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Quality in Health Care Services: A Contradictory Statement from the State of Odisha

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ABSTRACT

In a globalized world, when everyone is looking towards India as an emerging superpower, it's high time for our decision makers to rethink and reshape the policies and practices employed in various sectors to achieve a commendable position in the World map. With policies like the Make in India initiative, to welcome the Foreign Direct Investments (FDI), now is the time to assess our current state and bridge the gap between the current and preferable positions. India in general and Odisha in particular, when we look at the healthcare initiatives, we found it quite pathetic with frequent heart breaking stories of malnutrition, maternal & infant deaths, outbreak of contagious diseases, pathetic state of infrastructure etc. and many more. With this background, we have tried to assess the perception of people towards the quality of health care services in the state by using the SERVQUAL scale. We have taken the samples from one of the reputed government medical college hospital in the state and captured the feedbacks of patients. The study revealed many areas where we can improvise in order to strengthen the health care infrastructure in the State.

Keywords: *Service; quality; healthcare.*

1.0 Introduction

In today's highly competitive market, time and again quality has been proved as a key differentiator while choosing a product or service. As the healthcare sector deals with maintaining a healthy human capital for a country the phenomena of quality needs additional attention and care from the policy makers. (Irfan & Ijaz,2011). In order to survive and thrive in this highly volatile market, the gap between the expectations and

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perceptions of customers has to measured and reduced in order to attract and retain the customers for a longer period of time (Cronin & Taylor, 1992). The essence is to meet the requirements of the customers and try to exceed ahead in order to gain sustainable competitive advantage (Zeithaml, Berry & Parasuraman, 1993).

In India, the true adaptation of globalization happened only during the early 1990s which opened a series of avenues for growth. Gradually, within this market driven economy, the Government as well as the private players offered their services whole heartedly in different sectors which resulted in the growth of consumerism. Over these few decades, the healthcare sector has done relatively well and remained least affected even at the time of global recession when other industries have ebbed and flawed. Many factors have contributed to this unprecedented growth like huge pool of people, rising income levels, increasing demand, rise in innovation and research in the sector, corporatization of healthcare facilities, and the support by the government etc. These factors promise for a bright future ahead. But when we try to look beside that, the scenario doesn't look too bright. Many heart breaking stories of malnutrition, infant / maternal mortalities, prevailing ignorance & social taboo in the society, unavailability of basic healthcare infrastructures, carelessness & misbehaviours shown by the hospitality authorities, outbreak of contagious diseases etc often comes as breaking news pointing towards a sorrow state of affairs.

At a time, when we are trying to compete with the developed nations, we need to search for the present loopholes in the system in a serious and systematic manner. As the healthcare is defined as the most important indices of development of the human race, we need to work towards removing the deficits in the sector. In this regard we have tried to assess the service quality of a public teaching hospital, situated in the Sambalpur district of the state of Odisha which is one of the oldest and renowned medical college hospitals not only in the state but along parts of Chhatisgarh and Jharkhand States. As a part of a larger scale doctoral study, we have taken 120 nos. of samples of the people visiting there for treatment.

2.0 Literature Review

Since the full scale industrial revolution began in early 19th century, the term of quality has been the topic of discussions. But it is only after the great wars in the 1940s it came to the center stage and everyone took it seriously. Many researchers and academicians have conducted research on it and thus it gained momentum. In majority of the studies, it has been proved to be the gateway that directly yields customer satisfaction and further translates into loyalty and repeat purchase intentions (Jaswal & Walunj,

2017). For generating success in this hyper competitive marketplace, service quality, customer satisfaction as well as loyalty have become the three cornerstones of success (Shahnaz & Kianoush, 2014). Therefore the quality of services can make or break a deal and help in creating the brand image of the company (Arsanam & Yousapronpaiboon, 2014). If we go by definition of the books, quality has defined as the combination of technical (What is given) and functional (How it is given) aspects of products and services that are superior to others (Grönroos, 1984; Yousapronpaiboon & Johnson, 2013) where as some defines it as the difference between perception and expectations of the customers (Parsuraman *et al.* 1988; Wang & Shieh, 2006). Thus it can be defined as the parameters of superior offerings that increases the satisfaction level (Lymperopoulos *et al.*, 2006), help in earning profitability as well as help in increasing the market share of the company (Caruana, 2002; Dadoa *et al.*, 2012; & Sharma, 2014). In case of services, as it becomes difficult to evaluate the quality due to the unique characteristics normally we take note of the perception of the customers rather than depending on the technicality of the services (Parasuraman *et. al.* 1985, 1988).

In review of literatures, we can find many models to capture the perception of people (Lehtinen, & Lehtinen, 1982, Grönroos, 1984, Garvin, 1987, Coddington, & Moore, 1987, Brogowicz, Delene, & Lyth, 1990,Cronin, & Taylor, 1992, Mattsson, 1992, Rust, & Oliver, 1994Dabholkar, *et al.*, 1996, Philip, & Hazlett, 1997, Victor, *et al.*, 2001, Zhu, *et al.*, 2002,Parasuraman, Zeithaml, & Malhotra, 2005, Landrum, *et al.*, 2008, Lee, D. 2016) amongst which SERVQUAL scale developed by Parsuraman, Zeithamal and Berry (1985, 1988) in mapping the gap between the perception and expectation levels of the customers, have become the major scale in recent years. It has been found it to be a valid, robust, reliable, and predominate over all other types of scales (Babakus & Mangold, 1992, Asunbonteng *et al.*, 1996, Heung *et al.*, 2000). Due to its universal acceptability and use across different segments, we have chosen the SERVQUAL scale for our study.

3.0 Objectives

The basic objectives of this study are as follows.

- To analyze the reasons for which people prefer to avail the services in the selected hospital.
- To find out the level of satisfaction of the patients towards the hospitals.
- The map the average spending as well as their view towards pricing of the services within the hospital.
- To assess the gap between the expectation and perception level of the customers.

- To seek suggestions for improving the services quality of various aspects within a hospital.

4.0 Research Methodology

This research was conducted in the Sambalpur district of state of Odisha. The teaching hospital situated at Burla was selected for the study. A SERVQUAL based questionnaire was developed after thorough review of literatures. The questionnaire possessed five service quality dimensions empathy, assurance; tangible, timeliness and responsiveness speeded across 22 nos. questionnaire set. The perception and expectation of patients were recorded in a seven point scale. The total samples taken were 120 conducted vide non-probability convenience sampling. The target population belonging to SEC A, B and C were only considered for the study who had been admitted to the medical college hospital. For capturing their expressions, a seven-point Likert Scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [1 = entirely disagree], [2 = mostly disagree], [3 = somewhat disagree], [4 = neither agree nor disagree], [5 = somewhat agree], [6 = mostly agree], [7 = entirely agree]. The descriptive statistics of the respondents of this study is given below.

Interpretations:

Table 1: Demographic Profiling of the Respondents

Parameters	Demographic Profiles	No. of Respondents	Percentage
Gender	Male	75	62.5
	Female	45	37.5
Area	Urban	52	43.33
	Rural	68	56.67
Socio-Economic Classifications	SEC A	63	52.5
	SEC B	42	35.0
	SEC C	15	12.5
Age	18 to 25 years	13	10.83
	26 to 35 years	22	18.33
	36 to 45 Years	28	23.33
	46 to 55 Years	30	25.00
	More than 55 Years	27	22.50
Educational	Illiterate	5	4.17

Background	literate but with no formal education School - 5 to 9 years School - SSC / HSC Some College but not graduate Graduate / Post graduate - General Graduate / Post graduate – Professional	6 17 20 34 27 11	5.00 14.17 16.67 28.33 22.50 9.17
Marital Status	Unmarried Married and without Children Married with Children Widowed / Divorced / Separated Older Couple Staying Alone	20 12 62 8 18	16.67 10.00 51.67 6.67 15.00
MHI (Monthly Household Income) in Rs.	Less than Rs. 10000 Rs. 10001 - Rs. 20000 Rs.20001 - Rs. 30000 Rs. 30001 - Rs. 50000 More than Rs. 50000	17 22 43 27 11	14.17 18.33 35.83 22.50 9.17
Type of Visit	First Visit Repeat Visit	43 77	35.83 64.17
Average Spending per visit in Rs.	Less than Rs. 1000 Rs. 1000 to Rs. 3000 Rs. 3001 to Rs. 5000 Rs. 5001 to Rs. 10000 More than Rs. 10000	20 57 22 13 8	16.67 47.50 18.33 10.83 6.67

Source: *Primary data*

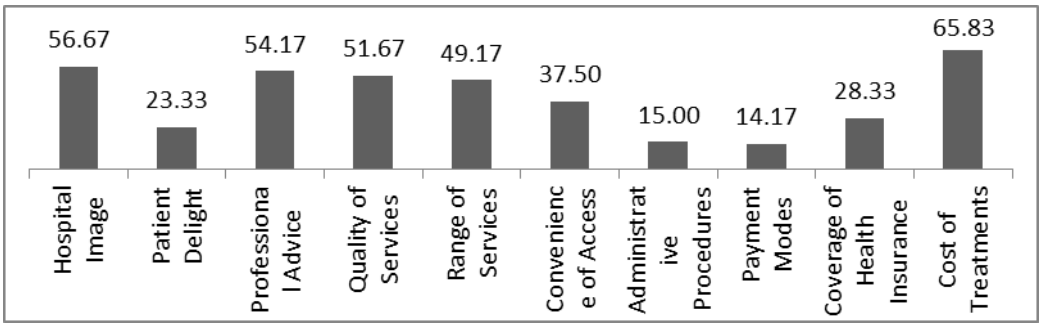
- ✓ Out of the total 120 respondents, 75 (62.5 percent) were male whereas 45 (37.5 percent) were female.
- ✓ Almost 57 percent (i.e. 56.67 percent to be precise) of people belonged to rural areas where as 43.33 percent of people were from the urban areas.
- ✓ If we go for the social strata, out of the 120 people interviewed, around 52.5 percent of people belonged to the SEC A, followed by 35.0 percent of people in SEC B and 12.5 percent of people in SEC C.

- ✓ Age wise, majority of the people were in between 46 to 55 years (almost 25 percent of the total population) whereas around 23.33 percent of people are in the age group of 36 to 45 years. Around 22.50 percent of the people were in the age group of more the 55 years, followed by 18.33 percent of people in the group of 26 to 35 years and 10.83 percent in the age bracket of 18 to 25 years.
- ✓ The highest literacy rate belonged to the group of undergraduates (Some College but not passed out) with 28.33 percent. 9.17 percent of people had completed their professional degrees where as 22.50 percent of people graduates with general streams. Around 16.67 percent had qualification of matriculation (SSC/ HSC) and 14.17 were of the below matriculation category. A negligible 9.17 percent of people found to be illiterate.
- ✓ Almost 52 percent of the respondents (i.e. 51.67 percent) were married with children followed by 15.00 percent are older couple who stayed alone, 16.67 percent were unmarried, 12.00 percent were married with no children and 6.67 were either widowed / divorced / separated from their spouses.
- ✓ If we focus on the monthly household income, almost 35.83 percent of population are in the income group of Rs. 20,001/- to Rs. 30,000/- Only whereas around 22.50 percent of people are in the range of Rs. 30,001/- to Rs. 50,000/-. Around 18.33 percent of people are having monthly household income in the range of Rs. 10,001/- to Rs. 20,000/- only, around 14.17 percent are having income less than Rs. 10,000/- Only and around 9.17 percent of people are having income in excess of Rs. 50,000/-.
- ✓ 64.17 percent of the respondents are the repeat customers visiting the hospitals where as the rest 35.83 percent people found to be the first timers.
- ✓ When asked about the average spending per visit to a hospital, around 47.5 percent said they spend between Rs. 1,001/- to Rs. 3,000/- Only per visit whereas 18.33 percent of people said that they usually spend between Rs. 3001/- to Rs. 5000/- Only while visiting a hospital. Around 16.67 percent said they usually spend less than Rs. 1,000/-followed by 10.83 percent people who spend between Rs. 5001/- to Rs. 10000/- and only 6.67 percent who spend more than Rs. 10,000/-.

4.1 Reasons for availing health care in the particular hospital

When asked about the reasons for which they preferred the particular hospital, highest inclination of about 65.83 percent said due to the lower costs associated with the government controlled hospital followed by factors such as hospital image (56.67), professional advises (54.17), quality (51.67) and range of services (49.17). Some other factors like convenience of access, patient delight, administrative procedures and payment methods play comparatively lesser roles than others (Figure 1).

Figure 1: Reasons for Visit



Source: *Primary data*

4.2 The SERVQUAL statements (expectations vs perceptions)

When we are tried to capture the gaps between the expectation and perception levels of the customers, we found considerable gap scores existing between the two. Across the five segments, upon various parameters, the highest amount of gap between the perception and expectation levels were found as follows

- ✓ Absence of feedbacks systems / complain registration from the patients
- ✓ Unavailability of essential services in odd hours of operations
- ✓ Dirtiness and mismanagement within and outside the facilities
- ✓ Longer waiting time for availing the services
- ✓ Unresponsive nature,
- ✓ Rude behaviour by the doctors and staffs

Dimension wise, highest gap score was found for the responsiveness of the doctors and staffs followed by other aspects such as empathy, tangibility, reliability and assurance (Table 2).

Table 2: GAP Analysis of SERVQUAL Dimensions

Parameters	**Quality Statements**	**Mean Expectations**	**Mean Perception**	**Gap Analysis**
Assurance Exp. MS: 6.25 Per. MS: 4.92	Courteous and friendly behaviour of Doctors and staffs	6.18	3.95	2.23
	Wide spectrum of knowledge possessed by the doctors	6.35	5.32	1.03
	Treatment of patients with dignity and	6.15	4.86	1.29

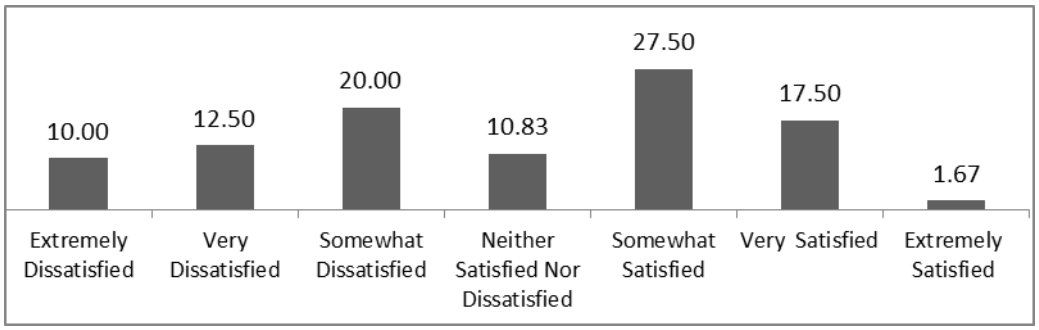
	respect			
	Thorough explanations to Patients about their conditions	6.29	4.8	1.49
Empathy Exp. MS: 6.15 Per. MS: 3.91	Feedbacks from the patients	5.97	2.88	3.09
	Round the clock availability of services	6.14	3.28	2.86
	Patients' best interests at heart	6.25	4.35	1.9
	Understanding about the specific needs of patients	6.22	4.37	1.85
	Personal attention given to the patients	6.11	4.42	1.69
	Patients are dealt in a caring fashion	6.22	4.15	2.07
Reliability Exp. MS: 6.20 Per. MS: 4.25	availability of Services in the appointed time	6.26	3.95	2.31
	Carrying out the services accurately	6.22	4.38	1.84
	Professional and competent doctors and staffs	6.2	4.58	1.62
	System of error free and fast retrieval of documents	6.12	3.8	2.32
	Cost of treatment and consistency of charges	6.2	4.52	1.68
Responsiveness Exp. MS: 6.26 Per. MS: 3.93	Provision of prompt services	6.34	3.88	2.46
	Responsive shown by doctors and staffs	6.32	3.88	2.44
	Attitude of doctors and staff that instil confidence in patients	6.22	4.35	1.87
	Waiting time not exceeding one hour	6.17	3.6	2.57
Tangibility Exp. MS: 6.24 Per. MS: 3.94	Up-to-date and well-maintained facilities and equipment	6.37	4.14	2.23
	Clean and comfortable environment and with good directional signs	6.26	3.6	2.66
	Neat appearance of doctors and staffs	6.08	4.09	1.99

Source: *Primary Data*

4.3 Overall satisfaction towards the hospital

When asked about the satisfaction level, around 46.67 percent gave a relatively positive feedback (somewhat satisfied, very satisfied and extremely satisfied) whereas around 42.5 percent gave relatively negative satisfaction scores (somewhat dissatisfied, very dissatisfied and extremely dissatisfied). About 10.83 percent of people remained neutral giving not a specific satisfaction remark (Figure 2).

Figure 2: Satisfaction Scores

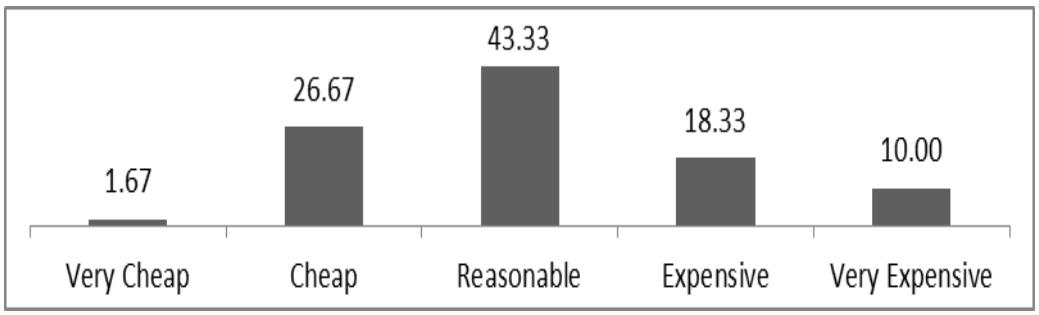


Source: *Primary data*

4.4 Concern towards the pricing of various services

When we tried to capture their concerns towards the pricing of various services, almost half (43.33 percent to be precise) found it reasonable whereas 28.33 percent of people found it to be expensive and 28.34 found it to be cheaper (Figure 3).

Figure 3: Views towards Pricing Options



Source: *Primary data*

4.5 Attitudinal loyalty

When we tried to capture the feelings of people towards the loyalty levels towards the hospital, overall a narrow margin of people accepted that the services of the hospital was comparatively good and also they were ready to give positive reviews about the same (Table 3). Similarly they were ready to recommend the hospital to their friends and relatives.

Table 3: Attitudinal Loyalty

Sl.	Statements	Mean Scores
1	I consider this hospital's services are good	4.12
2	This hospital's services are better than those of other hospitals	4.03
3	In general, the quality of this hospital's service is high	4.08
4	I will say positive things about this hospital	4.15
5	I will recommend this hospital to someone who seeks my advice	4.12
6	I will encourage my friends and relatives to undergo medical treatment in this hospital	4.17
7	I consider this hospital as the first choice for medical treatment	4.09
8	I will do all medical treatments in this hospital in the future	3.65
9	I will continue my medical treatment in this hospital, in case I change my residence to any other locality	2.94
10	In every visit, I find better quality in this hospital's service	3.38

Source: *Primary data*

4.6 Suggestions for improvement

In an open ended question, when asked about the list of factors disliked by the patients, we got the above responses which derive upon the fact that, not only the self view but also the opinion of the reference groups plays a part in determining the overall satisfaction of a patient. Also it can be found that, absence of a stronger administrative procedure can become a major hindrance in terms of providing adequate level of service quality for the customers.

Table 4: Things that They Dislike

Sl.	DISLIKES / GRIEVANCES ABOUT THE HOSPITAL	Percentage
1	Unhygienic conditions inside & outside of the hospital premises (Inadequate garbage handling / waste disposal systems)	62
2	Waiting time for availing healthcare and associated services	55
3	Unsafe premises in & out (Harbouring of Thieves, drunkards, & Goons)	51
4	Absence of feedback & grievance handling mechanisms	51
5	Rude Behaviours of Doctors and Staffs	46
6	Unavailability of equipments (Essentials and Regular)	45
7	Inadequate Infrastructures (Beds, buildings, labs, equipments, medicines, sign boards, power backups, good quality foods, drinking water facilities etc.)	44

8	Unsafe facilities (Unavailability of safety equipments, physical protections, issues of electrical short circuits & water slippage etc.)	42
9	Inefficient medical recordkeeping / retrieval system	42
10	Unavailability of experienced doctors & Specialists	42
11	Unavailability of Ambulance at the time of need	42
12	Uncontrollable Crowding at key places like the OPD Units, OT, medicine outlets and testing labs	41
13	Issues of corruption (Prescribing non-generic and large quantities of medicines and unnecessary tests & non-refund policy of high value medicines) & bribery (Claiming money for providing beds and other facilities) etc.	41
14	Only pushing for private practice / other clinics	39
15	Administration, (Lack of Control and Coordination, agents / brokers roaming inside the premises & harassing the patients, no single window services)	36
16	Improper lab tastings (Delay & Chaos in obtaining, processing, & publication of reports)	35
17	Unavailability of round the clock services and irresponsive nature of staffs in odd hours of operations	34
18	Inadequate facilities / amenities for patient's attendants	33
19	Informal / longer procedures of discharging after treatment / death / post mortem procedure	32
20	Improper attention towards the indoor patients	27
21	Improper functioning of specialist information system in the premises (Where to go and whom to consult?) for the patients	26
22	Inadequate / Inconvenient and unsafe parking places	22

***Source**: Primary data*

4.7 Way forward

The ultimate goal of a healthcare initiative is to provide cure from the diseases as well as satisfy the needs of the customers and consistently deliver high quality of services to provide the ultimate level of customer satisfaction. Then the generated customer satisfaction will lead to customer retention and earning the respect as well as profitability for the organization. In this regard, our study has revealed certain areas which can be improved and acted upon in order to generate sustainability in healthcare sector. The recommendations in this regard are as follows.

- ✓ As a service provider, we need to ensure that a pleasant / at least hassle free stay at our premises. For that we need to keep a constant touch with them especially during the service encounter phase. In this regard the feedback from patients has to be taken on a regular basis as it gives us an idea about the areas where we are lacking as well as gives a sense of assurance to the patients that someone is there to listen to their grievances.
- ✓ As the hospitals are always associated with diseases, we need to improvise the cleanliness both inside and outside of the premises under any circumstances which is a must do activity for the hospital authorities.
- ✓ Another area of improvement is the behaviour of the doctors and staffs in handling the patients as many a times we received very negative feedbacks in this regard. As the place where we conducted the interviews is a government entity, issues of misbehaviour, assault and abuse was a common matter of concern. Fir mitigation of such unfortunate incidences, we need to tighten the administrative / security grip as well as need to provide behavioural training to the people working there in order to maintain a mutual bridge between the service providers and customers.
- ✓ Implementation of stringent administrative model in the premises will ensure smooth flow of activities, chaotic traffic, and prevention of delays in any processes be it treatment, pathological tests or discharge / death / post mortem etc. Proper techniques to manage the waiting lines will generate fewer no's of complaints from the patients.
- ✓ The feedbacks of customers also get hugely affected by their reference group / attendants for which we need to ensure at least a bare minimum provision for them as well. Rest shades, dormitories, provision of clean drinking water, food at affordable costs etc. are some of the measures which can be taken for the attendants.
- ✓ Similarly we need to tighten the security aspects to eliminate the danger from both the facilities related (Safer equipments, safety from electrical failures, water slippage, other infrastructural facilities like broken staircases, lifts etc.) as well as from human elements (such as thieves, drunkards, brokers etc.)
- ✓ Need to ensure the strengthening of the infrastructural facilities like the helpdesk, clear signage & directional boards (multi language), ambulance services, elevators (where it is required), convenient & safe parking places and others to improve upon the patient care.
- ✓ Recruitment and proper training of more manpower in the system can give many hands and brain in providing optimum levels of services.

5.0 Final Words: With More than a Billion People as its Residents

India is the next big thing in the global arena. But as we discovered, there exists many loopholes which are preventing the smooth transition from a basic healthcare provider to become a global leader in holistic healthcare. Therefore some radical thinking as well as path breaking decisions has to be taken in order to transform the healthcare scenario. In this line, we need to focus upon the current state of the existing hospitals and try to improvise the overall quality of services offered.

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