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ANALYSIS OF CUSTOMER SATISFACTION DRIVERS OF OUT PATIENT DEPARTMENT (OPD): A CASE STUDY

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ABSTRACT

One of the fastest growing industries in the service sector is the health-care industry. In Bangladesh Square Hospital Ltd. is one of the best and reliable names in the total health care industry. Gap between services provided by different functional units and services received by different customers of out patient department (OPD) has created opportunity of this study. Objective of this study was to examine the reliability and effectiveness of considered customer satisfaction drivers of OPD of square hospital limited and depending on this result have an idea about private healthcare industry of Bangladesh. Different drivers of customer satisfaction, i.e., appointment desk, customer service, nurse station, waiting room, and doctors' service met standards for internal scale reliability except registration desk. Variables or items under each driver loaded on single summated scale considered for every driver except appointment desk and waiting room. Reliability problem at registration desk and single scale loading problems at appointment desk and waiting room could solve with minor effort. So, these drivers can be considered for square hospital as well as healthcare industry of Bangladesh.

KEYWORDS
Customer satisfaction, Marketing, OPD, Hospital management.

INTRODUCTION

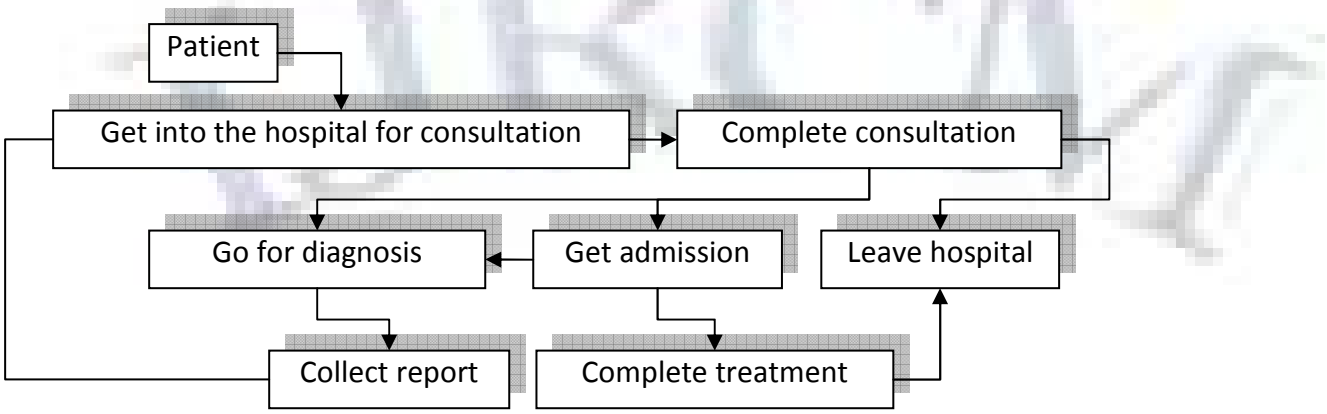
Bangladesh has a good healthcare network covering both rural and urban areas. There are 3,976 healthcare facilities in the public sector and 975 privately-run hospitals/clinics. The healthcare-delivery system of the country compares favourably with that of many other Asian countries. However, overall healthcare use/consumption in Bangladesh is low and is of great concern to society. A survey by the Centre for International Epidemiological Training (CIET), Canada, showed that, in Bangladesh, 13% of treatment-seekers use government services, 27% use private/NGO services, and 60% unqualified services (Siddiqui and Khandaker, 2007). In 2006 the total number of hospitals in Bangladesh was 1683. Of these 1683 hospitals, 678 were government hospitals and 1005 were non-governmental (en.wikipedia.org).

The private health care sector is an important component of the national health care system of Bangladesh, providing services to those sections of the population who can afford the services and are ready to pay for them. This sector offers services ranging from traditional treatments to modern allopathic medicine, provided by a range of people from village doctors, with or without formal training, to highly qualified practitioners working in relatively formal settings in government facilities, private premises, or in both. Private settings include private rooms, clinics and hospitals. In 2003, Hye (2003: 1) estimated that there were 724 licensed private hospitals and clinics, 35 percent of which were in the metropolitan area of Dhaka. In addition, there were 945 licensed private diagnostic laboratories, 46 percent of which were located in the metropolitan area of Dhaka (Rahman, 2007). Square Hospital is one of the best hospitals in the private sector of Bangladesh. It has started its operation in 2006 to provide the best quality medical service equipped with state of the art medical equipments and best physicians (From discussion with the employees of Square Hospital).

Service is any activity or benefit that one party can offer to another that is essentially intangible and does not result in the ownership of anything (Kotler and Armstron, 2010). Health-care industry is one of the fastest growing industries under service sector. The rapid growth of this sector (health-care) been accompanied by dramatic changes in the environment, challenging health care managers and administrators to find alternative ways of remaining viable. Many providers, with help from the research community, are beginning to realize that providing customer satisfaction is a key element of strategy and a crucial determinant of long-term viability and success. Information about patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems.

The out patient department (OPD) of a hospital is the gateway of the organization. It introduces the hospital's different types of services provided to the patients. Therefore, patients' satisfaction at this section is very crucial for the hospital to grow. Service quality can be used as a strategic differentiation weapon to build a distinctive advantage which competitors would find difficult to copy. To achieve service excellence, hospitals must strive for "zero defections", retaining every customer that the company can profitably serve. "Zero defections" require continuous efforts to improve the quality of the service delivery system. Furthermore, quality does not improve unless it is measured and quality always dependent on some drivers. There are some drivers of customer satisfaction of this department also. A patient at first comes at out patient department and then gets into the hospital for consulting with the concerned doctor. Following flow chart shows general process of out patient department:

FIGURE 1: GENERAL PROCESS FLOW OF OPD



In almost every hospital above flow chart is followed. But in the square hospital tasks of the out patient department are performed through six different stages. There are complains that the customers are not satisfied with the over all service quality of the out patient department of the hospital, irrespective of the fact that the out patient department of this hospital is one of the modernized department in the health care industry. In an attempt to find out the reliability and effectiveness of the stages to remove above gap the research has been conducted.

REVIEW OF THE RELEVANT LITERATURE

In the healthcare industry, hospitals provide the same types of service, but they do not provide the same quality of service. Furthermore, consumers today are more aware of alternatives on offer and rising standards of service have increased their expectations. They are also becoming increasingly critical of the quality of service they experience. In practically all advanced nations the service sector has become the largest element of the economy and the significance of services in modern society is indisputable. Services account for a very large part of economic activity and the service sector constantly increases its share of gross domestic product (GDP), employment, and international trade. Services account for roughly two-thirds of GDP in developed countries and almost one-half of GDP in developing countries (Lowendahl, 2000; and Lovelock and Wright, 2002; Guidelines…, 1999).

Despite recent developments in the Bangladesh healthcare sector, there is still great concern about the quality of healthcare services in the country. The results of a study gave an overview of the perspectives of Bangladeshi patients on the quality of service in three types of hospitals. The quality of service in private hospitals scored higher than that in public hospitals for nursing care, tangible hospital matters, i.e. cleanliness, supply of utilities, and availability of drugs. The overall quality of service was better in the foreign hospitals compared to that in the private hospitals in Bangladesh in all factors, even the 'perceived cost' factor (Siddiqui and Khandaker, 2007).

The hospital is an important place for medical service. For this reason need medical college to create doctors. The doctor patient's ratio is still far from adequate in this country of 140 million people. Along with the Government, initiative private entrepreneurs are coming forward in the health sector establishing Medical Colleges. The private sector has already made commendable progress in this field. A variety of models have been used to describe how patients' satisfaction with medical treatment impacts their health-related decision-making (Gelber et al.,1989; Gopalakrishna and Mummalaneni,1992; Greiner and Addy, 1996; Llewellyn-Thomas, 1997 and Schommer and Kucukarslan,1997). However, the health care system still lacks a unified process for assessing and measuring the various elements of quality (Moss and Garside, 1995; Berwyk, 1989; Blumenthal, 1995; Blumenthal et. al., 1998; Turner, 1996).

Anderson and Zwelling (1996) advocate that health care institutions actively evaluate the effectiveness of their technical initiatives to determine the point of maximum return. Beyond this, if an intervention yields no further benefit, the resources dedicated to it could be freed up to focus on functional quality improvements. They advocate the integration of measurable and quantifiable dimensions—such as clinical outcomes—with functional dimensions such as patient satisfaction (Peyrot et al., 1993). O"Brien and Hughes (1991) calls for an expansion of the physician's central role in delivering, assessing and improving the quality of medical care to include a role as patient advocate (Taylor, 1994; Woodside, et al.,1989, Jun, 1998; Starfeld, 1998; Issel and Kahn ,1998).

Within the health care industry, competitive advantage is best attained through service quality and customer satisfaction in the minds of customers (Taylor, 1994). Woodside, et al. (1989) provided support for service quality influencing service provider choice. Clearly, there are many reasons why quality measurement is important. The terms quality and satisfaction are sometimes used interchangeably. While they are closely related, there are differences worth noting. (Taylor, 1994). Woodside, et al. (1989). Jun (1998) recommends that family members should be updated frequently on the status of patient/relative while treatment is on-going.

There are many reasons why health care quality is important. Providers consider increasing quality in health care to be "the right thing to do". The revival of customer service occurred, in part, because service quality, as opposed to cost, distinguishes among health care institutions (Hudson, 1998). Secondly, involvement and satisfaction of the customer affect behavior. Legnick-Hall (1996) developed a conceptual model of the consumer contribution to quality, which includes a description of the relationship of perceived quality to satisfaction, and the motivation to change behavior. This is of considerable importance if you consider the relationship between patient satisfaction and compliance with medical treatment plans (Oswald et al., 1998; Lytle and Mokwa , 1992; Steffen et al., 1996; Arnetz and Arnetz, 1996; Harris, et. al., 1995; Salimbene, 1999; Moore and Schlegelmilch,1994; Berry et. al., 1988 ; Mittal and Baldasare, 1996; Zifko-Baliga and Kampf, 1997; Dube and Menon; 1998; Shetty, 1987;). The literature on satisfaction, particularly patient satisfaction, shows that satisfaction ratings are derived from satisfaction with various components of their care, and that consumers are able to make summary judgments regarding their care (Oliver, 1981, 1993; Berry et al., 1988; Rodwin, 1994; Wensing et al.., 1994; Woodside et al., 1989).

Multifarious factors have contributed to the development of the private health care sector in Bangladesh. Its growth has been facilitated by the inclusion of private health care development in planning policies, by symbolic encouragement by government officials, by state patronage through medical education and training, by public sector physicians being allowed to practice privately, and by the provision of grants, subsidies and funds for investment. Opportunities for its expansion have also been created by a host of problems in the public health care system, including an inability to provide services, limited resources, poor perception and poor quality of services, a lack of personnel, absenteeism, corruption, and poor planning and management. But complains are also leveled against the private sector, as it lacks necessary infrastructure, equipment and personnel, with poor service conditions, poor quality and poor standards. The government enacted an Ordinance to regulate private health care, but evidence shows that regulatory practices are ineffective as a result of problems of legislative design, information and implementation, as well as internal and external contradictions within the regulatory system. Some policy guidelines are necessary to ensure positive outputs from the private health care sector (Rahman, 2007).

OBJECTIVE OF THE STUDY

Objective of this study was to examine the reliability and effectiveness of considered customer satisfaction drivers of out patient department (OPD) of square hospital limited and depending on the results have an idea about private healthcare industry of Bangladesh.

RESEARCH METHODS

MANIPULATION OF INDEPENDENT VARIABLES

It is a case based study and **square hospital limited** was selected based on its importance in the private healthcare industry of Bangladesh. The study was done only on out patient department (OPD) of the hospital. The out patient department is divided into six small functional units. These functional units are considered as customer satisfaction drivers of OPD of the hospital are as follows:

- Appointment Desk
- Customer Services
- Registration Desk
- Nurse Station
- Waiting Room
- Doctors' Service

100 patients were drawn randomly from out patient department (OPD) to generalize the perception of the patients. Among 100 samples all were 25 & above years old and experienced to take services from those functional units. Pre-tested questionnaire was designed in keeping with the view of the objective of the research. A 5-point Likert scale was used for the scoring system with one (1) representing least satisfaction and five (5) representing most satisfaction.

DATA COLLECTION METHODS

This study was conducted on the basis of primary as well as secondary data. Primary data were collected from patients of out patient department (OPD) and employees of square hospital limited. The methods for collecting primary data were survey, personal interview, conversation and observation. Secondary data were collected through different reports, papers & prospectus, relevant journals, dailies, periodicals, related research works, relevant books and websites.

ITEM GENERATION

This research was done following series of steps. At first the six (6) drivers (functional units), i.e., appointment desk, customer service, registration desk, nurse station, waiting room, and doctor's service of customer satisfaction of out patient department (OPD) were identified observing and realizing the scenario of the hospital. Then under each driver some items were developed. Thirty-two items under six (6) drivers were generated considering following characteristics of the drivers:

APPOINTMENT DESK UNIT

The OPD process flow starts when a patient calls at the appointment desk or walks in to the hospital for appointment of certain specialist. The appointment desk then checks the availability of the doctor and informs the patient about the time available. The appointment desk sometimes suggests the time for appointment and sometimes the patient chooses himself/herself to suit his/her convenience. After confirmation from the patient the appointment desk records the appointment time and reconfirm the timing with the patient. Prior to appointment time the appointment desk reminds the patient about the appointment by calling to them. Under this driver five items were developed.

CUSTOMER SERVICE UNIT

If the patient is new, he/she arrives at customer care service for direction. The customer service then directs the patient to the registration desk for registration. In addition to it, if the customer has any query about services the customer care service provides it to the customer. Moreover, if any seriously ill patient arrives, the customer service provides the initial support. Five items were developed for this driver.

REGISTRATION DESK UNIT

After arriving registration desk, the patients are asked to fill up a form with basic information for registration. The personnel at the desk help the patients to fill up the form. After filling up the form, the patients are guided to the accounts section of the registration desk for payment of initial registration fee. After that, the patients are guided to the concerned nurse unit. Study considered five items for this functional unit.

NURSE STATION UNIT

After arriving concerned nurse station, nurses collect basic information of the patients' health. The nurses measure weight, height, blood pressure, temperature of patients and prepare the files of the patients for the doctors. The patients then wait for the call from the doctors. After consulting with doctors, the patients get back to nurse station. The nurses scan the prescription and other documents into the database and help to the patients if they have any questions regarding prescription. If the doctors ask the patient to do certain tests, the patients might go to laboratory for testing or may do it from outside. If they wish to do it in the hospital, the customer service leads them to the lab. For this functional unit data were collected considering five items also.

WAITING ROOM UNIT

After completing all the necessary checkups patients wait for the call of the concerned doctor. The waiting room is well equipped with all kinds of recreation facilities. Here patients can pass their time by watching television, reading news papers/magazines. There are special arrangements for sick people, who are unable to walk or seat. Six items were developed under this driver.

DOCTORS' SERVICE UNIT

Waiting ends when the concerned doctor calls the patient into his/her cabin for consultation and treatment. At this stage the doctor gives necessary suggestions to the patient regarding problem. Six items were also developed under this driver.

DATA PRESENTATION AND ANALYSIS

Data analysis performs in different statistical techniques such as coefficient alpha and factor analysis by using SPSS 12 Software.

Measurement of Internal Consistency

Coefficient alpha under reliability test measures the internal consistency of the scale of the constructs/drivers of customer satisfaction. Consistency of 32 items were analyzed diving into six (6) drivers. The high alpha values indicate a good internal consistency among items within each dimension (Chowdhury and sultan, 2005). Alpha value considering all the items and alpha values of each driver were assessed. Resulting value of total item coefficient alpha was .677 and alpha values of each individual driver ranged between .265 to .885. Individual item value suggested that deletion of two items with low item-to-total correlation would improve the alpha values. Hence, two items, item Rd2 (Consistency of registration fees/ Charges) & Wr6 (Have to wait for a long time) showing low item-to-total correlations were deleted. Coefficient alpha was again assessed for the remaining 30 items (variables) and alpha value of all the items increased to .728 (see table 1). The minimally acceptable reliability for preliminary research should be in the range of .50 to .60 (Chowdhury, 2001). So, the high alpha values indicated good internal consistency among items (variables) within each driver. After deleting two problematic items (Rd2 & Wr6), 30 items were considered for factor analysis.

TABLE 1: CONSISTENCY TEST RESULTS OF CUSTOMER SATISFACTION LEVEL OF OPD

No.	Drivers	Number of Items	Coefficient Alpha Values considering All the items	Coefficient Alpha Values after deleting item (s)	Items finally Selected under Corresponding Drivers
1	Appointment Desk	5	0.713	0.713	5
2	Customer Service	5	0.811	0.811	5
3	Registration Desk	5	0.265	0.501	4
4	Nurse Station	5	0.885	0.885	5
5	Waiting Room	6	0.506	0.575	5
6	Doctor's Service	6	0.883	0.883	6

Factor Analysis

Factor analysis was performed on 30 items (deleting two after consistency analysis) according to drivers of customer satisfaction. Conducting a factor analysis on a single summated scale for every driver will show whether all items within the summated scale load on the same construct or dimension, or whether the summated scale actually measures more than one construct. Following (Table 2) is the scenario of items loading on different drivers of customer satisfaction.

TABLE 2: FACTOR LOADINGS OF ITEMS UNDER EACH DRIVER

No.	Drivers	Reliability Coefficients (Alpha)	Number of Items	Items loaded on different Drivers
1	Appointment Desk	0.713	3	Ad1 0.902 Ad3 0.559 Ad4 0.907
2	Customer Service	0.811	5	Cs1 0.957 Cs2 0.375 Cs3 0.316 Cs4 0.970 Cs5 0.946
3	Registration Desk	0.501	4	Rd1 0.452 Rd3 0.780 Rd4 0.739 Rd5 0.570
4	Nurse Station	0.885	5	Ns1 0.932 Ns2 0.761 Ns3 0.647 Ns4 0.844 Ns5 0.945
5	Waiting Room	0.575	4	Wr1 0.740 Wr2 0.828 Wr3 0.629 Wr5 0.605
6	Doctor's Service	0.883	6	Ds1 0.881 Ds2 0.857 Ds3 0.756 Ds4 0.721 Ds5 0.796 Ds6 0.766

DISCUSSION OF FINDINGS

The coefficient alpha values of different drivers of customer satisfaction of OPD are acceptable (as it is more than .50) except one driver (registration desk, alpha=0.265). But after deleting one item (item Rd2, i.e., consistency of registration fees/charges) with low item-to-total correlation the alpha value was improved to 0.501, which is in the acceptable range. Alpha value (0.506) of another driver, i.e., waiting room also in the acceptable range but one item (item Wr6, i.e., have to wait for a long time) shows low item-to-total correlation. That one was also deleted and the alpha value was improved to 0.575. Internal consistency of some drivers like appointment desk, customer services, waiting room and doctors' services is very high.

Factor analysis is a general name denoting a class of procedures primarily used for data reduction and summarization. Relationships among sets of many interrelated variables are examined represented in terms of a few underlying factors (Malhotra, 2006). From the factor analysis it is found that, items under each dimension do not behave equally. Items under three drivers, i.e., customer service, nurse station and doctor's service loaded on a driver wise single summated scale. But scenario of other three drivers is different. For registration desk one item was deleted at the time of Cronbach Alpha analysis. Then factor analysis was performed on four (4) items and all the items loaded on single scale. Items under appointment desk showed high internal consistency at the time of Cronbach Alpha analysis but failed to load on a single scale. Three items loaded on the single scale but other two (Ad2 & Ad5, i.e., Service was prompt & It was easy to get an appointment) could not because of some problems. For waiting room one item (Wr6) was deleted at the time of Cronbach Alpha analysis. Then factor analysis was performed on rest of the five (5) items but also failed to load on a single scale. After deleting problematic one (Wr4, i.e., Have special arrangements for a very sick person), other items loaded on same scale. Overall scenario of factor analysis says that, items under different drivers of customer satisfaction of out patient department are relevant and support the driver wise summated scales, except few problematic items under some drivers.

So, overall scenario of Cronbach Alpha analysis says that, internal consistency within the items under the drivers is satisfactory except few minor differences, that means functional units of OPD of square hospital are reliable. Factor analysis found that 27 items out of 32 directly had load on the main construct while other items are indirectly in line with the construct. Normally marketing scenario of same types of firms under same industry is more or less same. As customer satisfaction drivers of square hospital are reliable and most of the factors of the drivers also load on the main construct, it is more or less applicable also for other private hospitals as well as for the industry.

CONCLUSION

As people are being more conscious about health, importance of health-care industry is also increasing. Many providers, with help from the research community, are beginning to realize that providing customer satisfaction is a key element of strategy and a crucial determinant of long-term viability and success. Service marketing is different from product marketing. As it is intangible, it is hard to realize about service quality before consumption. So, to set strategy for services marketing as well as healthcare industry is also very tough. Square Hospital is one of the best hospitals in Bangladesh. The out patient department (OPD) of a hospital is the gateway of the organization. It introduces the hospital's different kinds of services to the patients. Therefore, patients' satisfaction at this section is very crucial for the hospital to grow. For setting appropriate strategies for customer satisfaction of OPD of any hospital, at first will have to know about drivers of that satisfaction and reliability of those drivers. Square hospital also considers six drivers to provide services at OPD. This study found that reliability of the drivers is at acceptable level. Study also found effective of the drivers of OPD of square. As square hospital is a prominent organization and out patient department is one of the modernized departments under heath care industry of Bangladesh, customer satisfaction drivers and items of OPD of this hospital will be followed by other members of the industry. And total industry condition can be improved applying same flow chart for service delivery.

LIMITATIONS AND FURTHER RESEARCH

There are some limitations of this study for which the findings should be used with caution. The research was done only on one hospital; further research can be done taking more hospitals. Sample size was 100, more sample could be used. Other statistical measures like convergent validity could be used. Some items like consistency of registration fees, have to wait for a long time, service was prompt, it was easy to get an appointment and have special arrangements for a very sick person were deleted at the time of Cronbach alpha and factor analysis but these are important. So, at the time of further research, these items can be considered and tested once again.

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