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Patient or customer-centred service provision? Both – it depends!

Proposal for a differentiated approach to the role of people who (have to) seek treatment in health care organisations

- Translation of the German original

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Keywords:
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The research group «FM in Healthcare»

The research group «FM in Healthcare» (FM in HC) at the Institute of Facility Management (IFM) at the Zurich University of Applied Sciences (ZHAW) explores and processes – on a strategic, tactical and operational level – topics of person-related services in the healthcare context. Together with business partners and other knowledge institutions, analyses are carried out, practicable solutions are developed and their implementation accompanied. The approaches are based on international best practices and on scientific fundamentals.

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Abstract

This working paper proposes a discussion as to when people who (have to) receive treatment in a healthcare organisation take the role of a patient and when that of a customer. By making this distinction, it becomes possible to specifically differentiate the provision of services as well as their assessment. This lays the foundation for a common understanding. There is hope that in this way, or more properly, through collaboration, a meaningful contribution can be made to the holistic recovery of people – by the provision of both medical and non-medical services. To be truly effective, it is important that all those involved from different professions with their different perspectives are willing to engage in dialogue and prepared for continual further development.

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Starting position

With the economisation of healthcare, the increasing availability of information for a broad population and the tendency towards more patient empowerment, it is becoming increasingly discussed whether people who (have to) receive treatment in healthcare organisations are patients or customers (Anonymous, 2002; Bachmann, 2019; Fischer, 2017; fmc, 2015; Ghafur & Schneider, 2019; Grube, 2009; Kipperhardt, et al., 2006; Lohmann, 2017; Matusiewicz, 2018; Messner, et al., 2020; Nagel, 2015; Pfister & Steiger, 2014; Thill, 2017; Töpfer, 2017; Vahlensieck, 2018; Vetterli, 2017; Vogel, 2006). Sometimes controversial questions are raised, for example, about the extent to which patients are even capable of assessing the service provision of healthcare organisations (Anonymous, 2002; Grube, 2009; Young & Chen, 2020) or also how far healthcare organisations should strategically target quality and/or satisfaction criteria (Gemperli, 2016; Kessler, 2016; Salfeld, et al., 2009; Schneider, 2016; Thill, 2017; Töpfer, 2017; Zimmermann, et al., 2016).

For the further development of non-medical service provisions in hospitals, it is of great importance to not only know about the customer/patient needs, but to also have a clear understanding of one's own contribution to the service provision together with other professions, as well as to ensure the alignment with the superordinate goals of the overall organisation. Numerous projects have repeatedly shown that there is not only a lack of common understanding of the roles of those who go to a healthcare organisation for treatment, but also that perceptions differ and an assessment of success factors in service provision is lacking, which prevents true development and innovation.

Goal of this working paper

In this working paper, previous discussions about the topic of patient vs. customer, patient-/customer-centred service provision and patient/customer experience are taken up and are made more concrete with regard to the provision of non-medical services in healthcare organisations.

The superordinate aim is to set up a systematic basis which allows a further development of the topic in a manner which integrates all professions involved in order to facilitate a holistic recovery of those who (have to) receive treatment in healthcare organisations.

Patient – Patiomer/Custient – Customer

As mentioned at the start, there is increasing discussion about the extent to which a person who receives or has to receive treatment in a healthcare organisation is a patient and in what way they are a customer. The word "patient" derives from the Latin patiens, patientis, which can be translated variously as undergoing, being patient, enduring, bearing. Accordingly, in the past, «patient» was mostly interpreted as someone who is in need of help, passive and technically incompetent, and submits to an institution or to experts (Grube, 2009; Lohmann, 2017). According to Parzer-Epp et al. (2019) this shows that the interpretation of "patient" is mostly geared towards emergencies and not in the sense of well-informed people or such who receive preventive treatment or who have to receive regular treatment due to chronic diseases. The German word Kunde [customer] stems from the Latin *kund*, which can be translated with "known" and "conscious". In general, a customer is defined as someone who demands goods or services and who has the freedom to decide whether or not to purchase them (Anonymous, no date; Anonymous, 2002; Kirchgeorg, no date). Accordingly, in the healthcare context it is often asserted that a patient cannot be a customer because they do not receive the services on a voluntary basis, that the knowledge required for an informed, independent decision is lacking and that the service is only partially paid for by the recipient (Anonymous, no date; Anonymous, 2002; Grube, 2009; Fischer, 2017). Again, the strong reference to emergency treatment is apparent.

Based on the experience and learnings derived from past research, development and service projects, the author makes the following assertion as a basis for discussion: a person who receives or has to receive treatment in a healthcare organisation can be a patient, a customer or even a combination of both.

Figure 1 illustrates possible criteria for when a person can tendentially be classified as a patient and when tendentially as a customer. The weaker the awareness and the lower the freedom of decision, ability to influence and technical expertise are, and the more the pure survival is the focus, the more the person is in the role of a patient. The higher the level of awareness and the greater the capability of making a decision, the ability of influence and the technical expertise are, and the more the sense of well-being is the focus, the more the person is in the role of a customer.

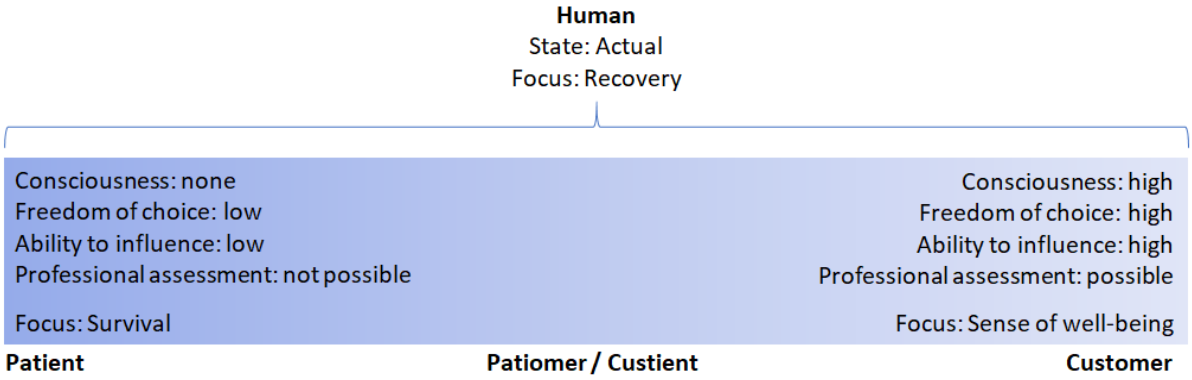

Figure 1: Manifestations of the role of people who (have to) receive treatment in a healthcare organisation

It's not only possible that a person changes from one role to the other (e. g. patient having a wound treated to a customer choosing an entertainment programme) but also that they are somewhere in between (e. g. when there is a need of professional advice in order to align eating preferences and intolerances) or even playing both roles simultaneously (e. g. lack of knowledge of nursing care, while at the same time having colour preference of the material used such as bandages). As illustrated in Figure 1, it should not be forgotten: Overall, it should be clear that it's all about a person as a human being and their recovery, independent of the role the person is in at the moment.

Service provision and quality criteria along the patient-customer journey

When continuing the idea of role differentiation between patient and customer in relation to the service provision as illustrated in Figure 1, it becomes clear: The more a person is in the role of a patient, the more often medical principles take effect in the service provision, and the more they are in the role of a customer, the more relevant the hospitality principles become. As illustrated in Figure 2, different criteria must apply for both, the service provision itself as well as the assessment thereof. For the provision of services pertaining to the role of the patient, medical criteria apply, which have to be defined and assessed by medical experts due to the patient's lack of medical expertise, which compromises their capacity to make an assessment. This is in contrast with service provision pertaining to role of the customer, which by definition presupposes the ability to assess hospitality principles and can thus be assessed by the customers themselves in the form of customer satisfaction.

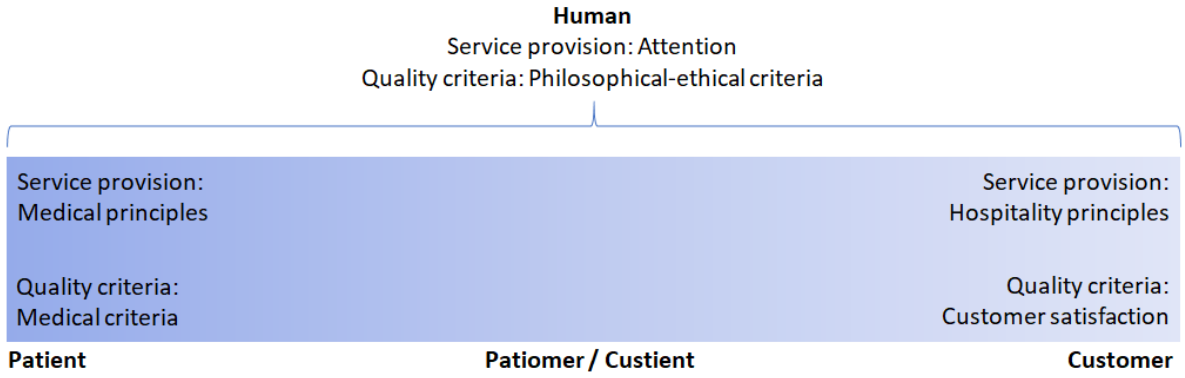

Figure 2: Manifestations of the service provision principles and their quality criteria

It is a fact that in the service provision of a healthcare organisation, totally different professions with their own principles are involved; in Figure 2, for the purpose of a simplified illustration, only two principles are explicitly mentioned, while in reality, there are numerous gradations in between. It is also a fact that the manifestation of the patient-customer-person (age, sex, social level, personal attitude, sensation of pain etc.) and their patient/customer journey can proceed very differently (degree of severity, combination of diseases etc.). In addition, the timing and the type of survey can influence the measurement of satisfaction significantly (Kipperhardt, et al., 2006; Ommen, et al., 2006; Zimmermann, et al., 2016). All these points demonstrate how difficult it is to find quality criteria and forms of questions which do justice to this complexity while at the same time contributing to a continuous improvement of the service provision (Gehrlach, 2016; Jehle, 2016; Ommen, et al., 2006; Schneider, 2016; Zimmermann, et al., 2016).

Interim conclusion

To what degree have the goals of the working paper been met by these explanations?

- A suggestion was made for the understanding of the role of patients and customers whereby it was not arguing for or against one or the other definition, but recommending understanding the roles situationally as well as accepting that people can or must take different roles (sometimes even simultaneously).
- Based on the different roles, references to the service provision and assessment were made. Again, no prioritisation was made, but the variation in the complex context was emphasised.
- It is becoming clear from these explanations that an intensive approach to this complexity and the willingness to engage in cooperation independent of profession is necessary in order to overcome the weak points of the provision and assessment of patient-customer-services, which would then lead to achieving greater satisfaction and a more holistically positive experience.
- It is hoped that with the ideas presented, a discussion about not only the role of the people who (have to) receive treatment in a healthcare organisation becomes possible, but also one about the role of

those who provide and assess the services. Thus, this working paper is intended to contribute to a common understanding and a cooperative execution with regard to a holistic recovery of people receiving treatment.

- The goal of this development should not only be to reach a better positioning in the market by having greater satisfaction values and therefore better rankings, but also to contribute to the orientation of service provision towards such a holistic recovery in healthcare organisations.

Development needs / Outlook

Having presented the basic principles in relation to the service provision and assessment, it is now important that there are not only discussions, but concrete efforts are made to rethink the service provision for patients and customers in healthcare organisations and then to act upon this. In doing so, it seems to be important to involve as many stakeholders as possible:

- With regard to the doctor-patient relationship, the trends of increasing patient involvement, of increased information and communication transparency and of growing health literacy could have a supportive effect (Ernst, et al., 2014; fmc, 2015; Ghafur & Schneider, 2019; Passoth, 2018; Pfister & Steiger, 2014; Lohmann, 2017; Bachmann, 2019; Vahlensieck, 2018).
- The increasing digitalisation of healthcare organisations could support the service providers (Angerer, et al., 2019; Dümmler, 2017; Kuhn, 2019; Schütz, 2018; Werner & Hilgen, 2019).
- So far, due to a lack of in-depth expertise on the part of the author, there has been no detailed discussion about the ethical-philosophical assessment criteria shown in Figure 2 in relation to a person's recovery. These aspects could be considered more in future discussions (Dietze, 2009; Kluge, 2008; Lohmann, 2017; Mühlbauer, 2001; Riedl, 2006; Schulte, 2018; Shaha, 2016; Walther, 2005).
- The extent to which the culture in healthcare organisations will develop towards a true collaboration with the common goal of a whole patient-customer experience – particularly in relation to services which cannot clearly be allocated to the role of the patient or the customer but somewhere in between ("patiomer/custient") – mainly depends on the degree to which those involved engage in dialogue and the associated challenges.

Bibliography

Angerer, A., Russ, C. & Ultsch, S., 2019. *Digital Health - Revolution oder Evolution? Strategische Optionen im Gesundheitswesen.* Winterthur: Züricher Hochschule für Angewandte Wissenschaften. https://www.zhaw.ch/storage/sml/institute-zentren/wig/upload/Digital_Health_Report_2019.pdf

Anonymous, 2002. *Vom Patienten zum Klienten und Kunden – Gesellschaftliche Ansichten des Gesundheitswesens,* München: GRIN Verlag. https://www.grin.com/document106998

Anonymous, no date. *Kunde,* Wirtschaftslexikon: http://www.wirtschaftslexikon24.com/d/kunde/kunde.htm

Bachmann, A., 2019. *Digitale Gesundheitskompetenz - Eine kurze Übersicht zur aktuellen Literatur Mai 2019,* Bern: BAG, Direktionsbereich Gesundheitspolitik.

Dietze, F., 2009. Balance zwischen Ethik und Ökonomie. In: *Betriebswirtschaft und Management in der Gesundheitswirtschaft. 5., vollständig überarbeitete und erweiterte Auflage.* Bern: Hans Huber.

Dümmler, P., 2017. Das digitale Gesundheitswesen braucht einen langen Atem. *IT for Health - Gesundheitswesen Schweiz vernetzt,* März, S. 13.

Ernst, J., Brähler, E. & Weissflog, G., 2014. Beteiligung von Patienten an medizinischen Entscheidungen – ein Überblick zu Patientenpräferenzen und Einflussfaktoren. *Gesundheitswesen,* S. 76: 187 – 192. DOI http://dx.doi.org/10.1055/s-0033-1361150

Fischer, A., 2017. Serviceorientierung: Der Patient im Fokus. In: *Krankenhausmanagement – Strategien, Konzepte, Methoden. 3., vollständig aktualisierte und erweiterte Auflage.* Berlin: Medizinische Wissenschaftliche Verlagsgesellschaft. S. 267 - 277.

fmc, 2015. *Patientenbilder 2024. Denkstoff No 2 – Patientenbilder 2024. Neuägeri: fmc – Schweizer Forum für Integrierte Versorgung,* Neuägerli: fmc.

Gehrlach, C., 2016. Ein neuer Blickwinkel auf Patientenerfahrungen mit Gesundheitsdienstleistungen? Das Konzept der «Relativen Erwartungserfüllung»: eine empirische Überprüfung unter Einbezug der Patientenzufriedenheit von Krankenhauspatienten. In: *Feigenblatt oder Baum der Erkenntnis – Messung der Patientenzufriedenheit – Standortbestimmung und Ausblick. Schriftenreihe der SGGP 131.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP, S. 59-74.

Gemperli, A., 2016. Patientenzufriedenheit in der Rehabilitation. In: *Feigenblatt oder Baum der Erkenntnis – Messung der Patientenzufriedenheit – Standortbestimmung und Ausblick. Schriftenreihe der SGGP 131.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP: SGGP 131, S. 49-57.

Ghafur, S. & Schneider, E. C., 2019. *Engaging Patients Using Digital Technology — Learning from Other Industries.* https://catalyst.nejm.org/patients-digital-consumer-focused-industries/

Grube, A., 2009. Gesund werden im Krankenhaus – Eine Frage der Passung zwischen subjektiven Erwartungen und angebotenen Widerstandsressourcen. In: *Münchner Studien zur Kultur und Sozialpsychologie. Band 18.* Freiburg: Centaurus.

Jehle, K., 2016. Es fehlen Instrumente, welche die Qualität der Übergänge zwischen den Settings erfassen. Interview mit Helena Zaugg. In: K. Jehle & S. Hill, Hrsg. *Feigenblatt oder Baum der Erkenntnis – Messung der Patientenzufriedenheit – Standortbestimmung und Ausblick. Schriftenreihe der SGGP 131.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP, S. 189-190.

Kessler, M., 2016. Gut informierte Patienten werden schneller gesund. In: *Feigenblatt oder Baum der Erkenntnis – Messung der Patientenzufriedenheit – Standortbestimmung und Ausblick.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP: Schriftenreihe der SGGP 131, S. 35-38.

Kipperhardt, D., Steinert, M. & Teufel, S., 2006. Informations- und Kommunikationstechnologien im Krankenhaus - Grundlage, Umsetzung, Chancen und Risiken. In: *Krankenhausmanagementsysteme.* Stuttgart & New York: Schattauer.

Kirchgeorg, M., no date. *Kunde,* Gabler Wirtschaftslexikon: https://wirtschaftslexikon.gabler.de/definition/kunde-37108

Kluge, E.-H. W., 2008. Ethical Aspects of Future Health Care: Globalisation of Markets and Differentiation of Societies – Ethical Challenges. In: *eHealth: Combining Health Telematics, Telemedicine, Biomedical Engineering and Bioinformatics to the Edge. Global Experts Summit Textbook.*. Amsterdam et al.: IOS Press, pp. 77-87.

Kuhn, S., 2019. *Wie revolutioniert die digitale Transformation die Bildung der Berufe im Gesundheitswesen.* careum working paper 8. Careum Stiftung.

Lohmann, H., 2017. Zukünftige Entwicklungslinien der Gesundheitswirtschaft und Krankenhauslandschaft. In: *Handbuch Changemanagement im Krankenhaus – 20-Punkte Sofortprogramm für Kliniken. 2. Auflage.* Berlin: Springer.

Matusiewicz, D., 2018. *Management im Gesundheitswesen für Dummies.* Weinheim: Wiley.

Messner, M., Vukoja, S. & Petrov, M., 2020. Gesundheitshandwerker und Homecareunternehmen im Spannungsfeld zwischen Ausschreibungen und Social Media. In: *Consulting im Gesundheitswesen – Professional Services als Gestaltungsimperative der Unternehmensberatung.* Wiesbaden: Springer Gabler, S. 47 - 62.

Mühlbauer, B., 2001. Unternehmenskultur im Krankenhaus zwischen Ethik und Ökonomie. In: *Lehrbuch Pflegemanagement II.* Berlin, Heidelberg: Springer, S. 315 – 336. DOI https://doi.org/10.1007/978-3-642-56583-0_2

Nagel, G., 2015. *Über die Entdeckung des Patienten im 21. Jahrhundert. Denkstoff No 2 – Patientenbilder 2024,* Neuägeri: fmc – Schweizer Forum für Integrierte Versorgung.

Ommen, O. et al., 2006. Patienten- und krankenhausspezifische Einflussfaktoren auf die Zufriedenheit mit dem Krankenhausaufenthalt schwerverletzter Patienten. *Unfallchirurg,* S. 628 - 631. DOI 10.1007/s00113-006-1091-8

Parzer-Epp, V., Cosandey, J. & Dümmler, P., 2019. *Klienten statt Patienten.* https://www.avenir-suisse.ch/klienten-statt-patienten/

Passoth, N., 2018. Stärker an Patientenbedürfnissen orientieren. Interview mit Joachim M. Schmitt. *Management & Krankenhaus. 3/2018. Wiley,* S. 12.

Pfister, A. & Steiger, T., 2014. Welche strategischen Kompetenzen brauchen Patienten im Gesundheitswesen der Zukunft? Thesenpapier KHM-cap-Zukunftsforum 2014 zu Patientenkompetenzen. *Schweizer Ärztezeitung. 95: 41,* S. 1546.

Riedl, A., 2006. Mensch und Zeit im Krankenhaus. In: *Krankenhaus der Zukunft.* Heidelberg: Dr. Reinhard Kaden, S. 311-314.

Salfeld, R., Hehner, S. & Wichels, R., 2009. *Modernes Krankenhausmanagement - Konzepte und Lösungen. Zweite, aktualisierte und erweiterte Auflage.* Berlin Heidelberg: Springer.

Schneider, P., 2016. Chancen und Risiken im Umgang mit Rückmeldungen der Patienten. In: *Feigenblatt oder Baum der Erkenntnis – Messung der Patientenzufriedenheit – Standortbestimmung und Ausblick. Schriftenreihe der SGGP 131.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP, S. 117-121.

Schulte, V., 2018. Ethik in der Gesundheitswirtschaft. In: *Betriebswirtschaft und Management in der Gesundheitswirtschaft. 6. vollständig überarbeitete und erweiterte Auflage.* Bern: Hogrefe.

Schütz, T., 2018. Digitalisierung im Gesundheitswesen - Ein Blick auf Chancen und Risiken. *Krankenhaus-IT Journal,* Issue 05/2018, S. 14-15.

Shaha, M., 2016. Patientenzufriedenheit: Ein passendes Konzept aus Sicht der Ethik?. In: *Feigenblatt oder Baum der Erkenntnis – Messung der Patientenzufriedenheit – Standortbestimmung und Ausblick. Schriftenreihe der SGGP 131.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP, S. 229-245.

Thill, K.-D., 2017. Patientenzufriedenheit - was ist das?. In: *Krankenhausmanagement – Strategien, Konzepte, Methoden. 3. vollständig aktualisierte und erweiterte Auflage.* Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft.

Töpfer, A., 2017. Konzeption und Messung der Zufriedenheit von Adressaten der Klinikleistung. In: *Handbuch Changemanagement im Krankenhaus – 20-Punkte Sofortprogramm für Kliniken. 2. Auflage.* Berlin: Springer, S. 300-306.

Vahlensieck, Y., 2018. Missverständnisse gefährden Patienten. Akademien Schweiz. *Horizonte Nr. 117. Schweizerischer Nationalfonds,* S. 40 – 42.

Vetterli, C., 2017. Exkurs: Den Patienten richtig bedienen – egal ob digital oder analog. In: *Digital Health - Die Zukunft des Schweizer Gesundheitswesens.* Winterthur: ZHAW, S. 24 - 25.

Vogel, S., 2006. Patientenpfade – heute und morgen. In: *Krankenhaus der Zukunft.* Heidelberg: Dr. Reinhard Kaden.

Walther, M., 2005. *Auf der Suche nach operativer Exzellenz im Krankenhaus - Logistik als Rationalisierungsinstrument und strategischer Wettbewerbsfaktor in einem dynamischen Marktumfeld. Dissertation.* Erlangen-Nürnberg: Friedrich-Alexander-Universität.

Werner, J. A. & Hilgen, J., 2019. Wirtschaftlich smart, menschlich stark: Smart Hospital. KPMG Gesundheitsbarometer - Schwerpunkt Digitale Transformation. *Das Fachmagazin für die Gesundheitswirtschaft,* Ausgabe 35. 12. Jahrgang 02/19, S. 29.

Young, C. & Chen, X., 2020. Patients as Consumers in the Market for Medicine: The Halo Effect of Hospitality. *Social Forces. Oxford University Press,* pp. 1 - 28.

Zimmermann, A., Kessler, O. & Funk, B., 2016. Patientenzufriedenheit als Zielgrösse – eine Standortbestimmung aus Sicht der Wissenschaft. In: *Feigenblatt oder Baum der Erkenntnis – Patientenzufriedenheit – Messung der Standortbestimmung und Ausblick. Schriftenreihe der SGGP 131.* Bern: Schweizerische Gesellschaft für Gesundheitspolitik SGGP, S. 89-103.