UNAVAILABILITY OF HEALTHCARE SERVICES FOR GERIATRICS AND ITS IMPACT

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ABSTRACT:

This paper seeks to look at healthcare service quality from the perspective of its negative effect on the industry when there is Unavailability in the conveyance of service quality. To quantify this effect, the potential loss of clients because of low quality service is estimated. A potential client misfortune model is proposed. To address the focused and monetarily determined healthcare conveyance business, a three-column approach, named the Excellent Healthcare Service Model, is presented. This methodology advocates that the healthcare industry should utilize a framework view to convey quality healthcare by considering quality, cost, and proficiency factors in an all encompassing way. Healthcare services in India are fundamentally open division establishments, which represents around 80 percent of the all out healthcare services.

KEYWORDS: Unavailability, healthcare services, geriatrics, healthcare quality

INTRODUCTION

In the public healthcare sector, the 13 hospitals are grouped into three groups; the National Healthcare Group Hospitals (NHG), the Singapore Health Services Hospitals (SingHealth) and Extended Care Hospitals. Each group has hospitals just as polyclinics that serve the public in all significant populace focuses. There are five littler hospitals under the Extended Care Hospitals. Furthermore, there are two statutory sheets called Health Sciences Authority and Health Promotion Board, which offer help services for the healthcare industry. The Health Sciences Authority gives administrative and assessment services to healthcare items and hardware. The Health Promotion Board advances gives general wellbeing data and preventive wellbeing

services to the public. The private healthcare sector comprises of 11 hospitals, which give the rest of the hospital care services and there are around 1,900 private facilities that give fundamental essential consideration. The healthcare industry (HCI), is figured by numerous legislatures, as a significant driver for network services framework. This is on the grounds that HCI is between related with other network services, for example, public wellbeing, vitality, condition, instruction and government managed savings. The HCI additionally remains the prime worry of the individuals, particularly in the midst of expanding frequencies of irresistible infections and level of mature age populaces. Henceforth, there is elevated worry on the best way to meet the restorative experts' and patient-customer base's requests for conveying top-quality medicinal consideration at reasonable expenses. Most research on service quality has been engaged at estimating client or patient fulfillment. This paper sees healthcare service quality from the perspective of its negative effect on the industry when there is an Unavailability in the conveyance of service quality. To gauge this effect, the potential loss of clients because of low quality service is estimated. A potential client misfortune model is proposed. It depends on suppositions of probabilities given by clients on how they would respond when a poor service is rendered. This methodology gives a monetary driving force to the service quality condition that may fortify administrative consideration, with aftereffects of consumer loyalty, which couldn't have been accomplished alone. To address the focused and monetarily determined healthcare conveyance business, a three-column approach is proposed in this paper. The three-column approach named the Excellent Healthcare Service Model (EHSM) advocates that the healthcare industry should utilize a framework way to deal with convey quality healthcare by considering quality, cost, and proficiency factors in a comprehensive way as opposed to attempting to advance any of these elements in separation. It is trusted that the discoveries from this examination concentrate would give helpful data with respect to how hospitals could all the more likely deal with their services so as to limit hindering effect to their service notoriety. Healthcare service in this examination is characterized as all restorative help services, for example, nursing, nourishment and refreshment, ward service, counter service, and other auxiliary services.

DEFICIENT HEALTHCARE SERVICE QUALITY

Quality could be characterized as the capacity to meet or surpass client desires. This definition mirrors a move in intuition from one of quality as characterized by makers to one being "client

driven". It is significant to have the option to gauge healthcare service quality on the grounds that expanded challenge has constrained healthcare organizations to turn out to be more market-arranged. In the healthcare industry, most service suppliers offer comparable services, yet regularly with shifting degrees of service quality. Reasonable buyers will go to the service supplier that they see to furnish great service quality with the best esteem. There are different proportions of service quality in the healthcare industry. Among the various methodologies that measure service quality, the two most prevalent would be the SERVQUAL model and SERVPERF (Cronin and Taylor, 1992. These two models have been utilized in a wide scope of service ventures, including the banking, aircraft and healthcare enterprises. Be that as it may, all models of estimations have deficiencies. Lin and Kelly noticed that albeit understanding fulfillment reviews have high inside legitimacy since it overviews patients and not the populace everywhere, it requires the thought of various factors in catching genuine buyer fulfillment, which may not be thorough in many models. Moreover, most estimation models are helpless against regular examining mistakes that may acquaint predispositions of obscure extent with their outcomes. Product distinguished five zones of measure; access to mind, accessibility of assets, account, sympathy and quality of care. Rubin further gave a rundown of measurements use in assessing healthcare quality, which are; confirmation, specialists' consideration, nursing, day by day care, subordinate staff, release, charging and in general quality. Most estimation approaches center around estimating the degree of consumer loyalty got from the service or the view of how well the service is been performed. In any case, clients who didn't have a decent service experience won't just be disappointed, they probably won't belittle the foundation again and may likewise dishearten companions and family members from doing so as well. The informal wonder is an incredible vehicle for transmitting uplifting news or terrible news. The effect on the organization because of inadequate healthcare service could be a lot more prominent than simply the loss of a despondent client. As indicated by Ness et al. (2001), it may be less expensive to hold clients than to draw in new ones. Organizations, for example, Xerox and Polaroid grasped this reasoning and created "lost deals models" for assessment. Utilizing such a way to deal with measure effect of consumer loyalty gives knowledge into client reliability and misfortune, bringing included desperation to the executives the requirements to improve lacking service zones. The significance of informal interchanges is very much reported. Studies have indicated that informal exchange might be certain, negative or unbiased. A few

analysts have distinguished that purchasers are bound to spread negative verbal exchange than positive informal. A constructive encounter will incite a client to enlighten three individuals concerning it while a contrary encounter will initiate a client to inform seven other individuals regarding it. In this manner organizations ought not just concentrate on making service encounters that will actuate positive informal exchange yet ought to likewise stay away from service occurrences that will bring about negative verbal.

In this paper, the proposed way to deal with measure effect of lacking service is to consider just the negative part of client misfortunes brought about by low quality of service, which are named immediate and aberrant client misfortunes. Direct client misfortunes are from those clients who by and by experience the poor service and don't come back to disparage a similar healthcare organization once more. Backhanded client misfortunes are those potential clients who tune in to the pessimistic input given by either the client who by and by experienced insufficient service or by an outsider, and choose not to visit the particular healthcare organization. Both immediate and backhanded client misfortunes brought about the loss of potential income.

RESEARCH METHOD

A survey questionnaire was used to gather data necessary to compute impact of deficient healthcare service. The questionnaire was designed with a series of questions using a one-to-five scale. The questionnaire was administered to a sample of 400 people and the survey method used was intercept interview. The presence of interviewers during the administration of questionnaires enabled the respondents to clarify any queries, thus minimizing response errors and improving the quality of data collected. Of the 400 respondents who were surveyed, 197 are males, and 203 are females. A snapshot of the specific questions asked in the survey to collect data on impact of deficient service is shown in Table 1.

Table 1. Statements used to collect data on impact of deficient service

Statements	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
a) If you are unhappy with this service experience at a particular location, how likely are you to go back to the same location again?	1	2	3	4	5
b) Would you always tell your family members and/or friends when you encounter unhappy service experience?	1	2	3	4	5
c) If you hear about an unhappy service experience at a particular location from your family members and/or friends, how likely are you to go to that same location in future?	1	2	3	4	5
d) How many friends/family members would you usually tell when you encounter unhappy service experience?			Number _____		

Upon completion of data collection, a heuristic decision was made for the following:

Group respondents who indicated that they are either “Very unlikely” or “Unlikely” to Statement (a) in Table 1

Group respondents who indicated that they are either “Very likely” or “Likely” to Statement (b) in Table 1

Group respondents who indicated that they are either “Very unlikely” or “Unlikely” to Statement (c) in Table 1

This heuristic decision will provide a convenient but acceptable method to compute percentages for the responses obtained in the research sample frame.

An estimate of the impact of deficient healthcare service

To obtain an estimate of the impact of deficient healthcare service, percentages for response categories are first computed. In particular, the computation focused on “negative” responses, which means responses that provide information that will negatively impact on organization’s relationship with the customer. Table 2 shows results from the survey of 400 respondents. To compute direct customer loss, let’s assume that 100 customers experienced deficient service and based on information obtained from the research, about 70 customers (loss ¼ 69.5 percent £ 100) will be unlikely to patronize the same organization again. In addition, for the same 100

customers who have experienced deficient service, about 75 of them (74.5 percent £ 100) will go on to tell on average nine family members and friends about their experiences. This will translate into about 675 potential customers who will get to hear about the unhappy experiences. From the pool of 675 potential customers of the organization, about 465 of them will probably not patronize the organization at all based on word of mouth. What is the overall impact to an organization that happens to make per 100 regular customers unhappy? The overall impact would have been a direct loss of 70 regular customers and in addition, an indirect loss (of potential customers) of 465. In today's competitive healthcare industry, such an impact due to deficient service (which could have been avoided) is probably very costly and totally unacceptable. The estimate in this paper did not take into account secondary form of word of mouth, which is a person hearing an unhappy experience from a first party person goes on to tell a third party person, and so forth. Although no data on such a scenario is collected, one could infer that if taken into account, secondary form of word of mouth would easily add a few folds to the overall impact estimate.

DISCUSSION

The computation of the impact of deficient service in a healthcare environment has shown that poor service quality has serious implication to an organization in terms of direct and indirect customer losses. Although economic impact (based on potential revenue or profit earned per customer) has not been computed, the losses of 70 regular customers and 465 potential customers, per 100 dissatisfied customers are substantial. Healthcare organizations need to look into ways to prevent poor service been rendered. In order to prevent poor quality service, the critical non-clinical healthcare service processes (see Figure 1) must be strengthened. In the normal context of Total Quality Management philosophy, strengthening service processes means identifying areas of improvements and conducting process improvements. This is the right approach, but organizations should also be looking into system-based enhancement that simultaneously tackles cost, quality, and efficiency.

Table 2. Results from survey sample

Statements	Very unlikely (%)	Unlikely (%)	Neither likely nor unlikely (%)	Likely (%)	Very likely (%)	Percent "negative" (%)
a) If you are unhappy with this service experience at a particular location, how likely are you to go back to the same location again?	34	35.5	21.75	5.75	3	69.5
b) Would you always tell your family members and/or friends when you encounter unhappy service experience?	2.5	7.25	15.75	32.5	42	74.5
c) If you hear about an unhappy service experience at a particular location from your family members and/or friends, how likely are you to go to that same location in future?	28.5	38.25	25.25	5	1	68.75
d) How many friends/family members would you usually tell when you encounter unhappy service experience?	Overall average number: 9					

System-based enhancement requires effective managing and sharing of knowledge assets in a healthcare organization. Effecting system-based enhancement for healthcare services comes under Healthcare Policy and Management (HCPM). It can yield benefits of cycle time reduction, cost reduction, improved return on investment, higher customer satisfaction, and better services and paramedical education levels. A system-based enhancement leverages on:

- Healthcare engineering concepts of cost-effective indices (CEI's) for healthcare delivery (HCD);
- Biomedical engineering basis of CEIs, and HCD units' performance evaluation
- The tiered system of HCD as well as of the functional and financial aspects of the components of each tier;
- Industrial engineering and operations-research;
- Budget allocation and distribution, for attaining maximal values of CEI(s) at each level.

The provider of healthcare services must give greater emphasis to high-value and knowledge-intensive activities. By generalizing these knowledge assets of healthcare delivery, we can represent HCPM by the following three-tier triangular-loop relationships (illustrated in Figure 2).

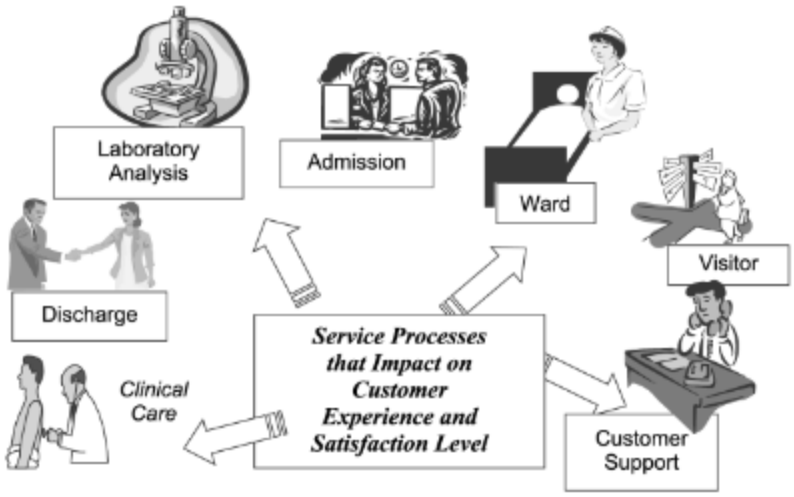

Figure 1. Critical non-clinical healthcare services

Figure 2. Illustration of excellent healthcare service model (EHSM)

In developing the EHSM, each of the disciplines (and intellectual capitals) of hospital engineering, clinical engineering and economic engineering have their respective value and role, which need to be further strengthened. The EHSM represents a new approach to service quality thinking. This new approach in quality thinking is illustrated in Figure 3.

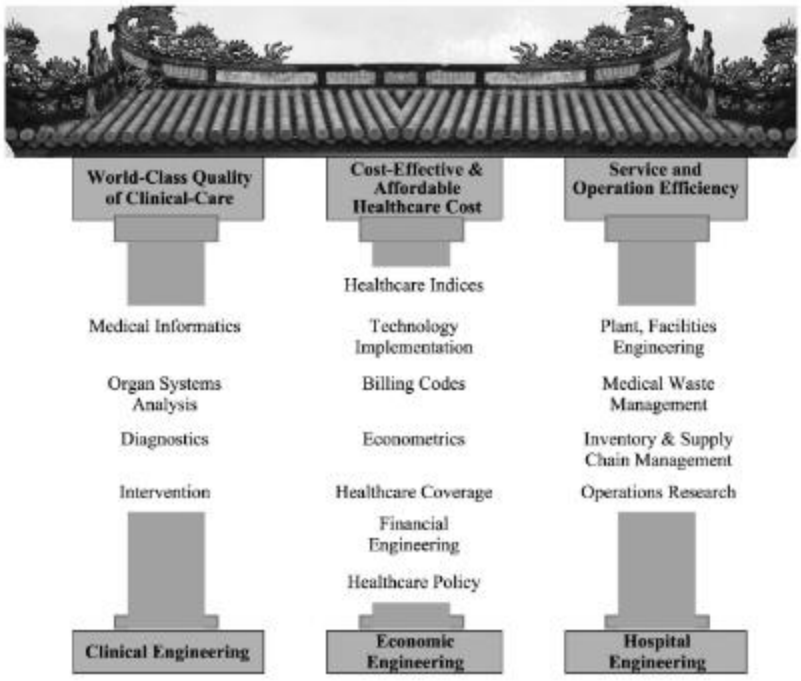

Figure 3. Illustration of the EHSM

In the EHSM, we are worried about propelling the points of reasonable but then amazing healthcare conveyance or service, by building instructive, logical, social and social connections of the partners in established researchers. The proposed EHSM is expected to invigorate another worldview on how educated capital, clinical-service and biomedical innovation and the executives science could be coordinated into a synergistic model that would upgraded service quality. Adjusted advancement must be guaranteed, by making proficient, and social factors necessary part of the healthcare service methodologies. For example in building practice, to support stacks and keep up parts in the correct positions, the designer plans structures which are made predominantly out of basic components. The planner will as a rule settle on the general type of the parts and afterward decide the sizes and measurements to be simply adequate. Once in a while the auxiliary capacity requires just that the part ought not break or should last some base time. A plan rule that rises up out of these contemplations is that affordable structures will in general have long meager ties and short fat swaggers. As it were, the architect meets the basic needs generally by picking appropriate structures and afterward altering their measurements by building investigation and calculations. In like manner, in healthcare service practice, we should build up the essential components that can be consolidated to build up a phenomenal and

moderate healthcare conveyance framework. These components and ideas would, for example, be: action and hazard based allotment of HR and their costing, keen (choice meeting) calculation restorative records, master frameworks for treating different medicinal issues, (for example, head-damage), healthcare and hospital units' exhibition investigation and formulae, definition of cost-effective indices (CEI) for different healthcare service activities, revenue-cost balance (RCB) calculation, and basic leadership examination to decide the dispersion of healthcare experts in order to boost CEI and RCB.

CONCLUSION

This paper has introduced another way to deal with estimating inadequate service yield that made clients become disappointed. This methodology vows to give a capacity to measure client misfortunes. In the long run, through the information on client misfortunes, organizations could go further by processing financial effect of client misfortunes. It is believed that such a methodology, when contrasted with regular fulfillment models or saw execution levels, would have the option to create higher inspiration for supervisors and staff to additionally improve their work zones.

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