Chapter-7

Conclusions, Recommendations and Suggestions

7.0 Conclusions

The customers of both product and services over a period have become highly Quality consciousness. The Health sector is not an exception to this fact. According to KFF and AHRQ Survey (2002), people are more concerned about mistakes happening when they are in the hands of the health care system than when they are flying on an airplane. Large majorities say that information about medical errors (71 percent) and malpractice suits (70 percent) would be the biggest help to them in determining the quality of providers. The service providers to retain their customer in the long run relate ‘Quality’ to the satisfaction of the ultimate consumer and efforts.

The results of this study are in line with the hypotheses, which were framed in the beginning of this study. Like any other services, customers perceive and evaluate this sector following almost similar parameters.

The research work brings out interesting, expected and unexpected results. Most striking result is that both Doctors
and patients/attendants give very high importance to 'quality' per se. However, the finding of the study pertaining to less educated patients/attendants from small towns being highly conscious about quality aspects is not supported by any existing study. Qualifications of doctors as one of the quality indicators we find almost all patients/attendants give more value to this aspect. Although there are variations, but they are on expected lines. As education level and income level of respondents increases, the importance to qualification of doctors also increases, the similar results can be noted for the size of the city i.e. small town patients compared to large cities and metros give comparatively less importance to quality, and vice-versa. In analysis one more fact comes out that, patients/attendants consider qualification of doctors more when illness is serious; in case of minor illness they do not care about qualification as a major criteria for selection of doctors. The doctor's viewpoint on qualification is not found to be different from educated and effluent patients. However, they feel contrary about many patients view on importance of qualification of doctors as major selection criteria for choosing a hospital or Clinic for treatment. This is somewhat inline with the study conducted by The Kaiser Family Foundation/Agency for Health Care Research and Quality (2000), according to the
study if patients are asked to name the most important factor in determining the quality of health care, most of them consider that doctors' qualifications is key to determining the quality of care. People mentioned the qualifications of doctors (22%), followed by ability to choose your own doctor (7%), the patient/provider relationship (7%), insurance coverage of care and procedures (6%), affordability/cost (5%), and availability of appointments (5%).

Most of the doctors do agree that use of psychological tools is as important as medication in treatment of a patient; they also give importance to diagnostic tools in treating a patient. Female doctors give more importance to diagnostic tools then their male counterpart. According to Nair, (2004) there are no standards prescribed for the laboratories and not even a law that all laboratories should be accredited, and according to Balagopal, C (2004) in India about 80 per cent of the products used in the healthcare sector does not have any standards and would not be used elsewhere in the world.

Most of the doctors feel that language some times becomes a barrier in treating a patient, as it becomes difficult for them to explain to an illiterate or less educated patient/attendant in non-technical language. This in line with what Baile, W.F. (2001) has said, 'the basis for our relationships with our patients is in their ability to trust us, to be vulnerable enough
Chapter 7 Conclusions, Recommendations and Suggestions

to put their well being, and even their lives, in our hands. Good communication skills are an important mechanism for gaining our patients' trust.

Patients/attendants give maximum importance to their personal experience while opting a doctor or a hospital. For doctors it is a big challenge to satisfy each of their patients in order to build a positive reputation for them, as according to Shiffman 'each dissatisfied customer will share his or her grievances with at least 9 other people and 13 percent of unhappy customers will tell to 20 people about their negative experience'. To have a positive word of mouth it is necessary for doctors to have more and more satisfied customers (patients).

Patients while selecting a doctor, after personal experience gives importance to experience of friends and relatives, least importance they give to experience of other, this means advertisement would not be very helpful for doctors, to attract more patients. This is one of the reasons why it mostly takes so many years for a doctor to have a positive reputation. This is somewhat inline with the study conducted by The Kaiser Family Foundation/Agency for Health Care Research and Quality (2000), according to the study, In choosing a new hospital, people are more likely to rely a lot on their regular doctors or other individual doctors (64%) and friends and family members
(63%) than patient surveys (41%), groups of doctors like state medical societies (28%), their employers (25%), consumer groups (18%), government agencies (15%), and ratings in newspapers or magazines (12%).

Patients/attendants from all educational background and from small town are giving a lot of importance to cost factor which includes consultation fee, cost of medicine, cost of tests etc. There are few exceptions like patients from higher income group and patients/attendants from metros and big cities are not so concern about the cost factor. Instead of considering different cost like cost of medicine, consultation fee, cost of diagnostic test patients/attendants give more importance to overall package. Among male and female respondents females are giving less importance to cost, one reason for this could be that its mostly the male who pays bills, so naturally he is more concern about cost, similarly among patients and attendants, its later one who gives more importance to cost, for a patient primary concern is to get well as soon as possible, so for him cost is a secondary aspect.

Cost is one explanation why occupancy is so high in government hospitals in spite of their shabby and unhygienic conditions. These results are inline with the study conducted by Bhushan (2002), which says, Poverty and health are closely interrelated in an often-vicious cycle, with one being the cause
Chapter 7 Conclusions, Recommendations and Suggestions

or consequence of the other. Those who can afford are mostly avoiding government hospitals and are moving towards private hospitals and private practitioners. The tremendous growth we are witnessing in private health care segment is mainly due to this reason. Private hospitals and clinics are not just treating patients but they are providing them complete satisfaction. That's something very primary for any service sector. Contrary to this government hospitals do have best of doctors who are doing their best in treating their patients, but even then satisfaction is not there among patients/attendants.

Among physical factors hygiene and cleanliness is the biggest concern of patients/attendants, while selecting a hospital or dispensary. While doing analysis of physical factors, few very interest and surprising results came out, building and décor of the hospital was given least importance by patients/attendants while selecting a hospital/ dispensary or clinic, while doctors feel that patients/attendants give a lot of importance to this factor. Today we see so much money is being spent by private hospitals and clinic on building and décor, hospitals are now being built which are in many ways better than many 5-star hotels, but according to this study it is a waste of money. Similarly doctors feel patients give lot of importance to a doctor's personality and looks but according to this study this perception is wrong patients/attendants do not give much
importance to this factor also. Contrary to this respondents from metros and big cities give a lot of importance to availability and type of equipment in a hospital or dispensary although small town respondents are not giving much importance to this factor, reason for this could be, that there are hardly any government or private hospitals which are fully equipped, so they hardly have any option to chose hospitals or clinics on this aspect.

Patients/attendants predominantly give lot of importance to behavioural aspects. They consider a doctor good if he is polite (respondents from metro are not giving much importance to this aspect), devote ample time to them or their patient, explains things in a simple and non-technical language, is a patient listener and is not money minded, This is inline with what Kaiser Family Foundation, (2004) has found, according them if consumers are asked “What is quality of care?” consumers most often mention: access, cost, having a choice of doctors, doctors who spend enough time and doctor qualifications. This is consistent with the idea that technical quality does not vary, and what does are the interpersonal aspects of care. Contrary to this doctor’s feel that patients and their attendants are too demanding, they expect too much from their doctor, they want him to give maximum time to there patient only, they want him to be accessible any time they want.
Chapter 7 Conclusions, Recommendations and Suggestions

Doctors feel work pressure effects their behaviour. Although they agree a doctor should be polite with his patients, but they want to maintain a distance with their patients. This is inline with Friedenberg, R.M. (2002) study which says ‘deterioration of the patient-doctor relationship started after World War II, when multiple technologic advances led to increased specialization in medicine. Patients were increasingly referred to consultants, which diminished the relationship with their personal physicians. The patient-doctor relationship also suffered when corporate and group medical practices became common, and patients might not always see the same physician on subsequent visits’. Although, Doctors do not believe in creating an aura. They normally don’t want to meet patients except consultation hours, but patients/attendants from Delhi and Aligarh are giving lot of importance to easy accessible although respondents from Amroha are not giving so much importance to this aspect, the reason could be that Amroha is a small place where distances are very small so accessibility is not a big problem as compared to cities like Aligarh and Delhi. Here we find that there are a lot of contradictions in the thinking of patients/attendants and doctors.

Doctors in general do not give importance to a patient's economic, political and social background. For them a patient is just a patient who he is, from where he comes, what is his
financial position, he has nothing to do with it. We see this thing is more prevalent in private hospitals but in government run hospitals we find there is a lot of difference in the kind of services, which are provided, to a VIP and a common man. One very interesting result we got here is that, female doctors say that they do give importance to a patient's economic, political and social background.

Although a doctor in general may not give importance to patient's background but while advising his patients medicines and test, most of the doctors do consider a patient's economic condition. They mostly try to advice medicines and test, which a patient/attendants could afford. Doctors from all the three cities are giving a lot of importance to this aspect but doctors from Amroha are giving more importance to this factor in comparison to doctors from Aligarh and Delhi, in fact doctors from Delhi are giving least importance to this aspect in comparison to doctors from Aligarh and Amroha. The reason for this could be that economic condition of Amroha is very poor in comparison to Aligarh and Delhi specially; Doctors from Amroha come across many patients who are very poor, so they do consider this aspect more in comparison to doctors from Aligarh and Delhi where size of affluent patient/attendants is very large.
In case of emergency patients give prime importance to proximity; this is natural because in case of emergency the prime importance is to get the first aid. Even otherwise patient's attendants like doctors who are easily accessible, and are nearby but highly educated and rich do not think on the same lines they want the best even it is not nearby, we so many patients going to metros from small town of treatment, those who can afford even go to abroad for treatment.

One thing comes out from this study, just like any other service outlet, location is important even in health sector. To be successful a hospital or clinic needs a good location. A doctor has to choose a location according to his target market, for example if he wants to attract patients from higher income group, then he will have to find a location in posh locality.

We find very immense contradictions in the perception of patients/attendants and doctors. Almost all patients are strongly agreeing that scrutiny of a doctor's work is necessary, as it will bring transparency in doctors work and will also lead to better satisfaction of patients/attendants, but almost all doctors are very strongly against this proposal, they believe that they are in a noble profession, and scrutiny of their job is unethical and uncalled for.

Doctors are also against keeping their profession under jurisdiction of consumer court, where patient can claim
compensation in case of a mistake or negligence by doctors, but patients/attendants are strongly in favour of keeping this profession under jurisdiction of consumer forum, they feel this will lead to better treatment and safety of patients although doctors feel this could lead to unnecessary harassment, and they will not be in a position to treat their patients without restraint.

Doctors feel that in India they do not get the kind of respect their counterparts get in western countries. This shows that doctors are not very happy with their status in India, although even today it is one of the most respected professions in India. Cohen (2002) emphasizes that medicine is still a moral enterprise. Many doctors have become disappointed or disillusioned by the declining income and loss of autonomy and by the facts that they no longer command respect. This is one of the main reasons, for such a high brain drain in this profession; most of the good doctors from India are working abroad.

Government is spending hundreds and thousands rupees on each doctor, but people of India are not getting full benefit of this money. Patients/attendants do strongly agree that all doctors are not same; this shows that patients/attendants do evaluate each doctor on different characteristics.

One aspect on which both patients/attendants and doctors agree is that most of the patients/attendants feel that a good doctor is
one who gives speedy recovery. This leads to mistakes by the doctors, because in a hurry to give speedy recovery, they many times start treatment just on their diagnosis/experience and on the basis of patients complains and symptoms, and neglect diagnostic test which are time consuming. Many a times, a simple illness is a symptom for big problem, if a doctor start treating the symptom he cannot treat the actual problem. Patients/attendants are giving maximum preference to speciality hospital in comparison to referral and super-speciality hospitals respectively. Most of the referral hospitals are government owned and maintained, most of them are in very bad shape, their occupancy is still good because cost of treatment is very low, but this high occupancy does not mean that patients are satisfied, they are going to these hospitals just because of cost factor. Patients/attendants are giving more preference to speciality hospitals, which are mostly privately owned and are better maintained and equipped. Maintenance wise and facility wise super-speciality are the best, but they are too expensive and are out of reach of common man, in addition to this they are available mostly in metros. Most of higher income group, metro respondents have shown preference for super-speciality hospitals. In recent years we have witnessed a tremendous growth in super speciality hospitals, as today people who can afford, there first preference
Chapter 7  Conclusions, Recommendations and Suggestions

is a super speciality hospitals. The success of hospitals like Escorts heart institute can be contributed to this fact only. The above results are quite inline with what Hibbard, J.H. et al (2005), have said in their study, according to them If you choose the poorest quality hospital in your community for your surgery, you will have a three times greater chance of having a complication than if you have your surgery at the best quality hospital.

Quality gained prime importance in health sector in last few years, hospitals and doctors specially from private sector now understand, that to become successful they will have to concentrate on quality, as customers (patients/attendants) today a well educated, informed and highly quality conscious. Today a customer (patient/attendant) is ready to pay more for better quality.

Hospitals today to cater this growing demand for better quality are trying hard to achieve international standards of quality in India. In this regard they are trying to get quality certifications like ISO for there organisations from international agencies, as today they understand that patients/attendants do give importance to these certification. Many hospitals in India have got this certification like Escorts Heart institute, Delhi.
Chapter 7 Conclusions, Recommendations and Suggestions

However, quality is still secondary thing in most of the government hospitals, where bulk of the patients gets treated. Some firm steps are urgently required on part of the government to tackle this problem. State of Indian health care sector is very poor if we compare it with any of the western countries, in some cases it is even poor in comparison to many of the Asian countries, which are small and poor in comparison to India like Sri Lanka, etc.

Some immediate steps required by the government are: First the government should improve infrastructure of its hospitals. Secondly brain drain is a big problem in this segment. Thirdly it should look at the uneven distribution of medical facilities. All good government hospitals like AIIMS are situated in metros and big cities, while people from rural areas where bulk of the population lives still have to depend on quacks.

7.1 Recommendations and Suggestions

Based on the results of this study, the following recommendations and suggestions are proposed below:

➢ The Qualification of doctor is a paramount factor in their selection by the patients. Hence the doctor must give due importance to acquiring and highlighting it and shrunk off their old preconceived notion regarding qualification.
Chapter 7  Conclusions, Recommendations and Suggestions

➢ Complete satisfaction of each patient is must to develop a positive word of mouth for doctors. A satisfied customer would not only come back himself, but would also suggest others.

➢ Advertisement doesn’t seem to be a good medium for this profession. Here reputation is built over the years, the more satisfied customers a doctor has, the more famous he become.

➢ Doctors should be very conscious about the cost aspect; cost should be according to the target customers, for lower income group customers, cost is of the main criteria in selecting a particular doctor or hospital. For higher income group cost may not be a big concern, but then cost must match facilities.

➢ Hygiene and cleanliness is also a big concern for patients/attendants. Proper hygienic conditions should be maintained in a hospital or clinic to satisfy patients/attendants.

➢ Unnecessary investment on building and décor must be avoided as it hardly plays a role in selection of a hospital or clinic by patients/attendants. It would be better to invest more on equipments, as availability of latest and different equipments in a hospital or clinic is some thing given lot of importance by patients/attendants.
Chapter 7  Conclusions, Recommendations and Suggestions

➢ Apart from being polite to their patients doctors must try to spend more time with them, if a patient gets ample time to talk to a doctor and explain his illness in detail, he feels more satisfied, otherwise he keeps on thinking doctor has not understood his problem.

➢ Patients/attendants economic, social and political background should not affect a doctor. For them all patients should be same, if he gives undue attention to only few well off or known patients it leads to lot of dissatisfaction among other patients.

➢ Location selection must be according to target customers. It should be done on the same lines as it is done for any other service industry.

➢ Hospitals and clinics should be made in more planned manner, at the moment in India there is a lot of uneven distribution of hospitals and clinic. In area this segment has reached to a saturations stage. While in some areas patients have to go hundreds of kilometre to even get first aid.

➢ Government must come out with a low to bring about transparency in this profession, there must be some mechanism to scrutinise a doctors work. The low should take care of doctors also as it should not lead to unnecessary harassment of them.
Chapter 7  Conclusions, Recommendations and Suggestions

➤ Brain drain is another big concern in this segment, as most of the good doctors are always on a look out to leave this country, this is mainly because of the reason that they are dissatisfied with the overall system. They feel they would be in better position anywhere abroad. Government must look into this matter seriously and some steps are required urgently to stop this practice.

➤ Overall quality is still is secondary concern for any post in the hospitals and clinics owned and maintained by government. Whole system needs to be overhauled. Quality must be given prime importance.

7.2  Direction for future Research

The study can be further extended to gain insight into the other aspects of quality in health care sector.

Further studies can be carried out state wise in India, or comparative studies of different states can be carried out to bring forth better insight of the condition of health care sector state wise.

Studies can also be carried out according to different specialised segments of the health care industry.

More demographic dimensions could be added to carry out further studies.
Chapter 7  Conclusions, Recommendations and Suggestions

In this study, urban segment was taken into consideration; further studies could be carried to study quality of health care segment in rural areas.