

Customer Relationship Management in Selected Public and Private Tertiary Hospitals of Dhaka City

Mohsin M¹, Miah KA², Alam MJ³

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Abstract

Introduction: Customer relationship management (CRM) is a strategy that helps organizations to build long-term relationship with customer and increase profit through a proper management system.

Objective: To understand the present state of CRM in tertiary level public and private hospitals in Dhaka City, by identifying customers' profile, customers' expectation, and by assessing customers' satisfaction.

Material and Methods: This cross sectional descriptive study was conducted in two tertiary level hospitals of Dhaka city, from July 2018 to June 2019 among 220 samples from each hospital, by convenience sampling. Data were collected by interview using semi structured questionnaire and reviewing of check list.

Results: Among service receivers, high monthly income (>30000 Taka) prefer Uttara Adhuc Medical College Hospital (UAMCH) (23%) than Dhaka Medical College hospital (DMCH) (5%). Doctors explained health condition to patient or relatives in 64% cases in DMCH and 82% cases in UAMCH. Nurses attention for privacy and courtesy towards patient was 75% and 31% in DMCH which was 86.4% and 50% in UAMCH. About 59% and 20% service receivers from public and private hospital respectively were of the view that pharmacy staffs did not explained properly about safe methods of taking drugs. The overall patient satisfaction was found 63.7% and 69.4% in DMCH & UAMCH by using The Patient Satisfaction Questionnaire Short Form (PSQ-18 scale).

Conclusion: All these findings suggest that people are satisfied more with service quality of private hospitals than the public hospitals. Private hospitals trying to fulfill the requirements of the patients according to their service quality demand, in contrast, public hospitals are fighting hard to fulfill patients demand with limited resources.

Key words: Customer Relationship Management (CRM), Tertiary Hospital, Customers satisfaction.

Introduction

Customer relationship management (CRM) is a strategy that helps organizations to build long-term relationships with a customer and increase profit through a proper management system¹. As an important segment of hospital management CRM concept and its application created new dimension to improve patient health. Like many other countries of the world, in Bangladesh one of the most thought-provoking aspects in healthcare management is how to succeed the relationship between a healthcare provider and its customers in order to create a greater mutual understanding, trust, and patient contribution in decision making. Hospital Industry in Bangladesh currently has been progressed rapidly along with the development of technology and medical science and is reflected by majority of more sophisticated medical equipment possessed by these hospitals. Superior companies are those who satisfy and delight their customers². Within the relationship between service providers and consumers it is easier and more cost efficient to maintain the existing relationship compared to find new consumers. Customer relationship Management is a core strategy in managing interactions between commercial organizations and their customers. Because patients are the key customers of hospitals and other healthcare settings³. The adoption of a customer relationship management system thus is increased globally among hospitals. The percentage (%) of hospitals which use Web sites for sales and marketing and promotion purposes has increased 2.5 times from 1995 (17%) to 2000 (59%) in the US⁴.

Adopting CRM and proper execution would be the platform for building a good bondage with customers which in turn leads to service development and improvement. The study is of great significance to management/healthcare administrators to help them provide a better patient relationship management to please the patients' needs and wants for a sustainable 'customer' loyalty and satisfaction oriented effective health care.

1. Lt Col Md Mohsin, MBBS, MPH, MPhil, Commanding Officer, 51 Field Ambulance, Sylhet (E-mail: drmohsin69@gmail.com) 2. Professor Khorshed Ali Miah, MBBS, MPH, Phd, Professor & Head, Department of Community Medicine, Ibn Sina Medical College, Dhaka 3. Col Md Julfikkar Alam, MPH, MPhil, Commandant, CMH, Sylhet.

Materials and Methods

This cross sectional descriptive study was conducted at Dhaka Medical College hospital (DMCH) and Uttara Adhunic Medical College Hospital (UAMCH) in Dhaka city from 1st February to 30th April 2019. Protocol was developed and approved by local ethical committee of (National Institute of Preventive and Social Medicine) NIPSOM, Dhaka. The questionnaire was finalized after pretesting. The population for this study was composed of the patients/attendants, healthcare authorities and other healthcare management personnel, service providers who attend the OPD services in hospitals under study. Data were collected from 220 samples from each hospital by convenience sampling through interview using semi structured questionnaire and review of check list. The interview was conducted privately as far as possible and before preceding the data collection, the detail of the study was explained to each eligible respondent and informed written consents were obtained from them. The statistical analysis was conducted by using SPSS version 22 statistical software.

Results

The average age of patients was 37.6 years and 32.2 years in DMCH and UAMCH respectively ($p > 0.05$). Among the service receivers, high monthly income (>30000 Taka) prefer to go UAMCH (23%) compared with DMCH (5%) which was highly significant ($p < 0.001$). Regarding travelling distance from residence, it was found that in public hospital patients were coming from far away (mean 5.72 km and $SD = \pm 9.7$) than that of private hospital (mean 4.7km and $SD = \pm 6.1$). About 78% respondents of public hospital consulted with their doctors according to their demand which was 93% in case of private hospital. Doctors explained patient's health condition was 64% and 82% in DMCH and UAMCH respectively ($p > 0.05$). Doctors' explained reason for laboratory test were 46% and 58% in DMCH and UAMCH respectively. Doctors' effort towards service receivers to keep away being worried were 92% in DMCH and 86.4% in UAMCH. About 59% and 20% service receivers from public and private hospital respectively were of the view that pharmacy staffs did not explained properly about the safe methods of taking drugs ($p > 0.05$). Nurses paid attention for privacy of service receiver was 75% in DMCH and 86.4% in UAMCH and courteous to patient was 31% in DMCH and 50% in UAMCH. By using PSQ-18 scale the overall patient satisfaction was found in DMCH 63.7% and in UAMCH 69.4%.

Table-I: Customers' profile between DMCH and UAMCH

Variables	DMCH n=220	UAMCH n=220	*p-values
	Mean (SD)	Mean (SD)	
Age in year of respondent	37.6 (15.2)	32.2 (12.0)	<0.001
	%	%	
Education of respondent			
No formal education	25.0	18.2	<0.001
Up to class V	24.1	901	
Class VI- SSC	37.4	33.6	
HSC	11.4	3.6	
Graduate and above	2.3	35.5	
Occupation of respondent			
Agriculture	9.5	0.0	<0.001
House wife	29.1	20.9	
Business	29.0	13.6	
Service	23.3	38.2	
Unemployed	10.0	4.1	
Other	10.0	23.2	
Monthly income			
Up to 10000 taka	53.2	50.0	<0.001
10001-20000 taka	28.6	22.7	
20001-30000 taka	12.7	4.1	
30001-40000 taka	2.3	17.3	
40001-50000 taka	3.2	5.9	
	Mean (SD)	Mean (SD)	
Hospital distance from residence (km)	5.7 (9.7)	4.70 (6.1)	0.546

Table-II: Customers' expectation in DMCH and UAMCH

Expectation	DMCH(%)	UAMCH(%)	p-value
Doctor consults according demand	78.2	93.6	0.093
Doctor listened health problem carefully	68.0	95.9	0.965
Doctor explained health condition	64.6	82.7	<0.001
Doctor explained reason for lab test report	46.8	58.2	0.010
Doctor's effort to keep away being worried	92.0	86.4	0.189
Doctor's friendly attitude with the patient	95.4	95.2	0.854
Nurse paid attention for privacy	75.0	86.4	0.001
Nurse courteous to patient	30.9	50.0	0.002
Pharmacy staff explained how to use drugs	41.8	80.5	<0.001

*p-values: Independent t test for mean comparison and perform chi-square test for categorical variables by hospitals

Table-III: Domains of patient satisfaction in DMCH and UAMCH using PSQ-18 scale

Domains of patient satisfaction	Mean (\pm) SD	Satisfaction in (%) DMCH	Satisfaction in (%) UAMCH
General satisfaction	3.0 (\pm)1.3	60.8	67.5
Technical quality	3.6 (\pm)1.5	71.6	75.5
Interpersonal manner	3.1(\pm)1.4	62.2	74.9
Communication	3.0 (\pm)1.2	60.5	65.7
Financial aspect	2.9 (\pm)1.1	58.4	67
Time spent with doctor	2.9 (\pm)1.4	58.1	61
Accessibility and convenience	3.0 (\pm) 1.5	60.2	74.3
Overall satisfaction		63.7	69.4

Discussion

The study finding showed among the service receivers' the mean age was 37.6 in DMCH and 32.2 in UAMCH. In a similar study the mean age of patient attending the OPD was found 30.3 years and were younger group^{4,5}. From above findings it was found that relatively younger population from the service receivers were preferring private hospital rather than public hospital. Regarding education level of service receiver, it was found that graduate and above group of service receivers prefer private hospital more (35%) than that of public hospital (2%). Which is very close with a study conducted in Gujarat where they found majority of the patients were educated up to secondary level⁶. It also suggests that the preference towards private hospital has a relation with higher educated segment of population. The more people are educated, probably they earn more and have more preference for private health care services. In this study occupation has been studied under six groups, among them it was found that housewife and business person were equally on top (29%) amongst the service receivers from public hospital. In case of private hospital service holders were on top (39%) amongst all other occupations ($p < .001$). Regarding income of service receivers, 23% respondents whose monthly income were 30001-50000 taka received health care services from private hospital in comparison to 5% from public hospital of same income group ($p < .001$). Denoting higher income people prefer private hospital instead of public hospital. Regarding travelling distance from residence, it was found that in public hospital patients were coming from far away (mean 5.7km and SD = \pm 9.7) than that of private hospital (mean 4.7km and SD = \pm 6.1). About 78% respondents of public hospital consulted with their doctors according to their demand which was 93% in private hospital. A study stated that satisfied patients reported significantly higher consultation time- 12.4 minutes with a doctor compared to dissatisfied patients -8.5 minutes⁷. From this finding it was revealed that despite huge patient load doctors are spending reasonable time for consultation with their patients to satisfy them.

Regarding the opinion about the doctor listened their health problems carefully, the study found 68% respondents from public hospital were satisfied about this issue. On the other hand, it was 96% in case of private hospital. In a study where listening health problem carefully from patient was included in interpersonal manner and the satisfaction level was 72.8%⁸. From this finding it reveals that doctors from private hospital are providing better patience hearing while listening the complaints from service receivers. In public hospital doctors explained their health condition in 64% cases whereas it was 82% in private hospital which was very nearer of a study done by Chakraborty et al., (2016) as communication skill of doctor, the service receivers' satisfaction level was 73.4%. It was also found that 59% and 20% patients from public and private hospital respectively were of the

view that pharmacy staffs did not explained properly about the safe methods of taking drugs ($p < 001$). In a study done by Mukhtar F et al⁹ found that 48% patients were of the view that doctors didn't explain the side effects of medication. Explaining the reason for laboratory test to the service receivers, it was found that in public hospital 46% cases were explained which was 58% in case of private hospital. In a study in Nairobi, Kenya found that according to 5.7% respondent doctors were poor while in discharge information⁵. Huge patient load and bad communication culture of doctors could be the reason. Doctors' effort to keep away being worried was 92% in DMCH and 86.4% in UAMCH, friendly attitude with patient was 95.4% in DMCH and 95.2% in UAMCH and respect toward patient was 97.5% in DMCH and 97.2% in UAMCH. Patient's privacy maintained by nurses was 75% in public hospital and 86% in private hospital. In a similar study (12%) of the study population agreed to have privacy but 49% declared that they did not get privacy during health checkup¹⁰. The courtesy of nurses towards patient was only 31% and 69% in public and private hospital respectively. 95% of the customers indicated that nurse's professionalism was very good⁵. Regarding all domains of patient satisfaction, private hospital moderately ahead of public hospital. The overall satisfaction score in DMCH was 63.7% and UAMCH was (69.4%) which is a little higher in private sector when compared with the studies by Holikatti et al¹¹.

Conclusion

People are more satisfied with service quality of private hospitals than the public hospitals hence having better CRM level. Private hospitals fulfill the requirements of the patients according to their service quality demand; in contrast, public hospitals are fighting hard to fulfill patients demand because of lack of resources availability. Private hospitals take high amount of charges for quality service facilities, that can satisfy maximum people but not affordable for everyone. While in public hospital every person can easily avail medical facilities by a nominal expense. In summary, the situation of public hospitals needs further improvement in terms of resource development and in behavioral aspect than the private hospitals.

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