CHAPTER VII

CONCLUSION AND SUGGESTIONS

7.1 Introduction
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The services sector has emerged as the largest and fastest growing sector of the global economy. Over the last two decades, it is providing more than 60 per cent of global output. This has increased its importance to the world economies. In Indian context as well, services sector has emerged as the largest contributor to the GDP with a share of 54 per cent in 2005-06 as compared to 52 per cent in 2000-01. The weight age of services sector has been increasing in overall GDP. Banking, insurance, transport and health sector are important service sectors which have recorded very rapid growth, specifically in 1970s and 1980s. This growing share of services is an indication that in future, India's GDP growth will be influenced considerably by the services sector. The services sector in India has constantly outperformed the rest of the economy in recent years in response to the reform programmes undertaken since 1991. In fact, the response to liberalization has probably been more in services sector partly because of lower fixed investment requirements. Moreover, in India technological advances have made it possible to compete on a global basis in the areas such as software development and information services.

The most recent trend in many service organizations is to consider quality service as a critical factor in enabling them to achieve a differential advantage over their competitors (Albrecht and Zemke, 1985; Berry et.al, 1989;
Leonard and Sasser, 1982; Ross and Shetty, 1985). Increasingly, quality is becoming a key variable in strategic planning. Organizations which are becoming leaders in quality service are characterized by the commitment of top management and a corporate culture that encourages a consumer and quality focus throughout the company (Albrecht and Zemke, 1985; Marshall, 1985).

Health care, along with banking, insurance, education and many other institutions is covered under services sector and as a fundamental right, health services are of paramount importance. Patients have been always careful when choosing a hospital or a health care professional that they expect will cure their health problem, will not harm them in any way and will not cost too much money. Ensuring quality of medical service is beneficial not only for patients but also for the health care provider as well. Patients who perceive they are content with service experiences are likely to exhibit favorable behavioural intentions that are beneficial to the long-term successes of the health care provider. However, if they perceive quality as unsatisfactory, they may be quick to take their business elsewhere. In India, many academicians and practitioners have highlighted the need for better quality of medical service in hospitals, mostly public sector hospitals, and offered guidelines for improvement in hospital services (Bhat, 1990; Buch, 1993; Mukhopadhayay, 1993; Prakash, 1989; Ramesh, 1993). These studies have also alarmed public sector hospitals that if the present trend of patient dissatisfaction continues unabated, they would lose their valuable patients to their competitors’ especially private hospitals. Therefore, service quality trends, today, play an important role in all service organizations, because excellent service quality is not an optional competitive strategy which may or may not be adopted to differentiate one service provider from the other, but it becomes essential to corporate profitability and survival.
In view of the tremendous and growing importance of quality of medical service in hospitals, the present investigation, into a largely unexplored area, was undertaken to examine quality of medical service in public and private sector hospitals in J&K and Chandigarh and probe objectively into the factors that help or obstruct in achieving quality medical care with a view to offer policy recommendations, on the basis of the findings of the study, for achieving much needed quality service in hospitals. The major focus of the study was to make a dimension-specific assessment of the quality of medical services and identify factors for patient’s satisfaction/dissatisfaction. Two public hospitals and two private hospitals were selected for the present study as they play very significant role in catering to the health care needs of the huge population in J&K and Chandigarh. In terms of employee and bed strength, these hospitals stand at the top. The research approach employed consisted of literature survey and field study. The study relied much on primary data. Primary data for the research was collected with the help of the self-developed questionnaire that was especially designed to achieve the study goals as outlined. To make the questionnaire reliable, a pilot study was conducted and the data was edited and purified through Multi-variation Technique of Factor Analysis with the help of SPSS software (13.0 version, refer to page 50). The Factor Analysis extracted six dimensions which were; nursing care, cleanliness and comfort, physician care, treatment results, registration and admission and food services. The gap model, propounded by Parasurmn et al., (1985) was used to obtain the information from the patients and the hospital management. Five hundred twenty patients, representing cross section of people (Table, 3.4, p.56) spread over J&K and Chandigarh were selected by following stratified random sampling procedure. In the same way, one hundred twenty officials holding different administrative positions with varied pay scales and other demographic variables were selected for the present study. While choosing hospital officials,
convenience sampling was used. Hospital officials holding different positions were purposely selected as they have more influence in their respective areas in administering hospital policies and procedures. After collecting data, the same was analyzed and processed with the help of various statistical tools.

Based on the objectives of the study, the entire subject matter has been divided into seven broad chapters. An attempt has been made in the present chapter to recapitulate the major findings of the study with a view to draw conclusions and analyze critically the implications of those findings. Suggestions for better medical service in hospitals also feature in this chapter.

7.2 Conclusions

The analysis of quality of services in hospitals clearly reveals that quality of medical service of private hospitals is comparatively much better than public hospitals. Particularly FORTI'S medical service is relatively better than other three hospitals in the study. The comparative service quality scores of hospitals reveals that FORTIS followed the SACMH figures high on quality of medical service while as SMHS followed by SMGS figure low on quality of medical service. Public hospitals are very poor on nursing care and treatment results. Private hospitals, especially, FORTIS scores high on registration and admission and cleanliness and comfort. These findings lead us to the conclusion that there are severe deficiencies in nursing care particularly in promptness of nurses and interaction of nurses with patients among public hospitals. This research finding suggest, that public hospitals should increase nursing staff and they should be given proper training regarding their behaviour with patients and management of huge turnover of patients.

The quality of medical services in hospitals across demographic variable (income) reveals that there is a little variation in the quality of medical services as reported by the first three income groups. However, the quality of medical
service received by upper income groups is relatively high as reported by the respective patients. The high variation in the quality of medical services enjoyed by upper income groups may be due to their level of education, health consciousness and knowing their rights as patients. Compared to it, the quality of medical services as reported by the upper income groups in private hospitals does not show much variation.

The quality of medical service by hospitals, under study, as reported by different age groups reveal that quality of medical service in SMHS is low at higher age group where as there is minor variation at lower age groups. SMGS also reveals same story except slight increase in quality of medical service at high age groups. Private hospitals also reveal contrasting story, the quality of SACHM decreases as the level of income of age group goes up and in case of FORTIS, it shows minor variation in 1st two age groups but increases to some extent at the higher age group. The variation in quality of medical service of different age groups should have been accompanied by some other information such as income, level of education or profession which could help in the explanation of such variation. In the absence of such information, it is difficult to understand such a variation.

As far as business and service group patients are concerned, all hospitals provide relatively better quality of medical service to business group, except SMGS, which provide better medical service to service group patients. The only reason for better quality of medical service to business is that there level of income is relatively higher in comparison to service group patients.

The quality of medical service of hospitals, under study, as reported by male and female group respondents reveal that all hospitals except SMHS, provide relatively better service to male group as compared to female group. The reasons for better quality of medical service to male group are that their
education, involvement in economical activities etc, is relatively higher in comparison to females. This research finding support one of the earlier research finding of the study.

Service quality is a measure of how well the service level delivered matches customer expectations. Delivering quality service means conforming to customer expectations on consistent basis (Lewis & Booms, 1983). The findings of the study regarding patient expectations and perceptions reveal that public hospitals fall much below the expectations of their patients on overall quality of medical service in comparison to private hospitals. However, only FORTIS hospital exceeds the expectations of its patients on all dimensions of medical service. This research finding, to great extent, is in the line with the research findings of (Hardeep et al., 2004). Private hospitals particularly, FORTIS backed by latest technology, qualified staff, good equipments and instruments, healthy conditions, etc., is providing better medical services as compared to other hospitals, under reference.

The analysis on quality of medical service perceptions between hospitals and their respective patients reveal that there is a significant perceptual gap on quality of medical service among SMHS and SACMH and their respective patients where as the perceptual difference on the quality of medical services among SMGS and FORTIS and their respective patients is narrow. SACMH exceeds the perceptions of it’s’ patients on all dimensions of quality medical service while as SMHS falls below the perceptions of it’s’ patients on all dimensions of quality medical service except on physician care. This research finding leads us to the conclusion that, except SMHS all the hospitals in the study have correct assessment of the quality of medical service they are delivering to their patients. SMHS is lagging behind and has incorrect assessment about the quality of medical service it is delivering to its patients.
Unfortunately, there is no research evidence to support this particular finding of the study.

There is a significant variation on cleanness and comfort dimension of quality of medical service followed by nursing care as reported by respective respondents in the sample organization. The overall variation in quality of medical service among sample organization is 41.45 per cent. Within this variation, the variation on cleanness and comfort followed by nursing care dimension is 36.39 and 36.33 per cent respectively. This is important finding for public hospitals, which suggests that SMHS needs to take immediate steps to improve quality of medical service on cleanness and comfort. Other important finding regarding nursing care is that except FORTIS, all other hospitals, under study need to increase the nursing staff and recruit professional nurses so that the workload on nursing staff decreases and they can give more time to their respective patients.

The analysis of quality of medical services between public and private sector hospitals leads to conclude that quality of medical service in private hospitals is relatively better in comparison to public sector hospitals. There are many reasons for such high quality of medical service in private hospitals. The reasons for such a variation are: availability of well trained medical and paramedical staff, hygienic conditions and innovative methods of providing health care. Private hospitals practice patient-oriented strategies to meet the needs of their patients. Public hospitals on the other hand have been quite slow in recognizing the patient-oriented approach in their hospitals. Also private hospitals frequently conduct patient satisfaction studies to monitor service standards which help them to point out or pin point the areas of deficiency and thereby corrective measures help them to maintain quality services. This practice is almost absent among public hospitals.
7.3 Suggestions

In the relevant chapters, a number of suggestions have been put forth in connection with delivery of quality of medical service in hospitals. Many of them are of fundamental nature and important and are summarized below along with some other principal recommendations, having broad policy implications:

1. The results of the study clearly reveal relatively poor quality of medical services in public hospitals in comparison to private hospitals particularly on nursing care and treatment results dimensions of quality of medical service. Public hospitals are lagging behind on interaction of nurses with patients, polite treatment of nurses, intelligence of nurses, quick response from nurses, promptness of nurses, long waiting time for patients, blood bank services, methods of explaining the results of tests, availability of medicines and polite treatment. These findings suggest an increase in the number of nursing and paramedical staff with proper training regarding their behaviour with patients.

2. Poor quality of medical service in public hospitals is also due to the inadequate trained staff. Thus there is a dire need to redesign the policies regarding the selection of staff in public hospitals so as to ensure delivery of good quality of medical service as per the patient requirements.

3. The result of the study also show that public hospitals are below the expectations of their patients on majority of elements of quality of medical service in comparison to private hospitals which suggest that these hospitals should continuously assess and reassess how patients perceive hospital service so as to know whether the hospital meets, exceeds or is below the expectations of their patients. Such an
appraisal is a difficult task because customer (patient) service is complex in nature and dynamic in action. A good service may become indifferent service tomorrow and a bad service next day. Frequent patient surveys, therefore, throw light on ratification and refinement which will go a long way to improve the quality of medical service in hospitals. It is also suggested that some patient surveys should be conducted through external agencies so that public will repose confidence on the results of the surveys.

4. Patient-oriented, complaint handling, grievance handling trainings should be imparted to newly recruited as well as existing para-medical staff in order to reorient them with changing quarries and grievances of the patients. Moreover, complaint handling and grievance handling cells should be opened in order to encourage patients to register their complaints and grievances as these are the best sources of patient-initiated market information for creating, maintaining and monitoring the needed strategic actions.

5. Nursing care is also important to provide the quality of medical service to patients. The nursing staff should be friendly, sympathetic, prompt and courteous to all patients under all circumstances. To achieve this objective, the nursing staff should be given some training separately or along with the technical training in dealing with patients in such a way that patient health care needs are met humanely.

6. The shortage of medicines in public hospitals further aggregates patients problems. The management of public hospitals should see that there is an adequate stock of medicines in the hospital units or wards. The stock should not be provided according to the quota
system as presently done but according to the requirements of the patients.

7. The management of public hospitals should also supervise sanitary personnel taking their jobs seriously. The cleanliness of wards, corridors, toilets etc. Some sort of punishment or fine should be initiated both for patients and sanitary staff to maintain the level of cleanliness and comfort.

8. Specialized and competent physician availability is not the only requirement for the efficient and proper functioning of hospitals, other factors likes politeness, outlook, way of speaking, thinking etc are also important and these should also meet the expectations of the patients (Jha, 2001; Krishnaswami, 1991 and Buller and Buller, 1987). For this purpose, it is suggested that some type of orientation course on human psychology be given to them or psychology as a subject be introduced in their course of study. This will help physicians to understand the behaviour of patients. The management should also ensure that physicians or doctors are present during working hours. Also the government should increase the number of physicians as there is shortage of physicians in public hospitals as reported by the respective patients, so that patients waiting time be minimized and they get more time for check up.

9. The mechanistic attitude of the hospital employees is the major factor responsible for the average medical service for both the employees as well as patients with respect to caring attitude, friendliness, helpfulness etc, All these elements are identified as very significant in improving the level of satisfaction (Parasuraman et.el, 1988). As such it is suggested that staff should be concerned, caring, friendly
and helpful towards other employees and patients under all circumstances.

10. Government should take initiatives to implement some new schemes for the benefit of hospital staff or employees in the form of reward, appreciation, certificates, bonus etc to improve the performance of medical staff. These schemes will help in increasing the patient value in public hospitals through satisfied employees enjoying better monetary benefits.

11. Regular surveys and inspections must be held to verify the quality of medical service being delivered to patients in public hospitals. Thus it is suggested that management should form a committee/team of experts to keep a regular watch on the performance of other officials who are directly/indirectly responsible for delivering such services.

12. Hospitals must pay attention to potential failure points and service recovery procedures which become integral to employees training. In other words, it amounts to empowering employees to exercise responsibility, judgment and creativity in responding to patients' problems.

13. Lastly, managing the perceived quality of medical service means that the hospital has to balance the expected service and the perceived service in such a way so that patient satisfaction is achieved. In order to keep the gap between the expected service and perceived service as small as possible, it is important that the promises about how the service will perform, given by traditional marketing activities and communicated by word of mouth, must not be unrealistic when compared to service the customer eventually will perceive.
The implementation of the above identified suggestions have certain managerial and research implications and have a direct bearing on quality of medical service in hospitals particularly in public hospitals. The researcher has reasons to believe that the conclusions of the study, along with the suggestions, if rightly perceived and properly implemented will certainly go a long way in improving quality of medical service in hospitals. Since consumer behaviour is dynamic in nature and consumer expectations change continuously, as the level of income, education or socio-economic environment changes, there is always need for research and in-depth study to bring out, from time to time, the factors responsible for consumer satisfaction/dissatisfaction in hospitals. The present study has brought out some research gaps, which have a strong bearing on quality of medical service vis-à-vis performance in hospitals. It is, therefore, suggested that more detailed investigations into such a vital issue need to be taken up by separate comparative and contextual studies. Also the measurement of service effectiveness using internal service quality gap and external service quality gap as suggested by (NHS, 2004) will help in understanding the parallel movement of the employees and customers towards service delivered and received.