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Quality of Health Service: Issues and Measures to Improve

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Abstract

Health service is considered fundamental right of every citizen in the Constitution of Nepal, so it obviously becomes obligation of the State. Service quality has many dimensions, among them responsiveness towards patients is an indispensable one. Service quality and health service quality are defined differently by different writers. To improve health service quality, some measures are deemed necessary to be taken immediately. Among them, ingraining a culture of quality and use of technology are primary ones. This article focuses on the problems in health quality and some measures to be adopted in order to improve the service quality.

Keywords: Health service, National health center, OCED, MSS, ICT

Breaking the Ice

Health service is considered fundamental right of people, so it obviously becomes obligation of the State on other side as per the Constitution of Nepal. Health service denotes different types of services - preventive, curative, promotive, rehabilitative and palliative. Each type of service becomes relevant and necessary to people as per the health status at a particular time period. Sometime more than two types of services become a need for a person. For example, a person suffering from diarrhea may need curative service and as it gets cured, that person needs preventive and promotive services like how to maintain hygiene and have nutritious diet for full recovery at optimum pace.

In one article, it would not be appropriate to discuss quality of all types of health services, so we have chosen curative service quality for this article. This article will begin with scenario of two leading hospitals located in Kathmandu. Then, concept of curative health service will be presented drawing from existing literature. Then, views of writers to improve health service quality will be included.

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Scenes of Two Leading Hospitals

We had a conversation with a gentleman regarding his experience of health service at Shahid Gangalal National Heart Centre (SGNHC). He had accompanied his brother for angiography (a test to assess the blockade of artery of the heart) at 8 am as asked by the hospital. More than 20 other people were called for the same purpose at the same time. Each patient was accompanied by one or more people, even 5-6 of some. As time passed by, the group got converted into a crowd. The waiting space and chairs ran out of capacity, and people either stood or sat on the floor. About 30 minutes was required just for the angiography procedure and approximately the same limit of time was spent for in case of stent inserting deemed necessary. Only a few of them needed stenting. His brother was taken to the procedure room only at 3.30 pm, few others at that time were still waiting for their turn. The complaint he had was not on technical skills rather it was regarding managerial fallacy. "Why all 20 patients were called early morning at the same time as they knew that the entire day would be an angiography day" was the question he raised. They could have been invited serially taking into consideration on the possible time for their treatment. Thus, it would prevent long waiting hours and crowd in the hospital waiting room. While government's health ministry has made public call for physical distancing between people to avoid possible transmission of corona virus, the scene there suggested was just opposite of what the government expected to be. (AP, 26 August 2021))

The two examples given above show that by virtue of the newer technologies and the internet, booking of OPD tickets at favorable time is already being practiced by many organizations even in Nepal. But it is saddening to hear about the experiences as mentioned above which, frankly, indicate that our public hospitals are apathetic to adopt processes and technologies that could create ease the service transaction process.

The quality of services provided by the government hospitals as mentioned above demotivate people leading them to seek services from private health institutions. People who choose services from private hospitals have also found that they feel exploited/cheated. Recently, one vernacular daily carried out news story of 9 cases being kept hostages by private hospitals because patients could not pay the hospital fees. *(Naya Patrika, 17 Bhadra 2078 (17 Aug. 2021))* Fundamental rights (Article 35, Health Rights), as enshrined in the Constitution of Nepal reads – 'no one shall be deprived from emergency health services'. Most of those patients were injured in accidents, so those cases fell under emergency health service category. It clearly shows the plight of Nepali people. If they choose public hospitals, their services are very poor in quality and, if they choose private hospitals, they might get exploited inhumanly. In Nepali, there is one proverb, *Taawa bata ufrera bhungro ma* (from hot pan to furnace), and it comes to be true for the patients, who neither get satisfactory service at public hospital nor at the private hospital.

Concept of Health Service Quality

Quality is a lovely word. Undoubtedly, every person would love quality goods or services. But, there would be no unanimity on which feature of goods or services people value most as the quality. So, by quality, people might have understood different things. For example, if trendy item is considered as the quality item, it may be compromised in terms of durability. A popular saying goes by "no trendy fashion item lasts longer." So, to be trendy and durable at the same time is almost impossible. But, people often like both qualities as good though it is very hard to find both

qualities at the highest possible level. So, it is obvious that quality means different attributes to different people concerning to the good or service.

Generally, quality is defined as a measure of the degree to which a good or service meets established standards or satisfies the clients. Quality according to this measure is judged by two different groups. The first is the client, if a client is satisfied by service received then product or service can be considered as of having quality. Producers, however, should strive for more than making clients satisfied; they should attempt to instill in clients the belief that they are getting the most value of their money. If satisfied clients believe they can get even greater value of their money, they will like to spend funds elsewhere or on different products or services.
The second is the inherent quality of goods or services. Service, health or other, produced and consumed simultaneously. It cannot be stored. For example, a doctor's medical diagnosis service is produced when the doctor performs medical check-up and the service is utilized at the same time, simultaneously. (Ross, 2014)
Service quality vary, it cannot be the same for different persons. If service is provided by an expert following designated procedure, we assume that would yield intended outcome, means being of good quality. But, as it (service) cannot be stored and variation in quality may take place due to different reasons, primarily service quality depends also on a service recipient's particularity – natural and behavioral. For example, in the same type health problem, the same curative service may cure one person and another person may not get same recovery. This happens due to individual particularity. As service is the output of co-production of service provider and service recipient, if service recipients does not follow recommendation of a doctor correctly, s/he may not get the same remedy. This happens due to behavioral particularity of service recipient.

Service has some features. In this regard, (Ghobadian, 1994) presents the followings:

(i) *Inseparability of production and consumption:* When service is produced, consumed at the same time, as mentioned above.
(ii) *Intangibility of service:* Service is intangible. It cannot be physically seen, touched but can be felt.
(iii) *Perishability of service:* When service is produced, if at that time, it is not consumed, would be destroyed. For example, if in one theatre, a drama is shown, people do not watch, it would be destroyed, no later someone can watch.
(iv) *Heterogeneity:* Services cannot be produced the very exactly the same as it happens in case of goods. Such a difference happens because service is produced not only by service provider but also by service recipients. Service is the function of producer and recipient. For example, medical check-up service is produced by a medical doctor and a patient jointly. If a patient does not cooperate properly to the doctor, s/he may not be able to diagnose disease properly.

Now we move to the discussion of health care service. Health care (also health-care or healthcare) is the maintenance or improvement of health status through the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments . Health care is delivered by health professionals and allied health fields. It includes the work done by providing primary care, secondary care, and tertiary care, as well as in public health. As we talk about healthcare service quality, it intends to produce best possible health outcomes. Health

outcomes are to make people achieve better health conditions by prevention, cure, recovery or palliative care.

As applied to other services, healthcare service quality has to be seen from two perspectives: from the perspective of the service recipients and the service provider.

a) **Service recipient perspective:** This perspective focuses on satisfaction. The how aspect of service delivery is emphasized. For example, the long queue for waiting and dismal waiting condition cannot make people satisfied though technical aspect of service, i.e., medical diagnosis and treatment are as per technical standard *at par*. This perspective focuses more on managerial aspect of service provision.

b) **Service provider perspective:** They focus either on technical aspect or in applying relevant science, technology. For example, in case of medical service, applying latest medical knowledge and skill related to healthcare is enough. This perspective does not give much attention on managerial aspect of service provision. With reference to the above two cases, the doctors might have provided technical service as per standard, but less attention was paid on managerial aspect.

Health Service Quality Dimensions

The word 'quality' is understood as a package of different attributes. However, it may differ in which attributes to be included under quality criteria. In the discussion of service quality, SERVQUAL model has been developed by Valarie Zeithaml, A. Parasuraman and Leonard Berry in 1988. In the beginning they had identified 10 dimensions. Later they revised it and specified the following 5 dimensions (RATER) of service quality:

R- Reliability is the firm's ability to perform the promise service accurately and dependably.
A- Assurance is knowledge and courtesy of employees and their ability to inspire trust and confidence.
T- Tangible refers to physical facilities, equipment and appearance of personnel.
E- Empathy is caring and individualized attention paid to customers.
R- Responsiveness is the firm's willingness to help customer and provide prompt service.

Each attribute includes following sub-attributes; altogether we find 22 attributes:

Reliability

- Respond within timeframe,
- Reassuring when problems arise,
- Dependable,
- Service delivered at the time promised,
- Accurate records.

Assurance

- Employees are trustworthy,
- Customers feel safe in dealings,
- Employees are polite,
- Employees have support to do their job well.

Tangible

- Up-to-date equipment,
- Visually appealing facilities,
- Well-dressed employees,
- Facilities consistent with industry**.**

Empathy

- Firms provide individualized attention,
- Employees provide individualized attention,
- Employees understand customer needs,
- Employees have the best interests of the customer in mind,
- Operate at convenient hours.

Responsiveness

- Inform customers when service will occur,
- Prompt service from employees,
- Employees willing to help,
- Employees respond to requests.

SERVQUAL has been in use to measure service quality. It was actually designed for private sector, i.e., profit-making service business, but later started to use also in public service organizations. SERVQUAL measurement has more emphasis on service recipient perspective. So, to measure service quality, service recipients are asked to give their perceptions about the service so far they received.

For healthcare organizations, six dimensions of quality are widely used. These are used by healthcare professionals and policy makers with simple rules for redesigning healthcare. They are known with the acronym STEEEP. (Nash, 2019)

S - Safe: Harm should not come to patients as a result of their interactions with the medical system.
T- Timely: Patients should experience no waits or delays when receiving care and service.
E- Effective: The science and evidence behind healthcare should be applied and serve as standards in the delivery of care.
E- Efficient: Care and service should be cost-effective, and waste should be removed from the system.
E- Equitable: Unequal treatment should be a fact of the past; disparities in care should be eradicated.
P- Patient-centered: The system of care should revolve around the patient, respect patient preferences, and put the patient in control.

Improving the quality of healthcare in the STEEEP-focus areas requires change to occur at four different levels. *Level A* is the patient's experience. *Level B* is the microsystem where care is delivered by small provider teams. *Level C* is the organizational level—the macrosystem or aggregation of microsystems and supporting functions whilst level *D* is the external environment, which includes payment mechanisms, policy, and regulatory factors. The environment affects the

operation of the organizations, operations affect the microsystems housed within organizations, and microsystems affect the patient. “True north” lies at level A, in the experience of patients, their loved ones, and the communities in which they live.

STEEEP model of health service quality has been accepted by World Health Organization. In the publication, *'Delivering Quality Health Services: A global imperative for universal health coverage'*, jointly published by World Health Organization, World Bank Group and OECD has added one more quality, i.e., integration in addition to STEEEP. Integration means all dimensions should be considered in integrated manner. It should not be considered independent, rather complimentary, supplementary and pre-requisite to each other. Thus, the acronym of health service quality is STEEEP-I.

Discussion of Nepal's Case with Reference to Quality Attributes

In this article, two examples of healthcare quality status of two leading public hospitals located in capital Kathmandu were mentioned. In both hospitals, patient's concerns over waiting for service and avoidance of risk of corona virus transmission were grossly ignored. In both models of service quality- SERVQUAL and STEEEP plus Integration, paying due attention to service recipients' concerns is to be taken seriously. Shoddy behavior towards patients' concern is clear indication that in health institutions dedicated to clinical service matters a lot. Though health service quality has many dimensions and overall quality can be derived from the calculation of score against each dimension, above glaring experiences of patients clearly indicate that very less heed is paid to patients' concerns, though on technical aspect service might be at par. We have seen that many doctors who work for public hospitals also work for private hospitals. It means technically the knowledge and skill they put on their services is the same, but patients prefer to receive their services at private hospitals. Thus, it is evidently becoming clear that rather than technical, managerial reason entices them to prefer private hospitals. It also clearly hints that management improvement is more important in public hospitals than the technical one. Managerial aspect of service is the major reason to make people prefer private hospitals.

In order to improve the quality of service at public hospitals, some measures can be applied. Here, we discuss some specific problems and the measures to address those problems.

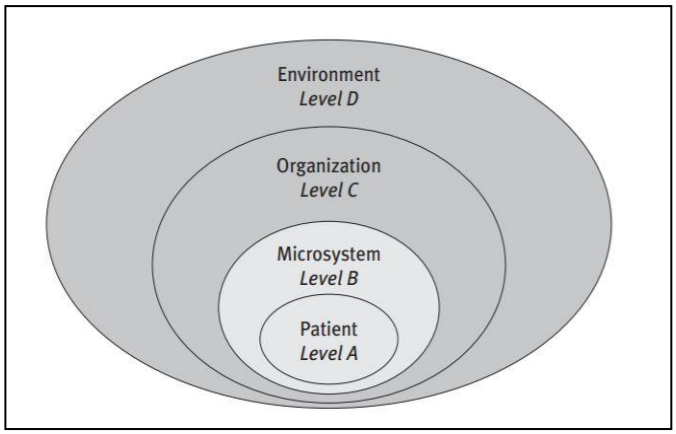

Figure 1: The four levels of healthcare systems.
Source: Ross, T. K. (2014). *Healthcare Quality Management.* Jossey-Bass.

a) Ingrain a culture of quality

In our public organizations, we see apathy towards quality. The main reasons behind such apathy are as follows:

(i) First, public organizations' achievement is not assessed on the parameter of profit that could be measured objectively. Public organizations' achievement are to be assessed on the ground of public values – like prompt service on one hand and on other hand, priority to be given to certain group of people. If we give priority to certain group of people, then other people have to bear the pain of being forced back to second, third priority. Besides, who should be the subject of priority and singling them out from others become difficult and debatable phenomenon. Thus, this creates oblivion towards the purpose and measuring criteria. When there is no clarity about what to be achieved, of course, the efforts become rudderless.

(ii) Second, the organizational leaders are not appointed or posted based on the criteria that help to put the best person on the position. In our context, political inclination towards the appointing official plays vital role. If unprofessional criteria become the main criteria of appointing the main leader of an organization, of course, the performance of the organization gets jeopardized.

(iii) Third, the assessment of performance and achievement is not conducted on the ground of service quality. Medical professionals are found paying attention only on technical aspect, not on managerial aspect. They even do not know or pay attention on how long a patient has waited and how the waiting condition is. Hospitals' senior officials are medical professionals and they focus more on technical aspect, thus management aspect of services receive less attention.

Thus, to ingrain the culture of service quality, following measures would be helpful:

(i) Benchmarks of service quality needs to be set. For examples, the waiting time would not be more than this duration; not more than 20 percent of people stand due to shortage of available waiting chairs and so on. Benchmarks needs to be developed and implemented in consultation with hospital staffs. The Ministry of Health and Population has developed Minimum Service Standards (MSSs) for different levels of hospitals that focus on prerequisites that make the hospitals able to deliver service with quality. But it does not guarantee that services are provided. For that end, there should also be a provision of the assessment of service quality by service recipients, because the service quality is to be assessed from two perspectives that has been already mentioned above.

(ii) The appointment of Chief of the hospital should be on professional ground that means emphasis should be given more on managerial capacity, rather than on technical capacity. So far, political inclination of the person with the sitting minister of the ministry concerned becomes main criterion of the appointment or posting of the chief of important hospitals. Such tendency does not play positive role in upscaling quality of service of hospitals.

b) Use of technology

These days, technology has advanced so much that it can help hospitals to enhance service quality. Buying ticket and fixing appointment with a doctor has become possible by virtue

of information and communication technology (ICT). Despite the virtue of such advancement in ICT, patients have to line up from 4 am in the morning for ticket and again wait in front of OPD room for hours without knowing when would be own turn is pity to big hospitals as mentioned above. Bir Hospital's Administrative Officer had told the news reporters that the turn coupon issuing had become dysfunctional, so patients had to queue up from 4 am in the morning. Not only to help queueing up, but even buying online ticket can be made possible, it should not be a big deal. If we can buy plane, bus, cinema ticket online and choose even seat number, why should not it be possible for hospital. This provision has not been applied in government hospitals just because proper initiation has not been taken.

We must acknowledge that in public hospitals, people unaware and unskillful to use ICT-driven provision to receive hospital services, some people to help them can be assigned. If staff is in shortage, volunteers can be mobilized. This is how we could manage the problems.

Conclusion

Health service quality is the matter of concern to both the public and the government. Health service provided by public health institution with poor quality yields no intended outcomes. It makes people choose private service that has been experienced exploitative or costly in Nepal. Improving health status of people is considered primary responsibility of the government, so the government should pay more attention towards the improvement of health service quality provided by public institutions. These days such services are delivered very poorly. There are some basic measures on which government needs to pay urgent attention.

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