Patients visit to hospitals during covid-19

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Abstract: The need for non-coronavirus people to seek medical assistance by visiting a hospital has decreased significantly during this pandemic situation. This study has emphasized on understanding the patient perception towards visiting hospitals during pandemic situations. The data was gathered from 77 patients who visited hospital during COVID - 19. Regression analysis was used to assess the strength of the relationship between fear of visiting hospital and level of knowledge regarding COVID-19. The results proved that the level of knowledge had a positive effect over fear of visiting hospitals.

Keywords: hospital, patient perception, innovation, pandemic situation, covid-19

INTRODUCTION
The need for non-coronavirus medical assistance to visit a hospital has decreased significantly. This is a legitimate concern, given that the pandemic persists with cases still being reported from many parts of the country and the world. For those in a bind, especially if a loved one is facing a medical emergency during this time, here is a ready reckoner from experts on your plan of action. Achieving a culture of safety requires an understanding of the values, attitudes, beliefs and norms which are important to health care organizations and what attitudes and behaviors are appropriate and expected for patient safety. Committing errors is human instinct and can’t be destroyed.

Patient safety is the prevention of avoidable errors and therefore the harm they cause to patients; it’s the inspiration of excellent patient care. Achieving safety in patient care is a component achieving quality patient care. Once we believe patient safety, we normally believe about the physical safety of the patient in terms of things like prevention of cross-infection and safe site surgery and, indeed, we’ll consider those here. We also got to believe the non-physical aspects of patient safety – which are sometimes harder to affect, in order that we will achieve care that is patient centered. This means providing care that is respectful of and aware of patient needs, beliefs and preferences; in other words, working with patients rather than doing things to them. This article will therefore also consider consent to treatment and a few of the principles underlying working with patients in a patient-centered way.

The security culture of a hospital offers an indirect means for its involvement in quality. Poor involvement of execs in safety has negative consequences for patients. Safety culture is multidimensional, and typically includes assessment of leadership styles, collaboration and cooperation among staff and front-line professionals, the practice of evidence-based medicine, adequacy of the utilization of communications channels, a capacity to find out mistakes, recognition of errors as system failures instead of individual failures, and a patient-centered approach.

The issue of human errors in complex systems has been a subject of debate for many years. In the Aviation industry system failures cause great publicity and are addressed quickly for a really Simple reason. Aviation accidents attract great attention because they involve an outsized number of individuals and resources. Accidents and complications are common in health care as well, and can be deadly. However, it happened one or two at a time and is less dramatic. Only within the 1990s did errors in health-care settings begin to draw public attention. Adverse medical events, as injuries to patients that arise from mistakes and accidents during Medical treatment are called, are often results of human errors, technological errors, or a system that Failed to detect these mishaps and prevent them. Patient Safety encompasses the processes that protect patients from injury caused by medical Mismanagement.

The COVID-19 pandemic has made people reluctant of visiting hospitals due to fear of catching the coronavirus. These fears are only compounded by health officials and governments advising against visiting hospitals. Because of the coronavirus outbreak, people with serious medical conditions such as heart disease avoid visiting hospitals. A study conducted by the American College of Cardiology revealed that after the COVID-19 outbreak in the US, the number of patients treated for severe heart attacks fell by 40 percent.
Despite the safety measures, hospitals continue to recommend telehealth services to patients with mild symptoms to determine whether a hospital visit is actually needed. As the effects of COVID-19 spread across the entire world, the primary focus for governments and businesses is the safety of their people. Whilst this focus will continue, the implications for economic growth and corporate profits have to lead to a sharp sell-off in equity markets across the globe. We are proud to see that our hospitality and leisure clients, being the first ones that experienced the extreme bad weather conditions, are moving quickly and remain focused to understand and quantify the operational and financial impact for their business.

Not only is this fear in normal hospital terms, this fear also occurs in dental treatments, cardiac treatments, and so on. Dental fear means a reaction to a real or active risk. The danger is external, the boost is promptly recognised, and the repulsive physiological body feelings associated with this feeling pass as the danger passes. It is more often than not brief. The first is that anxiety can be a state of feeling that is subjective. It can be characterized from within rather than from without as a state of unpleasant feelings combined with an associated feeling of looming fate or threat. Most often, anxiety and its related symptoms are anticipatory in nature, not at all like fear; that is, they are often felt when a boost is not shown or readily identifiable. The second is that the other signs of uneasiness are the same as those of fear; therefore, dental fear and uneasiness will be used synonymously for the purpose of this thinking. Patients are hesitant and afraid to go to hospitals, mainly in Tamilnadu, due to the rude behaviour of staff and nurses that makes patients tense.

Our research idea is based on the rich knowledge acquired by our peer teams across the university. (A.C.Gomathi, S.R.Xavier Rajarchinam, A.Mohammed Sadiq, Rajeshkumar, 2020; Danda et al., 2009; Danda and Ravi, 2011; Du et al., 2015; Ezhilarasan et al., 2019; Krishnan and Chary, 2015; Manivannan, I., Ranganathan, S., Gopalakannan, S. et al., 2018; Narayanam 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; Venugopal et al., 2014). The primary objective of the study is to find out the patient’s perception towards visiting hospitals during the pandemic period. The secondary objective is to find out the patient’s awareness about the hygiene measures taken in the hospital and also to find out the patient’s awareness about the hygiene followed in Janet Nursing Home.

**REVIEW OF LITERATURE**

(Belasen et al., 2020)said that from a wellbeing approach angle, it is basic that clinic chairmen push open and clear communication between suppliers and patients to maintain a strategic distance from issues extending from misdiagnosis to off base treatment. Extra investigate is required to decide how COVID-19 widespread impacts patients’ discernments of quality and readiness to suggest clinics at a time when medical caretakers and doctors appear indications of burnout due to overwhelming workloads and insufficient PPEs.

(Faust et al., 2020)said that the study laid out other key persistent needs, to be specific as they relate to healthcare costs. Fetched remains the foremost imperative healthcare issue to respondents, with out-of-pocket investing, reasonable protections premiums, and reasonable protections choices coming in as top-of-mind.

(Norman et al., 2020)said that the part of clinical need and individual advantage back the revival of administrations in line with clinical need. Direct caution in regard to immunization inquire about relative to patient-participant investigation presents a challenge for pending enrolment requests, and would advantage from subjective investigation to investigate topics and concerns in more profundity and bolster improvement and focusing on key informing.

(Xia et al., 2016)portrays the reason for the consideration is to depict individuals likely to come across fear, dread, or uneasiness in the midst of hospitalization. When a calm experiences fear, they respond through the thrust response cycle commonly observed as delays in wound recovering and immunosuppression when sentiments are drawn out. Recognizing individuals likely to association fear can expect these negative results as well as allow for positive comes about from hospitalization.

(Wang et al., 2016)portrays the components that by and large emerges for a quiet amid a healing center visit. In detail, the subjective examination found four major sorts of undesirable events that patients and caregivers inspected in their outline responses: Bungle, Communication, Approach, and Requirement of Care and Coordination. Their revelations outline that patients and caregivers have a wide definition of undesirable events, have various dismissed information needs that they feel might help maintain a strategic distance from such events, and have specific slants for tolerating this information.

(Moore et al., 1978)describes around the clinic fear and in detail the less weakening fears do not routinely appear as an issue in that the boost may be kept up a vital separate form. This would as well apply to mending center fear until an strongly restorative or surgical issue might develop, when avoidance might constitute an arranged peril to life. In spite of the fact that phobic ailment may be a common issue the small number of cases of clinic fear recorded may talk to the tip of the chunk of ice underneath which can be various phobic patients who deny their signs and chance their prosperity since of their preposteroser fear.

(Pang et al., 2020)depicts approximately the fear emerges between the non covid patients amid a common clinic visit. This paper depicts the direct upward float of non-COVID-19 visits to EDs presents a milder incline than the
diminishment in COVID-19 mortality, illustrating how the conduct of a people in a negative energetic state may require a longer time to modify and, for the foremost portion, that the fear of what we are ready to get would be more essential than the fear of what individuals posses.

(Phipps et al., 2020) this study says that the Health care organizations have responded by devoting countless resources to improving patient safety, but despite these efforts, medical errors and waste have plagued the health care system. According to a 2016 analysis, medical errors are the third leading cause of death in the United States, with approximately 250,000 deaths annually.

(Lamba et al., 2017) this study says that Second victims—defined as health care providers who are emotionally traumatized after a patient adverse event—may not receive needed emotional support. Although most health care organizations have an employee assistance program (EAP), second victims may be reluctant to access this service because of worries about confidentiality. A study was conducted to describe the extent to which organizational support for second victims is perceived as desirable by patient safety officers in acute care hospitals in Maryland and to identify existing support programs. Patient safety officers thought their organizations should reevaluate the support currently provided by their EAPs, and consider additional peer support mechanisms. Future research is needed to evaluate the effectiveness of these programs.

RESEARCH METHODOLOGY
Descriptive research design was used for the research. Data is collected using questionnaires. Both primary and secondary data plays its importance, whereas primary data is the main phase of this study. The questionnaires are framed using structured items developed by researchers. The sampling technique used in this study is the Convenience sampling method. The sample size of the study is 77 and primary data is used. The tools used of the study are mean analysis, frequency analysis and regression. Regression analysis is used to assess the strength of the relationship between variable and for model testing.

**Fig.1:** The pie chart depicts the percentage of gender in the sample. 39% of the sample were Male and 65% of the sample were Female persons.

**Fig.2:** The pie chart describes the age of the employee respondents. 38% of the peoples were of age 26-40 years and 39% of peoples were of age 41-55.

**Fig.3:** The chart depicts the education background of sample respondents. 75% of respondents were Under Graduates, 9% of the respondents were Post Graduates, and other 16% of respondents have a mixed of schools and diploma.

DATA ANALYSIS
The software used in SPSS as version27. The technique used for analyzing data as frequency, mean and regression. Frequency Analysis is a part of descriptive statistics. The mean of a statistical distribution with a continuous random variable, also called the expected value, is obtained by integrating the product of the variable with its probability as defined by the distribution. Regression analysis is a set of statistical methods used for the estimation of relationships between a dependent variable and one or more independent variables.

RESULT
Regression analysis is used to identify the relationship between patient perception regarding their fear of visiting a hospital and the level of knowledge.

Independent variable - Level of knowledge.
Dependent variable - Fear of patients visiting hospital.

Table 1:

<table>
<thead>
<tr>
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<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>1.641</td>
<td>.268</td>
<td></td>
<td>6.125</td>
</tr>
<tr>
<td>Level of knowledge</td>
<td>.461</td>
<td>.098</td>
<td>.475</td>
<td>4.681</td>
</tr>
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The R value represents the simple correlation and the value is 0.475. The R square value is 0.226 which indicates that 22.62% of variance in dependent variable is explained by independent variable. The variance in fear of visiting hospitals is 22.6% explained by level of knowledge regarding COVID-19. The table indicates the regression coefficient values and its significance. The results prove that level of knowledge (0.461) has a positive linear relationship with the fear of visiting hospitals.

CONCLUSION
Most of the patients are satisfied with their treatments, and the safety measures followed in the hospital during this pandemic situation. This systematic review reveals that the most important step is the assessment of safety culture in hospitals which will provide a basic understanding to safety-related perceptions of health care providers. This study identifies various factors such as the fear of patients on hospital visits during this pandemic situation and the measures taken by the hospital to maintain the new normal as old normal.

REFERENCES