

QUALITY MANAGEMENT IN HEALTHCARE

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Abstract

Purpose. *In the article the research is looked upon which has been carried out in Latvia health care institutions, higher educational establishments, sports clubs and other places with an intent to find out Latvia people's opinion about the service quality of the provided health care and also what is understood by a qualitative service. The peculiarity of the health care system is that the healthy ones are paying for the unhealthy ones indirectly with the help of taxis. Even though the service is received mostly by the unhealthy people right now, the opinion of these consumers has not been analysed properly yet. During the research 449 respondents were questioned. According to A.Patwardhan¹ the following factors are important in the health care provision: technical and clinical, communication between people, and physicians' accessibility and their provided services. The research analyses directly the doctors' communication abilities with the patients and the accessibility of the provided services, for right now it is not quite clear how to assess objectively the doctors' clinical competence, although the respondents also have to assess the competence. The goal of the research is to study the service and quality of Latvia health care system which is offered to the clients.*

Design /Methodology /Approach. *The client-patient is the one who the medical institutions provide their services for and who the services are meant for. If it were like that, then it is very important to focus on the client as it is in most of the business. However, the research reveals a totally opposite picture that the doctors do not appreciate their clients so highly. It is proved by using questionnaires of 449 respondents in 8 different places in Latvia.*

Research Limitations. *The questionnaire as the means to acquire the information about the quality of the provided service is the only way how to obtain the clients' opinion. However, it is hard to standardise and validate this approach. In order not to have a query about the obtained results, it is necessary to make a selective set which reflects the social content more closely. It is important to take into account that quite often the person's health and the attending physician are a closed topic, for the people are not often willing to express themselves, which is shown by the results of the questionnaires, where a surprisingly big number of respondents consider themselves as practically healthy ones, even though they are in the medical institution.*

Originality/Practical Implications. *The research gives an opportunity to get to know what the respondents think about the quality of the treatment process and what the most important components are. The obtained outcomes will be used in the formation of the quality assessment model in health care which will be useful for the managers of the clinics.*

Findings. *The most important thing for the clients in cooperation with the doctors is the communication and its most significant factor is complete information about the things going on and the manipulations done to the client.*

Type of Research. *Survey*

Key words: *Quality of health care, organisational efficacy, output measurement*

Introduction

The health care in Latvia during the writing process of the article is in the anticipation of serious reforms. The budget consists of ten millions deficit, hospitals are in huge debts, practically in the country there is introduced the paid medicine and a lot of doctors, hospitals and practices are struggling for their existence. However, the ones who can offer their service and themselves as the qualitative ones will survive in these times, for gone are the times when a person was considered as a patient. Now more and more the person is like a client for the clinic who brings in some money. The competition also increases in medicine more and more often and this fact brings its corrections into the doctor-client's relationships, for even the most professional ones will lose lots of money unless being able to listen into their clients. The situation was formed along time ago when all the resources were directed towards the maintenance of the system on the people's account. The knowledge and equipment have to be used in a way that the patient's benefits would be increased and risks decreased². Recently a

1 Anjali Patwardhan, Prakash Patwardhan, Are consumer surveys valuable as a service improvement tool in health services? A critical appraisal, International Journal of Health Care Quality Assurance, Vol. 22 No. 7, 2009 UK, 2009, p. 2

2 Avedis Donabedian, The Quality of Medical Care Methods for assessing and monitoring the quality of care for research and for quality assurance programs, 1978, p.1

rapid increase of medical costs has been noticed and thus it is very important to assess the quality aspects and optimise the resources, and it is being done in the whole world. In the European countries the so called EFQM model is used to assess the quality of policy which consists of nine criteria: leadership, policy and strategy, people, partnerships and resources and processes; customer results, people results, society results, key performance results. The introduction of the quality management in hospitals has been compulsory in Germany³ since 1989, in Ireland since 1994. The goal of the quality management is to make a system which gives a possibility to measure and manage the patients' care, to guarantee an optimal medical service to all patients⁴. Quite often the argument is that the quality costs more, but it would not be quite right to define the quality of health care as a modifiable measurement depending on the money accessibility. It would be rather expressible as the equation: value=quality/costs⁵.

Knowing the patients opinion the organisation can change its approach and start focusing on the patient and its needs and possibilities. Nowadays there appear more and more competition in the health care and the Internet plays a more significant role as well, for the clients share their impressions online. According to BMJ⁶ the most important aspects of the medical work quality are:

- * Professional values
- * Accessibility
- * Clinical competence
- * Ability to communicate
- * Equity
- * Effectiveness for everyone individually
- * Social acceptability
- * Efficiency and economy

This paper analyses more the professional values, accessibility, clinical competence, ability to communicate. The attitude of other staff (nurses, receptionists) has not been studied separately, even though it is important in the organisation research, for the clients are just more sensitive towards that⁷. In hospital environment the shortage of nurses is assessed very negatively. (Vicky Papanikolaou et al., 2007)⁸.

Analysis

The questionnaire consists of 23 questions. The questions are divided into three groups:

- 1 Passport data about the respondent
- 2 About the institution in general
- 3 About the particular person

³ Johannes Moller, Jochen Breinlinger O'Reilly, John Elser Quality management in German Health care- the EFQM excellence model., 2000, International Journal of health care quality assurance, 13/6, 254-258, p.1

⁴ Kay Ennis, Denis Harrington Quality management in Irish health care, , 1999, International Journal of health care quality assurance, 12/6, 232-243, p. 3

⁵ Molla S. Donaldson Measuring the Quality of Health Care, Editor; The National Roundtable on Health Care Quality, Institute of Medicine, ISBN: 0-309-57068-9, 42 pages, 6 x 9, (1999), National Academy press, Washington, D.C. 1999, p. 15

⁶ R. J.Maxwell, Quality assessment in health, British Medical Journal, volume 288, 12 May 1984, p. 2

⁷ Kui-Son Choi, Hanjoon Lee, Chankon Kim, Sunhee Lee The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of Service Journal of Services Marketing 19/3 (2005) 140–149, pp. 7

⁸ Vicky Papanikolaou and Spyridoula Ntani, Addressing the paradoxes of satisfaction with hospital care, International Journal of Health Care Quality Assurance, Vol. 21 No. 6, 2008, pp. 548-561, pp. 9

In the questionnaire the respondents were divided into four age categories from 18-25, from 25-45, 45-65, 65-100. The information about the respondents' income was also obtained which was divided from <LVL 285; LVL 200-400, LVL 400-1,000, LVL 1,000-5,000. Professional interviewers were used to complete the questionnaires. In total 449 people were questioned, forming various age and income groups starting from mothers with small children, students, middle aged people and elderly respondents (see Table No 1). The places for the interviews were chosen SSC Accident and Orthopaedic Hospital (80 respondents), Doctors' Surgery ARS (94 respondents), Liepāja Regional Hospital (70 respondents), Old Liepāja and New Liepāja Primary Health Care Centres (70 respondents), a sports club (29 respondents), Rīga Stradins University (51 respondents), a random selection at workplaces and on streets (55 respondents).

Table 1: Age, Sex, Income Distribution

	0-200	200-400	400-1000	1000-5000	Other	TOTAL
female	175	93	32	3	3	306
18-25	55	18	3		1	77
25-45	44	45	26	2		117
45-65	31	27	3	1	2	64
65-100	45	3				48
male	72	26	31	8	6	143
18-25	20	5	3		1	29
25-45	12	10	18	4	2	46
45-65	12	9	10	3	1	35
65-100	28	2		1	2	33
TOTAL	247	119	63	11	9	449

In total the women prevail with 68.15% from all the respondents, men 31.85% respectively.

The distribution of nationalities can be seen in Table No 2.

Table 2: Nationalities

American	0,23%
Armenian	0,23%
Byelorussian	0,45%
Greek	0,23%
Russian	26,02%
Latvian	69,68%
Lithuanian	1,58%
Polish	0,90%
Ukrainian	0,68%
Total	100,00%

People with low income prevail, respectively 247 respondents in the income group up to LVL 200. The income distribution reflects the reality. The visitors of the Doctors' Surgery ARS and also gyms have got the highest income that can be explained with the care of their own health, which is more characteristic for a well-off person.

Table 3: Income Distribution

Income in LVL	%
0-200	56,14%
200-400	27,05%
400-1000	14,32%
1000-5000	2,50%
Total	100,00%

When analysing the self-assessment of the respondents' health condition, it is possible to make a conclusion that it gets worse with the age and income, respectively, the less they earn, the worse the self-assessment is. These facts are logical and in this case they obtain a quantitative assessment.

The Most Important Quality Factors

When analysing the respondents' answers, where it was asked to choose the most important health quality factors, the answers can be divided into three groups according to the respondents' answers (see Figure 1: Important quality factors).

I Communication Factors

The most important is the detailed information about treatment (276 respondents and the doctor's attitude during the visit (269 respondents), as well as the information about competency (190 respondents).

II Organization Factors

They more describe the organisation work as an individual person. Here the reputation of clinic (181 respondents), price (171 respondents), quick result of treatment (168 respondents), privacy (103 respondents) are divided.

III Other Factor's (less important)

An obviously smaller importance is paid to such things as the prescribed drugs and manipulations (42 respondents), long waiting lists as a result of physicians' competency (33 respondents), expensive interior and equipment (29 respondents), and sickness rate decrease (16 respondents) as well as others (15 respondents).

A clear tendency can be seen that due to the income increase the significance of the service prices decreases, and also the importance of the prescribed drugs and manipulations. However, the significance of the treatment outcome and privacy increases.

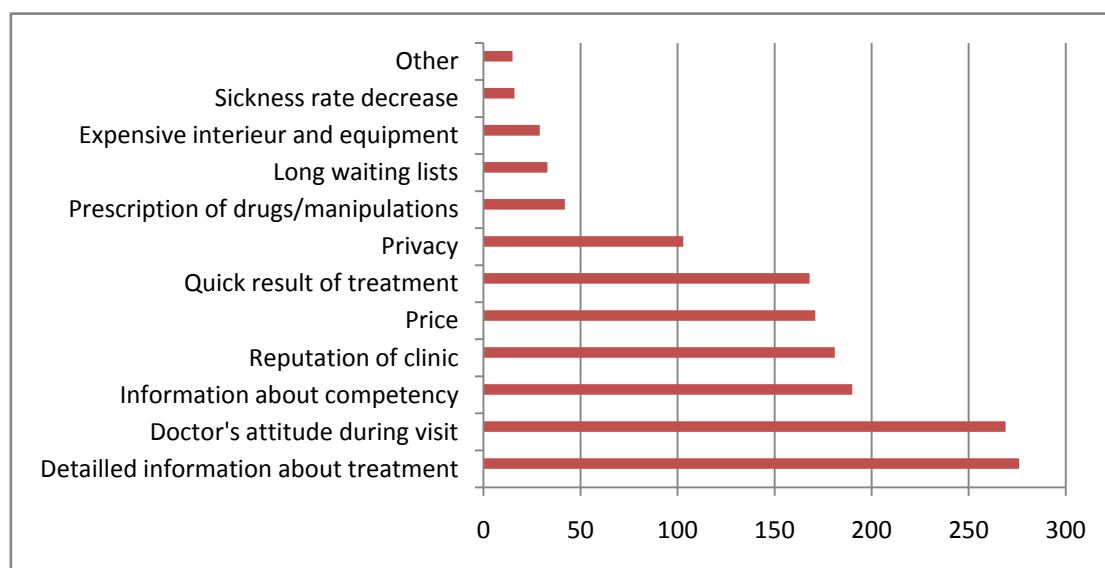


Figure 1: Important Quality Factors

Assessment of the Physician's Competence

Patients assess the physician's competence subjectively (see Figure 2: Physician's Competence), respectively by the acquaintances' recommendations (318 respondents); moreover, this factor is assessed 3.5 times higher than the following two more objective factors such as certificates (89 respondents) and participation in the congresses (59 respondents). It is worth to take into account that people pay very little attention to the PR fact as a regular appearance on mass media, which I think is paradoxical. It is possible that the long-term outcome is more important for the respondents. If the income level increases, the people pay more attention to the acquaintances' recommendations and PR activities on mass media and also the existence of expensive medical equipment in the clinic. However, the significance of certificates decreases. Apparently the ones who earn more are more intelligent and they assess these factors more objectively.

Assessment of the Physician's Ability to Communicate

Respondents assess the physician's ability to communicate by the explanation of the illness and examination procedure. The ones, who have received complete information about the treatment procedure, assess the physician's ability to communicate as excellent and vice versa. Exactly the same connection can be found between the assessment of the physician's competence and communication.

In the age group from 18-25 a quick outcome is expected from the physician (see the Table 4: Ability to Communicate). If there is no outcome, the physician's competence is assessed and unsatisfactory. In the age group 25-45 the respondents accept the contact with the physician who is assessed unsatisfactory, in the group 45-65 there again can be observed the dependence on the result, respectively, if there is a contact, then the competence is assessed satisfactory and vice versa. In the group 65-100 the people become more compliant in their assessment and remain faithful to their specialist, even though the communication is not satisfactory

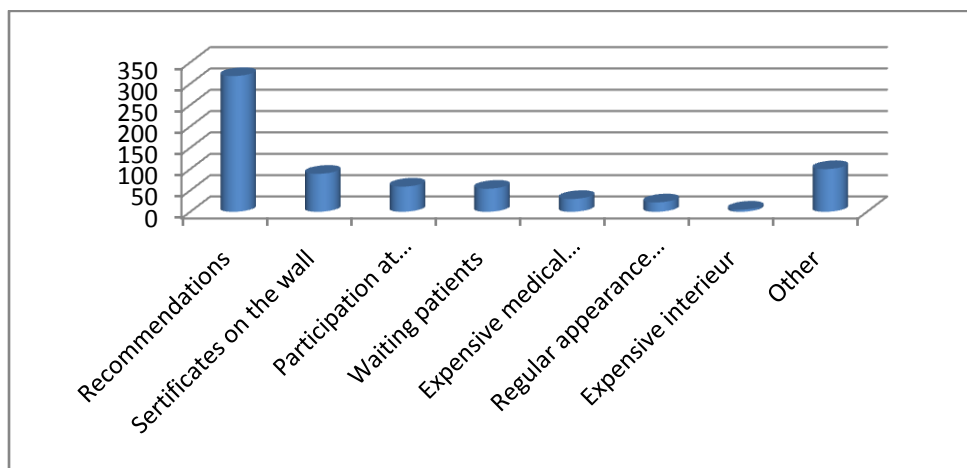


Figure 2: Physician's competence

Table 4: Ability to Communicate

Ability to communicate	Yes	No	Partially
Very good	90,71%	0,71%	8,57%
Good	66,82%	2,80%	30,37%
Satisfactory	30,59%	5,88%	63,53%
Bad	0%	50,00%	50,00%
Total	66,22%	3,58%	30,20%

Choice of drugs

The choice of drugs, physicians’ amenability from the pharmacy business side has always been a topical issue for a discussion. In a lot of countries there is legislation which determines the physician has got the rights to prescribe the substance only and not a particular brand, thus decreasing the risk of corruption. In the questionnaire there was asked a question “Do you think the prescribed medicine for you could be replaced by another one, a cheaper one?” A surprisingly big number of respondents (32.59%) (see Table 5: Drugs) actually do not trust their physician and they think it is possible to get cheaper medicine. From the market point of view the pharmacy companies are interested in 4.91% of the respondents, who always choose the more expensive medicine. This figure in the low income group >200 is even higher 5.56%. Physicians’ competence is also connected with the prescription of expensive medicine, i.e., the cheaper medicine is used, the higher the competence is assessed, and a similar situation is with the communication, i.e., the more expensive medicine, the worse assessment of the communication. A doctor, who is considered to be incompetent by the patients, is also assessed as inaccessible. This is a noteworthy phenomenon and it could be explained with the shortage of the qualified specialists in Latvia where the remaining doctors are working too hard and they actually do not have time enough to spend it with their patients.

Table 5: Drugs

Income LVL	Yes	No	Don't know	Always most expensive
<200	31,30%	17,07%	47,15%	4,47%
200-400	37,82%	13,45%	44,54%	4,20%
400-1000	31,75%	15,87%	46,63%	6,35%
>1000	18,18%	9,09%	54,55%	18,18%
Other	22,22%	44,44%	33,33%	0%
Total	32,59%	16,29%	46,21%	4,91%

Interior and equipment

In the research there were also analysed the clients’ thoughts about the influence of the interior and expensive medical equipment on the process quality and price. The result is that the respondents do not want to pay for the interior of the institution, and they also do not see a connection between the interior and the efficiency of the provided help. It means that less money should be invested into the interior when setting up private clinics. If the patient has received an effective help, then the attitude towards the interior as a reason to increase the price is more compliant.

Future research

As quality might be seen multidimensional, future research is needed for other dimensions, which hasn’t been touched in this article. Very important would be to evaluate physicians attitude as they are creators of quality in medicine. Second potential research dimension is clinic management and other clinic stuff who are involved in real medical work.

Conclusions

When turning to a doctor, the patients believe that everything possible is done to improve the situation and result. However, due to various factors it is not always true. My research gave following conclusions in regards to health care quality:

1. The carried out clients’ questionnaire truly shows that mostly people connect the treatment quality with the doctor’s ability to communicate and in people’s perception this means complete information about the treatment procedure and doctor’s activities.
2. The client-patient’s involvement into the healthcare planning and formation would allow adapting the system to its clients and it would give a higher patients’ level of satisfaction.

3. Currently quite a small number of respondents think of the data confidentiality (103 respondents). However, the higher the income level is, the more attention is paid to this fact.
4. The higher is the person's income level, the better his or her health self-assessment is, which could also be explained with the fact that more money can be given to health care.
5. The people with a higher income more often choose private medical institutions for the work quality and accessibility there is on a higher level than in the state controlled institutions.
6. The outcome of the process and references about the particular specialist become more important for the people when the level of income increases, but the price becomes less important.
7. It is interesting to mention separate professions whose representatives are ill more often, but they are not insured (lawyers, waiters, and journalists) and professions whose representatives are not so often ill, but has insurance (receptionists, engineers, security guards, treasurers).
8. The specialists are chosen mostly by the acquaintances' recommendations and regular appearance on mass media. Moreover, the higher the income, the more distinct this tendency is. This fact can be explained rather easily, for the appearance on mass media is "public relations" in fact.
9. Paradox- 41.23% of respondents in the medical institutions consider themselves as practically healthy. The people's distrust to their specialist, who thinks their remedies could be replaced by cheaper ones, is quite a worrying phenomenon. However, the fact that 4.9% of respondents choose the more expensive medicine is noteworthy and it could be used for the research in the pharmaceutical area.
10. The physicians' competence and accessibility is also assessed by the ability of communication.

If the potential problems have been found out, then the organisations can use different methods to improve its work, e.g., Six Sigma, improving the patient's outcome, measuring the patient's perspective. Research gave clear evidence that as for patient physicians communications skills are the most important quality factor and improving this every individual person as well as clinic in general will attract more customers. The research can be used in the health care institutions and also by individual specialists in order to improve the labour quality, communication; and the pharmaceutical companies as well in order to assess the market potential

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