SERVICES MARKETING BEHAVIOURAL CONSEQUENCES AND PATIENTS’ SATISFACTION TOWARDS MEDICAL CARE

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ABSTRACT

Relationship marketing is an old idea but a new focus now at the forefront of services marketing practice and academic research. The impetus of its development has come from the maturing of services marketing, with the emphasis on quality, increased recognition of potential benefits for the firm, the customer, and technological advances. Relationship marketing works to attract maintain and enhance client/customer relationship in healthcare provider. Despite the widespread concern in health care literature with patients’ satisfaction there has been neither explicit definition of that concept nor systematic consideration of its determinants and consequences. Patients are becoming increasingly involved in making health care choices as their burden of health costs continue to escalate. Physicians and the medical institutions can successfully use the fundamental service marketing to win patient satisfaction and loyalty and remain competitive in today’s market economy. Over the past ten years the effects of consumer satisfaction with doctors and medical care services on intentions to seek care and subsequent behavior has gained widespread recognition as a measure of quality in many health sector services. Higher quality of health services come from continuous improvement, a focus on process and intensive staff development and participation which build a service culture. The present attempt to define the concept of patient satisfaction and to hypothesize some of its determinants can be regarded as steps in building a theory of patient satisfaction for the future

Key words: Marketing of Services, Patient Satisfaction, Quality of care, Service culture

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1. INTRODUCTION

The emphasis on relationship is now a key to successful business and the traditional concept of making sales is being replaced by making long time win relationship with customers. It is emerging as the core marketing activity for business operating in fiercely competitive environments.

Relationship marketing can be defined as "process of attracting, maintaining, and in multi service organizations, enhancing customer relationship” Berry (1983).
It refers to an integrated effort to identify, maintain and build up a network with individual customers and to continuously strengthen the network for mutual benefits of both the sides, through interactive, individualized and value added contracts over a long period of time. Today relationship marketing is at the forefront of marketing practice and academic marketing research. The concept of marketing to existing customers to win their continuing patronage and loyalty is becoming well integrated into various sub-disciplines of marketing.

Relationship marketing is in general the sum of all the activities a business engages in to increase customer satisfaction. It refers to the entirety of activities directed by policies, organized and structured by in processes and supporting procedures that are performed by and organized or part of an organization to plan, deliver, operate and control and offer services to customers.

Consumer skepticism and an increasing desire on the part of patients to be involved in healthcare decisions underscores the need for relationship marketing in healthcare. Opening and keeping lines of communication open between doctors, staff and patients increases trust, builds loyalty and ultimately increases “sales.” Although not unique to the healthcare industry, relationship marketing plays a special role within this business sector. It seeks to correct misconceptions, change opinions and ultimately provide better healthcare for all.

2. SERVICES MARKETING IN HEALTH CARE INDUSTRY

Hospitals play a very important role in the delivery of health care services. With advances in the field of medicine, hospital are able to offer a wide variety of health services and doing so, hospitals depend on modern technology, consume large amount of resources, and thus become very complex organizations.

Hospital management has assumed added significance in the light of increased cost for medical care, ageing population, and the potentially declining levels of service all of which threatened the quality of service declined. Liberalization of insurance has added a new dimension to the delivery and pricing of health care services. Poor quality of service not only wastes resources but is positively dangerous to the health and welfare of the patients and community at large. Hospital administrators therefore need a certain amount of professional management inputs so as to manage hospitals efficiently and effectively.

Applying relationship marketing principles to the healthcare industry reveals new and better ways to interact and improve the doctor patient relationship. With an overall goal of driving up sales and increasing profits, this customer-driven approach to marketing uses marketing materials and relevant educational programs to position a hospital, clinic or individual doctor as an ally and source of support rather than a mistrusted source of contention. In addition, activities focus as much on improving interpersonal behaviors as they do on actively reaching out to patients in order to remove any doctor-patient disconnect and make communication a two-way street.

Keeping your patient needs, wants and desires firmly in mind, relationship marketing benchmarks focus, listen, prioritize, provide, adopt and integrate. The focus is always on discovering and understanding patient needs, whatever those needs may be. Listening directly and by using electronic and print media engages and motivates your patient to communicate, making it easier to truly understand their needs.

3. COMMON DISSATISFACTION AMONG PATIENTS

When it comes to hospital complaints, effective service recovery requires a compassionate ear, smart solutions and, in the best-case scenario, both the things.

Patient complaints vary but they all fall into the broad categories such as the following:

- **Administration**: Registration, discharge and billing
- **Clinical**: Medical and surgical care administered by doctors and nurses.
- **Ancillary Services**: Transport, Food, Pharmacy, Laboratory, Radiology.
4. Patient Satisfaction

Patient satisfaction is multifaceted and a very challenging outcome to define. Patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction scores. Historically, physicians, especially surgeons, have focused on surgical technique and objective outcomes as measures of "patient satisfaction," while patients place great value on the surgeon-patient interaction.

Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. Patient physician communication has been shown to be key in improving patient satisfaction. Patient physician communication can be challenging, but presents a tremendous opportunity for improvement.

4.2. Importance of Patients Satisfaction

Patients are our customers and as customers they have the right to choose where to go to their medical care. Patients are easy to serve if they feel their needs are being met. This results in happier management, satisfied patients and a good reputation for the hospital. As customer satisfaction refers to a specific evaluation of the overall service provided, it must be assessed based on the experience during the process of service delivery.

According to Kotler (2003), satisfaction involves feeling happy or disappointed and derives from a comparison between one's impression of the performance (or outcome) of a product or service and one's expectations. The differences and the role(s) played by patient expectations, perceptions, and disconfirmation are not yet fully understood. The authors also said that many patients experience themselves in relation to a healthcare system, and it is possible that some patients may simply remain passive and not evaluate the service provided. According to a recent consensus statement on physician-patient communication. "Effective communication between doctor and patient is a central clinical function that cannot be delegated."

On what basis should such a pronouncement be made? Where is the evidence that communicating well with patients makes any difference to outcome?

For years it was commonly thought that physician-patient communication was generally adequate and was not a cause for concern. More recently, however, evidence has mounted to the contrary. Numerous Complaints stemming from breakdowns in physician-patient communication have been made to licensing bodies, and headlines declaring an "urgent Need for physicians to relate better to patients" and criticizing the "cold hard" manner of physicians have appeared in the medical and popular. Before we dismiss such claims as sensational, we must review the evidence of well-conducted studies on the nature and magnitude of physician-patient communication problems. Some of these problems can arise during history-taking or during discussion of how the patient's problem should be managed. Some May be related to a lack of communication skills on the part of either the physician or the patient. In general terms, communication difficulties can be described with reference to problems of diagnosis, a lack of patient involvement in the discussion or the inadequate provision of information to the patient.

Satisfied patients will share their positive experience with five others, on average, and dissatisfied patients complain to nine (or more) other people. The Internet promotes rapid and wide dissemination of these opinions. This word-of-mouth marketing is powerful, especially as consumers grow savvier about their health care choices.

Because the cost of obtaining a patient is high, and loss of patient is a substantial loss of investment. You may have attracted a patient through advertising or an insurance contract. And for each new patient, you must establish a patient record and gather payment information. Every interaction with the patient (e.g., reminder and follow-up calls), payer (confirming coverage, etc.), physician’s office (obtaining files, results of physical, etc.), pharmacy (ordering or more filling a prescription), or laboratory (following up on test results) represents a portion of your investment.

There is evidence of a reciprocal relationship between patient satisfaction and continuity of care (which is associated with better patient outcomes). Conversely, dissatisfaction and complaints can mean not only loss of business/investment, but also increased risk of malpractice lawsuits. Accreditation, business improvement, and risk management are not the only reasons patient satisfaction is important. Surveying patient satisfaction can offer them an opportunity to participate in their care by...
reporting their care experiences and building engagement. The value of patient reporting has traditionally been questioned because of the level of most patients’ clinical knowledge in comparison with that of providers.

However, this view may need to be reconsidered, not only because of the increased socioeconomic importance of patients’ active involvement in their own health care, but also because of the findings of:

- Reliable patient reporting for certain aspects of care from specialist and primary care providers.
- Relationships between patient dissatisfaction / complaints and poor outcomes patients’ ability to accurately report their disease category.
- Patient satisfaction surveys represent real time feedback for providers and show opportunities to improve services/decrease risks.

However, many organizations/providers do not know how to use the patient satisfaction information they receive. This may be because providers often seek yes/no responses or ratings on a Likert scale without asking patients to report on their care experience.

5. QUALITY CARE
Communication is everything; when it’s done right, patients exude trust and confidence, and they are more likely to co-operate with a treatment plan, ideal because it’s been supplemented by listening intently to what the patient has to say.

Two constructive responses to the common and complex problems that arise in physician-patient communication are, first, to identify the main characteristics of these problems and, second, to mount educational programs aimed at solving them. Both of these responses are based on the premise that communication skills can be taught.”

Delivering the right care at the right time in the right setting is the core mission of hospitals across the country. “Quality” health care has a wide variety of meanings. To some people, sitting in the waiting room a short time to see a doctor means “quality” health care. To others, being treated politely by the doctor's staff means “quality” health care. There are those who define “quality” health care by how much time the doctor devotes to examining you.

While these are important, "clinical" quality health care is even more important. For instance, if you take your car to a mechanic, the people in the auto shop can be friendly and listen to your complaints but the most important factor is whether or not they fix the problem with your car. Similarly, when you go to a hospital or provider, you want them to fix your problem and help make you better.

6. MEASURES TAKEN TO PROVIDE QUALITY CARE

6.1. By Hospital Administration
Communication becomes a success when the management takes measures by answering to the following queries.

- Which service providers (doctors, nurses or administrative staff) are available and where are they.
- What is the status of these service requests?
- What are the bottlenecks and how can they be alleviated?
- Planning: What is the expected demand for these services and availability of resources at a future time?
- Optimization: Analyze historical data for bottlenecks, inefficiencies, resolutions, business process improvement.
6.2. By Doctors / Physicians / Staffs

6.2.1 Situation awareness:
Developing and maintaining a dynamic awareness in the hospital based on the assembling data from the environment (patient, team, time, equipment); understanding what they mean, and thinking ahead about what may happen next.

- **Gathering information**: Seeking information within the hospital environment, equipment and people.
- **Understanding information**: Updating one's mental picture by interpreting the information gathered, and comparing it with existing knowledge to identify the match or mismatch between the situation and the expected state.
- **Projecting and anticipating future state**: Predicting what may happen in the near future as a result of possible actions, interventions and non-interventions.

6.2.2 Decision making:
Skills for diagnosing the situation and reaching a judgment in order to choose and appropriate course of action.

- **Considering options**: generating alternative possibilities or courses of action to solve a problem. Assessing the hazards and weighing up the threats and benefits of potential options.
- **Selecting and communicating option**: Choosing a solution to the problem and letting all relevant personnel know the chosen option.
- **Implementing and reviewing decisions**: Undertaking the chosen course of action and continually reviewing its suitability in light of changes in the patient’s condition. Showing flexibility and changing plans if required to cope with changing circumstances to ensure that goals are met.

6.2.3 Communication and Teamwork:
Skills for working in a team context to ensure that the team has an acceptable shared picture of the situation and can complete tasks effectively.

- **Exchanging information**: Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding among team members.
- **Establishing a shared understanding**: Ensuring that the team not only has necessary and relevant information to carry out a task but they can understand it and that an acceptable shared big picture of the situation is held by the team members.
- **Coordinating team activities**: Working together with the other team members to carry out cognitive and physical activities in a simultaneous, collaborative manner.

6.2.4 Leadership:
Leading a team and providing direction, demonstrating high standards of clinical practice and care, and being considerate about the needs of every individual patient.

- **Setting and maintaining standards**: supporting safety and quality by adhering to acceptable principles of medical care, following codes of good clinical practice and following hospital protocol.
- **Supporting others**: providing cognitive and emotional help to patients. Judging different staff members’ abilities and tailoring one’s style of leadership accordingly.
- **Coping with pressure**: retaining a calm demeanor when under pressure and emphasizing to the team that one is under control of a high pressure situation. Adopting a suitably forceful manner if appropriate without undermining the thoughts of the patients.
6.3. By Patients

Research shows that the quality of care many people receive in the hospital is not as good as it could be. Being an engaged and informed patient can improve the quality of your hospital care.

- Prevention is critical: With a growing number of patients visiting emergency departments one or more times each year, wait times are getting much longer. Work with your primary care provider to proactively manage your conditions to avoid the need for emergency care.

- Ask questions: Make sure you understand your health conditions, your doctor’s recommendations and how to follow treatment plans before leaving the hospital. If you don’t understand, ask questions until you do. Doctors, nurses and other hospital staff are there to help you.

- Stick to your treatment plan: Following recommendations, physical therapy regimens and directions for taking medications will help keep you healthy and avoid returning to the hospital.

- Keep your primary care provider in the know: When you leave the hospital, ask the nurse if a summary can be sent to your primary care doctor. He or she can help you understand what you need to do to feel better, and ensure that your medical record is up to date.

- Don’t go it alone: While at the hospital, have a friend or family member listen, take notes and help you understand what your doctors and nurses say about caring for your condition.

7. EVALUATION OF SATISFACTION TOWARDS MEDICAL CARE

The components of clients’ satisfaction towards medical care represent the immediate evaluation of health care. Satisfaction represents a positive appraisal by the client that the client’s goals and expectations regarding health care have been achieved. Prior levels of satisfaction may affect the clients’ perceptions of their current physicians, producing positive or negative expectancies that becomes increasingly fulfilling. Assessments of healthcare include behavioral indices such as patients’ subsequent utilization of medical services and adherent treatment plans, as well as their subjectively perceived level of satisfaction.

Various dimensions of patient satisfaction have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well-recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc. It has also been reported that the interpersonal and technical skills of health care provider are two unique dimensions involved in patient assessment of hospital care.

Determinants of patient satisfaction have been reported extensively. According to previous studies, patient characteristics such as age and education may influence a patient’s assessment of hospital performance. A patient’s health status and the severity of illness are also important predictors of the patient’s overall satisfaction level. Hospital features such as hospital size have been reported to be associated with consumer assessment of hospital quality. The relationship between health care providers and patients (i.e. interpersonal skill) has been reported to be the most influential factor for patient satisfaction. However, the findings were not totally conclusive.

8. SERVICE CULTURE IN HEALTHCARE INDUSTRY

In recent years the healthcare industry has undergone and continues to undergo massive changes. Treatment options have grown rapidly. Patients know more about health, disease, treatments, and wellness than ever before. An unprecedented surge of medical information is available online. Yet the enthusiasm this progress suggests must reckon with the reality of rising costs and shrinking budgets. Doctors, patients, medical establishments, and nations are seeking ways to maximize health outcomes while minimizing costs. Healthcare organizations must partner more closely with their patients, with organizations in the public sector, and with each other, to deal with the new challenges and expectations.

For example, healthcare organizations today are expected to create and maintain electronic health records and patient information, while protecting privacy and ensuring access only to qualified parties.

Healthcare organizations must also change the way they deliver service and create value for customers. Providing consistently excellent service to patients is no longer just a “nice to have” enhancement. Rather, it’s a matter of competitiveness and even survival. New pay and reimbursement...
models demand it. Governments and private payers are now linking reimbursement to patient perception of care as well as to mandated clinical outcomes, documented levels of quality, and cost-savings. For example, in the USA, government reimbursement for inpatient care is now directly connected to each hospital’s patient survey responses, which are also publicly reported.

This transparency is one more reason for providing excellent service. Patients today are better informed than any previous generation. They expect faster access to medical professionals, more convenient transactions, better efficiency in processes, and more knowledgeable and caring service providers. Meanwhile, more patients are selecting new medical service providers based upon the opinions shared by others.

Patients want high-performing healthcare organizations: those that save lives restore health and provide positive experiences of uplifting service. Patient loyalty is now determined as much by quality of service as much as by medical outcomes. Actually, patients tend not to make a fine distinction between the two.

All of us governments, industries, healthcare systems, and the individuals who work inside them will need to change the way we think about what it means to truly serve patients, to serve families, and to serve each other in the health care community.

Healthcare providers must create conversations in which patients feel respected and included, as opposed to simply prescribing and telling. Organizations will need to cede more control to patients and partner with them to make better choices. Those who listen well and can provide clear, effective, and ongoing communication will be most successful.

Serving patients will be less about performing surgeries and prescribing pills, and more about educating them on important practices like good nutrition, sufficient sleep, and regular exercise. This will require partnering more closely with employers in workplace wellness programs, and with educators in our schools. Fortunately, as consumers become more aware and health conscious, they will be more likely to appreciate the value of these proactive health services.

On a macro level, we must find new ways to address the needs of our growing and aging populations. As people live longer they tend to develop chronic conditions and illnesses: heart disease, high blood pressure, cancer, diabetes, etc. Treating such these patients can be hugely expensive and often unsuccessful. Our focus will need to shift away from treatment of symptoms too late, and towards early prevention on a more consistent basis.

In cases where prevention is too late or unsuccessful, there must be an increased focus on total care, and not isolated diagnosis and treatment. This means improved collaboration within each healthcare organization for example, patients can no longer be bounced from one specialist to another without a strong connection. It also requires better coordination with external partners for example, working closely with in-home care providers to ensure higher levels of patient compliance and lower frequency of emergency care.

Finally, great service must be delivered consistently with every employee, every patient, and in every encounter whether face-to-face, over the phone, online, or in a printed report. Making this happen isn’t just a matter of getting the right processes and procedures in place it requires that every physician, clinician, and staff member understands what delivering excellent service really means and wants to provide it.

That desire to serve and serve well in a changing world must be rooted deep in the organization’s culture. The commitment to create excellent medical outcomes and experiences must drive every decision and every action taken. For many healthcare organizations today, this requires a major shift in cultural mindset.

9. STEPS TO SUCCEED IN HEALTHCARE SECTOR

To improve service and remain competitive in the healthcare industry:

9.1 Create a new definition of service.

Service can be defined as “taking action to create value for someone else.” With this definition, all medical personnel can appreciate their roles in providing both internal and external service. Nurses are typically seen as serving doctors – for example, creating value by responding quickly to requests. But doctors can also take actions to make things better for nurses for example, being more proactive or
complete in their communications, being more patient with new or unfamiliar nurses, and extending a few more compliments than complaints.

9.2 Promote a common service language.
Each medical specialty or department has a natural language of daily work: surgery, laboratory, intensive care, in-patient wards, emergency, etc. A shared vocabulary about service is needed to ensure that everyone appreciates what it means to deliver an excellent experience to patients (customers) and to each other (colleagues). Key elements of this common service language include the definition of service as above as well as distinctions for evaluating service, identifying the value of service, and locating opportunities to upgrade service.

9.3 Provide a shared framework to improve service.
In addition to a common language, medical professionals need a shared set of analytic and diagnostic tools to evaluate the services they provide and to locate specific opportunities for improvement. These include Perception Point mapping along each service journey, Big Picture mapping to identify categories of value, and a Service Style Assessment to recognize when and where patients need instruction, information, education, encouragement, or understanding.

9.4 Increase team members’ ability to deliver individualized care.
While checklists, processes, and a safety driven operating focus are vital, service providers must also learn to bring flexibility and individualized service into patient care in other words, to serve the whole person with all of their needs, and not only treat the medical condition. The key to this transformation is to provide actionable service education, not only script and procedure-based training. Training teaches what to do, and doing the right thing is essential in healthcare. But education teaches how to think about what to do, and when, and who to do it for. This empowers service providers to better understand the individuals they serve, and to choose better actions to that create value for each person at each moment of healthcare delivery.

10. CONCLUSION
The hospital of tomorrow will have a better situational awareness and operational visibility what is happening, where it is happening and when did it happen. This in turn will automatically enable the hospital to achieve better patient flow, outcomes, safety, satisfaction and result in higher operating margins.

Hospitals with good work environments and better professional staffing have more satisfied patients and nurses, and evidence of better quality and safety of care.

Improving hospital work environments could be an affordable organizational strategy to improve patient outcomes and retain qualified staff providing care directly.

The good news is that great service and perceptions of clinical quality go hand in hand. Current research confirms that hospital quality metrics improve as patient experience scores improve. The bad news is that medical providers cannot thrive today solely on medical excellence; building a reputation for service excellence is also required. Hospitals consume the largest share of government health resources, yet, until recently, they have not been a focus of health policy and research in developing countries, where the resources are in negative proportion to the demands placed on services of health care institutions, and where the possibility of resources being increased in the short run is very remote, the only hope for the increase in the effectiveness of the health care system being the effective management of hospitals.

A professional administrator with multidisciplinary training would ensure the optimal use of resources. We live in the age of perfection at all levels. Hence, professional training is the basic requirement for the personnel to function effectively in a hospital. Professional training in building, maintaining and retaining relationship is required to be imparted by the institutions. Relationship management has an immense scope and a bright future market on account of the increasing demands for specialized and quality health care. Better management or lack of it will determine the future of health service.
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