



VALUE ADDED SERVICES: AN ASSESSMENT OF SATISFACTION & PREFERENCES IN A HOSPITAL

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Introduction

The ability to innovate is considered as a major competitive advantage in organisations, enhancing their effectiveness, efficiency, and thus their potential for long term sustainability. However, the rapid expansion of the service sector in modern economies and the increasing "servicisation" of many, manufacturing industries have shifted the focus of attention to new forms of behaviour and activities, expressed as service innovations. (Barnett et.al 2011))

In healthcare, innovation continues to be a driving force in the quest to balance cost containment and health care quality. Innovation is considered to be a critical component of business productivity and competitive survival The last century has produced a proliferation of innovations in the health care industry aimed at enhancing life expectancy, quality of life, diagnostic and treatment options, as well as the efficiency and cost effectiveness of the healthcare system. These include, but are not limited to, innovations in the process of care delivery, medications, and surgical interventions (Omachonu,2010).

Most of the other industries have become very sophisticated in anticipating consumer's needs, expectations, and preferences in order to come up with new value propositions to win the race for consumer votes. This head-to-head race has led to repeated disruptions that have yielded much better products and services at lower prices. Health care lags far behind those industries, so the opportunities for innovation are immense, just by turning back to patients and understanding their needs, expectations, and preferences in a much deeper way than the oversimplifying traditional approach to patient satisfaction. (Castano, 2014))

As hospitals today are now adopting a customer driven approach, and choosing innovative approaches to process delivery, hospitals are focusing on value-added services to bind customers to them. This paper is an attempt to assess the satisfaction with the existing value added services & assess the preference of services that are needed by customers and have to introduced in order to give them the value addition.

Review of Literature

Länsisalmi et al. suggested that healthcare innovations typically comprise "new services, new ways of working and/or new technologies". These novelties are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users' experience and are implemented by planned and coordinated actions. Healthcare innovations constitute particularly complex outputs, since they frequently combine both product and process novelties, or embodied and disembodied components with diversified levels of materiality or tangibility.

A study of service innovation by Djellal and Gallouj,2007 reviewed related literature on hospital innovation and divided into it into four groups: those which take an economic perspective and study production factors; those which study technology capability and medical biology,; those which look at IT innovation for management, treatment, and tool and equipment usage; and those examining the innovation of service providers and the healthcare system (Changkaew 2012)

Varkey, et al., 2008 in their paper mention that innovations in health care are related to *product, process, or structure* The product is what the customer pays for and typically consists of goods or services. Process innovation entails innovations in the production or delivery method. The customer does not usually pay directly for process, but process is required in order to deliver a product or service. A process innovation, therefore, would be a novel change to the act of producing or delivering the product that allows for a significant increase in the value delivered to one or more stakeholders. Structural innovation usually affects the internal and external infrastructure, and creates new business models.

The process of innovation is both complex and multi-dimensional regardless of the industry in which it is being applied. There are five key stakeholders in the innovation process, and each has its unique and deliberate needs, wants and expectations as follows: Physicians and Other Care Givers; Patients (Improved patients' experience, improved physiological well-being, reduced waiting time, reduced delay); Organizations ; Innovator Companies; Regulatory Agencies. At the very core of healthcare innovation are the needs of patients and the healthcare practitioners and providers who deliver care. But some rare companies move beyond stage two, they innovate and devise services that would never even occur to a customer to ask for. They create the possible service. This kind of service cannot be created by asking the question what do my customers want? but rather what would they love? (Omachonu, 2010)



In health care, value is not so obvious to patients. Although every patient wants to have better quality of life and better functional capacity, it is less obvious how the patient would assess the short-term clinical outcomes that yield those benefits. As a consequence, doctors and health care providers have been the traditional designers of solutions to patients, and patients themselves are isolated from such design, except for those quality attributes that are observable for them, such as amenities and staff interpersonal skills. This role of doctors and providers as designers of solutions gives them a supply-sided mindset. In other industries that are driven by consumers' search for value for money, the design of value propositions starts from consumers' needs, expectations, and preferences, i.e., producers have a consumer-driven mindset(Castano,2014).

But hospitals today are now adopting a customer driven approach and seeking ways of offering value propositions after understanding their preferences. Amongst various things in offering an innovative approach to process delivery, hospitals are focusing on value-added services, this helps to differentiate a hospital from its competitors and bind the clients to the hospital that provides value-addition. It has become essential that a hospital offers more resources and activities than a core product (healthcare) in order to satisfy the long-term value needs of its customers.

According to Patni, 2007 value-added services (VAS) are additional services that add value to those already available viz. the core services. They are unlike core services and have unique characteristics and they relate to other services in a completely different way. They also provide benefits that core services cannot. In today's competitive business environment, VAS can provide new ways to create significant and sustainable competitive advantages. They provide an enriching experience to patients and help retain existing clientele. Besides providing additional revenue, VAS increases the overall value proposition for the hospital visitor to make it more attractive to him as a customer. VAS contribute to the growth of the hospital as they transform the dreaded hospital encounter into a memorable and pleasant experience.

Pathni, Gupta, Kant (2008) define value-added services (VAS) in healthcare as those services offered in a hospital which add value to the hospital experience or offer additional benefits which culminate in a wholesome and satisfying experience for the patients and their attendants and other visitors. There are two types of VAS with reference to their relationship to other services: Those services which stand alone from an operational perspective and those services that do not stand-alone; instead this category adds value to existing services. VAS has been studied in various industries. However, VAS in healthcare settings is an area that is largely unexplored.

Methodology

The research approach adopted in the study was a descriptive cross sectional one. The study was conducted in a tertiary care, multi specialty teaching hospital. Sample consisted of 100 patients, 50 from general wards and 50 from private wards during the data collection period. The sample was selected adopting a purposive sampling technique based on the availability of patients and included those patients who have availed the services of the Hospital for more than 2 days and who were willing to participate. Data was collected using a structured questionnaire. The 1st part of the questionnaire consisted of demographic information of the respondents, 2nd part consisted of items to measure satisfaction of the respondents on the existing value added services provided . Level of satisfaction was measured on 3 point rating scale. Overall satisfaction was derived by averaging responses of all the items. Mean, standard deviation & mean (%) was calculated. Mean (%) was used to assess the level of satisfaction and was done on basis of classification as follows Above 90% - Fully satisfied(FS) 60% -89% - Satisfied(S) 40% -59% - Moderately Satisfied(MS) Below 40% - Not Satisfied(NS). The 3rd part comprises of assessing the need of patients regarding value added services that are not available and required by them.

Results

The results of the study include the findings of a survey to assess the level of satisfaction of patients regarding the value added services provided by selected hospital, preferences towards value added services that can be introduced and their demographic details

1. Demographic Details

Table 1: Distribution of Patients According to Demographic Variables

Demographic variables		Ward		Total (n=100)
		Private ward (n=50)	General ward (n=50)	
Gender	Male	28	27	55
	Female	22	23	45
Age	< 20 yrs	6	8	14
	20-40 yrs	15	13	28
	40-60 yrs	14	17	31
	>60 yrs	15	12	27



Marital Status	Married	30	28	58
	Unmarried	8	10	18
	Divorced	2	-	2
	Widow/widower	10	12	22
Education	Primary	5	9	14
	Secondary	13	16	29
	PUC	14	14	28
	Graduation/Diploma	18	11	29
Occupation	Agriculture	12	20	32
	Business	8	7	15
	Employed	26	13	39
	Others	4	10	14

From the Table 1, it is seen that 55% of patients were male & remaining (45%) were female. 58% were married. Age wise, 31% were in age group of 40-60yrs, and only 14% were below 20yrs. Education wise there was equal distribution among the categories except 14% had primary education. 39% were employed, 32% were in agriculture group.

2. Assessment of Satisfaction Regarding the Value Added Services

This section deals with the assessment of satisfaction with regards to value added services provided in the selected hospital.

- a. Private wards
- b. General wards

Table 2a: Assessment of Satisfaction of Private Ward Patients

		Mean \pm S.D	Mean (%)	Remark
Reception	patient assistance service	2.62 \pm 0.56	87.3	S
	friendly behavior & Greeting	2.24 \pm 0.71	74.6	S
	proper signage	2.88 \pm 0.43	96.0	FS
Waiting room facilities	rest room facilities	1.66 \pm 0.79	53.3	MS
	drinking water facilities	2.84 \pm 0.37	94.6	FS
	waiting areas for patients and attenders	2.88 \pm 0.32	96.0	FS
Accommodation	media facilities in room, like t.v, newspaper	2.90 \pm 0.44		
	family friendly room like, kitchen facilities, refrigerator etc.	2.66 \pm 0.65	88	S
	reduced noise in the room	2.74 \pm 0.52	91	FS
	natural light	2.80 \pm 0.40	93.3	FS
Spiritual amenity	spiritual counseling to patients/ attendants	2.62 \pm 0.60	87.3	S
	special prayer service for surgery patients	2.80 \pm 0.40	93.3	FS
Baby friendly hospital	separate room for breast feeding for mothers whose babies are in NICU/PICU	2.88 \pm 0.32	96.0	FS
	paintings on wall in pediatric wards	2.68 \pm 0.55	89	S
	play area for kids in pediatric ward			
Food services	Food supplied by hospital	2.50 \pm 0.70	83	S
Commercial services	ATM/ banking facilities provided by the hospital	2.90 \pm 0.36	96	FS
Pharmacy	24 hours pharmacy service	2.96 \pm 0.19	98	FS
	friendly pharmacist service in the hospital – help patient in medication needs	2.24 \pm 0.71	74.6	S
Financial assistance	charity services done by the hospital for poor patients in terms of free drugs and bill discount	2.88 \pm 0.43	96.0	FS
	TPA services in the hospital	2.72 \pm 0.60	90.6	FS
	health card facility	2.80 \pm 0.40	93.3	FS
	family health packages of the hospital	2.88 \pm 0.32	96.0	FS
	member discount policy of the hospital	2.64 \pm 0.48	88.0	S
	cashless facility	2.84 \pm 0.37	94.6	FS



Parking	parking amenity in the hospital	2.96 ± 0.19	98	FS
General value added services	Good housekeeping of the rest rooms in the hospital	2.48 ± 0.76	82	S
	Health education programs of the hospital	2.38 ± 0.72	79	S
	Access to public transport from hospital	2.90 ± 0.36	96	FS
	suggestion box facility in the reception area	2.50 ± 0.70	83	S
	geriatric services provided by the hospital	2.24 ± 0.71	74.6	S
	visitors friendly facilities in the hospital	2.50 ± 0.70	83	S

Table- 2a shows that private ward patients were fully satisfied with proper signage(96)% in reception; drinking water facilities(94.6%) & waiting areas for patients and attenders (96%) in the waiting lounge; natural light (93.3)& reduced noise (91%) in their rooms; spiritual amenities like prayer for surgery patients (93.3%); separate room for mothers breast feeding babies in NICU/PICU (96%), commercial services like banks and ATM facility(96%); 24hr pharmacy service(98%); financial assistance rendered such as charity services(96%), TPA services (90.6%), health card facility(93.3%), family health packages(96%), cashless facility(94.6%); parking amenity (98%) and access to public transport(96%). It is seen that they were moderately satisfied with rest room facilities(53.3%)

Table 2b: Assessment of Satisfaction of General Ward Patients

		Mean ±S.D	Mean (%)	Remark
Reception	patient assistance service	2.76± 0.43	92	FS
	friendly behavior & Greeting	2.46 ±0.64	82	S
	proper signage	2.88± 0.38	96	FS
Waiting room facilities	rest room facilities	1.78± 0.79	59.3	MS
	drinking water facilities	2.78± 0.58	92.6	FS
	waiting areas for patients and attenders	2.46 ±0.67	82	S
Accommodation	media facilities in room, like T.v, newspaper	2.66 ± 0.65	88	S
	family friendly room like, kitchen facilities, refrigerator etc.		NA	
	reduced noise in the room	2.20 ±0.78	73.3	S
	natural light	2.36± 0.52	78.6	S
	Spiritual amenity	spiritual counseling to patients/ attendants	2.50 ± 0.64	83
	special prayer service for surgery patients	2.74± 0.52	91	FS
Baby friendly hospital	separate room for breast feeding for mothers whose babies are in NICU/PICU	2.28± 0.75	76	S
	paintings on wall in pediatric wards	2.76± 0.43	92	FS
	play area for kids in pediatric ward	2.48± 0.76	82	S
Food services	Food supplied by hospital	2.32± 0.84	76	S
Commercial services	ATM/ banking facilities provided by the hospital	2.46± 0.64	82	S
Pharmacy	24 hours pharmacy service	2.46± 0.64	82	S
	friendly pharmacist service in the hospital – help patient in medication needs	2.78± 0.58	92.6	FS
Financial assistance	charity services done by the hospital for poor patients in terms of free drugs and bill discount	2.46± 0.67	82	S
	TPA services in the hospital	2.20± 0.78	73.3	S
	health card facility	2.76± 0.47	92	FS
	family health packages of the hospital	2.60± 0.57	86.6	S
	member discount policy of the hospital	2.30± 0.78	76.6	S
	cashless facility	2.88± 0.38	96	FS
Parking	parking amenity in the hospital	2.76± 0.47	92	FS
General value added services	Good housekeeping of the rest rooms in the hospital	2.82± 0.43	94	FS
	Health education programs of the hospital	2.82± 0.43	94	FS
	Access to public transport from hospital	2.80± 0.45	93.3	FS



	suggestion box facility in the reception area	2.48± 0.61	82.6	S
	geriatric services provided by the hospital	2.46± 0.64	82	S
	visitors friendly facilities in the hospital	2.60± 0.57	86.6	S

Table- 2b shows that general ward patients were fully satisfied with patient assistance service (92%) & proper signage(96)% in reception; drinking water facilities(92.6%) in the waiting lounge; spiritual amenities like prayer for surgery patients (91%); baby friendly concept such as paintings on wall in pediatric wards (92%); friendly pharmacist service in the hospital – help patient in medication needs (92.6%); financial assistance rendered such health card facility(92%) & cashless facility(96%); parking amenity (92%) , health education programs (94%)and access to public transport(96%). It was seen that they were moderately satisfied with rest room facilities (59.3%).

Table 2c: Overall Satisfaction of Patients

Private ward patients	2.58± 0.51	Mannwhitney test p> 0.05	N.S
Public ward patients	2.47± 0.59		

The table shows that there is no significant difference in satisfaction of private & public ward patients regarding value added services provided in the hospital. Private ward patients were equally satisfied with the services provided as the public ward patients.

3. Preference of Value Added Services to be introduced in the Hospital

Table 3: Assessment of Preference of Value Added Services to be introduced

	Name of Services	Preference (%)
Reception	“May I help you” signboard in reception	100
	Provision of escorts for senior citizens and handicapped visitors	100
	Presence of ornamental plants and soothing music	50
	Layout map in reception area	60
	Touch screen kiosk in reception area	100
Waiting room facilities	Mobile charging units in waiting area	100
	Educational materials/reading materials in waiting area	90
	Television, newspaper in waiting area	90
	TV screen in the lobby which shows availability of various doctors in waiting area	90
Private rooms	High speed internet facility in the room	100 (n=50)
	Educational material availability in the room	100 (n=50)
	Interior amenities like, ornament plants, aquarium, music, art in room and passage/ veranda	0
	Pleasant surroundings in rooms and wards	100 (n=50)
	In-room media services – health education videos	50 (n=50)
Baby friendly hospital	Baby’s first photograph on website (virtual nursery)	90
	Birthday celebration by hospital staff for new born baby	100
	Do you prefer birth place – a family room, dining facilities, t.v, internet, full size of sofa bed	70
	Husband allowed to be by the side during delivery	60
	Child friendly trained staff in pediatric wards	100
	Children access to dvd’s in pediatric wards	50
	Colourful furniture in the ward	100
	Food services	Multi cuisine restaurant amenity in hospital
Hotel style meal services in the hospital	100	
	Meals on wheels – meals from outside (as required by patient)	100
Friendly ICU	Counseling for patient relatives at least twice in a day by	100



	chief intensivist	
	Special counseling room with trained staff adjacent to ICU	100
	separate resting lounge with bed and wifi amenities for ICU patient relatives	100
	Specific person to call when patient party unable to visit patient	10
IT services	Getting your reports by e – mail	60
	Paperless communication facility in hospital	60
	Round the clock internet and library amenity in hospital	100
Commercial services	Gift shop, book shop in the hospital	50
Pharmacy	Helpline service for patients to ask about medication assistance in hospital	100
	Free health insurance, on purchase of drugs above Rs 6000 per year	60
	Hospital pharmacy outlets in Mangalore city	70
Parking	Valet parking in hospital	100
	Multi level parking	100
General services	Ticket booking and travel arrangement facilities in hospital	100
	Accommodation for patient's attendants in hospital	100
	Helpline number for patient information and medical help	100
	Free patient pick up and drop of patient at airport and railway station	100
	Guest(patient attendant)laundry facility in hospital	100
	Locker facility for patient and visitors in hospital	100
	Internal news letter in the hospital	100
	Telemedicine service in hospital	100
	Medical tourism in hospital	70
	Free reminder services about revisits and reports from the hospital staff	100
	Free collection of pathology samples and delivery of medicines for patients who require long term medications	100

Table No 3 shows that majority of the patients had a strong preference(> 90%) for the following value added services : all reception services except ornamental plants & layout map; all services in waiting room; High speed internet facility in the room, Educational material availability in the room, Pleasant surroundings in rooms and wards, Baby Friendly hospital services like baby's first photograph on website, birthday celebration by hospital staff for new born baby, Child friendly trained staff in pediatric wards, Colourful furniture in the ward; all of the Food services; all Friendly ICU services except specific person to call when patient party cannot visit; Round the clock internet and library amenity in hospital, Pharmacy services like Helpline service for patients to ask about medication assistance in hospital; valet parking & Multi level parking; all general services with exception of medical tourism.

The services which patients have less preference (50-60%) are Presence of ornamental plants and soothing music, Layout map in reception area, In-room media services – health education videos in private rooms, Husband allowed to be by the side during delivery, Children access to dvd's in pediatric wards, Getting your reports by e – mail, Paperless communication facility in hospital, Gift shop, book shop in the hospital, Free health insurance on purchase of drugs above Rs 6000 per year.

Conclusion

Hospitals are in a constant state of transition. One major driving force is the higher demand by consumers for issues of quality care and satisfaction. One way to grow and maintain the competitive position is by introduction of Value Added Services (VAS). Just as hospitals are trying to differentiate themselves in patients' eyes; patients are always looking for getting more for their money. These goals are met by offering value added services to patients along with core product healthcare. In this study an attempt was made to study the satisfaction with exiting value added services so that it will provide the feedback to the management in order to improve the service. Also an attempt is made to understand the preferences of the customers in relation to new value added services to be introduced. This is of course only the beginning but a step closer to building a satisfied clientele of patients.



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