

Commentary:

A personal view of the hospital service

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“To write a prescription is easy, but to come to an understanding with people is hard” Franz Kafka.

It took some time before I knew what my illness was and even longer to appreciate how serious it might be. The diagnosis involved an extensive battery of tests and several visits to the hospital over a period of three months in 1989. Then it was revealed that I had a rare complaint known as the Carcinoid Syndrome and that my liver was heavily metastasised from an unknown primary source.

As it became clear that I was likely to have an ongoing contact with the hospital, both as an in-patient and an out-patient, I thought, perhaps naively, that I might link the experience to one of my professional interests — Improving the Quality of Service in the Public Sector — a major emerging theme for public servants. Here was an opportunity to observe service first-hand as a customer from inside a major teaching hospital.

I did not know then that in the course of two years I would undergo major surgery, chemotherapy twice, four hepatic embolizations, three acute crises (one of which confirmed me as a diabetic), innumerable examinations and tests, an assessment (and a rejection) at a national liver transplant centre as well as many problems at home just trying to lead a tolerable life. As it turned out, my observations became a distraction in some ways from the illness itself and, in a way, were therapeutic.

Not that it was a rigorous scientific study but rather a collection of anecdotes, conversations with other patients and my own straightforward observation. Not scientific, but true nonetheless and perhaps of some interest to those who work in the service and find it hard to see themselves as others see them. Maybe of increasing interest as they face up to the prospect of meeting prescribed standards of service under the Citizens Charter.

The concept behind the commentary was the notion of “the moment of truth”, borrowed from bull-fighting and so successfully developed by Scandinavian Airline Systems as they transformed the airline’s service to customers. To explain, an organisation experiences a moment of truth when the service provider and the service consumer meet. In a hospital thus there would be literally thousands of “moments of truth” every day as telephonists, receptionists, porters, cleaners, orderlies, nurses, doctors and many others made contact with patients and friends

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of patients. Quality of service is primarily a perception of the “customer” or “client” so the challenge was to see if the hospital was a “customer” or “client” centred organisation. Did it deliver a quality service in the eyes of the critical customer?

But what does a patient expect by way of service? That was a starting point and it had to be a personal view. What I wanted was

- the best possible medical attention
- being cared for as an individual human being
- to be comfortable and free from pain
- to be reasonably well fed
- access to my relations and friends
- courteous and efficient contact with the hospital
- to understand and participate in managing my illness.

This last point may not be shared by all patients but many agree with my view that it is an important factor in coping and being positive.

Coincidentally with my own assessment, I noted from various staff newsletters in the hospital that management was promoting a “better service” campaign and encouraging staff to generate ideas for improvement. What disturbed me though, was that in all my sojourns in the hospital and from questioning many patients and nurses, I never heard of any organised approach to patients to let them articulate their views on service. It seems obvious that if you are going to improve customer service, you have to be clear on who the “customers” are, and consult them thoroughly about their needs. This is the starting point in improving service quality. I wonder did management even think of instituting a sample of “exit” interviews of patients?

Given the range of staff who have contact with the patients, here are some of my observations.

Contacting the hospital

The first point of contact with an organisation is critical. It makes a considerable impact on perceptions. Usually it is by telephone. For me it was a variable experience ranging from the courteous, informed and helpful to the uninterested, clueless and verging on being rude. Two times in five I would be left hanging, consigned to a ‘black hole’ of telecommunications, so that I had to make the call again, hopefully to a more efficient telephonist. It made me wonder how often managers or doctors took it upon themselves to test the service from outside to see what a customer’s experience was. I wondered too, given the variety of responses, what training was given, what drills were established and who monitored performance? It seems a clear-cut case for skills training based on good role models and regular monitoring. Easy to do and providing more satisfaction to staff and customer alike.

Many receptionists too seemed to lack the basic skills of receiving customers. Perhaps most noticeable was the absence of a greeting and the lack of eye contact. The latter possibly was due to the arrival of computer terminals on the desks which seemed to have a fatal fascination for the ladies concerned. Here, on the part of many staff, there seemed to be a problem of attitude and a need for good basic training.

Car parking

Car parks were clearly for the benefit of the staff who took up all the spaces nearest the hospital. The customers, (patients), relatives, friends, the elderly and infirm were consigned to parks farthest away from the hospital. No parks were reserved for visitors. When the hospital management made a bit of a song and dance about a new car park opening for the benefit of visitors, it was only too clear to see a week later, from the number of early morning parkers, that 80% of the spaces were taken up by the staff. Again the question "who are the customers?"

The medical service

I can only assess the clinical side of my experience as a layman and I am bound to say it was one of technical excellence. Doctors were highly skilled, concerned to do the best possible job and clearly had pride in the clinical expertise of the hospital. At the top end they seemed to relate well to one another and to see themselves as a team. As a customer the satisfaction and confidence in their expertise was high. This part of the core service was right. But was it enough?

Woody Allen reminded us that human beings were divided into mind and body. The mind embraced the noble aspirations like poetry and philosophy but the body had all the fun. We all know however that this is not true. Mind and body are inseparable and nowhere is this more important than in being ill. Too often I got the impression that when most doctors looked on patients they saw only the disease and not the human being. This may be a question of training, it may be a defense mechanism against the constant pressures of dealing with pain, or simply lack of resources and time, combined with bureaucratic pressures of the system. Not once in two years did anyone discuss with me how I felt about my illness, its impact on my life psychologically and the problems it caused at home. Consultants must have been aware of these difficulties but I felt they simply did not have the time to advise and counsel me. A sign of an overloaded system. Or, possibly they did not have the interactive skills necessary for this aspect of the job. Certainly my experience in King's College Hospital of a young consultant trying to break it to me that I would not be accepted for a liver transplant was a classic example of the absence of these skills. Yet he thought he was doing a fine job!

A plus point though for the consultant immediately concerned with me. He recognised my need to understand the ailment and what was being done for me and kept me fully briefed and involved in the treatment. His sensitivity however did not appear to be characteristic of the profession and too often doctors retained a certain mystique about what was really going on. Many patients need to know about what's going on and many want to share the responsibility of recovery.

Various conversations with the professionals also convinced me that consultants in particular would be so much more efficient if they had the right type of administrative and secretarial back-up. But who has ever studied their particular needs and who has ever taken it upon themselves to train secretaries in the skills that are needed? And who has ever thought about teaching a doctor to use a secretary, or to use his time effectively? Accepting that my contact was limited, the right type of back-up did not seem to be there. If ever I saw an opportunity for a productive study it was here.

In certain respects some of these criticisms apply to nurses. Highly proficient on the technical side of their jobs, they simply did not have the time to relate to patients except perhaps when they were making beds! Dedicated people,

overloaded for the sake of economy but not in a position to do a well rounded job. But in spite of the system and lack of resources this is the core service of the hospital and it is a prodigious service in spite of the obstacles.

Housekeeping and catering

Of all places you would expect a hospital to observe the highest standards of hygiene and no doubt this is true. I had only minor complaints on this score but they could easily have been rectified. In my ward there were two toilets for 20/24 patients and I accept that nothing could be done in the short term to improve this ratio. But cleaning was simply inadequate for the usage — once a day and no real check on standards. Indeed in one toilet over the two years no-one had ever bothered to replace the toilet roll holder and as a result toilet rolls were usually on the floor.

One of the trivial irritations too was the poor light from my reading lamp — 25 watts was simply not enough on a winter's day. Then I discovered that the bulbs had been changed from 40 to 25 watts to save money! A piddling saving if there ever was one! The situation was compounded too when I learned that lamps could only be changed by an electrician. It makes me wonder what stage we have got to when an orderly or a nurse cannot change a light bulb!

Catering managers, I know, labour under the restrictions of a budget but much more could be done by way of variety and presentation of food. The rest of the world seems to have passed the hospital by. Standards generally were poor and accepted too readily by patients because of their gratitude and obligations to staff. Perhaps if management had to undergo a hospital regime for a week or so they would take more interest in standards. But the recurring problem for me was cold meals! The trolley would arrive from the kitchen and sit for 15 – 30 minutes before meals were served. This was not a shortcoming on the part of the nurses — they simply had not the time to do the job that was required of them. Thank goodness for the microwave but really some check should be made at the point of delivery to patients. Patients certainly were not treated as customers when it came to being fed.

Improving service management

Quality service is an attitude of mind and it takes time to change attitudes. It needs a change in values too and this must be both a top-down and bottom-up process. Above all it needs recognition of who the customers are.

In Japanese management philosophy the employee learns to regard the client as the one who pays the salary. Consequently problems are regarded not only in terms of how they affect the organisation, but in how they affect the client. The hospital employee then, from porter through to consultant, has to empathise with the patient's needs and adapt accordingly. It's a continuous process. The hospital service is on the way, but has still a long way to go if it is to be truly customer-centred.

A word of caution though. Current thinking lays great emphasis on standards and measurement of performance. This could lead to a bureaucratic trap and a messy paper system. Once you apply widespread statistical measurement you run the danger of changing the true service culture of the organisation. Positive circles can easily become vicious circles! Perhaps what we need is more "management by simplicity", so that there are extremely clear signals about the standards of key norms that lead to quality service — and top management leads by example.