

A Study to Assess the Satisfaction Regarding Home Based Health Care Provided by Health Bureaus Among Patient Residing in Selected Areas of Pune City

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ABSTRACT

Introduction: A cost-effective method of providing high-quality care in the comfort of the patient's own home is home health care. According to the client's diagnosis, home health nurses develop care plans to accomplish objectives. Preventive, therapeutic, including rehabilitative measures may be part of these regimens. Certified nursing assistants are also under the supervision of home health nurses. The Household Healthcare Nurses Association (HHNA) is the professional nursing association for home health nurses. Clients who are sufficiently healthy to be sent home but still need qualified nursing staff to evaluate, start, and supervise nursing interventions are the target of home health care.

Aims of the Study: The study to Assess the Satisfaction Regarding Home Based Health Care Provided by Health Bureaus Among Patient Residing in Selected Areas of Pune City.

Methodology: The present study adopted a quantitative approach with a non-experimental exploratory design. The sample included 120 patients selected through a non-probability purposive sampling technique. The data collection tool comprised two sections: Section A covered demographic variables, and Section B included a self-structured questionnaire to assess participants' knowledge. The tool was submitted to the department for content validity, and reliability was tested using Karl Pearson's formula through the test-retest method. A pilot study was conducted on 12 samples to evaluate the feasibility of the study and to design an appropriate statistical analysis strategy.

Result: The assessment of satisfaction regarding home-based health care provided by health bureaus among patients residing in selected areas of Pune city revealed that 50% of respondents were dissatisfied, with a mean satisfaction score of 56.47 (SD = 18.19). Approximately 29.17% were neutral, while only 20.83% expressed satisfaction. The majority of participants were aged 55-64 years (36.7%), married (69.2%), and living in urban areas (57.5%). Most patients suffered from chronic illnesses (46.7%) or were recovering from surgery (29.2%). Chi-square analysis showed no significant association between satisfaction levels and demographic variables such as age, gender, marital status, employment status, location, health condition, or type of care received (all $p > 0.05$).

Conclusion: The study indicates that half of the patients utilizing home-based healthcare services provided by health bureaus in Pune city are dissatisfied with the care received, regardless of demographic factors. This dissatisfaction points towards service-related issues rather than patient characteristics. The lack of significant association between demographic variables and satisfaction suggests that improving care quality, communication, and staff training could enhance patient satisfaction across all groups. These findings underscore the need for health bureaus to focus on service delivery improvements to meet patient expectations and extend coverage to underserved areas for more inclusive care.

Keywords: Assess, Satisfaction, Home Based Health Care, Health Bureaus, Patient, Residing.

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INTRODUCTION

Medical Care delivery has seen a significant change in recent years, moving away from conventional hospital settings and towards more patient-centric strategies, such as home-based care. This transformation is particularly significant in urban areas like Pune City, where the demand for healthcare services is rapidly evolving to accommodate the needs of diverse populations. Among these evolving services, home-based nursing care provided by nurses through nursing bureaus has gained considerable attention.¹

The provision of home-based medical services is greatly aided by health bureaus. Qualified nurses or other medical professionals who have received

training in providing a variety of medical including nursing interventions catered to the needs of each patient are usually employed by these bureaus. By partnering with healthcare facilities, insurance providers, and community organizations, Health bureaus ensure seamless coordination of care and access to essential resources for both patients and caregivers.²

The need for home-based medical care is rising as a result of aging populations, the incidence of chronic diseases, and technological breakthroughs in medicine. Nevertheless, despite its possible advantages, little is known about the efficacy and calibre of treatment delivered by health bureaus,

especially when it comes to patient happiness. Therefore, conducting a comprehensive assessment of patient satisfaction regarding home-based health care in Pune City is essential to identify areas of improvement, enhance service delivery, and ultimately, optimize patient outcomes.³

Under a doctor's supervision, home healthcare is a method of treatment given to patients within their own residence by qualified professionals. Home health care services include medical social services, physical and occupational therapy, including speech-language therapy, as well as nursing care. The goals of house nursing services are to assist individuals live more freely and perform better, to promote their optimum state of well-being, and to let them stay at home rather than be admitted to a facility for long-term care or a hospital. Health care services at home can be requested by patients or their family members, or they can be referred by doctors.⁴

Need of the study:

Devices required for the patient are provided at home. Palliative care, home infusion therapy, respiratory therapy, and rehabilitation therapies are some of these care services. The move of treatment beyond hospitals to homes in an effort to save money and save hospital expenses is the biggest trend in healthcare that has been seen recently. Additionally, this market is seeing new prospects as a result of the shift from therapy to proactive monitoring. The primary reasons why patients choose home healthcare above hospitals are its affordability and ease of use.⁵

A study conducted by Abusalem, John et al., on Patient satisfaction in home health care. Patient satisfaction has been one of the widely used measures in home health care as an indicator of quality of care. A few efforts have been made to develop psychometrically sound patient satisfaction scales for use in home health care. A critical review of the literature. Electronic databases were systematically searched to identify the studies or publications that measured and addressed patient satisfaction and its measurement in home health care. The review of the literature showed that patient satisfaction measures have been used in the evaluation of care programmes including rehabilitation programmes, discharge and home follow-up programmes, care process and management practices. Also, patient satisfaction measures were used to evaluate new care protocols and treatments. Home healthcare agencies need valid and reliable patient satisfaction scales. Frameworks of patient satisfaction are still in their early developmental stage. Only some of the variables related to patient satisfaction are explained by many frameworks.⁶

The researcher wants patients who receive nursing care from nursing bureaus to be satisfied. This study is crucial to guaranteeing the efficacy,

patient-centeredness, and ongoing improvement of home-based health care services. It offers insightful information that can improve the standard of service and the patient experience in general.

MATERIALS AND METHODS

The researcher adopted a quantitative research methodology with a non-experimental exploratory design for this study. The research was conducted in selected areas of Pune city, where patients were chosen as the study samples. A total of 120 participants were selected in consultation with the research guide, using a non-probability purposive sampling technique to ensure that only relevant and eligible participants were included. The data collection tool consisted of two sections: Section A, which included demographic variables, and Section B, which comprised a self-structured questionnaire to assess participants' knowledge. The tool was submitted to the department to obtain content validity, ensuring its appropriateness and relevance. The reliability of the tool was established using Karl Pearson's formula through the test-retest method. Additionally, a pilot study was conducted on 12 samples to assess the feasibility of the study and to develop a suitable statistical analysis plan for the main research.

RESULTS

Section I: Demographic Profile

Table 1 - Related to demographic variables

N=120

Demographic variables	f	%
1. Age (Years) :		
a. 18-24	17	14.2
b. 25-34	10	8.3
c. 35-44	12	10.0
d. 45-54	14	11.7
e. 55-64	44	36.7
f. 65 and above	23	19.2
2. Gender:		
a. Male	69	57.5
b. Female	51	42.5
c. Transgenders	0	0
3. Marital Status:		
a. Single	28	23.3
b. Married	83	69.2
c. Divorced	3	2.5

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d. Widowed	6	5.0
e. Other (if applicable)	0	0.0
4. Employment Status:		
a. Employed full-time	29	24.2
b. Employed part-time	16	13.3
c. Unemployed	0	0.0
d. Retired	18	15.0
e. Student	8	6.7
f. Homemaker	49	40.8
g. Other (if applicable)	0	0.0
5. Location/Region:		
a. Urban	69	57.5
b. Suburban	51	42.5
c. Rural	0	0.0
6. Health Condition/Disability:		
a. Chronic illness (e.g., diabetes, hypertension)	56	46.7
b. Acute illness (e.g., post-surgery recovery)	35	29.2
c. Disability (e.g., mobility impairment)	29	24.2
d. Mental health condition	0	0.0
e. Other (specify)	0	0.0
7. Type of Care Received:		
a. Skilled nursing care	47	39.2
b. Personal care (e.g., assistance with activities of daily living)	7	5.8
c. Palliative care	0	0.0
d. Post-surgical care	56	46.7
e. Chronic disease management	10	8.3
Other (specify)	0	0.0

The demographic data show that most participants (36.7%) were aged 55–64 years, with a higher proportion of males (57.5%) than females (42.5%). The majority were married (69.2%) and homemakers (40.8%), followed by full-time employees (24.2%). Most participants lived in urban areas (57.5%), and none were from rural regions. Nearly half (46.7%) had chronic illnesses,

29.2% had acute illnesses, and 24.2% had disabilities. Regarding the type of care received, 46.7% underwent post-surgical care, 39.2% received skilled nursing care, and 8.3% were under chronic disease management. Overall, the sample mainly comprised middle-aged to older, married urban residents with chronic or post-surgical health needs.

Section II: Data related to assess the level of satisfaction regarding home based health care provided by health bureaus among patient residing.

Table No 2: The level of satisfaction regarding home based health care provided by health bureaus.

Level of satisfaction	f	%	Mean	SD
Dissatisfied(20-46)	60	50.00	56.47	18.19
Neutral(47-73)	35	29.17		
Satisfied(74-100)	25	20.83		

The data indicate that half of the participants (50%) were dissatisfied with the care or service received, showing a mean score of 56.47 with a standard deviation of 18.19. About 29.17% of participants reported a neutral level of satisfaction, while only 20.83% were satisfied. The overall mean score suggests a moderate level of satisfaction, but the high proportion of dissatisfied participants highlights the need for improvement in service quality and patient-centered care to enhance satisfaction levels.

Section III: Finding related to association of between the satisfaction regarding home based health care provided by health workers through health bureaus with the demographic variables.

The chi-square analysis revealed that there was no significant association between participants' demographic characteristics and their level of satisfaction. Age did not show a significant relationship with satisfaction ($\chi^2 = 16.261$, $p = 0.092$), indicating that satisfaction levels were similar across all age groups. Similarly, gender ($\chi^2 = 0.977$, $p = 0.913$) and marital status ($\chi^2 = 2.676$, $p = 0.953$) were not significantly associated with satisfaction, suggesting that males, females, and participants with different marital statuses reported comparable levels of satisfaction. Employment status also did not have a significant effect ($\chi^2 = 13.272$, $p = 0.35$), nor did the participants' location or region ($\chi^2 = 10.275$, $p = 0.218$). Health conditions, including chronic illness, acute illness, and disability, were not significantly related to satisfaction ($\chi^2 = 10.725$, $p = 0.218$), and the type of care received, such as skilled nursing, personal care, post-surgical care, or chronic disease management, showed no significant association ($\chi^2 = 1.403$, $p = 0.999$). Overall, these findings suggest that satisfaction among participants was independent of their demographic characteristics and the type of care received.

DISCUSSION

Patient satisfaction in the Shasthyo Surokhsha Karmasuchi (SSK) scheme, the government-initiated health protection program aimed at households below the poverty line, was assessed in the study "Patient Satisfaction having with Health Care Services Provided in a Government-Financed Health Protection Scheme using Bangladesh: Cross-Sectional Study" by Zahid Hasan and colleagues. According to the results, 55.1% of participants expressed satisfaction or high satisfaction with the medical care they received through the SSK program. Aspects including privacy during diagnostic testing, doctor behavior, registration booth services, disease confidentiality, and nurse behavior were all linked to high levels of satisfaction. Overall, while the SSK scheme provided satisfactory healthcare services in several key areas, the findings highlight the need for improvements in service efficiency, facility cleanliness, and communication with patients.⁷

Similarities and contrasts between the current study and Md. Zahid Hasan's "Patient Satisfaction Regarding the Health Care Provision of a Government-Financed Health Care Insurance Scheme for Bangladesh: Cross-Sectional Study" is apparent. Both studies highlight moderate patient satisfaction, with 55.1% satisfaction in Bangladesh's SSK scheme compared to only 20.83% in Pune's home-based healthcare study. Dissatisfaction in both was linked to service accessibility, provider interactions, and facility cleanliness. However, while the Pune study found no significant association between demographics and satisfaction, Hasan's study identified longer registration and waiting times as key dissatisfiers. The main difference lies in SSK's hospital-based government-funded services versus Pune's home-based care, which lacks structured infrastructure. Despite differences, both studies stress the need for better service efficiency, accessibility, and patient-centered care.⁸

The study titled Jheelam Biswas et al.'s "Satisfaction about care offered by a home-based support treatment to the cancer survivors within the city of Dhaka and Bangladesh: The cross-sectional study" sought to determine how satisfied Dhaka's cancer patients were with the home-based palliative care they were receiving. 51 cancer patients over the age of 18 who were enrolled in Bangabandhu Sheikh Mujib Hospital University's Department of Palliative Medicine's home-based care service participated in the study, which was carried out between February and March 2019. A structured survey based upon the FAMCARE P16 questionnaire was used to gather data through in-person interviews. The results showed that a sizable majority of patients were satisfied with the palliative care services they received at home. The comfort having received care in their personalized

homes and the individualized attention were valued by the patients. Improvements in a few areas, meanwhile, could further raise patient satisfaction.⁹

DECLARATION BY AUTHORS

Ethical Approval: The study was approved by the institutional ethics committee of Bharati Vidyapeeth College of Nursing, Pune. The study participants were briefed about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Patient Safety and Quality in Home Health Care - Patient Safety and Quality - NCBI Bookshelf. (n.d.). Retrieved August 25, 2024, from <https://www.ncbi.nlm.nih.gov/books/NBK2631/>
2. What's home health care? | Medicare.gov. (n.d.). Retrieved August 25, 2024, from <https://web.archive.org/web/20160226235955/https://www.medicare.gov/what-medicare-covers/home-health-care/home-health-care-what-is-it-what-to-expect.html>
3. Personal and nursing care | Care Information Scotland. (n.d.). Retrieved August 25, 2024, from <https://www.careinfoscotland.scot/topics/social-care-support-from-home/personal-and-nursing-care/>
4. What is Home Health Care? – Shubh Aarogyam. (n.d.). Retrieved August 25, 2024, from <https://shubhaarogyam.com/2018/09/26/what-is-home-health-care/>
5. Ellenbecker, C. H., Samia, L., Cushman, M. J., et al. (2008). Patient Safety and Quality in Home Health Care. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); Chapter 13. <http://www.ncbi.nlm.nih.gov/books/NBK2631>.
6. Abusaleem, Said & Myers, John & Aljeesh, Yo. (2012). Patient satisfaction in home health care. Journal of clinical nursing. 22. 10.1111/j.1365-2702.2012.04211.x.
7. Enago Academy. Why Is a Pilot Study Important in Research? [Internet]. Enago Academy. 2019 [cited 2025 Feb 1].

- Available from:
<https://www.enago.com/academy/pilot-study-defines-a-good-research-design>.
8. Hasan MZ, Rabbani MG, Akter O, Mehdi GG, Ahmed MW, Ahmed S, et al. Patient satisfaction with the health care services of a government-financed health protection scheme in Bangladesh: Cross-sectional study. JMIR Form Res [Internet]. 2024;8:e49815. Available from: <https://pubmed.ncbi.nlm.nih.gov/38656783/>
 9. Biswas J, Faruque M, Banik PC, Ahmad N, Mashreky SR. Satisfaction with care provided by home-based palliative care service to the cancer patients in Dhaka City of Bangladesh: A cross-sectional study. Health Sci Rep [Internet]. 2022;5(6):e908. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9617647/>
 10. Perroca MG, Ek A-C. Swedish advanced home care: organizational structure and implications of adopting this care model in Brazilian health care system. Rev Lat Am Enfermagem. 2004;12:851–8. Article PubMed Google Scholar.