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Health care sector: empirical relationship between patient care and ability to pay

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Abstract: Health care industry is witnessing a potential growth sector for investment. Many potential investors wants to startup the enterprise and became the Entrepreneur in this sector.The research paper titled Empirical relationship between Patient care and ability to pay. The objective is to study the impact of Patient care on the ability to pay. Descriptive research is applied using convenience method of sampling with 102 patient. The majority of respondents were Female and their age group is 18-25 years. The tools used is mean analysis, frequency analysis, T-test, Anova and Regression analysis. It is found that factors influencing the patient care is influencing the ability to pay and there is no significant difference between demographic variable with respect to Patient care and ability to pay.

Keywords: Patient care, Ability to pay, Patient, Entrepreneur, Healthcare

INTRODUCTION

The Patient is routinely wiped out or hurt and requiring treatment by a specialist, progressed practice enrolled medical caretaker or medical services supplier. Understanding is one who 1needs care, thought and backing from clinical consideration specialists and family. Care in clinic is the consideration or vigilant oversight of management and mindful help or therapy for the required by the attendant or other medical care proficient and medical care setting is a position of coordinated frameworks of clinical consideration, including prepaid gathering clinical practices, aggregate gathering protection covered, expense per-administration clinical consideration, and local area facilities coordinated and run by non-benefit or benefit making associations. As an expanding extent of populace and with the move in sickness designs from intense ailments to persistent ailments, the conventional illness the executives and care focal point of the medical care callings has extended. With the goal that the general wellbeing framework is seen to be inadequately prepared to give quality consideration, most Indians look for medical care in the private framework and pay using cash on hand. Objective of the examination is to decide the connection between Patient Care and Ability to Pay in medical services area, decide the factor affecting the Patient Care and Ability to pay in medical care area and to decide the effect of segment profile Patient Care and Ability to Pay.In this expanding financial circumstance, the expense for the therapy is getting exorbitant by the patient. In this manner it is important to know the Ability of the Patient for their treatment. The investigation permits us to comprehend the patient's sentiments and discuss well with them. It associates with the Patients and can improve the Patient Care.

Our research idea is based on the rich knowledge acquired by our peer teams across the university.(A.C.Gomathi, S.R.Xavier Rajarathinam, A.Mohammed Sadiqc, Rajeshkumar, 2020; Danda et al., 2009; Danda and Ravi, 2011; Dua et al., 2019; Ezhilarasan et al., 2019; Krishnan and Chary, 2015; Manivannan, I., Ranganathan, S., Gopalakannan, S. et al., 2018; Narayanan et al., 2012, 2009; Neelakantan et al., 2013, 2011; Neelakantan and Sharma, 2015; Panchal et al., 2019; Prasanna et al., 2011; Priya S et al., 2009; Rajeshkumar et al., 2019; Ramadurai et al., 2019; Ramakrishnan et al., 2019; Ramesh et al., 2016; Venugopalan et al., 2014)

Currently we are working on Patient care.This paper attempts to study the impact of Patient care on the ability to pay.

LITERATURE OF REVIEW

(Gubler et al., 2020) explore what quiet capacity to pay through protection means for the value of care given by Emergency Medical Service (EMS) groups. EMS offices are frequently underfunded and depend on self-created incomes to complete their wellbeing mission. Incomes rely upon protection repayment rates that regularly decline in the accompanying request: private protection, Medicare, and Medicaid. While EMS groups don't profit straightforwardly from tolerant installments, our outcomes recommend they do react to aberrant association level motivators when settling on consideration choices.

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(Duell et al., 2019) decides the writing by surveying and examination territorial apply variety in each admittance to and utilization of institutional LTC and examination its connection with monetary benefit and out-of-pocket installment. As the outcome, a few locales may utilize less consideration than anticipated given their populaces' requirement for care, and different areas may be utilizing more consideration than would be normal given their populaces' necessities.
(Istiqamah et al., 2019) Assurance of duties in wellbeing administrations is exceptionally instrumental in impacting request from low and major league salary gatherings. The point of the investigation was to discover the degree of capacity and ability to pay general patients hospitalization in the Pangkep District Hospital. This examination is a quantitative exploration with graphic strategy with an example of 87 individuals taken by methods for amount inspecting procedure and investigated utilizing univariate examination. The finish of this investigation demonstrated that the capacity and readiness to pay the local area was as per their particular classes.
(Falkingham, 2004) aims to determine the significant differences in health-care utilisation rates across socio-economic groups and that these differences are related to ability to pay. As the result of this paper, out-of-pocket payments for health care are exacting a high toll on household welfare with households being forced to sell assets or go into debt to meet the costs of care.
(Lang, 2010) this study is to appraise patients' eagerness to pay (WTP) for a theoretical new medication. As the outcomes, show that patients were set up to pay New Taiwan dollar (NTD) 7416 or NTD 7032 every month to buy this new prescription. Sex, religion, pay, the Karnofsky Performance Scale score, and having family that deals with you are critical components impacting a patient's WTP.
(Danyliv et al., 2014) this study gives proof on the possible effect of patient charges on the utilization of specific doctor administrations in six CEE nations: Bulgaria, Hungary, Lithuania, Poland, Romania, and Ukraine. We apply a semi-parametric endurance examination to expressed readiness and capacity to pay (WATP) to recognize potential interest pools and their value, pay and age semi-versatility. Its outcomes recommend that middle WATP in the considered nations is practically identical to the expense of the administrations. The acquired interest pools have all the earmarks of being hypothetically substantial and remotely reliable.
(Olsen and Smith, 2001) this paper depends on a broad audit of 71 willingness-to-pay (WTP) studies of wellbeing and medical care distributed in English during the time frame 1985–1998. The point of the paper is to plot the contentions progressed for the predominance of WTP over quality-adjusted-life-years (QALYs) as a proportion of advantage of medical services programs, and to survey how experimental WTP examines hold fast to their suggestions. It results that the 'money saving advantage contention' that WTP can help with improving social productivity is talked about before we ask into the degree to which the examinations really contrast WTP and social expenses.
(Tomlinson, 2015) aims to give approaches to investigate the intricacy of clinical decisions and urges specialists to address each other's clout in a steady culture. To be effective, oversight ought to likewise be expertly driven and student focused instead of remotely forced and fixated on foundations. The difficulties are to isolate out its instructive and strong capacities while improving access and agreeableness with the goal that it is taken up by each specialist for the length of their vocation. These difficulties are huge yet absolutely not unconquerable and the proof firmly bolsters this objective.
(Pavlova * et al., 2004) to decide the readiness and capacity to pay for outpatient, inpatient and dental administrations is researched. As the outcome, the effect of the socio segment attributes on the reactions is analyzed by a summed up Tobit relapse. In light of the relapse condition, the government assistance impacts of different expense levels are recreated.

RESEARCH METHODOLOGY

The patient have been targeted to collect the data for this research. Questionnaire with questions of demographic profile and perception about the relationship between Patient Care and Ability to payhas been circulated to 102 clients. Collected data analysed using Frequency, Mean, Anova and Regression. Patient profile is discussed in Table No.1

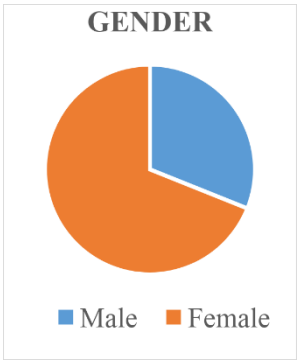

Fig.1: From the table it is clear that the majority of the respondents are Female (46.1%) and Male respondents are (20.8%).

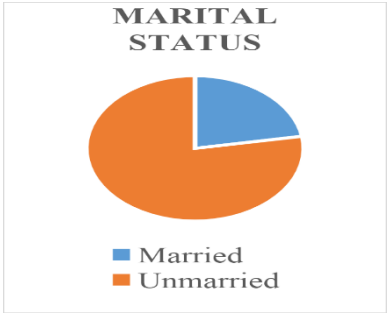

Fig.2: It is found that the majority of respondents are Unmarried (51.9%) and followed by Married (14.9%). It is inferred from the table that the majority of the respondents are Unmarried.

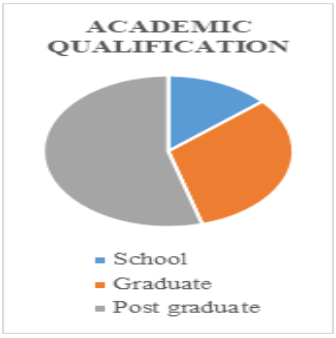

Fig.3: It is found that the majority of respondents are Post Graduates (36.4%) followed by Graduates (21.4%) and followed by schooling (9.1%). It is inferred from the table that the majority of the respondents are Post Graduate.

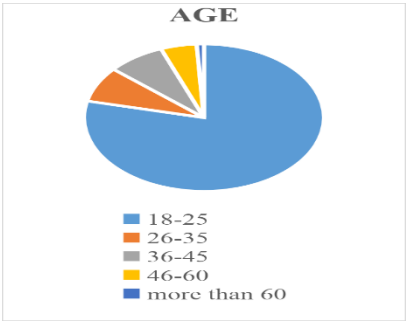

Fig.4: It is found that majority of the respondents are those whose age is 18 - 25 (52.6%), followed by the age which lies between 46-60 (5.2%), followed by the age group between 46 - 60 (5.2%), followed by the age group 36 45(5.2%) and more than 60 is (0.6%). It is inferred from the table that majority of respondents are from the age 18 - 25 years.

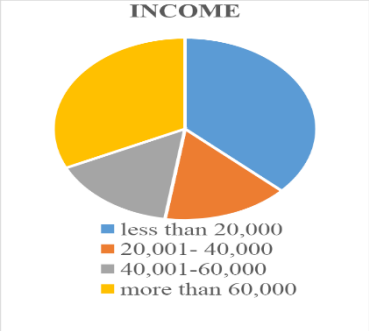

Fig.5: It is found that the majority of respondents are less than 20,000 (24.7%), followed by more than 60,000 (21.4%), and followed by both 20,001 – 40,000 (10.4%) and 40,001 – 60,000 (10.4%). It is inferred from the table that the majority of the respondents are less than 20,000.

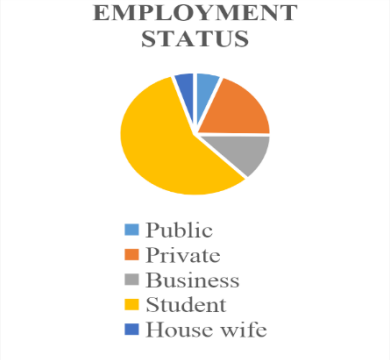

Fig.6: It is found that the majority of respondents are Students (38.3%), followed by Private (13.0%), followed by Business (8.4%), followed by Public (3.9%) and followed by House wife (3.2%). It is inferred from the table that the majority of the respondents are Students.

Table 4: Perception about Factors of Patient Care

S.NO	Factors of Patient Care	Mean	Rank
1	Doctor provides information of clinical status, progress,Process of care, facilitate autonomy ,self-care and health promotion.(Information and education)	3.66	1
2	Doctor provide Emotional support and alleviation of fear and anxiety. (Patient Support)	3.65	2
3	Patient knows they can access care when it is needed. (Access to care)	3.64	3
4	Hospital provide proper coordination and integration of care such as clinical, ancillary and support services and Frontline. (Proper coordination and integration care)	3.55	4
5	The level of physical comfort towards the patient Pain management, Assistance with activities and daily living needs and hospital surroundings and environment is good. (Patient comfortable)	3.54	5
6	Doctors in the hospital treated the patient with care (Patient Care)	3.53	6
7	Doctors treat with dignity, respect and sensitivity to his/her cultural values and autonomy. (Respect for patients' values, preferences and expressed needs)	3.50	7
8	Providing accommodations for family and friends and Involving family and close friends in decision making (Involvement of family and friends)	3.33	8
9	Doctors will coordinate with patient and take care them after discharge (Continu`1ity and transition)	3.27	9

Table 4 show the mean values of Patient Care. The mean score and rank are displayed in table 4. It shows variable "Information and Education" includes highest mean score of (3.66) followed by Patient Support (3.65), Access to Care (3.64),Proper Coordination and Integration care (3.55),Patient Comfortable (3.54),Patient Care (3.53), Respect for patients values, preferences and expressed needs (3.50),Involvement of family and friends (3.33) and Continuity and transition (3.27) All the mean scores are lies between 3 to 4. It concludes that Patients are agreeing towards all the mentioned factors.

Table 5: Perception about Factors of Ability to Pay

S.NO	Factors of Ability to Pay	Mean	Rank
1	Management will explain clearly before any charges applied for surgery or treatment to the patient (Proper explanation of charges)	3.42	1
2	The payment of the bill in the hospital were digitalized for the betterment of patient. (Digitalized payment).	3.42	2
3	Patients' top requests for a more positive experience include simpler bills that show the total balance and payment plan options. (Simpler Bills).	3.30	3
4	The transparency system of the bill payment will be satisfied. (Transparency of Bill).	3.22	4
5	The total bill amount in the hospital were able to pay. (Able to pay).	3.05	5
6	I am satisfied with the total bill amount towards the treatment in the hospital. (Satisfaction of treatment).	3.04	6
7	I will ignore the treatment due to high bill amount. (Ignoring treatment).	2.94	7
8	In the hospital, they were treated not up to the expectation for delaying the bill amount. (Reliability on Bill amount).	2.91	8
9	Hospital give a time period to pay the bill amount. (Time Period).	2.89	9

Table 5 show the mean values of Ability to Pay. The mean score and rank are displayed in table 4.8. It shows variable "Proper explanation of charges" includes highest mean score of (3.42) followed by Digitalized payment (3.42), Simpler bills (3.01),Transparency of Bill (3.22),Able to Pay (3.05),Satisfaction of treatment (3.04), Ignoring Treatment (2.94),Reliability on Bill amount (2.91) and Time period (2.89). All the mean scores are lies between 2 to 3. It concludes that Patients are agreeing towards all the mentioned factors.

Table 6: Analysis of Gender, Age and Marital Status towards Patient Care

Factors of Patient Care	Gender T-Value	Marital status T - value	Age F - value
Information and education	0.802	0.374	0.539
Patient Support	0.894	0.331	0.520
Access to care	2.225	1.579	0.805
Proper coordination and integration care	1.513	0.671	1.416
Patient comfortable	2.200	1.410	0.319
Patient Care	1.327	0.010**	0.728
Respect for patients' values, preferences and expressed needs	0.287	0.535	0.289
Involvement of family and friends	0.300	0.065**	0.430
Continuity and transition	2.138	0.895	0.462

**** 5% level of significance; *** 1% Level of significance**

Table 7: Analysis of Family income, educational qualification and employment status towards patient care

Factors of Patient Care	Family income F - value	Educational qualification F - value	Emp status T - value
Information and education	0.020**	2.036	0.282
Patient Support	0.031**	0.696	0.971
Access to care	1.089**	0.847	1.858
Proper coordination and integration care	0.777	1.108	2.167
Patient comfortable	1.197	1.409	0.617
Patient Care	0.877	0.168	1.310
Respect for patients' values, preferences and expressed needs	0.253	0.143	0.481
Involvement of family and friends	0.353	0.475	1.192
Continuity and transition	2.560	0.906	1.592

**** 5% level of significance; *** 1% Level of significance**

Table 8: Analysis of gender, age and marital status towards Ability to pay

Factors of Ability to Pay	Gender T-Value	Age F - value	Marital status T - value
Information and education	0.374	1.223	1.223
Patient Support	0.331	1.505	1.505

Access to care	1.579	0.333	0.333
Proper coordination and integration care	0.671	1.145	1.145
Patient comfortable	1.410	0.468	0.468
Patient Care	0.010**	1.250	1.250
Respect for patients' values, preferences and expressed needs	0.535	0.020**	0.020**
Involvement of family and friends	0.065**	0.313	0.313
Continuity and transition	0.895	0.599	0.599

**** 5% level of significance; *** 1% Level of significance**

Table 9: Analysis of family income, educational qualification and employment status towards Ability to pay

Factors of Ability to Pay	**Family income F - value**	**Educational qualification F - value**	**Empl status T - value**
Information and education	3.409	0.262	0.337
Patient Support	1.100	0.643	0.544
Access to care	2.617	1.197	0.884
Proper coordination and integration care	2.625	1.903	0.823
Patient comfortable	2.402	2.421	2.097
Patient Care	6.386	1.800	1.580
Respect for patients' values, preferences and expressed needs	0.201	3.552	0.626
Involvement of family and friends	0.538	1.190	0.398
Continuity and transition	1.367	0.417	3.532

**** 5% level of significance; *** 1% Level of significance**

Table 4, 5,6,7,8 and 9 shows that almost all the T-values and F values are insignificant. The study between the patient care and ability to pay. There is no significant difference between the factors and Patient Care and there is no significant difference between the factors and Ability to Pay.

Table 10: Regression

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.570[a]	.325	.318	.43866	.325	48.626	1	101	.000

a. Predictors: (Constant): Patient care

Table 11: Anova

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.357	1	9.357	48.626	.000[b]
	Residual	19.435	101	.192		
	Total	28.792	102			

a. Dependent Variable: Ability to pay

b. Predictors: (Constant): Patient care.

Table 12: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.427	.248		5.745	.000
	patient care	.484	.069	.570	6.973	.000

a. Dependent Variable: Ability to Pay.

Table 10, 11 and 12 is clear that variablePatient care has a significant value of less than 0.05. It is inferred from the table that the Patient Care variable is influencing the Ability to Pay.

DISCUSSION

Improving patient consideration has become a need though wellbeing couldn't care less about suppliers with the general target of accomplishing a serious level of patient fulfillment. Openness and accessibility of both the medical clinic and the doctor ought to be guaranteed to each one of the individuals who require medical care. More noteworthy mindfulness among people in general, expanding interest for better consideration, more medical

services guidelines, the ascent in clinical negligence prosecution, and worry about helpless results are factors that add to this change.

CONCLUSION

Use the executives needs to more readily exhibit that it diminishes the inefficient utilization of assets, improves the suitability of patient consideration, and forces just sensible weights on patients and suppliers. It is significant that it be allowed to substantiate itself since, supposing that it works, it offers a methods for obliging individual patient conditions that is more touchy than numerous other expense control procedures. The Institute of Medicine will proceed with its endeavors to all the more likely characterize which job use the board may play in assisting society with finding a worthy equilibrium of effectiveness, access, and propriety in medical care. This plainly should be a shared endeavor. Luckily, the journey to realize what is helpful and how to apply it all around are currently focal issues in clinical examination and public strategy. I infer that Ability to Pay is reliant on Patient Care.

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