



Sustainability and Quality in Healthcare System: Organizational Structure-Process Approach

KEYWORDS

Organizational, structure, process, sustainability, turnover intention, QPC

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ABSTRACT Concerns about sustainability in Health services are driven by the common observation that over time satisfactory outcomes are not achieved and adverse effects are observed. As the government healthcare sector increasingly feels the impacts of a professional's shortage, retention of skilled clinical staff becomes paramount in context to output and uninhibited delivery of any service.

Present study was planned to find out the role of organizational factors in retention of health care professionals, and quality of patient care (QPC) in government hospitals. For this purpose, a detailed field study was conducted on 150 healthcare professionals. Findings indicate that continued functioning of healthcare system as well as meaningful and goal oriented performance depends not only physical resources but organizational and human resource issues are also crucial. Present study advocates that at the level of planning and implementation the organizational structure and process factors must be considered as important system variables.

Concerns about sustainability in human services are driven by the common observation that over time it is often the case that programs are discontinued, satisfactory outcomes are not achieved and adverse effects are observed.

Whenever we are trying to operationalize the concept of sustainability, we need to consider three major determining factors: context, activity profile and capacity. These factors, actually, interacts with each other in different ways and ensures sustainability. *Contextual factors* are those factors in the environment which are, somehow, out of control of the organization like; geographical conditions, political situation, economic mechanism, etc. The *activity profile* includes the kind of services offered and carried out, the choices made reflecting the level of care, the amount of care etc. The *organizational capacity* represents the capability to carry out a set of tasks faced by the organization. Included in the organizational capacity are also: structure (decision making processes, division of labour, roles etc.), institutional values and behavior, i.e. the culture of the organization; manpower; leadership; resource mobilization and financial management (Olsen, 1998).

The system is sustainable when it has the capacity to initiate desired changes, or adapt to changes with respect to environmental conditions and ensuring desired output.

Sustainability in Health care:

Unlike many other services, health care normally cannot be phased out after a period of time. Certain basic services need to be maintained indefinitely to meet public need. A health service is sustainable when operated by an organizational system with the long term ability to mobilize and allocate sufficient and appropriate resources (manpower, technology, information and finance) for activities that meet individual or public health needs (Olsen, 1998). This entails personnel and economic management are also very important in sustainability of health care system.

Organizational structure and process factors

Dawson (1996) defined organizational structure as "the socially created pattern of rules, role and relationship that exist within the organization". In the current study we have taken work autonomy as structure factor. Hackman and Oldham (1975) proposed that the degree to which the job provides substantial freedom, independence and discretion to the individual is termed as *work autonomy*. Nordic research sug-

gests that a lack of job autonomy is independent risk factor for dissatisfaction, absenteeism and turn over intention in employees (Elovainio, Kivimaki, Steen & Vahtera, 2004; McAuliffe et al, 2009).

Organizational processes include innovative human resource management practices and procedures to facilitate communication, conflict resolution, and participation in decision making at work place.

A process in which influence is shared among individuals who are otherwise hierarchical unequal is termed as *participation*. Studies suggests that hierarchical constraint and control should be replaced by enhanced workers' participation so as to meet the competitive demands of innovation and product quality (Falk & Kosfeld, 2006;. Fahr, 2011)

Inter professional support stands for subjective perception of employee about the relationship and support received from co-workers. Social exchange theory (Blau, 2006) suggests that where there is perceived support from supervisors and employee trust in managers, then employees will reciprocate and respond with positive work attitudes through increased motivation and commitment that can lead to enhanced performance.

Human resource sustainability

Most of the research and public pressure concerning sustainability has been focused on the effects of business and organizational activity on the physical environment, companies and their management practices profoundly affect the human and social environment as well, and human dimension of sustainability remains largely in the background (Pfeffer, 2010).

Skilled people are becoming organization' most valuable resource in context to output, when it comes to health care it becomes more crucial, as this profession is directly related to health, wellbeing and life. Sustenance and uninhibited delivery of any service, to a large extent, depends on continued presence of skilled employees. As the government healthcare sector increasingly feels the impacts of staff, retention of skilled clinical staff becomes paramount.

Turn over intention refers to the subjective estimation of an individual regarding the probability that she/ he will be leaving the organization she/he works for in the near future. The reasons for turnover are varied and complex, but key among

them are unhealthy work environment and organizational culture that weaken performance or alienate healthcare professional and, too often, drive them away (Gaither et al., 2007).

Quality of patient care in public hospitals

Health services include a wide variety of quality aspect all of which are important. Pledging quality in health care services ought to be a priority for any health care system. Quality enters into every aspect of a hospital directly from the time a patient is admitted, until the patient is discharged. It implies proper organization and management of hospital system in terms of physical facilities, staff availability of clinical services, equipment, diagnostic and therapeutic services (Goel and Kumar 2007).

Kelley and Hurst (2006) have highlighted certain popularly considered dimensions of quality of patient care by specialists. Key performance dimensions are effectiveness, safety, accessibility, equity (or equitability), efficiency, appropriateness, competence, continuity and timeliness.

It is ironic that although Indian healthcare has made rapid progresses, basic issues of quality continue to persist. Driven by the pressures of handling a large section of population, healthcare providers in government sector are grappling with challenges around improving productivity and efficiency of healthcare services.

Objectives

As the above review suggests turnover intention of healthcare professionals, due to their perception of organization structure and process factors, is a major problem for sustainability of health care system. Sustenance of health services with the long lasting goal of government policies is really crucial for catering health care needs of a large section Indian population in a continuous basis. The healthcare professionals working in government hospitals are mainly responsible in delivering quality health services to the population.

There is scarce knowledge of how organizational factors are related to the social sustainability and QPC among Indian healthcare organizations. Keeping the above mentioned scenario in view, the present study was planned to find out the role of organizational structure and process factors in retention of health care professionals, and quality of patient care (QPC) in government hospitals. Another objective was to find out the role of employees turnover intention in quality of patient care delivered by them.

METHOD

Participants: A sample of 150 healthcare professionals serving to government hospitals in eastern Uttar Pradesh.

Table 1 Description of measures used in study

Scale	Developed by	Cronbach's alpha
Work Autonomy	Breaugh, (1985)	.88
Participation	Gupta (2006)	.79
Intra-professional Support	Agarwal and Sharma (2011)	.76
Turn over Intention	Mobley, Horner, and Hollingsworth (1978)	.90
Quality of patient care	Agarwal and Sharma (2011)	.93

RESULTS

Data was statistically analyzed for examining the relationships among variables and prediction of turnover intentions and QPC by variables under study, through correlation analysis and step-wise regression analysis.

Table 2 Correlation among variables under study.

	WA	D	P	IPS	TI	QPC
Work Autonomy (WA)	1	.40**	.25**	.25**	-.26**	.34**
Decentralization (D)		1	.11	.35**	.02	.10
Participation (P)			1	.64**	-.48**	.54**
Inter-professional Support (IPS)				1	-.32**	.56**
Turnover Intension (TI)					1	-.58**
QPC						1

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 3. Stepwise regression analysis of the organizational structure and process factors with turnover intention

Variable	R	R Sq.	R Sq. change	% Variance	Beta Coeff.	t
Work Autonomy	.26	.07	.07	7	-.026	3.33**
Participation	.48	.23	.23	23	-.48	6.75**

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4. Stepwise regression analysis of the organizational structure factors with QPC

Variable	R	R Sq.	R Sq. change	% Variance	Beta Coeff.	t
Work Autonomy	.31	.17	.17	17	.34	4.42***
Inter Prof. Support	.56	.31	.31	31	.56	8.21***
Participation	.61	.37	.06	6	.30	3.62***

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 7. Regression analysis of turnover intention with QPC

Variable	R	R Sq.	R Sq. change	% Variance	Beta Coeff.	t
Turnover Intention	.58	.34	.34	34	-.58	8.74***

* $p < .05$, ** $p < .01$, *** $p < .001$

Discussion

The study was conducted with the aim of investigating the role of organizational structure and process factors in human/ social sustainability (turnover intention) of health care professionals and quality of patient care in hospitals. The study also examined the role of human/ social sustainability (turnover intention) on QPC in government hospitals.

There are undoubtedly many reasons that the sustainability of the physical environment has received more emphasis than have people environment (e.g., Ambec & Lanoie, 2008; Bansal, 2002). One possibility is that the consequences of organizational actions on the physical environment are frequently much more visible and, therefore, salient.

Sustainability of health care services, as it is very crucial and lifesaving service which requires expert handling, depends upon a combination of factors and manpower particularly availability of committed, involved and motivated expert manpower becomes very important capacity factor in this context. Government health care sector serves a large population with the internal struggle of retaining competent professionals. Present study indicates that organizational factor plays important role in human/ social sustainability in health care organizations.

Work autonomy is playing significant role in reducing turnover intention among health care professionals. This finding is in line with the previous finding that employee empowerment conditions increases sense of satisfaction and job

satisfaction is inversely related with intention to withdraw (Sharma, 2012). Participation was found as negative predictor of turnover intention, which reflects that feeling of being a part of organizational administration probably increases the reasoning that they may influence or even mold the policies and psychological environment of work and this feeling probably motivates them to stay in the organization.

Providing quality patient care is the ultimate goal of any health care organization, and the findings of present study presents some evidences that organizational structure and process factors are very important and may influence the delivery of quality of patient care. Health care professionals are the employees responsible for direct caring and lifesaving of a large number of patients through different pre and post prescription activities. Handling of such a diverse activity needs some discretion in choosing sequencing, timing and processes according to their understanding of different cases, in this study also autonomy emerged as important predictor of QPC. Intra- professional support emerged as most significant predictor of QPC, suggesting that delivery of effective healthcare always demands for a systematic synchronization of different activities at various levels and intra- professional support helps employees to do it in a team effort.

Results also advocate the importance of participation as significant factor at the workplace that could lead to the enhancement of the quality of patient care. It is very clear that the responsibility of patient care lies primarily in health care staff's domain and, given the opportunity to participate in administrative decisions which are likely to affect outcomes

for patient care; employees would be better positioned to enhance the quality of patient care in their hospitals.

Second set of findings presented evidence that, turnover intention of health care professionals is directly negatively influencing the QPC and in itself is a proof that such kind of negative attitudes are stronger enough to minimize the feeling of responsibility and citizenship towards organization or job. We might expect that companies with better records of human sustainability could enjoy benefits in terms of quality performance. It is quite likely that, just as in the case of environmental sustainability, human sustainability pays.

Conclusion

Findings of the present study indicate that smooth and continued functioning of healthcare system as well as meaningful and goal oriented performance depends not only physical resources but organizational and human resource issues are also crucial. In a country of over a billion people, proactive measures not reactive ones are needed to achieve inclusive and sustainable healthcare. Clearly, there is no single silver bullet for driving sustainable healthcare development. The entire system has to be nurtured and strengthened over time with progressive, realistic, and dynamic policies that ensure continued availability, affordability and quality care for all. Present study advocates that organizational structure and process factors must be considered as important system variables at the level of planning and implementation of sustainability policies in health care.

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