12. Research limitations

In other words, it can be argued that health care services are particularly complex in their characteristics, are heterogeneous in their range of medical specialisations and associated services, and ambiguous in the sense that the average customer has no technical knowledge to understand his or her particular needs or the services available to satisfy them. Thus, accepting this complexity, heterogeneity and ambiguity, quality should not only be assessed from the customer’s point of view, but also from that of the providers. An approach based on both customers and providers offers a much more complete picture of health care quality than simply measuring customer satisfaction.

As physical goods contain some elements of service and services contain some physical components, marketers think of offerings as ranging along a good-services continuum. Healthcare is the most intangible service because the consumer cannot sample it before purchase and cannot perfectly evaluate it after consumption. The medical care provided varies from patient to patient, right from diagnosis to response to the treatment. There are many health professionals involved for treating a single ailment with a great variation of care. Further, the demand for a healthcare service cannot be predicted, but the facilities (e.g. emergency rooms) have to be staffed and kept ready for patients’ use. The consumer is not always the decision maker because it is the physician who often recommends specific hospitals and therapists to the patients who mostly follow the advice.

Dissatisfied patient/consumers are a costly burden to hospitals that must be controlled by shaping patient/consumer perceptions and expectations. One major factor in shaping these perceptions is “external communication” with potential patient/consumers. While current strategic assessments remain core focused, the results of this study reveal that a health care systems tactic would be a more effective alternative. Some patients stated that they would not choose one of our hospitals again because their expectations were not met. This group is an important population, and it is important to understand their expectations fully and to
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evaluate the inadequate aspects of service accordingly. Failure to attract these patients means they will not only go elsewhere for treatment but will also discourage others from choosing our hospitals. The patient’s viewpoint provides information that is not necessarily influenced by managers or healthcare professionals and thus enables a more accurate assessment of performance.

In this interaction the concept of the service encounter is the focal point of marketing activity, representing a dyadic interaction between the patient and the provider. Service quality can be understood as how best a hospital conforms to the requirements of its patients, and satisfies them in various aspects of the delivery of a service. Service encounter are therefore the point at which patients actually experience marketing orientation.

Research stated that service quality perceptions reflected a patient’s / attendant’s evaluative perceptions of a service encounter at a specific point in time whereas patient’s / attendant’s satisfaction is experiential in nature involving both a process and an end state, comprising both cognitive and emotional elements. Service quality may be considered to be the ‘feel good’ factor, which is perceived by patient / attendant during the process of service delivery. It is what the customer perceives while receiving services from the provider. Through high-quality service, a hospital can show its patient / attendant that it truly cares.

Of these measures, research has shown the inter-subjective and external to be the more difficult to understand. Above all, current consumer marketing research has shown that patient/attendant do not express their primary needs beyond the conventional core reason that they are there. Again, this is due to a lack of patient/consumer understanding of the technical nature of the service. Hospital achievement appraisals via patient/ consumer assessment during inpatient/consumer stays or emergencies do not measure perception sharing as this sharing process only commences after the patient/consumer is released. As a result, health care systems of this type can only gather this information in situation and as research has shown, from secondary and tertiary sources.

The patient/consumer cannot usually understand the medical details of his/her treatment and he/she perceives that the technical competence of the medical provider is high. Therefore, it is important to understand the importance of the entire health care delivery system, rather than simply the core medical service that the patient/consumer has been admitted for, when
correlating strategy with advances in technology. Thus, patient/consumer wants “clues” to convince them of the competence of the provider like staff sensitivity, explanation of the procedure, and effectiveness and efficiency. These shared perceptions subsequently become the basis by which other patient/consumer measure the reputation of a specific hospital as well as assess the institution’s respective “technical” accomplishments.

Hospitals are not responsible of failing to integrate patient/consumer assessments at first sight. For example, that at the time of admission a patient/consumer might express only his or her critical need to get rid of the pain. However, this same research has shown that, when discharged, this same patient/consumer will evaluate the service (perception sharing) according to various other hospital factors like food, safety, noise, response time of the nurse, and competence of physicians (Leonardi et al., 2007; Juran, 1988). As explained, in technical surroundings patient/consumers will not complain when dissatisfied and will tolerate the problems that might occur in the complex medical delivery system, if they receive a courteous treatment from the staff. Consequently, a re-evaluation of patient/consumer assessments is required when they are gathered, as well as what they represented as needed to more closely correlate to hospital strategies with patient/consumers needs.