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Effect of Patient Orientation on Patient Satisfaction in Private Hospitals

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Abstract

Is patient orientation influences patient satisfaction in Private Hospitals (PHs)? This research aims to answer this question and make proposals to help these health structures achieve better patient satisfaction. To this end, forty-two semi-directive interviews and two hundred and seventy questionnaires dished out to PHs' heads and patients on client orientation and sources of satisfaction. The results show that, from the supply perspective, five devices are used by PHs to check the quality of their services: suggestion boxes, image barometers, competitive intelligence, benchmarking and satisfaction surveys. From the demand perspective, the results show that five dimensions (environment, ethics, technique, result and consideration) are potential sources of satisfaction of PHs' patients, but the patient, although treated well, is not the King that he/she wants to be due to non-respect of commitments made by heads of these PHs.

Keywords

Patient, Client, Private Hospitals, Satisfaction

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1. Introduction

Today more than ever before, like other private companies, the hospital sector companies are interested in an increasingly demanding and versatile client-patient. In order to remain competitive, they need to face three challenges: the challenge of active listening, the challenge of valuing patients' expectations and the challenge of the quality of relationships with them. These challenges are now the watchwords of these health facilities, calling upon its managers and its various staff to achieve the permanent satisfaction of the client-patient.

Having become a major element in the process of improvement of the quality of the services of public hospitals, patient satisfaction is more and more of interest to the field of research in the same way it is a concern for business managers: it is about making the customer a King and thus to seek his/her longevity, his/her real pleasure, to satisfy his/her least desires... [1]. This issue was studied in several contexts across the world and resulted in several tools that help identify the determinants of patient satisfaction. These include SERVQUAL model [2, 3], the Tetraclass model [4-6], and the multi-attributes model of Erin [7-8].

While this works highlighted the dimensions of the quality of hospital service, the question of the production of services desired by patient-clients of clinics and other private hospitals remains unclear, especially in sub-Saharan Africa. The aim of this research is to fill this vacuum: it is a matter of verifying whether PHs actually produce the desired satisfactions of their client-patients. To this end, a triangular approach seems relevant. Therefore, after a literature review, twenty PHs' heads and three hundred former patients of five PHs will be interviewed to better understand the studied phenomenon. This research ends in recommendations to actors in the private hospital sector and future research avenues.

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2. From Client Orientation to Patient Base Satisfaction: Conceptualizations and Links

Client orientation focuses on clients' interest, needs and expectations: it is a question of giving a priority to their wishes in order to satisfy them permanently. A client-oriented organization seems capable of providing excellent service quality levels and thus generate satisfaction or even better customer satisfaction.

2.1. Client Orientation, a Necessity for the Client's Kingship

Driven by the parent works of Saxe and Weitz [9], the concept of client orientation has been the subject of several research in marketing. A customer-oriented organization strives to create a greater value for its customers by analyzing their needs and preferences [10], potentially gaining a competitive advantage positioning, improving the value of the organization [11] and increasing the perceived quality of its products or services [12-14].

2.1.1. Market Orientation, a Theoretical Foundation of Customer Orientation

Market orientation is a multidimensional concept whose meaning depends on the line of thought. The literature review reveals three theoretical perspectives of market orientation: the behavioural [15-17], the cultural [12, 18, 19] and the systemic perspectives [20].

The behavioural approach considers the market orientation as all the activities to be carried out to understand the current and future needs of potential customers, as well as actions that help meet those needs. It is based on three pillars that are operationally evident within the organization: customer orientation, coordinated marketing and profitability goals.

The cultural approach, on its part, refers to market orientation as "an organizational culture that induces behaviours needed to offer high value to customers" [12]: 21. It manifests itself in the organization through three behavioural components: Consumer orientation (understanding the expectations of consumers so as to continuously offer them a high value); competitor orientation (ability to identify, analyze and respond to competitors' actions); and cross-functional coordination (coordinated use of organizational resources to offer high value to the targets).

For the systemic approach, market-orientation refers to all management systems configured by the organization to promote its deployment towards its customers and competitors. These include the organizational system, the information system, the planning system, the control system and the human resources management system.

Rather than seeking to compare, or even confront, these different approaches, it is worth interlacing them, combining them in order to deliver high value to clients, according to Gotteland [21]. who suggests an interweaving of behavioural and cultural approaches. Thus, before the implementation and management of marketing intelligence (behavioural approach), it is first necessary that the organization adheres to the principle (organizational culture) that the customers, the competition and the technology must be taken into consideration during the decision-making (cultural approach). Marketing culture is therefore a prerequisite and the management of the exploitation of marketing intelligence is the concrete manifestation of this culture.

Focusing market orientation on the customers and on competition seemed restrictive; and this led some researchers to involve all stakeholders such as distributors [22], suppliers [23], company actors [24- 26] and other secondary actors. The integration of the various stakeholders in the market orientation helps stimulate the socially responsible behaviour of the organization.

To deepen the concept of market orientation, Gotteland and his colleagues [21] distinguish between reactive market orientation and proactive market orientation. Reactive market orientation aims at seeking to satisfy the needs expressed by the customers of the company whereas proactive market orientation aims at discovering and striving to satisfy the latent needs of customers so as to anticipate on their longer-term reactions to the introduction of new products.

2.1.2. Theoretical Approaches to Customer Orientation

Available literature offers two approaches to customer orientation: that of Saxe & Weitz [9] which considers it as the process and behaviour to be implemented to achieve the satisfaction and retention of customers and that of Brown & Al. [27]. which focuses on the behaviours to be adopted by contact staff so as to achieve this objective.

In their work, Saxe & Weitz [9]. identify seven behaviours to delineate the concept of customer orientation:

1. The desire to help the customer make good purchasing decisions
2. The assistance to the customer to assess his/her needs
3. The supply of products that meet his/her needs
4. The true description of the product
5. The adaptation of supplied services to the interest of the customer

6. The avoidance of manipulative influence tactics
7. The forbearance from using pressure on the client.

Precursors of customer orientation in the service industry, Brown and his colleagues [27]. extrapolate the thinking of their predecessors, but insist on the distinctiveness of contact staff. They define this concept as "The tendency or predisposition of the employee to meet the needs of customers in the performance of his/her duties" (p. 111). Two dimensions make up this approach and allow to understand the employee's motivation and ability to satisfy customers:

1. The employee's beliefs in his/her ability to satisfy customer needs
2. The degree of pleasure (enjoyment) found that the employee during his/her interaction with the customer.

In the end, market orientation is sometimes equated with customer orientation and refers to a state of mind [28]. In the service industry, a customer-oriented approach implies that the staff adopt behaviours likely to develop long-term customer satisfaction and avoid their dissatisfaction [37].

This research falls within the cultural approach and draws inspiration from the work of Narver & Slater [12] for whom customer orientation is a reactive market orientation through which an organization strives to discover, understand and satisfy the expressed needs of the customers. It includes identifying and dealing with customer preferences [24, 15].

2.2. Patient Base Satisfaction Models

A variety of models were used to evaluate satisfaction in the hospital environment: these include the expectation disconfirmation model [31], the Kano model [32], the SERVQUAL model [2, 33] and the Tetraclass model [4].

2.2.1. The Expectation Disconfirmation Model

This model assumes that the client has prior expectations even before the consumption of the product and that satisfaction depends on these expectations. This assertion corroborates with the theory of the level of adaptation whereby the individual perceives a stimulus only if he compares it to a pre-existing standard. This idea of comparison is consistent with the Sirieix & Dubois's quality-satisfaction model [34], whereby satisfaction is the result of a comparison between expected quality and perceived quality.

2.2.2. The Kano Model

According to this model, satisfaction is based on a set of attributes / promises and the existence of an attribute of the product can satisfy the client without its absence causing a feeling of dissatisfaction. Three categories of factors are likely to influence the satisfaction / dissatisfaction relationship: the basic factors (attributes without which the consumer would be dissatisfied); proportional (basic) factors and attractive factors (surprises / distinctive skills with regard to competition).

2.2.3. The SERVQUAL Model

Initially designed for private companies' customers, this model introduces five dimensions of quality of service built from twenty-two items and likely to constitute sources of consumer satisfaction. These include tangible, reliability, helpfulness, insurance and empathy elements.

2.2.4. The ERIN Model

According to this model, the consumer considers a product, not as a whole, but as a sum of benefits. Sources of consumer satisfaction can therefore come from six categories of benefits: speed, comfort, courtesy, fairness of treatment, outcome and staff skills.

2.2.5. The Tetraclass Model

According to this model, the contribution of service elements to overall satisfaction would not be fixed, but would depend on the level of performance perceived by the customers. Thus, several elements would contribute to client satisfaction in a fluctuating or stable way:

1. Key elements are decisive and contribute to satisfaction in a stable way. They play heavily on the level of client satisfaction regardless of their assessment.
2. Basic elements contribute to satisfaction in a fluctuating manner. When evaluated negatively by the client, they contribute strongly to the overall satisfaction level and vice versa.
3. Plus elements can be more decisive if they are evaluated positively by customers and contribute significantly to client satisfaction.

A review of the literature on the different models below leads us to retain the SERVQUAL model, combined with items developed by Narver & Slater [12]. in order to highlight the influence of customer orientation on patients' satisfaction. This corroborates with the work of Donada and colleagues [1]. who showed the positive relationship between customer orientation and the various aspects of performance (results, product quality, customer satisfaction and loyalty, innovation capacity and involvement of employees) and leads us to formulate our basic hypothesis as follows:

H1: Customer orientation positively influences the satisfaction of PHs' patient base

The results of our exploratory study will allow us to investigate the different sources of patient satisfaction and practices by PHs for the effective implementation of

customer orientation.

3. The Empirical Study

Inspired by the triangular approach, this research makes a combination of qualitative and quantitative methods [35]. Indeed, the use of mixed methods in the field of public health is strongly recommended in order to reinforce the reliability and validity of results [36].

3.1. The Process of the Study

This study was conducted in Douala and Yaounde, two major cities in Cameroon from July 2016 to September 2016 and was carried in three phases:

1. First, we carried out semi-directive interviews lasting about forty-five minutes with twelve managers of twelve denominational and lay private hospitals so as to inquire about their implementation of customer orientation.

The interview guide is centred around four axes: patient orientation, competitor orientation, cross-functional coordination and interviewee's profile.

2. Then, we carried out semi-directive interviews with thirty former patients of these PHs in order to deepen our understanding of the subject and thus have leads for the construction of items for our questionnaire.

The average duration of the interviews was about one hour and they were focused on sources of satisfaction.

3. Finally, we dished out a questionnaires, face to face, to two hundred and seventy people with multifaceted profiles as per sampling of convenience. These questionnaires include three sections: the level of user satisfaction, their perceptions of patient orientation and their socio-demographic data

3.2. Contributions of the Exploratory Study

The exploratory study carried out in this research allowed us to achieve two objectives: on the one hand, to collect information on the key elements of customer orientation implemented by PHs and inquire into the sources of patient satisfaction by these hospitals on the other hand.

3.2.1. Contributions of the Exploratory Study Carried out with Heads of PHs

For decades now, the hospital market in Sub-Saharan Africa suffers the tyranny of the economic crisis and competition from traditional medicine and street drugs. This context forces PHs to review their customer approach so as to satisfy and maintain their customer portfolio. However, one wonders if these marketing redeployments really affect the customers. The results below will give us insights about it.

Table 1. Devices implemented for customer orientation in PHs.

Facets of patient orientation	Devices used	Frequencies	Objectives
Consumer orientation	Suggestion boxes Satisfaction surveys Image barometers	N=12 N=02 N=01	Take patients' expectations and observations into account Allow patients to report bad practices Collect patients' claims and complaints Correct the dysfunctions Assess the level of patients' satisfaction Improve the quality of services offered -Know the brand image of our services
Competitor orientation	Competitive intelligence Benchmarking Analysis of our strengths and weaknesses with regard to competition	N=08 N=06	Gather information on the competitors Copy the best practices from the best competitors
Inter-functional coordination	Meeting with the various stakeholders	N=10	Boost and encourage team spirit Stimulate internal marketing so that everyone works for patient satisfaction

3.2.2. Contributions of the Exploratory Study Carried out with Former Patients of PHs

The exploratory study carried out among thirty users of public hospital structures of all categories enabled us to detect the evaluation criteria for these structures, representative of the potential sources of customer satisfaction. An analysis of the contents of the collected information enabled us to arrive at five dimensions consisting of twenty-three items combining the client model [2]. and the customer orientation model of Saxe & Weitz [9].:

1. The Environment dimension (three items)
2. The Ethics dimension (two items)
3. The Technique dimension (four items)
4. The Result dimension (six items)
5. The Consideration dimension (eight items)

A summary of these results can be found in the table below.

Table 2. pHs' patients sources of satisfaction.

Topic	Sub-themes	Lexicon / Variables	Frequency	Significance
Sources of satisfaction	Environment	- Calm	N=29	All physical media used in the production of health services as well as the cleanliness and maintenance of these media and of the environment
		- Quality of buildings	N=23	
		- Quality of equipment	N=23	
		- Cleanliness	N=30	
	Ethics	- Equal treatment	N=27	Refers to the fact that the patients be treated in the same way regardless of gender, tribe or socio-professional category and they are subject to no pressure or are better served than others.
		- Pressures on the patient	N=20	
	Technique	- Accommodation aspects	N=25	Device implemented to ensure a good service to the patient
		- Paramedical staff's competence	N=20	
		- Medical personnel's competence	N=19	
		- Administrative staff's competence	N=22	
	Result	- Security	N=28	Effect of services on the patient; Effectiveness of the devices implemented; Effect expected by the patient
		- Responsiveness	N=28	
		- Pain relief	N=30	
		- Healing	N=21	
		- Administrative formalities	N=24	
	Consideration	- Respect for the pain	N=24	Integration of patient's expectations and complaints
		- Keeping of promises	N=25	
		- Respect for the patient	N=28	
		- Permanent monitoring of the patient's condition	N=28	
		- Accessibility of officials	N=19	
		- Staff courtesy	N=28	
		- Taking into consideration of the patient's complaints	N=26	
		- Empathy	N=29	
		- Listening to the patient	N=27	
		- Easy communication	N=20	
		- Continuous information on the treatment	N=19	

3.3. Results of the Quantitative Study and Discussion

3.3.1. Results of the Study

In total, two hundred and thirty people were interviewed, 41% of them were men and 59% were women. Details of the socio-demographic characteristics of these individuals are provided in the table below.

Table 3. Socio-demographic characteristics of respondents.

Characteristics	Modalities	Population	%	% Accrued
Gender	Male	111	41	41
	Female	159	59	100.0
	Total	270	100.0	
Age	Under 25	18	6.67	6.67
	Between 25 and 35	48	17.78	24.45
	Between 35 and 45	76	28.15	52.6
	Between 45 and 55	66	24.44	77.04
	55 years and above	62	22.96	100.0
	Total	270	100.0	
Income bracket	Less than 100,000 F	9	3.33	3.33
	From 100,000 to 200,000 F	69	25.56	28.89
	From 200,001 to 300,000 F	76	28.15	57.04
	From 300,001 to 400,000 F	34	12.59	69.63
	Over 400,000 F	62	22.96	92.59
	No income	20	7.41	100.0
	Total	270	100.0	
Socio-professional category	Student	14	5.19	5.19
	Housewife	48	17.78	22.97
	Worker	11	4.07	27.04
	First-line supervisor	64	23.70	50.74
	Executive	32	11.85	62.59
	Senior executive	49	18.14	80.73
	Liberal profession	39	14.45	95.18
	Retiree / Unemployed	13	4.82	100.0
	Total	270	100.0	

Characteristics	Modalities	Population	%	% Accrued
Level of education	Primary	21	7.78	7.78
	Secondary	117	43.33	51.11
	Higher	132	48.88	100.0
	Total	270	100.0	

Analysis of the reliability of items used

We evaluated the reliability of the questionnaire through the internal consistency of the items constituting the criteria for the assessment of the quality of service of public hospitals. This consistency is evaluated using the Cronbach's alpha coefficient which helps examine the relationship between the different variables introduced in the questionnaire and their reliability as a measure of patient satisfaction. The table below shows the verification of this internal consistency of the items constituting the five dimensions of the questionnaire.

Table 4. Reliability statistics.

Cronbach's Alpha	Nomber of items
.746	23

Regression analysis

Once the reliability estimated, we made a regression analysis so as to estimate the robustness of the model to verify our hypothesis. The table below provides information on these different elements

Table 5. Summary of the model.

Model	R	R-two	R-two ajusted	Standard error of estimate
1	.612[a]	.403	.349	.8168

Upon reading this table, one notices that the model obtained is statistically significant with an R 2 of 0.403 and a Fisher attesting the robustness of the model is significant at the 1% threshold. This shows that the variables used in this study explain PHs' patient satisfaction at 40.3%. This supports our hypothesis. The table below summarizes the impact of each of these variables on user satisfaction.

Table 6. Regression coefficients of model variables.

Variables	A	t	Sig.
(Constant)	0.355	0.803	0.343
Environment			
- Calm	0.111	1.321	0.102
Quality of infrastructure/buildings	0.164	1.401	0.107
Quality of equipment	-0.045	-1.253	0.189
Cleanliness	-0.083	-0.422	0.566
Ethics			
Equal treatment	0.198	1.435	0.114
- Pressures on the patient	-0.104	-1.309	0.113
Technique			
Accommodation aspects	0.024	0.221	0.622
- Paramedical staff's competence	0.046	0.202	0.349
- Medical personnel's competence	0.434***	3.078	0.002
Result			
Security	0.063	0.571	0.500
Pain relief	0.184*	1.431	0.003
Keeping of promises	-0.248*	-1.761	0.004
Healing			
Consideration			
- Respect for the patient			
- Taking into consideration of the patient's complaints	0.051	0.383	0.774
Empathy	-0.131*	-1.876	0.002
- Listening to the patient	0.213**	2.433	0.001
- Permanent monitoring of the patient's condition	0.086	0.712	0.344
- Continuous information on the treatment	0.123	0.918	0.331
R	0.612		
R-two	0.403		
R-two adjusted	0.349		
Fisher	4.320***		

***; **; *: Significant at the respective threshold of 1.5 and 10%

The regression coefficients obtained confirm the positive and statistically significant impact of the competence of the medical personnel, the paramedic personnel, the pain relief / healing and listening to the patient. They also highlight the negative and statistically significant impact of keeping of promises and empathy of PHs' personnel. The other variables did not produce significant statistics. We can therefore say that these criteria are determinants of the satisfaction of PHs by the users.

3.3.2. Discussion

Our results suggest that the aspects related to the environment, ethics, technique, result and consideration dimensions are crucial in the construction of PHs' satisfaction. These variables were obtained thanks to the exploratory study carried out with some former patients of these PHs, allowing us to propose a model with sixteen items: quality of buildings, quality of materials, cleanliness, equal treatment, pressures on the client, accommodation aspects, competence of the medical and paramedical personnel, security, pain relief, keeping of promises, taking into consideration of the patient's complaints, empathy, listening to the patient, permanent monitoring of the patient's condition.

Given the statistical significance of the variables in our model, we can consider that the potential sources of PHs' patient satisfaction are the competence of the medical and paramedical personnel, pain relief / healing and listening to the patient. This converges with the results of Sowers & al. [37], Michrafy [38], Al Kumar & Al [39], Ragaigne [40] and Drabo & Al [8]. The knowledge and taking into consideration of these sources of satisfaction is crucial for the policy-makers and heads of PHs who will improve the system in place and thus be competitive on the hospital market.

Note also that the sources of dissatisfaction could be the non-keeping of promises and lack of empathy; something which invalidates the work of Bowers & Al [41]. Understanding these shadows makes it possible to highlight the dysfunctions that exist in order to correct them and better serve PHs' patients.

Although the other evaluation criteria did not produce significant statistics, they nevertheless affect the overall satisfaction of the patients. Indeed, overall satisfaction with PHs is a multidimensional concept. Therefore, the patient who comes to the hospital is looking for a set of benefits beyond the healing or pain relief that is the purpose and each of these attributes somehow has an impact on the overall satisfaction. The existence of an attribute can lead to its satisfaction without its absence causing a feeling of dissatisfaction; this is what the Kano model [32]. advocates. It would therefore be advisable for PHs to know the weight of each expectation on user satisfaction and to lay particular emphasis on it in order to maximize patient satisfaction and be more competitive. This point of view was developed by Hall & Dorvan [42], whose work highlighted an evaluation grid of each component of hospital quality of service, while giving a percentage ranking.

Finally, to consider the patient as a king boils down to meeting his/her wishes, listening to him/her and assigning him/her a respectful, courteous and competent staff that will treat him/her, monitor the evolution of his/her illness so as to relieve his/her pain and ensure healing. This must be done in a healthy environment, without pressure or deception, let alone a breach of the commitments made.

Our results highlighted the significance of items related to competence of health workers, listening to patients and pain relief / healing. We can conclude that although the patient of PHs is so well treated and listened, he/she is not yet the King that he/she would like to be as not only PHs do not always keep their promises, but the dishing out of exit questionnaires which allows to get the reactions and expectations of patients is not a respected principle.

4. Conclusion

The objective of this work was to verify if the client-patient of PHs was actually King in order to highlight avenues for the improvement of the quality of services in these institutions. To achieve this objective, a triangular approach has proven to be the best way to collect the maximum of information, to better understand the problem and to improve the reliability and validity of our results.

Forty-two semi-directive interviews and two hundred and seventy questionnaires were dished out to PHs' heads and patients.

The results of the exploratory study carried out with PHs' heads enabled us to detect five user control tools, namely: suggestion boxes, image barometers, benchmarking, competitive intelligence and satisfaction surveys.

Moreover, we retained five dimensions comprising sixteen items as factors explaining the kingship of client-patients of PHs, namely: environment, ethics, technique, result and consideration. Three of these dimensions produced significant statistics, notably technique, result and consideration in the light of variables related to the competence of health workers, accessibility, empathy, listening to the patient, pain relief / healing, and keeping of promises.

PHs should lay particular emphasis on each of these elements in order to respect the principle of customer kingship and improve their competitiveness and patient satisfaction. However, it is important to know the weight of each of these satisfaction variables in order to prioritize. Another research may be carried out to highlight these weights and their respective ranking. Other work could also be carried out in other contexts so as to arrive at a comparative approach and to identify the criteria taken into consideration from one context to another and thus better justify the variability of the criteria and their weight.

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