



PATIENT'S CHOICE OR SWITCHING ATTITUDE TOWARDS HEALTH CARE SERVICES IN PRIVATE HOSPITALS

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ABSTRACT

Patient satisfaction is deemed to be one of the important factors which determine the success of health care organizations. Indian health care sector is witnessing awesome changes with respect to growth as it is going to be USD 150 billion by 2017. As world health organization reports that Indian need to beef up in order to sustain and cater the public. But real challenge is not getting ready with mere requirements, but to deliver services besides ensuring quality unto patient satisfaction. The real progress of health care organization lies in how best it can deliver service with respect to health care consumer's needs and wishes. It is a damn fact specifically to private hospitals, as most of the investments are going to emanate from private industry. These investments are subjected to huge amount of risk and performance, whereby bringing enormous of emphasis on revenues. Revenues depend upon sales and marketing of health care organizations. As the central theme or the very crux of marketing lies in customer satisfaction, it becomes an imperative to every health care organization to ensure sustained services which will end in health care consumer satisfaction. **Methods:** Hence, in this very context, this study was undertaken with certain research questions like; what factors influences patients? is patient satisfaction an important consideration to hospitals? Whether patients switch hospitals, in case, if they are not satisfied? What is the role of non-clinical aspects of treatment in ensuring patient satisfaction? For this, a survey of 93 respondents was carried with a questionnaire to measure and know as how patients value non-clinical factors. The 5 anchored likert scale was employed as measurement scale; the reliability of the scale was tested with Chronbach Alpha, the scale was found acceptable. And the hypothesis was tested with Kolmogorov-Smirnov test. **Summary & Conclusion:** Most of the patients tend to switch hospitals when they are not satisfied in terms of non-clinical aspects. Patients take switching decision by their own experience, few of them depends on doctor's advice besides other aspects. In hypothesis test, the null hypothesis is accepted, which concludes that patients strictly adhere to certain non-clinical aspects. They tend to switch hospital if they are not satisfied with respect to these variables of the study.

KEYWORDS - Patient satisfaction, Health care consumer, Non-clinical criteria, Likert scale, RCmdr.

INTRODUCTION

The 21st century brought so much of change in marketers' and individuals thinking with respect to health care services. The changes are not accident but sustainable and substantial. There are drastic changes like branding, advertising and sales promotion and etc. from supply side, while, increased awareness, education, and empowerment from demand side. The increased competition also one of the reasons for this paradigm shifts in health care industry. Patients increased expectations towards non clinical factors also one of the reasons for supply side alert for this positive changes of the field. The individuals in yesteryears used to depend heavily on physicians or consultants for health decisions like choose of hospitals, service levels, and also some extent treatment methods due to lack of knowledge and disempowerment of health consumers. In fact patients tend to choose health care service based on certain non clinical parameters like registration procedures, comfortable rooms, attitudes of service personnel and etc.

INDIAN HEALTH CARE SECTOR

Coming to the facts, Indian health care sector is one of the important sectors having huge growth potential in the future. The worth of Indian health sector is currently at USD 35 billion, and estimated to reach USD 75 billion by 2012, and USD 150 billion by 2017 respectively. Wherein, coming to health care spending it is only 3.4 % in India compared to 12 – 17% of developed nations. Indian public spending on health is only at 1.05%, while developed nations spending is approximately 7 – 9% of their GDP. Despite of the stark figures of yet-to-develop sector, the private health sector started feeling the pinch of increased sustainability by convincing patients by identifying and fulfilling needs.

When it comes to public private involvement in health expenditure, approximately 80% of the expenditure is incurred by private sector, and the rest is of government. Presently there are approximately 22,271 primary health care centers, 137,271 sub centers. In secondary care, 1200 public sector unit hospitals, 4,400 district hospitals, and 2,

935 community health care centers. In tertiary care 117 medical colleges and hospitals. In private sector, in terms of beds, approximately 84% of hospitals are under 30 beds, 10% of hospitals can accommodate 30 to 100 beds, 5% of them are in between 100 to 200 beds, and only one percent of hospitals can operate with 200 beds of capacity.

As per world health organization's report, India needs 80,000 hospital beds in order to cater to the needs of growing population. It was estimated that India needs approximately Rs. 250 billion each year to meet this demand. Public investment alone cannot suffice to fulfill this demand; hence, private involvement becomes mandatory. Private sector is unlike to public when it comes to economies of scale, increased emphasis will be given to investments due meager resource and credit availability. Private investment is subjected to huge amount of risk and financial performance with respect to returns. Therefore, investment and its risk depends on profitability of hospital, where as, profits depends on sales, again sales in turns depends on revenues, whereby bringing much emphasis on marketing of health care services. Marketing always emphasize the importance of the consumer. It is here, patient admissions become much important to health care organizations. Hospitals need to recognize, patients satisfaction and importance of quality health care to render better and pleasurable experience to patients.

Rising importance of patient/health care consumer:

Unfortunately few hospitals do attempts to understand patients from non clinical side. Almost all hospitals take it granted to clinical or complex treatment methods, some extent it is not absurd to say that a patient is an object of manipulation. But now time has changed as to understand what patient values rather than delivering willy-nilly to his wishes. (Elkin, 1957) In the yore, there were physicians who used to take care of wholesome treatment; they are called generalist, who understands a patient in totality. It was so successful in the past, but unfortunately the whole concept of family doctor or generalist disappeared.¹ Dr. Elkin's own remarks in this address are very much touching as he talks every would-be practitioner to a good doctor not only observing mores of the profession but also the patient.

Consumer centric service delivery is already started with the advent of corporate interventions. One such intervention is Mubadala's healthcare partnership with imperial college, Cleveland Clinic, in Abu Dhabi.² (Victor et

al, 2008) Hospitals need to have marketing department with well drafted marketing plans, guidelines alongside organization wide marketing policy. Understanding patients, identifying their wishes and needs, building confidence and loyalty must be part of this philosophy. After all organization stands for customer for there is no organization without him/her. Offering a mere service is not essential, but how far it is able to add value which of course either expected or not by the consumer thereby giving fulfillment, is a subject matter in the context of patient satisfaction. The very vital aspect to every hospital is incessant exploration of new and novel ways of adding extra value to health care service. Indeed, satisfaction to patient is not exactly restricted to hospital economics, but also society welfare at large. Welfare economics provides conceptual background for this area, for social welfare or wellbeing is a matter of a function of personal welfare integration. Individual's welfare when integrated could yield to social welfare for every society is an integration of individuals.

Changing technology and educational, social development brought so much of change to arena of health care sector. Environmental changes are not only drastic and vibrant. Organizations need to be wakeful for all changes, and strive to achieve hands on expertise by creative, continuous discovery of new and better ways of delivering meaningful service with awesome experience to target customers (Ratiu, Monica Paula, 2007). The patients are getting ever growing importance in health care setups, since huge investments are made upon health care establishments. The societies are turning more consumerist, hence the challenge of medical profession now is to identify, attract and retain him forever by recognizing him as an active consumer of health care rather than a mere recipient (Stevens, 1986).

Hospitals started doing more and more, especially with respect to patients' desire and wishes with respect to non clinical aspects. The profits or margins for that matter entire revenue depends on how best a hospital can give a pleasurable experience, rather than just a cure (Kurt, John, Soumya, 2007). As the competition intensifies, the hospitals are started betting for every penny, indeed, what retains a consumer is superior service and satisfaction out of health care outcome rather than fixing problems with a mere treatments.

(Koleth, Chhanabhai, 2007) Normally, patients are not so wise up to health care, since their decision making is influenced by several factors, which are not within the control of themselves. Albeit of the fact that they do exercise before health decisions, most of the control lies either with consultants or reputation of the hospital. But, the scenarios

¹ Daniel C. Elkin, the president of American college of surgeons, in a convocation address in 1957 gave very interesting remarks on family doctor and specialist, calling the fellows of the convocation to be efficient and effective to medical systems with due emphasis on patient as a whole man.

² In a interview with Waleed Al Mokarrab Al Muhairi, COO of Mubadala Development Company, with McKinseys

executive Zafer Achi, proclaims that their partnership with Imperial College of Cleveland is indeed to render creative and patient centric service rather than an investment opportunity.

are changing rapidly due to proliferation of information technologies and related empowerment of consumers. In fact, these technologies are changing the very role of consultants and patients, gone are the days of traditional doctor-patient relationships, now consumer is a partner of the business. Health care organizations are so pedantic while offering treatment services to consumers. The consultants are withered of sufficient control over patients especially related to certain illnesses like diabetes and etc. where patients prefer to self management or self medication unlike to olden days. Kolleth and Chhannabai insinuate this empowerment to information and related technologies. In his white paper, Ken Terry explains how patient satisfaction is vital aspect to health care organizations in general and doctors in particular. He argues that every health care organization must have certain novel activities like experience surveys in order to know timely reactions of patients over services. The advantages are plenty, as it tend to give sufficient understanding upon how consumers tend to think regarding hospital and treatment, it also reduce patient turnover, also tend to reduce malpractice risk. According to another survey of Journal of the American medical association, physicians who are in top 20 percent of the survey in terms of patient satisfaction tend to enjoy with low patient turnover than physicians those are lowest 20 percent. They also found that the patients who are ill experienced not only dissatisfies but also spread or share their displeasure with others more actively than those satisfied. In fact, the more important challenge to health care organizations is not only treat patients with their services but also get them educated and understand their condition. Patients who understand their condition tend to cooperate and engage actively in health treatments.

Patient satisfaction a key to health care organizations excellence:

Health care industry is growing leaps and bounds, the reasons are aplenty (Sandlatu, Thomas, 2010). In their quarterly, Sandlatu and Thomas, foresee this growth attributing to two important factors, they are; first, the increasing prevalence of preventable chronic, second, increasing role of consumer behavioral choices regarding treatment. Apart from this, the more a hospital engage consumers in the service or can satisfy, the more it can ensure better utilization of resources, besides, reducing health cost drastically. Consumers are not strictly rational while taking decisions; there are many factors which influences their decision making. At times their decisions are heavily influenced by emotional, societal and psychological factors. Hence, treatments that emphasize importance of factors which a consumer cannot understand can be futile in rendering satisfaction, whereby making it inevitable to speak in his own psychic language rather than trying to impress with other than anything from this, viz. novelty of treatment, state-of-the-art technology, and reputation of the hospital

and etc., most of the times patients tend to play-it-safe rather than strictly analytical. So, treatments that which speak from consultant point of view can play nothing than from patient's psychology point of view.

Patient satisfaction accrues many advantages to health care organizations besides profits and performance. Most satisfied consumers are more likely to continue health services with the same hospital, maintain long lasting relationship with same health care provider, they not only comply with medical regimens but also participate with increased enthusiasm, and patients also increase cooperation with health care providers (Aharony, Strasser, 1993). Apart from all these things a satisfied customer is more likely to become a good advertiser of the health care. Consumers usually tend to share about their positive feelings with others; this can do a better campaigning than anything else. When health care provider impresses a consumer it can give a pleasurable experience, and then there is every chance that consumer can talk or proclaim every good about the very provider. If the health care provider can leave a good impression and can also create undeniable experience, then most of its job is done, for every satisfied customer can be good evangelist, who can bring business to the provider by spreading positive news about it, whereby he/she now a partner, but not a mere consumer.

What is satisfaction? How it impacts patient's turnover?

Patient's satisfaction is a tradeoff in between offer's performance and consumer expectations related to it. Kotler defines Satisfaction as is a person's feelings of pleasure or disappointment resulting from comparing a product's perceived performance (or outcome) in relation to his or her expectations. From this classical definition we can conjure that satisfaction is a function of perceived performance and expectations.³ Here the key to generate high satisfaction is to make a patient loyal, and again this depends on how best health care provider can deliver a best and profitable service value to a patient.

Today's consumers are pretty smart, and very difficult to please them. They are more conscious of price, demands more, don't forgive and above all they have vast access to continuously growing competitors (Gitamore, 1998). They are more aware of the market, possess knowledge of wide and vivid options before them, empowered by technologies and also influenced by information trends. Hence, attracting, retaining and keeping them forever is a great challenge to

³ Here, the most important term is 'perceived', which makes it clear that satisfaction is not an absolute concept but relative. It tends to differ individual to individual, hence, making it a challenge to seller/provider. Perception is personal and subjected to time to time changes. The perception of consumer at one time tends to be different at another time.

every health care provider. According to Gitamore, now the real challenge to companies is not to just satisfy but to keep them loyal, let them go and share feeling freely with anyone they know.

OBJECTIVES

The following are the objectives of the study,

1. To understand as to how patients chooses hospitals with respect to certain variables.
2. To know the likes and dislikes of patients with respect to health service.

3. To aware as what extra a health consumer can expect from a provider.

HYPOTHESIS

H_0 = the difference observed may not be statistically significant/ Patients deviation from the criteria under study may not be significant

H_1 = the difference observed may be statistically significant/Patients deviation from the criteria under study may significant.

Table 1: Cronbach Alpha for 11 items

N.Item	Alpha.Max	Removed.Item
1	0.6235193	D
2	0.7014857	E
3	0.7158938	A
4	0.7253872	K
5	0.7413853	J
6	0.7594810	H
7	0.7685864	F
8	0.7791687	C
9	0.7862019	I
10	0.7877061	--

Legend: N.Item – Nth Item of the construct, Alpha.Max – the maximum value returned by an item when it is omitted, Removed.Item – the item removed at corresponding maximum alpha value.

Sampling and Statistical Tools:

Simple random sample is used with sample size as 93.⁴ The study was carried in Hyderabad in the month of September and October, 2011. The respondents⁵ were contacted with a very simple self administered questionnaire. For measurement likert scale was used with 5 anchors. There is

no vigorous statistical analysis to the study; only basic, descriptive tools along with Kolmogorow-Smirnov⁶ test were employed. Rcmdr⁷ was used for entire statistical analysis, viz. importing and exporting, reliability test, hypothesis test, besides Gnumeric and simple Excel sheets.

Discussion on Analysis:

A total 11 items were taken to the study, which are; comfort at clinical premises, convenience and east of accessing the service, ease of registration and access to records, error free billing and etc. Cronbach alpha calculations were performed on the selected test criteria to measure reliability. The following are the observations,

ILLUSTRATION1: CRONBACH ALPHA CURVE

Moreover Cronbach alpha value for entire items (item analysis) observed to be 0.7877061, which means the

⁴ The sample size is determined from a pilot study, where, 40% of respondents observed to have fair response towards the criteria under the study. Hence, $p = 0.4$, whereby $q = 0.6$, with a 10% deviation the standard error at 95% confidence level will be 0.051 ($0.1/1.96 = 0.051$). So, sample size $n = (0.4*0.6)/0.051$, which is equal to 92, 2722, which is approximately 93.

⁵ The respondents are individuals who might have undergone health care treatment just recently (less than a month), which can facilitate to remember their health care experience more precisely than people who might have undergone more than a month. This is under the assumption that the early the customer contacted the more accurate he/she can remember his/her memories of health care experience.

⁶ Kolmogorow-Smirnov is a non-parametric test, which can be used when the data is ordinal with one sample.

⁷ R is free software environment for statistical computing and graphics. <http://www.r-project.org/>

reliability of the scale is acceptable and also more than the standard 0.7. ⁸ The above table depicts as how values (Alpha.Max) are increasing when the respective items are removed (Removed.Item). Hence, the latent trait of the construct has been measured by all the items, and also they are characterized by unidimensionality. In other words, the items selected represent correctly to measure patients non-clinical criteria. Illustration 1, depicts item wise increase in alpha value.

With respect to patient’s choice of hospitals it was observed that approximately 40 % of patients tend to choose a hospital based of his/her own non clinical hospital experience, 22 % of patients tend to choose based on hospital reputation these two variable observed to be very important for patients choice. Only 20 % of patients depend on physician’s decision and only 18 % tend to think with respect to location.

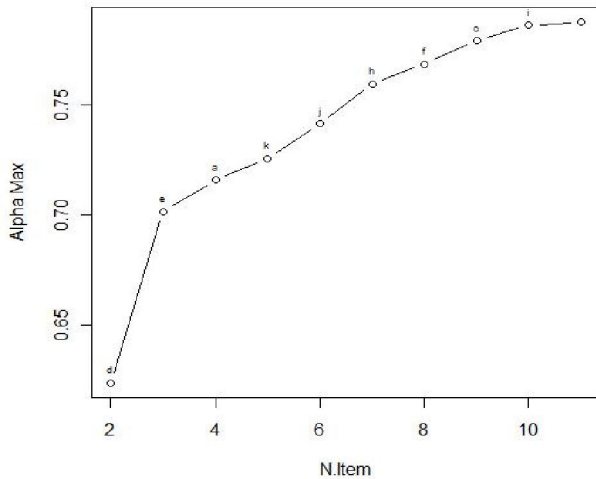


Table 2: How patients choose hospitals

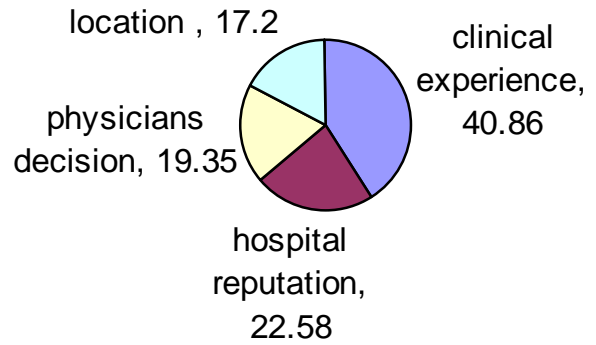
Criteria	Frequency	%
clinical experience	38	40.86
hospital reputation	21	22.58
physicians decision	18	19.35
Location	16	17.20
Total	93	100

Note: Data taken from sample survey of patients

⁸ Interpreted as per Joseph and Rosemary’s paper ‘Calculating, Interpreting, and Reporting Cronbach’s alpha Reliability Coefficient For Likert Type Scales’ in 2003 Midwest Research to Practice Conference in Adult, Continuing, and Community Education. As they report that the rules of thumb for Cronbach Alpha is $\alpha > 0.9$ is Excellent, $\alpha > 0.8$ is Good, $\alpha > 0.7$ is Acceptable, $\alpha > 0.6$ is Questionable, $\alpha > 0.5$ is Poor, $\alpha < 0.5$ is Unacceptable.

ILLUSTRATION 2 : How Patients Choose Hospitals

How patients choose hospitals

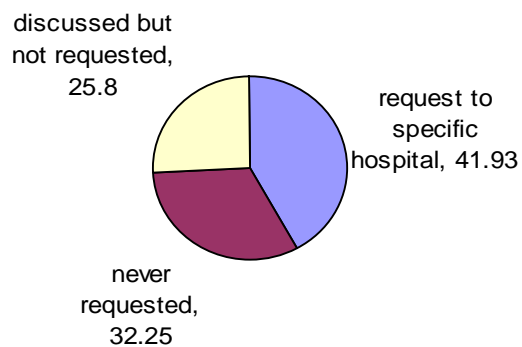


Regarding patient’s request of changing hospital to doctor, interestingly 40 % of patient requested specific hospital, 32 % never requested, and only 28 % discussed but not requested. Among this 32% those who never requested, only 43% responded as they might or might not request, but a sizable of 58% said that they surely request doctor.

Table 3: Patients request of changing hospitals

Response	Frequency	%
request to specific hospital	39	41.93
never requested	30	32.25
discussed but not requested	24	25.80
Total	93	100

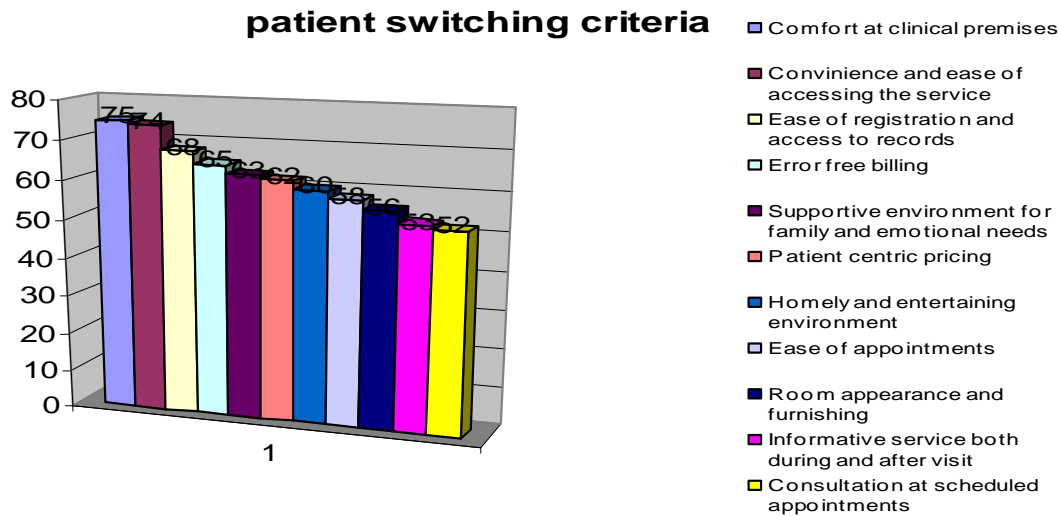
ILLUSTRATION3:Patients Request To Change Hospitals



Regarding patients switching criteria, all responses of maximum point i.e. 5(strongly agree) were taken. A maximum of 65% of respondents opined that they can switch hospitals for ease of registration and access to records, followed by 62% for room appearance and furnishing, 57% ease of appointments and etc. the minimum response is observed for consultation at scheduled appointments, which is 25%. The mean value of switching criteria is 62.36 %, which means approximately 67 % of

Patient's choice or switching attitude towards health care services in private hospitals

respondents can switch for the stated criteria, with a variation of 7.7 respondents.



The one sample Kolmogorov-Smirnov test value (D) is observed to be 0.1441 which is less than critical value 0.36866 at $\alpha=0.5$, the p-value is being 0.952. Which means H_0 is accepted. Hence, the difference observed may not be statistically significant or Patients deviation from the criteria under study may not be significant. In other words, patients are particularly sensitive with respect to non clinical factors of treatment. Their treatment and consultation decisions tend to depend on variables in study.

CONCLUSION

The health care sector is undergone paradigm shift, the health consultants or supply side started feeling the pinch of hospital economies of scale. Every hospital is a business entity, hence subjected to all business characteristics. It is immensely necessary to understand health care consumer or a patient with due diligence.

Today's consumers are unlike to yesteryears due to so many sociological, cultural, economical changes. Consumers don't mind spending money due to increased disposable incomes, despite of economical crises and recessions.

In this study on patient's attitude to switch hospitals with a sample of 93 respondents; it was found that patients are very sensitive to their wishes and desires of treatment, especially towards non clinical factors of health care services. Most of the respondents would decide to change clinical setups by their own experiences, and at times they also tend to discuss their desire to switching with health consultants, as and when dissatisfaction arises. It is statistically proved that all most all respondents are true unto their wishes; they tend to think with respect to non clinical criteria very much while taking health care treatment decision in terms of variables in study. The difference is not statistically significant with D value is being 0.1441 which is less than tabular or critical value 0.36866.

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