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Customer service vs. Patient care

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Abstract

In a competitive market where financial resources are limited, many of the popular approaches to improving the patient experience involve large capital investments in such things as hotel style amenities and expensive technology. The author argues that marketing based on a model of the patient as a traditional 'customer' is ill conceived and contributes unnecessarily to the high cost of healthcare while lacking a true understanding of, or an appropriate response to, the most basic needs of hospitalized patients that lead to patient satisfaction.

Note

Kathy Torpie is a member of The Beryl Institute's Global Patient and Family Advisory Council

Patients as 'Customers'

There is no getting past the fact that healthcare is a business and that the economic cost of providing healthcare will always have to be considered in seeking solutions to the healthcare crisis. From a purely business perspective, focusing on the bottom line (and, in private care, on profit) makes perfect sense. That is the goal of any capital venture. But, healthcare is not like other businesses and patients are unlike other kinds of customers.

'Customers' are generally well people who enjoy elevated status by virtue of their potential to purchase goods or services. Patients, on the other hand, are (by current definition), not well. Their status is greatly reduced by illness or injury that renders them vulnerable, frightened, often in pain, medicated, exhausted and confused. In spite of these limiting factors, patients sometimes have to make important, often complex, decisions in a short time frame. The 'goods' they are purchasing are a return to health and the 'services' they seek often require an unspeakable level of trust in their 'service provider'. It makes little sense to relate to patients as traditional 'customers' in a business model that simply doesn't fit.

Business practice in a competitive market dictates that market research be undertaken to profile potential customers. Who are they? What's important to them? How can you relate that to the product or service you are selling? What is the best way to attract them as customers and to earn their loyalty?

"A 2012 industry survey asked top hospital leaders (CEOs, COOs, and others) what was necessary to improve the patient experience. The top six recommendations included: new facilities, private rooms, food on demand,

bedside-interactive computers, unrestricted visiting hours, and more quiet time so patients could rest. There was one problem with them: They were *not* based on a systematic examination of what most patients really wanted."¹ Yet, as Press Ganey reminds us, "Patients have very basic needs. They want to feel as if they are the most important people on the staff's mind. They want to be kept informed, talked to (not at) and to be active participants in their own treatment."²

With the introduction of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), comes the added challenge of value based reimbursement requiring greater attention to aspects of the patient experience that are *not* included as billable services. The resources you require in order to meet those basic patient needs are already all around you...in the people you manage, in those you serve, and in each other. Yet, in a 2014 Bloomberg study that ranked the most efficient countries for health care, the U.S. Ranked 44 out of 51 at a cost per capita of \$8,895 or 17.2% of GDP - second only to Norway in cost per capita.³ "In other words, the world's richest country spends more of its money on health care while getting less than almost every other nation in return."⁴ Efficiency is clearly a critical issue for healthcare in the U.S.

What's Most Important to Patients

Everyone is a potential patient. Though most of us hope never to have to require hospitalization, most of us know what it feels like to be temporarily debilitated by the flu, a migraine, a tummy bug, or any number of non life threatening, but none-the-less incapacitating illnesses or injuries. What was most important to you the last time you were sick at home? As your lungs burned, your head throbbed, your stomach cramped, and your muscles

ached...my guess is that you weren't interested in gourmet food, a concert pianist, or any other kind of resort style luxury. You wanted a comfortable clean bed in a quiet room where you could rest. You wanted to eat simple, nourishing food. And you wanted someone who you knew cared about you to 'check in' (but not hover), to convey their care with a smile or a gentle touch. To be sure that you were OK and had everything you needed.

Now imagine instead that your illness or injury is acute, possibly life threatening, and requires hospitalization. Add the fear and vulnerability that comes with finding yourself in an unfamiliar environment, possibly hooked up to IV lines and machines that beep loudly without warning. The strangers who gather around your bed discussing your 'case' in a language you don't understand have your physical well being – possibly your life – in their hands. The nurses, who monitor your vital signs, administer your medications, and who you may even rely on to bath and toilet you, come and go all day. They are busy, you can tell, focused on the task at hand, but not really on you.

What's most important to you now? Do you think you have the same needs and expectations as a hotel guest?

Marketing and Patient Expectations

Other than receiving safe, effective clinical treatment in a clean and comfortable environment, most inexperienced hospital patients have nothing to base their expectations on other than those that are sold to them through marketing. Producers of technology, pharmaceuticals, physical amenities, etc. spend millions of dollars creating a case to healthcare organizations that their goods and services are essential to attract patients as "customers", thereby ensuring profitability. Marketing experts sell those goods and services to healthcare organizations that, in turn, market them to potential patients as being essential to a quality patient experience. Marketing experts create expectations that hospital organizations invest in and that patients ultimately pay for. Their voice remains louder than that of the patient about what is most important.

Without the powerful influence of marketing, patient expectations would probably be far simpler, less expensive and straightforward than much of what healthcare organizations are attempting to provide. Patients generally want what any vulnerable person who finds themselves relying on strangers wants from those they are dependent on. They want safe, effective, timely clinical care from skilled clinicians who are able to make them feel personally cared for, included in decision making and comfortable. And, they want access to those who know and love them.

Hospitals that set up expectations for expensive resort style amenities are potentially creating a demand that is fueling the unsustainable cost of healthcare. While it's true

that good food, reduced noise, and a pleasant physical environment (to name a few) will improve the physical dimension of the patient experience, it is the emotional dimension of the patient experience that is the strongest driver of patient satisfaction.² One thing that every hospital can safely assume is essential to every patient - whether they know it before they find themselves in that situation or not - is to be personally cared for as an individual.

The clinician/patient relationship requires far more than 'customer service'. It is a *therapeutic relationship* in its very nature. Customer service can be scripted superficially. Detached, but polite. Anyone who has contacted a customer service center by phone will recognize the familiar scripted catch phrases. A therapeutic relationship focuses on care for an individual more than on service to a customer. It requires connection, respect and compassion. And compassion requires self-awareness. This is where 'patient care' comes in. How you manage this can be deeply therapeutic and healing or emotionally scarring.

The clinical, interpersonal and communication skills necessary to ensure that the patient is safe, comfortable, cared for and included in treatment planning are what generates not only patient satisfaction, but gratitude. And, gratitude is a powerful motivator. Grateful patients are likely to be loyal patients. Staff, who are rewarded by the gratitude of patients and the grateful acknowledgment of management for the care they bring to their work, are likely to continue giving their best. Grateful, loyal patients and a motivated, loyal workforce are, I imagine, something every healthcare organization aims for.

Summary & Suggestions

As a provider of hospital care, you are on the one hand a business serving 'customers' and, on the other, a medical organization caring for patients. The business of delivering quality healthcare requires clinical expertise *and* business expertise. It also requires expertise in interpersonal dynamics. All are essential in the attainment of excellent clinical outcomes, financial success, and patient satisfaction. And none can accomplish this alone.

In a complex healthcare system where increasing specialization is the norm, it is common to operate within the narrow parameters of one's own specialty area. Yet, each of those specialized areas relies on and influences the other within the very *human* business of healthcare. Medicine, business, and interpersonal dynamics each individually operate according to a different theoretical framework with a different primary focus. Applying a purely commercial business model to healthcare fails to recognize and respond appropriately to the clinical context, in which the relationship between the patient-as-'customer' and the hospital-as-'provider' takes place, and to the deeply personal nature of the patient experience.

Responding to complexity by breaking it down into separate silos of expertise, without fully recognizing that none of these 'silos' are in fact independent - that each is connected and influences other parts of the system as well as the performance of the system as a whole - is leading to 'solutions' that fail to fit the context in which they exist and can create systemic problems as a result.

In acknowledging these issues consider these actions:

- Focus on shared values and objectives.
- Put a greater emphasis on teamwork.
- Recognize that policies rely first and foremost on people to succeed.
- Coach for improved self awareness and for interpersonal and communication skills to facilitate productive collaboration.
- Recognize that each component part of the system relies on every other part to achieve mutual objectives so that silo thinking and behaviour based solely on your own area of responsibility is risky and potentially counterproductive.

And include one more:

- Employ experienced patients and family members as part of your team in *meaningful*, participation at every level of the organization.

The only true experts about what matters most to patients are patients themselves. Patients are not customers in a traditional sense. Nor can they be understood according to their clinical diagnosis alone. Patient surveys, based on business or clinical criteria about what is most important for patient satisfaction, cannot truly reflect the patient perspective without input from patients in creating the surveys. Creating a pre admission expectation in the public's mind by selling them what *you* believe constitutes a quality patient experience, and providing those things at great expense without first and foremost finding out directly from experienced patients and family members what really mattered to them, is marketing without the benefit of having a true understanding of your 'market'.

References

1. Merlino J, Raman A, Understanding The Drivers Of The Patient Experience. *Harvard Business Review*, September, 17, 2013.
<http://blogs.hbr.org/2013/09/understanding-the-drivers-of-the-patient-experience>. Accessed October 1, 2014.
2. Malott, D, Ayala, L, The Root of All Satisfaction, Patients Want Caregivers Who Provide Information and Compassion. *Press Ganey Australia, Satisfaction Snapshot*.
<http://www.pressganey.com.au/snapshots/Patients%20Want%20Information%20and%20Compassion.pdf>.

20Want%20Information%20and%20Compassion.pdf. Accessed October 1, 2014.

3. Most Efficient Healthcare 2014. Bloomberg Web Site <http://www.bloomberg.com/visual-data/best-and-worst/most-efficient-health-care-2014-countries>, Last updated August 25, 2104. Accessed October 1, 2014
4. The Most Efficient Health Care Systems In The World. The Huffington Post Web Site. http://www.huffingtonpost.com/2013/08/29/most-efficient-healthcare_n_3825477.html. Published August 29, 2013. Updated August 30, 2013. Accessed October 1, 2014.