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## RELATIONSHIP BETWEEN BARRIERS AND CLIENT SATISFACTION: PERFORMANCE OF HEALTHCARE UNIT AS A MEDIATOR

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### ABSTRACT

*In the recent phenomena, considering the increasing importance of healthcare in well-being of people, it is necessary to identify the factors that affect client satisfaction. Most of the time, we encounter some barriers in the healthcare industry and the present paper is aimed at identifying the potential barriers and their effect on client satisfaction. A conceptual model is developed, and propositions are offered. The implications for healthcare management are discussed. The study revealed that, as providing affordable healthcare is one of the objectives of WHO (World Health Organization), it is necessary for developing countries like India to take care of rural population who contribute to significant chunk to GDP (Gross Domestic Product).*

### KEYWORDS

healthcare, satisfaction, rural population, world health organization, gross domestic product.

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### INTRODUCTION

The health needs of population are rapidly increasing day by day. According to Indian Brand Equity Foundation Report (IBEF), healthcare market in India is around \$100 billion in 2015; \$160 billion in 2017 and is expected to skyrocket to \$280 billion by 2020 (Ganesan & Veena, 2018). This explains phenomenal growth of healthcare spending in the country. Considering this, it is important to see that the amount spent is properly utilized for the benefit of customers (hereafter known as clients). Though the demand for healthcare is increasing, the major shortfalls in Indian health system include lack of physical infrastructure, adequate manpower, lack of transportation facilities to carry patients from rural areas to the nearby cities or towns, lack of quality of healthcare etc. These shortcomings keep India below the benchmark when compared to international standards. Some of the strengths of the healthcare system in India include growing health awareness among population, increased willingness on the part of the consumers to pay higher money for quality of the health care. These gave rise to the scope of several corporate hospitals. But unfortunately, there is growing exploitation of these corporate hospitals and lower income people cannot afford to get treatment from these hospitals. The only alternative for the lower income and middle-income groups is the access to government hospitals. In this context, we develop a conceptual model that shows the effect of potential barriers on performance of healthcare unit and client satisfaction.

Several researches have studied in different parts of the country about the quality of healthcare (Kermani et al, 2019; Jennens et al, 2013; Levesque et al, 2006). Some researchers focused on accountability (Gaitonde et al, 2019), whereas some others attempted to examine the patient satisfaction (Gaur et al, 2020). Employers need to be aware of the importance of quality of work life and work life balance in achieving organizational effectiveness (Aruldoss, A. et al. 2020) It is also necessary for the organisation to motivate the employees by providing the welfare measures to promote the work-life balance in the workplace without compromising productivity and efficiency (A, Alex & V, Sundar, 2019). The study is majority of the employees are satisfied in their job and their company benefits. The study depicted that the promotion opportunity in the company was disappointed among the employees. The company properly providing salary and other monetary benefits, fringe benefits, and facilities benefits to the employees at satisfactory level (Sembian, R., Baranidharan. S & Balamurugan, K., 2020)

Despite volumes of research which is spread around different aspects of healthcare, there is no one unified study that examines the interrelationships between the potential barriers and outcomes. The rationale for the present study stems from the need for identifying the important variables that need to be considered for efficient utilization of health services.

### OBJECTIVES OF THE STUDY

Despite volumes of research which is spread around different aspects of healthcare, there is no one unified study that examines the interrelationships between the potential barriers and outcomes. The rationale for the present study stems from the need for identifying the important variables that need to be considered for efficient utilization of health services. The main objective of the study is to identify the relationship between barriers (personal, health care system & professional) and Client's satisfaction.

### METHODOLOGY OF THE STUDY

The present study is review based one and descriptive in nature. Seventy-five research articles were collected for the purpose to identify the variable of personal, health care system and professional barriers which have close relationship with client satisfaction. After a deep analyze of research articles, the researcher presents the barriers in access to the healthcare by the clients first. Secondly, the relationship between these barriers and healthcare outcomes will be examined. Thirdly, as the reputation plays a major role in influencing the outcomes of healthcare barriers, the connection between reputation and the health outcomes will be examined. This study is novel in the sense that there are no prior researches available that studied the importance of reputation of healthcare units in reducing the effect of barriers on healthcare outcomes. In this sense, this is exploratory study and first of its kind in India. Based on the review a conceptual model is framed to test its fitness in accessing health care services.

### SIGNIFICANCE OF RESEARCH ON HEALTHCARE

World Health Organization categorically stated that health services are a major part of the basic social services of any country (WHO, 1971). Recognizing this, India has introduced rural health services in 1978, following the recommendations of Bore Committee (Park, 2007). Government of India has come with a set of standards for all the community hospitals under the National Rural Health Mission (NRHM).

According to the World Health Report (2011), there are three important goals of a good healthcare system. These are: (a) achieving good health for the population, (b) health services should be responsive to the public demands, and (c) there should be a fair payment system. To achieve these goals, healthcare units (hospitals) play a vital role (McKee & Kealy, 2002). Overall performance of any healthcare unit is assessed in terms of achieving these goals.

First the barriers in access to the healthcare by the clients will be presented. Secondly, the relationship between these barriers and healthcare outcomes will be examined. Thirdly, as the reputation plays a major role in influencing the outcomes of healthcare barriers, the connection between reputation and the health outcomes will be examined. This study is novel in the sense that there are no prior researches available that studied the importance of reputation of healthcare units in reducing the effect of barriers on healthcare outcomes. In this sense, this is exploratory study and first of its kind in India. Reputation of healthcare units depends on the trust being built by the units and available empirical evidence suggests that trust is an important factor in positively affecting the health outcomes (Hall et al, 2001; Mahon, 2013).

## VARIABLES IN THE PRESENT STUDY

Variables in the present study include the independent variables (barriers) and dependent variables (performance of healthcare unit and client satisfaction) and moderator variable (reputation of healthcare unit). These are described as under:

### INDEPENDENT VARIABLES

Independent variables in the study include client personal barriers, healthcare system barriers, healthcare professional barriers, and paramedical staff barriers.

#### *Client personal barriers*

These include behavioral, social, cultural, and financial barriers.

#### *Healthcare system barriers*

These include availability of services, quality of services, availability of medicines, and availability of equipment.

#### *Healthcare professional barriers*

These include availability of doctors, availability of skilled and specialized knowledge personnel, and attitude of doctors towards patients or clients.

#### *Paramedical staff barriers*

These include availability of nurses, availability of skilled and specialized personnel, and attitude of nurses towards patients or clients.

### DEPENDENT VARIABLES

Dependent variables in the present model are performance of healthcare unit, and client satisfaction.

#### *Performance of healthcare unit*

Assessment of performance of healthcare units is a complex task as it includes several variables. The performance needs to be reflected in terms of efficiency and effectiveness of the services offered to the clients. Though healthcare units are not profit-making ventures, it is reasonable to expect to cover the cost of medical treatment, paying salaries to the doctors, nurses, and personnel. Efficiency is related to least-cost-combination of resources whereas effectiveness is concerned with reaching the organizational goals. Some researches contend that for effective performance management of healthcare a sophisticated strategic system for assessment of balancing the interests of stakeholders (Aidemark, 2001; Kollberg & Elg, 2011). The quality of work-life is directly associated with nature of employment and family structure of the employees (A, Alex & V, Sundar 2019).

Performance of healthcare units is a multi-dimensional construct. According to WHO there are six dimensions that need to be evaluated and these are: (i) Clinical effectiveness, (ii) Efficiency, (iii) staff-orientation, (iv) Responsive Governance, (v) safety, and (vi) patient centeredness (Veillard et al, 2005).

The first and foremost important assessment of performance of healthcare unit is the clinical effectiveness which is concerned with delivery of clinical care to the clients to their full satisfaction. Efficiency deals with the input-output ratio and optimal utilization of costs. Healthcare units attempt to achieve goals by minimizing costs and using the available resources, especially once they have resource constraints. Staff orientation refers to the degree with which hospital staff are adequately qualified to meet the requirements of patients. What is important here is the training and development and creating positive conditions for patient care. Responsive governance refers to the degree to which hospitals respond to the needs of the community and promoting health to everyone without any discrimination on the basis of race, gender, socio-economic and demographic characteristics. From the viewpoint of clients, safety is another important dimension which is concerned with the delivery of healthcare without causing any risk to the patients and the clients should feel safe in the hands of doctors, nurses, and hospital environment. Since patients are the purpose why healthcare units are established, patient centeredness is another important dimension which includes taking care of patient's needs, protecting autonomy and secrecy of the medical records of patients i.e., confidentiality, and rendering timely and prompt care.

#### *Client satisfaction*

The very purpose of healthcare units is to provide customers or clients with the adequate and necessary healthcare services. In general, the client satisfaction includes convenience, costs, coordination, courtesy, and information quality.

## RELATIONSHIP BETWEEN BARRIERS AND PERFORMANCE OF HEALTH CARE UNITS

Several researchers documented that barriers adversely affect the performance of healthcare units (Scheppers et al, 2006). In one study by Sodani & Sharma (2011) it was found that infrastructure facilities and investigative services were available in most of the community health centers in Bharatpur District of Rajasthan State. However, the researchers found that there was acute shortage of manpower. According to Indian Public Health Standards (IPHS), infrastructure facilities in community health centers should include operation theatre, laboratory facility with easily accessible telephone, labor room, and cold chain facility room (IPHS, 2010). It is also essential to have adequate number of human resources available and these include both medical and support staff. According to IPHS (2010), there should be at least five specialists viz., one pediatrician, one anesthetist, one gynecologist, one physician, one general surgeon and six medical officers. In one study by Sinha et al (2019) the neonatal mortality rate was in due to out-of-pocket expenditure which the patients could not afford. By comparing the facilities in two different states (Assam and Karnataka) Zaman & Laskar (2010) found some deficiencies in infrastructure and emergency services results in poor performance of primary health care units.

One of the primary barriers of healthcare is the 'cost' of treatment. Since the cost is reflected in terms of 'price' which clients pay is a major hindrance for shying away from healthcare units, this is a major concern particularly for low-income group of clients (Ager & Pepper, 2005). Some researchers report that around twenty percent of Indians depend on personal borrowings to meet their hospitalization needs (Arokiasamy & Pradhan, 2013; Levesque et al, 2006; Mohindra et al, 2010). It is also reported by WHO that out-of-pocket expenditure of Indians is higher than in other countries (WHO, 2012). When compared to international average of 44%, out of pocket expenditure in India was 65% of the health expenditure (CBHI, 2018; Xu et al, 2018). To help poor people, Government of India has increased expenditure on health (Ministry of Health and Family Welfare, 2017). It has been documented by some researches that access to health services to lower strata of clients in India is very low when compared to higher strata of Indian society (Arokiasamy & Pradhan, 2013).

Though sometimes government offers incentives, some researchers report that the costs does not cover the benefits (Mondal et al, 2015). In another study by Sahu and Bharati (2017), the out-of-pocket costs were beyond the capacity of the clients. Some scholars contend that administrator's competency model is related to performance of hospitals (Kermani et al, 2019), it is widely believed that performance depends on skills and competency of the entire management team is instrumental in assessment. Several researchers reported that the barriers have significant negative relationship to performance of healthcare unit (Sodani & Sharma, 2011; Sinha et al, 2019; Zaman & Laskar, 2010).

## RELATIONSHIP BETWEEN BARRIERS AND CLIENT SATISFACTION

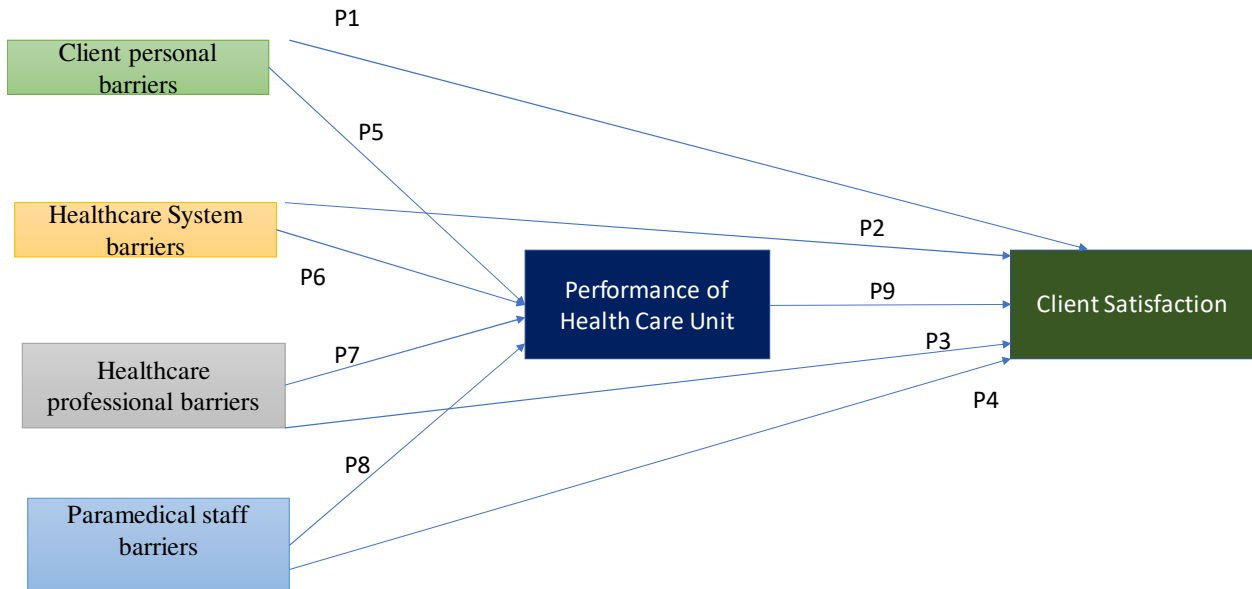
Research by Gaur et al (2020) revealed that main reasons for the dissatisfaction of patients (clients) were the lack of facilities and long waiting times. The authors suggest a strategy of addressing the waiting time, better hospitality and proper grievance redressal system. It has been documented in other countries that quality of patient care is positively related to the patient satisfaction (Dansereau et al, 2015). In another developing nation Nigeria, the researchers Onyeajam et al (2018) reported that clinical care adequacy, the availability of adequate equipment and drugs, empathic and equitable environment, and ease of access to treatment in

healthcare facilities are important factors contributing to the client’s satisfaction. India is not an exception to this. With regard to Tamilnadu, some researchers contend that there should be accountability in the health systems itself so that clients are satisfied with the services (Gaitonde et al, 2019).

Further, in primary healthcare programs from rural Tamil Nadu, Jennens, Ramasamy, & Tenni (2013) reported that financial problems, transportation, fear of scolding from medical staff, side effects of medicines offered by the doctors were the causes of dissatisfaction among the clients. Because of these reasons, some clients prefer alternative methods of treatment such as homeopathic or ayurvedic. To counter these problems, it is suggested to improve communication between health workers and patients. Since infrastructure is very underdeveloped in Tamilnadu, a report by National Rural Health Mission (NRHM, 2013) suggested infrastructure development should be done in an integrated manner so that clients will be more satisfied than at present. One of the biggest problems in Tamil Nadu is the utilization of health services. A study by Rushender, Balaji & Parasuraman (2016), revealed that the utilization of primary health services is better for preventive care but for treatment of acute illness the utilization is very low. Some of the reasons could be dissatisfaction with regard to the services rendered by the healthcare units.

Based on the literature review, we proposed the conceptual model as follows (See Figure 1).

FIGURE 1: CONCEPTUAL MODEL



**PROPOSITIONS**

- P1: Client personal barriers are negatively related to client satisfaction.
- P2: Healthcare system barriers are negatively related to client satisfaction
- P3: Healthcare professional barriers are negatively related to client satisfaction
- P4: Paramedical staff barriers are negatively related to client satisfaction
- P5: Client personal barriers are negatively related to performance of healthcare unit
- P6: Healthcare system barriers are negatively related to performance of healthcare unit.
- P7: Healthcare professional barriers are negatively related to performance of healthcare unit.
- P8: Paramedical staff barriers are negatively related to performance of healthcare unit.
- P9: Performance of healthcare unit is positively related to client satisfaction
- P10: Performance of healthcare unit partially mediates the relationship between barriers and client satisfaction.

**CONCLUSION**

The conceptual model we presented has several implications. First, researchers can test these propositions and empirically examine the relationship between the independent variables (barriers) and dependent variables (performance of healthcare unit and client satisfaction). The model also helps the healthcare units as to develop strategies to address the barriers in order to increase the performance and also make the clients satisfied. Especially in very competitive healthcare industry where corporate hospitals are dominating the scenario and exploiting the clients, only rich can afford such healthcare costs. Since population in villages who are poor cannot afford the rich healthcare costs, it is necessary for the government hospitals to avoid the pitfalls in system and see that clients are satisfied. As providing affordable healthcare is one of the objectives of WHO, it is necessary for developing countries like India to take care of rural population who contribute to significant chunk to GDP.

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