

# THE SATISFACTION OF THE PATIENTS – PANACEA OF THE MANAGEMENT ORIENTED TOWARDS THE MARKET OF THE SURGERY MEDICAL SERVICES

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*Nowadays, the new approach of the relations with the beneficiary of the surgery services promotes a new optical, the one in which the applicant of the health services is no longer considered "ill" or "patient" but "client" or "beneficiary". Therefore, the satisfaction of the patient, viewed as client, becomes generally a fundamental aspect of the strategy of marketing and especially of the medical marketing, which is viewed as an economic and social mechanism through which the beneficiaries of the sanitary services obtain what they need and what they want by the appearance of the service exchange. Therewith, this satisfaction of the client is transposed in a real management of demand reified in the formulation of the strategy of marketing for the problems that aim at obtaining new approaches for the excellence of the relationships with the beneficiaries of the surgery services*

*Key words: the marketing of services, sanitary marketing, the patient's satisfaction, perception, expectations, empathy*

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## **1. Literature review: sanitary marketing – as component of the service marketing**

**The constitution of the marketing in the health domain, as a distinct domain of the service marketing, is based on certain specificities determined by<sup>386</sup>:**

**1. The services characteristics**, formulated by *Ph Kotler* and adopted by all the specialists:

- a) **Intangibility** – it aims at the immaterial aspect of the services, meaning that these ones cannot be seen, tasted, felt or smelt before they are bought.
- b) **Inseparability** – it refers to the characteristic of the medical services which cannot be separated from the provider, being realized only by direct connection doctor-patient.
- c) **Variability** – it refers to the fact that a medical service can never be repeated identically, being determined by the patient's pathology, by the medical personnel who administrates the treatment and by the material and medical support which represented the basis of the treatment.
- d) **Perishableness** - it refers to the fact that the medical services cannot be stocked in order to be ulterior reused.

**2. Another aspect of the health marketing is given by the three components of the services **marketing object**, meaning:**

- a) **The extern marketing of the organization** contains an ensemble of strategies and tactics of marketing through which the consumer becomes aware of the organization offer. Thus, the basis characteristics of marketing meaning the concept **"4P" - Product, Price, Promotion, and Placement** are transformed in the medical marketing in the concept STAP- Service, Tariff, Access, and Promotion.
- b) The interactive marketing is interested in all the services created and delivered and the interaction provider-consumer. Within this relation, applied to medical services, the patient will appreciate the quality of a service not only technically (the success of a surgical intervention for example), but also functionally (amiability, availability, trust, confidence, the understanding of the patient's expectations etc.);
- c) **Internal marketing** – it refers to the approach in an optic of marketing of the personnel in order to realize the correspondence between the promised services and those effectively provided. (For example a surgical intervention imposes a tight communication between the surgeon, anesthetist, medical assistants, and nurses).

**3. Considering the sanitary marketing a component of the services marketing depends on a series of components being in interaction and which form the **creation and delivery system** respectively:**

**a) The elements subject of the procession** – the patient being the element of the health services;

**b) The processual components** afferent to services are: the client, the physical support of the supply, the contact personnel, and the service created and delivered. Adapted to the medical services, these components become: the patient, the medical instruments used and the medication, the doctor mainly as a contact person having a tight relation with the non-medical personnel; the service offered by the prevention, treatment or recuperation.

In principle, **the sanitary marketing as a component of the services marketing presents the following features:**

**a) It applies to people (patients), ideas and medical services;**

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386 By Violeta Radulescu, Marketingul serviciilor de sanatate, Uranus Publishing House, Bucharest, 2008.

- b) The changes are not financial;
- c) The finality of the activity is more complex, and it cannot be strictly measured in financial terms;
- d) The benefits are not correlated with the payments effectuated by the consumer;
- e) The hospitals usually address to some groups having a low financial power;
- f) The hospitals market has 2 components: the relation with the patient and with the system of financing which are in antagonistic relations;
- g) The purpose is the increase of the services' quality in order to serve better the patients, and finally the improvement of the population health estate;**
- h) The main objective is the offering of qualitative health services**, insuring progresses, especially concerning the treatments offered, of the medical equipments used and of the medical personnel trained and oriented towards the patient;
- i) The purpose** is to make the medical service more accessible to all patients;
- j) The purpose** is to make **the medical service adapted to the patients' expectations and known to these ones** taking into account **the asymmetric information of the patients** due to the social environments they come from.

## **2. The patients' satisfaction: the key point of the marketing strategy**

**The patient's satisfaction** represents the reflection of the health services' quality. Nowadays, a special importance is given in the sanitary system to the reaction idea of response of the client/user of medical services and to the idea of offering him what he wants.

In principle, for the patient's satisfaction, **the relationship doctor-patient presupposes concomitantly:**

**a) A medical dimension** – it refers strictly to the medical act itself; **the satisfaction of the clients** means cognitive evaluation and emotional reaction to the structure elements (human, material and financial resources and the hospital environment), to the process elements (technical aspects) as well as to the results of the supplied medical services. Further on, the researches in the domain demonstrate that the satisfaction is in relation with the perception of the technical aptitudes, the intelligence and the qualification of the medical personnel.

**b) A communication dimension** – This has to aim at the information of the patient both in what concerns the diagnosis, the treatment, the recuperation and the consequences upon the quality of its life which most of the times can be shocking. The patients must be asked what their expectations from the doctor are. An aspect of the medical care frequently studied is the extension and the accuracy of the communication doctor-patient. The satisfaction of the patient is strongly dependent on the clarity of the information offered and this could be an important sign of the quality of the communication doctor - patient.

**c) An affective dimension** - which must exist during the entire hospitalization and must aim at the care of the medical personnel not only for the medical actions, but also for the recognition of the new function of the person, that of "patient", which suddenly passes from the estate of healthy man to that of ill man. Taking into consideration the fact that in general a surgical intervention is conceived as being complicated, it is necessary the presence of this affective dimension so that it maintains the equilibrium of the patient (for example interdisciplinary teams surgeon - psychiatrist - psychologist).

First of all, we must identify the patients' needs so that the medical personnel have the opportunity to prevent them, using properly the medical techniques and procedures.

One of the most important directions and actual moments concerning the medical assistance is putting the patient in the centre of attention and care. This is why the opinions of the patients can be considered keys for the evaluation of good or insufficient activities in the context of the marketing strategy. The quality of the sanitary services equally refers to the increase of the clients/users' satisfaction, to the professional audit and to the improvement of efficiency or the reduction of the costs, being approached differently by each category of actors implied in the sanitary services: the government, the patients, the professionals, and the management of the sanitary organization.

Because nowadays in the sanitary system a special importance is given to the idea of response reaction coming from the client/user of medical services and the idea of offering this one what he wants, the methods and the techniques of studying the patient's satisfaction are used more and more in the sanitary organizations.

## **3. The patients satisfaction through the general evaluation of the service**

This model is based upon the fact that the patients, in their quality as clients, can evaluate the quality of services comparing their perception with the expectations they are waiting for

The proposed scale includes five dimensions: **Tangibles, Trust, The medical staff's attitude, and the Insurance, the Empathy**, measured on a **scale Likart with seven steps**, starting with total agreement and ending with total disagreement:

### **1. TANGIBLE ELEMENTS:**

- a) The surgery section has a modern and last generation equipment;
- b) The facilitations of the physical space (surgery room, dressing rooms, dinner salons) are enjoyed by the patients;
- c) The medical staff has a professional and a neat aspect.

**2. TRUST:**

- a) When the medical staff promises something, then he keeps his words;
- b) If the patients have a problem, the medical staff will show an honest interest in solving it;
- c) The medical staff will perform the services excellently from the beginning;
- d) The medical staff will perform the services in due time;
- e) The medical staff will follow the inexistence of errors.

**3. THE ATTITUDE OF THE MEDICAL STUFF :**

- a) The medical staff will explain the patients where the medical services will be performed;
- b) The medical staff will give prompt attention to all the patients;
- c) The medical staff is always ready to help the patients;
- d) The medical staff is never too busy to answer the patient’s questions.

**4. INSURANCE:**

- a) The behaviour of the medical staff will give confidence and trust to the patient;
- b) The patients feel safe and having no risks regarding the performance of the medical act;
- c) The medical staff is always polite;
- d) The medical staff has the necessary conditions in order to answer to all the patients’ questions.

**5. EMPATHY:**

- a) The medical staff assures the patients individual attention;
- b) The medical staff has a program which is convenient to all the patients;
- c) The medical staff understands the specific needs of the patients.

The proposed instrument operated as it follows:

**1. The intensity of the patients’ expectancy regarding certain components of the surgery sections’ services is determined.** This way, the 5 criteria mentioned above serve as reference.

In table 1, there are shown 5 declarations extracted from SERVQUAL, each of them referring to a different criterion.

**Table 1. The intensity of the expectative**

<i>Show to which point a surgery section should have the characteristics described in each declaration</i>
<i>Does the surgery section have modern and of late generation equipments? (TANGIBLE ELEMENTS’ DIMENSION)</i>
1 2 3 4 5 6 7
<i>When a medical stuff promises something does he keeps his word? (TRUST DIMENSION)</i>
1 2 3 4 5 6 7
<i>Is the medical stuff always ready to help the patients? (THE MEDICAL STUFF’S ATTITUDE DIMENSION)</i>
1 2 3 4 5 6 7
<i>Does the medical stuff comportment give confidence and trust to the patient? (INSURANCE DIMENSION)</i>
1 2 3 4 5 6 7
<i>Does the medical stuff understand the specific needs of the patients? (EMPATHY DIMENSION)</i>
1 2 3 4 5 6 7

2. There are **questions concerning the perception of different elements of the surgery section’s elements** which want to be evaluated by means of declarations parallel to that anterior, table 2.

**Table 2. The perception of the elements of the surgery section’s elements**

<i>Show in what manner the surgery section has the characteristics described in every declaration</i>
<i>Do the equipments of the surgery section have a modern aspect? (TANGIBLE ELEMENTS’ DIMENSION)</i>
1 2 3 4 5 6 7
<i>When a medical stuff promised something did he kept his word? (TRUST DIMENSION)</i>
1 2 3 4 5 6 7
<i>Was the medical stuff always ready to help the patients? (THE MEDICAL STUFF’S ATTITUDE DIMENSION)</i>
1 2 3 4 5 6 7
<i>Did the medical stuff comportment give you confidence and trust?</i>

<b>(INSURANCE DIMENSION)</b> 1 2 3 4 5 6 7
<b>Did the medical stuff understand your specific needs?</b> <b>(EMPATHY DIMENSION)</b> 1 2 3 4 5 6 7

3. The quality of services in the surgery section is evaluated. For this, the „*difference existent between the scores which are calculated by the patients to the different pairs of declarations*” are calculated. Quality is defined as a difference between *perceptions* and *expectative*. This evaluation of the quality will allow the definition of the improvements points of the service. Also, the method allows the reaching of a score for each criterion.

### QUALITY=PERCEPTION=EXPECTATIVES

For example, for one questioned patient, the calculation situation of the quality is presented as it follows:

**Table 3. The calculation of the quality**

<i>DIMENSION</i>	<i>PERCEPTION</i>	<i>EXPECTATIVES</i>	<i>QUALITY</i>
<i>TANGIBLE ELEMENTS’ DIMENSION</i>	7	5	2
<i>TRUST DIMENSION</i>	6	3	3
<i>THE MEDICAL STUFF’S ATTITUDE DIMENSION</i>	7	4	3
<i>INSURANCE DIMENSION</i>	6	5	1
<i>EMPATHY DIMENSION</i>	5	2	3

**Interpretation:** the improvement of the service will be realised mainly in what concerns the Insurance Dimension. At the same time in which an estimation of the satisfaction is effectuated, relying on the service factors, it is necessary to demand a global evaluation of the service. This can be made in the same questionnaire used for the evaluation of the service factors, using a similar number scale. Also, it can be effectuated an immediate evaluation of the service performance through a short and attractive form of investigation. Such a model adapted to the surgery section is presented in what follows.

In order to improve the services we are offering you, we need to know your opinion. In order to express it, please circle the number which indicates better the satisfaction upon each of the following aspects.

**Table 4 Questionnaire regarding the general evaluation of the service**

<i>EXCELLENT</i>	<i>VERY GOOD</i>	<i>GOOD</i>	<i>PRETTY GOOD</i>	<i>GOOD</i>	<i>BAD</i>	<i>VERY BAD</i>
1	2	3	4	5	6	7
<b>HOW WERE YOU WELCOMED AND TREATED BY THE MEDICAL STUFF?</b>						
1	2	3	4	5	6	7
<b>WERE YOU OFFERED A QUICK SERVICE?</b>						
1	2	3	4	5	6	7
<b>WHAT WAS YOUR IMPRESSION ABOUT THE ASPECT OF THE INSTALLATIONS, OF THE MEDICAL STUFF, OF THE EQUIPMENT IN THE SURGERY SECTION?</b>						
1	2	3	4	5	6	7
<b>FROM THE POINT OF VIEW OF THE BUREAUCRACY, IN YOUR OPINION, HOW WAS THE PROCEDURE OF HOSPITALISATION?</b>						
1	2	3	4	5	6	7
<b>BEFORE BEING HOSPITALISED, HOW WAS THE WAITING TIME?</b>						
1	2	3	4	5	6	7
<b>DID YOU HAVE THE POSSIBILITY TO TALK AND TO EXPRESS YOUR OPINION REGARDING THE TREATMENT PRESCRIBED BY THE DOCTOR?</b>						
1	2	3	4	5	6	7
<b>WERE YOU INFORMED ABOUT THE PERIOD OF TREATMENT AND THE WAY OF ADMINISTRATION OF THE MEDICATION BY SOMEONE OF THE MEDICAL STUFF?</b>						
1	2	3	4	5	6	7
<b>DID THE DOCTOR TALKED TO YOU ABOUT THE SECONDARY EFFECTS OF THE MEDICATION OR OF OTHER MEDICAL OPERATIONS?</b>						
1	2	3	4	5	6	7
<b>DID YOU FEEL THAT YOUR HEALTH NEEDS WERE ACCEPTABLY SATISFIED IN THE SURGERY SECTION?</b>						
1	2	3	4	5	6	7
<b>WERE YOUR DIGNITY AND YOUR INTIMICY RESPECTED BY THE MEDICAL</b>						

<i>ASSISTENTS?</i>						
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<b><i>WERE YOUR DIGNITY AND YOUR INTIMICY RESPECTED BY THE DOCTORS?</i></b>						
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<b><i>WHAT GENERAL EVALUATION DO YOU GIVE US?</i></b>						
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>

**IF YOU WISH, INDICATE ON THE OTHER SIDE OF THE PAPER YOUR COMPLAINTS, IDEAS AND SUGGESTIONS.**

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