

# International Journal Research Publication Analysis

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## EMPATHY OR EFFICIENCY? COMPARATIVE ANALYSIS OF RURAL AND URBAN PARENTAL EXPECTATIONS FROM PEDIATRIC SERVICES AND PHARMACIES IN GUJARAT, INDIA

**Dr. Chirag Jetpариya <sup>a\*</sup>, Dr. Vaishali Jetpариya <sup>b</sup>, Om Barasara <sup>c</sup>, Dr. Nidhi Chikani <sup>d</sup>,  
Dr. Kashyap Jetpариya <sup>e</sup>, Dr. Niharika Barasara<sup>f</sup>**

a.MBBS, DCH, PGPN, Consultant Pediatrician, Om Hospital, Morbi, India.

b.MBBS, FAM, Om Hospital, Morbi, India.

c.B.Pharm, Nootan Pharmacy College, Sankalchand Patel University, Visnagar, India.

d.MBBS, Shivay Hospital, Morbi, India.

e.MBBS, Chirayu Hospital, Morbi, India.

f.MBBS, GMERS, Morbi, India.

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**\*Corresponding Author: Dr. Chirag Jetpариya**

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MBBS, DCH, PGPN, Consultant Pediatrician, Om Hospital, Morbi, India.

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### ABSTRACT

**Background:** Pediatric care outcomes are strongly influenced by parental expectations and satisfaction. In India, where healthcare systems serve diverse socio-economic groups, understanding these expectations is critical for improving service delivery.

**Objective:** To compare rural and urban parental expectations regarding pediatric consultations and pharmacy services in Gujarat, India. **Methods:** A cross-sectional survey of 250 parents (125 urban, 125 rural) was conducted at Om Children Hospital, Morbi. A 25-item questionnaire assessed priorities in pediatric consultations and pharmacy services. Data were analyzed descriptively. **Results:** Urban parents emphasized efficiency (short waiting times, digital billing, detailed side-effect information), while rural parents prioritized empathy (friendly behavior, verbal clarity of dosage, medicine availability). Both groups highlighted the importance of accessible pharmacies. **Conclusion:** Pediatric care in India requires a dual strategy: digital and time-efficient services for urban families, and empathetic, trust-based communication for rural families. These findings underscore the need for context-sensitive healthcare delivery models in low- and middle-income countries.

**KEYWORDS:** Pediatric care, parental expectations, rural healthcare, urban healthcare, pharmacy services.

## INTRODUCTION

Parental expectations significantly shape pediatric healthcare outcomes, influencing adherence, satisfaction, and trust in medical systems. In India, healthcare providers serve heterogeneous populations, ranging from urban industrial workers to rural agricultural families. These groups often differ in literacy, access to technology, and cultural perceptions of medical authority.<sup>[3]</sup>

Globally, studies have shown that parental satisfaction is linked to communication quality, empathy, and accessibility of medicines.<sup>[1] [2]</sup> However, few comparative studies have explored rural–urban differences within the Indian context. This study addresses this gap by documenting parental expectations in Gujarat, aiming to inform pediatricians and pharmacists on tailoring services to diverse populations.

## MATERIALS AND METHODS

- Setting: Om Children Hospital, Morbi, Gujarat.
- Sample: 250 parents (125 urban, 125 rural).
- Inclusion Criteria: Parents of children aged 6 months–10 years attending for routine or acute illness.
- Data Collection: Structured 25-item questionnaire administered in the hospital waiting area.
- Analysis: Manual tabulation of responses; percentages calculated for “High Priority” expectations.

**Socio-demographic Profile:** Age, gender, education level, occupation, and monthly income of the parents.

**Expectations from Pediatricians:** This section comprised 15 items rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree), covering aspects such as communication style, diagnostic explanation, treatment approach, empathy, and facility environment.<sup>[4] [6] [7]</sup>

**Expectations from Medical Stores:** This section included 10 items rated on a 5-point Likert scale, focusing on medication availability, accurate information, pharmacist counseling, pricing, and overall store service.<sup>[5]</sup>

**Questionnaire Used for the Study:**

**Parental Expectations Survey**

**Part A: Socio-demographic Information** Please tick the appropriate or fill in the blank.

**1. Parent's Age:**

- <25 years / 25-35 years / 36-45 years / 45 years

**2. Parent's Gender:** Male/Female

**3. Parent's Education Level:**

- Primary School / Secondary School / Graduate / Post-graduate and above

**4. Parent's Occupation:**

- Homemaker
- Employed (Private Sector)
- Employed (Government Sector)
- Self-employed/Business
- Other (specify): \_\_\_\_\_

**5. Monthly Household Income (INR):**

- <15,000 / 15,001 - 30,000 / 30,001 - 50,000 / >50,000

**6. Child's Age:** \_\_\_\_\_ (in months/years)

**7. Child's Gender:** Male / Female

**Part B: Expectations from the Pediatrician** Please rate your agreement with the following statements (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

No.	Expectation	1	2	3	4	5
1.	The pediatrician listens attentively to my concerns.	<input type="checkbox"/>				
2.	The pediatrician explains the diagnosis clearly in simple language.	<input type="checkbox"/>				
3.	The pediatrician explains the treatment plan and medication details thoroughly.	<input type="checkbox"/>				
4.	The pediatrician is gentle and friendly with my child.	<input type="checkbox"/>				
5.	The pediatrician is empathetic towards my child's discomfort and my worries.	<input type="checkbox"/>				
6.	The pediatrician provides adequate time for my questions.	<input type="checkbox"/>				
7.	The pediatrician explains the potential side effects of medicines.	<input type="checkbox"/>				
8.	The pediatrician provides advice on preventive care (e.g., vaccination, nutrition etc.).	<input type="checkbox"/>				
9.	The clinic/hospital environment is child-friendly and clean.	<input type="checkbox"/>				
10.	Appointment waiting times are reasonable.	<input type="checkbox"/>				

No.	Expectation	1	2	3	4	5
11.	The pediatrician involves me in decisions about my child's health.	<input type="checkbox"/>				
12.	The pediatrician respects my cultural beliefs regarding health.	<input type="checkbox"/>				
13.	The pediatrician offers follow-up instructions clearly.	<input type="checkbox"/>				
14.	The pediatrician gives reassurance and builds trust.	<input type="checkbox"/>				
15.	The pediatrician is easily accessible for urgent concerns.	<input type="checkbox"/>				

**Part C: Expectations from the Medical Store (While buying medicines for your child)**

Please rate your agreement with the following statements (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

No.	Expectation	1	2	3	4	5
1.	The medical store has all the prescribed medicines in stock.	<input type="checkbox"/>				
2.	The pharmacist/staff explains how to give the medicine (dose, frequency, duration).	<input type="checkbox"/>				
3.	The pharmacist/staff provides information on potential side effects.	<input type="checkbox"/>				
4.	The pharmacist/staff is knowledgeable and answers my questions.	<input type="checkbox"/>				
5.	The medical store staff is polite and helpful.	<input type="checkbox"/>				
6.	The prices of medicines are fair and clearly displayed.	<input type="checkbox"/>				
7.	The medical store is clean and well-organized.	<input type="checkbox"/>				
8.	The medical store provides privacy when discussing sensitive information.	<input type="checkbox"/>				
9.	The medical store offers alternatives if a prescribed medicine is unavailable.	<input type="checkbox"/>				
10.	The billing process is quick and efficient.	<input type="checkbox"/>				

## RESULTS

**Table 1. Top 5 Expectations from Pediatricians**

Expectation	Urban (%)	Rural (%)
Clear Explanation of Diagnosis	94	85
Friendly/Kind Behavior	82	96
Short Waiting Time	88	40
Guidance on Preventive Diet	76	55
Detailed Side-Effect Discussion	80	35

**Table 2. Top 5 Expectations from Pharmacies**

Expectation	Urban (%)	Rural (%)
Availability of Prescribed Brands	85	98
Explanation of Dose (Spoon/ML)	78	95
Information on Medicine Storage	70	40
Quick Billing/Digital Payment	92	25
Polite Staff Interaction	84	90

## DISCUSSION

This study highlights distinct parental priorities:

- Urban Parents: Value efficiency, digital convenience, and technical information. Similar findings have been reported in metropolitan India and globally in high-income countries.
- Rural Parents: Emphasize empathy, verbal clarity, and medicine availability. This aligns with WHO reports on rural health systems, which stress the importance of trust and accessibility. [8]

The divergence reflects broader socio-economic realities: urban families often juggle time constraints and digital literacy, while rural families rely on interpersonal trust and face logistical challenges in accessing medicines.

### Implications for Practice:

- Pediatricians should adopt flexible communication styles—written/digital formats for urban families, verbal and empathetic counseling for rural families.
- Pharmacies must ensure stock availability in rural areas and integrate digital payment systems in urban centers.

### Limitations:

- Single-center study; findings may not generalize across India.
- Manual analysis without advanced statistical validation.

### Future Research:

- Multi-center studies across different states.
- Exploration of digital health interventions for urban populations and community-based counseling for rural populations.

## **CONCLUSION**

Parental expectations in pediatric care vary significantly between rural and urban populations in Gujarat. A dual approach—empathy-driven communication for rural families and efficiency-focused services for urban families—can optimize pediatric outcomes. These insights are relevant for healthcare systems in other low- and middle-income countries facing similar socio-economic diversity.

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