Aug 6th, 1:45 PM - 2:30 PM

Methodologies of Soliciting Customer Feedback in Clinical Hospital Staff: Understanding What Information to Obtain in Order To Improve Customer Service

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Description

Health services are undergoing a period of dynamic change in the Australian health market, especially relating to creating and maintaining strong relationships between healthcare facilities such as hospitals and the clinicians who utalise and refer patients to their services. This paper outlines a number of key considerations of behavioural determinants of customer relationship management (CRM) including attitude to serve, understanding expectations, quality perceptions, reliability, communication, customisation, recognition, ensuring agreements are met, satisfaction audit and retention. Understanding these factors and how to implement them into healthcare practice will not only identify areas of improvement but also enable organisations to set achievable benchmarks in satisfaction and key performance indicators as part of a quality management system.

Location

Innovation Campus, Mike Codd Building, 1st floor, Room 102

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Abstract
Health services are undergoing a period of dynamic change in the Australian health market, especially relating to creating and maintaining strong relationships between healthcare facilities such as hospitals and the clinicians who utalise and refer patients to their services.
This paper outlines a number of key considerations of behavioural determinants of customer relationship management (CRM) including attitude to serve, understanding expectations, quality perceptions, reliability, communication, customisation, recognition, ensuring agreements are met, satisfaction audit and retention. Understanding these factors and how to implement them into healthcare practice will not only identify areas of improvement but also enable organisations to set achievable benchmarks in satisfaction and key performance indicators as part of a quality management system.

Introduction

Healthcare creates a supplier induced demand. The better the healthcare and the more accessible the service, the more it is used by the consumer. As a result medical care has become the most integral, utilised and expensive public service in developed countries.
In an attempt to reduce this increasing burden the Australian Federal Government has implemented reforms to decrease the costs associated with a number of medical benefit reimbursements as well as initiate policy changes to allow greater competition amongst healthcare providers (Budget 2009-2010, Department of Health and Aging, Australian Government). This shift will challenge the traditional service delivery of both public and private health providers such as hospitals and emphasise the need for a more customer focused approach for clinicians who use their services or refer patients to their facilities in order to maintain a viable share of the healthcare market.
This creates a dynamic shift in the priorities and focus for healthcare institutions, many of whom had previously only considered patients as consumers of services. This changing healthcare environment will require an understanding of needs of requesting physicians who utilise their services as well as develop mechanisms of assessing how and if these needs are met. Hence, business models and philosophies relating to creating and keeping customers such as customer relationship management (CRM) are being considered to see if these can be employed in healthcare settings. In service industry the performance of a business's customer relationship management is often measured in terms of sales, profits, market share, new customers, turnover or defection rate, cost reduction, service time and complaints, however the main difficulty or deterrent is the unquantifiable nature of health.
In a system where no two patients are exactly the same and treatment is dependant solely on clinical decision making, assessing what constitutes best practice and

indentifying opportunities for improvement and the assessment of outcomes is at best subjective for both the organisation seeking improvement strategies and customer who requires a slightly different service depending on each patient.
A study by Jain, Jian & Dhar (2002) showed that identifying behavioural determinants of CRM effectiveness is another valid method that businesses such as hospitals and other healthcare facility may assess and monitor the need of clinicians/requestors who refer patients to their institutions. In this study 10 factors were identified as having significant importance on the behaviour dimensions of a relationship being; attitude to serve, understanding expectations, quality perceptions, reliability, communication, customisation, recognition, ensuring agreements are met, satisfaction audit and retention. These are similar to factors identified in a modified SERVQUAL model specifically looking at healthcare service quality (Padma, Rajendran, & Sai, 2009) which identified infrastructure, personnel quality, process of clinical care, administrative processes, safety indicators, overall experience of medical care, social responsibility, corporate image and the trustworthiness of hospital as key determinates in satisfaction.

How these have been dealt with in the medical literature and how this may be used to solicit and monitor customer feedback is discussed.

Attitude to Serve
An onus must be placed on effective customer service. In healthcare this means acknowledging requesting clinicians as customers, a change from mainstream health delivery. In order to effectively implement change there needs to be the acceptance by staff that there is a valid reason for change, and that change will have some benefit. In the public health system financial benefits are in general not sufficient to evoke changing work practices, however benefits such as improved education, open lines of communication, and enhanced patient care have proven effective (Winkens and GeertJan 2002). These are also inherently linked with personnel quality.

Understanding Expectations
A poor understanding of customer expectation leads to many gaps in the process of delivering good quality services. In business models it has been identified that customers who perceive more value from a service they utilise tend to be more satisfied with the service (Ouschan, Sweeney & Johnson 2006) and that customer satisfaction is the result of a customer's perception of the value received (Cronin, Brady & Hult, 2000). While service quality literature in the context of healthcare is mostly focused on the patient perspective, it has been noted that physicians, as consumers, react to the same principles and strategies as most customers in the entertainment, hotel, retail and leisure industries and seek common goals such as quick, reliable and reproducible access to care and services, strong communication, both verbal and electronic, which promotes patient care and patient safety and an active service recovery program (Schwartz 2011).

Quality Perceptions
As with all areas of healthcare service, pathology can be broken down into two quality dimensions: technical quality and functional quality (Donabedian 1980). Technical quality generally includes the assurance of conformity to proper process and procedure, while functional quality is usually related to interpersonal aspects of care such as trust, communication, mutuality of goals and patient respect (Dale

2001). In healthcare it is imperative to avoid a “good technical outcome, poor service” experience (Vukmir 2006).
While a number of studies have shown technical quality to be the key dimension in service quality in healthcare settings (Carman 2000) functional quality cannot be under estimated. Functional quality, related to service quality has been inherently linked in the literature to customer satisfaction, even though it can be seen that these are two distinct but closely related constructs. While customer satisfaction is usually related to value and price, service quality is not price dependant (Anderson et al. 1994) and is usually the first determinant of overall customer satisfaction (Cronin, Brady & Hult 2000). It has been shown that a number of factors influence an individual’s perception of service delivery, that is not directly related to the service provision including demographics such as; age, gender, level of education and socioeconomic position (Padma, Rajendran, & Sai 2009).

Reliability
The reliability of the service must be measured by tangible and agreed outcomes, This also encompasses the building of a mutually beneficial relationship through trust, which also includes confidentiality and privacy (Jain, Jian & Dhar 2002). In healthcare there must also be an acknowledgement that medical errors can occur and the mechanisms in which adverse instances are dealt with must be transparent and communicated (Wilson, Runciman et al. 1995; Armstrong, Gillespie et al. 2007).

Communication
Poor communication within the hospital setting and with service providers “increase frustration and patient risk, reduce care quality and continuity, require extra work to compensate” and ultimately lead poor service outcomes (Schwartz 2011). It is critically important that patient information is relayed back to clinicians in an accurate and timely manner. Having an information technology (IT) management system that easily processes information is seen as paramount to ensuring access to appropriate, relevant patient information.

Customisation
It is essential that the service provider cannot only identify the needs of the individual, but have the mechanisms to tailor service delivery. This is highlighted in terms of not only how results are received, but the method in which they are done, for example, in terms of discharge summaries if hospitals ignored the physicians preference of emails versus fax receipt of correspondence then referral rate decreased (Schwartz 2011).

Recognition
Schwartz (2011) notes “many hospitals don’t view referring physicians as customers …only seeming to recognise patients in that regard”. As competition in the healthcare sector grows it will be imperative to acknowledge and recognise the role that clinicians play in directing their patients to health facilities and their importance in the viability of individual organisations.

Keeping Promises

Linked to trustworthiness this includes patient confidence; relationship of mutual respect; trust of the patient and clinician with the hospital, as well as ensuring agreed targets and guarantees are met, or at a minimum communicated if not.

Satisfaction Audit
While some have suggested the monitoring complains may be an acceptable method of assessing functional quality and validating customer satisfaction (Vukmir 2006), it can be shown that any mechanism requiring self reporting is likely to significantly underestimate the true prevalence of dissatisfaction, as such there must be a way of proactively assessing the satisfaction rate of consumers.
This must be a continuous process as "no matter how good the services are, the consumer will continually expect improvement" (Padma, Rajendran, & Sai 2009).

Retention
Approximately 80% of heath care business originates from established customers. This highlights the importance of retaining and continually improving the service for existing customers. Schwartz, 2011 notes 'experience shows that if a referral doesn't go well the hospital will lose the next 10 referrals, if it is successful the hospital will get the next one'.

Summary
It is evident that pathology services are undergoing a dynamic period of change in Australia, driven by government initiative. While there is much onus on cost reduction strategies, literature review has shown there is much scope for improvement identifying what functional dimensions/attributes are associated with quality in public pathology delivery.
By understanding these consumer needs it will be possible to identify potential areas of enhancement as well as develop meaningful benchmarks in assessing consumer satisfaction

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