

A Study on Satisfaction Level towards Eye Care Service Delivery System**Dharmendra Jena**Manager, Blind People's Association,
Ahmedabad, Gujarat, India.Email: dkjena12@rediffmail.com**Dr. Somya Choubey**Assistant Professor,
Deptt. Of Commerce,
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A nation like India, does not have satisfactory foundation in terms of prepared workforce in community ophthalmology. As it were exceptionally few recognized eye-institutions give community eye care services. Even within the 250 odd Colleges spread all over India, small significance is given to Eye Care Benefit and the complete preparing is based on Clinical Treatment. Poverty is without a doubt one of the most prominent challenges confronting India. Given the huge extent of its underprivileged populace, the conveyance of fundamental widespread administrations appears nearly unattainable. This issue is exemplified in open wellbeing benefit conveyance. It is exceptionally common for Indians to utilize their life reserve funds to get to quality treatment for themselves and their cherished ones. This study focuses to identify the socio-economic factors influencing the level of satisfaction of the recipients of Eye Care Service and to suggest better ways and means to improve the existing system of Eye Care Service Delivery.

KEYWORDS

Eye-Care, Eye Check-up camps, Low vision, Blindness, eye care service .

Introduction

Quality improvement is about improving the structures, processes and outcomes of a health care delivery system to satisfy the patients' needs. As knowledge of medicine and technology has advanced rapidly, the eye health care delivery system has failed in its ability to provide high quality care to all stratum of the society. Eye health care especially in rural areas of India has been much slower than other sectors to incorporate quality improvement into the basic process of clinical care, to adopt quality standards linked to actual results, and to monitor the quality of care against these expectations.

In healthcare, comparison based on accepted, valid measures of clinical quality has not been a feature. Most physicians still believe that their personal clinical judgment is equal, if not superior, to that generated from aggregated data on physicians and patients. In their experience, medical care is so complex and individualized those comparisons of practice patterns and results between healthcare settings and across medical communities is largely invalid and potentially misleading.

“In developing countries, the demand for better and low-cost health services is increasing due to increased population. On the other hand, end-users of these services are expecting high standards of facilities. Eye care providers try to satisfy both qualitative and quantitative demands of clients. Due to better access to the knowledge and services, concerns for affordability, and changing practices of proactive marketing of eye health care services, the health care services have undergone rapid transformations in the last decade, especially in the corporate level health care service providers.

According to the WHO document on Quality of care (2006), it is reported that even where health systems are well developed and resourced, there is clear evidence that quality remains a serious concern, with expected outcomes not predictably achieved and with wide variations in standards of health-care delivery within and between health-care systems. The need for improving the quality of healthcare is pivotal as it has its underpinnings on ethics of healthcare.

Objectives of the Study

- To identify the socio-economic factors influencing the satisfaction level towards Eye Care Service.
- To identify the General problems faced by the recipients towards Eye Care Service.
- To suggest better ways and means to improve the existing system of Eye Care Service Delivery.

Data Analysis and Interpretation**1. Geographical Location of Respondents**

Category	Frequency	Percentage
Rural	1200	60.0
Urban	800	40.0
Total	2000	100.0

Table 1 – Geographical Location of Respondents

The table reveals that 1200 (60%) rural respondents and Urbanites with 800 (40%) selected for the study.

2. Gender of Respondents

Category	Frequency	Percentage
Male	1201	60.0
Female	799	40.0
Total	2000	100.0

Table 2 – Gender of Respondents

The table reveals that 1201 (60%) respondents are male and 799 (40%) are female respondents for the study.

3. Age of Respondents

Category	Frequency	Percentage
Young	267	13.4
Middle	465	23.3
Old	1268	63.4
Total	2000	100.0

Table 3 – Age of Respondents

Here in terms of age groups respondents categorize as per below –

- Young (less than 30),
- Middle (30 to 50) and
- Old (50 and above).

4. Educational Level of Respondents

The table shown below reveals the education of the respondents.

Qualification	Frequency	Percentage
School Education	463	23.1
Graduation	333	16.7
Professionals	66	3.3
Illiterates	1138	56.9
Total	2000	100.0

Table 4 – Education Level of Respondents

5. Income of Respondents

The following table shows the economic background of respondents.

Category	Frequency	Percentage
Below Rs. 10,000	597	29.9
10,000 to 20,000	199	9.9
Above 20,000	266	13.3
No Income Group	938	46.9
Total	2000	100.0

Table 5 – Income of Respondents

6. No. of members in the Family of Respondents

The following data shows the no. of family members of respondents.

Category	Frequency	Percentage
Less than 4	397	19.9
4 – 6	1270	63.5
Above 6	333	16.6
Total	2000	100.0

Table 6 – No. of Members in the Family of Respondents

- **Satisfaction - Level and Extent**

The table of descriptive statistics mentioned below -

(Descriptive Statistics)

Components	Total No.	Minimum	Maximum	Mean	Std. Deviation	Co-efficient of variation
Registration	2000	56.00	92.00	75.3460	7.88082	10.4595
Diagnosis	2000	76.00	88.00	82.9380	3.71040	4.4737
Nursing	2000	80.00	90.00	85.6650	3.58667	0.0419
Dietary Services	2000	72.00	90.00	85.0070	3.76179	4.4253
Laboratory Services	2000	73.00	90.00	85.5270	3.54931	4.1499
Infrastructural Facilities	2000	76.00	98.00	86.6715	5.22602	6.0297
Medical Shop facilities	2000	80.00	100.00	89.1785	5.33394	5.9812
Optical Shop facilities	2000	60.00	100.00	83.3615	7.68872	9.2233
OVRALL SCORE	2000	635.00	707.00	673.6365	16.81082	2.4955

Table 7 – Descriptive Statistics data for Satisfaction – Level and Extent

Each component was analyzed with its minimum, maximum and mean scores. The highest mean score of 89.1785 was perceived under the component Medical Store Services and the lowest mean score was perceived under the component of Registration with the mean score of 75.3460. The mean score of the overall components all together is 673.6365. The standard deviation in the component Registration is the highest with the score of 7.88082, whereas it is the lowest of 3.54931 in the case of laboratory services. The standard deviation for the overall score is 16.81082. The consistency of variation was also found with the help of co-efficient of variation in which registration stands as the highest with 10.4595. The nursing component came up with the lowest of 0.0419. The co-efficient of variation of the overall score was 2.4955.

• **Overall View of the Extent of satisfaction**

Components	Low	MEDIUM	HIGH	Total
Registration	0 (0%)	1266 63.3%	734 36.7%	2000 100.0%
Diagnosis	0 (0%)	265 13.3%	1735 86.7%	2000 100.0%
Nursing	0 (0%)	0 0.0%	2000 100.0%	2000 100.0%
Dietary Services	0 (0%)	96 4.8%	1904 95.2%	2000 100.0%
Laboratory Services	0 (0%)	67 3.3%	1933 96.7%	2000 100.0%
Infrastructural Facilities	0 (0%)	67 3.3%	1933 96.7%	2000 100.0%
Medical store facilities	0 (0%)	0 0.0%	2000 100.0%	2000 100.0%
Optical store services	0 (0%)	443 22.1%	1557 77.9%	2000 100.0%
OVRALL SCORE	0 (0%)	10 0.5%	1990 99.5%	2000 100.0%

Table 8 – Overall view of the Extent of Satisfaction

The components scores were divided as High, Medium and low. The scores below 50 were labeled as low, while the score above 80 were considered as High and the intermediate scores were dubbed as medium. From the table above it could be comprehended that highest extent of satisfaction (100%) has been perceived in two components Nursing and Medical stores services. It is of special mention that no component has been dubbed under low level i.e. less than 50 scores. In the medium of level of satisfaction Registration stands atop with 63.3%. As far as the overall view is considered the highest level is 99.5%, while rest of 0.5% is associated with medium level and No score what-so-ever for low level.

Hypothesis Results –

1. Ho - There is no significant relationship between the Geographical location of respondents and level of satisfaction

Ha - There is significant relationship between the Geographical location of respondents and level of satisfaction

The Geographical Location is one of the important factors chosen for the study. Majority of the respondents living in the rural area have lesser access to medical facility and there is perennial lack of hi-tech hospitals. Hence, Geographical location has been selected as important factor for analyzing the data. The level of satisfaction of respondents on the basis of their geographical location has been depicted in the following table:

(Kruskal --Wallis Test)

Components	H (Chi-Square)	P (Assymp.Significance)
Registration	92.355	0.000
Diagnosis	9.237	0.002
Nursing	0.007	0.935
Dietary Services	342.879	0.000
Laboratory Services	0.525	0.469
Infrastructural Facilities	138.819	0.000
Medical store facilities	135.425	0.000
Optical store services	33.971	0.000
Overall Score	91.317	0.000

Df = 1

Source : SPSS

In the above said table the Null hypothesis was disproved in all the components except laboratory services and Nursing services.

2. Ho - There is no significant relationship between the Gender of respondents and the level of satisfaction

Ha - There is significant relationship between the Gender of respondents and the level of satisfaction

Males have more knowledge on eye care service than females. They are attributing exquisite attention to acquire knowledge from various sources regarding eye care and medical facilities offered in their service area. The distribution of sample respondents according to sex of the respondents and their level of satisfaction in utilizing eye care services are shown in the following table:

(Kruskal --Wallis Test)

Components	H (Chi-Square)	p (Assymp.Significance)
Registration	44.134	0.000
Diagnosis	0.150	0.699
Nursing	0.591	0.442
Dietary Services	12.123	0.000
Laboratory Services	83.904	0.000
Infrastructural Facilities	20.252	0.000
Medical store facilities	28.486	0.000
Optical store services	21.059	0.000
Overall components	2.161	0.142

Df = 1

Source : SPSS

In the above said table the Null hypothesis was disproved in all the components except Diagnosis and Nursing services. It was also disproved in the Consolidated overall services.

Conclusion

60% of male population has availed the facility of eye care on the other hand only 40% female have availed eye care services. This prove that male is more aware and cautious about their health-related issues. The rural population avail major portion of services i.e., 60% whereas the rest of 40% is availed by the urban population. The overall level of satisfaction perceived by the respondents was analyzed by taking the components of Registration, Diagnosis, Nursing, Dietary service, Laboratory service, infrastructural facility, Medical and optical shops. Every independent component was analyzed item wise with its minimum, maximum and mean scores. The eye care service providers should ensure that every cluster of service area is properly and regularly covered through community eye camps. The Government should also make sure that all the regions are covered at regular intervals and most importantly every operated patient is provided follow up service, before releasing final installment of grant in aid to the NGOs.

Suggestions and Recommendations

1. Government should initiate a well-orchestrated awareness programme throughout the length and breadth of the country.
2. A sense of awareness about eye health should be sowed into the young minds of children right from their schooling days. Hence, Prevention programmes including free refraction camps should be conducted in all the schools more effectively. Eye Health care should also be included as a part of the syllabus of the school children.
3. The Government should clamp a regulation binding such hospitals to compulsorily render free eye care services by ensuring quality. Since, majority of the people in rural India shun from getting treatment for eye diseases due to apprehensions regarding cost.
4. The Government should enlist blindness in its poverty alleviation and economic upliftment programmes. Since eye diseases are prevalent rampantly among poor and illiterate section of the society, thereby adversely affecting

the human resource productivity of the nation, it must not be treated like other diseases.

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