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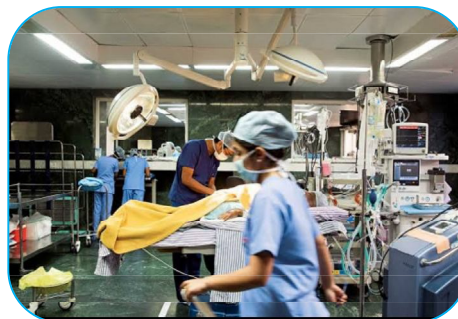
## “PROBLEMS / CHALLENGES CURRENTLY FACED BY INDIAN HOSPITALS TOWARDS SERVICE QUALITY IN PRIVATE HOSPITALS”

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### ABSTRACT:

*The purpose of this paper is to conceptualize hospital service quality (SQ) into its component dimensions from the perspectives of patients and their attendants; and to analyze the relationship between SQ and customer satisfaction (CS) in private hospitals the service industry in the recent two decades has gone through an un-precedent change. Because of the vast competition in nearly all the various different service industries the focus has shifted to the customer who rules and decides the success of any service organization. Health care industry has also been affected in a similar way. In India, the main stay of this industry is the hospitals which are either under the government control or in private hands*



**KEYWORDS:** *SERVQUAL, healthcare, service quality, customer satisfaction.*

### INTRODUCTION

Quality management process focusing on healthcare organizations emerged in the United States of America, incepted through the medical audits in 1900s. Gradually the audits transformed into quality standards, which later materializes into the current quality assurance processes. This transformation was guided through the formation of the Joint Commission on Accreditation of Healthcare Organizations, which is an independent not-for profit organization formed in the US during the year 1951. To assess the quality standards and to accredit the hospitals in India, the quality council of India

established the National Accreditation Board for Hospital and Healthcare Providers (NABH). However, quality management culture is still a novel concept in the healthcare organizations in India, which is slowly inculcating into the health sector across the nation. Healthcare quality management is getting more and more complicated when the hospitals integrate different departments and its related multiple specialties, which leads to change in the existing policies, procedures and organizational climate of healthcare institutions. As the multiple specialties and service

areas increases, there are probabilities of human errors or medical errors, which may be scooped out of the system to eliminate the possible slips. The phrase “medical errors” is an umbrella term for all inaccuracies that occur within the health care system, including mishandled surgeries, diagnostic errors, equipment failures, and medication errors. 1-2 Human errors in medical settings are natural, but it should be identified at the earliest and has to be reported to avoid repetition of the same. This may be made possible by providing the healthcare professionals with confidence and legal support for error disclosure. This raises

serious concerns and indicates that physicians may not be aware of the new legal protections afforded for error disclosure and if the health care system is to realize the benefits of error reporting systems, greater education of physicians regarding their legal protections may be needed.

## **Problems / Challenges currently faced by Indian Hospitals**

### **1. Crisis faced in Indian Health Care Sector –**

Necessity of Service Quality Majority of the hospitals particularly the government hospitals are severely under pressure due to the crisis being faced in delivery of qualitative services. This is found to be very significant factor among the all challenges faced by these hospitals. Even corporate hospitals, at times, are not exempted from these short falls. The more increase in awareness of patients, the more the crisis being faced in the hospitals. The demands are increasing day by day, as well the hopes. The inability of providing the anticipated services to patients leading hospitals to be on toes to search for a way wherein they can come out of this; proceed towards shore. 63 India, In the past one decade is fast becoming a global hub of medical tourism with wide range of health care centers catering to a spectrum of medical fields, namely, allopath, homeopathy, ayurvedic, yoga centric and so on for providing medical solutions to physical and mental related problems. The recent boom in the organized sector of medical hospitals, comprising small, medium, large hospitals and hospital 'chains', not to be left behind, the medical transcription fields as well, signifies the dawn of new era of successful phase in Indian health care services sector. The phenomenal growth in fitness centers across the country coupled with the surge in traditional pharma industries at global level suggest that India has been viewed as a reliable hub for medical solutions at competitive costs and more admirably with appreciable customer care. Touching upon this critical aspect of 'customer care' which determines the satisfaction level of customers of any service organization, more specifically, the hospital services, the Indian hospitals sector has woke up to this reality and working more on service quality aspects, viz. reliability and responsiveness which score over everything else in clinching clientele for hospital services. The current buzz word in this industry is 'customer centric' operations. Many incidents are reported daily in media exhibiting the inability of hospitals in passing on the required level of service to patients. Failure to attend the specific needs of patients making these hospitals to have retrospection as what exactly they are doing and explore the ways to modify them in order to gain the confidence of patients again. Service Quality is going to be one of the best solutions for these problems. The researcher here attempted to study this in elaboration. Some hospitals though practicing few service quality aspects, a gap is 64 potentially existent. Measuring that gap in service quality is the point of the need.

### **2. Competent and appropriately qualified staff availability**

As the hospitals are growing, as the needs of patients growing, the requirement for competent and qualified staff is also growing. Most of the .hospitals are finding this problem. The reasons may be multiple.. The country may not be producing enough number of required staff or the number of patients needed the services may be growing or even it may be possible that the number of hospitals offering the services may be growing. Yet another typical complexity may be the existing staff may not be equipped with the dynamic requirements of patient community. Recently, a patient met with accident brought to the Gandhi Hospital and badly in need of medical help. Due to either unavailability of necessary equipment, he was directed to some other hospital.

3. Coercion from the staff to attend the 'appropriate' facility. It could be the experience of some of the patients that during their visit to a hospital it could have been happened that some of the staff members varying from the capacity of highest ranked doctor to the lower category member of a hospital, a compounder might have not willing to attend the required support to them. It may be very less in degree in the staff holding highest capacities but it cannot be told that the coercion is absent

4. Level of fees to be borne by the patients in various forms including diagnostics, consultation, attendants, bed, nursing and other services

These problems are not only evident in corporate hospitals but also are quite visible and experienced in the government hospitals. Some these problems are not only evident in corporate

hospitals but also are quite visible and experienced in the government hospitals. Some 65 patients did expressed that though the government hospitals do not charge for consultation, bed and nursing charges, they are needed to spend money to external facility centers for services like diagnostics etc, due to the unavailability of the important services in the hospitals. Coming to the corporate and some private hospitals most of the patients are experiencing the pinch of fees and charges.

### **5. Cost of transport including ambulance services**

Except few trust based hospitals, it is the experience of relatives of patients while shifting the patients to hospitals. The ambulance service providers do charge them just adhoc and bargain based on the need and urgency of people. Though this is part of hospital services and must have been fix priced, majority of times, it goes unorganized. In other situation, there are few corporate and medical college combined hospitals in India which need special transportation services. Sometimes this costs the patients more than the normal and some other times, it is tough for them to find the travel mode.

6. Availability of diagnostic and therapeutic facilities In some of the hospitals, the patients have to either go out to distant places or opt out of the hospital due to the absence of some of the critical facilities like diagnostics and therapeutics. This could sometimes become very problematic to the patients because of scarcity of time and urgency of the services for further treatment

7. 24 hours availability of specialty service. This may not be a chance for big branded corporate hospitals. But there can be few secondary care hospitals and nursing homes without the availability of 24 hours specialty services causing very inconvenience for the patients who could have come to these hospitals with lots of expectations and urgency. Though this may not be a mistake of these 66 hospitals it is the patients who are not able to get the needy in time, in particular time of causality.

### **8. Large scale of the hospital being a threshold for some patients**

There are instances for few patients who visited the multi specialty corporate hospitals for a seemingly uncomplicated health problem. Most of these hospitals follow a method of facilities called "group technology" which allows concentrating their resources of one kind at one place. A patient will be made to move between these clusters in the process of consultation, treatment, diagnostics, etc, as many times as the patient becomes inpatient of moving so. In some of the government hospitals this problem can be due the size of the hospital geographically.

### **Miscellaneous Problems**

The below are some of the other problems which are equally worrying the administrators and researchers.

1. Community Involvement
2. Availability of drugs
3. Waiting time
4. Duration of consultation
5. Qualification of staff
6. Experience of staff
7. Efficient design of the building (ensures privacy, user friendly and efficient patient's flow)
8. Patient satisfaction

### **CONCLUSION**

The systematic review elucidates the fact that several studies prevails on quality of healthcare management in India, which varied across the review period from 1998 to 2018. The research attempt on quality management was inducted in the year 1998, but such studies were negligible in number until 2005. Even though there are studies on different aspects of quality management, the various factors of quality management were not addressed fully. The major research gap was identified under the areas of planning & documentation, employee participation in quality management activities, policies & procedures, some areas in quality & patient safety management, evaluation of the quality process and

its outcome, issues like perceived effect in quality improvement, like employee satisfaction and their opinion on training and development opportunities, and the future plans of quality management. This research gap illustrates that there exists a lacunae, which is to be filled with further studies, focusing the different quality aspects of management.

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