

CHAPTER 3

PROPOSAL

3.1 Introduction

This action research is conducted to find out the strategic issue relating to patients' satisfaction toward the service of ANC in OHC at Chulalongkorn Hospital. In this study, I would like to identify the perception of the stakeholder to determine the problems in OHC and their perception in the issue of patients' satisfaction with the services in term of expectation towards health care services and total time spent, actual total time spent and waiting time at each process of the service, satisfaction levels of health care providers, facilities, waiting time, cost of service and, sustainable solutions to the problems of services of ANC in OHC, Chulalongkorn Hospital. Based on the above findings, the OHC manager should be able to identify the strategy, decision-making, organizing, directing, controlling and supporting for the improvement of health care services of ANC in the OHC, Chulalongkorn Hospital.

Patients' satisfaction varies depending on different factors in different clinics. This study focuses on one particular clinic in OHC, that is, obstetric clinic. This is based on the realization that lack of adequate prenatal care is one factor contributing to infant mortality and low birth weight. Delay in obtaining prenatal care or a lower number of prenatal visits is directly related to an increased risk of poor obstetrical

outcome. The purpose of prenatal care is to ensure possible, an uncomplicated pregnancy and the delivery of a live healthy infant. There is an evidence that mothers who receive prenatal care have a lower risk of complications.

This study proposes a needs assessment of the resources available in both internal and external regarding OHC, Chulalongkorn Hospital. The action research can then be implemented in order to introduce changes to improve the service quality of obstetric clinic department in OHC at Chulalongkom hospital.

3.2 The purpose of the proposed study

The purpose of this study is firstly to monitor and investigate the situation in the services of ANC in OHC at Chulalongkorn Hospital. Secondly, it aims to investigate the improve the quality of services for a better satisfaction of pregnant women who will be attending ANC in OHC, Chulalongkorn Hospital.

3.3 The justifications of the proposed study

OHC is a new program for public hospitals. It serves as a private organization. The concept of privatization of public health care services was conceived under the guidelines of MoPH for the OHC to meet the customer needs and to satisfy them with services. With this new strategy of delivering health care services, people can access health services at their convenience with less restriction.

The reason why a patient come to hospital is that he/she is aware of the illness and seek for the medical advise, in which he/she has many choices of where to go for the treatment, such as private hospital, OHC at public hospital, or even OHC at Chulalongkorn Hospital. While discussing about the satisfaction level regarding the hospital services, the issue of quality services directly or indirectly is considered because quality of health care services may affect patients' satisfaction. Moreover, satisfaction is important because it could positively affects subsequent care-seeking behavior. This is vital in the continuous care requirement, especially the prenatal care for pregnant women.

Thus, improvement of health care services must be an integral component to the management scheme which must continuously be evaluated, and situation analysis is an important aspect to identify both present and future threads and opportunities which may influence the organizational ability to reach its influence and goals. The preliminary analysis is based on my own perception and experience as a part of health personnel who is concerning with the issue of patients' satisfaction towards hospital services. The OHC mission is to provide the highest service quality to the patients within the available resources. Thus, an assessment of the environment (internal and external) of the OHC, Chulalongkorn Hospital and use of the action research, are needed in order to introduce change to improve the service quality of OHC at Chulalongkorn Hospital. So, in order to adopt this action research project to improve the quality of services of ANC in OHC at Chulalongkorn Hospital, the Gap analysis model developed by Berry and Parasuraman (1988 cite in Gronross, 1990)

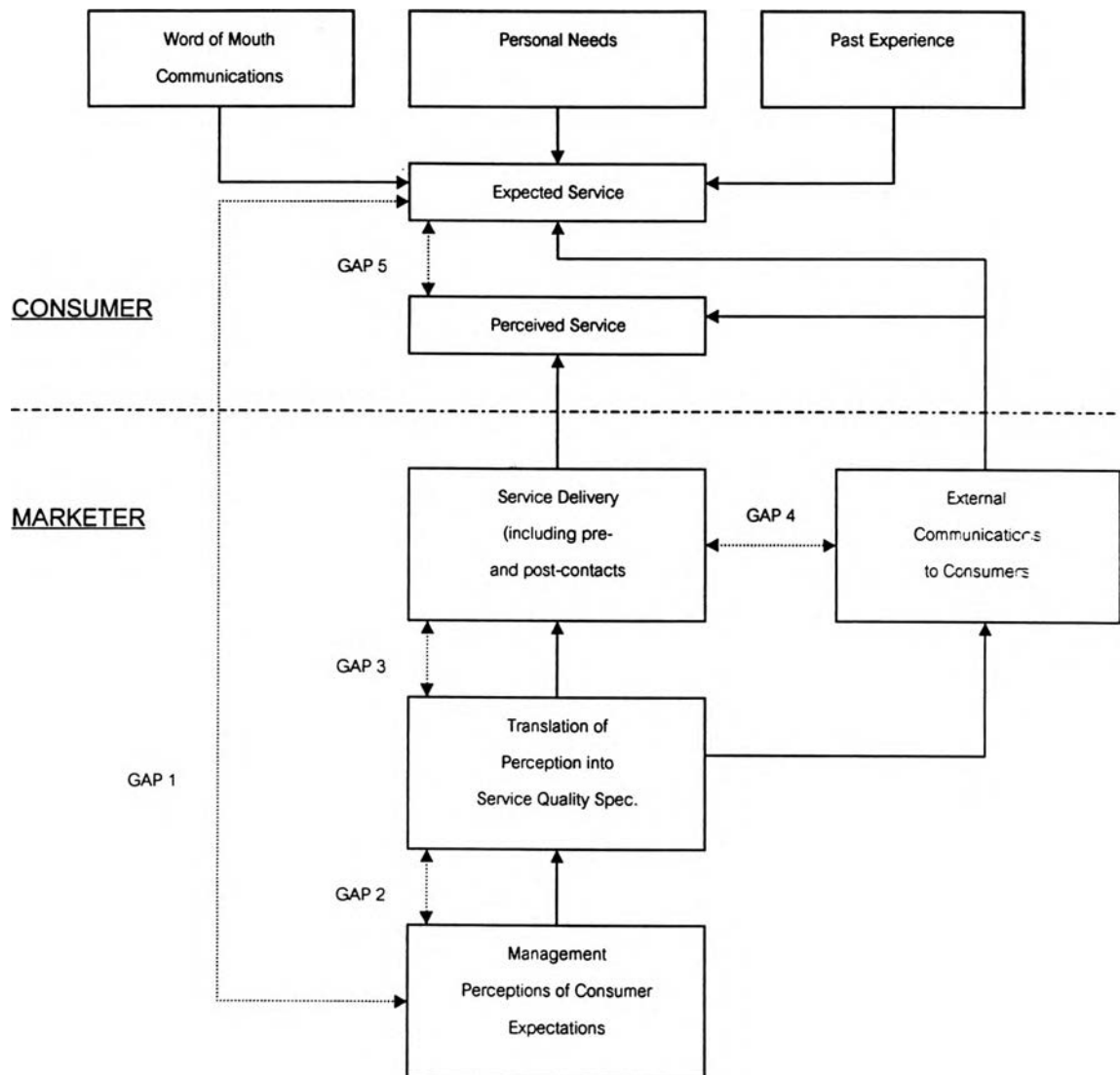
will be used for analyzing sources of quality, which can be improved. The model is illustrated in figure 3.1

First of all, the model demonstrates how service quality emerges. The upper part of the model includes phenomena related to the customer, the lower part shows phenomena related to the service provider. The *expected service* is a function of the customer's *past experience* and *personal needs* and of *word-of-mouth communication*. Moreover, it is influenced by the *market communication* activities of the firm.

In this model, the experienced service is called the *perceived service*, on the other hand, is the outcome of a series of internal decisions and activities. *Management perceptions of customer expectations* guide decisions about *service quality specifications* to be followed by the organization, when *service delivery* takes place. The customer, of course, experiences the service delivery and production process as an outcome-related quality component. As is illustrated, *market communication* can be expected to influence the perceived service as well as the expected service.

This basic structure demonstrates which steps to be considered when analyzing and planning service quality. Then possible sources of quality problems can be detected. In five discrepancies between the various elements of the basic structure, so-called quality gaps, are illustrated as well. These quality gaps are the result of inconsistencies in the quality management process (service management and marketing, 1990).

Figure 3.1 The Gap Analysis Model



Source: Zeithaml, V.A., Berry, L.L. & Parasuraman, A. (1988)

3.4 Objectives of the proposed study

The short, medium and long term objectives of this study are described as follows:

3.4.1 Short term objective

To identify gaps in the services of ANC in OHC at Chulalongkorn Hospital, and then find out other alternatives of how these constraints can be overcome and suggest what actions should be undertaken to solve the problem.

3.4.2 Medium term objective

To identify other departments of the action research to improve and develop the services performance of OHC.

3.4.3 Long term objective

To provide information and guidance to the hospital on the issue of problem identification and use action research as an essential component for improvement and development of health care system in the hospital.

3.5 Research Questions

The following research questions were formulated:

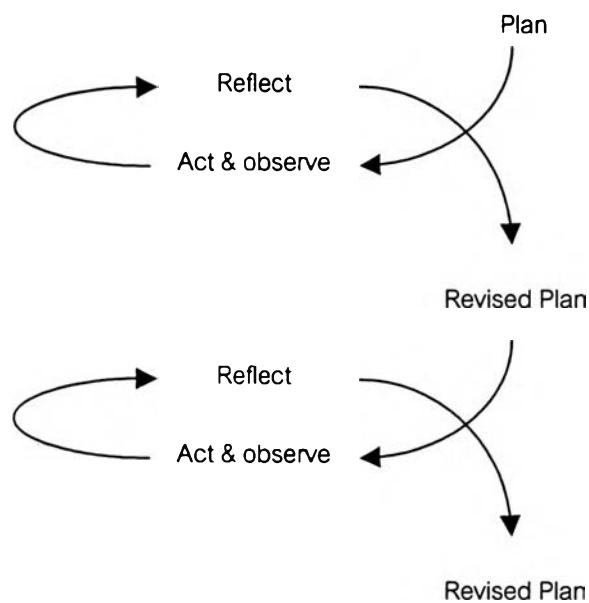
- 1) What is the expectation of pregnant women toward services in OHC? And what are the management perceptions toward pregnant women expectations?
- 2) What is the key satisfaction of pregnant women with service of ANC in OHC? (perceived service)
- 3) What are the problems? And which problems should be treated as priorities?
- 4) What action should be introduced for innovating and facilitating change to improve the service quality in OHC according to its practical application in dealing with a problem?
- 5) What are the criteria of the successful actions?
- 6) What is the new knowledge? And how can this new knowledge be shared with others?
- 7) What will be “new problems”? And what are the further actions?

3.6 Managing the Action Research

The purpose of this study is to monitor and investigate the situation in the services provided by ANC in OHC at Chulalongkorn Hospital. The study aimed to determine the problem occurring in the ANC department, and to identify the ways to improve the service quality for a better satisfaction of pregnant women who will be attending the ANC in OHC, Chulalongkorn Hospital. This will then be adopted into the management of change in respect of improving quality of services of the ANC.

The gap analysis model is taken as a guide for this action. Lewin (1946) described action research as a spiral of steps. Each step has four stages of planning, acting, observing and reflecting, as show in figure 3.2.

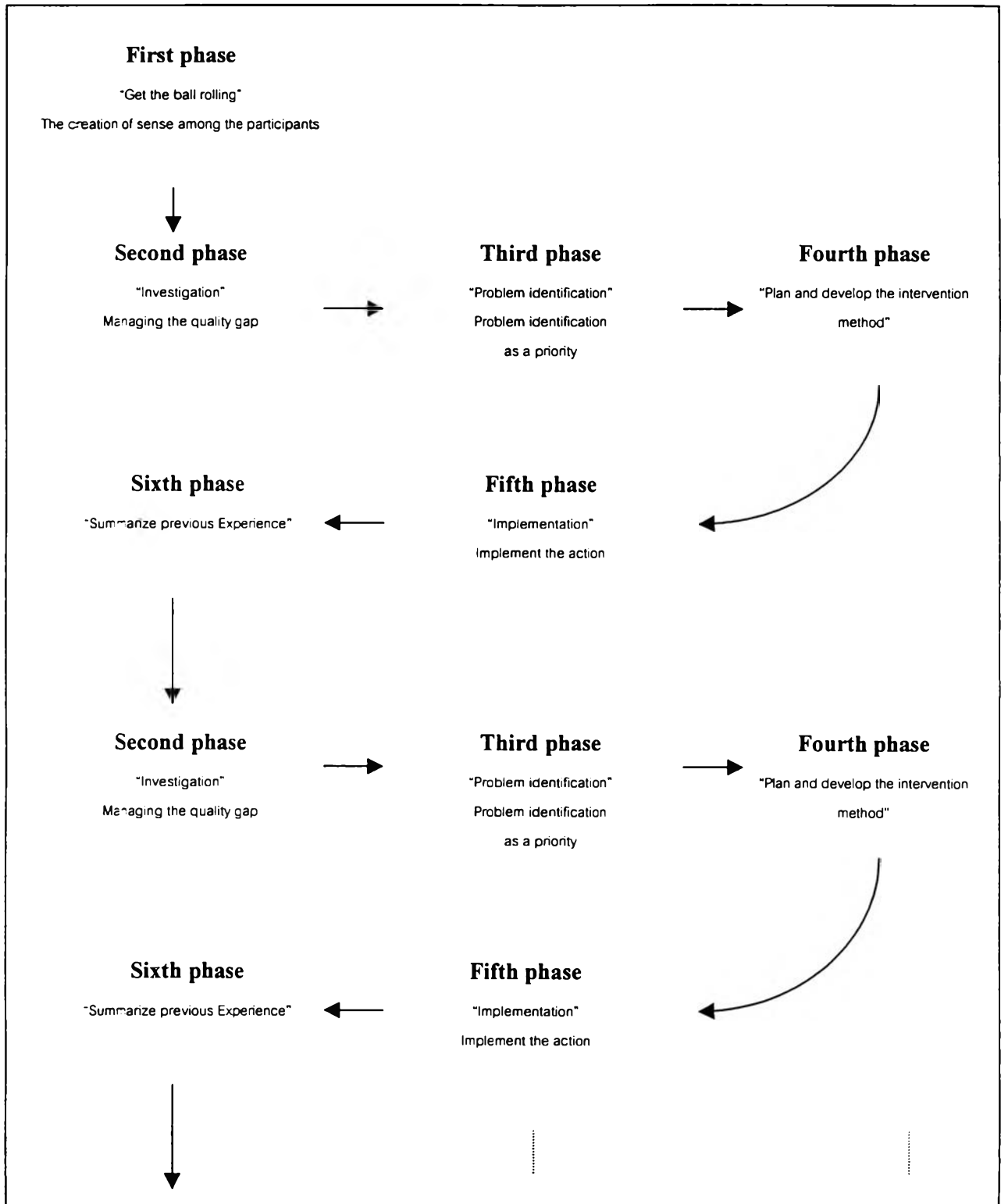
Figure 3.2 The Action Research Spiral



Source: Kemmis & Mc taggart (1988)

Accordingly, five phases for achievement are designed for this study to managing the action research, as shown in Figure 3.3.

Figure 3.3 The cycle of Action Research of proposal



According to Figure 3.3, the cycle of The Action Research can then be described as the followings:

Note that each phase must be completed before proceeding on the next phases.

First phase: Get the ball rolling

Goal: To promote the “awakening” nature of participatory action-research. This concerns the evolving combination of mutual support and questioning and the organization of joint action.

Objective: To create a sense of service quality improvement among the participants. The participants build and maintenance their partnership.

Intervention method: Participants interview and focused groups discussion should be made to get their views, perceptions and experiences on the problems in OHC. To make them realize that their participation is very essential for the success of the study.

In participant action-research, individuals must have common concerns in order to achieve specific goals. It is vital to communicate to each other with mutual trust, openness and cooperation. The process can continue as long as the group remains intact, with no changes in individual participation. Continuing participation then induces the growth of self and group awareness. The creation of a sense of

health care provider among the participants is essential. The building and maintenance of a partnership requires a range of important questions to be answered.

- Who are we?
- Why are we here?
- What do we believe?
- How can we work together? etc.

Participants may develop competence performance of tasks in the fields of communication, organization, planning and group activity. After the development of these skills, they will have a common understanding which results in an efficient decision-making, and consequently achieving their desires.

And the participants have to understand the gap analysis model which is intended to be used for analyzing the sources of quality problems and for helping participants to understand how service quality can be improved. Moreover addressing these gaps are logical basis formulating strategies and tactics to ensure consistent expectations and experience, thus increasing the likely hood of satisfaction and positive quality.

Phase II is the process of investigating. This will assess the Quality gaps which consist of five gaps as described below:

Gap 1: The Management Perception Gap

Gap 2: The Quality Specification Gap

Gap 3: The Service Delivery Gap

Gap 4: The Market Communication Gap

Gap 5: The Perceive Service quality Gap

Second phase: Investigating; The managing the Quality Gaps

The Management Perception Gap (Gap 1)

This gap means that the *management inaccurately perceives the quality expectations.*

Goal: To develop the competence in managers, provided that they have corrected information and understand the pregnant expectations to the services.

Objective: To identify the expectation of pregnant women toward the services of OHC, and to determine the management perceptions of pregnant expectations.

Intervention method: Data collection about customer expectation with questionnaires will be needed to identify the expectation of the pregnant women toward the services of OHC. The details of questionnaire design are as follows:

Part I: General profile of the pregnant women such as ages, education, family incomes, parity of pregnancy, gestation age of pregnancy are needed.

Part II: Information about expectation of pregnant women towards health services and waiting time for services.

The Quality Specification Gap (Gap 2)

This gap defines that *service quality specifications are not consistent with management perceptions of quality expectations.*

Goal : To get the information of the management perception of OHC manager.

Objective : To identify the management perception of OHC manager.

Intervention method: Interview the project manager of his view points which will be needed for the goal-setting and planning routines.

The Service Delivery Gap (Gap3)

This gap means that *quality specifications are not meet by the performance in the service production and delivery process.*

Goal : To know what is happening in real situation (about the service of ANC in OHC)

Objective : To identify the service delivery of ANC in OHC

Intervention method: (Observational studies in the OB&GYN in OHC) A qualitative study to observe the event in its natural setting and taxonomy of the people in terms of their behavior, attitudes, and interactions. The main purpose of this study is to identify key factors which could affect satisfaction towards health care services of pregnant women who are attending ANC in OHC, Chulalongkorn Hospital. Therefore, the focus of this study is to observe the joining phase, intensive and detachment phase in OHC, Chulalongkorn Hospital which consists of manpower, infrastructure, technology and management. (see table 3.6.2.1 : Planning the service observation)

Table 3.6.2.1 Planing the service observation

| Consumption phase/Service component | What should be observed? |
|---|---|
| <p><i>Joining phase</i></p> <ul style="list-style-type: none"> • Registration • Waiting | <ul style="list-style-type: none"> • Registration office formalities and system for services • Waiting room atmosphere, environment and facilities. • Reading magazines/video vision |
| <p><i>Intensive consumption phase</i></p> <ul style="list-style-type: none"> • Visit doctor | <ul style="list-style-type: none"> • Behavior of doctors • Visit time of doctors |
| <p><i>Detachment phase</i></p> <ul style="list-style-type: none"> • Pharmacy • Payment • Registration for next visit | <ul style="list-style-type: none"> • Systems for service medicine • Systems for paying receipt • Registration office formalities |

The Market Communication Gap (Gap4)

This gap means that *promises given by market communication activities are not consistent with the service delivered.*

Goal : To get the information of the promises given by market communication in order to improve planning of market communication.

Objective : To identify the promises given by market communication activities.

Investigation method: Collect the advertising information (such as scope of service, policy about OHC).

The Perceived Service Quality Gap (Gap5)

This gap means that *the perceived or experienced service does not consist of the expected service.*

Goal : To know and understand the condition of the services of ANC in OHC.

Objective : To identify pregnant women' satisfaction to the services of ANC in OHC (perceived service)

Intervention method: (Data collection with the questionnaires by in-deph interviews with the pregnant women about the total times spent for services, actual total time spent, waiting time at each process of services, and satisfaction levels of respondents with health care providers, facilities, waiting times, and cost which consists of manpower, infrastructure, technology, and management. (see Table 3.6.2.2 : worksheet for specifying the monitoring of patient's satisfaction levels to the services).

The details of questionnaire design are as follows:

Part I: Actual total times spent and waiting times at each process of the service such as registration, physicians office, pharmacy, cashier, and appointment desk.

Part II: Information on the satisfaction levels of pregnant women with health care provider, facilities, waiting times at each process of services, and costs (See table 3.6.2.2: Worksheet for specifying the monitoring patient's satisfaction levels with services and the levels of satisfaction is based on the 5-point of Likert scale of alternatives:

1 = very dissatisfied

2 = dissatisfied

3 = fairly satisfied

4 = satisfied

5 = very satisfied

Table 3.6.2.2 Worksheet for specifying the patient's satisfaction levels to the services

| Component | Monitoring Indicators | Purpose |
|--|--|--|
| <p>1. Health care providers</p> <ul style="list-style-type: none"> • Doctor • Nurse • Asst. nurse • Pharmacist • Cashier • Registrar | <p>1. Communication & information</p> <ul style="list-style-type: none"> • Doctor able to clearly advice about ANC • Nurse able to clearly advice about ANC • Pharmacist able to clearly advice about drug administration and medication label • Doctor willing to listen and give advice as you required to solve your problem • Nurse willing to listen and give advice as you required to solve your problem | <p>To monitor the staff action which is consisted of manpower and management</p> |

| Component | Monitoring Indicators | Purpose |
|------------------|--|----------------|
| | <ul style="list-style-type: none"> <li data-bbox="608 365 958 698">• Assistance. Nurse willing to listen and give advice as you required to solve your problem <li data-bbox="608 739 958 1000">• Pharmacist willing to listen and give advice as you required to solve your problem <li data-bbox="608 1041 958 1446">• Cashier willing to listen and give advice as you required to solve your problem about price of medication <li data-bbox="608 1487 958 1893">• Registrar willing to listen and give advice as you required to solve your problem about appointment and schedules | |

| Component | Monitoring Indicators | Purpose |
|-----------|---|---------|
| | <p>2. Courtesy</p> <ul style="list-style-type: none"> • Doctor had politeness and friendliness • Nurse had politeness and friendliness • Asst. Nurse had politeness and friendliness • Pharmacist had politeness and friendliness • Cashier had politeness and friendliness • Registrar had politeness and friendliness • Responsiveness • Doctor willing to give immediate service • Nurse willing to give immediate service • Asst. Nurse willing to give immediate service | |

| Component | Monitoring Indicators | Purpose |
|--|--|--|
| | <ul style="list-style-type: none"> • Pharmacist willing to give immediate service • Cashier willing to give immediate service • Registrar willing to give immediate service | |
| <p>2. Facilities (comfortable and accommodation which involves tangibles, including physical evidence of the service</p> | <p>1. Demand/supply (numbers)</p> <ul style="list-style-type: none"> • Had available books, magazines, news paper and documents for clients • Enough number of elevator • Enough number of rest room • Enough number of public telephone • Enough number of seats | <p>To monitor the demand/supply (numbers) of cleanliness and effectiveness in order to provide maintenance and management for the facilities in the areas which consist of infrastructure and management</p> |

| Component | Monitoring Indicators | Purpose |
|------------------|--|--|
| | <p>2. Effectiveness (working condition)</p> <ul style="list-style-type: none"> • The quality of public telephone • The quality of elevator • Comfort of the seats in waiting room • Cleanliness • Cleanliness of rest room <p>Cleanliness of waiting area</p> | |
| 3. Waiting time | <ul style="list-style-type: none"> • Actual total time spent • Actual waiting time at each process of services • Satisfaction level to the waiting time at each process of the services | To monitor the total time spent and find out the waiting time at each process of the services which consists of manpower technology and management |
| 4. Costs | <ul style="list-style-type: none"> • Payment for services per visit • Perception of clients on payment (cheap/suitable/expensive) | To monitor and control the costs of the health care services which consist of management |

Notes: * Revisit

* Recommendation for other person

Remark: When the Gap analysis is completed, inconsistencies between provider and patient perceptions of service performance will be seen. Addressing these gaps is therefore to recover the quality problems, which will then be applied in formulating strategies and tactics to ensure consistent expectations and experiences for improvement of ANC service in OHC.

The next phase is to analyze the data from the previous phase with resources of quality problems and understand how service quality can be improved. This is called the problem identification.

Third Phase: Problem identification

Goal : To identify the problems as a first priority where change is desired by the participants involved in the problems.

Objective : To identify the problem as a first priority in the OHC in ANC department which is desired by the participants involved in the problem.

Intervention method: Focus group discussion (Following the Gap analysis, the natures of the situation confront is defined):

- What is the problem? (This is to decide which problems should be treated as a first priority in order to have a realistic and workable strategy.)
- How do the people feel about the problems?
- What is the context and what are the consequences of the problem?
- What are the causes of the problem?

Remark: Participants need to have sufficient information from the second phase in order to understand the problems. In the conclusion of the problem, focus must be carefully defined, which especially aims for better service quality of ANC in OHC.

After the problem identification is known by the participants the forth phase of planning and develop the intervention method can then be used to analyze problems in more details.

Forth Phase: Planning and develop the intervention method

Goal : To develop such a system that will best improve the ANC service in OHC.

Objectives: To plan and develop the intervention method to improve the management and supervision-related problem.

Intervention method: Focus group discussion within the participants.

It is essential for participants to understand the causes of the problems and to look at the different ways of dealing with the problem. After reaching the consensus, they then identify:

- Who will be responsible for the change?
- What are the constraints?
- What is the time span for changes? , and
- Do additional resources need to be used, and how?

If the basic problems require changes outside the staff team's own sphere of influence, they have to determine if they can produce an alternative approach.

At this stage, the participants are able to identify the intervention to improve the service quality related to the problem. Then the fifth phase of the implementation can be applied to the problems as described below.

Fifth Phase: Implementation

Goal: To be succeeded in implementing the action plan in dealing with the problems.

Objective: To apply the theory in the forth phase into practice

The last phase will allow the participants to summarize the above finding in order to create the most effective strategic planning and then apply the strategy to solve the problems.

Sixth Phase: Summarize previous experience

Goal : To obtain the conclusion of experiences carried out in the previous phases.

Objective : To evaluate the results of the implementation.

When the problem has been identified, a systematic procedure for accumulating relevant experiences is carried out. This step includes review of literature about the principal problem, and relevant theory and methodology. It is equally important to summarize whether the local experience within the ANC service in OHC is successful or not. Then repeat all the procedure again by starting from the second phase.

3.7 Work Plan of the purposed study

In this action research study, staff working in the OHC will be represented in the work plan, so that it is combined effort rather than individual show to improve health care services in OHC. This would make the study more successful in terms of cooperation, sense of responsibility, and implementation of the solutions. A brief description of this plan is shown in table below. (See table 3.7.1)

3.8 Budget

The budget for the proposed study will be used from Chulalongkorn Hospital as this study is conducted to find the way to improve the ANC service in OHC, Chulalongkorn Hospital. Total budget for the proposed study in 4,000 Baht. (see Table 3.7.2 for details)

Table 3.7.2 Budget

| Activity | Budget (Baht) |
|--|----------------------|
| <i>Phase I: Getting ball</i> To create a sense among the participants and introduce the action research study | 500 |
| <i>Phase II: Investigation</i> <ul style="list-style-type: none"> • Modification of questions • Actual data collection • Data analysis | 2.000 |
| <i>Phase III: Problem identification</i> | 500 |
| <i>Phase IV: Plan and develop the intervention method</i> | 500 |
| <i>Phase V: Implementation</i> | - |
| <i>Phase VI: Summarize of previous experience</i> | 500 |
| Total | 4,000 |