



## Perceptions of patients on treatment in AIIMS, New Delhi

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### Abstract

The paper attempts to argue whether health services and treatments provided by AIIMS, New Delhi to patients coming from different regions of the country, economic and educational background are equal or varies with different patients. The paper examines frequency of patient visitors from villages and towns to AIIMS, behavior of the doctors towards male and female patients of villages and cities, behavior of the hospital staffs towards patients, waiting period of patients in the registration counter, then from registration counter to the Doctor's Chamber and if any inside connection places preference for the patients to reduce the waiting period. The paper employs a qualitative research where in-depth interview, narrative and observation methods are incorporated for analysis of the data. The paper also incorporates various suggested solutions received from the respondents with regard to different kinds of related problems that they have experienced.

**Keywords:** AIIMS, doctor, patient, nurse, behaviour, hospital staff

### Introduction

All India Institute of Medical Sciences, New Delhi (AIIMS) is considered as one of the premier institutes for medical services in India which operates under the Ministry of Health and Family Welfare. It was established in 1956 with an aim to provide excellent health care services with a highly qualified workforce which gained the national importance because of the expanding nature of health emergencies. People from different states of the country visit AIIMS, New Delhi in large numbers almost on a daily basis for treatment which includes people belonging to the economically weaker sections of the society. However, due to long queues of Out Patient Department starting from the registration process to appointments of doctors to different tests, the overcrowding nature of AIIMS creates dissatisfaction and problems in so far as delivering proper treatment to the patients are concerned. However, issuing of next date in almost a month's long gap (can be more at times) for next visit to AIIMS puts serious repercussions among the serious patients who come from far states. Kumar (2021) [5] argues that "people with networks and connections have better access to public health facilities in India. Journalists, bureaucrats and political workers are better placed to get free medical relief. Getting medical relief from publicly funded healthcare institutions is difficult and often insulting for ordinary citizens" (Kumar, 2021: 67) [5].

### Objectives of the Paper

The paper looks into whether people belonging to different categories of economic background, education, region and gender get equal amount of health services or there is a line of difference in their treatments as people from different parts of the country use to come to AIIMS for their health problems on a regular basis. In this regard, an Inductive study of AIIMS of Delhi has been conducted to find out if there is any kind of discrimination or inequality of treatment among the patients in terms of unusual behavior or denial of health services. The paper also looks into how often the patients from village and that of towns prefer to come to AIIMS for their health problem.

### Methodology

The study is divided into some domains such as Basic and Personal Information of each patient, Residence and travelling information, Medicine related information, Experience with Doctors, Experience with Receptionists, Hospital Staffs etc. for convenient analysis. The research is purely qualitative in nature where in-depth interview, narrative and observation methods are employed. Questionnaires are distributed only among the patients who visited AIIMS Delhi. For the purpose of the study, the outdoor "patients" in AIIMS' OPD section has been taken as respondents and mainly the patients from the Medicine Department only.

In the study on treatment in AIIMS, 15 patients have been interviewed of which 9 are female and 6 are male; 9 are from town and 6 are from villages. They patients mainly belonged to Delhi, Uttar Pradesh and Bihar. Among them the narrative of one indoor patient has been very significant who describes the unique experiences of her treatment in detail. It took almost 30 minutes to 1-hour long interviews with each of the patients. The interpretation of different respondents on the issue of medical facilities, their experiences with the doctors, receptionist group and other hospital staffs etc. have been analyzed in the paper. A few methodological approaches are incorporated in the study.

**Induction:** The underlying logic of the study is basically Inductive as rather than starting with some theories and concepts that are to be tested or examined, the present study relies on an approach in which first data are collected in order to produce and justify new generalizations and attempts to create new knowledge and understanding on the issue of patient's perceptions on AIIMS

**Idiographic Approach:** "The idiographic approach studies the individual (person, place, event, setting etc.) as a unique case. The focus is on the interplay of factors that might be quite specific to the individual. Even though two individuals might share some aspects in common, these will inevitably be materially affected by other differences between them" (Gibbs, 2007: 5-6) [4]. In the samples also it is observed how

the informants react differently in certain issues, on the other hand, react in a similar way in some other context which actually stresses the holistic nature of social reality in AIIMS.

**Constructivism:** Constructivism is one type of knowledge claim which focus on the specific contexts in which individuals live and work for understanding the historical and cultural settings of the participants. Therefore, the meanings are varied and multiple and the researchers are not simply imprinted on individuals but are formed through interaction with others (Creswell, 2003:8) [2]. Gibbs explains, “Everything we say and experience is through the medium of our constructs and ideas. Even the very idea of reality itself is a human construct. The world we experience reflects these concepts and consequently if they are different or change, then the world is different. .... These constructions are created because individuals want to make sense of their experiences” (Gibbs,2007:7) [4]. The present study is mainly a matter of interpretation of the experiences of the respondents.

**Narratives:** “Narration or storytelling is one of the fundamental ways that people organize their understanding of the world. In stories they make sense to themselves of their past experiences and they share that experience with others.....the careful analysis of topics, content, style, content and telling of narratives will reveal people’s understanding of the meanings of key events in their lives or their communities and the cultural context in which they live” (Gibbs,2007:56) [4]. In the study, respondents have drawn a distinct idea of AIIMS from their experiences with regard to their treatment, behavior of the doctors, nurses and other medical staffs.

**Observation:** Observation method has been widely used in making the study on the perceptions of the patients towards

their treatments in AIIMS and to understand the satisfaction levels of the patients who visit this premier medical hospital.

### Analysis and Interpretation

With the objective to understand the accessibility of health services in AIIMS, Delhi, the present study explores this accessibility of patients belonging to different categories of identity such as gender, villagers or town dwellers, economic condition and educational level. It also examines if the behavior of the doctors changes while treating the patients of village dwellers or city dwellers and male or female patients.

**Table 1:** Financial condition of the patients visiting AIIMS (family income per annum)

	Rs. 50,000 or less	Rs.50,000-1 lakh	1 lakh- 1.5 lakh	2 lakh and above	Total
Village	5	1	--	--	6
Town	3	3	1	2	9
Total					15

Source: Field Study

Table 1 shows that out of total 6 villagers in terms of their family income, 5 or 83% of them belong to the category of Rs 50,000 or less; only 16% of them belong to the category of Rs.50,000-1 lakh and none belong to nearby Rs 2,00,000 which shows their weak financial position. They are mostly engaged as daily wage earners or in agricultural work. Whereas out of 9 city dwellers, 3 of them or 33% each belong to the category of Rs 50,000 and Rs.50,000-1 lakh, 11% belong to the category of 1 lakh- 1.5 lakh, 22% also belong to the category of 2 lakh and above which shows a financially better off condition of the city people compared to the villagers. They are mostly workers in informal sector or industrial houses.

**Table 2:** Educational Background of the village and the city patients visiting AIIMS

	Illiterate	Under Matric	10 <sup>th</sup> pass and above but less than graduate	Graduate and above	Total
Village	3	1	--	2	6
Town	1	1	1	6	9
Total					15

Source: Field Study

Table 3 shows that out of 6 village patients, 3 or 50% of them are illiterate, only 33% of them are graduate or above whereas out of total 9 city dwellers just 1 is illiterate, but 6 or 66% of them are graduate or educationally well off. This also shows the high educational profile of the city patients coming to AIIMS compared to the patients belonging to village.

**Table 3:** Frequency of patient visitors from villages and towns to AIIMS

	1 <sup>st</sup> time	2 <sup>nd</sup> time	3 <sup>rd</sup> time	4 <sup>th</sup> time	5 <sup>th</sup> time	6 <sup>th</sup> time and above	Total
Village	--	4	1	--	--	1	6
Town	1	1	1	--	2	4	9
Total							15

Source: Field Study

Table 3 shows that out of total 6 village patients to AIIMS, 4 of them or around 66% have consulted for the second

time, 16% of them for 3<sup>rd</sup> time and 16% for 6<sup>th</sup> time or more than that whereas of the total 9 city dwellers 11% each consulted for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> time and then 22% for 5<sup>th</sup> time and then finally 4 of them or 44% have consulted for 6<sup>th</sup> time or more than that. This indicates that the city dwellers feel it more convenient to come and consult the doctors than the village people who stay far of the city life. Convenient Transportation facility adds advantage to the city dwellers compared to the villagers.

**Table 4:** Behavior of the doctors towards Male/Female patients of Villages/Cities

	Very bad	Bad	Average	Good	Very good	Total
Male from village	--	--	--	3	--	3
Female from village	--	--	--	2	1	3
Male from town	--	--	2	1	--	3
Female from Town	1	--	4	1	--	6
Total						15

Source: Field Study

Table 4 shows that out of the total 3 male village patients, all of them or 100% regard the behavior of the doctors as good, while 66% and 33% female villagers consider the doctor's behavior as good and very good respectively. On the other hand, out of 3 male city patients, 66% and 33% consider as average and good respectively. Out of 6 female city patients, 66% finds it average with the exception of one who considers the behavior of the doctors very bad. This shows that the village patients are quite satisfied with the behavior of the doctors whereas the *city dwellers* who are comparatively more educated than the villagers find the behaviour *in a neutral position* except one particular instance.

**Narrative analysis of the exceptional case:** This educated female patient from Delhi, aged approximately 25 years has been very dissatisfied with the treatment in AIIMS, Delhi. She went to a very saddest mood while explaining her incident of treatment. She felt high level of dissatisfaction in doctor's treatment. She narrated that she had a problem of Slip Disk in which a little carelessness at any moment could bring a huge health problem for her. But when she first went to AIIMS, doctors could not understand her problem and medicating every time by making her senseless wherever she felt pain. She found that the treatment was not going in smooth direction. She was also sent to psychiatrist because doctors initially thought that it happened to her because of her over tension towards study. That psychiatrist kept on asking her all the irrelevant questions which made her further irritated. She felt that doctors were very quick to listen and kept on referring to another department probably without listening properly. She further narrated, "when I was admitted for approximately 15 days in AIIMS, the behavior of the nurse towards me was so rude that even my father was compelled to fight with that nurse. All these doctors were well practitioners and their behavior reflected as if they could not understand the problem". The patient was of course cured at the later stage.

**Table 5:** Behavior of the Hospital Staffs towards Patients in AIIMS

	Bad	Good	Neutral	Total
Male from village	--	1	2	3
Female from village	--	3	--	3
Male from Town	2	1	--	3
Female from Town	4	1	1	6
Total				15

Source: Field Study

Table 5 shows that people who comes from village have not marked any problem in AIIMS being it male or female whereas most of the people from town have expressed their grief for the problems they have faced in AIIMS. The village patient comparatively less educated could not express any issues/ problems freely, whereas the city patients were very vocal in expressing the behaviour of the hospital staffs such as receptionists, ward boys as very professional at many times in answering the simple queries of the patients coming from far off places.

**Table 6:** Waiting period of patients in the registration counter in AIIMS

	30 minutes and less	1hr- 2 hrs.	2 hrs-3 hrs.	3hrs-4 hrs.	Total
Those who have connections in AIIMS	2	--	--	--	2
Those who have no connections	1	5	5	2	13
Total					15

Source: Field Study

Table 6 shows that those who have some known people or connections in AIIMS need not wait even for an hour, but those who don't have this connection have to wait so much even to the extreme period of 3 to 4 hours just to get themselves registered. But in Dental Department, being a technically sophisticated one people get their registration done in a short span of time. Of course, for Emergency no such formalities have to be maintained. But the queue is further long for patients visiting medicine department.

**Table 7:** Waiting period of patients from Registration to the Doctor's Chamber

	30 minutes and less	1hr - 2 hrs	2 hrs - 3 hrs	3hrs -4 hrs	Total
Those who have connections in AIIMS	1	1	--	--	2
Those who have no connections	--	1	3	9	13
Total					15

Source: Field Study

Table 7 also shows the same relation as that of the Table 6. Those having connections in AIIMS, Delhi can get entry to Doctor's chamber in a short time compared to normal patients who have to wait for long hours.

### Textual analysis on the Relationship between Doctor and Patient

As found in the analysis, the relationship of doctor-patient is not always smooth. Especially when the patient's experiences with the doctor is not satisfactory due to various factors such as non-detection of the health problem or the behavioral discomfort, it takes a lot of time for the patient to cure fully. Here in this context especially on Doctor-Patient Relations, Oommen (1978) [6] provides a valuable insight in his work *Doctors and Nurses: A study in Occupational Role Structures*. In a study of 6 questions conducted on the doctors, four of them were put to know the nature of doctor-patient relations and through the other two questions an attempt had been made to see the kinds of patients that doctors prefer. A list of epithets were provided to them such as 'informal', 'brotherly', 'sisterly', 'strict', 'subordinate', 'dependent', 'superior', 'formal' etc. The first four categories were collapsed into the category of 'Informal-equalitarian' while the remaining under 'Authoritarian-bureaucratic'. He says, "Viewed thus, an overwhelming majority of doctors (80 percent) and house surgeons (89 percent) described their relations with patients as informal-equalitarian. Only 15 percent doctors and 9 percent house surgeons thought of their relations as authoritarian-bureaucratic" (Oommen,1978: 165) [6]. Here the author further substantiates this argument when he says, "doctors who deal with patients in an informal-equalitarian manner are likely to win the cooperation or tolerate the quarrelsome

nature of patients. In contrast, those who see their relations with patients as authoritarian-bureaucratic may either refuse to attend such patients or may curtly tell them that they cannot expect anything more" (ibid:165).

Further, it was found that doctors who preferred patients who asked for detailed explanations were equalitarian in their attitude toward patients (76% doctors and 75% house surgeons) and the doctors who wanted that the patients should be satisfied with the explanations voluntarily given by the former were authoritarian in their attitude towards patients (24% doctors and 25% house surgeons). However, when an indirect question was put of how the doctors react to a patient who brings pressure from their superiors for special/extra care, meaning those who do so they were submissive and authoritarian and the positive response, here negative response was arrived at for 85% of doctors and 84% of house surgeons who were equalitarian in their relation while a minority of 14% showed their authoritarian nature (Oommen,1978) [6]. A Statistical analysis was also conducted with regard to size of hospitals and rural-urban background of doctors where it was found that the doctors from medium-size hospitals are more equalitarian-informal and less authoritarian-bureaucratic as compared to doctors working in big and small hospitals. Similarly, it was also found as the author says, "The rural-bred doctors are more authoritarian-bureaucratic and the urban-bred doctors are more informal-equalitarian as compared to each other in the context of responding to the excessive demands made by patients" (ibid:166). The author substantiates, ". In such situations they are likely to develop defense mechanisms such as authoritarian behavior in order to maintain their authority in the eyes of role-others who are presumably challenging the same" (ibid:167).

A similar account has also been found for Nurse-patient relationship in which a majority of 86% described their relationship as informal-equalitarian and 8% of them as authoritarian-bureaucratic (with regard to the epithets as was asked to the doctors as well). Again, 94% of the nurses responded positively for patients' excessive demand for attention who were informal-equalitarian) while 5% responded negatively (Oommen, 1978) [6].

Havighurst in his article Doctors and Hospitals argues, "as traditionally operated, the hospital allows certain of these practitioners to admit their patients to its facility and to draw upon its resources and support services in order to provide treatment. The practitioners thus favored with admitting privileges are typically organized under the hospital's auspices into a self-governing medical staff, which is charged with performing numerous technical functions essential to the hospital's operation" (Havighurst, 1984:1074) [3] which shows the problematic issue of constant competition and conflict found among the practitioners in U.S., a recurrent that might be applied to Indian context as well. Ben-Sira in one of Israel's most prestigious university hospitals reveals the factors that affect the creation of a hospital's image in the eyes of patient include centrality of the physicians' and nurses' affective behavior (Ben-Sira, 1983: 943-954) [1]. The present study on AIIMS, New Delhi too involves these attributes and concerns while ascertaining the relationship between doctors and patients.

## Conclusion

In conclusion, it can be argued that there is not general discrimination for a specific group of people in AIIMS, New Delhi, however a kind of preference is of course available to certain specific group as shown in tables 6 and 7 which beautifully indicate how those patients who have some relatives or known persons in AIIMS are prompt to early service than those who have not. Further, various suggestions narrated by patients for the improved conditions of AIIMS include inclusion of more infrastructural facilities with regard to hard tests, introduction of a centralized inquiry system in AIIMS where all information can be made available, addition of more and more counters so that people don't have to wait much, availing proper information to the patients so that patients do not get misled, more specialized doctors in every medical department so that much works can be done in a day, addition of as many AIIMS as possible in other states so that people get divided and the problem of overpopulation can be minimized etc. Although the doctors in AIIMS are good with regard to services, but the hospital authority must look on the issue of proper health and hygiene of the environment of AIIMS which can be improved to a better condition; the people in the receptionist, nurses and ward boys should be more cooperative especially for those patients who are new and mostly from village. If an overall healthy environment can be established in AIIMS, the institute would be a much better medical hospital in Delhi and in India.

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