

Vol II Issue IX

ISSN No : 2230-7850

Monthly Multidisciplinary
Research Journal

*Indian Streams
Research Journal*

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RNI MAHMUL/2011/38595

ISSN No.2230-7850

Indian Streams Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

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'Responsibilities, Issues and Challenges Before Private Health Care Service Providers - An Insight Story of 'Cocoon' Critical Care Centre for Women, Akola (MS)'

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Abstract:

In developing countries like India apart from the State, the role played by the Private Health Care Service Providers is equally important especially the service quality aspect from patient's point of view. The 'patient's perspectives' are responsibilities, issues and also the challenge before private health care service providers.

The present research paper illustrates some significant and interesting variables of health care providers from patient's perspectives and also highlights an insight story of 'Cocoon' Critical Care for Women – an Innovative approach of Private Organization-dedicated to the Welfare of the Women, especially at economic cost with the slogan 'From Darkness To Light.'

KEYWORDS:

Health Care centre, Patient's Perspective, Welfare, Multi dimension Quality Services

INTRODUCTION:

The present research paper includes :

- Research Methodology
- Review of Literature
- Profile of 'Cocoon' Critical Care for Women
- Results & Discussion
- Conclusion
- The lesson to be learn from 'Cocoon'

:OBJECTIVES OF RESEARCH STUDY :

- To know the Patient's perspective about health-care multi dimension quality services.
- To observe healthcare service delivery with financial and physical access as a part of responsibility, issue and challenge before private healthcare units.
- To study various quality services of private healthcare centre and to cite - an insight story of 'Cocoon' Critical Care for Women, Akola (MS).

: RESEARCH METHODOLOGY :

The healthcare centre which meant for the women by the women is very 'sensitive' and 'critical' issue. The present research study is mainly based on the Primary data with some supportive information from secondary sources. It is an analytical study of patients' perspective towards healthcare services with reference to welfare, service quality and price. The study is based on two techniques i.e. questionnaire and

interview technique. The insight story of Cocoon appeals as a 'Model' healthcare centre not only for the outstanding efforts of the group of Women Doctors but also for their effective management strategy. This centre is Unique in more the one sense which is presented in the Profile of 'Cocoon'. The present research is analytical study based on multi-dimensional scale. The variables of multi-dimension scale are five as per given below which are responded and rated five point scale as 1= Poor, 2= Below Average, 3= Average, 4= Good, 5 = Very Good. Factor analysis technique was employed to examine the structural relationship among the variable representing the perceived quality dimensions of private healthcare centre run by women medical professional. The statistical significant differences were detected and pointed out for the future improvement amongst them.

- Healthcare service delivery
- Financial Access
- Physical Access
- Facilities of healthcare services
- Interpersonal and Diagnostic aspects

The study was conducted in Akola city especially on a private healthcare unit 'Cocoon.' With tremendous efforts of researcher in short period of randomly selected total 120 women patient respondents filled questionnaire and 20 interviews were conducted with the professional doctors to know their views on the quality perception of private healthcare centre. The respondent group has following demographic features :

1. Area : 12% respondent were from rural & urban
2. Age Group: 60 % respondents were Below 35 age group and rest 40% above 35 Years.
3. Literacy : Education up to Graduate 66.67% and up to HSSC and Post graduate 16.67% each
4. Income: The respondent's family income was categories in to two group i.e. Below Yearly income Rs. 1 lacs were 25 % respondents and Above Rs.1 lacs yearly income 75% respondents.

:REVIEW OF LITERATURE :

Earlier the quality of healthcare services has been interpreted differently by different researchers. On international arena this research topic was mainly explored by several experts. Ovretveit (1992) in his research, identified three 'stakeholder' components which decides the quality of healthcare centres i.e. client, professional and managerial. In concluding remarks, he has defined that the meeting of needs and wants at the lowest cost is always at the top in the list of satisfaction indicators of the patients. Where as Morgan & Murgatroyd (1994) focused on user perception, technical standards, and provision of care. Atkins, Marshall and Javalgi has concluded that the 'client's perception' is unique feature to measure quality of services. Brown (1998) has highlighted the professional quality with technique and procedure entitled to achieve objective i.e. satisfaction of patient. Peabody (1999) explored that the Quality of healthcare services comprises structure, process and health outcomes. Andaleeb (2000) has explored five dimensions of perceived quality of healthcare i.e. responsiveness, assurance, communication, discipline and bribe money. It is very interesting that even the Baltussen highlighted the healthcare services with five point services i.e. personnel, resources, healthcare delivery, financial and physical accessibility. Institute of Medicine (2001) has given focus on 'quality of Healthcare centre' to create good perception of health services among patients. Again there are several research works which focuses on the 'relevant infrastructure, technology, disease control and health out-comes in terms of deaths and disability as indicators.

Keeping in mind various aspects of patient's healthcare perception the present research paper is analytical framework for the measurement of services provided by a private healthcare unit run by women for the women.

: PROFILE OF 'COCOON' CRITICAL CARE FOR WOMEN:

A successful story of 'Cocoon' Critical Care for Women is unique example of innovative idea of highly qualified and well established medical professional women of Akola city. 'Cocoon' Critical Care for Women with 24 hours emergency services –an novel approach of Partnership Organization-dedicated to the Welfare of the Women especially at economic cost with the slogan 'From Darkness To Light' with the mission statement:

'We Do Not Play God, We Do Not Create Life
We Only Help its Creation And Expression.'

PROMOTERS : The dream initiative of seven women medical professionals came into reality on 3rd September 2011, in the form -'Cocoon' Critical Care for Women. This is the only unit run 'By Women for the Women' in Vidharbha region with almost all health care facilities under 'one roof'.

All these seven professional doctors of Cocoon are well established in their profession having their own Private Nursing Hospital. All are having experience, more than 15th year in the field of healthcare services. They have not only contributed capital but also dedicated their time and energy with motherly healthcare of the women patients where the risk element of life is very active.

SERVICES AND FACILITIES AT COCOON :

- The Cocoon is partnership firm, registered under Bombay Nursing Act and Bombay Shop Act.
- 7x24 hours emergency medical services for women with almost all facilities.
- Day-night Gynecologist and Pediatric services and other supporting medical services.
- 25 Bed Capacity with general, special and deluxe room facilities at the central place of Akola city.

Place is very convenient to reach from railway and bus-station.

- 4 Intensive Care Units
- Oxygen facility
- Special Delivery Ward and Operation Theater with Modern Technology
- Children Intensive Care Unit – 6 Bed Capacity
- Other services – Sonography Unit, Blood bank, Physician, Dietician, & Medical Store

ADMINISTRATION AND MANAGEMENT :

The best part of this healthcare centre is its strategic management and administration. All seven partner doctors are actively engaged in the administration and management of Cocoon. All seven doctors render their service according to the schedule i.e. shifts on a particular day of the week. No one can imagine that their duties and responsibilities are so nicely scheduled so it is an excellent example of 'corporate culture', that is very effectively observed e.g. the day-wise schedule is followed with first and second call for the duties of all seven director doctors. They all are real sense 'Sath Sath Hai.' Out of total fees collection from the patients observed by individual doctor, 30% of fees are given as a honourium to them.

ALLOCATION OF MANAGEMENT RESPONSIBILITIES AMONG PROMOTERS :

- Dr. Asha Nikte (M.B.B.S. D.G.O) is Chairman of Cocoon
- Dr. Sadhana Lote (M.S. D.G.O) Vice-chairman and director Administrative Services as the director
- Medical Services & Nursing Services is directed by Dr. Sharda Salampuria (M.D. D.G.O)
- Dr. Madhuri Chandak (M.D. D.G.O) is director of Finance Services
- Human Resources directed by Dr. Alka Tamne (M.D. D.G.O)
- Dr. Seema Tayde (M.D. D.G.O) is director of Marketing and Public relations.
- Whereas Dr. Pradnya Warthe (M.B.B.S., D.G.O) handles Quality control & HIS.
- Dr. Wajeda Jaipuri (M.B.B.S., D.G.O) working as director of Facilities & Engineering.

Mr. B. P. Fadnis is an experienced who person manages all office and administration activities with full enthusiasm and with efficiency. Additional five RMO are appointed by unit who provide 24 hours services and also able to handle any sort of emergency. The outsourcing facility also availed by the centre i.e. security staff, house-keeping waste disposal and some other services, etc. The experts outsourcing services are ambulance service, pathology facility, pediatrician, etc at minimum charges.

The unit offer 10 % of fees to the doctors who referred patients at Cocoon. Total 15 professional experts' doctors also use to render their services as visiting doctors as an when their services are necessary. Under the section of Housekeeping and security total 10 persons are engaged. Dress code is observed by staff. In the month of September 2012 the Cocoon is going to celebrate its first year of its establishment. Actually, in the short span the unit has not only provided health services but also keep social welfare as a part of their mission. Two major events were conducted very successfully by the Cocoon which shows social ethical values of the unit e.g. Camp for Pregnant women and Child Care for a Week from 16th Oct. 2011 to 22nd Oct.2011 which was one of the highly responded camp with very nominal fees only.

- Check-up & diagnosis Camp of Uterus and Breast Cancer - for women at very minimal fees held on 4th March 2012.

FUTURE PLAN OF COCOON:

- To increase bed capacity
- To make available all facilities with well equipped infrastructure like X-ray machine, Sonography,

etc.

:RESULT & DISCUSSION :

The role played by the private healthcare centre in our country is always highly criticized by almost all spheres of our society due to the wider gap between the expectations and actual services provided to the patients. Improvement in the quality of Healthcare services apart from increasing accessibility and affordability has become a matter of grave concern for the developing country like India. Actually the meaning of quality of healthcare system has been interpreted differently by experts. In India both private and public healthcare centres have been focusing on relevant infrastructure, technology, disease control but ignores the service quality aspects from the patient's point of view. The present research throws the light on the 'satisfaction index of patients with reference to their quality perception. It is significant element towards health seeking behavior which works as directions to researcher, experts, healthcare service providers and government too for policymaking purpose. The present researcher has found some important results concerned with the objectives cited in the present study are:

A) Patient's perspective about different health-care multi dimension quality services :

Description	Analysis of Responses								
	F. No.	Sum	Total	Max	Min	Average	SD	SE	CV%
Healthcare Delivery	1	534	120	5	2	4.45	0.76532	0.3653	17.1982
	2	433	120	5	1	3.60833	1.00667	0.18265	27.8983
	3	551	120	5	3	4.59167	0.70408	0.3653	15.3339
	4	537	120	5	2	4.475	0.67317	0.45662	15.0428
	5	439	120	5	1	3.65833	1.10382	0.3653	30.1727
	6	571	120	5	2	4.75833	0.485	0.3653	10.1926
Interpersonal and Diagnostic Aspects	1	422	120	5	2	3.51667	0.88861	0.18265	25.2687
	2	500	120	5	3	4.16667	0.61266	0.27397	14.7038
	3	445	120	5	1	3.70833	1.15516	0.45662	31.1503
	4	403	120	4	1	3.35833	1.1653	0.3653	34.6986
Financial and Physical Access	1	375	120	4	2	3.125	0.57339	0.27397	18.3486
	2	550	120	5	1	4.58333	0.84598	0.09132	18.4578
	3	583	120	5	4	4.85833	0.35017	0.3653	7.20762
Facility & Misc. Aspects	1	397	120	5	2	3.30833	0.70765	0.27397	21.39
	2	478	120	5	2	3.98333	0.46713	0.45662	11.727
	3	513	120	5	3	4.275	0.68553	0.45662	16.0359
Negatively responded Aspects	1	171	120	3	1	1.425	0.57486	0.09132	40.3409
	2	151	120	4	1	1.25833	0.52654	0.09132	41.844
	3	189	120	3	1	1.575	0.5893	0.09132	37.4156
	4	200	120	4	1	1.66667	0.88245	0.18265	52.9468

1) The SD of all factors considered in above table. There is highest deviation sequentially for Good Clinical Examination, Timely services, Payment arrangement, adequate medical equipments, and Overall reception facilities.

The lowest deviation carrying variables sequentially are clean appearance of staff with dress code, Proper disposal of waste, Satisfaction over prescription, Compasses and support, Follow-up and monitoring of patients.

2) CV% shows inconsistency in data. The responses are most inconsistency sequentially out sourcing of

services, adequate bed capacity, Follow-up and monitoring of patients, Compassion and Support, and Overall reception facility. Moreover group is consistent for Availability of infrastructure, Satisfaction over prescription, clean appearance of staff with dress code, Honesty and Sufficient time to patients.

A) POSITIVE RESPONSES WITH SATISFACTORY INDICATORS :

HEALTHCARE DELIVERY:

1. Adequate availability of professional services
2. Timely services
3. Good Diagnosis (Average Rated 4.59 highest numbers- 3rd position -)
4. Sufficient time to patients (Average Rated 4.47 highest numbers- 5th position)
5. Payment arrangement
6. Satisfaction over prescription (Average Rated 4.75 highest numbers- 2nd position)

INTERPERSONAL AND DIAGNOSTIC ASPECTS:

1. Good clinical examination
2. Honesty
3. Adequate medical equipment
4. Overall reception facility

FINANCIAL AND PHYSICAL ACCESS:

1. Compassion and support (Average Rated 3.12 Lowest numbers- 5th lowest position)
2. Adequate attendance and respect to patients (Average Rated 4.58 highest numbers- 4th position)
3. Availability infrastructure (Average Rated 4.85 highest numbers- 1st position)

FACILITY AND OTHER MISCELLANEOUS ASPECTS:

1. Hygienic premises (Average Rated Lowest numbers- 1st lowest position)
2. Proper disposal of waste
3. Clean appearance of staff with dress code

B)NEGATIVE RESPONSES WITH POOR SATISFACTION INDICATOR:

1. Follow-up and monitoring of patients (Average Rated 1.42 Lowest numbers- 2nd lowest position)
2. Adequacy of bed capacity (Average Rated 1.25 Lowest numbers- 1st lowest position)
3. Compassion and support (Average Rated 1.57 Lowest numbers- 3rd lowest position)
4. Out sourcing of services i.e. Pathology, X-ray, Anesthesia experts, etc. (Average Rated 1.66 Lowest numbers- 4th lowest position)
5. Doctor's opinions about the health-care multi dimension quality services :

Almost cent percent professional doctors are at the opinion that to observe healthcare service delivery with financial and physical access is challenge before private healthcare centre. Accordingly they pointed-out that it is very hard for private healthcare units to have good infrastructure and maintenance as the cost is very high on one side and on other side to maintain economy for the patient. Moreover medical professionals agreed that the 'health-seeking behavior' and patient's 'satisfaction' are main indicators of quality services which further helpful to improve healthcare service quality and significant in the competitive era of medical services.

:CONCLUSION :

The conclusion based on the socio-economic profile of women respondents and their healthcare perceptions on five major aspects of service perception. Factors analysis technique was employed to examine the structure of the relationship among variables representing the perceived quality dimensions of healthcare services at private healthcare centre. The responses reveal some facts which are highlighted in forthcoming points:

- The mean scores were reported 'positive' for almost all variables except four i.e. Follow-up and monitoring of patients with lowest average rate 1.42, Bed Capacity with 1.25 score, Compassion & support with the score 1.25 and Out sourcing with score 1.66. These aspects are needed to improve immediately.
- There are some interesting differences in user perceptions for service quality i.e. fees and services, time and technology, cleanliness and hygiene conditions, etc. Such differences were observed due to the

democratic features of the respondents.

- It is observed that the healthcare delivery and financial access are sensitive variables and the satisfaction index shows remarkable contribution of these elements.
- The highest scoring variables are Infrastructure, Satisfaction over prescription, Good Diagnosis, Adequate attendance and respect to patients and Sufficient time to patients.
- Low cost structure and good diagnosis are most important factors associated with the satisfaction index of the respondents.
- The variables Honesty and Clean appearance of staff with dress code are also significantly responded positively and find place in satisfaction index.
- According to average score of variable -Healthcare delivery is on highest position with 4.25. On second position Financial and Physical Access with average 4.18, third position Facilities and Misc. Aspects with average 3.85, Interpersonal and Diagnostic Aspects with average 3.68 on fourth position and on last position the group of negative score includes with lowest average 1.18. It explores the priorities towards the healthcare services i.e. Healthcare delivery and Financial and Physical Access at top position in the satisfaction index of the patients.

The present research study demonstrates that the private healthcare service providers contribute remarkably to the social cause even after applying corporate culture in the competitive age. The consumers (patients) keep a special 'place' in their heart for doctors; 'the life saver' and the medical professionals are devoting their time, energy and are sharing knowledge with the 'Mankind'.

: THE LESSON TO BE LEARN FROM 'COCOON' :

- Best exercise of 'administrative and management techniques' with 'corporate culture'.
- Best use of expert services under one 'Umbrella' with best infrastructure at convenient place.
- Successful in patient's 'satisfaction perception' as there is increasing number of patients and their 'positive satisfactory remarks'.
- Best use of outsourcing facility and expert services at minimal charges.
- High social consciousness and contribution towards social welfare.

REFERENCES :

1. Jones & George, Essential of Contemporary Management, (2003), Mac-Millan Publication, New Delhi.
2. Sheth & Parvatiyar, Handbook of Relationship Marketing, (2000), Sage Publication, New Delhi.
3. Rao Subba, Human Resource Management & Industrial Relations, (2006) Himalaya Publication, New Delhi.
4. International Journal of Information Management, 2005, p.202.
5. Business Management Asia, Sep.2003, p.66.
6. K. Ramachandra & Others, Legal Aspect of Business –Text and Cases, Himalaya Publishing House, Mumbai, 2010.
7. India Today (Several Issues)
8. <http://www.managementfirst.com>
9. <http://www.indiainbusiness.nic.in>
10. <http://www.indiaonestop.com>

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