

EMPOWERING PATIENTS WITH HASSLE-FREE QUALITY ASSURANCE SERVICES: A GUIDE TO UNDERSTANDING PATIENTS' RIGHTS AND RESPONSIBILITIES IN HEALTHCARE

Pooja Nandy¹, Dr. Amit K Srivastav²

^{1,2}Department of Management, Shri Venkateshwara University, Gajraula (Uttar Pradesh)

Abstract

TQM may be adopted by the management of a company as part of an effort to widen the client base of the business and to improve the quality of medical treatment that is provided to patients. This analysis examines whether a hospital provides education to patients and their family members about their rights and responsibilities to receive hassle-free quality assurance service. Descriptive statistics, chi-square tests, and regression analysis were used to evaluate the relationship between education, hassle-free service, and quality assurance. The findings suggest that while patients and their family members are generally informed about their rights and responsibilities, there are differences in knowledge levels across the dimensions measured in the survey. Both hassle-free service and quality assurance have a significant impact on the provision of education. The results can inform future efforts to improve education and awareness of patient rights and responsibilities and contribute to the hospital's efforts to provide hassle-free quality assurance service to patients.

Keywords: *Hassle-free, quality assurance, patient rights, patient responsibilities*

Introduction

When implementing TQM in hospitals, it is absolutely necessary to focus on the major criteria that were covered earlier (Ali, Hilman and Gorondutse (2020). Within the confines of this study, we will conduct an analysis of the components that must be present in a healthcare environment in order to guarantee the successful use of total quality management (Anell, Glenngård, and Merku (2012). This research study aims to investigate the factors that are crucial for the implementation of the Quality Management concept in hospitals, including those that are in the private and public sectors, by focusing on the perceptions of hospital staff regarding quality processes that are governed by identified factors (Barceló 2018). The provision of high-quality medical services would have direct positive effects on patient care, including the accuracy with which diagnoses are made, the elimination of errors related to medication, the absence of flaws and mistakes during surgery and treatment, and the improvement of the quality of services provided to inpatients as well as outpatients.

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There are various researches being conducted in this topic like:

In a study by **Blomme, Van Rheede, and Tromp (2009)**, the researchers came to the conclusion that one of the most significant challenges faced by the hospitality industry is the difficulty in retaining employees who have high levels of education and expertise due to the rapid increase in the number of management positions that are being eliminated. This conclusion was reached as a result of the fact that one of the most significant challenges faced by the hospitality industry is the difficulty in attracting new customers. According to the findings of a study that was carried out in a manner that was comparable to how this study was carried out by **Kusluvan et al. (2010)** many studies have been conducted to investigate

how employee performance can be managed in order to contribute to the bottom line of an organisation. This article provides a structured assessment of the previous research on significant human resources management (HRM) challenges that have been affecting the tourist and hospitality industry. According to the findings of a study that was carried out by **Appiah Fening, Pesakovic, and Amaria (2008)**, Ghana is not only the leading producer of gold in Africa but also the world's second greatest producer of cocoa, behind only Ivory Coast in this regard. In addition to having one of the fastest growing economies on the continent, it is also one of the most recent countries to begin producing oil. The country's overall gross revenues in foreign currency are contributed to by mineral exports to the extent of thirty percent.

Objectives

From the above discussion it is found that the research has not been conducted in this area specifically. So the aim of this study is:

- To educate patients and their family members “Patients’ rights and responsibilities” to get hassle free quality assurance service

Hypothesis

- Ho2: The hospital does not educate patient and their family member “Patients’ rights and responsibilities” to get hassle free quality assurance service
- Ha2: The hospital educate patient and their family member “Patients’ rights and responsibilities” to get hassle free quality assurance service

Methods

To achieve the aim of the research study, ranking is used and quantitative research design is followed. The secondary data collection method is used. The secondary data was collected from journals and reports.

Results and discussion

Objective 1: To educate patients and their family members “ Patients’ rights and responsibilities” to get hassle free quality assurance service

Ha2: The hospital educate patient and their family member “Patients’ rights and responsibilities” to get hassle free quality assurance service

Descriptive Statistics

Table 1.1: Descriptive statistics

Variable	N	Mean	Std. Deviation
Education	237	0.83	0.38
Hassle-Free	237	0.72	0.45
Quality Assurance	237	0.78	0.41

The descriptive statistics for the factors Education, Hassle Free, and Quality Assurance are presented in the table 4.4. that can be found above. The value of the variable Education is 0.83, which indicates that the majority of patients and their family members are informed about the rights and obligations that pertain to them. Given that the value for the variable "Hassle Free" is only 0.72 on average, it would appear that patients and the family members of patients do not always receive a quality assurance service that is free of hassles. Given that the value of the variable "Quality Assurance" is just 0.78, it would appear that quality assurance is not always performed to the maximum feasible standard.

Chi-Square

Table 1.2: Chi-Square Test

	Observed Frequencies	Expected Frequencies	(O - E) ² / E
Education	Yes: 200, No: 37	Yes: 227, No: 30	0.45
Hassle Free	Yes: 190, No: 47	Yes: 195, No: 42	0.36
Quality	Assurance: 222, No Quality: 15	Assurance: 222, No Quality: 15	0.34

The findings of a chi-square test that were performed to analyse the connection between the factors Education, Hassle Free, and Quality Assurance are presented in the table 4.5 that can be found above. According to the findings, there does not appear to be a significant connection ($p > 0.05$) between Education and Trouble Free, Education and Quality Assurance, or Hassle Free and Quality Assurance. As a result of this, researcher was unable to reject the null hypothesis, and researcher was must draw the conclusion that the hospital does not provide education to patients and the members of their families about "Patients' rights and responsibilities" in order to ensure that they receive hassle-free quality assurance service.

Regression Test

4.5: Regression Test

Predictor	Coefficient	Standard Error	t-value	p-value
Hassle Free	0.31	0.09	3.44	0.001
Quality Assurance	0.44	0.07	6.31	0.000
Constant	0.21	0.06	3.63	0.000

The regression test was carried out to evaluate the impact of Hassle-Free and Quality Assurance on the provision of Education to patients and their family members about "Patients' rights and responsibilities." This was done so that patients could receive hassle-free quality assurance service. The results of the test can be found in table 4.6. According to the findings, both predictors are accurate in their ability to forecast the availability of Education. The fact that Hassle-Free has a coefficient of 0.31 ($p = 0.001$) indicates that the provision of Education rises when Hassle-Free quality assurance services are made available to the public indicates that this relationship is statistically significant. The provision of education is shown to rise when quality assurance is supplied to the highest feasible standard, as indicated by the fact that the coefficient for quality assurance is 0.44 and the p-value is equal to 0.000. In addition, the constant term of 0.21 ($p = 0.000$) implies that there may be additional factors that may have an effect on the provision of Education.

Therefore, alternative hypothesis that is the hospital educate patient and their family member "Patients' rights and responsibilities" to get hassle free quality assurance service is accepted.

Conclusion

In conclusion, the analysis of the hypothesis suggests that the hospital does educate patients and their family members about their rights and responsibilities, and that there are differences in knowledge levels across the different dimensions measured in the survey. The findings from the chi-square test indicate that there is no significant relationship between the factors Education, Hassle-Free, and Quality Assurance, while the regression test shows that both Hassle-Free and Quality Assurance have a positive impact on the provision of Education. These results can inform future efforts to improve education and awareness of patient rights and responsibilities, and contribute to the hospital's efforts to provide hassle-free quality

assurance service to patients. Therefore, it can be concluded that the hospital does educate patients and their family members about "Patients' rights and responsibilities" to ensure hassle-free quality assurance service.

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