

Management of Healthcare Quality of Medical Personnel of the Royal Thai Police

Buppachart Urairak*

Abstract

The aim of this article is to review relevant literatures and researches in order to develop a conceptual framework for the management of healthcare quality of the Royal Thai Police's medical personnel. Findings have revealed seven factors, 1) length of service, 2) occupation, 3) service encounter, 4) talent management, 5) knowledge management, 6) health security system impact, and 7) bureaucratic organisational structure, contributing to the management of healthcare quality of the Royal Thai Police's medical personnel. Thus the conceptual framework developed should be applied to calculate the value of correlation between all of the factors, using quantitative research methods, and to conduct in-depth interviews, using qualitative research methods, in order to provide the results thereof to the medical executives of the Royal Thai Police to be utilised in formulating suitable strategies and policies for the management of healthcare quality of the medical personnel later on.

Key Word: Healthcare Quality, Medical Personnel, Royal Thai Police

* Student, Doctor of Philosophy Program in Management, Siam University; E-mail : ss6272@hotmail.com

Introduction

Nowadays, healthcare business has an increasing tendency to grow due to particular causes; the investment made by the public sector to promote quality of life of the people through Universal Healthcare Coverage Scheme and the policy to transform Thailand into a medical hub that focuses on developing service quality (Office of the Secretariat of the Prime Minister, 2010). In order to become a medical hub, competencies of medical personnel are a matter of great importance, and that has made a major contribution to such occurrence of competent medical personnel increasingly being drawn towards the private sector. Moreover, hospitals in Thailand will have to face any challenges arise from the aftermath of ASEAN Economic Community (AEC) agreement; by 2015, healthcare sector would be pushed through liberalisation, so hospital industry has become a matter that member states of AEC pay much regard to and are very interest in, and has a tendency to suffer “brain drain”, given that professionals will be able to travel to work abroad more easily under free professional movement of AEC (Wattanasirichaigoon, 2010, 23). Additionally, from the positioning of Thailand in the AEC, healthcare industry has been given a high priority, and hence national competitiveness must be enhanced accordingly (Center for International Trade Studies, University of the Thai Chamber of Commerce, cited in Wattanasirichaigoon, 2010, 84). There are several problems surfaced among public hospitals, such as the impact from the shortage of medical personnel, the impact on patient care caused by medical personnel resigning from the public sector to the private sector, and the impact on the production of medical students and medical specialists in medical schools from brain drain of great and/or eminent medical teachers, which consequently degrading medical personnel production (“The Impacts of Medical Hub of Asia Policy on Public Health System of Thailand”, 2005), and, according to the research “Thailand Medical Hub” of Dr, Viroj na Ranong, Research Director of Thailand Development Research Institute (TDRI), it is

stated that the implementation of Medical Hub Policy has caused medical care costs to rise and medical personnel to be drawn out of the public sector more, and the Universal Healthcare Coverage Scheme has prompted the people to exercise their right to receive free healthcare, forcing medical personnel to work in a hurry as a consequence to increasing number of people visiting hospitals, thus posing higher risks of hazard during diagnoses and treatments (National News Bureau, Government Public Relations Department, 2009).

Police hospitals and institutions thereunder, which are Dara Rassami Hospital, Nawut Somdetya Hospital, Police Nursing College and Institute of Forensic Medicine, have been considered as public medical institutions that have a primary duty to tend medicine-related affairs of the Royal Thai Police and are directly responsible for the provision of healthcare for police officers and their families. Hence, they certainly are under the influence of aforementioned issues of healthcare industry, and subsequently, such difficulty will impair the police officers' efficiency in serving the public, which has made the author become concerned and eager to conduct a study on this matter in order to construct a conceptual framework to be utilised in the development of management of healthcare quality of the Royal Thai Police's medical personnel.

Objectives

To review relevant literatures and researches in order to construct a conceptual framework to be utilised in the development of management of healthcare quality of the Royal Thai Police's medical personnel later on.

Research Methodology

In reviewing relevant literatures and researches to construct a conceptual framework to be utilised in the development of

management of healthcare quality of the Royal Thai Police's medical personnel, secondary data of both relevant literatures and researches have been examined in the first step to conceive a conceptual framework to be employed in the second step accordingly.

Result

Parasuman, Zeithaml & Berry (1988, 86-98) has suggested criteria for the evaluation of service quality by clients in 5 aspects; 1) Tangible, physical matters in service, 2) Reliability, dependability and ability to provide proper services needed by clients, 3) Responsiveness, willingness to help customers promptly in a timely manner, 4) Assurance, service providers must be competent, friendly, polite, courteous, honest, able to facilitate trust, ready to explain the procedure of service to clients in order to establish credibility and security in the clients, and 5) Individualised Empathy, service provider's attention, ease of contact, and good communication to a client. Moreover, Berry (1994, 32-35) has concluded that the 5 criteria in the evaluation of service quality would weigh differently in proportion from client to client, as exhibited in Table 1, which clients have regarded reliability the highest, followed by responsiveness, assurance, individualised empathy, and tangible, respectively.

Table 1 Weightings of Service Quality Aspects (Berry, 1994, 32-35)

Aspects of Service Quality	Percentage of Importance, as perceived by clients
Reliability	32%
Responsiveness	22%
Assurance	19%
Individualised Empathy	16%
Tangible	11%

It is observable that almost all of the significant criteria used by clients in the evaluation of service quality are directly associated with service providers' operations, so service provider organisations must pay attention to their servicing agents, seeing that those agents would directly influence the clients' perceptions of the evaluation of service quality. Hence, the researcher has become interested in studying from the perspective of service providers, or the medical personnel in this case, to find out which factors have contributed to the management of healthcare quality of the Royal Thai Police's medical personnel. The outcome of the study has revealed seven factors, as follows;

Length of Service

Kotler (2003, 186) has studied demographic segmentation, i.e., study the state of the population in various aspects and the factors contributing to any alteration thereof, such as maturity, mortality and relocation, which demographic characteristics may differ in patterns.

The demographic differences in length of service are a contributory factor to the capabilities of medical personnel. Provision of medical healthcare is a service that requires knowledge, proficiency and experience to perform, and the longer the length of one's service is, the greater his/her proficiency would be, which led to higher quality of service provided, compared to those whose length of service is shorter. Also, according to the article "Public Health Rushes to Fill Ten Thousand Posts, Tackling Nurse Shortages", it is found that length of service is a problematic factor, that is, senior nurses have to bear heavy workloads. The long-term research project that would monitor health and work life of nurse cohort for a period of 20 years, starting from 2009, supported by the Health Systems Research Institute and Human Resources for Health Research and Development Office, in the initial stage has discovered that new generations of nurses that are below 30 years of age would have a very short length of service in this profession, only 3 to 4 years, and if there is no measure taken to motivate them to stay in this profession for five years, these nurses would be lost. Furthermore, when considering the average age of nurses who work in general hospitals of 40 years and of nurses in

community hospitals of 37.8 years, a structure of aged workforce can clearly be seen, as the new nurses have resigned in a fairly large amount. From the data collected, it has been observed that 30-40% of nurses who are 45 years old or higher still have to work night shifts, rotate between shifts 32 times per month, and work both morning and afternoon shifts sometimes, which will affect the quality of patient care in due course (National Health Commission Office, 2012).

Occupation

Another aspect of demographic differences that the researcher has chosen to study is occupation. Group of doctors, group of nurses and multidisciplinary group would have different methods of operation according to their professional standards, manifesting as particularities of each profession in providing quality patient care, which concurs with the conception of Peter F. Drucker (1998/2554, 274) which states that the case that the people of each profession deem themselves as privileged individuals who have their own values may pose an obstacle to knowledge exchange between people of different professions, as many specialists would disregard perspectives of people in other professions, even if every party has to reach a common goal; i.e., in healthcare service industry, researchers would disregard doctors because they do not understand the relationship between causes and effects of certain matters, whereas the doctors would disregard the notions of the researchers, seeing that they do not understand that every patient is practically different in reality, and disregard the nurses, seeing that they do not understand the principles of medicine, but the nurses also disregard both the researchers and doctors as unsympathetic towards other people, while, at the same time, the three groups all hate hospital administrators that manage in a bureaucratic fashion and have no accomplishment, so to speak.

Service Encounter

James A. Fitzsimmons (2011, 213-215) has presented a notion that every type of service tends to have transactional interactions between clients and service providers. In this relationship, a term

associated to service quality as perceived by clients during service reception has been given as the “Moment of Truth” (time to impress), concurrently with Richard Normann (1984, 89) who has stated that a conclusion of service evaluation is determined during one’s service reception, clients will have to face service providers of different kinds and each period of the time to impress during service reception is an opportunity to influence one’s perceptions of service quality, which also agree with Jan Carlzon (1987, 89) who has remarked that cognisance during such time to impress is very critical to building a reputation of being superior service providers. Reforming organisation structure to concern and include everyone in the responsibility to support the operations of service agents, who has direct responsibilities to serve clients, and give the power to make a decision to the agents would shift the focus onto client satisfaction and facilitation of such moments of impression. Additionally, according to Sittichai Pattanasuwan (2004, 324-330), a research which studies the effect of doctor-patient relationship on diabetes care from a case study of Sampran District Hospital, Sampran, Nakhon Pathom, has found that all of the diabetes patients in the research have received inconveniences during diabetes care reception in various forms from the doctors, and tend to deal with the issue by changing doctors. In consequence to such dissatisfaction to the service, it has been realised that doctors who have a flexible and negotiable type of doctor-patient relationship during provision of healthcare tend to satisfy the patients more than those who are dictatorial and inflexible.

Evaluation of service quality is difficult to perform as it is an abstract matter and the healthcare services are categorised as high-contact, that is, usually, clients would have to visit the sites to obtain services and stay within the process throughout the duration of service, so the management of servicing procedure is very significant to service quality.

Talent Management

Robert E. Lewis & Robert J. Heckman (2006, 139-144) have proposed a concept that talent management is a type of managerial

tool, a strategic planning of human capital assignment throughout the organisation. The organisational trends in modern days have placed higher values on highly-competent individuals; thus any organisation should have a strategy to manage such in an efficient manner.

Medical personnel can be reckoned as highly valuable assets to an organisation, as they are classified as highly-proficient, core competent, and uniquely talented. The capabilities of talented people are not limited to knowledge and skills, but also include innate gifts as personal attributes. This group of people is scarce and hard to replace, and if received a good management, they will effectively apply their talents to facilitate quality healthcare and render the organisation efficient as well.

Knowledge Management

Peter F. Drucker (1998/2554, 255-280) has demonstrated an idea to manage specialists. In the modern era, success of an organisation depends on its body of knowledge and organisational system more than solid assets, and thus makes knowledge management a matter of great necessity. Particularly, knowledge of specialists is proved to be a great source of value addition in the new economy, which the benefits therefrom can be more clearly seen in large-scale service industries, especially in healthcare industry and inverting organisations, which are organised in patterns specifically tailored to create values from the intellect of specialists of the organisation; e.g. when doctors have the power to make a decision on how to proceed with patient care independently and are able to give orders to any lines of work responsible for the coordination of the organisation, it will affect the service quality provided by the specialists. Plus, the network strategy “Spider’s Web” is used when knowledge of organisation is scattered among its numerous specialists, the group of people that must jointly participate in finding solutions to complex issues of clients. A type of organisation that could be benefitted from such strategy is teams of diagnosticians, that is, the knowledge of specialists would create additional values from being

engaged in any problem-solving beyond capability of a single individual in order to resolve such problems and make the most out of the organisation intellectual properties. Furthermore, a research of Sailom Gerdprasert (2009, 83-87) which has studied the development of interactive midwifery web-based learning units for improving nursing competencies and reducing stress in nursing students has found that students who took the supplemental web-based course had significantly higher scores in conceptual knowledge and performance skill and lower scores of stress due to a deficit of knowledge prior to practice on the ward than those who took traditional curriculum only. The students also showed a positive attitude toward the web-based learning units.

Establishing a body of knowledge of a hospital requires proper knowledge management, because medical personnel's knowledge derives from experiences and insights, which might have been embedded in an individual, work process, or operations of the hospital. Hence, employing appropriate and efficient management systems, such as organisational structuralisation, applying information technologies to aid the medical personnel in accessing and utilising further knowledge, using babysitter system in job coaching, and providing support and guidance closely, would promote the utilisation of individual knowledge within the organisation to a more efficient degree and raise the healthcare quality of the medical personnel accordingly.

Health Security System Impact

Nualpund Eamtrakul (2005, 190-201) had studied the demand for health services at Lerdsin Hospital after implementation of the Universal Health Coverage Scheme, and discovered that the satisfaction of 18 of the hospital management staff towards the hospital services was 73.5%, while the average satisfaction of 160 of the staff working at out- and inpatient departments towards the services provided to the health receivers was 68.1%. The satisfaction of the two groups towards the Universal Health Coverage scheme was at a

low level and it affected hospital management, hospital services, health personnel, quality, efficiency and the finances of the hospital.

By encouraging people to obtain healthcare services while the number of medical personnel within the country is still relatively inadequate and consequently increase their workloads, their chances to suffer from stress and to make mistakes at work have grown. While medical personnel requires independency to work in accordance with their knowledge, competencies, and professions, being constrained by some limitations of health insurance of certain types, directing their practices of patient care, could definitely influence the healthcare quality that the patients receive, as a consequence.

Bureaucratic Organisational Structure

Power and Resistance: The Untold Stories in the Context of a Local Health Office of Naree Palalikit (2007, 187-190) has revealed that instances of high-ranking bureaucrats' use of power leading to resistance on the part of subordinates are exemplified by both formal and informal commands. The formal exercise of power is used to reward or punish subordinates, at the discretion of their superiors. Power is also exercised informally, through oral commands, in order to avoid rules and regulations, to maintain the authority's network of supporters, or to seek private gain under the context of patronising culture of Thailand.

From the publication of strategic plans of Police General Hospital (Police General Hospital, n.d.), it is discovered that the major challenges to service quality are the growing competition and the government's policy to reduce workforce, which leads to shortages of specialists as well as increasing amount of workloads of medical personnel, causing them to be more at risk of getting sued while on active duty. Being a medical person under the Royal Thai Police has its pros and cons; one of the pros is being employed in police service, which is one of the incentives to join the organisation in a condition that medical personnel is scarce, whereas one of the cons is every medical person is an officer with rank, which is quite troublesome, seeing that the promotion process is not exactly fair, which deprives

employee morale. Being subjected to the rules and disciplines of police force and a long hierarchical chain of command, if the administration of the Police Hospital is inflexible in patient-centred performance management, the medical personnel who have to employ their professional proficiency in work performance would become constrained and have no power to make a decision, which ultimately will affect their healthcare quality as a result.

Discussion

The study on the contributing factors to the management of healthcare quality of the Royal Thai Police's medical personnel through literature reviews in order to develop a conceptual framework has discovered that 7 factors -- length of service, occupation, service encounter, talent management, knowledge management, health security system impact, and bureaucratic organisational structure – contribute to the management, which have been brought to construct a conceptual framework accordingly, as seen in Figure 1;

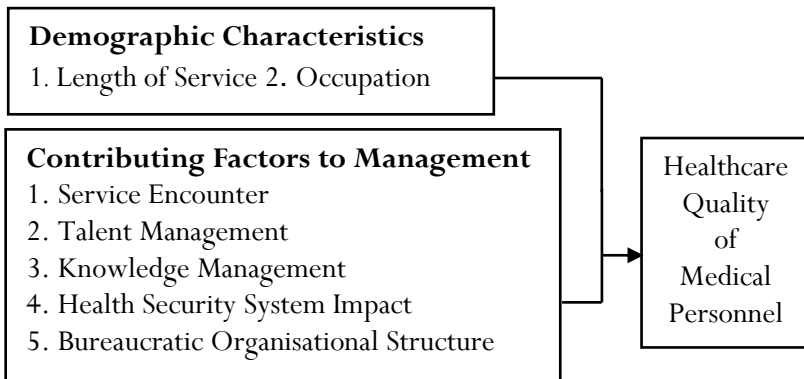


Figure 1 Conceptual Framework of Service Quality Management of Medical Personnel of Royal Thai Police

Recommendation

As this research has revealed and made aware of the problems and factors that affect the quality of healthcare of medical personnel, Thailand should become more attentive to such problems and solve them with haste, so as to sustain the quality of healthcare, which is a very important matter, and improve its efficiency for the time yet to come.

References

- Patradul, A. 2005. "The Impacts of Medical Hub of Asia Policy on Public Health System of Thailand." **Matichon**.
- Drucker, P. 2011. **Knowledge Management**. Bangkok: Expernet.
- National News Bureau, Government Public Relations Department. 2009. **Review on Medical Hub: Source of Capital Inflows**. Retrieved January 17, 2013 from www.cueid.org/content/view/2194/71/.
- National Health Commission Office. 2012. **Public Health Rushes to Fill Ten Thousand Posts, Tackling Nurse Shortages**. Bangkokbiz. Retrieved January 18, 2013, from suchons.wordpress.com/2011/06/15/.
- Palalikit, N. 2007. **Power and Resistance: The Untold Stories in the Context of a Local Health Office**. Doctoral Dissertation, Mahidol University.
- Eamtrakul, N. 2005. **A Demand for Health Services at Lerdsin Hospital after Implementation of the Universal Health Coverage Scheme**. Doctoral Dissertation, Mahidol University.
- Office of the Secretariat of the Prime Minister. 2010. **Jurin Supports Medical Hub Business to Advance, But Must Not Impact On Care of Thai Patients**. Retrieved January 17, 2013 from www.thaigov.go.th/en/news-ministry/2012-08-15-09-44-34/item/44383.html.

- Police General Hospital. n.d. **Strategic Plan of Police General Hospital, B.E. 2553-2556**. Bangkok: Police General Hospital.
- Gerdprasert, S. 2009. **Development of Interactive Midwifery Web-based Learning Units for Improving Nursing Competencies and Reducing Stress in Nursing Students**. Doctoral Dissertation, Mahidol University.
- Pattanasuwan, S. 2004. **Effects of Doctor-Patient Relationships on Diabetic Care: Study at Sampran District Hospital, Nakhonpathom Province**. Doctoral Dissertation, Mahidol University.
- Wattanasirichaigoon, S. 2010. **Country Strategy for Thailand's Development Prior to the Integration into ASEAN Economic Community**. Bangkok: Sintaweekij.
- Berry, L., Zeithaml, V. & Parasuraman, A. 1994. "Improved Service Quality in America: Lessons Learned." **Academy of Management Executive** 8 (2): 32-35.
- Fitzsimmouns, J. 2011. **Service Management**. 7th ed. New York: McGraw-Hill.
- Carlzon, J. 1987. **Moments of Truth**. Cambridge.
- Kotler, P. 2003. **Marketing Management**. New Jersey: Pearson Education.
- Parasuman, A., Zeithaml, V. & Berry, L. 1988. **SERQUAL: A Multiple Item Scale for Measuring Customer Perceptions of Service Quality**. Marketing Science Institute, Working Paper Report No.86-98.
- Normann, R. 1984. **Service Management**. New York. 89.
- Lewis, R., Heckman, R. 2006. "Talent Management: A Critical Review." **Human Resource Management Review** 16: 139-144.