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Helping the Health Profession Help Others: Applying Business Principles to the Medical World

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Helping the Health Profession
Help Others:
Applying Business Principles
To the Medical World

Katherine E. Jones

Senior Honors Project
May 2002
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Abstract

"Customer satisfaction", "feedback", and "guarantees" are buzzwords that have been a part of the business world's vocabulary for many years now, but these words are just beginning to truly infiltrate the medical world. While the success of businesses has always been dependent upon the satisfaction of customers, the medical profession in the past has not. In many towns up until the present, there has only been one hospital, one doctor, or one professional in a given specialty area, and so the people did not really have choices. With the change in healthcare and the ever growing number of choices that patients have, it is vital that healthcare professionals provide superior relational and office services, not only health services.

In a field where health professionals are already overwhelmed by paperwork, there is resistance to any change that requires more paperwork. While there is no denial of the fact that health professionals do great things and improve people's lives everyday, the goal of this paper is to show that there is a need to do more. While many simply illustrate the need and stop short of providing guidelines and assistance in improving the system, this paper provides a guide for assessing customer and patient satisfaction. It
also provides a sample of the work that might be done in the hearing and speech services at the University of Tennessee in Knoxville.

**The Diagnosis**

There is no denying that healthcare professionals are often over-worked, over-stressed, overwhelmed by paperwork, and sometimes underpaid. As a result of these issues, there is often a lack of motivation for change, especially change that seems unnecessary. Consider this most basic example: a person arrives at the doctor’s office with a broken arm. The doctor sets and takes the necessary steps so that in several weeks, the patient no longer has a broken arm. On the surface level, the patient is certainly satisfied. This ironically is one of the joys and one of the problems with the medical profession: ideally a person comes in with a specific problem and leaves because that specific problem is fixed. It is difficult to argue with such obvious success. In the past, this service and lack of follow-up on whether the patient was truly delighted with the service may have been sufficient, but this is not the case anymore.

One of the hottest topics in political and professional circles today is healthcare resulting from the continual changes in insurance policies, HMO’s, and governmental
involvement. Whereas patients in the past might have had complete freedom to visit any professional, company insurance plans now place some restrictions. Healthcare providers can be certain that companies listen to their employees and value their opinions regarding which healthcare providers should be included on their plans. (Roth, 184) The medical world has never before experienced the competition of the business world, but if providers do not compete now, they will find that they are no longer providers. It is not simply the service of the providers that is now evaluated, but “the delivery of service to users is under increasing scrutiny by both providers and consumers or stakeholders.” (Roberts, 1)

Not only must healthcare providers compete because of the large companies and insurance providers, but the patients themselves are expecting better service. (Roth, 184) Patients now have much more information readily available to them because of the internet, media, and various other sources, and so they are beginning to expect more from their doctors and professionals. The increase in cost-containment pressure on healthcare providers has caused many providers to manage care on a “fix-fee-per-capita” basis, and so often times the communication and relationship that the patient seeks is cut. (Kutner, 11) It is not simply about the
service itself, but the delivery of the service, the relational intangibles, the other involved professionals, including office and management people, and various other aspects in which patients are expecting better overall care. Health care is in an age of "accountable consumerism" in which the patient not only demands satisfactory care but excellent care. (Drain, 2001) Healthcare providers must continually improve their services not always in the way that they deem fit but more significantly in a way that their patients see fit. Improving their services must involve meeting the expectations of their patients. Those providers who choose not to focus on their patients and improve their services can unfortunately expect terminal results for their insufficient actions.

Most health care organizations certainly agree that it is important to please their patients and offer them the best services possible, and most will say that they are obviously meeting that goal because they are receiving no complaints. (Chakrapani, 13) This common misconception often causes complacency in the organization and can soon have devastating effects. People naively assume that customers who have concerns will complain, and if there are no complaints, then there are no problems. Statistics show that only about 4% of dissatisfied customers complain, and
of those complaints filed, the top management usually only knows about 4% of those formal complaints (Chakrapani, 13). These statistics certainly show that those who truly have the authority and influence to address problems and determine change rarely know about the problems that exist.

There are various reasons why people do not complain. Many do not know to whom they should complain. Others are used to having their complaints handled poorly and many believe that complaining is futile. (Charkrapani, 15) These statistics certainly illustrate why formal evaluation and assessment by patients is necessary—it increases awareness of problems and increases the chances that those problems will be addressed. There is certainly an "iceberg of ignorance" when organizations simply expect that customer complaints make them aware of all issues, and this "iceberg" can certainly reek havoc upon an organization in a very short amount of time. (Chakrapani, 13)

The Treatment Plan

While the diagnosis may at first seem grim, the future is most assuredly bright and there is definitely an effective treatment plan. Before beginning treatment it is vital to be certain that the goals of the treatment are understood. The primary goal is improved service in all
areas of the health care experience. It is easy to acknowledge the goal and agree with the fact that good service is important. It is more difficult however to understand what distinguishes services and what defines quality because service is assigned quality and different value on an individual basis. Therefore each client has different expectations and beliefs on how service should be conducted. (Butz and Goodstein, 63) By understanding and then incorporating these two ideas, service quality can be assessed and plans to improve service can be implemented. Services delivered either possess quality or are lacking quality, but what truly makes a service high quality? Quality is such a subjective term that it is very difficult to define, yet each person recognizes quality when he or she experiences it. (Chakrapani, 4)

Paula Roberts provides a very specific definition in which she says that "service quality is equal to the product of the interaction between a customer and elements in the service organization," which would involve the employees, equipment, buildings, relationships between provider and patient, and various other areas. (Roberts, 1) While this definition certainly sheds light on all the variables involved in the equation for service quality, it is a very involved and rather complicated definition. For all
practical purposes, it can be assumed that a "product or service has quality if the customers' enjoyment of it exceeds their perceived value of the money they paid for it. (Chakrapani, 4). There is no doubt that today's patients pay a high price for the services that they receive and so it is only logical that they have higher expectations of the services when they pay higher prices for them.

There are always variables that are specific to various professions which must be recognized and adjusted, but there are several general ideas which are key in any service profession. Peter Donovan and Timothy Samler, in their book on delighting customers, claim that there are three ingredients for delivering high quality service. (Donovan and Samler, 9) The first ingredient is the values of the organization. The values stretch beyond the printed mission statement of the group to involve the passion, soul, and culture of the organization. This passion and belief in the service that is being provided must be genuine because patients recognize and desire this of their healthcare providers. (Donovan and Samler, 9) The second general ingredient is the infrastructure, and this involves the buildings, assets, the training of the employees, the development of the staff, and various other aspects. (Donovan and Samler, 9) Thirdly, the processes are key in
delivering high quality service because patients do not simply evaluate the service provided by the physician, therapist, or nurse. Patients also evaluate their experience based on the process they went through to receive the service. Patients do not walk into the hospital, receive their service and leave. They must fill out some paperwork, answer insurance questions, and complete various other tasks before they finally receive the service. (Donovan and Samler, 9) What was the paperwork like? How were they treated by the office support staff? Was their appointment late or on time? All three of these things influence the overall experience and must be seriously considered when beginning to set general goals for the organization. (Donovan and Samler, 9)

After understanding the goals of the treatment, it is important to know what the general idea for the treatment plan is. In regards to patient satisfaction, it is best to learn from those who best understand the market economy and the role of consumers. This involves looking to the business world and applying their foundational principles to the medical world. The business world exists because it understands the key role of the consumers, and from now on the medical world must understand this, too.
One of the most commonly used and most basic assessment tools for businesses is the standard questionnaire and survey. It is also the most economical and practical way to continually learn of patients' experiences and address their concerns. Most organizations already have some type of questionnaire for customers to fill out but the key question is whether this form is simply a formality of whether it is truly being used by the leaders to guide the organization.

There is no point in having a survey if the results are simply read but are never applied. Organizational leaders must believe that delighting customers is significant and that their opinions are the foundation for taking steps toward improvement. (Donovan and Samler, 17) Before beginning this challenging yet rewarding process, make sure that the leaders truly believe that pleasing customers is key to their business, that they are willing to take the time to lead a customer-driven program, and that they truly possess the skills to lead the organization. (Donovan and Samler, 15) If the leaders cannot agree with these goals, then the organization must be willing to get rid of those leaders who serve as roadblocks so that the organization as a whole can continue in this process—unity and belief in these ideas is key! (Donovan and Samler, 17) Customers need to see that every employee desires to please the customer.
Those organizations that truly work together and believe in this will succeed far more than those who simply try to play the part of a customer delighting organization.

Good intentions do not result in good service.

Unfortunately, there is very often a disconnection between those who listen to and learn the opinions of the customers and those who drive the day-to-day business. (Donovan and Samler, 3) The key to bridging this gap is accountability. It is necessary to appoint someone who hears the opinions of the customers and then is responsible for designing and implementing the program to improve service. (Donovan and Samler, 23) Unfortunately people expect that kind hearts and good intentions are enough to improve service to patients; they listen to the opinions of their patients but stop short of taking action and making positive changes. Jim Kearns of DuPont once said, "Madness is doing what you have always been doing and expecting different results." (Donovan and Samler, 4) Different results come from change. If healthcare providers truly want to provide quality, the changes that must take place in healthcare must therefore stem from the needs and expectations of the patients.

The key to finding out what patients' expectations, concerns, and needs are is through patient assessment. There are a plethora of questionnaires that can be created
but there are some consistencies with them all. The surveys have a threefold purpose of describing, comparing, and predicting service for the healthcare organization (Fink, 4). The surveys are simply a means for collecting information. Consequently, the information collected should only contain questions that are pertinent to the objectives or goals that have been established by the organization (Fink, 5).

While any survey can collect information, it is important that the survey not be just a formality that wastes the time of the patient. While a sample guide and example at the end of this paper lists specific concerns and factors that must be taken into consideration when writing a survey, Arlene Fink's research on designing surveys has resulted in a list of what she believes are six key features for a survey. First there must be specific, measurable objectives—both the general objectives of collecting, describing, and predicting and also the specific objectives set forth by the organization (Fink, 1). These may be anything from using the questionnaires to determine which areas need more financial investment, using them to petition administration on behalf of the staff and patients, or simply using them as a resource to set goals for improving service in specific areas.
The second key feature is a sound research design (Fink, 1). There are various types of designs which can be used depending on the setting or the goals of the survey. It is generally accepted that there are two main types of designs: the non-experimental descriptive approach and the experimental or quasi-experimental approach (Jackson and Furnham, 65). The non-experimental descriptive approach can usually be a cross-sectional type in which data is collected at a single point in time across various groups in a population. The other type is a longitudinal approach in which the goal is to study changes in opinion, usually within the same or similar groups. (Jackson and Furnham, 65) Many may think that the cross-sectional design in the non-experimental descriptive approach is the best for creating a brief yet informative survey, and it most certainly is the most commonly used approach. (Jackson and Furnham, 66) There are also shortcomings to this approach; the most common being that while it may provide specific and significant information, it prevents causal inferences from being drawn. The experimental approach is also too impractical for the healthcare professionals seeking to improve customer happiness because there are not control groups in questionnaires. Therefore the most appropriate approach falls somewhere in between these two extremes of
non-experimental and experimental designs, in what has been termed the quasi-experimental approach. This approach is practical because it provides a lot of specific information and also allows causal inferences to be made. (Jackson and Furnham, 66)

The third feature in creating an outstanding survey system is a sound choice of population or sample. (Fink, 1) One of the tendencies when a corporation is not truly committed to improving customer care is to simply ignore the truth. This is often done by getting the opinions of those patients who they know are truly pleased with the services and avoiding those who might have complaints. While this may alleviate immediate frustrations, it exponentially multiplies future problems. In creating a client satisfaction form, the best case scenario is that all patients fill out the form. If this proves impossible, then the group should certainly be selected at random so as not to intentionally affect the results in a seemingly positive yet unethical manner.

The fourth key involves having reliable and valid instruments (Fink, 1). Reliability simply means having a survey that has consistent results. It must be remembered that results in a service organization can vary as service varies from provider to provider. The variation should
always relate to the service provided and not be due to a lack of clarity on the survey forms. Of course the goal is to have consistently superior marks. If results vary as a result of poor service, then those service providers must be coached in providing better service or they must be eliminated if they cannot be part of a team that strives to provide excellent service. Secondly, the surveys should be valid. The goal of creating the survey is to write questions that result in honest answers. If those analysing the results honestly believe that those forms are not producing accurate representations of the service, then the format and phrasing of the forms must be reconsidered and evaluated in an objective manner.

The fifth feature involves a survey system that has appropriate analysis of the results. (Fink, 1) What do the answers really mean? The highest mark given does not necessarily mean that the service is perfect nor does the lowest mark mean that there is not a single redeemable quality. It must also be determined what can truly be inferred from the surveys, if anything in some cases. In discussing what type of questionnaire to use, people must decide what type of information and correlations they want to be able to draw from the forms. It is often tempting to infer more than is actually appropriate and so the team
analyzing should always make the best effort to be unbiased in this stage of the process.

The final feature that is suggested for having a great survey system is to have accurate reporting of the survey results. (Fink, 1) It is certainly important to report accurately. However, this should not be the final step because the process is still lacking and customer service will not improve.

One of the most common problems with these surveys is that the process ends as soon as the results are reported and no further action to make improvements is taken. Things will never change and improve if they continue to be done in the same manner that they have previously been done. Change requires intentional actions. Reporting is the first step in that action because so often the results of the survey stay simply with those who read them and never reach the leaders of the organization. The "iceberg of ignorance" can certainly cause an organization to capsize, especially a medical organization with its vast number of diverse professionals. While the surveys themselves are a great idea, the organizational leaders truly are the key players in improving the service. They have to believe that change is possible, be willing to work to see change, be able to motivate the other professionals and staff, be accountable
for collecting the information, be wise enough to know what steps to take, and then be able to implement whatever changes must be made.

The Prognosis

Many wonder whether this process is futile and simply serves as a way to make upper management believe that customer service is good, putting on the façade that their company cares. In a caring profession such as healthcare, one can most certainly understand that there are direct benefits to a customer service program. Healthcare professionals have chosen a career in which their goal is to serve people, and so what can be better than serving their patients the best that they possibly can? Patients find satisfaction and delight when their actual service meets and exceeds their expectations. Excellent service results in delighted patients . . . delighted patients makes the environment more pleasant . . . a pleasant environment encourages even more pleasant staff . . . this cycle simply continues and the benefits of outstanding customer service continue to grow.

Even though improved service does benefit the patients, there are direct benefits to the professionals and the organizations themselves. Research shows that there is a
strong correlation between increases in delighted customers and increases in sales and profits. (Donovan and Samler, 27)
Not only do sales and profits increase, but customer loyalty increases, employees are more productive, business performance improves, and an organization moves from a position of survival to one of leadership. (Donovan and Samler, 27)

There are tremendous benefits to improving customer service, but the effort required to reap those benefits is also great. This process of establishing goals, writing surveys, motivating employees, and establishing a passionate organization requires great leaders who are dedicated to working, motivating, and encouraging the employees. These changes require leaders who are completely committed to this plan and truly believe in it. There are always people who are hesitant and resistant to change, so leaders need to push their employees and challenge them to be involved in this process of delighting customers. When the wheels in an organization run smoothly, it is hard to change. Many ask why change what already works; but those who do not join in this process miss out and do not grow to their unlimited potential. Unless organizations try, they will never know whether or not they might have succeeded. In the future, those who do not try, please, and improve, will most
Works Cited


The Sample Guide
As an example of the process and to illustrate considerations that should be made when writing a customer satisfaction survey, this section will discuss an older customer satisfaction survey and review the rationale and changes made for a new survey. This survey is taken from the University of Tennessee Hearing and Speech Center and also used at their Audiology Clinic and Child Hearing Services. Surveys most likely need to be evaluated and modified occasionally to take into account changes in services, professionals, and questions and statements that have been determined to lack clarity. Before discarding an old survey, it is important to evaluate it, salvage any parts if possible, and learn from the experience.

This first section details the evaluation of the past client questionnaire and concerns regarding specific areas of the form. The first concern with this form is the appearance of it because it all runs together and the length of it is unclear to the reader. It is also dull in appearance, so there is nothing that entices the client to fill it out other than obligation. The goal is for the client to feel that the organization is excited and truly
have the opportunity to make any additional comments and be encouraged to expand on any items in this section.

Two of the questions are too vague and ask the professional opinion of a client who is seeking professional help and is in no way a hearing and speech professional. One of these questions is in regards to whether or not the appointment was scheduled in a reasonable amount of time. The problem with this question is that these parents, clients, and others are very emotionally and personally involved. If a parent has just found out that something is wrong with their child, be it that he might have a hearing loss, a speech disorder, or a pathology of some type, they are going to want their child to be scheduled for a visit that very day. As understandable as this is, it is not realistic and so this question should be made more specific so that it is informative to the professionals. If there is a law requiring that a child be seen by the health professional within thirty days of a referral, then the questionnaire might ask if the child was seen within ten days, two weeks, or thirty days of the referral. This not only keeps the organization accountable for being within the requirements of the law but also gives specific information regarding how long it is taking to schedule appointments.
The other question that asks the client's opinion as though he or she is the professional is in regards to whether or not the length and frequency of the services was appropriate. While that may seem to be a considerate question, the opinion of the patient in this sense is immaterial. Professionals are considered "professionals" because they determine what type of treatment and delivery of that treatment is necessary. Patients come to seek the expertise of the healthcare provider.

There are also some key elements that could be added to improve the relevance of the feedback and make it more applicable. Some possible additions are the length of services provided, the type of service provided, and more space for additional comments.

The evaluation of the present survey is beneficial because it not only critiques specific items and recommends changes, but it allows the organization to brainstorm and come up with specific goals that they want addressed in the questionnaire. After discussing the evaluation of the past survey at the University of Tennessee Hearing and Speech Center, this section explains the process and gives a sample guide as to how a new questionnaire might be developed.

First, it is important to establish some general goals for the organization. Some examples of these goals might
more of the patients are likely to understand and complete the questionnaire.

Another important addition may be to have the patient note what type of services were provided so that if there is consistently excellent service or poor service, those commendations or concerns can be addressed in the appropriate departments or groups. With the Hearing and Speech Services, there are three areas in which a patient might be seen and so this survey has the patient specify in what area they were served and what type of service they received. This allows for information and feedback to go directly to the appropriate people.

In this questionnaire, the client fills out some specific information about the type of services received and the length of services. The clients then give their opinion on ten different statements as to what degree they agree or disagree with these statements. After addressing specific questions, the client gives a general rating on their entire experience at the clinic, based on a scale of one to five. Finally, the client is given the opportunity and is encouraged to make any additional comments they believe might be helpful to the staff.

This is only a sample of what can be done with a client questionnaire, and it is only the beginning stages in a
process of positive change. No service improves by doing what has always been done, but it improves only when people are willing to open themselves up to evaluation so that they can learn what and how to change. The medical field is filled with people who study and devote their lives to improving the lives of others. This process does not end when a person graduates or an organization achieves some set level of success. This is an ongoing, ever-evolving process, and those who truly want to better the lives of patients will gladly become a part of this effort. The process is challenging, but the possibilities are endless and the rewards are great!
Appendices
CUSTOMER SATISFACTION FORM

In order to improve our services, we would appreciate your completion of this form.

Was your therapy appointment scheduled in a reasonable amount of time? Yes____ No____ Comments_____________________

Were you seen on time for your scheduled appointment? Yes____ No____ Comments_____________________

If not, was an explanation given? Yes____ No____ Comments_____________________

Were the following individuals helpful and courteous?

Receptionist Yes____ No____ Comments_____________________

Bookkeeper Yes____ No____ Comments_____________________

Clinical Supervisor Yes____ No____ Comments_____________________

Student (s) Yes____ No____ Comments_____________________

Was the facility clean, pleasant, and quiet? Yes____ No____ Comments_____________________

Was parking a problem? Yes____ No____ Comments_____________________

Did you get a good explanation about the treatment procedures and treatment goals? Yes____ No____ Comments_____________________

Were they explained in a way that you could understand? Yes____ No____ Comments_____________________

Did you feel comfortable about asking questions? Yes____ No____ Comments_____________________

Did the staff appear to be well-prepared and organized? Yes____ No____ Comments_____________________

Was your family or other persons important to you given adequate information and consideration? Yes____ No____ Comments_____________________

Did we consider your special needs (age, culture, education, disability, etc.)? Yes____ No____ Does not apply____ Comments_____________________

In your opinion, was the length and frequency of your service appropriate? Yes____ No____ Comments_____________________

Did your program involve other services when needed (physician, teacher, etc.)? Yes____ No____ Does not apply? ________________

Did we provide sufficient instruction and education to help you retain your skills when the program ended? Yes____ No____ Does not apply____ Comments ________________________________

Do you feel you benefitted from these services? Yes____ No____ Comments ________________

Would you come back to us if you needed help again? Yes____ No____

Comments ________________________________________________________________

Would you recommend us to others? Yes____ No____

Overall services were
Excellent____ Good____ Fair____ Poor____ Comments ________________

Please check the services you received: Speech-Language______
Audiology________________________ Other________________________

If you have additional comments or suggestions, please list them below. Thank you for taking the time to complete this survey.

Date: __________________
An appointment was scheduled within _____ one week _____ two weeks _____ three weeks _____ four weeks of when I first called.

Please check the service that you received.

**Hearing and Speech Center:**
- _____ Voice
- _____ Articulation
- _____ Language
- _____ English as a Second Language
- _____ Stuttering
- _____ Augmentative Communication
- _____ Reading
- _____ Other (Please Specify) _______________

**Child Hearing Services:**
- _____ Cochlear Implant Assessment
- _____ Cochlear Implant Therapy (Group/Individual)
- _____ Aural Habilitation Therapy (Group/Individual)
- _____ Communication Evaluation
- _____ Central Auditory Processing Therapy
- _____ Central Auditory Processing Evaluation

**Audiology Clinic:**

Please check the length of time that you received services.
- _____ 1 semester
- _____ 2 semesters
- _____ 3 semesters
- _____ 4 or more semesters

Please use this scale to answer the following items:

1. The staff was well-prepared and organized. 1 2 3 4 5
2. The treatment procedures, goals, and strategies were explained in a way that was helpful and easy to understand. 1 2 3 4 5
3. Appropriate referrals to involve other professionals 1 2 3 4 5
were provided as needed.

4. Sufficient education and explanation about you or your child's diagnosis and prognosis was provided.

5. Practical instruction was provided to help you carryover treatment objectives into your daily activities.

6. The staff were very approachable and made you feel comfortable about asking questions.

7. The special needs (example- age, culture, disability, education, etc) of the client were considered important.

8. You were seen on time for your scheduled appointment.

9. It was easy to find the building and a parking place.

10. The services that you have received here have benefited you and improved your quality of life.

11. On a scale of 1 to 5 (1 = very poor, 2 = poor, 3 = satisfactory, 4 = good, 5 = excellent), the services provided here are a

We welcome any additional comments or suggestions you might have and encourage you to list them below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for taking the time to fill out this form.
We truly appreciate you! Have a wonderful day!
UNIVERSITY HONORS PROGRAM

SENIOR PROJECT - APPROVAL

Name: Katherine Elise Jones
College: Arts and Sciences
Department: Audiology and Speech Pathology

Faculty Mentor: Mrs. Polly Alfonso

PROJECT TITLE: Helping the Health Profession Help Others: Applying Business Principles to the Medical World

I have reviewed this completed senior honors thesis with this student and certify that it is a project commensurate with honors level undergraduate research in this field.

Signed: Polly Alfonso, MA, CCC-SLP, Faculty Mentor

Date: 4-30-02

Comments (Optional):
Kate has done a commendable job studying and applying her understanding of an effective service delivery survey form and its application. I personally learned from her review the literature and expect to use some of the principles she discovered in future survey endeavors.

Polly Alfonso