



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION



SPECIAL INTEREST DIVISION 11

Administration and Supervision

The following article appeared in the June 1996 issue (Vol. 6, No. 2, pp. 12-15) of the Division 11 peer-reviewed publication Perspectives on Administration and Supervision. To learn more about Division 11, contact the ASHA Action Center at 1-800-498-2071 or visit the division's Web page on the ASHA Web site (www.asha.org/about/Membership-Certification/divs/div_11.htm).

Customer Satisfaction in Health Care

Marni Reisberg

Advanced Rehab. Systems, Inc.

Everyone is a customer. Each person involved in a work process is at one time a customer of someone and a supplier to someone else. For example, when conducting videofluoroscopy to complete a swallowing study, you are a customer of the equipment manufacturer and the radiologic technologist, and a supplier to the patient/family and the patient's physician. Customer satisfaction, then, is achieved by managing these sequential relationships while providing high quality care.

Efforts to deliver customer-oriented service are transparent. Customers know the characteristics; they grab their attention. Our own professional behavior should make it clear that we are working in the best interest of customers. Our intent is to battle for consumers, not against them. The purposes of this article are to outline customers' basic needs, identify roadblocks to customer service, define "customer," pose a series of questions designed to determine whether we are meeting customer requirements, suggest three steps to customer-oriented service, and chart a hierarchy of customer values that can be factored into our routine practices.

Basic Needs of Customers

Research in the field of clinical psychology has identified 10 basic needs that motivate customers and influence their actions:

1. Customers need to feel in control.
2. Customers need to feel that their actions are directed towards their goals.
3. Customers like to feel good about themselves and want to interact with those who can help them accomplish this.

4. Customers want to be treated fairly and appropriately.
5. Customers want their suppliers to be friendly and warm, which engenders trust and confidence.
6. Customers want to know what is happening and why.
7. Customers want to feel safe and secure.
8. Customers like the approval of others.
9. Customers want to feel important, recognized, and appreciated.
10. Customers need a sense of belonging; they like to identify with organizations.

These basic needs help us to understand the psychodynamics of behavior. Thus, their acknowledgment forms the foundation of customer service.

Roadblocks to Customer Service

Roadblocks to customer service can dismantle even our best efforts to meet basic needs. Thus, they should be anticipated to prevent them from occurring or to manage them despite their occurrence. Roadblocks include poor quality products, which often result in customer complaints, and flawed systems and procedures, which often lead to poor quality services. When systems are inefficient and policies are rigid, we need to determine their interference with customer service, and work to modify them accordingly. Inadequate equipment and supplies may restrict the provision of quality care. Other roadblocks include feelings of being overworked as a result of understaffing. This situation poses a particular challenge to employee morale, which can directly affect how customers are treated. It can lead to a work culture

that reflects low standards or mediocrity, thus making it difficult to deliver consistently high-quality services.

“Customer” Defined

Health care is changing rapidly. Customers are educated and are demanding that we meet their needs. In the ideal service environment, we do not want to just meet the customers’ needs, we want to “delight” the customer. It is important, then, to identify all of our customers.

The customer is defined as anyone who receives the results of our work and makes a value judgment about services provided. Customers take two forms: external and internal. External customers are those end users of our services and are outside the organization. Internal customers are those individuals or departments within the organization to whom we provide a service. Internal customers may or may not be end users of our service, but are nonetheless a part of our work process. The reason for the distinction, according to Marszalek-Gaucher and Coffey (1990), is the degree to which we can influence or negotiate customers’ requirements. With external customers, we may not have the ability to negotiate requirements. With internal customers, we usually are able to negotiate requirements if we consider them unrealistic.

Internal customers include coworkers and supervisors within our facility, and other members of the rehabilitation team (e.g., physicians, nurses, social workers, dietitians, physical therapists, occupational therapists, administrators). External customers include patients and their families, third party payers (including managed care organizations), state and federal regulatory agencies, professional organizations, and referring facilities (including hospital discharge planners and case managers). Once we understand who our customers are, both internal and external, it is only then that we are positioned to serve them.

Are We Meeting Customer Requirements?

The following series of questions is helpful to ensure that we are meeting our customers’ requirements:

- Who are our customers?
- What do they need?
- How do we know?
- How are they doing?
- How do we know?

If we can answer these questions, we are communicating with our customers. We also should be able to answer these questions:

- What do we do?

- Who do we do it for?
- What do the recipients of our services want and why?
- How can we improve their satisfaction?
- What is the strategy and process for creating a customer-focused environment?

Once these are answered, we have established a customer-oriented approach to service that is both meaningful and enduring.

Three Steps to Customer-Oriented Service

If we truly are customer-oriented, we need to regard each customer contact as an opportunity to provide a better-than-expected experience. It involves three steps and related techniques:

Step One: Get off to a good start.

- Greet your customers promptly.
- Talk to them with your eyes.
- Break the ice.
- Get customers involved.
- Enjoy people and their diversity.
- Watch your personal appearance.
- Check the appearance of your work area.
- Use good telephone technique.
- Call people by name.
- Say “please” and “thank you.”
- Smile.

Step Two: Build on a good start.

- Listen with more than your ears.
- Anticipate customer needs.
- Reach out.
- Compliment freely and sincerely.

Step Three: Build on the relationship.

- Encourage feedback, both positive and negative.
- Explain how things work.
- Reassure the customer’s decision to do business with you.
- Under-promise; over-deliver.
- Make customers feel special.
- Exceed customers’ expectations.

A Hierarchy of Customer Values

When providing a service, developing a program, or training staff, we should look at the cycle of service (the complete range of events a customer experiences when seeking or receiving services) and factor in a hierarchy of customer values. Thus, we can transform these values (often expressed in customers’ own ac-

tions and words if we watch and listen) to key aspects of our service. Any set of customer values can be organized into four hierarchical levels:

1. **Basic:** The essential attributes of the experience, either tangible or intangible. Without basic attributes, there is no point in doing business.
2. **Expected:** The associated attributes of the experience that the customer has come to take for granted as part of general business practice.
3. **Desired:** Attributes that the customer does not necessarily expect, but appreciates if the experience includes them.
4. **Unexpected:** Surprise attributes that add value beyond the customer's typical desires or expectations.

This hierarchy can transform services to ones designed to meet each of the four levels. An example of this concept is offered:

Work process: Registering for an outpatient speech-language evaluation.

Basic: There is a designated registration area in the facility.

Expected: The designated registration area is close to the speech-language pathology department.

Desired: Waiting time and completion of registration take no more than 10 minutes.

Unexpected: When someone calls to make an appointment, preregistration is completed immediately over the telephone. The person then comes directly to the department at the time of the appointment instead of having to wait at the registration area.

If we are committed to customer service, we will do whatever is necessary to improve our services and meet our customers' needs. Handling complaints tactfully is an important part of the service cycle. We must be good listeners and remain open-minded to hear everything the customer is saying. We cannot become defensive. Sometimes, customers just need to vent. Often, their complaints have little to do with us; they are just angry at the system. Customers become especially disheartened when service providers adopt an unconcerned, "it's not my problem" attitude. Conversely, they feel good when we can relate to their problem. We can respond by empathizing and emphasize that we will work with the customer to try and solve the problem, discuss alternatives, or refer the customer to someone who can solve the problem.

The two most important components of resolving conflicts are: (1) identifying a course of action

and (2) acting on it promptly. We should never make a promise that we cannot keep. And, we must always follow up with the customer to determine whether everything has been resolved to his or her satisfaction.

Conclusion

In his book, *Keep the Customer*, Desatnick (1987) states that service is the new standard by which customers are measuring an organization's performance. Davidow and Uttal (1990) believe that satisfaction, or the lack thereof, is the difference between how customers expect to be treated and how they perceive being treated. Finally, according to Sanders (1995), believe that you are in business to serve customers, act on that belief, and customers will respond. The key to Sanders' advice is that it guarantees customized service. If we treat our customers with the respect and caring they deserve and respond accordingly, we will always provide service that optimizes our efforts and exceeds their expectations.

Some basic principles and techniques for customer service in health care have been described. While they may seem either obvious or superfluous to some, their absence can, in essence, put us out of business in today's competitive, cost-conscious, and customer-oriented environment.

References

- Albrecht, K., & Bradford, L. J. (1990). *The service advantage: How to identify and fulfill customer needs*. Homewood, IL: Dow Jones-Irwin.
- Davidow, W. H., & Uttal, B. (1990). *Total customer service: The ultimate weapon*. New York: Harper Collins Publishers.
- Desatnick, R. L. (1987). *Keep the customer: Making customer service your competitive edge*. Boston: Houghton Mifflin Company.
- Leebov, W. (1988). *Service excellence: The customer relations strategy for health care*. American Hospital Publishing.
- Marszalek-Gaucher, E., & Coffey, R. (1990). *Transforming healthcare organizations: Achieving and sustaining organizational excellence*. San Francisco: Jossey-Bass.
- Sanders, B. (1995). *Fabled service: Ordinary acts, extraordinary outcomes*. San Diego: Pfeiffer and Company.