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CRITICAL INVESTIGATION INTO THE HEALTHCARE ISSUES FACED BY PATIENTS IN GOVERNMENT HOSPITALS OF BHANDARA DISTRICT

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ABSTRACT

Government hospitals are key to giving healthcare to people who have less access to services in Bhandara district. The research paper analyzes the many problems patients face when trying to access care at Bhandara's government hospitals. Empirical data was collected by interviewing patients, hospital staff and attendants while giving them questionnaires. The major problems found are inadequate hospitals, a shortage of doctors and nurses, lots of waiting, unwashed conditions, little access to drugs and slow progress resulting from management problems. Factors from the community and economy that affect health care are studied. The results indicate that there are systemic problems that hold back effective public healthcare delivery. At the end of the paper, we suggest steps that can be implemented to increase the quality of services, hold staff accountable and improve how patients feel about government healthcare institutions.

Keywords: Government Hospitals, Patient Problems, Healthcare Delivery, Public Health, Bhandara District, Hospital Infrastructure, Medical Staff Shortage, Patient Satisfaction

1. INTRODUCTION

Healthcare is very important for all people and is regarded as a main measure of advancement in every region. India's government hospitals are essential for ensuring that everyone and especially those who are poor and rural, can afford and easily use healthcare services. The system is built to offer preventive, promotive and medical care to all people at low or no cost. Yet, many government hospitals and healthcare centers are available, but the problems with the system often result in a lower standard of services than what is needed. The problem is especially bad in Bhandara, where most of the population relies on government hospitals for medical help because there are few private health care options.

Eastern Maharashtra's Bhandara district has a number of diverse social and economic groups and many of its people depend only on public healthcare resources. Although government schemes for health improvement have been implemented, many people still face serious problems when trying to get basic medical care. Common problems in African health services are: lacking enough properly trained staff, better infrastructure, accurate testing, clean environments, essential medical drugs and fast service. Besides, problems arise when patients have trouble communicating, lack proper ways to make complaints and encounter ineffective procedures within the hospital. As a

result, people at high risk such as the elderly, women and children, are more likely to suffer from ill health because of problems accessing medical help in a timely fashion.

This study is carried out to examine the main issues endured by patients in government hospitals in the Bhandara district by assessing the reasons behind service delivery issues. The process also tries to judge the happiness of patients and how fully the hospital's services address the needs and wishes of the community. Through completing interviews with questionnaires, the study seeks to represent the accounts of patients, attendants and healthcare staff in the research. Secondary data is drawn from government reports, department statistics and scholarly research.

Evidence from this research is now being used more and more to guide health policy reforms. Understanding the various problems in government hospitals in Bhandara can add to research and help place valuable solutions before local authorities. The analysis of patient experiences allows the study to suggest helpful and appropriate solutions for Bhandara's government hospitals.

2. LITERATURE REVIEW

People in both academic and policy fields have paid special attention to the quality of health services in government hospitals, especially in India and areas nearby. Different studies have examined what patients feel, what infrastructure has difficulties, the gaps in providing services and how administration impacts the entire patient experience in public healthcare institutions.

Arzoo Saeed and H. I. conducted a survey in government hospitals in Karachi, Pakistan and showed that patients struggled with uncleanliness, bad behavior by staff members and lack of proper equipment in those hospitals. The study reveals that the primary causes are management mistakes and a lack of adequate government money, a fact seen in many Indian government hospitals, including those in semi-urban Bhandara.

In 2002, Curry measured how well student physiotherapists provide services based on the SERVQUAL model's rules of tangibility, reliability, responsiveness, assurance and empathy. The model is designed for a particular service, but it can still be used to assess satisfaction and quality more widely among government hospital patients.

The authors of the SWOT analysis on "Make in India" in healthcare, Dr. L. Ganesan and R. S. (2018), pointed out the strengths and the structural weaknesses present in India's healthcare system. They pointed out that more infrastructure projects, stronger collaboration between the public and private sectors and policy changes are necessary to fix the main problems in public hospitals.

Hearing positive information about healthcare services from others strongly influences people's attitudes about them. She found that patient satisfaction or dissatisfaction straightaway affects whether someone advises or warns others about the hospital, so users' opinions can make or break the hospital's reputation and trust.

According to Nilaish (2017), there is a difference between urban areas with modern healthcare and rural and semi-urban regions whose teams are not as skilled, whose medicines are limited and whose operations are less efficient. The results are highly important for Bhandara, since health services there are quite limited.

Ramakrishnan (2012) looked at the way Public-Private Partnerships (PPP) influence healthcare delivery. The study found that using PPPs can help government hospitals improve their services, only if open governance and efficient monitoring are in place.

Rtha and L. P. discovered, in their study from 2018, that even the most well-equipped hospitals encounter problems of cost and poor patient-doctor communication. The differences between them reveal that similar issues about healthcare reach and effectiveness exist.

Tabish (2005) focused on the strategies needed in hospital management and stressed that training staff, using latest technology and making changes in administration are important for coping with higher patient demands and reaching good healthcare results.

V. Raftopoulos (2005) used grounded theory to find that empathy, responsiveness and patient participation are key aspects of patient happiness with hospital care. In situations where the burden on hospitals is very high such factors are rarely available.

She found that patients who feel that their service was good and that their treatment was handled emotionally considerate tend to rate their satisfaction higher.

Singh's (2010) study on Haryana's patients showed that they were usually dissatisfied because of unclean conditions, long delays and lack of personalized care—all problems seen in Bhandara as well.

All of these studies create a strong theoretical and empirical base for studying the current research problem. Such analytical pieces point out common issues like shortcomings in infrastructure, ineffective services, language issues and requiring government rules to improve things. By studying these works, the present study can find out important problems and propose helpful recommendations for reforming care in government hospitals in Bhandara district.

2.1. OBJECTIVES OF THE STUDY

1) To identify the key problems faced by patients in government hospitals in Bhandara district.
2) To examine the infrastructural and service delivery challenges in these hospitals.
3) To assess patient satisfaction levels with respect to healthcare services.

Hypothesis (H_0): There is no significant difference in the types of problems faced by patients in government hospitals across different areas of Bhandara district.

Alternative Hypothesis (H_1): There is a significant difference in the types of problems faced by patients in government hospitals across different areas of Bhandara district.

3. RESEARCH METHODOLOGY

For this study, a combination of descriptive and analytical approaches is used to closely examine difficulties experienced by patients in government hospitals in Bhandara district. Primary data and secondary data have been reviewed to better understand the issue. Researchers administered questionnaires and interviewed both patients, people caring for them and hospital staff from selected government hospitals in the district. Respondents for this study were chosen by purposive sampling based on recent exposure to healthcare from the government. The survey was set up with both yes/no and Likert scale questions to collect both countable data and explanations that would help understand the qualitative aspect. The government health department reports, hospital documents, academic articles and earlier research studies on public healthcare service delivery were sources of secondary data. The data was properly examined with statistical tools including percentage analysis and cross-tabulation to spot frequently occurring patterns. The method allowed the study to consider healthcare challenges from different angles and helped form solid, local recommendations.

Table: Descriptive Statistics of Problems Faced by Patients in Different Areas of Bhandara District

Area	Average Waiting Time (minutes)	% Reporting Lack of Medicines	% Reporting Staff Misbehavior	% Reporting Poor Cleanliness	% Dissatisfied with Services
Bhandara (Urban)	45	52%	36%	41%	58%
Tumsar	60	67%	44%	49%	65%
Pauni	55	60%	39%	45%	61%
Mohadi	70	72%	51%	56%	72%
Lakhani	50	58%	40%	43%	59%

4. ANALYSIS OF DESCRIPTIVE STATISTICS

You can see from the statistics in the table that there are significant changes in the types and degrees of problems patients experience depending on where in Bhandara district they are. Mohadi shows the greatest need for attention, as it takes an average of 70 minutes for patients and 72% of those surveyed experience a lack of medicines, 51% are treated badly by staff and 56% feel the facilities are not kept clean. At the same time, these figures match the record rate of dissatisfaction, coming in at 72%. When compared, Urban performs better in every way, recording a shorter wait time (45 minutes) and a lower number of unhappy customers (58%).

Tumsar and Pauni have reported similar numbers of issues. In some parts of health care, a lot of patients still come up against difficulties regarding drugs, staff behavior and hygiene. Data indicate that areas such as Mohadi and Tumsar have more difficulties with service delivery than urban centers which might result from unequal sharing of resources, staffing or infrastructure development.

The analysis ultimately points to the second hypothesis (H_1) which proves that patients in government hospitals in different regions are likely to experience different kinds of problems. Such differences suggest that targeted strategies should be used to improve healthcare in each area where it falls short of the national standard.

SPSS One-Way ANOVA Output Table

Dependent Variable: Patient Problem Score

Factor (Independent Variable): Area of Hospital (Bhandara Urban, Tumsar, Pauni, Mohadi, Lakhani)

ANOVA		
Source	**Sum of Squares**	**df**
Between Groups	1342.517	4
Within Groups	4280.366	95
Total	5622.883	99

5. ANALYSIS OF HYPOTHESIS TESTING

One-Way ANOVA was performed to understand if there is a meaningful difference between different patients' issues according to their locations in government facilities in Bhandara. The findings showed that the F-value was 7.823 and the p-value was .000. So, we have enough statistical support to believe that there are differences in patient problems among the regions. As a result, patients in Bhandara district encounter quite different challenges when trying to use government healthcare services in their region. The reason for this is often the difference in their infrastructure, resources, behavior of staff or how administrators manage each office. The analysis points out that unique steps are necessary in each region to increase how well and easily district residents use healthcare services.

6. DISCUSSION

Results of this study suggest that government hospital patients from different areas of Bhandara encounter many different difficulties. The One-Way ANOVA shows that patients' experiences differ in areas which means healthcare delivery is sometimes affected by local issues. This matches earlier research by Arzoo Saeed et al. (2017) who found that lack of resources and old infrastructure greatly contribute to patient dissatisfaction in government facilities. Similarly, waiting too long, not having essential medicines and poor cleanliness in hospitals—more commonly seen in Mohadi and Tumsar—go along with findings by Singh (2010) and Tabish (2005), who said public rural hospitals often lack funding and do not have enough staff.

This also points out a major factor in the patient experience: staff behavior and the way they talk to each other. Raftopoulos (2005) and Curry (2002) supported this finding with research into the impact of interpersonal skills and good service on patient well-being. Thanks to better infrastructure and simpler access to supplies and experts, cities performed better than suburban and rural areas. However, in these areas too, there was a clear sign of widespread dissatisfaction with the public health system.

It demonstrates that policy-makers and healthcare administrators should use region-based policies to address the particular problems identified. Choosing to improve supplies for medicines in rural hospitals, teaching staff better patient communication skills and better equipping hospital facilities may all depend on how urgent each problem is locally. Also, improving how communities share their views and discuss their needs will help the service adjust in response.

Overall, government hospitals are significant for delivering health services that are made accessible to all Bhandara's economically vulnerable people. However, the irregular quality of these services in different places demands a local

approach to planning and giving health resources. It is necessary to address these differences to guarantee fair and effective health results for all people in the district.

7. CONCLUSION

An analysis of the obstacles faced by patients in government hospitals within the Bhandara district was done in this study. Rural and semi-urban centers generally have longer waits, short supplies of medicines, poorer cleanliness, along with less welcoming behavior from staff, than urban centers. According to research, the statistics confirm that patients in this district receive different levels of care. Such results highlight that each region requires special support and resources to better care for patients and bring about better healthcare outcomes. Increasing supports to infrastructure, stocking hospitals with basic supplies, upgrading employee training and rethinking hospital administration are essential to solve these issues. Making government healthcare better in Bhandara district will ensure everyone has equal, easy access to care and always be at the center of treatment, meeting the objectives of public health systems.

CONFLICT OF INTERESTS

None.

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