CHAPTER 2

QUALITY OF HEALTH SERVICE

Recapitulation

The previous Chapter has given an overview of the public health service and has outlined the problems confronting the health service, especially the peripheral health system. It has also covered the objective of the study and the organization of the study. This Chapter reviews briefly the spread of the quality movement to the public service and particularly to the health service. It looks into the quality concept and aspects of economic quality and patient-driven quality as they relate to the health service. It covers the approach to economic analysis and the theoretical concept of customer satisfaction in relation to the health service.

Quality Wave In Public Service And Health Sector

A brief account of the dissemination of the notion of quality to the public service and the health sector is being given. After the Second World War, in the 1950s, Japan which followed the quality methods of Deming and Juran, made a breakthrough in the world market with its superior export product and quality service. Japan’s success stimulated a renewed interest in the quality system in the west and other parts of the world. Further the release of the ISO 9000 series in 1987 led to “a scramble to become registered to the ISO standards” (M. Zairi,
1996). The ISO 9000 series represent a set of internationally agreed standards to help organizations to provide better products or services in order to satisfy customers. Besides being endorsed by private companies the quality system also appealed to the public sector. Quality is perceived as a “compelling value” (A. Wilkinson et.al., 1995) to raise service standards. As the quality revolution propagated to different sectors, health care institutions have been hard-pressed to provide quality service. According to A.F. Al Assaf (1993), “Total Quality did not take hold in the health care sector until the late 1980s”. After an emphasis on refined equipment and high technology, health care institutions are paying more attention to the quality aspect of health service delivery.

**Definition of “Quality”**

The term “Quality” has many different definitions. This is because quality actually possesses several distinct dimensions. For the purpose of the study it is proposed to use the following definition of quality: “Quality reflects the totality of features and characteristics of a product or service which bear upon its ability to satisfy a stated or implied need” (BS 4778, ISO 9000). The way quality has been defined may help in the course of the study to examine the delivery of health service at the peripheral health system. The definition of quality given brings out that quality is not judged by a specific aspect of a service, say medical consultation, but by the way health service in general at the health center is delivered. This implies that the quality of the health service at the health center is assessed in terms of whether the center is clean, the health staff are neat and
tidy, the health staff are helpful and provide prompt service. To attain such all-round quality of service it is important for the health center to have a mission statement in respect of quality of service. Management of the health center must plan, develop a system, devise processes and determine the task each unit and each staff has to perform to meet the goal of quality of service. It is felt that quality seen in this light subscribes to Juran’s three fold approach of “quality planning, quality control and quality improvement”.

It is important to provide for control in a system to be able to take preventive action if there is deviation to procedures. It is necessary to bear in mind that there is no final or end state to quality. There is need for continuous improvement. Quality on the basis of the definition given is geared to satisfy a need, particularly the need of the customer. So quality is customer-oriented. Viewed in this sense the notion of quality aligns itself with the philosophy of Total Quality Management (TQM), the quality method which is currently applicable. Total Quality Management (TQM) is a method based on system thinking, with well-conceived processes, interrelationship between units, team-work among the personnel and a search for continuous improvement. The guideline of the Total Quality Management (TQM) will be helpful to analyze the level of health service at the Peripheral health system. It is felt that quality is built up in the way things are done. Management must create conditions for the staff according to Crosby to “do things right the first time”. It is intended to agree with Deming’s statement that “a passion for quality is the cornerstone of work philosophy”. The principle
of quality must be pervasive at the level of the health facility in order to provide quality of service.

Health Service Quality
For the purpose of the study there is an endeavour to relate the main ideas of quality to health service. However, particular emphasis is being laid on health service quality. Health service quality is characterized by three types of quality: clinical quality, economic quality and patient driven quality. Clinical quality is associated with the technical aspect of health care and the patient assumes it is vital for a health facility to provide clinical quality of health care. Economic quality deals with the financial aspect of quality of health service. Patient-driven quality pertains to the patient-focused service component of health care. The case study actually covers two main aspects of health service quality: economic quality and patient-driven quality.

Economic Quality Of Health Service
Economic quality of health service relates to economic decisions in relation to delivery of health service. The cost effectiveness of a health facility has an impact on the overall quality of health care. Since resources are finite the concern is to provide health service at the same cost or lower cost while maintaining the same level of health service. The cost effective method according to S.K. Satpathy and R.D. Bansal (1982) “tends to determine which
approach of economic quality is to meet the patient's/customer's need at any cost but to use resources in the most efficient way. In this context Michael Drummond et.al (1988) has referred to "budget accountability of clinical teams who are given an incentive to consider the more careful use of resources". The significance of economic quality of health service, especially for the study is to bring in the notion of cost, to check exceedingly high cost of a specific service or the operation of a health service, to eliminate non-productive activity in order to give to the patient maximum benefit by way of health service.

Patient Driven Quality of Health Service

To have an understanding of the term "patient-driven quality" of health service it may be useful to recall the underlying motto of health service: to cure, relieve and comfort always. Medicine and health care essentially imply humanistic activities. No matter how much technology is involved in health treatment, the health service basically involves an encounter between the health provider (physician or nurse) and the patient. A patient needs the human touch and warmth to experience satisfaction from the health service. This has led Lynne Cunningham (1991) to view patient driven quality of health service in terms of: "good patient care, up to date equipment, cleanliness and responsiveness". An attempt has been made to clarify the features of patient-driven quality of health service identified as follows:

1. **Good patient care**: The physician, nurse and other health staff need to be compassionate and show personal concern. The physician
and nurse need to be up to date with treatment procedures. They must spend enough time with patients and to listen to their health problems. They must have effective communication skills to explain the nature of the illness to the patients and the treatment the patients must follow. The physician, nurse and other health staff must give a sense of assurance to the patient that he has been well looked after.

2. **Up to date equipment**: A health care facility needs to have up to date equipment and staff who are competent to use the equipment.

3. **Cleanliness**: Patients expect the health care facility to be clean. The desire for cleanliness is particularly heightened among patients who come to the health facility for the first time. Associated with the norm of cleanliness is the appearance of the health personnel as patients expect the health staff to appear clean and tidy.

4. **Responsiveness**: We live in an age where most people have a fast food orientation. People value prompt service. Health providers must therefore ensure that patients perceive that they are receiving appropriate care without unnecessary delay.

Apart from the features of patient-driven quality of health service which have been enumerated it is felt that it is necessary to include two additional requirements: professionalism of the health staff and continuity of care or follow-up on the case of a patient. It is considered that professionalism from the patient's viewpoint is more than clinical knowledge. It implies looking and acting
like a professional, treating the patient with dignity and respecting the patient's confidentiality. The aura of professionalism of a health facility gives the patient a sense of confidence and is an important patient-driven quality factor. Continuity of care or follow-up on the case of a patient involves a continuum of services between the medical consultation of a physician and the home setting. Today's patient is more inquiring and wants to be involved in any treatment procedure. It is therefore important for the physician or nurse to develop a bond with the patient to encourage him to play an active role in the treatment prescribed for him. The physician may give the patient another appointment to follow up on the case of the patient to see if there is an improvement in the health of the patients. If the patient is an adult the physician may advise him to have regular medical check-ups at intervals of one year as a preventive measure to maintain him in good health. Continuity of care or follow-up on the case of a patient forms part of the integrated health service to ensure the recovery of the patient and to keep the community in a healthy state.

It is felt that the approach of patient-driven quality of health service may be significant for the study. It may be helpful to examine to what extent the health facility of the peripheral health system is designed to advance the well-being of the patient. It may be a means to assess whether the health service meets the total satisfaction of the patient/customer.
Health Service Analysis – Approach And Theoretical Concept:

It is now proposed to look at the approach and relevant theory to examine the health service standard of the peripheral health system. In the first instance there has been an attempt to deal with the economic analysis approach which addresses the economic quality facet of health service. It is also proposed to lay down the customer satisfaction theory which elucidates the phenomenon or the circumstance under which a patient/customer is satisfied with the health service.

Economic Analysis Approach:

It is intended to make use of the economic analysis approach to determine whether the health service of the peripheral health system conforms to the norm of economic quality. It has been felt necessary to resort to the economic analysis approach as resources – such as funds, people, time and facilities – are scarce. A systematic method is required to commit resources to the provision of health service at the peripheral health center level. The economic analysis approach deals with inputs and outputs or with costs. Michael F. Drummond et al. (1987) who has laid down guidelines for the economic evaluation of health care considers that the economic analysis method is a means to "compare costs and consequences of health services". In the context of the study there has been recourse to two aspects of costs: total costs and average costs. Total cost relates to the total cost of operation of a health center while average cost is
associated with the cost of each individual unit or specific service for instance curative/dispensary service. Michael F. Drummond et.al have further brought out that comparative analysis of cost may prove to be useful in an exercise on "cost minimization" and "cost efficiency". It is intended to agree with the view of Drummond et.al as comparing costs of two health centers of the same health zone may show whether there are differences in respect of the cost of a specific service, say immunization service. If it turns out that the immunization cost of one of the health center is exceedingly high, remedial action may be taken to reduce its cost. On the other hand, when comparing the costs of operation of two health centers of the same level say two Area health Centers (AHCs) if the total cost of one of the AHCs is too high, then its management or functioning may be reviewed to transform it into a more effective provider of health care.

It is viewed that the cost approach brings us close to the term "cost of quality" attributed to A. Feigenbaum and P. Crosby. It is believed that based on the view of Feigenbaum and Crosby application of the notion of cost of quality may help to lower cost of a health center by preventing any case of medical negligence. The health center may set up a process or have health care protocol to see to it that the physician or nurse attends to a patient competently and thus it may avoid any malpractice which may result in the filing of a legal claim for compensation by an aggrieved patient involving high cost. W.E. Cole and J.W. Mogab (1995) who have dealt with economics of Total Quality Management (TQM) are of the view that the "continuous improvement component of TQM may raise the
productivity of the employee which may result in better quality of service and simultaneous cost reduction”. Actually L. Martin (1993) has brought out that “there exists substantial research to demonstrate that the costs of implementing quality management are recouped by greater productivity and lower cost”. It is felt that the adoption of the quality method may help to avoid rework or failure cost and contributes to reduce cost. It seems that there is a link between the economic approach and the broader aspect of quality. It is intended now to look at the theoretical concept of customer satisfaction.

**Customer Satisfaction Theory**

The essential components of the customer satisfaction theory are the following:

- Service quality is measured as a perceptual phenomenon
- Service delivery tends to focus on customer perceptions
- Service is measured by the difference between expectations and perceptions.

The customer satisfaction theory relates to the service sector. It is proposed to make use of the theory and adapt it to the health sector as health service represents one of the facets of the service sector. As in the service sector, in the health sector health service is directed to a customer group represented largely by patients. It is therefore intended to make use of the theory to have an understanding as to how health service may achieve customer satisfaction. Before delving into the theory it is intended in the first instance to cover briefly
the "customer aspects", "the satisfaction aspect" and the feature of "service quality". Afterwards it is proposed to examine the specific elements of the theory, in particular whether service quality is a perceptual phenomenon and services is assessed as a difference between expectations and perceptions.

**Customer Aspect**

In relation to the health service we need to be clear about the term "customer". It is therefore proposed to go by the view of W. Leebov and G. Scott who have dealt with customer satisfaction strategy in health care and who among other things define the customer in health service as "comprising primarily of the patient and the member of the family or friend who accompanies the patient". The patient experiences a direct contact with the health service. The person accompanying the patient if impressed by the health service may tend to convey a positive image about the health facility. It is also felt that a health center needs to go through the following stages in order to be customer-focused:

1. Have a system orientation: the health center must set up an operating system to serve the customer satisfactorily.

2. Have an improvement orientation: The health center must appraise the existing set up, formulate the standard to be attained, develop processes to achieve the standard. There must be a mechanism to look into prevention cost and failure cost and provide for organization-wide improvement to serve the customer better.
3. Prevention orientation: This relates to the establishment of a well-conceived system, involving processes, fostering a new organizational culture and motivating the employees to prevent inefficiency and mediocre service. It implies eliminating impediments, bringing about improvement and resorting to the most effective method to serve the customer.

It is felt that the stages described are important. They are helpful to determine the conditions which a health center must fulfill to be close to the customer. It is viewed that every aspect of the facility, every process has to reflect the center's concern for the customer.

**Attribute of Satisfaction**

After dealing with the customer component of customer satisfaction it is now proposed to take up the element of satisfaction. There has been recourse to the three-level model of satisfaction to give a clear view of the notion of satisfaction.

**Three-level Model of Satisfaction**

The three-level model of satisfaction brings out that satisfaction has the following dimensions:

- System satisfaction - This relates to the subjective evaluation of the total benefits received from the system such as timely and well-coordinated service at the health center.
- Organization satisfaction – This concerns the satisfaction gained by interaction with the service organization. This relates to the “moment of truth” concept coined by Jan Carlzon which implies that each contact or interface with the customer needs to be managed to meet the customer’s perception.

- Service satisfaction – This is a subjective evaluation of benefits obtained from the use of the service, for instance, life years gained following a medical treatment.

The way the model represents satisfaction is significant. It is consistent with the holistic view of the definition of quality used for the study (i.e. Quality reflects the totality of features to satisfy a need). It helps to examine satisfaction with the health service of the peripheral health system in a comprehensive manner. It is proposed later to make use of the representation of satisfaction shown in the model to recommend a framework in respect of the way a health center may be designed to ensure patient / customer satisfaction.

Service Quality
As the study deals with delivery of service, especially health delivery service it may be worthwhile to look a the meaning of “service”. It is proposed to make use of the definition given by J. Horovitz (1990) that “service is comprised of all the supports that the customer expects beyond the basic service that are consistent with the price, image and the considerate response to customer problems"
Good service is regarded as a question of method. For instance the service of a hair stylist to a customer does not relate to just the price charged, the reputation of the hair stylist or how the customer’s hair looks after the hair cut but also to the method adopted such as how involved, responsive and friendly the hair stylist has been during the hair cut.

When considering service quality there is a tendency in the service sector to concentrate on the customer. It is believed that the customer is a key component to evaluate service quality. Service quality relates to how the standard of service focuses on the customer to meet customers’ needs and requirements as well as the extent the service matches customers’ expectations. To better understand the implication of service quality it is proposed to look into the following determinants of service quality identified by V. Zeithaml, L. Berry et.al:

1. Reliability: Ability to perform the promised service dependably and accurately.
2. Assurance: Knowledge and courtesy of employees and their ability to inspire trust and confidence.
3. Tangibles: Physical facilities, equipment and appearance of personnel.
4. Empathy: Caring, individualized attention the organization shows to customers.
5. Responsiveness: Willingness to help customers and provide prompt service.
It is proposed to use the variables enumerated by Zeithaml et.al to analyze health service at the peripheral health system to see if the health service meets the norms of service quality. The variables may prove to be helpful to develop approaches to improve the quality of the provision of health care.

Service Quality – A Perceptual Phenomenon

It is now proposed to examine an important provision of the Customer Satisfaction Theory that service quality is a perceptual phenomenon. It is necessary to bring out that Zeithaml et.al who have dealt with delivering quality service are of the view that "ultimately all quality is perception". It is tended to endorse the view as in the service sector, services are characterized by intangibility or "lack of concreteness", it may not be easy to assess responsiveness perception of a patient in an objective manner. Besides the process involved in service quality can only be gauged subjectively. There is some truth in the statement that service quality is a perceptual phenomenon. It is felt that it may be necessary to put ourselves in the position of the customer / patient to offer a level of service, say health service, to meet the patient's / customer's perception.
Service Delivery – A Focus On Customer Perception

It is now proposed to consider another provision of the Customer Satisfaction Theory that service delivery tends to focus on customer perception. In this context it is proposed to go along with the view of Zeithaml et.al that service quality "is a function of customer's perception of what has been delivered". This can be illustrated by considering that as a customer we are looking for fast, dependable and inexpensive food service. It is felt that the restaurant that may win our repeat visit is the one that correctly meets our perception. If the idea is applied to the health service it is important to get feedback from the patient treated in order to design the health service to align it with the perception of the patient/customer.

Evaluation of Service – Difference Between Expectations/Perceptions

It is now intended to consider the last provision of the Customer Satisfaction Theory that service is measured as the difference between expectations and perceptions. It is necessary to point out that in customer satisfaction literature (Woodruff et.al, 1991) expectation is regarded as a predictive standard and relates to what customers feel a service provider is going to offer. In Service Quality literature expectation is viewed as a normative standard and pertains to customers' beliefs or desires about what a service provider must offer. It is evident that customer expectation sets standards against which subsequent
experiences are compared and therefore enable the evaluation of customer satisfaction and service quality. Service quality may be evaluated in relation to the expectation/perception gap analysis. Zeithaml, Parasuraman et al. who have developed the service quality model, SERVQUAL, have identified the following five gaps interfering with service quality:

1. Customer expectations – Management perception gap
2. Management perception – Service quality specification gap
3. Service quality specifications – Service delivery gap
4. Service delivery – external communication gap
5. Expected service – Perceived service gap

The last gap provided in the Gap analysis schema, i.e. the difference between expected and perceived service coincides with the provision in the customer satisfaction theory that the assessment of service quality pertains to the difference between expectation and perception. Actually when a gap exists between expectation and perception service quality is at stake. An effort has to be made to bridge or eliminate the gap. It is felt that the difference between expectation and perception gives rise to the condition of Expectation Gap or E. Gap. E. Gap represents a disparity between expectation and the actual experience of the customer in relation to perception of the service. E. Gap is a way to test whether the strategies and processes used to offer quality of service are producing the desired results. It is important for management to design the service to offer the best value so that the customer sees the service in a favourable light. It is
therefore felt that the provision of the customer satisfaction theory that service quality is assessed as the difference between expectation and perception is valid.

It is considered that in general the Customer Satisfaction theory is applicable to service quality. It provides that the service needs to be geared to the customer. It is important to pay attention to the expectation of the customer. The service has to be fashioned to meet the perception of the customer in order to achieve customer satisfaction and service quality standard.

**Interest In Study**

In the course of the review it has been found that there has been no pertinent study to deal with the health service at the peripheral health system especially to the cost of functioning to see if the health service is run effectively with regards to the economic aspect. There has been no study to examine whether the health service of the peripheral health system gives satisfaction to the customer/patient. For this reason it has been felt necessary to undertake the case study to examine cost to turn the health centers of the peripheral health system into efficient providers of health service. An examination of the provision of the health service from the point of view of the patient may help to assess whether the health service is of satisfactory level and quality standard.