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Original Research Article

A Study on the Quality of Healthcare Services Offered to Geriatric and Specially-Abled (Divyang-Jan) Patients in a Tertiary Care Hospital: A Case of Nootan Medical College & Hospital, Visnagar, Gujarat

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Abstract:

Background: India is experiencing a significant demographic shift with a rapidly growing geriatric population, currently at 16-20 crores, and a substantial Divyang-jan population of around 3 crores. These groups have greater and more complex health needs, making accessible and high-quality healthcare a critical concern. This study aims to evaluate the quality of healthcare services and identify the primary barriers faced by these vulnerable populations at a major tertiary care hospital in North Gujarat.

Methods: A descriptive cross-sectional study was conducted from April to June 2024 at Nootan Medical College & Hospital, Visnagar. A total of 100 participants, consisting of 75 geriatric and 25 Divyang-jan patients, were selected using a stratified random sampling technique. Data was collected through in-depth, structured interviews using a pre-tested questionnaire and analyzed using descriptive statistics.

Results: The study population was predominantly rural (70%). Key findings revealed a paradox in service quality. While there was high satisfaction with ramp/lift access (80%) and doctor's communication (85%), significant deficiencies were noted in the availability of wheelchairs (64% satisfaction) and the clarity of hospital signage (52% satisfaction). The most significant barriers identified by patients were long waiting times (72%), high costs and financial issues (65%), and transportation difficulties (58%). These procedural and financial hurdles persist despite the presence of government schemes like PM-JAY.

Conclusion: The study concludes that while Nootan Medical College & Hospital has strong foundational infrastructure and clinical communication, the overall quality of the healthcare experience for geriatric and Divyang-jan patients is significantly diminished by systemic, financial, and procedural obstacles [17]. These barriers compromise true access to care and highlight a gap between policy intent and on-ground reality. The study strongly recommends targeted, patient-centric interventions to create a more inclusive and supportive healthcare environment.

Keywords: Barriers to Access, Financial Issues, Geriatric, Long Waiting Times, Quality, Specially-Abled (Divyang-jan), Systemic Obstacles.

Introduction

The global demographic landscape is shifting rapidly, with a significant rise in the elderly population. India, now the world's most populous nation, leads this trend, with about 16–20 crore older adults expected to double by 2050. Aging is often linked to declining physical function, chronic illnesses, and limited mobility. Alongside, nearly 3 crore specially-abled individuals (Divyang-jan) face similar healthcare challenges. Both groups require a system that is not only advanced in medical care but also accessible, empathetic, and inclusive. India's healthcare system, though advanced in technology and infrastructure, remains uneven in its reach. For vulnerable groups such as the elderly and specially-abled (Divyang-jan), navigating this system often poses significant challenges. Despite national initiatives, disparities in accessibility and equity persist, particularly for those with limited mobility, income, or social support [1].

Healthcare quality extends beyond clinical outcomes to include accessibility, dignity, and effective communication. True access reflects how well services meet patient needs, yet even in advanced tertiary hospitals, geriatric and Divyang-

jan patients continue to face physical, financial, and procedural barriers often overlooked in standard care. The Government of India has introduced several initiatives to reduce healthcare disparities among vulnerable groups. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 [2], ensures dedicated facilities for elders, while the National Programme for the Health Care of the Elderly (NPHCE) establishes specialized geriatric units. For Divyang-jan, the Rights of Persons with Disabilities (RPwD) Act, 2016 [3], mandates barrier-free access in all healthcare institutions. Additionally, Ayushman Bharat (PM-JAY) seeks to reduce out-of-pocket healthcare expenses.

Despite a robust policy framework, significant barriers to healthcare access remain. These include physical and infrastructural barriers, such as lack of ramps, non-functional lifts, and unclear signage [4]; financial barriers, where indirect costs like transport and lost wages strain families, especially amid weak pension systems [5]; systemic barriers, including long waits and complex procedures; and attitudinal barriers, where limited empathy or communication from staff adversely affects patient experience [6]. Although policies propose viable solutions, a research gap remains in assessing their on-ground implementation and the perceived quality of services from patients' perspectives, particularly in tertiary care settings of North Gujarat. This study was conducted at Nootan Medical College & Hospital, Visnagar—an 800-bedded tertiary institution serving 5–6 lakh people with aims to evaluate the quality of healthcare services provided to Geriatric and Divyang-jan patients. Its objectives are to examine available facilities and care, identify barriers to access, and recommend measures to enhance patient experience.

Materials and Methods

Study Design: A descriptive cross-sectional study design was employed to collect data on attributes and perceptions from a defined population at a single point in time.

Study Setting and Period: The research was conducted at Nootan Medical College & Research Centre, Visnagar, Gujarat. Data was collected over a three-month period from April 2024 to June 202452.

Study Population: The study population included geriatric patients (aged 65 years and above) and Divyang-jan patients with officially recognized disabilities.

Sample Size and Sampling Technique: A total sample size of 100 respondents was determined. A stratified random sampling technique was used to select 75 geriatric patients and 25 Divyang-jan patients.

Data Collection: Primary data was gathered through in-depth, face-to-face interviews using a pre-tested, structured questionnaire. The questionnaire covered socio-demographic details, accessibility of infrastructure, quality of care, and specific barriers encountered.

Data Analysis: Data was analyzed using descriptive statistical methods in Microsoft Excel. Frequencies and percentages were calculated to summarize findings, which were presented in tables.

Ethical Considerations: The study adhered to strict ethical principles. Informed verbal consent was obtained from all participants after the study's purpose was explained in their local language. Participation was voluntary, and the confidentiality and anonymity of all respondents were maintained.

Results

The study population of 100 participants was predominantly male (63%) and from rural areas (70%). Among the 75 geriatric patients, the majority (52) were in the 65-75 years age group. Among the 25 Divyang-jan patients, locomotor disability was the most common type (48%).

Table 1: Socio-Demographic Characteristics of the Study Participants (n=100)

Characteristic	Category	Geriatric (n=75)	Divyang-jan (n=25)	Total (n=100)
Age Group (Years)	18-40	0 (0%)	12 (48%)	12 (12%)
	41-64	0 (0%)	11 (44%)	11 (11%)
	65-75	52 (69.3%)	1 (4%)	53 (53%)
	>75 years	23 (30.7%)	1 (4%)	24 (24%)
Gender	Male	45 (60%)	18 (72%)	63 (63%)
	Female	30 (40%)	7 (28%)	37 (37%)
Residence	Rural	55 (73.3%)	15 (60%)	70 (70%)
	Urban	20 (26.7%)	10 (40%)	30 (30%)
Type of Disability	Locomotor	--	12 (48%)	12 /25(48%)
	Visual/Hearing	--	8 (32%)	8 /25(32%)
	Other	--	5 (20%)	5 /25(20%)

Assessment of Hospital Facilities and Accessibility: Patient satisfaction was highest for Ramp/Lift Access, with 80% of respondents being 'Satisfied' or 'Very Satisfied'. However, satisfaction dropped for Wheelchair Availability (64%) and Clear Signage (52%).

Table 2: Patient Satisfaction with Physical Infrastructure and Facilities

Facility	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
Ramp/Lift Access	46 (46%)	34 (34%)	15 (15%)	5 (5%)	0 (0%)	100
Wheelchair Availability	27 (27%)	37(37%)	24 (24%)	12 (12%)	0 (0%)	100
Accessible Toilets	29 (29%)	33 (33%)	23 (23%)	12 (12%)	3 (3%)	100
Waiting Area Comfort	22 (22%)	39 (39%)	23 (23%)	14 (14%)	2 (2%)	100
Clear Signage	21 (21%)	31 (31%)	30 (30%)	10 (10%)	8 (8%)	100

Perceived Quality of Care: Doctor's communication was rated highly, with a combined 85% perceiving it as 'Excellent' or 'Good'. Staff helpfulness was also viewed positively by 79% of patients. However, only 56% felt the time given per patient was 'Good' or 'Excellent'.

Table 3: Patient Perception of Quality of Care Received

Aspect of Care	Excellent	Good	Average	Poor	Very Poor
Doctor's Communication	41 (40%)	44 (45%)	8 (10%)	7 (5%)	0 (0%)
Staff Helpfulness	33 (35%)	44 (40%)	11 (15%)	12(10%)	0 (0%)
Time Given per Patient	22 (20%)	34 (35%)	31 (30%)	10 (12%)	5 (3%)
Clarity of Instructions	31 (30%)	50 (50%)	15 (15%)	4 (5%)	0 (0%)

Barriers in Accessing Healthcare Services: The most frequently cited barrier was 'Long Waiting Time', reported by 72% of patients. This was followed by 'High Cost/Financial Issues' (65%) and 'Transportation Difficulties' (58%)

Table 4: Major Barriers Faced by Patients in Accessing Services (Multiple Responses Allowed)

Barrier	Frequency (n=100)	Percentage (%)
Long Waiting Time	72	72%
High Cost/Financial Issues	65	65%
Transportation Difficulties	58	58%
Difficulty Getting Appointments	45	45%
Poor Staff Attitude	33	33%
Lack of Information	25	25%

Discussion

This study reveals a paradox: while Nootan Medical College & Hospital possesses commendable core infrastructure and clinical expertise, the overall patient experience for geriatric and Divyang-jan populations is compromised by significant systemic and procedural barriers. The fact that 70% of respondents were from rural areas underscores the hospital's role as a critical regional hub and contextualizes the prevalence of financial and transportation-related barriers, consistent with findings from national assessments of rural healthcare inequities [7].

The high satisfaction with ramp/lift access (80%) and doctor's communication (85%) are significant strengths, suggesting compliance with foundational accessibility standards and a high quality of clinical interaction. However, these positives are diluted by deficiencies in supporting services. Low satisfaction with wheelchair availability (64%) and clear signage (52%) are not minor inconveniences but major obstacles that can cause distress and undermine patient autonomy [8].

The most overwhelming barrier identified was "Long Waiting Time" (72%). For frail elderly or disabled patients, waiting for hours is physically exhausting and contradicts the spirit of the Senior Citizens Act, 2007, which mandates separate queues to facilitate quicker access. This aligns with prior studies emphasizing that procedural inefficiencies disproportionately affect vulnerable patients, diminishing healthcare quality despite adequate infrastructure [9].

The second major barrier, "High Cost/Financial Issues" (65%), indicates that despite government schemes like PM-JAY, significant financial hurdles remain. These costs are often indirect—such as transportation for the patient and an attendant—and lost wages. This highlights a gap between the scheme's intent to cover hospitalization costs and the patient's reality of bearing prohibitive costs just to access the hospital. Related literature also notes that rural elderly populations continue to face catastrophic health expenditures despite coverage programs [10].

Finally, the fact that "Poor Staff Attitude" was cited by 33% of respondents is a serious concern. It suggests that a significant portion of the patient journey is marred by interactions lacking empathy and clear communication, creating an unwelcoming environment. Such interpersonal barriers have been widely recognized as hidden determinants of perceived service quality among vulnerable patient groups [8].

Limitations

This is a single-center study with a sample size of 100, so the findings are context-specific and cannot be generalized to all tertiary care facilities. Furthermore, the data is based on self-reported perceptions, which are subjective. Despite these limitations, the study provides valuable, granular insights into the lived realities of its target populations in this setting.

Recommendations

Based on the findings, the following recommendations are proposed for hospital administration: streamline patient flow by implementing priority registration, digital token systems, and dedicated OPD slots for geriatric and Divyang-jan patients; enhance navigation and communication through a patient navigator service, improved multilingual signage, and better wheelchair and toilet accessibility; strengthen staff sensitization with regular empathy and communication training and an accessible feedback mechanism; and address financial and informational barriers by reinforcing the social work department and displaying clear information on patient rights and benefits under PM-JAY and other schemes.

Conclusion

This study concludes that while Nootan Medical College & Hospital demonstrates strengths in clinical interactions and foundational infrastructure, the quality of the healthcare experience for geriatric and Divyang-jan patients is significantly diminished by systemic, financial, and procedural obstacles. The most critical barriers were long waiting times, persistent financial burdens, transportation difficulties, and inadequate hospital navigation due to poor signage. The research reveals a disconnect between the availability of advanced medical services and true access, which is compromised when the journey to receive care is fraught with physical exhaustion and financial strain. This highlights a gap between policy mandates and on-ground reality, pointing to an urgent need for patient-centric interventions to create a genuinely inclusive healthcare environment.

List of Abbreviations

- **ICU:** Intensive Care Unit
- **IPD:** Inpatient Department
- **NPHCE:** National Programme for the Health Care of the Elderly
- **OPD:** Outpatient Department
- **PM-JAY:** Pradhan Mantri Jan Arogya Yojana
- **RPwD Act:** The Rights of Persons with Disabilities Act
- **UDID:** Unique Disability ID

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