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Letter to the Editor

Clientele satisfaction: An unmet need of the hour!!!

Dear Editor,

“The good physician treats the disease, the great physician treats the patient who has the disease”

–William Osler

The term patient is derived from a Latin word “*patiens*” meaning the “one who suffers”. Patient is an extremely important visitor of any hospital premises without whom the glorified field of medicine would cease to exist. Patient provides an opportunity not only to the doctor to earn his livelihood but also to learn and improve gradually. Doctor–patient relationship has withstood the test of time in maintaining the trust and mutual respect, and it is unlike any other relationship between a client and a service provider. What makes this relationship so special is the complete faith that patient has while entrusting his life to the treating doctor. Does that not entitle him 100% of professional commitment from the caregivers? Is the patient asking for too much in return for the faith he has held in the doctor? Most healthcare professionals are extremely committed toward giving their best and maintaining that trust. However, in the prevailing scenario, a doctor's full-fledged commitment may also sound meager to someone. This is attributable to varying intellectual attributes, different expectations, and different personality traits of the clients.

Which measurable attribute indicates one's professional commitment? Obviously, the disease outcome, the mortality and morbidity rates, and understandably the clientele satisfaction. Clientele satisfaction is the desired outcome of almost every healthcare delivery system and is directly related to the utilization of healthcare services. It measures the gap between the expected healthcare services and the delivered output as perceived by the patient. Clientele satisfaction has gained immense importance in present day clinical practice. This attribute is an important assessment criterion to get National Accreditation Board for Hospitals and Healthcare Providers (NABH) accreditation by the hospitals and health agencies in India. Several countries utilize the patient satisfaction surveys to grant accreditation to hospitals and medical agencies.¹ Though most health-related agencies and government bodies make institutional policies to reduce this gap as much as possible, lacunae do exist that impose a bar on realization of this goal. This may be related to poor economic conditions

of the healthcare agencies, lack of resources, lack of manpower, absence of structured/echeloned healthcare delivery system, and sometimes, lack of will and attitude from healthcare agencies. Therefore, there cannot be a uniform performance scale of the service providers as it will always get affected by the infrastructure of the institution, the resources, the behavior, and attitude of the medical team.

A patient in need expects that the existing healthcare agency should be fully equipped, committed, and capable to save his life and limb. This is irrespective of the limitations prevailing at the place of visit regarding infrastructure, manpower, and equipment which indicate capability of a given center to handle emergencies. A patient in need believes that any existing healthcare agency should be fully equipped, committed, and capable to save his life and limb. To illustrate, a soldier suffering a massive myocardial infarction while being posted to some remote location will have same expectation from the primary-care physician regarding the outcome from the treatment that is ordinarily expected from any tertiary-care set up. To bridge the gap between expectations of the patient and the final delivery of services commensurate with such expectations, we need to continuously evaluate and prepare ourselves to adequately meet such demands and to render the professional care appropriate for the clinical scenario.

As the famous saying by Will Rogers goes “Even if you're on the right track, you'll get run over if you just sit there”. We, the healthcare providers, at times due to economic restraints and poor resource settings, are unable to upgrade the infrastructure and the facilities of patient care at a particular place of service delivery. This should not deter us from improving the attitudinal and communication domain competencies like behavior, attitude, and the will to deliver the best possible medical care to the patients. A recent study conducted in an Asian country has proved that the most powerful predictor of client satisfaction was the behavior and attitude of the staff toward the patients.² Hospitals can adopt various surveillance systems where they can assess the performance of medics and paramedics by implementing a system of receiving feedback from patients at the time of discharge. Based on such feedback, remedial actions can be instituted and those with positive attributes can be suitably rewarded to reinforce the desired behavior. Providing recreational activities can also significantly increase patient satisfaction quotient. For example, creating a colorful play area for children in the

premises of a pediatric outpatient department or having a separate breast feeding lounge in hospital premise can add to the clientele satisfaction. Hospitals must emphasize to its employees the importance of having excellent communication skills. Even if a particular facility is not available at the existing hospital, a clear message should be conveyed to the patients and their relatives in the language they understand. The hospital should clearly communicate what they are capable of and do exactly what they say. This is a regulatory requirement too as envisaged by NABH. A study conducted in South Africa revealed that lack of communication and relevant messages to patients were identified as important issues impacting the quality of care and clientele satisfaction.³

There is no uniform yardstick/surveillance system that can effectively measure clientele satisfaction. Suffice to say that apart from the necessary improvements in the infrastructure, politeness, compassion, humane attitude, soft skills and effective communication can be powerful adjuncts in improving patient satisfaction.

Conflict of interest

The authors have none to declare.

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