



# A Framework to Analyze Variation of the Satisfaction of Patients for Outpatient Needs: A Case of West Bengal, India

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## Abstract

This study explored outpatient healthcare seeking behavior in India and estimated predisposing and enabling factors that influenced the satisfaction derived from the health care activity. The study assumed that if these gaps are fulfilled in the local facilities, this might invigorate lesser popular public providers within the neighborhood. The study was conducted in the state of West Bengal India. A multilevel framework was developed to incorporate factors affecting the satisfaction of the healthcare activity. Analysis revealed dependency on regional facilities and extensive traveling. Excessive traveling affected satisfaction negatively whereas in cases where respondent availed services from local primary health centers had positive impact on satisfaction. On the route to daily activity, ability to visit referred facility and visit to facility with modern amenities often triggered satisfaction. Segmented policy designed to fulfill these preferences might be indispensable to enhance local sufficiency.

## Article Preview

### 1. Introduction

Ensuring availability, accessibility, affordability and acceptability of health care facilities might facilitate outpatient needs in developing countries. Providing appropriate health care facility within the neighborhood is a necessity to incubate self-sufficient neighborhoods and to enable outpatient health care activity. Health care seeking behavior in developing nation like India depicts a complex tradeoff manifested by variations in selection of health care facility and travel patterns. It is generally hypothesized that demand supply mismatch (*enabling factors*) often instigate search for opportunity based on *predisposing* factors, further influenced by *needs* (Andersen, 1968). Traveling for longer period, dependency on existing social networks, & delay endorses low acceptability and mismatch of expectations especially due to defunct and dilapidated state of the health care facilities plagued with lack of trained medical personnel. In the context of India, detouring of the local facilities have been observed and reported (Duggal, 2001), consequently, local public health care facilities often are unable to attract consumers (K. D. Rao, Peters, & Bandeen-Roche, 2006) and remain underutilized.

In India, governmental initiatives have often been criticized for concentrating more on building health care infrastructure while neglecting policy measures to assure quality and integrate hierarchy and referral systems (Nundy, 2005). As availability of public facilities were being ensured, Ergler, Sakdapolrak, Bohle, and Kearns (2011) based on their study in India, reported that availability of health care facilities (HFs) within walking distance is a necessity but does not ensure satisfactory access. Inability to provide patient centered facilities (for details see (Jayasinghe et al., 2008; Stewart, 2001)) often expanded the gap, generating mistrust and forsaking of the service, in both urban and rural areas (Hammer, Aiyer, & Samji, 2007) highlighting 'acceptability'. Private HFs although are often accused of inequity and consumer exploitation (Purohit, 2001), attracted patients as it filled in the gaps, by providing user friendly interfaces. It has been reported that between 1986–7 and 2004, the absolute expenditure per outpatient visit and inpatient visit in rural and urban areas have increased phenomenally (K. S. Rao, Selvaraju, Nagpal, & Sakhivel, 2005). However it should be noted that all public facilities, including general outpatient wards or specialized services, offer services at nominal prices (Kumar et al., 2011). In this context, the field surveys conducted in West Bengal, India, yielded the following observations: It was observed that although the local public facilities might be cheap, but overall health care seeking episode often remained incomplete due to defunct medical equipment or unavailability of prescribed medicines. Therefore, consumers tend to (1) undertake additional commuting to other facilities and (2) often spent beyond their expected limits, with undesired consequences such as health shock (Mahal, Karan, & Engelgau, 2010). Regional public services were mostly overcrowded and the patient to doctor contact time was relatively low. Those visiting private general physicians (GPs) incurred higher out of pocket expenditure but experienced satisfactory contact period. People in general opined that single window health services (enablement) often added to higher satisfaction as it reduced insecurity and uncertainty.

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