INTRODUCTION

Special Issue on Health-Care Research

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Health-care research, in all its forms, is an important and necessary undertaking. As medical science advances and technological breakthroughs are made, quality of diagnostic measures and treatments will progress. As the population ages and persistent forms of disease remain (and new strains develop), there will be more work to do. From a business perspective, the health-care environment presents its own unique problems. These have been addressed for the past 17 years at the annual conference of the Association for Health Care Research (AHCR). Academics and practitioners have joined to sort out some of the macro- and microlevel issues of the health-care industry; those related to the legal and economic dynamics, the management of health-care organizations, the interaction of patients and providers, the health-seeking behavior of various segments, and the marketing and delivery of services to all types of populations. Many of the papers herein were originally presented in their formative stages at the AHCR conference. They have been refined and developed to the standards of the Journal of Business Research and underwent a double-blind review process. The 11 papers are divided into four sections pertaining to management issues, the complexities of reorganizations, measurement challenges, and service delivery. We thank the reviewers for their hard work and diligence in the assembly of this issue. Their expertise and valuable feedback are most appreciated.

Health-care delivery has undergone continual change. The increasing move toward managed care plans and government involvement has stimulated discussion on an individual's life satisfaction (and its relationship to health status) and the contribution that health services make to over all quality of life. The Rahtz and Sirgy study provides a Quality of Life/Needs Assessment model that evaluates the role health-care services play in an individual's life satisfaction. They advocate the use of this model as a strategic planning and measurement tool for health-care organizations to improve their contribution to society and better account for the impact of the services delivered to the community at large.

Health-care organizations must not only look outward and evaluate the market needs, but must also realize that the effectiveness with which their services are delivered depends upon the health-care professionals who work with the organization. One of the fundamental differences between services and tangible goods is the simultaneous production and consumption of the product. This difference is critical for creating a positive environment in which health-care professionals work so that internal marketing programs can effectively reinforce service delivery. The Cooper and Cronin article presents the results of a program for developing effective internal marketing with nursing assistants in the long-term care industry.

Health-care organizations must concentrate on developing effective strategic and marketing plans. This process necessitates attending to the financial aspects of service delivery. The health-care system fee structures moved from fee-for-service to capitation in the continued efforts to control health-care costs. Devine, O’Clock, and Lyons address this issue and highlight the importance of health-care organizations implementing management accounting systems. Specifically, their article discusses how health-care organizations might apply such practices as activity-based costing, life cycle costing, and value chain analysis in their efforts to control costs and improve evaluation systems.

Service delivery is coming under increasing scrutiny in the health-care industry. This is partially caused by an effort to evaluate the effectiveness of delivery and partially to measure customer satisfaction. Both of these measures are important for enhancing the effectiveness of service delivery and controlling health-care costs. Mishra’s article highlights the increasing use of paper and pencil measures for measuring such abstract concepts as patient satisfaction, health status, and total quality management. As the article demonstrates, these measures are fraught with measurement error that potentially affects measurement accuracy. Mishra asserts that current studies using
these measurement techniques are lacking in the assessment of construct validity and reliability. Drawing upon psychometric methods, Mishra illustrates measurement error assessment and modeling through the use of Common Factor Analysis. The results indicate that there are high levels of error among those measures used by health-care researchers, and higher level statistical analyses are required to improve measurement in this arena.

The papers on reorganization in the health-care industry reflect the variety of changes experienced this decade. Lancaster, Lancaster and Onega address the Clinton health-care reform initiative and its failure to effect change. Although political interests may have stymied the effort, reform is necessary to manage spiraling costs and problems of inaccessibility. Increased specialization of health-care providers is costly and does not address basic needs. The authors argue that primary health-care provision would benefit from an expanded role for nurse practitioners. To its credit, the health-care industry has enthusiastically embraced marketing and management research. The paper of Wood, Bhuian, and Kiecker marries the concept of market orientation with the not-for-profit hospital. The relationship between market orientation and organizational performance cannot be ignored, and not-for-profit hospitals are encouraged to promote a market orientation to achieve the associated positive outcomes. Fuller and Scammon provide an update of health-care industrial organization and its legal/economic implications. The amalgamation that has taken place in hospital chains, physician networks, and joint ventures (to name a few) raises concerns of antitrust activity. This paper offers a framework to put the emerging network relationships and vertical alliances into perspective.

The measurement of health-care service quality is the focus of the Lee, Delene, Kim, and Bunda article. Specifically, they examine the psychometric properties of alternative methods for measuring service quality by physicians. Using a modified SERVQUAL scale, physicians evaluated quality of health-care services on seven dimensions. Three different measurement methods were used, including a single-item global rating, constant-sum rating and multi-item rating. This formed the basis of a multitrait, multimethod analysis of health-care service quality. Lee, Delene, Kim, and Bunda have taken a unique perspective, one that views quality from the providers' perspective rather than the consumers' and highlights methods for more effectively assessing service quality in health care. This article reiterates a common theme across papers that both internal and external measures and procedures must be strengthened to improve health-care service delivery. Where data are available, more sophisticated methods are desirable and appropriate for studying health-care consumer behavior and developing proper responses to it. Gates, McDaniel, and Braunsberger use conjoint analysis to demonstrate how managed care organizations can optimize their value to consumers and increase market share. Identifying the value consumers place on different service features and attributes reduces the guesswork involved in health-care plan design. Managerial decision making in health-care service delivery is improved through advanced techniques of market simulations and concept testing.

The Association for Health Care Research encourages gerontological studies. As an example, the paper by Tangsrud and Smith centers on older adult patients and their control perceptions. How these perceptions contribute to physical well-being are addressed, and how to enhance them is described. Given that the older adult population uses a disproportionate share of health-care services, the paper's suggestions for control enhancing strategies are important. Finally, an important development is offered by Koerner regarding the measurement of service quality. The Inpatient Nursing Service Quality (INSQ) scale is developed in response to the inadequacy of the SERVQUAL scale to capture the essence of nursing care. The development of the INSQ scale is detailed and contrasted with the widely used SERVQUAL scale. The difference in service expectation in a profession such as nursing may lead to the importance of such other factors as compassion and uncertainty reduction, as opposed to reliability dimension offered by SERVQUAL. Implications for further scale development and research are offered.