

SERVICE ENCOUNTER AND EXPERIENCES BY THE INSURED PATIENTS IN MULTISPECIALTY HOSPITALS, CHENNAI

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Abstract

This study analyses some of the most important service contacts that insured patients have in a health care institution and investigates whether the process quality of those encounters, as assessed by the patients, contributes to patient satisfaction, repeat visits, and recommendation intentions. The exploratory study aims to discover the service interactions that are maintained in hospitals, as well as the satisfaction factors associated with them. The data was collected with health insured patients. The findings provide critical information to hospital service managers, allowing them to design patient-centric initiatives.

Keywords: insured patients, patient satisfaction, service interactions

Introduction

The service encounter is the “Moment of truth”. It happens anytime when a patient interacts with the healthcare facility. It can be potentially critical in determining patient satisfaction and loyalty. It is an opportunity to build trust, reinforce quality, build brand identity and increase loyalty. The following are the common themes in service encounters research which are recovery, spontaneity, coping and adaptability. Recovery means employee response to service delivery system failure. Spontaneity refers to unprompted and unsolicited employee actions and attitudes. Coping refers to employee response to problem customers and adaptability refers to employee response to customer needs and requests. The general service behaviour based on service encounter themes for recovery is as follows; acknowledge the problem, explain causes, apologize, compensate and take responsibility. The service encounter themes for adaptability is recognizing the seriousness of the need, acknowledging, anticipating, attempting to accommodate, adjusting the system, explaining the rules and policies and taking responsibility. The general service behaviour based on service themes is to take time, be attentive, anticipate needs, listen, provide information and show empathy.

The service encounter describes an interaction between a patient and a healthcare provider. One of the people-processing services that involve highcontact encounters in health care. The patient, as well as the doctor, are both very involved in the healthcare process. The service behaviour of coping is listening, trying to accommodate, explain and letting go of the customer. Patient satisfaction is an important factor and gained momentum in the healthcare industry. Patient

satisfaction is the primary motive for the health care industry. It is a key success metric for hospitals and healthcare providers. The essential elements of patient satisfaction are “communication with nurses, communication with doctors, communication about medicines, the responsiveness of hospital staff, pain management, cleanliness and quietness of the hospital environment, discharge instructions and overall hospital rating”.



The hospital can improve patient satisfaction in the following ways i.e., provide training to the employees by creating a positive patient experience, go digital so that patient outcomes will boost, reduce wait times, avoid miscommunication, keep staff happy.

Literature Review and hypothesis development

Service encounter

“Service encounters are important because they can strongly influence customer satisfaction” (Solomon et al., 1985) “Service Encounter Evaluation Model” to describe the causal variables that influence customer satisfaction or service awareness in the process of service encounter”. Bitner (1990) Patient perception towards interpersonal-based medical service encounters positively impact on service quality and patient satisfaction (Chang et al., 2013) Through service value and satisfaction, service encounters have an indirect impact on patient Word of mouth (Li-Chun Hsu, 2018)

Patient Satisfaction

In a healthcare facility, the customer is a patient. Crosby, (1979); Parasuraman, Zeithaml and Berry, (1985) “Service quality is defined as how well the service meets or exceeds the customers’ expectations on a consistent basis”. “Satisfaction is seen as a function of

confirmation or disconfirmation of expectation and is best conceptualized as an attitude toward service performance” (Taylor and Cronin 1994)

Research Method

Simple random sampling was deployed for the study. The researcher approached the health insurance desk in the hospital, collected the sample frame and excluded the patients who were paediatric and patients admitted in Intensive care units. Few patients refused to provide their responses. The researcher distributed 110 questionnaires out of which 98 (89%) valid responses were received. According to Hair et al (1998) recommendations for sampling in different units of a study, the number of samples should be at least five to ten times the number of research variables, and the number of samples for each unit should be greater than thirty (that is, a large sample size) The questionnaire used 5 points Likert scale from ‘1’ strongly disagree to ‘5’ strongly agree. The dimensions of the questionnaire were derived from literature and compiled the questions. The questionnaire was validated with the industry experts and academicians and finalized after performing the pilot test among 40 insured patients.

Objectives

To analyse the relationship between service encounters and patient satisfaction.

Hypotheses development

Hypothesis 1: There is a relationship between service recovery and clinical services satisfaction

Hypothesis 2: There is a relationship between service recovery and nonclinical services satisfaction

Hypothesis 3: There is a relationship between service adaptability and clinical services satisfaction

Hypothesis 4: There is a relationship between service adaptability and nonclinical services satisfaction

Hypothesis 5: There is a relationship between service coping and clinical services satisfaction

Hypothesis 6: There is a relationship between service coping and non-clinical services satisfaction

Hypothesis 7: There is a relationship between service spontaneity and clinical services satisfaction

Hypothesis 8: There is a relationship between service spontaneity and nonclinical services satisfaction

Scale validity and Reliability

The Cronbach’s Alpha for the service encounter was .996 and .998 for patient satisfaction.

Ethical approval

Ethics approval for the research was obtained from the institutional ethics committee, the study was carried out after getting written consent from the patients. The patients' data were kept confidential and used only for research purposes.

Data analysis

The data were analysed and processed with SPSS software

1. Descriptive statistics

2. Correlation between service encounter and patient satisfaction

RESULTS OF FREQUENCY ANALYSIS FOR DEMOGRAPHIC/SOCIO-ECONOMIC PROFILE OF THE RESPONDENTS

Table 1: Gender

	Frequency	Percent
Male	59	60.2
Female	39	39.8
Total	98	100.0

Table 2: Area of residence

	Frequency	Percent
Urban	40	40.8
Rural	58	59.2
Total	98	100.0

Table 3: Number of dependents

	Frequency	Percent
0	3	3.1
1	51	52.0
2	22	22.4
3	12	12.2
4	10	10.2
Total	98	100.0

Table 4: Type of Policy

	Frequency	Percent
Individual	24	24.5
Family floater	31	31.6
Corporate	39	39.8
Others	4	4.1
Total	98	100.0

Table 5: Monthly Household Income (Rs)

	Frequency	Percent
<Rs. 15,000	5	5.1
Rs. 15,001 – 30,000	56	57.1
Rs.30,001- 50,000	24	24.5
Rs.50,001- 75,000	8	8.2
More than Rs.75,000/-	5	5.1
Total	98	100.0

Table 6: Annual Premium

	Frequency	Percent
Less than Rs.5,000/-	9	9.2
Rs.5,001-10,000/-	62	63.3
Rs.10,001-20,000/-	20	20.4
Rs.20,001-30,000/-	5	5.1
More than Rs.30,001/-	2	2.0
Total	98	100.0

Table 7: Sum insured (Rs.)

	Frequency	Percent
Less than Rs.1,00,000/-	6	6.1
Rs.1,00,001- 2,00,000/-	58	59.2
Rs.2,00,001- 3,00,000/-	18	18.4
Rs.3,00,001- 5,00,000/-	13	13.3
Above Rs.5,00,000/-	3	3.1
Total	98	100.0

Source: Primary data, Questionnaire

Table 1- 7 explains the results of frequency analysis for demographic and insurance details of the respondents. A total of 110 questionnaires were distributed to the respondents out of which 105 respondents returned the questionnaire. Out of 105, 7 questionnaires were incomplete. Finally, 98 valid responses with a representing rate of 89% were considered for the study. It is clear that out

of 98 respondents, 59 are male and 39 respondents are female. It is to be noted that the majority of the respondents (59.2%) live in rural areas. There are one dependent for 51 respondents which is the highest, further, there are 22 respondents with two dependent members in the family. The majority of the respondents are enrolled under corporate health insurance plans where 39 out of 98 respondents have taken the policy. The highest monthly income range of the respondents includes Rs.15, 001/- to 30,000/- where 56 respondents fall under this category. The frequency analysis of annual health insurance premiums paid by the respondents indicates that the majority pay a premium of Rs.5,001/- to Rs.10,000/- per year. The findings indicate that majority of respondents have taken a policy (sum insured) worth Rs.1,00,001/- to Rs.2,00,000/- respectively

Table 8: Results of Descriptive Statistics for Service Encounter

Descriptive Statistics		
Statements	Mean	Std. Deviation
Staff apologizes for an issue raised by you.	4.06	1.545
The staff explains the causes of the problem.	4.11	1.491
The staff promises for resolution.	4.13	1.483
The staff takes responsibility for any unmet needs.	4.18	1.481
Hospital staff recognizes the seriousness of the need	4.08	1.504
Staff understand the problems	4.13	1.448
Staff attempt to accept the mistake	4.13	1.448
The staff explains what actions to be taken for resolving the issues	4.16	1.448
Staff acknowledges an issue	4.15	1.453
The Staff takes immediate action for the query	4.12	1.459
Staff resolve the patient’s complaint	4.19	1.441
Hospital compensate for any inconvenience caused	4.17	1.472
Hospital staffs are polite and friendly with patients	4.08	1.524
Staff provide adequate information whenever you raise	4.13	1.497
Providing services at the specified time	4.15	1.481
Carrying out the services right for the first time	4.20	1.464

Source: Primary data, Questionnaire

Table 8 shows the result of the mean for service encounters. To measure the service encounter four constructs was framed namely service recovery, service adaptability, service coping and service spontaneity. The findings of the mean revealed that service recovery of the staff takes responsibility for any unmet needs ranked 1 with a mean value of 4.18 and staff apologizes for an issue raised by the patient was ranked least. For the Service adaptability, the staff explains what actions to be taken for resolving the issues scored rank 1 with a mean value of 4.16 and scored least on staff recognizes the seriousness of need. When it comes to service coping, staff resolving the patient's complaint has been ranked 1 with a mean value of 4.19 and ranked least with the statement staff takes immediate action for the query. For the service spontaneity, carrying out the services right for the first time ranked 1 with a mean value of 4.20 and last rank for the statement hospital staffs are polite and friendly with patients.

Results of Descriptive Statistics for Patient Satisfaction towards Clinical and NonClinical Services**Table 9: Descriptive Statistics**

Statements	Mean	Std. Deviation
Level of satisfaction with the care provided by the doctor.	4.30	1.341
How do you rate the confidentiality of maintaining personal and treatment details?	4.30	1.356
How do you rate the explanations provided for the tests done?	4.26	1.424
How do you rate the advice(s) on how to cope with your illness?	4.29	1.385
Information regarding prognosis and discharge instructions	4.19	1.455
Level of satisfaction with Housekeeping services	4.31	1.395
Level of satisfaction Pharmacy services	4.26	1.394
Level of satisfaction with Health Insurance Desk	4.28	1.413
Level of satisfaction with Security services	4.23	1.434
Level of satisfaction with Billing services	4.21	1.438
Overall rating of dietary services	4.21	1.445
Opinion regarding the hospital environment	4.33	1.383

Source: Primary data, Questionnaire

Table 9 shows the results of the mean for patient satisfaction. To measure patient satisfaction, two constructs are framed which include clinical services satisfaction and non-clinical services satisfaction towards the hospital. For the clinical service satisfaction, care provided by the doctors, and confidentiality in maintaining personal and treatment details were ranked 1 by the respondents. The information regarding prognosis and discharge instructions was ranked 4 for clinical services. Among the variables of non-clinical services, the opinion regarding hospital environment has been ranked 1 and the last rank of 6.

Table 10: Results of Correlation between Service Encounter and Patient Satisfaction towards Clinical and Non-Clinical Services

Correlations			
SERVICE ENCOUNTER		Clinical services	Non-clinical services
Recovery	Pearson Correlation	.860**	.862**
	Sig. (2-tailed)	<0.001	<0.001
	N	98	98
Adaptability	Pearson Correlation	.896**	.894**
	Sig. (2-tailed)	<0.001	<0.001
	N	98	98
Coping	Pearson Correlation	.887**	.898**
	Sig. (2-tailed)	<0.001	<0.001
	N	98	98
Spontaneity	Pearson Correlation	.880**	.889**
	Sig. (2-tailed)	<0.001	<0.001
	N	98	98
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Primary data, Questionnaire

Table 10 depicts that service recovery and clinical services satisfaction 86% positive relationship and service recovery and non-clinical services satisfaction has 86.2% relationship was established.

Service adaptability and clinical services satisfaction have an 89.6% relationship, and service adaptability and non-clinical services satisfaction have an 89.4% relationship. Service coping and clinical services satisfaction 88.7% positive relationship and service coping and non-clinical services satisfaction has 89.8% relationship. Service spontaneity and clinical services satisfaction affirm that 88% relationship and service spontaneity and non-clinical services satisfaction has 88.9% relationship.

Discussion

The major results in this study are a positive relationship between service encounter components which are service recovery, service adaptability, service coping and service spontaneity and patient satisfaction. The hospital should focus on improving service encounters leads to an increase in patient satisfaction. Chang et al., (2013) Because medical service is an intangible product with service encounters, both medical care staff and general service personnel must establish a trusting relationship with patients to improve patient satisfaction. Nandakumar Mekoth et al., (2011) the quality of the physician and the quality of the laboratory have both been linked to patient satisfaction. However, patient satisfaction has been proven to be unrelated to courtesy and waiting time. This implies that the physician is a critical component of the healthcare system. Medical service marketing (encounter) today plays an essential role in hospital administration, given the fierce competition in the medical service industry and the fact that a large number of medical institutions must share a restricted medical market. Culyer and Newhouse (2000) “suggested that inferring individual actions from aggregation data may cause biases”.

Suggestions and recommendations

The hospitals should enhance the existing services provided to the patient. The healthcare provider should focus on soft skill training for the front office people it leads to an increase in patient satisfaction. Staff should be empathetic and provide service as per the patients' expectations.

Limitations and future studies

Our findings should be viewed with some limitations. Firstly we investigated the correlation between service encounters and patient satisfaction. Other factors are also influencing patient satisfaction. Obtaining permission from the hospital is a challenging task. Patients were refusing to provide their responses. Patients raised several questions related to health insurance rather than the study. During the pandemic, approaching patients and obtaining their responses was a tedious one.

Implications and Conclusions

The pandemic impacted the healthcare industry and the business model is shifting towards teleconsultation. In future, we can find that hospitals without beds provide patient care. The government launched e-sanjeevani platform through this 9 million consultations were provided to the patients. The hospital's overall operational environment is becoming increasingly tough and unclear

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