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Structural Factors Affecting Quality of Care In Rashtriya Swasthya Bima Yojana (Rsby): An Analysis of Selected Destricts In West Bengal

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ABSTRACT

The quality of health service provision in RSBY was determined according to selected structural characteristics. This study focuses on the working of the RSBY scheme in four selected districts of West Bengal namely Birbhum, Burdwan, North 24 Parganas and South 24 Parganas. The primary data was collected from 508 beneficiaries of the scheme. Structural measures were the characteristics of the resources in the health system (e.g., the number of beds in a hospital, the number of registered nurses per patient in the intensive care unit). The structural aspects of the quality of healthcare provided in RSBY revealed that most of the patients had to buy medicines prescribed by the doctors of the hospital from outside as they were unavailable inside the hospital. In fact most of the nursing homes did not have any counter for sale of medicines. However, the particular type of treatment package did not have a significant chi-square relationship with the fact whether the patients had to buy medicines from outside or not. This meant that treatment types were not a determinant to the fact of the unavailability of medicines in the hospitals/nursing homes. The presence of a separate RSBY desk in each health delivery centre was obligatory. In the study there was no significant difference found in the presence of RSBY helpdesk across districts. There was also no significant chi-square relationship between the presence of a RSBY helpdesk and the extent to which the queries from the patients and/or their relatives were answered by the hospital staff. However, there was a significant chi-square relationship between the presence of a RSBY helpdesk and the time-lag before the visit of the doctor for the first check-up of the patient. Possibly the staff at the RSBY desk was not very efficient at handling the queries of the beneficiaries or their families but was efficient for linking up the patients with the relevant doctors on duty at the hospitals or nursing homes. There was also a significant chi-square relationship between the districts and the food and toilet facilities available to the patients during their stay in the hospital. Regarding the behaviour of the nurses. Regarding the behaviour of the nurses in the selected districts, it was found that there were significant differences among the districts with regard to the behaviour of the nurses. Other variables like age and gender of the patients home ownership, which depicted the economic prosperity of the clients did not have a significant relationship with the way the nurses treated the patients.

KEY WORDS: RSBY, Health Insurance for poor, Quality of care, structural factors

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INTRODUCTION

Quality of care is an intrinsic aspect of any healthcare system. Most health analysts have stressed on the aspect of quality of healthcare delivery to bring about patient satisfaction and utilisation of resources. This paper analyses quality of health care based on the framework of Donabedian¹. The quality of health service provision in RSBY was determined according to selected structural characteristics. The analysis was done through cross tabulation of associated variables selected through chi-square testing.

This study focuses on the working of the RSBY scheme in four selected districts of West Bengal namely Birbhum, Burdwan, North 24 Parganas and South 24 Parganas. All the districts were almost contiguous and they could capture the mobility of the RSBY patients between the districts. During the pilot study the researcher found that there was inter-district travelling for want of better treatment from the hospitals. The four districts also captured a mix of socio-economic classes in Bengal. Birbhum was a predominantly rural district with the lowest GDP than the other districts. South 24 Parganas was the next highest in percentage of rural population and ranked just above Birbhum in GDP earnings. Burdwan had developed into a semi-urban district with moderately better GDP earnings than Birbhum and South 24 Parganas. The remaining district, that is, North 24 Parganas was predominantly an urban area with the highest GDP in West Bengal. The rural-urban criterion was significant in selecting the districts so as to capture the differences in the availability of healthcare services. The selection of districts was also done keeping in mind the completion of at least two phases of the scheme.

The primary data was collected from 508 beneficiaries of the scheme and the secondary data was collected from the scholarly on-line articles, reports, and government websites besides books and periodicals.

The research sampling was done over four districts of West Bengal. The selection of the districts was made keeping in mind the following points:

- All the districts were located in southern West Bengal with adjacent geographical borders to capture the interstate migration for medical treatment.
- Two of the districts were predominantly rural (Birbhum and South 24 Parganas had 80% and 74% of rural population according to Census, 2011) while one district had a mix of both urban and rural population (Burdwan had 60% rural and 40% urban population according to Census, 2011) and the fourth district was predominantly urban (North 24 Parganas had 42% of rural population). This selection of districts tried to include the demographic variation and availability of medical infrastructure.

The sample used was a **proportionate random** sample.

The total universe/population of beneficiaries in the four districts was as follows (as on 31.12.12):

- Birbhum – 17810
 - Burdwan – 29591
 - North24Parganas – 988
 - South24Parganas – 1392
- Total - 49781

*Source: <http://www.rsby.gov.in/Statewise.aspx?state=15>

With a confidence level of 95% and a confidence interval of 5%, the statistical sample size generated was 381 <http://www.surveysystem.com/sscalc.htm#one>

For each district the sample size is as follows:

- Birbhum - $(17810/49781)*381 = 136.309 = 136$ (approx)
- Burdwan - $(29591/49781)*381 = 226.475 = 226$ (approx)
- North24Parganas - $(988/49781)*381 = 7.562 = 8$ (aprox)
- South 24 Parganas - $(1392/49781)*381 = 10.654 = 11$ (approx)

Total = 381

The beneficiaries were selected from the hospitals where they were treated. The number of beneficiaries to be selected from each district was calculated on the basis of proportionate random sampling.

The total number of hospitals in the four districts who were enlisted for the RSBY scheme as service providers as on Dec 13, 2012 (<http://www.rsby.gov.in/Statewise.aspx?state=15>) were as follows:

- Birbhum - 33
- Burdwan - 64
- North 24 Parganas - 55
- South 24 Parganas – 30

Total – 182

The number of hospitals selected from each district was also determined by the logic of proportionate sampling shown in the following table. The number of hospitals in each district was selected from the list of hospitals available for each district *as on Dec 13, 2012* (<http://www.rsby.gov.in/Statewise.aspx?state=15>) by using a random number generation system (<http://www.random.org/integers/>).

Calculation of Proportion:

- Birbhum- $(33/182)*50 = 09.066 = 09$
- Burdwan- $(64/182)*50 = 17.582 = 18$
- North 24 Parganas- $(55/182)*50 = 15.110 = 15$
- South 24 Parganas- $(30/182)*50 = 08.242 = 08$
- Total = 50

Fifty hospitals were selected from the four districts in total divided among the districts proportionately. The final sample composition is as follows. The number of beneficiaries was kept at 50 for North and South 24 Parganas for application of statistical techniques. The numbers in the other samples were rounded off to get a final sample size of 508.

District- Actual beneficiaries interviewed

- Birbhum – 153
- Burdwan - 253
- North Parganas - 51
- South 24 Parganas - 51

From the selected hospitals, beneficiaries of RSBY scheme were interviewed based on random selection of patients admitted and operated on / and were to be released on that day as per the admission register.

(i) Availability of medicines

According to Table 1, 77.8% of the respondents had to buy medicines from outside at market price. Patients across all treatment types had to buy medicines from outside. Patients who were treated in ophthalmology were however the least disadvantaged in this aspect with 35.4% of them who managed to get the medicines from the hospital itself without additional expenses. In a district-wise analysis in Table 2, it was found that across districts the range of patients who had to buy medicines from outside was 75% to 80%. And this trend was almost uniform across districts. Figure 1 shows the relationship between availability of medicines and the value of treatment packages. The bars clearly shows that people were treated mostly in a package costing between Rs. 2500 and Rs. 7000 and they also were the ones who had to buy medicines from outside. The packages at the lower end and the higher end were not very utilised as compared to packages available in the moderate range. Finally Table 4 shows that there was no particular significance between treatment types and availability of medicines.

Table 1 Medicines purchased from outside

Responses	Frequency	Percent	Cumulative Percent
Yes	395	77.8	77.8
No	113	22.2	100.0
Total	508	100.0	

Table 2 District-wise purchase of medicines from outside

Name of District		Medicines bought from outside		Total
		Yes	No	
Birbhum	Count	116	37	153
	% within Name of District	75.8%	24.2%	100.0%
Burdwan	Count	200	53	253
	% within Name of District	79.1%	20.9%	100.0%
N.24 Parganas	Count	41	10	51
	% within Name of District	80.4%	19.6%	100.0%
S 24 Parganas	Count	38	13	51
	% within Name of District	74.5%	25.5%	100.0%
Total	Count	395	113	508
	% within Name of District	77.8%	22.2%	100.0%

Table 3 Type of Treatment and Medicines purchased from outside

Type of Treatment		Medicines bought from outside		Total
		Yes	No	
Burns	Count	2	1	3
	% within Treated For	66.7%	33.3%	100.0%
Dental	Count	3	1	4
	% within Treated For	75.0%	25.0%	100.0%
Endocrine	Count	8	2	10
	% within Treated For	80.0%	20.0%	100.0%
Endoscopy	Count	11	3	14
	% within Treated For	78.6%	21.4%	100.0%
Ear	Count	6	2	8
	% within Treated For	75.0%	25.0%	100.0%
Gynaecology	Count	147	35	182
	% within Treated For	80.8%	19.2%	100.0%
General Surgery	Count	111	24	135
	% within Treated For	82.2%	17.8%	100.0%
Hysteroscopic	Count	6	1	7
	% within Treated For	85.7%	14.3%	100.0%
Nose	Count	2	0	2
	% within Treated For	100.0%	.0%	100.0%
Oncology	Count	2	0	2
	% within Treated For	100.0%	.0%	100.0%

Ophthalmology	Count	73	40	113
	% within Treated For	64.6%	35.4%	100.0%
Orthopaedic	Count	7	1	8
	% within Treated For	87.5%	12.5%	100.0%
Paediatric	Count	9	1	10
	% within Treated For	90.0%	10.0%	100.0%
Throat	Count	2	1	3
	% within Treated For	66.7%	33.3%	100.0%
Urology	Count	6	1	7
	% within Treated For	85.7%	14.3%	100.0%
Total	Count	395	113	508
	% within Treated For	77.8%	22.2%	100.0%

Fig 1 Availability of medicines and value of Treatment packages 1-Medicines were bought from outside, 2-Medicines received from hospital

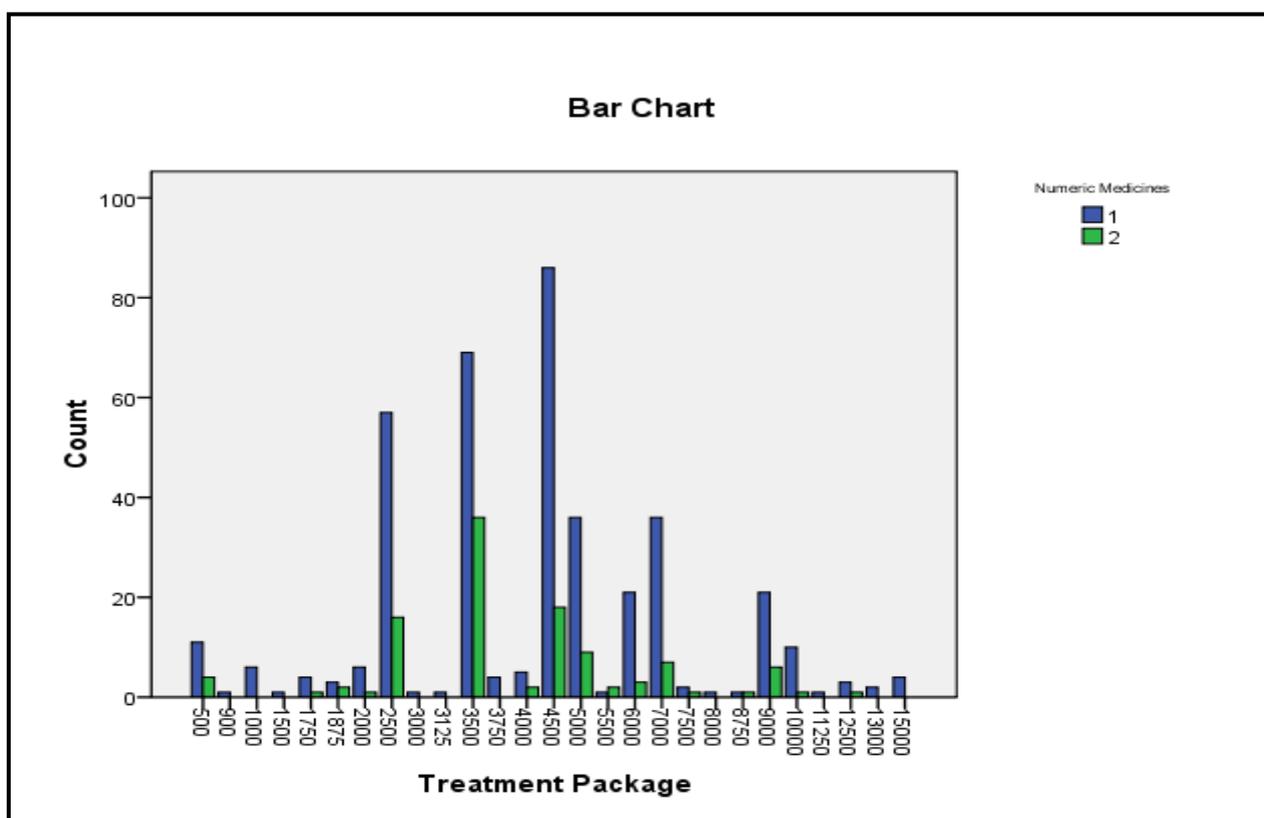


Table 4 Chi-Square Tests between treatment types and medicines bought

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.294^a	14	.241
Likelihood Ratio	17.325	14	.239
N of Valid Cases	508		

A 17 cells (56.7%) have expected count less than 5. The minimum expected count is .44

(ii) Presence of a separate RSBY help-desk in the hospital

More than fifty-five percent of the hospitals had a RSBY help desk which catered only to the patients and their relatives. However, around forty-four percent of the hospitals did not have any separate desk with a staff only for RSBY patients (Table 5). Among the districts, Birbhum had the best score with more than sixty-five of the hospitals having a separate RSBY desk. North and South 24 Parganas scored the second best with more than fifty percent of their hospitals having a separate RSBY desk. In Burdwan it was just fifty percent of the hospitals that managed a separate RSBY desk (Table 6). Forty-seven percent of the hospitals had the staff who answered queries of the respondents well and who also had a separate RSBY desk. However 38.78% of the hospitals did not have an RSBY desk but still the staff managed to satisfy the queries of the respondents (Table 7).The chi-square tests between hospitals having a separate RSBY help-desk and queries answered by the staff did not show a significant result as seen in Table 9. Table 6.8 shows that hospitals with an RSBY desk tend to have reduced longer waiting hours for the visit of a doctor. The chi-square relationship between RSBY helpdesk and visit of a doctor showed a significant relationship (Table 10).

Table 5 Hospitals with a separate RSBY help desk

Responses	Frequency	Percent
Yes	283	55.6
No	225	44.2
Total	508	100.0

Table 6 District wise Differentiation in hospitals having a separate RSBY help desk

	RSBY help desk	Birbhum	Burdwan	N.24 Parganas	S 24 Parganas	Total
Yes	Count	100	127	28	28	283
	% within Name of District	65.4%	50.2%	54.9%	54.9%	55.6%
No	Count	53	126	23	23	225
	% within Name of District	34.6%	49.8%	45.1%	45.1%	44.2%
Total	Count	153	253	51	51	508
	% within Name of District	100.0%	100.0%	100.0%	100.0%	100.0%

Table 7 Cross tabulation between RSBY help desk and Queries answered by hospital staff

			yes	No	
RSBY help desk	Yes	Count	242	41	283
		Percentages	47.64%	08.07%	55.71%
	No	Count	197	28	225
		Percentages	38.78%	05.52%	44.30%
Total		Count	439	69	508
		Percentages	86.42%	13.58%	100%

Table 8 Cross tabulation between RSBY help desk and Time taken for the Visit of Doctor

		Visit of Doctor				Total
		below 30 mins	0.5 to 1 hr	1 to 2 hrs	more than 2 hrs	
RSBY help desk	Yes	26	137	114	6	283
	No	10	99	101	15	225
Total		36	236	215	21	508

Table 9 Chi-Square Tests between RSBY helpdesk and Queries answered by hospital staff

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.446 ^a	1	.504		
Continuity Correction ^b	.289	1	.591		
Likelihood Ratio	.448	1	.503		
Fisher's Exact Test				.518	.297
N of Valid Cases ^b	508				

A. 0 cells (.0%) have expected count less than 5. The minimum expected count is 30.56.

B. B. Computed only for a 2x2 table

Table 10 Chi-Square Tests between RSBY helpdesk and time taken for the visit of doctor

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.399 ^a	3	.010
Likelihood Ratio	11.646	3	.009
N of Valid Cases	508		

A. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.30.

(iii) Quality of food served to the patients

Majority of the patients (73.6%) said that the food given by the hospitals and nursing homes was good. However the health providers in the North 24 Parganas and Burdwan had the best food supplied across districts. Comparatively Birbhum had 39% of people not satisfied with the quality of food given to the patients (Table 11). There was a significant chi square association between the district and their opinion on the food received (Table 12)

Table 11 District-wise response on Quality of food

	Name of District		Food was good		Total
			Yes	No	
	Birbhum	Count	93	60	153
		% within Name of District	60.8%	39.2%	100.0%
	Burdwan	Count	202	51	253
		% within Name of District	79.8%	20.2%	100.0%
	N.24 Parganas	Count	41	10	51
		% within Name of District	80.4%	19.6%	100.0%
	S 24 Parganas	Count	38	13	51
		% within Name of District	74.5%	25.5%	100.0%
	Total	Count	374	134	508
		% within Name of District	73.6%	26.4%	100.0%

Table 12 Chi-Square Tests between District and Quality of food

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.249 ^a	3	.000
Likelihood Ratio	18.584	3	.000
N of Valid Cases	508		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.45.

(iv) Toilet facilities in the hospitals

Regarding the facilities of toilet, the responses were not unanimous. Though 69.5 percent of the patients said that the toilet facilities were good, a number of them, around thirty percent, said that the facilities were not satisfactory (Table 13). Again it could be seen that South 24 Parganas was the worst-off in terms of toilet facilities and Birbhum was the best. Table 14 shows a significant chi-square relationship between toilet facilities across districts. A gender-wise classification of toilet facilities across districts shows that a lot of men in South 24 Parganas were not happy with the toilet facilities. The same holds true for women’s toilet facilities in Burdwan. The aged people were comparatively happier than others in terms of toilet facilities in all districts. In Birbhum across ages there was a satisfaction in terms of toilet facilities. The same holds true for Burdwan as well. In North 24 Parganas the trend follows except the middle aged who are equally divided in their opinion

regarding toilet facilities. In South 24 Parganas the picture changes and majority of the patients were not happy with the toilet facilities and the trend was visible across ages (Table 15).

Table 13 District-wise response on quality of Toilet facilities

Name of District		Toilet was good		Total
		Yes	No	
Birbhum	Count	114	39	153
	% within Name of District	74.5%	25.5%	100.0%
Burdwan	Count	177	76	253
	% within Name of District	70.0%	30.0%	100.0%
N.24 Parganas	Count	37	14	51
	% within Name of District	72.5%	27.5%	100.0%
S 24 Parganas	Count	25	26	51
	% within Name of District	49.0%	51.0%	100.0%
Total	Count	353	155	508
	% within Name of District	69.5%	30.5%	100.0%

Table 14 Chi-Square Tests between Toilet facilities and District

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.149 ^a	3	.007
Likelihood Ratio	11.385	3	.010
N of Valid Cases	508		

Table 15 District-wise and Gender-wise responses on Toilet facilities

Name of District			Toilet was good		Total	
			Yes	No		
Birbhum	Gender	Female	Count	54	15	69
			% within Gender	78.3%	21.7%	100.0%
	Male	Count	60	24	84	
		% within Gender	71.4%	28.6%	100.0%	
	Total	Count	114	39	153	
		% within Gender	74.5%	25.5%	100.0%	
Burdwan	Gender	Female	Count	102	49	151
			% within Gender	67.5%	32.5%	100.0%
	Male	Count	75	27	102	
		% within Gender	73.5%	26.5%	100.0%	
	Total	Count	177	76	253	

		% within Gender	70.0%	30.0%	100.0%	
Name of District			Toilet was good		Total	
			Yes	No		
N.24 Parganas	Gender	Female	Count	11	7	18
		% within Gender		61.1%	38.9%	100.0%
	Male	Count	26	7	33	
		% within Gender	78.8%	21.2%	100.0%	
	Total		Count	37	14	51
			% within Gender	72.5%	27.5%	100.0%
S 24 Parganas	Gender	Female	Count	11	5	16
		% within Gender		68.8%	31.2%	100.0%
	Male	Count	14	21	35	
		% within Gender	40.0%	60.0%	100.0%	
	Total		Count	25	26	51
			% within Gender	49.0%	51.0%	100.0%

(v) Behaviour of Nurses

Forty percent of the patients responded that the nurses were rude to very rude. Another twenty-five percent said that they were indifferent to them. Only thirty-three percent said that their behaviour was warm (Table 16). District-wise, South 24 Parganas had the maximum number of people who said that the nurses were warm in their behaviour. Birbhum had the most number of people who said that the nurses were indifferent. Table 17 shows a significant relationship between Behaviour of nurses and district. The age-wise differentiation shows that respondents of all ages were almost equally divided in their opinion on the nurses’ behaviour (Table 19). Around one-third of patients from both the gender said that the Behaviour of the nurses were warm. The remaining of them categorised their behaviour as rude, very rude or indifferent (Table 20). In the same way home ownership also had a similar division among the respondents regarding their responses on nurses’ behaviour (Table 21). There is a significant chi-square relationship between home ownership and responses on nurses’ Behaviour (Table 22)

Table 16 Behaviour of the Nurses

	Frequency	Percent
Warm	169	33.2
Rude	105	20.6
very Rude	104	20.4
Indifferent	130	25.5
Total	508	100.0

Table 17 District wise Differentiation in Behaviour of Nurses

		Birbhum	Burdwan	N.24 Parganas	S 24 Parganas	Total
Warm	Count	38	92	18	21	169
	% within Name of District	24.8%	36.4%	35.3%	41.2%	33.2%
Rude	Count	27	54	11	13	105
	% within Name of District	17.6%	21.3%	21.6%	25.5%	20.6%
very Rude	Count	30	47	13	14	104
	% within Name of District	19.6%	18.6%	25.5%	27.5%	20.4%
Indifferent	Count	58	60	9	3	130
	% within Name of District	37.9%	23.7%	17.6%	5.9%	25.5%
Total	Count	153	253	51	51	508
	% within Name of District	100.0%	100.0%	100.0%	100.0%	100.0%

Table 18 Chi-Square Tests between Behaviour of Nurses and districts

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	27.103 ^a	9	.001
Likelihood Ratio	29.697	9	.000
N of Valid Cases	508		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.44.

Table 19 Age wise responses on Behaviour of nurses

Age		Nurse Behaviour				Total
		Warm	Rude	Very Rude	Indifferent	
Aged	Count	60	36	40	53	189
	% within Age	31.7%	19.0%	21.2%	28.0%	100.0%
Children	Count	11	6	6	12	35
	% within Age	31.4%	17.1%	17.1%	34.3%	100.0%
Middle Aged	Count	48	31	26	31	136
	% within Age	35.3%	22.8%	19.1%	22.8%	100.0%
Youth	Count	50	32	32	34	148
	% within Age	33.8%	21.6%	21.6%	23.0%	100.0%
Total	Count	169	105	104	130	508
	% within Age	33.3%	20.7%	20.5%	25.6%	100.0%

Table 20 Gender wise responses on the Behaviour of the Nurses

Gender		Nurse Behaviour				Total
		Warm	Rude	Very Rude	Indifferent	
Female	Count	88	57	42	67	254
	% within Gender	34.6%	22.4%	16.5%	26.4%	100.0%
Male	Count	81	48	62	63	254
	% within Gender	31.9%	18.9%	24.4%	24.8%	100.0%
Total	Count	169	105	104	130	508
	% within Gender	33.3%	20.7%	20.5%	25.6%	100.0%

Table 21 Home Ownership(family) and responses on Nurses' Behaviour

	Home Ownership(family)		Nurse Behaviour				Total
			Warm	Rude	very Rude	Indifferent	
	No	Count	92	55	43	72	262
		% within Home Ownership(family)	35.1%	21.0%	16.4%	27.5%	100.0%
	NA	Count	4	2	0	7	13
		% within Home Ownership(family)	30.8%	15.4%	.0%	53.8%	100.0%
	Yes	Count	73	48	61	51	233
		% within Home Ownership(family)	31.3%	20.6%	26.2%	21.9%	100.0%
Total		Count	169	105	104	130	508
		% within Home Ownership(family)	33.3%	20.7%	20.5%	25.6%	100.0%

Table 22 Chi-Square Tests between Home ownership and Nurses' behaviour

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.894 ^a	6	.021
Likelihood Ratio	16.494	6	.011
N of valid Cases	508		

A. 4 cells (33.3%) have expected count less than 5. The minimum expected count is 2.66.

CONCLUSION

The following section summarises the analysis on the quality of care based on the chosen indicators.

Table 23 Structural indicators

Variables	p-value (Chi-square)	Significance
Treatment types & medicines bought	p>0.05	Not significant
RSBY helpdesk and district	p>0.05	Not significant
RSBY helpdesk & queries answered	p>0.05	Not significant
RSBY helpdesk & visit of doctor	p<0.05	Significant
District and quality of food	p<0.05	Significant
District and toilet facilities	p<0.05	Significant
Quality of food and age	p>0.05	Not significant
District and Behaviour of nurses	p<0.05	Significant
Age and Behaviour of nurses	p>0.05	Not significant
Gender and Behaviour of nurses	p>0.05	Not significant
Home ownership and Behaviour of nurses	p>0.05	Not significant

Source: Authors's fieldwork, 2013

The structure of the healthcare system has the availability of medicines as an important requirement. Most of the patients had to buy medicines prescribed by the doctors of the hospital from outside as they were not available in the hospital. Most nursing homes did not have any medicine shop. Out of these patients most were not reimbursed of their out-of-pocket expenditure. Moreover, the type of treatment or the particular package in which the patient was treated did not have a significant chi-square relationship with the fact whether the patients had to buy medicines from outside or not. This meant that the treatment types were not a determinant whether the patient had to buy medicines from outside the hospital or nursing home. The presence of a separate RSBY desk in each health delivery centre was a rule that needed to be followed. However there was no significant difference in the presence of RSBY helpdesk across districts. There was also no significant chi-square relationship between the presence of a RSBY helpdesk and the extent to which the queries from the patients and/or their relatives were answered by the hospital staff. However, there was a significant chi-square relationship between the presence of a RSBY helpdesk and the time-lag before the visit of the doctor for the first check-up of the patient. It was possible that the staff at the RSBY helpdesk was not very efficient at handling the queries of the beneficiaries or their families but was responsible for linking up the patients with the relevant doctors on duty at the hospitals or nursing homes. There was also a significant chi-square relationship between the districts and the food and toilet facilities available to the patients during their stay in the hospital. This implied that there were significant differences between toilet and food facilities among the districts. There was no significant relationship between the quality of food and the age of the patient, that is, the opinion on food that the respondents gave did not vary with the age of the patient. As regards the behaviour of the nurses it was obvious that a patient spent most of his/her time with the nurses than the doctors in any health providing unit during hospitalisation and treatment. The behaviour of the nurses in the selected districts was significantly different among the districts. However, other variables like age and gender of the patients did not show a significant chi-square relationship with the nurses' behaviour. In fact even, the variable 'home ownership', which depicted the economic prosperity of the clients, did not have a significant relationship with the behaviour of the nurses.

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