

**Factors Affecting Quality Of Care In Primary Health Care Centres With Special  
Reference To Anuppur District (M.P)**

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**Abstract**

The distribution of health care provision of primary care physicians or family physicians has many benefits. But the standard of primary health care delivery in India is limited and poor. One such variable is quality of care, and collaboration between public health institutions and state health facilities could go lengthy route towards solving quality deficiencies. This will help patients determine to avoid the need for costly therapy and bring long-term care. In this regard, this study explores employee engagement, emotional labor, cultural competence and infrastructure as factors affecting quality of care in primary health care system. The findings of the study suggest that all the factors have positive correlation and impacts on quality of care. Employee engagement is the greatest predictor of quality of care among them.

**Keywords:** Quality of care, Employee Engagement, Emotional Labor, Cultural Competence, Infrastructure, Primary Health Care.

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## **1. INTRODUCTION**

There is an absence of efficient primary health care feature and the standard of health care supplied is deemed poor and unsatisfactory given the reality that the National Rural Health Mission (NHRM) has conducted and supplied numerous health programs and subsidies to satisfy the needs and conditions of health care provision in rural areas of India (Bajpai et al. 2004). In this specific regard, Madhya Pradesh is considered to be one of the regions that have poor health care delivery, especially in rural regions (Das, J et al. 2012). This study examines the present situation of rural healthcare distribution facilities with respect to the primary healthcare in Madhya Pradesh District of Anuppur to define feasible interventions that need to be taken in order to reinforce the standard of performances with regards to quality of care.

## **2. LITERATURE REVIEW**

### **2.1 QUALITY OF CARE**

The quality of care is described as "the first time treatment provided to the correct individual with the correct treatment," according to Carolyn Clancy (2001). The Institute of Medicine (2011) has acknowledged six aspects of quality of care which are safe, timely, effective, efficient, equitable, and patient-centered. Brook RH, et al. (1999) claimed that care workers or providers are exclusively responsible for making sure that patients are experiencing the high-quality care, avoiding mistakes, and enhancing safety of the patients. Healthcare providers play an important role in establishing a healthcare system that is safe and of high quality.

### **2.2 EMPLOYEE ENGAGEMENT**

It is defined as "cognitive availability, emotional bond and the passion of an individual have towards the job role in the organization" (Kahn,1990 pp. 694; Rothbard 2001, p. 656). It is being further defined as the emotional connection towards the organization that exerts discretionary effort in the workplace by the employees (Gibbon, 2006). The major factors contributing to employee engagement among employees are as follows: (i) Leadership (ii) Employee Well-being (iii) Communication (iv) Pay & Benefits (v) Rewards and Recognition (vi) Career Advancement (vii) Working Environment and (viii) Training and Development. West et al. (2002) conducted a research in the National Health Service of England and

pointed out that hospitals with employees that are highly engaged perform better in maintaining quality services.

### **2.3 EMOTIONAL LABOR**

Emotional Labor is described as the employees' effort to manage their emotional showcase in such a manner to fulfill their professions or role of the job with the expectations of the organizations (Grandey, 2003; Morris & Feldman, 1996). Based on the previous studies of Secer (2009) p. 220, Kinman (2009) p. 119 and Grandey, A. A., & Gabriel, A. S., (2015), the emotional labor has three components viz. (i) Regulations of emotions, (ii) Deep, Sincere and superficial behavior and (iii) Emotional exhibition Rules. Organizations especially the healthcare institutions utilize the emotional labor to enhance the service of quality provided to the patients as it brings relevance benefits like reducing distress, discomfort and despair experiences of the patient in treatment (Venkatesh and Balaji, 2013:5).

### **2.4 CULTURAL COMPETENCE**

It is defined as the capability of the caregiver to render towards patients with a variety of patients' attributes related to belief systems or values, linguistic, social, religious and cultural needs in the healthcare sector (Health Research & Educational Trust, 2013). It is recognized as the necessary tool to resolve health access inequalities and strengthen the quality of care (Bainbridge, R., McCalman, J., Clifford, A., & Tsey, K., 2015). Cultural Competence consists of four components: Awareness, Attitude, Knowledge and Skills (Campinha-Bacote, 1995; Weaver, 1999; Diversity Training University International, DTUI, 2010). A culturally skilled facility or care service creates countless advantages such as enhanced health results, enhanced appreciation, shared knowledge between patients and care providers, enhanced involvement in the local society and less disparities in treatment (Wilson-Stronks, A. and Mutha, S., 2010).

### **2.5 INFRASTRUCTURE**

CDC (1999) described infrastructure of healthcare system as "the basic establishment that promotes the management, implementation and assessment of operations and procedures in public health. It is regarded as the core of the healthcare system of the public people" (Hilts PJ, 2000). In order to enhance the performance of India's health care system, the focus was on infrastructure projects, medical equipment integration and the amount of skilled health staff (Mills A et al, 2002; Rao M et al, 2011). A primary health care facility should at least have

the relevant fundamental infrastructures, such as the construction where buildings ought to be in good shape; the accessibility of electricity and water and telecommunications supply or some communication channels should be available for emergency care (Bajpai N, & Sangeeta Goyal, 2004). It offers the required basis for carrying out fundamental public health activities or functions (Public Health Functions Steering Committee, 1995). Consequently, an appropriate healthcare infrastructure is able to offer preventive, therapeutic and curative treatment depending on the needs of the individuals in the healthcare industry.

### **3. RESEARCH QUESTIONS**

The research objectives were developed or devised to facilitate and fulfill the current study to identify possible factors affecting quality of care in the primary health care of Anuppur District (M.P) and they are as follows:

- a) What are the main factors that affect in the delivery of healthcare quality?
- b) Is there a significant positive relationship between the employee engagement and the quality of care?
- c) Is there a significant positive relationship between the emotional labor and the quality of care?
- d) Is there a significant positive relationship between the cultural competence and the quality of care?
- e) Is there a significant positive relationship between the infrastructure and the quality of care?

### **4. OBJECTIVES OF THE STUDY**

In order to distinguish and identify the major factors influencing quality of care in the primary health care centers, Anuppur District (Madhya Pradesh), the following 6 research objectives are developed to study the quality of care as given below.

- (i) To ascertain the relationship between employee engagement and quality of care.
- (ii) To ascertain the relationship between emotional labor and quality of care.
- (iii) To ascertain the relationship between cultural competence and quality of care.
- (iv) To ascertain the relationship between infrastructure and quality of care.
- (v) To ascertain the relationship between quality of care and patient satisfaction.
- (vi) Finding and ascertaining the positive effects of employee engagement, emotional labor, cultural competence and infrastructure on quality of care.

## **5. HYPOTHESES OF THE STUDY**

Hypotheses are the assumptions of statements whether the given relationships and effects of the factors with respect to employee engagement, emotional labor, cultural competence, infrastructure and quality of care hold true or not for the current study to assist and fulfill the objectives of the study. Therefore, a total of 7 hypotheses have been developed for the study. They are as follows:

**(i) H0<sub>1</sub>:** There is no significant positive relationship between employee engagement and quality of care.

**HA<sub>1</sub>:** There is a significant positive relationship between employee engagement and quality of care.

**(ii) H0<sub>2</sub>:** There is no significant positive relationship between emotional labor and quality of care.

**HA<sub>2</sub>:** There is a significant positive relationship between emotional labor and quality of care.

**(iii) H0<sub>3</sub>:** There is no significant positive relationship between cultural competence and quality of care.

**HA<sub>3</sub>:** There is a significant positive relationship between emotional labor and quality of care.

**(iv) H0<sub>4</sub>:** There is no significant positive relationship between cultural competence and quality of care.

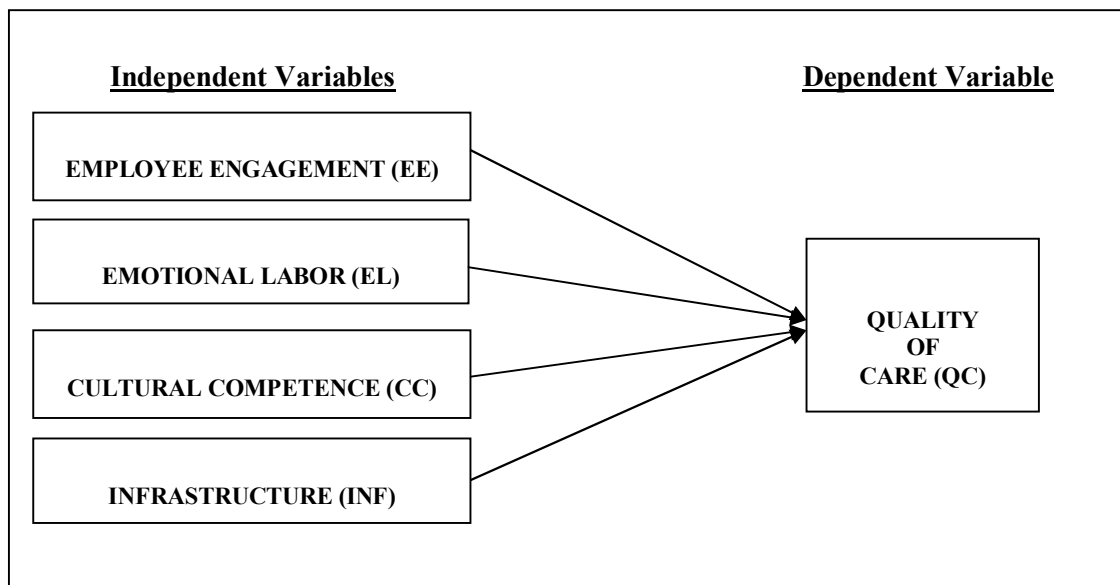
**HA<sub>4</sub>:** There is a significant positive relationship between cultural competence and quality of care.

**(v) H0<sub>6</sub>:** Employee engagement, emotional labor, cultural competence and infrastructure have no significant effects on quality of care.

**HA<sub>6</sub>:** Employee engagement, emotional labor, cultural competence and infrastructure have significant effects on quality of care.

## 6. CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework is derived and developed through rigorous literature review to explore the relationship and effects of the following factors: (i) Employee Engagement (EE), (ii) Emotional labor (EL), (iii) Cultural Competence (CC), (iv) Infrastructure (INF), and (v) Quality of care (QC) as given in Fig 1.



**Figure 1:** Conceptual Framework of the Study.

The Employee Engagement (EE), Emotional labor (EL), Cultural Competence (CC), and Infrastructure (INF) are considered as the independent variables. In the meantime, the Quality of Care (QC) is considered as the dependent variable. The above conceptualization and theoretical framework will assist in meeting the developed objectives and testing the hypotheses

## 7. RESEARCH METHODOLOGY

The research methodology implemented for the study is discussed in this section. This research is a quantitative study based on numerical findings to verify hypotheses and reach significant conclusions. It includes statistical analysis and the statistical analysis tool SPSS 23 version is used for the study.

### **7.1 Research Strategy**

In this respect, the current research used the survey approach because it is usually linked with deductive methods (Saunders et al., 2007:138). In management researchers, survey-based questionnaires are often used to measure tools to tackle different questions and assumptions (Remenyi et al., 1998).

### **7.2 Data Collection Method**

Data from primary and secondary sources are gathered. The targeted population for this research is the employees who work in the middle & lower level management and patients who attend the primary health care centres of Anuppur District, (M.P). This research implements the simple random sampling method to obtain the necessary information from both employees and patients in primary health care centres. The data collection process was conducted and 700 questionnaires were administered for Employees = 350 and Patients = 350 of which a total of 565 respondents were received from Employees = 286 and Patients = 279. Out of the 565 questionnaires, 59 respondents were removed as they were found to be outliers and some were missing data. Therefore, a total of 506 respondents are considered for the study (Employees = 253 and Patients = 253).

### **7.3 Research Instruments**

The information gathering tool in this study is a close-ended Likert scale style questionnaire. This is a five-point scale wherein the statements are rated from strongly agree to strongly disagree. The participants are requested to obtain the required data about the factors under research from 1 (Strongly disagree) to 5 (Strongly Agree) in the questionnaire. It concerns their names, sex, age, position, center and location. It is designed primarily to determine how the employee engagement, emotional labor, cultural competence and infrastructure relate to the performance of care during the performance of treatment.

**7.4 Data Analysis Tools:** All raw data will be transformed, analyzed and processed using the suitable tool into meaningful and useful information. Stages of data analysis composed of interrelated processes to synthesize and convert the data into helpful information. The data gathered from the study questionnaire are transformed by SPSS 23 to obtain useful

information which are used to perform the factor analysis, reliability test (Cronbach's Alpha), Pearson correlation analysis and Multiple regression analysis.

### 8. ANALYSIS OF DATA & TEST OF HYPOTHESES

Preliminary analysis investigated some issues such as addressing missing data, dealing with outliers, test of normality, linearity, homogeneity, multicollinearity, homoscedasticity and sample size adequacy. The data were analyzed and fulfills all the requirements of the above analysis. Bartlett's test of sphericity shows an approximate Chi square of 4027.412 with 820 df and significance of 0.000. The overall measure of sampling adequacy (KMO) is 0.723 (Table 1). The results of the EFA with principal components factor extraction methods are analyzed. The results of the EFA with principal component extraction methods can be visually inspected. In order to establish the reliability of the five constructs extracted following the EFA process, the items that loaded on each construct were transformed into six variables as shown in Table 2. Following the transformation process, the constructs were subjected to a scale test using the Cronbach's alpha method resulting in an overall scale of  $\alpha = 0.800$ . The reliability test results showed that Cronbach's alpha ( $\alpha$ ) for Quality of Care is 0.814, Infrastructure is 0.827, Cultural Competence is 0.736, Employee Engagement is 0.750 and Emotional Labor is 0.758.

| <b>KMO and Bartlett's Test</b>                   |                    |          |
|--|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. |                    | .723     |
| Bartlett's Test of Sphericity                    | Approx. Chi-Square | 4027.412 |
|  | Df                 | 820      |
|  | Sig.               | .000     |

**Table 1: KMO and Bartlett's Test.**

**Source:** SPSS 23 output.

| Items   | Component |      |      |      |      | Factors                    |
|---|-----------|------|------|------|------|----------------------------|
|   | 1         | 2    | 3    | 4    | 5    |                            |
| QC9: Doctor/Nurse/Staff makes me feel at ease<br>QC5: Doctor, Nurse and staff are competent and well-trained.<br>QC10: Doctor/Nurse/Staff pay attention to what I'm saying and are responsive.<br>QC3: Doctor/Nurse/ Staff explains the reason for the test taken.<br>QC8: Doctor/Nurse/ Staff treated me with respect.<br>QC2: Doctor/Nurse/ Staff never expose me to risk or damage.<br>QC6: Doctor/ Nurse Diagnosis are correct.<br>QC11: Doctor/Nurse/Staff answers my questions clearly.<br>QC7: Medicines prescribed for me cure my illness.<br>QC4: Doctor/Nurse/ Staff does not make mistakes in their works.<br>QC17: I was treated well without any ethnicity discrimination.<br>QC18: I was treated well without any social status biasness. | .696      |      |      |      |      | <b>Quality of Care</b>     |
|   | .643      |      |      |      |      |                            |
|   | .618      |      |      |      |      |                            |
|   | .610      |      |      |      |      |                            |
|   | .598      |      |      |      |      |                            |
|   | .587      |      |      |      |      |                            |
|   | .578      |      |      |      |      |                            |
|   | .573      |      |      |      |      |                            |
|   | .540      |      |      |      |      |                            |
|   | .507      |      |      |      |      |                            |
|   | .486      |      |      |      |      |                            |
|   | .407      |      |      |      |      |                            |
| INF30: There are good roads and transportation.<br>INF34: There is a proper and adequate sanitation facility in the centre.<br>INF33: There are adequate hygienic toilets/bathrooms.<br>INF29: There are sufficient telephone, water supply and electricity in the centre.<br>INF32: There are adequate rooms for treatment of patients.<br>INF35: There are proper and enough rooms for the doctors, nurses and staffs.<br>INF31: There are sufficient medicines, diagnostic equipments and ambulance  |           | .745 |      |      |      | <b>Infrastructure</b>      |
|   |           | .729 |      |      |      |                            |
|   |           | .718 |      |      |      |                            |
|   |           | .706 |      |      |      |                            |
|   |           | .702 |      |      |      |                            |
|   |           | .623 |      |      |      |                            |
|   |           | .620 |      |      |      |                            |
| CC25: I like interacting with people from different cultures.<br>CC26: I can socialize with locals in a culture that is unfamiliar to me.<br>CC23: Everyone should be treated with respect to cultural heritages<br>CC24: I know the cultural values and religious beliefs of other cultures.<br>CC22: I find ways to adapt my services to client and family cultural preferences.<br>CC27: I change my verbal behavior when a cross-cultural interaction requires it.  |           |      | .679 |      |      | <b>Cultural Competence</b> |
|   |           |      | .668 |      |      |                            |
|   |           |      | .658 |      |      |                            |
|   |           |      | .651 |      |      |                            |
|   |           |      | .643 |      |      |                            |
|   |           |      | .437 |      |      |                            |
| EE2: I use the appropriate materials and equipments to do my work right.<br>EE4: I have received recognition or praise for doing good work.<br>EE3: I have the opportunity to do what I do best every day at work.<br>EE5: My supervisor, or someone at work, cares about me as a person.<br>EE1: I know what is expected of me at work and I do it.  |           |      |      | .779 |      | <b>Employee Engagement</b> |
|   |           |      |      | .749 |      |                            |
|   |           |      |      | .700 |      |                            |
|   |           |      |      | .687 |      |                            |
|   |           |      |      | .584 |      |                            |
| EL18: I always show the positive emotions to be displayed to the patients.<br>EL17: I make a strong effort to actually feel the emotions toward the patients.<br>EL20: I show positive emotions to sympathize when interacting with the patients.<br>EL19: I put on a 'mask' in order to display the emotions my patient wants me.  |           |      |      |      | .788 | <b>Emotional Labor</b>     |
|   |           |      |      |      | .763 |                            |
|   |           |      |      |      | .680 |                            |
|   |           |      |      |      | .670 |                            |

Extraction Method: Principal Component Analysis.  
 Rotation Method: Varimax with Kaiser Normalization.  
 a. Rotation converged in 6 iterations.

**Table 2: Rotated Component Matrix.**

**Source: SPSS 23 output.**

**8.1 Pearson’s Correlation Analysis of the variables**

The results of the Pearson’s correlation tests are as given below in Table 3 to Table 6:

|    |                     | QC     | EE     |
|----|---------------------|--------|--------|
| QC | Pearson Correlation | 1      | .660** |
|    | Sig. (2-tailed)     |        | .000   |
|    | N                   | 253    | 253    |
| EE | Pearson Correlation | .660** | 1      |
|    | Sig. (2-tailed)     | .000   |        |
|    | N                   | 253    | 253    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Source:** SPSS 23 output.

**Table 3:** Correlation between Employee Engagement (EE) and Quality of Care (QC)

From above table, the null hypothesis is rejected because the p-value is below 0.05. Employee Engagement (EE) has a significant positive relationship with the strength of 0.660 with Quality of Care (QC).

|    |                     | QC     | EL     |
|----|---------------------|--------|--------|
| QC | Pearson Correlation | 1      | .643** |
|    | Sig. (2-tailed)     |        | .000   |
|    | N                   | 253    | 253    |
| EL | Pearson Correlation | .643** | 1      |
|    | Sig. (2-tailed)     | .000   |        |
|    | N                   | 253    | 253    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Source:** SPSS 23 output.

**Table 4:** Correlation between Emotional Labor (EL) and Quality of Care (QC)

From above table, the null hypothesis is rejected because the p-value is below 0.05. Emotional Labor (EL) has a significant positive relationship with the strength of 0.643 with Quality of Care (QC).

|    |                     | QC     | CC     |
|----|---------------------|--------|--------|
| QC | Pearson Correlation | 1      | .417** |
|    | Sig. (2-tailed)     |        | .000   |
|    | N                   | 253    | 253    |
| CC | Pearson Correlation | .417** | 1      |
|    | Sig. (2-tailed)     | .000   |        |
|    | N                   | 253    | 253    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Source:** SPSS 23 output.

**Table 5:** Correlation between Cultural Competence (CC) and Quality of Care (QC)

We reject the null hypothesis as the p-value is below 0.05. Therefore, Cultural Competence (CC) has a positive significant relationship with Quality of Care (QC) with the strength of 0.417.

|     |                     | QC     | INF    |
|-----|---------------------|--------|--------|
| QC  | Pearson Correlation | 1      | .336** |
|     | Sig. (2-tailed)     |        | .000   |
|     | N                   | 253    | 253    |
| INF | Pearson Correlation | .336** | 1      |
|     | Sig. (2-tailed)     | .000   |        |
|     | N                   | 253    | 253    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Source:** SPSS 23 output.

**Table 6:** Correlation between Infrastructure (INF) and Quality of Care (QC)

From above table, the null hypothesis is rejected because the p-value is below 0.05. Infrastructure (INF) has a significant positive relationship with the strength of 0.336 with Quality of Care (QC).

**8.2 Multiple Regression Analysis of the variables**

The regression analyses were performed using SPSS 23 version and the results of the tests are as given below in Table 7 to Table 9:

**Table 7: Model Summary**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .779 <sup>a</sup> | .607     | .601              | 2.030                      |

a. Predictors: (Constant), INF, EL, CC, EE

**Table 8: ANOVA<sup>a</sup>**

| Model |            | Sum of Squares | df  | Mean Square | F      | Sig.              |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1     | Regression | 1579.394       | 4   | 394.849     | 95.828 | .000 <sup>b</sup> |
|       | Residual   | 1021.855       | 248 | 4.120       |        |                   |
|       | Total      | 2601.249       | 252 |             |        |                   |

a. Dependent Variable: QC

b. Predictors: (Constant), INF, EL, CC, EE

**Table 9: Coefficients<sup>a</sup>**

| Model |            | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig. | Collinearity Statistics |       |
|-------|------------|-----------------------------|------------|---------------------------|--------|------|-------------------------|-------|
|       |            | B                           | Std. Error | Beta                      |        |      | Tolerance               | VIF   |
| 1     | (Constant) | -11.367                     | 1.605      |                           | -7.080 | .000 |                         |       |
|       | EE         | .851                        | .096       | .414                      | 8.900  | .000 | .732                    | 1.367 |
|       | EL         | .720                        | .089       | .380                      | 8.104  | .000 | .719                    | 1.392 |
|       | CC         | .242                        | .083       | .128                      | 2.919  | .004 | .823                    | 1.216 |
|       | INF        | .139                        | .055       | .106                      | 2.505  | .013 | .887                    | 1.127 |

a. Dependent Variable: QC

**Table 7, 8 & 9: Multiple Regression Test Results.**

**Source:** SPSS 23 output.

Since, all p-values are less than 0.05 and we reject the null hypotheses. An analysis of the coefficients and the associated p-values showed that Employee Engagement (EE), Emotional Labor (EL), Cultural Competence (CC), and Infrastructure (INF) have direct positive effects

on the Quality of Care with regression weights of 0.851, 0.720, 0.242 and 0.139. They explained 60.7 % of the variance on Quality of Care.

## 9. FINDINGS AND CONCLUSIONS

The results derived from the data analysis ascertain the positive relationship of employee engagement, emotional labor, cultural competence and infrastructure with quality of care. They also have significant positive effects on quality of care. The results of this study provide strong evidence on the critical role of employee engagement, emotional labor, cultural competence and infrastructure when implemented will enhance the performance of primary health care services in rural sections of India.

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