

Analysis of Patients Perceived Perception for Quality in Hospitals in Pune

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ABSTRACT

The geographical scope of the present study is restricted only to Pimpri Chinchwad area in Pune District. The topical scope covers the quality management of medical services in hospitals in Pimpri Chinchwad area. The Study focuses only on the hospitals with 50 or more than 50 beds which are providing in-patient care (IPD) service facility. The impact of different factors like doctor's quality care, nursing quality care and operative quality have been measured and analyzed to established relation to patients' perceived perception and overall satisfaction. Researcher collected 408 (Service receivers 321 + Service providers 87) appropriate responses from 7 hospitals and this was considered as the ample size for the study. Research results showed need for improvements in nursing quality care and operative quality care.

KEYWORDS: Perceived perception, Quality Management, Satisfaction score.

I.INTRODUCTION

The core idea of Service Quality literature review is to get understanding of the nature of Services Quality and to study its possible categories and dimensions. Starting from 1980s a new business trend toward service quality was initiated. As customers became more informed and demanding, companies realized that product quality was not a single key for a competitive advantage and should be combined with service quality (Gupta et al., 2005, p. 390). In order to get better understanding of service quality, it is vital to acquire knowledge about the nature of a service itself. Services could be described by three specific characteristics, namely intangibility, heterogeneity, and inseparability that were suggested by Parasuraman et al. (1985, p. 42). Intangibility of services consists in inability to measure value of it before sales occur comparing to products. Heterogeneity is expressed in the way that quality of a service delivery could vary from one day to another (Shukla Rishi, 2015). Such deviations could exist due to various factors such as mood of service providers and customers, difficulties in copying the same way of delivering services and other factors. It should be noted that properties and quality of products stay invariable within a prescribed product life. The third characteristic of services, inseparability, stands for a feature that services emerge during an interaction between clients and frontline employees (Parasuraman et al., 1985, p. 42). The latter characteristic could also relate to the simultaneous production-delivery-consumption element of services (Harvey, 1998 cited in Yoo & Park, 2007, p. 911).

Healthcare has become one of India's largest sectors both in terms of revenue & employment. The industry is growing at a tremendous pace owing to its strengthening coverage, services and increasing expenditure by public as well private players. During 2008-20, the market is expected to record a CAGR of 16.5 per cent. The total industry size is expected to touch USD160 billion by 2017 & USD280 billion by 2020. As per the Ministry of Health, development of 50 technologies has been targeted in the FY16, for the treatment of diseases like Cancer & TB. Government is emphasizing on the e-Health initiatives such as Mother & Child Tracking System (MCTS) & Facilitation Centre (MCTFC). Indian companies are entering into merger & acquisitions with domestic & foreign companies to drive growth & gain new markets (Shukla Rishi P, Ankit Kapoor, Anshuman Dhanorkar, Ananta Razdan, 2015).

II.LITERATURE REVIEW ON CONCEPTUAL FRAMEWORKS OF QUALITY IN THE HEALTHCARE

Taking into consideration various conceptual frameworks of service quality in the healthcare, several of them could be identified (see Table 3). First of all, it was detected that all researchers of healthcare service quality examined within our study specified technical and functional or interpersonal categories of healthcare service quality (Shukla Rishi P, Balaji D, Arcanha Singh, 2015) as well as Grönroos and other representatives of general service quality (Donabedian, 1992, p. 247; Brook & Williams, 1975, p. 8; Dagger et al., 2007, p. 125; Zineldin, 2006, pp. 6970, 87-88; Choi et al., 2005, p. 143; Doran & Smith, 2004, pp. 379-381). However some of researchers gave other titles to these categories or

incorporated several categories under technical or functional. Thus, Brook & Williams (1975, p. 8) specified art-of-care provided as “milieu, manner, and behavior of the provider in delivering care to and communicating with patients” that could be determined as functional aspect. Zineldin (2006, pp. 69-70, 79, 87-88,) depicted two rather similar categories functional and interaction that could be combined under one functional category as interaction was described as “adequate explanations and instructions during and after hospital treatment” (Shukla Rishi P, 2015) and “amount of time spent by physicians or nurses to understand the patient’s needs” etc. Moreover additionally to technical dimension, we could list Zineldin’s infrastructure dimension as it was presented mainly as “quality of the internal competence and skills, experience, know-how, technology” (Zineldin, 2006, p. 79). Choi et al. (2005, p. 143) discussed tangible dimension as equipments in hospitals (Shukla Rishi P, 2014) so it concerns technical aspect. Few Well-Evaluated Studies on Patient perceived quality care and satisfaction in Healthcare industry in India specifically in PCMC Pune. The impact of different factors like doctor’s quality care, nursing quality care and operative quality care have not been measured (Balaji, D; Londhe, BR; Shukla, Rishi P, 2016) and analysed to established relation to patients’ perceived quality and overall satisfaction.

III. RESEARCH METHODOLOGY

This study was designed and carried out to analyze the research GAP. Therefore, researcher has developed different questions under above mentioned categories / variables. After the pilot study and analysis of validity & reliability, researcher drafted the final version of questionnaire and that is the reason there are several approximately similar questions (That measure the same variable) in the questionnaire. For analysis status of quality management from service receiver’s point of view, researcher included question related to following factors as Doctor’s quality of care, Nursing quality of care, Operative quality of care and Overall service Quality. The statement of the research problem attempts to understand quality management within a descriptive research design framework in Hospitals. Population for the purpose of the research is Hospitals in PCMC, Pune, to enable an in-depth analysis of research problem in order to facilitate enduring solutions for research problem for the industry as such. Descriptive research was used to study the various existing strategies and included surveys and expert opinion. For this study different levels of service provider were taken into consideration.

With a fast growth and necessity of hospital services, it becomes vital to know the patient expectation and delivery services (Shukla Rishi P, 2016) like tangibles, reliability, responsiveness, assurance and empathy. These service dimensions are prime for any service industry especially the hospital sector. They generate interest in finding the expectation and perception of the patient before and after the delivery of service. The central research question for this study was How to analyze and evaluate the patient perception of Quality in Hospitals? The population consisted of 22 hospitals (healthcare organizations) and the sample survey was derived from the database of these healthcare organizations. Inclusion criteria include large healthcare organization more than 50 beds, multi-specialty, and minimum five years of existence. Exclusion criteria includes small healthcare organization less than 50 beds, single specialty, super specialty, and less than five years of existence. Out of these 22 hospitals, 2 hospitals were not in functional existence. So that, the population consist 20 hospitals for the study. Based on the capacity of the hospitals (Patients / Total no. of the bed), the population consist of **4572** units. All the hospitals in population were assigned a unique no. and **Simple random sampling** technique was used to select the sample hospitals. Following list of 7 hospitals were randomly selected from the pool of 20 hospitals in the population for the data collection for the study. There were three categories of respondents for the study as Hospitals management / owner, service receivers and service providers. First category was used to have an overall view of quality management in the healthcare and data was collected during pilot study using unstructured interview technique. The findings were used to formulate the hypothesis and refine questionnaire for the further study. Second category of respondents i.e. service receivers were selected using **judgmental sampling**. During the day of patients’ discharge from the hospitals (That was known to researcher with permission from hospital management in advance) respondents were approached and requested to participate in the study. After getting the permission from the respondent data was collect data using questionnaire. Third category of respondents i.e. service providers were also selected using **judgmental sampling**. Researcher fixed a time when respondents were free to give the responses and collected the data using structured questionnaire. Researcher collected **408 (Service receivers 321 + Service providers 87)** appropriate responses from 7 hospitals and this was considered as the ample size for the study.

IV. RESULT AND DISCUSSION

H1: There is significant satisfaction among Patients with the Doctor’s quality of care. ($\mu > 3$)

To analyses and test the significance of the doctor’s quality care among patients, one sample t test with 3 as test value was used. Data was collected on a 5 point rating scale where 1 as least and 5 as most. As per the result of the one sample t test with 95% level of confidence, calculated sig value was (0.012) which was less than the level of significance (0.05). So it can be concluded that there is significant satisfaction among Patients with the doctor’s quality of care.

H1: *There is significant satisfaction among Patients with the Nursing quality of care. ($\mu > 3$)*

To analyses and test the significance of the nursing quality care among patients, one sample t test with 3 as test value was used. Data was collected on a 5 point rating scale where 1 as least and 5 as most. As per the result of the one sample t test with 95% level of confidence, calculated sig value was (0.360) which was more than the level of significance (0.05). So it can be concluded that there is no significant satisfaction among patients with the nursing quality of care.

H1: *There is significant satisfaction among Patients with the Operative quality of care. ($\mu > 3$)*

To analyses and test the significance of the nursing quality care among patients, one sample t test with 3 as test value was used. Data was collected on a 5 point rating scale where 1 as least and 5 as most. As per the result of the one sample t test with 95% level of confidence, calculated sig value was (0.841) which was more than the level of significance (0.05). So it can be concluded that there is no significant satisfaction among patients with the operative quality of care.

Healthcare services are an important part of any society. These organization play a vital role for caring the need of its customers and society members. Researcher has made following recommendations for the hospitals based on the research results. Respondents were satisfied with the doctor's quality of care. But doctor's quality of care is further requires support from operative quality care and nursing quality care to gain overall satisfaction of patients. Research results showed need for improvements in nursing quality care and operative quality care. Hospitals should identify the need for specific training related to quality improvement and train its staff for better patient satisfaction. In these areas there was an opportunity for improvement to increase the overall quality of the services in the hospitals. Research results showed strong need to communicate with its staff about quality objectives and procedure to achieve it. Leadership impact on quality concern among staff was significantly low. So Hospitals should focus their strategy to influence its staff and support them for achieving these objectives. This study was focused toward a narrow geographic reason of the Pune city. Analysis and comparing the results of this study with a different and bigger geographic area may be a scope of future. Based on the different parameter of the quality management in the hospitals, a ranking framework of the health care organizations can be framed and tested to raise the concern of quality among hospitals and its members. Analyzing the strategies to increase the nursing quality care in the hospitals can be a scope for future research.

CONCLUSION

Quality systems at hospital departments could be described, analysed, and evaluated with a framework of different variables as People Management (involvement and training); Measurement, Analysis and Knowledge Management (quality data, measurement, process control, feedback and benchmarking); Customer Focus (customer relationships); Leadership (top management commitment); Process Management (service delivery and improvement); Strategic Planning (definition, communication and review of objectives and plans) and Social Responsibility. Thus, the same aspects could be used to describe and analyse the organisation of quality improvements across departments of different medical specialties or in hospitals of different sizes. The service receivers / patients' satisfaction level regarding the quality of health care services on different parameter like Doctor's quality of care, Nursing quality of care, Operative quality of care and Overall service Quality could be improved significantly (as result showed less arithmetic mean on all the case) for obtaining the international standards. An organization's governing body is ultimately responsible for the quality of healthcare services that relies on the commitment and performance of different stakeholders of service providers like doctors, administrators and supporting staff. The board exercises this duty through oversight of quality management activities and putting a clear vision and leadership. Although the day-to-day activities of measurement, assessment, and improvement are delegated to senior leaders, physicians, managers, and support staff, the board's oversight role can greatly influence quality. Healthcare quality is not dependent only on the efforts of well-meaning frontline employees. The organization's leaders must systematically channel and manage the efforts to achieve optimal organizational performance. Healthcare organizations should have an appropriate quality management structure that operates at all levels and has the power to evaluate and improve all aspects of patient care and services.

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