Quality evaluation in healthcare services based on the customer-provider relationship

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(MKT_02) QUALITY EVALUATION IN HEALTHCARE SERVICES BASED ON THE CUSTOMER-PROVIDER RELATIONSHIP

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ABSTRACT

This paper identifies important changes in the Portuguese healthcare industry such as the ownership of healthcare providers, meaning that profit-oriented organisations are currently entering into an industry, which was traditionally dominated by public services. At the same time customers are changing their attitudes towards healthcare becoming much more concerned and demanding with health services. These changes are driving Portuguese healthcare private and public organisations to develop more marketing-oriented services. This paper recognises the importance of quality evaluation of healthcare services as a means to increase levels of customer satisfaction and organisational efficiency. Although evaluating healthcare services raises different questions from other services because of their complexity, ambiguity and heterogeneity, the paper develops a framework to healthcare evaluation based on the relationship between customers (patients, their relatives and citizens) and providers (managers, doctors, other technical staff, non-technical staff) having in mind four quality items (customer service orientation, financial performance, logistical functionality, and level of staff competence).

Keywords: Healthcare, customer service, quality evaluation, performance.

1. INTRODUCTION

Until recently, a bigger part of the healthcare industry in Portugal belonged to the public sector. Nowadays, the ownership of healthcare organizations is changing. Profit oriented organizations from common stock listed companies to cooperative or associative organizations are entering into the industry, driving an increasing supply and more power of choice to customers.

At the same time, people are much more concerned about health issues and customers demand more sophisticated services. As a consequence of change on consumer attitudes towards health, the industry has becoming more attractive for the private sector. Such a growth means that customers are increasingly able to choose among health providers, particularly based on the balance between their expectations and experiences.
Nowadays, it is common to see a different approach to health services. This can be seen in several hospitals, even in the public sector, such as single rooms with beds with orthopedic and ergonomic functionalities, private bathrooms, television, and sometimes a space with a second bed for relatives. Additionally, the facilities for public have a much more friendly space, special areas for children, air conditioners, automated machines to sell drinks and food, television, security and information staff, information points, and newspapers. All this means that healthcare organizations in Portugal are entering into a more marketing-oriented stage. Under these new circumstances, hospitals are developing a more customer-oriented management.

In this changing environment it is important both to new profit-oriented healthcare organizations and public organizations to establish patterns of quality and to evaluate the balance between customers expectations and their real experience. Of course, it is probably much more difficult to define levels of quality in healthcare services than in other services, such as financial services or tourism, mainly because it is the human being and the quality of its life that is particularly in evaluation.

Nevertheless, it is important to define frameworks of quality evaluation in healthcare services. Such frameworks may provide tools to healthcare organizations as well as for customers to monitor services. This paper contributes to this. It starts by discussing the concept of healthcare quality and two broad approaches to the study of healthcare quality. Then, in section 3, one of the two approaches is developed. Section 4 presents our view of healthcare evaluation based on the relationship between service providers and customers. The paper concludes with suggestions for further research.

2. CONCEPT OF HEALTHCARE QUALITY

In our view the concept of healthcare quality can be studied at two different levels. In one of these levels healthcare quality can be assessed as a matter of performance of the entire healthcare system. In the other level healthcare quality can be assessed at the organizational level by actors, such as patients and doctors involved in services delivery. Firstly we will discuss the concept of healthcare quality at the level of the healthcare system and then we will focus on the organizational level.

Mcloughlin et al. (2001, p. 461) in a research about healthcare performance indicators in the United States, the United Kingdom and Australia, have concluded that, "information about performance is increasingly seen at a national level in each of the three countries, as a crucial tool to promote improved performance across the system". For these authors information about performance is crucial for an accountability purpose and to build effective knowledge about safe care. Rubin et al. (2001, p. 472) raised the question of quality in healthcare in a different way. According to them, providers need to improve effectiveness based on clear and objective information. In other words, it is impossible to providers, especially to doctors, to establish new processes to improve efficiency and performance without proper information. More recently, Floyd (2003, p. 233) considered the performance of the healthcare system as a question of efficiency and definition of spending limits given the fact that "government cannot afford to pay for or ensure access to healthcare without limitations for all its citizens". The Baldrigde National Quality Program, a North American program on quality of healthcare awards healthcare organizations (National Institute of Standards and Technology, 2002). These awards aim: i) to improve organizational performance practices; ii) to share best
practices among healthcare organizations; and iii) to guide opportunities to learn more. The program is based on a scoring system, which evaluates the following seven items: i) leadership; ii) strategic planning; iii) focus on patients, other customers and markets; iv) information and analysis; v) staff focus; vi) process management; and vii) organizational performance results.

Evans et al. (2001) raised the question of quality in the healthcare system as a matter of outcomes in different levels of the entire system, rather than trying to evaluate the processes by itself. Such a view poses a major difficulty, which is the correlation between outcomes with a specific variable. In other words, it is not easy to explain that, for example, a superior level of training of the neo-natal surgery personnel will contribute to a decrease of fatal deaths in a paediatric hospital. The authors based their investigation on the World Health Organisation framework, which is supported by three main goals: i) improving population health; ii) responsiveness to legitimate non-health-related expectations (respect for the people and client orientation); and iii) fairness in financing. This framework gives us a problematic idea of quality of the health system, because sometimes system quality and system equity are not the same. In other words, to develop a global view of quality of care, it is important to separate and consider both technical and human aspects.

Another aspect to take care is the level of customers' expectations in the healthcare system in terms of responsiveness. As it is known, the total outcome of healthcare is increasing at every moment (for example, life expectancy is increasing), which contributes to a constant increase of customers' expectations. This could contribute to extract some irrational relation: an increase of outcomes could mean a demand of additional level of outcomes, which gives, at a certain point, some disappointment when expectations are not met, and, through this, a perception of lowered level of quality.

Although a broad approach to the study of healthcare quality requires the analysis of performance at the level of the healthcare system, the main concern of this paper is on the organizational level, having in mind that "patients expectations and priorities vary among countries and are highly related to cultural background and to the healthcare system" (Salomon et al., 1999, p. 507).

At the organisational level quality is traditionally defined by customers. That is, it is the customer perceived quality that has to be studied. Garvin (1988) previously made a different approach based on the idea that quality depends on the context, meaning that quality depends largely on the coordination efforts within an organisation. Nevertheless, as mentioned by Lovelock et al. (1999) the Garvin research was targeted to manufacturing activities. In what concerns to services, Parasuraman et al. (1985) identified ten criteria used by consumers in evaluating service quality, which, then (Parasuraman et al., 1988), were classified into five broad dimensions: i) tangibles (appearance of physical elements); ii) reliability (dependable, accurate performance); iii) responsiveness (promptness and helpfulness); iv) assurance (competence, courtesy, credibility and security); v) empathy (access, communications and customer understanding).

In the context of healthcare services Baron-Epel et al. (2001, p. 317) concluded that "the relationship between the patient and the treating physician is based upon the mutual goal of optimising the patient’s health" and concluded that "the higher the perceived fulfilment of the expectation is, compared to the expectation, the higher the satisfaction is". Next we discuss the measuring of healthcare quality at the organizational level.
3. MEASURING HEALTHCARE QUALITY AT THE ORGANIZATIONAL LEVEL

Beyond the definition of healthcare quality, it is important to develop a framework to conduct the evaluation and define operational measures of healthcare quality. There are many difficulties with such a measurement. According to Lawton (1998), such difficulties include the following: complexity of collecting and interpreting a large source of data quickly; defining the objectives of complex services where multiple objectives conflict; lack of correlation between overall organizational objectives and specific objectives; the inexperience of managers in developing and using performance indicators; lack of relevant and measurable targets for final outputs and outcomes; lack of resources to build up data; resistance to time recording by staff; lack of staff training in financial evaluation; the cost of performance measurement; and lack of interest. In health services, such an evaluation can raise further problems given the size, complexity and heterogeneity of national healthcare systems, as well as the large range of expertise and specialisations within healthcare organisations (Carter et al., 1992).

Traditionally, as it was seen in the last section, the measure of healthcare quality at the organizational level is focused on customers. For instance, based on the SERVQUAL model developed by Parasuraman et al. (1988), Lytle and Mokwa (1992) viewed healthcare services as a set of three types of benefits: core benefits (the nucleus of the product offering or the outcome that the patient is seeking); intangible benefits (interactions between doctor and patient largely based on reliability, empathy, assurance, and responsiveness) and tangible benefits (physical environment surroundings such as location, decor of facilities, and appearance of facilities and personnel). Ware et al. (1978), referred to by Sargeant (1999), studied the measure and meaning of patient satisfaction and identified four satisfaction dimensions that affect patients' perceptions of service quality. These dimensions are the doctor conduct, availability of services, confidence and efficiency/outcomes of care. Other studies on customer satisfaction in healthcare stressed the importance of convenience, access, waiting times, choice, quality of information, range of services, nature of the patient's medical problems, and demographic background of patients (Brown and Swartz, 1989; Singh, 1990; Sage, 1991). Finally, Coddington et al. (2000, p. 51), suggested the value added as an alternative tool. This includes "services, convenience, access, relationships with doctor, innovation, unit prices, and the volume or intensity of use of certain resources (for example, number of inpatient days per thousand members)". Nevertheless, measuring quality in healthcare has its drawbacks, referred by the authors, as "the unexplained large variations in medical practice in different communities with same demographic characteristics are a continuing embarrassment to medicine".

Although all the mentioned factors may influence quality perception, it should be pointed out that they emphasize predominantly the customer's point of view. Beyond customer-centred measures, other measures should also be developed. In fact, given the complexity, heterogeneity and ambiguity of healthcare services, we believe that the more traditional customer-centred measures, that much of the marketing and healthcare literature has been emphasizing, should be complemented with provider-centred measures. In other words, it can be argued that healthcare services are particularly complex in their characteristics, are very heterogeneous in their range of medical specializations and associated services, and ambiguous in the sense that the average customer has no technical knowledge to understand his particular needs and services available to satisfy them. Thus, assuming such a complexity, heterogeneity and ambiguity, quality should be assessed, not only by the customer's point of view but also by providers. Through this approach based both on customers, and providers,
other measures than customer satisfaction emerge allowing the development of a more complete picture of healthcare quality. These measures are related to healthcare services' financial performance, logistical functionality and professional and technical competence of staff. In the next section we develop this approach to healthcare quality evaluation.

4. HEALTHCARE QUALITY EVALUATION BASED ON THE RELATIONSHIP BETWEEN SERVICE PROVIDERS AND CUSTOMERS

In order to administer a reliable healthcare quality inquiry, one needs to develop a framework and conduct an empirical research to test it. The framework needs to have in mind different perceptions and expectations of customers and providers. This means that the inquiry should have a different structure accordingly to the object of evaluation, that is customers and providers. However, given the nature of healthcare services, there are many actors involved as parties in provider-customer relationship. In our view the main actors involved as service providers are managers (top and middle), doctors, other technical staff (e.g., nurses), and non-technical staff. Although outsourcing could be used, we believe that external providers are less important than internal providers.

In the other side of the relationship, in what concerns customers, we distinguish among patients, patients' relatives and citizens. Patients and their relatives are directly connected with service providers, particularly doctors and staff, while citizens are normally indirectly connected with healthcare services as taxpayers. All these actors are identified in Figure 1.

Figure 1: Actors involved in the customer-provider relationship in healthcare services

Source: Authors
Sometimes the expectations and perceptions of different actors are very different or even collide among them. For instance, perceptions and expectations of doctors are different from patients. In another example, while patients and their relatives appreciate some delicate behaviour, in some cases this delicate behaviour is beyond the professionalism of technical staff. In an extreme situation, when patients are the subject of a surgical intervention, in a part of the process they do not have the perception of their needs or the decision of their relatives could be against their own will. This is perhaps the best example of a situation in which measures of quality in healthcare services should go beyond the patients' perspective because, in fact, frequently they do not have the capacity to judge and assess.

In another example, a hospital with high standards of technology, in what concerns clinical procedures and equipment, could be not seen with high quality standards by its customers, if, for instance, the level of responsiveness is poor.

Having in mind that four quality items – customer service orientation, financial performance, logistical functionality, and level of staff training – may evaluate healthcare quality, it is expected that each actor would have different expectations and perceptions for each of those four quality items.

In this case we need to define a healthcare quality inquiry for each target of actors. For instance, if we try to evaluate the importance of the financial soundness of a healthcare service, probably it will not be a major item for a patient, but it will be a key item to the citizen, since he/she is a taxpayer. The logistics aspects of the service are an important issue for the technical staff, but probably it will not be so important for citizens. Table 1 classifies the importance of four quality items for each of the actors identified before. Although this is a preliminary classification that needs to be tested, based on our judgement it is already expected that the relevance of each quality item varies among actors.

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Legend: Relevance of each quality item may be H – High, M – Medium or L – Low.
Source: Authors

After the definition of a healthcare quality inquiry for each participant in the customer-provider relationship, it will be important to define the weight of each participant in the global inquiry. This means that, depending on specific objectives of our research agenda, it will be necessary to define the importance of each participant for a global perception of quality.
5. CONCLUSION AND FURTHER RESEARCH

Health care services are becoming more important, mainly because everyone is paying more attention to quality of life. In another view, the offer of healthcare services in Portugal is widening, with public and private organisations fighting for an increased budget.

Public and private healthcare organisations are entering into a new stage of development, much more marketing-oriented. Healthcare deals with human beings, perhaps the main difference from other services. Nevertheless, private shareholders and governments demand higher efficiency levels in the healthcare system. It is important to define an evaluation tool to help governments, organisations and customers to choose better.

It is known that customers are crucial to define quality in services. Regarding healthcare services, there are a few differences from other services. Firstly, the human being is the object of the service. Second, the importance of the technical aspects should also be considered. Third, given the complexity, heterogeneity and ambiguity of healthcare services, we believe that the more traditional customer-centred measures should be complemented with provider-centred measures.

This paper proposed a preliminary framework to evaluate healthcare quality, which considers expectations and perceptions of customers (patients, their relatives and citizens) and providers (managers, doctors, other technical staff, non-technical staff).

To take care of these different views, an inquiry needs to be different for each of these actors. Further research will be conducted in order to evaluate these different perceptions and expectations. After that, it will be necessary to establish specific weights for each actor, in order to get a global result.

REFERENCES


National Institute of Standards and Technology (2002), "Baldrige national quality program - Health care criteria for performance excellence", National Institute of Standards and Technology, Technology Administration, Department of Commerce.


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<td>(Publicado na Revista Portuguesa e Brasileira de Gestão, Volume 1, N.º 3, Outubro/Dezembro de</td>
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<td>2001</td>
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<td>Pedro Guedes Carvalho, João Leitão e Andrea R. Silva</td>
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<tr>
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<td>(Publicado na Revista Portuguesa e Brasileira de Gestão, Volume 1, N.º 2, Julho/Setembro de</td>
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<td>2002, INDEG/ISCTE e Fundação Getulio Vargas, Lisboa)</td>
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<tr>
<td>10/01</td>
<td>2001</td>
<td>A gestão do portfólio de títulos e a eficácia do canal do crédito bancário</td>
<td>José Alberto Fuinhas e José R. Pires Manso</td>
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<td>(Publicado na Revista de Gestão e Economia, nº2, DGE/UBI, Janeiro 2002)</td>
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<tr>
<td>09/01</td>
<td>2001</td>
<td>Digital Challenges for the Small and Medium Enterprises of the Textile and Clothing Industry in Portugal</td>
<td>Carlos Osório e João Leitão</td>
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<td>(Publicado na Revista de Gestão e Economia, nº2, DGE/UBI, Janeiro 2002)</td>
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<td>08/01</td>
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<td>Aluguer e Venda de Bens Duráveis em Caso de Monopólio</td>
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<td>07/01</td>
<td>2001</td>
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<td>(Publicado na revista Prospectiva e Planeamento, Departamento de Prospectiva e Planeamento,</td>
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<td>06/01</td>
<td>2001</td>
<td>A Determinação do Preço dos Bens Duráveis em Duopólio</td>
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