



THE IMPORTANCE OF HR PRACTICES IN CATHOLIC HOSPITALS IN INDIA

**N.Poulinamma¹, Dr. Y. Krishna Mohan Naidu²,
Dr. V. Madhusudhan Prasad³**

¹(Research Scholar, JNTUH, Kukatpally, Hyderabad, TS, India)

²(Principal, Pragati Maha Vidyalayam, Koti, Hyderabad,)

³(Associate professor, JNTUH, Kukatpally, Hyderabad)

ABSTRACT

Healthcare is becoming the largest growing sector of India because of its huge coverage, providing services and investment by public and private players. In India growth of private hospitals have totally changed the scenario of health care delivery. This study explores the effectiveness of the strategies to provide quality health care and thereby improving the service delivery in Private Hospitals. In total 122 responses were collected after administering the questionnaires. The findings of this study reveals that quality health care strategies has positive impact on service delivery. Quality health care strategies showed a different kind of associations with three measures of quality namely structure, process and outcome measures. The implications from the study provides the need of multifaceted approach for implementing quality improvement strategies and adoption of the model for the same. This study recommends a blend of quality improvement programs with increased ICT (Information and Communication Technology) applications for enhancing the turnaround time. Further study can be conducted on other healthcare quality dimensions and strategic interventions that can enhance the quality of health care and clinical outcomes in Private Hospitals in India.

Keywords:Healthcare, service delivery, private hospitals, quality improvement programmes

1.INTRODUCTION

According to Shah (2013), provision for healthcare varies across the world and except United States of America all the wealthy nations provide general healthcare. According to the World Health Organization (WHO, 2003), indicators for rankings of the overall performance of health systems for various countries as well as quality of healthcare varies across the countries. According to Rand (2010), comparison of different countries' data is a big challenge and there are lot of efforts going on to develop and validate the quality indicators. The purpose of developing these indicators is to use internationally. WHO (2003) provided the ranking for various countries and among all France ranked number one in providing healthcare followed by



Italy, Spain, Oman, Austria, Japan and India. This study included 191 countries, and in this India ranked number 112 in the world for health systems. Other countries like USA, UK, Japan and Bangladesh are ahead of India in this ranking. Also this report indicated that USA spends a higher percentage of its gross domestic product on health systems in comparison with other countries.

According to India Infrastructure Report (2013–2014), India's HDI rank is 136 out of 187 countries. On key health indicators, out of 194 countries, India ranks 145 for Infant Mortality Rate and Under-five Mortality Rate and ranks 122 for Maternal Mortality Ratio. India got certified 'Polio Free' by the WHO in 2014.

According to India's 12th Five Year Plan, at present, India's healthcare system provides a mix of public and private healthcare providers. The private healthcare sector covers the entire range from individual doctors and their clinics to general private hospitals and super speciality hospitals. The Indian healthcare system suffers from many weaknesses such as availability, quality, affordability, rising costs and low percentage of gross domestic product expenditure on healthcare.

According to Government of Kenya (2010), the measurement of quality healthcare strategies establishes link with quality service delivery and provides good performance of healthcare. Success of these quality healthcare strategies also depends on the capacity of healthcare institutions in implementing them. This study explores the effectiveness of the strategies of quality healthcare for improving the service delivery in private hospitals.

II. LITERATURE REVIEW

According to Zadry and Yusof (2006), total quality management (TQM) has been identified as a good model for management as well as theory of change which emphasizes on continuous attainment. According to Barouch (2011), TQM has been defined using ISO standards. TQM describes general methods which enable an organization to become efficient as well as effective. Also TQM demonstrates how organizations can implement these methods. TQM is a philosophical concept and a very powerful approach of management. It involves management and empowers people for creating satisfied customers. TQM also improves performance of an organization. Quality improvement programmes support organizations in documenting and improving processes. These programmes also help organizations in understanding requirements of clients. These programmes ensure that services meet those requirements. Implementation of quality improvement programmes can be done using various models of management and standards which aim at restructuring of relationships between service providers and clients.

According to Zadry and Yusof (2009), TQM has been used by organizations extensively during past decades across the world for improving quality and performance of organizations. According to Levine and Toffel (2010), ISO 9001 Quality Management System standards have been used by organizations for change realization in organizational outcomes such as profits. According to NCIPH (2008), improvements occur with use of quantifiable measures. It is a continuous process rather than one time event. According to McNamara (2005),



quality-based payment developers use different kind of incentive approaches and apply a mix of structural process and outcome standards. It helps in quality benchmarking.

According to Iiminin (2003), measurement of healthcare quality has been a biggest hurdle from a long time in deciding what to measure and how to measure. According to Boyce (1996), in recent decades focus has been shifted from measuring quality to how best quality can be measured. According to American Heart Association (2000), quantification and improvement in quality healthcare is the most important goal and a few supporters clinging to a concept of quality as being intangible have left far behind. Therefore, quality measurements are changing and the way of defining accountability and financial incentives are also changing in our healthcare systems. According to Boyce (1996), health status and other possible outcome measures may seem to be accessible as alternatives to structure or process measures which are in competition with them.

Conceptual Framework

Strategic interventions in healthcare help in determining the quality of healthcare provided to patients. Improved service delivery at the private hospitals depends on the adoption of the appropriate quality management standards and systems, strategic leadership training and result-based financing. Improved service delivery in healthcare system can be established through structural process and outcome measures. Structural measures of healthcare quality involve efficient and effective systems. Process measures of healthcare quality include timeliness of healthcare provided to patients. Outcome measures of healthcare quality include mortality, readmission, resource consumption, health status and satisfaction with care.

III. RESEARCH METHODOLOGY

This study used descriptive survey design for conducting the study. The sample of this study comprised four private hospitals in India. Due to small sample size, a census survey was conducted in these hospitals for data collection. In total 122 responses were collected after administering the questionnaires. Data were collected from various heads of departments and units, and in-charges of various wards, and the questionnaires were self-administered. Primary data were collected using semi-structured questionnaire and it included both quantitative and qualitative data. The questionnaire was pre-tested to refine and improve based on the respondents' feedback. It was done for ensuring the validity and reliability of the collected data and its embeddedness in the questions design, structure of questionnaire and pre-testing rigour

Quantitative data analysis was done using regression analysis at 95 per cent confidence interval and for qualitative data content analysis was done. Descriptive and correlation analysis was used for analysis of data. Pearson's two-tailed correlation analysis was done to establish the relationships between the dependent and independent variables. Qualitative data were subjected to content analysis to test hypothetical issues to



improve understanding and investigation of data and to review data collected into related groups for ease of understanding (Elo & Kyngas, 2008).

Analysis and Discussion

Data were collected from 122 respondents and they were asked about their background information and department to which they belong in hospitals. Majority (24.6 per cent) of the respondents were from units under medicine, followed by surgery (8.1 per cent) as indicated in Table 1.

This study investigated the quality healthcare strategies adopted by various private hospitals for improving their systems as well as processes. These strategies were strategic leadership, result-based financing, adoption of ICT and quality management systems and standards.

Strategic Leadership Training

According to the findings 34.4 per cent of the respondents considered strategic leadership training as very successful, 34.4 per cent somewhat successful and 11.5 per cent highly successful. Only 3.3 per cent of the respondents indicated that it was unsuccessful as shown in Table 2. Hence training of the managers in private hospitals on strategic leadership was proved successful and it improved service delivery at the four private hospitals. According to Hockey and Marshall (2009), specific educational interventions were also a way to make quality of care more effective. In future, it would be necessary to gain theoretical as well as practical knowledge of science of quality improvement to become effective clinician.

Department	Frequency	Per Cent
Medicine	30	24.6
Surgery	10	8.1
Orthopaedics	5	4.1
Paediatrics	5	4.1
Accident and Emergency	5	4.1
Dental Services	5	4.1
ENT	5	4.1
Radiology	5	4.1
CCU	5	4.1
Ophthalmology	5	4.1
Physiotherapy	5	4.1
Palliative Care	5	4.1



<i>Result-based financing</i>	Mental Health	4	3.3
	ICT	4	3.3
	Finance	4	3.3
	Administration	4	3.3
	Human Resource	4	3.3
	Corporate Affairs	4	3.3
	Supply Chain Management	4	3.3
	Technical Services	4	3.3
Findings of	Total	122	100

the study revealed that 50.8 per cent of the respondents considered result-based financing somewhat successful, 16.4 per cent very successful and 3.3 per cent considered it highly successful after

Table 1. The Number of Respondent according to the Departments

Source: Primary Data Quality Healthcare Strategies and Improvement in Service Delivery.

Table 2. Role of Strategic Leadership Training in Improving Service Delivery

Statement	Frequency	Per Cent
Highly successful	14	11.5
Very successful	42	34.4
Somewhat successful	42	34.4
Unsuccessful	4	3.3
Not implemented	10	8.2
Non-response	10	8.2
Total	122	100

Source: Primary Data.

implementation as shown in Table 3. Around 13.1 per cent respondents considered it as unsuccessful. All these findings indicated that result-based financing improved service delivery process and systems successfully and it lead to improvement in service quality.

According to a report by Open Health Initiative (2012), result-based financing improved health systems, strengthen information system in health management, increased accountability as well as reinforced governance. Also this report indicated that result-based financing motivated healthcare professionals in providing quality healthcare services. They also suggested that result-based financing cannot work alone as a strategic intervention and it cannot be relied alone for improvement in service delivery at private hospitals in India.



Adoption of ICT

This study also investigated the role of ICT in improvement in service delivery at private hospitals in India (Table 4). Around 53.4 per cent of the respondents considered it as somewhat successful, 23 per cent very successful and 3.3 per cent respondents believed that ICT adoption proved highly successful in improving service delivery. Only 6.6 per cent respondents considered it as unsuccessful. Almost 4.9 per cent

Table 3. Role of Result-based Financing in Improving Service Delivery

	Frequency	Per Cent
Highly successful	4	3.3
Very successful	20	16.4
Somewhat successful	62	50.8
Unsuccessful	16	13.1
Not implemented	12	9.8
Non-response	8	6.6
Total	122	100

Source: Primary Data.

Table 4. Role of ICT Adoption in Improving Service Delivery

	Frequency	Per Cent
Highly successful	4	3.3
Very successful	28	23
Somewhat successful	70	53.4
Unsuccessful	8	6.6
Not implemented	6	4.9
Not indicated	6	4.9
Total	122	100

Source: Primary Data.



Table 5. Role of Quality Management Standards and Systems in Improving Service Delivery

	Frequency	Per Cent
Highly successful	25	20.5
Very successful	49	40.2
Somewhat successful	39	32
Non-response	9	7.4
Total	122	100

Source: Primary Data.

respondents did not implement ICT and did not adopt because of non-automated operations. Overall, the adoption of ICT was successful in improving service delivery system at private hospitals in India.

Findings of the study confirmed the reviews of British Columbia Medical Association (2006) and focused on role of IT in reduction of waiting time taken for patients to see a specialist. Also telemedicine provided easy access to specialists and reduced travel time for patients. Adoption of ICT can reduce the turnaround time drastically if implemented fully in hospitals.

Quality Management Systems and Standards

Findings of the study revealed that 40.2 per cent of the respondents considered quality management standards very successful, 32 per cent felt somewhat successful. Around 20.5 per cent of the respondents indicated that they were highly successful as shown in Table 5. Therefore, it was concluded that adoption of quality management standards was successful in improvement of service quality provided by private hospitals in India. Therefore, it was concluded that adoption of quality management standards was successful in improvement of service quality provided by private hospitals in India.

Other Quality Improvement Strategies

In addition to the key strategic interventions for service delivery improvement, there were also other quality improvement programmes implemented in hospitals for service quality improvements. These programmes included clinical audits, on job training, Kaizen and use of protocols in private hospitals to improve quality of healthcare.

Effectiveness of Quality Healthcare Strategies in Improving Service Delivery

This study investigated effectiveness of quality healthcare strategies in improving structures, process and



outcomes at the private hospitals in India. It included effectiveness of quality healthcare strategies on follow-up systems, feedback mechanisms and time taken to serve clients, readmission rates, average rates of mortality, infection and length of in-patient stay, and level of client satisfaction with services provided by the private hospitals.

Table 6. Correlation between Quality Healthcare Strategies and Service Delivery Systems and Processes

Dependent Variables

Independent Variables					
	Follow-up Systems	Feedback to Clients	Time Taken to Admit Patients	Time Taken to Attend Walk-in Patients	Time Taken to Discharge Patients
Strategic leadership training	0.306	0.734	0.856	0.3	0.718
Result-based financing	0.285	0.667	0.745	0.546	0.867
ICT adoption/innovation	0.923	0.229	0.356	0.225	0.004
Quality management standards and systems	0.045	0.02	0.448	0.307	0.298
Other quality improvement initiatives	0.33	0.802	0.2	0.545	0.203

Source: Primary Data.

Effectiveness of Quality Healthcare Strategies on Service Delivery Systems and Processes

Findings of the study showed that there was a positive relationship between quality healthcare strategies and service delivery systems and processes. Table 6 represents the varying degree of relationship between independent and dependent variables.

The relationship between ICT adoption and follow-up systems showed strong relationship with each other in comparison with other healthcare quality strategies adopted by private hospitals for improving service quality process and delivery systems. Findings of the study confirmed the findings of report by MEDPAC (2004) on new approaches in healthcare. According to this report, ICT adoption provides innovative ways for healthcare professionals and providers. Also it provides ready access and health information to patients. Therefore, ICT adoption provides safety, efficiency and quality in healthcare.

Strategic leadership training, result-based financing and other quality improvement initiatives showed significant relationship with time taken in providing feedback for clients. Time taken to attend walk-in patients showed positive correlation with result-based financing and other quality improvement initiatives taken by private hospitals to improve service quality.

Findings of the study revealed that time taken to admit patients as well as discharge them had a positive



relationship with strategic leadership training and result-based financing. According to Weiner (2009), significant organizational changes in healthcare service delivery require combined and synchronized behaviour transformation by other members. Also it is required to involve healthcare organization members in various quality improvement programmes as well as patient safety systems and processes.

Therefore, it can be concluded from findings that effective leadership plays significant role in service quality improvement. In addition to that effective leadership should be integrated with quality healthcare strategies at all functional levels in inclusion with requisite resources. Concerted efforts and building of synergies are important in service quality improvement at private hospitals in India.

Effectiveness of Quality Healthcare Strategies on Improving Service Delivery Outcomes

Findings of the study revealed that there was a positive relationship between healthcare quality strategies and service delivery outcomes. Table 7 represents these service delivery outcomes include readmission rates, infection rates, average rate of mortality, length of in-patient stay, time taken in

Table 7. Correlation between Quality Healthcare Strategies and Service Delivery Outcomes

Dependent Variables

Independent

Readmission

Mortality

Infection

Length of In-patient

Time Taken to Serve Internal

Time Taken to Serve External

Waiting

Level of Client



Variables	Rate	Rate	Rate	Stay	Clients	Clients	Time	Satisfaction
Strategic leadership training	0.964	0.864	0.148	0.6	0.313	0.33	0.4	0.234
Result-based financing	0.645	0.823	0.231	0.834	0.365	0.388	0.416	0.031
ICT adoption/ innovation	0.183	0.014	0.242	0.531	0.04	0.049	0.033	0.971
Quality management standards	0.489	0.356	0.101	0.723	0.004	0.005	0.008	0.149
Other quality improvement initiatives	0.969	0.66	0.33	0.782	0.305	0.259	0.289	0.789

Source: Primary Data.

serving clients, client satisfaction level with healthcare services and average waiting time for patients in private hospitals.

Findings of the study revealed that strategic leadership training, result-based financing and other quality improvement initiatives showed high correlation with rate of readmission, mortality rate, average time waiting time to serve patients and less time taken to serve patients. Quality healthcare strategies adopted by private hospitals had a positive effect on infection rate. Various strategic interventions at functional level in private hospitals showed a significant relationship with infection rates.

Findings of the study also revealed that quality healthcare strategies implemented by private hospitals had a strong relationship with average length of in-patient stay. ICT implementation and other strategic inventions for improvement in service quality at private hospitals had a significant relationship with level of client satisfaction. Agbor (2011) conducted a study on three service sectors and found that strategic interventions for improving service quality had a significant relationship with customer satisfaction. According to report by Health Foundation (2012), participation in various leadership programmes improved service quality in hospitals.

IV.CONCLUSION

This study has investigated the effectiveness of quality healthcare strategies in improvement in service delivery at the private hospitals in India. Findings of the study revealed that adoption of different quality healthcare strategies was effective and enhanced service delivery provided by the private hospitals in India. Various quality healthcare strategies showed changing degrees of relationship with different healthcare quality measures (structural, process and outcome measures). Universal approach that includes standards, people and resources



should ensure the positivity of results at all levels in service

delivery systems of private hospitals. It is mandatory to implement quality healthcare strategies in integrated manner for improving quality of healthcare services. It can be assumed that improving quality of care services in poor resource settings requires concentrated efforts although with some challenges. Some of these challenges can be inadequate funds and untrained staff. But challenges can be overcome through attitude change as well as using appropriate interventions for transformation in healthcare organizations.

Recommendations for Policy, Theory and Practice

The Government of India should plan for developing a policy for quality improvement programmes adoption at institute level in private hospitals. In addition to that, quality management should be integrated with the course curriculum of healthcare workers and professionals and it should be made compulsory requirement in healthcare organizations. For ensuring success of this initiative in private hospitals' performance, management should include these quality improvement programmes. Findings of the study revealed that hospitals have uneven systems of quality management. Therefore, government should develop accredited structure for public and private hospitals in India. This will ensure the quality healthcare at national and state level.

REFERENCES

- Agbor, J.M. (2011). The relationship between customer satisfaction and service quality: A study of three service sectors in Umeå. Umeå, Sweden: Umeå School of Business.
- American Heart Association. (2000). Measuring and improving quality of care. *Journal of the American Heart Association*, 101(12), 1483–1493.
- Barouch, P.G. (2011). Total quality management as a theory of change. *Total Quality Management & Excellence*, 39(2).
- British Columbia Medical Association. (2006). *Waiting too long: Reducing and better managing wait times in BC*. Canada: BCMA.
- Boyce, N. (1996). Using outcome data to measure quality in health care. *International Journal for Quality in Health Care*, 8(2), 101–104.
- Elo, S., & Kyngas, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115.
- Government of Kenya. (2010). *Kenya health system assessment 2012*. Nairobi: Government Printer.
- Health Foundation (2012). *Overcoming challenges to improving quality: Lessons from the Health Foundation's improvement programme evaluations and relevant literature*. London: Health Foundation.
- Hockey, P.M., & Marshal, M.N. (2009). Doctors and quality improvement. *Journal of the Royal Medicine*,



102(5), 173–176.

- India Infrastructure Report 2013-14. (2014). The Road to Universal Health Coverage. IDFC. Retrieved from [https:// www.idfc.com/pdf/report/IIR-2013-14-Summary.pdf](https://www.idfc.com/pdf/report/IIR-2013-14-Summary.pdf)
- Iiminin, G.R. (2003). Quality in healthcare: Improving healthcare measurement. *Quality Progress*, 36(12), 62–66.
- Levine, D.I., & Toffel, M.W. (2010). Quality management and job quality: How the ISO 9001 Standard for quality management systems affects employees and employers. Working Paper. MA, US: Harvard Business School.
- MEDPAC. (2004). Information technology in health care. In MEDPAC (Ed.) Report to the Congress: New Approaches in Medicare. Washington, DC, US: MEDPAC.
- North Carolina Institute for Public Health (NCIPH). (2008). Opportunities to Advance Quality Improvement in Public Health. Retrieved 20 July, 2014, from <http://nciph.sph.unc.edu>
- Open Health Initiative. (2012). The open health initiative to improve reproductive, maternal, new-born, and child health in the east African community partner states. Tanzania: Arusha.
- Owino, D.O., & Kinoti, M.W. (2015). Quality health care strategies in the improvement of service delivery at the National Referral Hospitals in Kenya. In 1st DBA-Africa Management Review International Conference, 2015 (pp. 222–235).
- RAND. (2010). International benchmarking of healthcare quality. Europe: RAND and London School of Hygiene and Tropical Medicine.
- Shah, A. (2013). Health care around the world. Global issues. Retrieved 21 March, 2014, from www.globalissues.org
- WHO. (2003). Quality and accreditation in health care services: A global review. Geneva, Switzerland: WHO.
- Weiner, B.J. (2009). A theory of organizational readiness for change. *Implementation Science*, 4(67), 1–9.
- Zadry, H.R., & Yusof, S.M. (2006). Total quality management and theory of constraints implementation in Malaysian automotive suppliers: A survey result. *Total Quality Management*, 17(8), 999–1020.