatment in PHC.

- Many respondents take delivery in PHC because it is less expensive.

- Most of the respondents report that the nurses influence people to use PHC for delivery cases.

- Majority of the respondents have taken some preventive measures to prevent diseases.

- The respondents have taken some preventive measures to prevent diseases since they are sure that prevention is better than cure.

- Majority of the respondents are aware of the visits made by the health nurses to rural areas.

- Majority of the respondents report that the VHNs visit the rural areas once in six months.

- Majority of the respondents report that primary health centres permitted only one person to stay with patients.

- Majority of the respondents are aware of and avail specialists’ services at PHCs.

- The gynecology specialists are available in PHC and their specialised services are availed by the respondents largely.
Majority of the PHCs organise campaigns regularly to create awareness among the rural people about the PHC and to use their services whenever needed.

Majority of the respondents report that personal and oral campaigns create awareness among the rural people to make use of the centres’ services.

Majority of the respondents report that their visits to PHCs have not exceeded five times a year.

Majority of the respondents are not received and adverse effect on medicines and vaccinations offered by the centres.

Majority of the respondents report that they do not find malpractices at PHC.

Mostly the PHCs’ function is in very good condition as opined by the active users of PHCs.

Service Quality

- Comfortability factor is dominated with six attributes to determine the physical environment quality towards health care services and this indicates its high reliability.

- Accountability factor is dominated with seven attributes to determine the service quality of doctors towards health care services and impressive factor is dominated with five attributes to determine the service quality of nurses towards health care services which indicate high reliability.

- Managerial services factor is dominated with four attributes to determine the process quality towards health care services which indicates its high reliability.

- Special services factor is dominated with five attributes to determine the patients’ satisfaction and their loyalty towards health care services and this indicates its high reliability.
Attitude of Staff

- Majority of the PHC staff have entered this profession considering it a job.
- Most of the PHC staff have put in a service ranging from four years to six years.
- Majority of the PHC staff have rendered their service in urban areas for around two years.
- More than four-fifths of the PHC staff members expressed their willingness to serve in rural areas which shows a good sign for rural mass.
- Majority of the PHC staff feel discomfort when they face over-crowd of patients in the centres at a time.
- Majority of the PHCs staff render pleasant service to the patients even when the PHCs are crowded.
- Majority of the persons sought treatment for minor ailments like fever and cold and are treated by the staff of PHCs.
- Majority of the patients given trouble to PHC staff.
- There is no significant difference between the demographic profiles like gender, age, designation, marital status and family size of the respondents and patients’ cooperation for treatment.
- Majority of the PHC staff recommended the patients to take treatment at government hospital for serious diseases.
- Majority of the patients revisit the PHC occasionally after treatment.
- There is no significant difference between the demographic profiles like gender, age and marital status of the respondents and patients’ behaviour with PHC staff.
- Majority of the beds in PHCs are used for delivery cases.
There is no significant difference between the demographic profiles namely gender, designation, marital status and family size of the respondents and job satisfaction.

7.3 SUGGESTIONS

The health status of the people is to be improved when only implementing agencies can eliminate the existing constraints which are commonly prevalent in PHCs. The following suggestions may be considered for improved health care service in the study area:

1. The government should take necessary steps to create awareness among the people to fully use the village medical welfare program.

2. Hygienic is an important factor to avoid the diseases. Hygienic factors like clean environment, proper sanitary facilities, good supply of water and free from mosquitoes can be made possible through appropriate programs.

3. The government should take necessary steps to provide latest facilities in PHCs.

4. The government must take necessary steps to provide more primary health centres depending on the population for better health status among the rural people.

5. The PHC staff should conduct awareness campaigns on health care door by door.

6. The doctors and other staff members advice the patients on nutritional food is also necessary for good health. Their role in this way will certainly improve the health condition of a rural mass.
7.4 CONCLUSION

From the study it is clear that the health care service provided by primary health centres in Thoothukudi district rural areas is good in some extent. This can be seen clearly that the basic needs indicators such as health and education are closely related to each other. Even though the government of India has introduced many programs for safeguarding the people’s health they have not yet been fulfilled fully since the level of services by the institutions is not fully satisfactory. Hence, the government should analyze the reasons and take necessary steps to increase the level of health status, which will definitely achieve the goal “Health for all” and it will go a long way in meeting of the social needs of people.

Respondents have pointed out several shortcomings, including lack of responsiveness to patients’ needs, delays, unreliable supply of medicines in hospital, maintaining cleanliness and inadequate availability of diagnosis services. In conclusion, this study has highlighted the importance of patients’ feedback in hospital settings. The findings indicate areas for improvement including removal of poor interpersonal relationships between providers and patients, delays in provision of care, unreliable supply of medicines, maintaining cleanliness and improving the availability of diagnosis services in the hospital. Addressing the identified weaknesses will improve the quality of care and consequently patients’ perception about better health status of the population. Efforts should be put to see that hospital staff are compassionate and respect patients. This can be achieved by training and motivating the staff. Continued supply of essential medicines should be maintained. The hospital administration, especially the top management should pay attention to all sections of the population and address the gaps in order to provide the quality healthcare service to the patients.