

QUALITY PERCEPTION OF HEALTHCARE EMPLOYEES': A CASE STUDY OF SILIGURI, WEST BENGAL

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ABSTRACT

An important part of the healthcare system as a whole is the quality perception among healthcare workers. In terms of healthcare delivery efficacy, patient happiness, and results, it is crucial. There are many aspects that go into shaping how people view healthcare workers and the system they work in. These include clinical competence, interpersonal skills, ethical behaviour, and a dedication to continuous improvement. The inhabitants' and workers' opinions on Siliguri, a town in West Bengal, India, and its quality of life are the primary research foci here. Among all the characteristics examined in this research, staff participation in hospital planning was ranked lowest, despite its crucial relevance to hospitals' effectiveness. Additionally, nurses are heavily involved in ensuring hospital quality, and nurses' views were influenced by hospital management that valued their perspectives on improving and sustaining quality. Employees' active engagement in quality assurance initiatives may help service providers spot and fix problem areas, according to the research.

Keywords: healthcare, quality, perception, hospital, management

1. INTRODUCTION

The efficiency and efficacy of healthcare services as a whole are highly dependent on the quality perceptions of healthcare workers. The way healthcare personnel see their work environment, their level of job satisfaction, and their capacity to provide high-quality treatment are all elements that contribute to this perspective (O'Neil et. al., 2008; Garg and Karan, 2009). Factors such as the workplace's cleanliness and structure might influence how workers perceive the quality of their job. Workers can't do their jobs well or securely without sufficient tools and supplies. Workers' perceptions of their own work quality are heavily influenced by their level of job satisfaction (Smith, 2018). Job satisfaction is influenced by factors including being acknowledged for one's efforts, having chances to advance professionally, and being part of a supportive work environment. If you want to keep your job satisfaction levels high, you need to communicate well with your co-workers and upper management. Healthcare workers have a more positive impression of the organization's quality when they have possibilities for ongoing training and professional development. Staff members who have access to ongoing training are better able to keep up with the rapid changes in the medical field. A pleasant work atmosphere cannot be achieved without strong leadership (Anson, 2003). Leadership that is both encouraging and forward-thinking may inspire workers to do their best and create an environment where excellence is valued. Employees' views are influenced by leadership's transparent disclosure of objectives, standards, and criticism. When workers believe that helping patients is their top priority, they are more likely to have a good impression of the quality of their job (Nandraj et al., 2002). An all-encompassing perspective on healthcare quality is enhanced by the focus on empathy, communication abilities, and patient happiness. Healthcare workers are able to provide excellent treatment only when there is sufficient personnel and reasonable workloads. Workers who are already feeling overwhelmed may not give their all on the job. Workers' opinions of service quality might be swayed in a good direction when they have access to cutting-edge technology and creative resources that improve healthcare delivery (Joseph et al., 2021). Healthcare workers have a more favourable impression of the workplace and the company as a whole when they are supported in making ethical and moral decisions. Employees' views of the quality of care they provide to patients are favourably affected by a team atmosphere that encourages collaboration and mutual support.

The chronic underfunding and staffing of India's public health services is widely acknowledged. Despite the grave importance of health issues, they are seldom discussed in India's democratic political sphere, mainstream media, or press (Tabish, 2018). The nation has made tremendous progress economically, but its healthcare system has lagged behind. The capital and neighbouring regions of West Bengal are home to a plethora of hospitals that provide a whole spectrum of medical services, from general care to specialist treatments, surgery, and emergency rooms. District hospitals are vital in delivering healthcare services at the district level, especially in distant areas (Bhat, 1999; Garg and Lal, 2015). A large disparity in overall healthcare service quality, accessibility, and socioeconomic status correlates to impoverished districts in the state's northern and western areas, as shown by the healthcare quality and accessibility index. There has been tremendous population increase in Siliguri relative to other North Bengal cities, giving the appearance of unsustainable development. In addition, Siliguri's trans-border position means that it engages

in trade and commerce with neighbouring states and countries like as Bangladesh, Jharkhand, Bihar, Nepal, and Bhutan (Acharya, 2018). Consequently, Siliguri became a commercial hub thanks to its prime position and fast expansion, drawing in a large number of people from nearby rural and urban regions. One major takeaway from this study is a new paradigm that places an emphasis on the social description of hospital quality in Siliguri and offers hope for guiding social activities to reduce this issue. This study delves into the experiences of healthcare workers to understand the causes that contribute to quality difficulties and to offer a theoretical basis for it. Consequently, the main purpose of the article is to investigate how healthcare workers perceive quality.

2. RESEARCH METHODOLOGY

Seen as a "gateway to North East India" because of its position in the foothills of the Himalayas on the banks of the Mahananda River, the subdivision of Darjeeling known as Siliguri has its own municipal authority, the Siliguri Municipal Corporation. According to the 2011 Census, there were 701,489 people living in the Siliguri UA/Metropolitan area, which includes both the Siliguri municipal corporation and Darjeeling municipality, and 5,13,264 people in the Municipal corporation area. The Siliguri Municipal Corporation has authority over the Darjeeling and Jalpaiguri districts. Hospitals and clinics in Siliguri, both public and private, serve both locals and tourists. North Bengal Medical College & Hospital, the Siliguri District Hospital (SDH), the TB Hospital, and the New Jalpaiguri Railway Hospital are the four main public hospitals in Siliguri. Along with fifty to sixty pathology labs, the city is home to thirty-three nursing facilities. In 2005, nevertheless, there were 99 medical facilities in the Darjeeling District, with 55 run by private organizations and 44 by the West Bengal government.

The majority of the data used in this research comes from primary sources, which include interviews with patients in both public and private hospitals. The first stage of quality management is to design and record all of the steps that go into making and executing it. Consequently, the satisfaction and ease of all parties involved are ensured by a well-designed quality assurance system that directs accurate documentation, the right degree of quality, patient safety, and so on. Several examples have shown that quality issues were caused by insufficiently creating exact strategies and verbally reminding patients of their visits. Included in the seven components that make up this criterion are the following: the hospital's strategy for documentation; the accessibility of quality and safety manuals; the presence of quality management systems; the operational plan for regulating clinical and non-clinical methods; and the employee understanding of the hospital's purpose. Furthermore, it was investigated whether or not workers are provided with job descriptions that detail their tasks, obligations, and responsibilities. A valuable database was created after the researcher collected and analysed data from several healthcare personnel engaged in hospital management. In order to gather data for the research, two main tools were employed: questionnaires and interviews. The data was collected manually from handwritten interviews that took place over the phone and in person, and the questions were free-form with response options. Workers in the health care industry who were questioned included doctors, nurses, office assistants, janitors, and laboratory techs. Medical center administrative personnel were sought for interviews because of their direct involvement in the day-to-day functioning of the institutions. Here are six separate dimensions that will be measured using the following 38 Likert-scale responses: (1) Planning & Documentation (7 variables), (2) Employee Participation in Quality Management (5 variables), (3) Policies & Procedures & Guidelines (5 variables), (4) Quality & Patient Safety Management (9 variables), (5) Effect of Quality Improvement (7 variables), and (6) Training & Development Opportunities (5 variables). Additionally, the tool incorporates the answers to 25 yes/no questions that were created to measure the staff's perceptions of the processes and their results at the chosen institutions.

3. RESULTS AND DISCUSSION

The research included 200 staff members from both public and private hospitals; a roughly equal number of men (103, or 51.5% of the total) and women (97, or 48.5% of the total) participated. After breaking down the workforce by age, we find that 41.5% are in the 31–40 age bracket, 37.0% are in the 21–30 age bracket, 16.5% are in the 41–50 age bracket, and 5.0% are at least one year over the 50 age bracket. The results demonstrate that married people make up 71% of the workforce, while single persons without children make up 25% and the percentage of people who have been through a divorce or widower is negligible. Of the personnel, 47% have master's degrees or above, 34% hold bachelor's degrees or less, 9% have diplomas, 7% have doctorates, and 3% have postgraduate diplomas, according to the levels of education. Among the staff, 33.5% were RNs, 24.5% were paramedical workers, 22.5% were doctors, and 19.5% were managers and executives. Results show that 42.2% of physicians are aware of the hospital's purpose statement and that 40% are aware of the goal statement (Figure 1). Also, a majority of the nurses who took the survey (72.8% to be exact) agreed. The proportion of paramedical workers who reported being acquainted with the mission statement was similar: 47.8% in agreement and 25.4% in strong agreement.

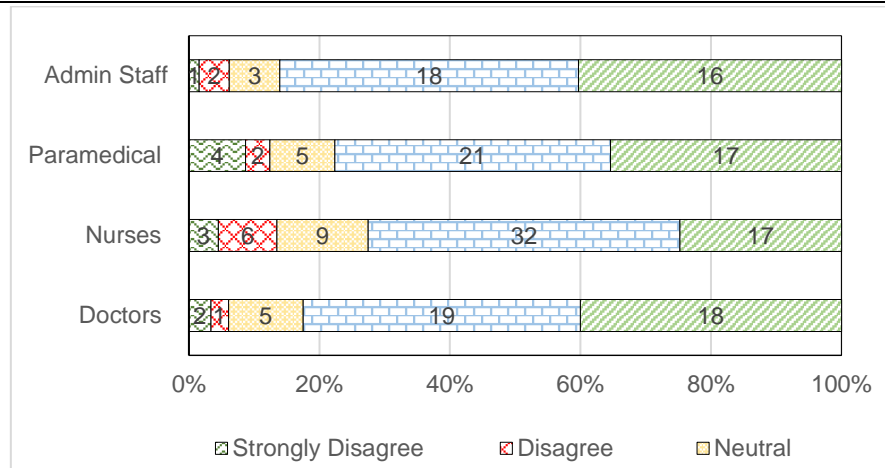


Figure 1: Awareness of the hospital's mission statement

It is worth mentioning that a significant portion of the administrative personnel, 86.2% to be exact, acknowledged being familiar with the hospital's mission statement; a further 40.4% gave their enthusiastic agreement. Several respondents were found to be unfamiliar with the hospital's declared aim, but very few were unsure about the issue, according to the inquiry. The proportion of agreement indicates that the four worker kinds are highly correlated with one another. A well-defined documentation strategy to manage the functionality is present in 62% to 84% of hospitals, according to hospital personnel (Figure 2). Results showed that 84.6% of administrative staff agreed, with 46.1% expressing agreement and 38.5% indicating strong agreement. At 40.2% agreement and 20.4% strong view, the paramedical personnel followed closely behind. The next two groups to demonstrate almost identical levels of agreement were physicians and nurses. Among doctors, 40% agreed and 40% strongly agreed, while among nurses, 53.4% agreed. Notably, several respondents expressed reservations on the need of a documentation approach. Nonetheless, there were a few of responders who were neutral. In addition, there is a robust relationship between the four worker kinds and the aspects that are a part of the planning and documentation domain.

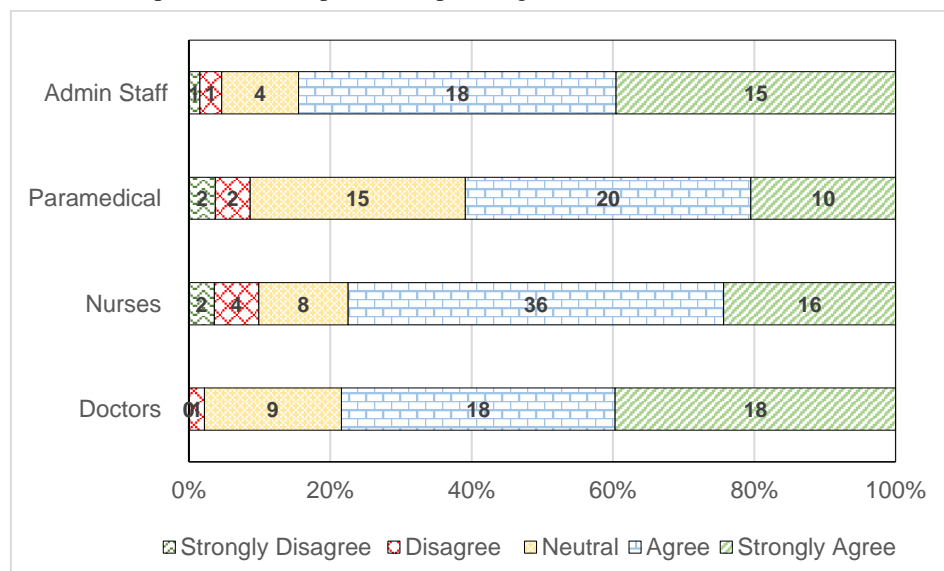


Figure 2: Hospital has a well-defined documentation plan

When asked whether their institution followed a quality and safety guideline to guarantee patient care, almost 60% of the medical professionals who responded said they either agreed or strongly agreed (Figure 3). The administrative staff is divided on this matter. Just over 40% of respondents strongly agreed that they were well-versed in the quality and safety guidelines, while 84.7% said they were aware with it. With 40% of physicians holding this perspective and another 40% firmly believing that it is prevalent in the hospital, they have the backing of the medical community. Following this, we had feedback from nurses, who gave us an agreement rate of 53.4% and a very high agreement rate of 24.4%. Among paramedical professionals, agreement was lower at 40.2% with a high agreement rate of 20.4%. Some respondents disagreed with the data's assertion that a quality and safety handbook existed, while others were agnostic. However, there is a very significant association between the actual existence of quality and safety guidelines and the image they provide to workers.

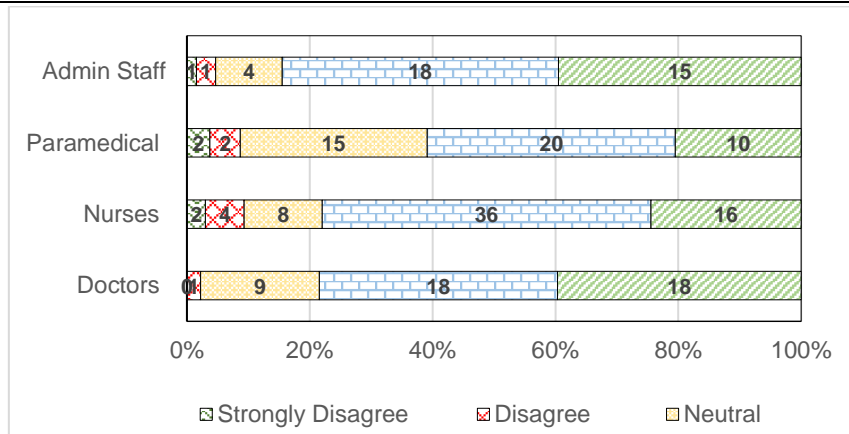


Figure 3: Awareness of the hospital's quality and safety manual

In terms of whether or not their institutions have quality management systems, almost 74% of respondents are in agreement (Figure 4). The majority of physicians (78.4%), with 42.7% strongly agreeing and 33.4% agreeing, believe that quality management mechanisms are in place. Similarly, 42% of the administrative workers agreed and 33.3% were very much in agreement. Paramedical staff members' agreement with the presence of quality management systems is lower at 42.7% compared to the 45.7% of nurses who agree and 27.9% who strongly agree. It was also observed that while some respondents did not take a position, the majority were in accord. Additionally, it demonstrates a strong association between quality management systems and hospital personnel.

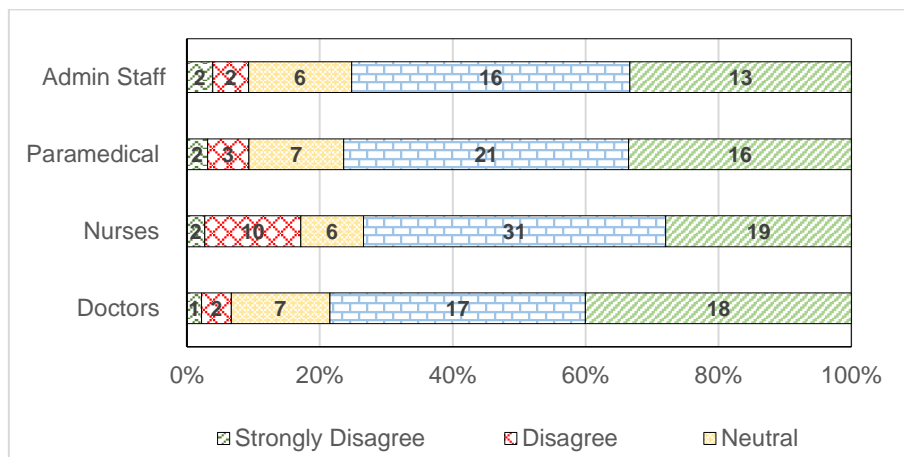


Figure 4: Readiness of hospital's quality management systems

As can be seen in Figure 5, the data suggest that among the responding personnel, the administrative staff and the managers have a great deal of consensus. Of them, 55.2% agree and 28.2% strongly agree that their hospital has a clearly defined operational plan for efficiently handling both clinical and non-clinical procedures. Next, paramedical staffs have an opinion, with 45.8% agreeing and 32.8% strongly agreeing that an operating strategy exists. The medical community is in agreement, with 47.8% nodding along and 33.0% giving their full backing. Some 42.1% of the nurses showed agreement, with another 32.1% offering strong agreement. The data shows that there is little disagreement among workers, but a much larger proportion of employees take a neutral stance. Additionally, the staff members have a strong bond with one another.

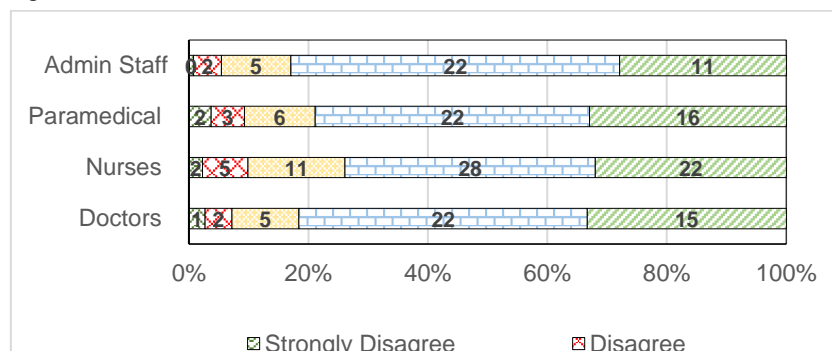


Figure 5: Preparedness of well-defined operational plan for all processes

It would seem from the replies that most people rated the probability of workers being able to provide input into the planning process poorly (Figure 6). Out of all the groups polled, paramedical staff members had the lowest level of agreement (between 56.3% and 65.9%). Overall, only 24.7% of paramedical professionals agree, with 31.5% strongly agreeing that it is important to voice concerns throughout the planning process. This judgment is agreed upon by the majority of teachers (23.3%) and administrative and management staff (35.7%). The percentage of nurses who strongly agree with this statement is 38.4%, while 23.5% agree to a lesser extent. Of the doctors who took the survey, 30.3% (n=45) agree and 35.6% (n=18) fully accept the assertion that patients may have a say in treatment plans. Disagreement is not very substantial since the proportion of persons who are neither for nor against anything ranges from 19.9% to 32.6%. Additional evidence that all employee types are strongly associated with the impression is the fact that all workers seem to have the same viewpoint, according to the data.

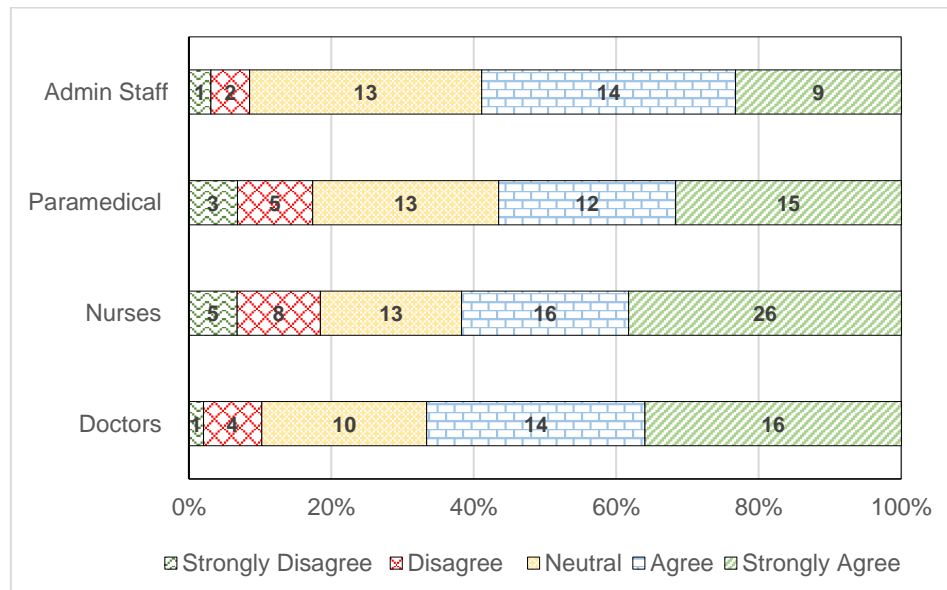


Figure 6: Participation in the Planning process

The results show that most people feel their boss should provide them a detailed job description describing what they'll be responsible for (Figure 7). With a favourable answer rate of 46.5% and a highly positive response rate of 42.2%, the great majority of medical professionals (88.7%) believe that they are provided a job description. With 31.2% strongly agreeing, over half of nurses (52%) think that job descriptions are easily accessible. While 26.4% of management and executive personnel gave their enthusiastic approval, only 51.3% of paramedical and administrative workers did the same. The paramedical staff had the lowest levels of agreement, with 44.5% agreeing and 29.7% strongly agreeing. Moreover, only 2% of respondents agreed and 19.8% disagreed. There is a strong correlation between a happy staff and having well-defined job descriptions that everyone can use, according to the statistics.

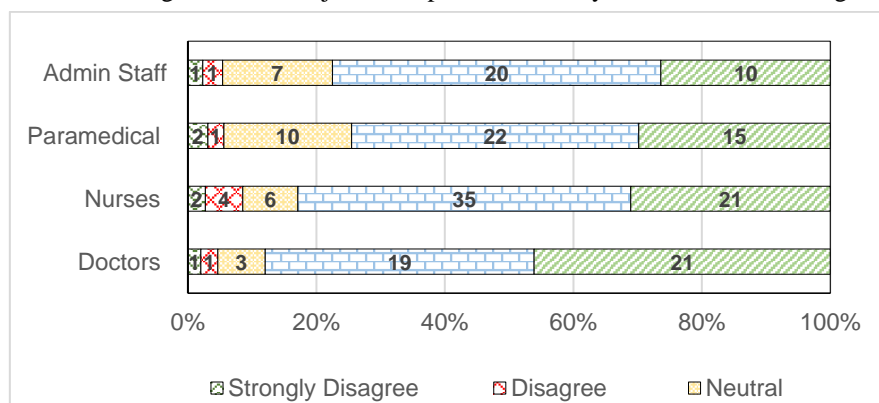


Figure 7: Job description explains roles and responsibilities

According to healthcare workers, there are a number of factors that should be considered when planning and documenting. These include: the availability of a quality and safety manual, the presence or absence of quality management systems, the existence of an operational plan to manage clinical and non-clinical processes, the level of employee input into planning, and the presence or absence of a job description. Participant knowledge of planning and documentation's multiple parts was high, according to the study's findings. The level of agreement between the

employees' perspectives on the elements addressing the quality components of planning and documentation ranged from 56% (paramedical workers) to 88% (doctors). This subjective evaluation was based on staff members' impressions of the thoroughness of hospital planning and documentation. Hospitals are able to use more advanced electronic systems thanks to current IT developments, which may have a favourable effect on staff morale and attitude toward paperwork and planning. Improving the accuracy and efficiency of planning and documentation will be a side effect of implementing the computerized system in all hospitals. Electronic health records (EHRs) are widely utilized, which means that most of the institutions included in this study have also used them.

4. CONCLUSIONS

Despite its critical importance to hospitals' performance, employee engagement in hospital planning was placed lowest among all the factors analysed in this study. Along with a somewhat lower level of agreement, which represents many employees who have opposing views, a higher proportion of respondents (19.8% to 32.6%) expressed a neutral stance. A hospital administration that respected nurses' opinions on how to enhance and maintain quality had an impact on nurses' attitudes. People would be more than happy if their thoughts were included while making plans, but unfortunately, this doesn't happen often enough in most industries to meet workers' expectations. In this study, we looked at the impact of quality management on patient-centred care and the contrasting views of healthcare personnel on the most important aspects of accredited hospitals. The value of worker participation in quality assurance activities, which may assist service providers in identifying and addressing areas of poor quality. It can thus be proposed that stakeholders be informed about the advantages of quality management. In this way, we can get the staff's thoughts on many aspects of the planning process.

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