

## STRATEGIC PATIENT ORIENTED OUTLOOK OF A DENTIST: A CASE STUDY

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I am Dr. P K Roy, a well-known dental surgeon today in 2012 residing and practicing in a suburb area of Kolkata. My patients are happy and the recent market survey done by my agents have confirmed my presence among the patient base of the locality. Time was not so easy and smooth at it looks today. Initiated my career back in 2000 after completion of my bachelor in dental surgery (BDS), I opened a chamber to serve the dentally sick human being within a 20 km. Periphery of my residence. But, it took 45minutes to travel to come to my chamber everyday and went back within 30 minutes after waiting for a patients. My motivation towards the profession gets spoiled within a short span when (3 months) of its birth due to sustained absence of patients. I consulted my teachers and some reputed specialist who are well praised for their achievements and started adhering their instructions that returned a little benefit to me. Time was flowing in its normal speed but fortune favored me very less.

With a plan to earn fixed remuneration to secure my survivality in this materialistic world, I started looking for a job that will minimize my risk of return on investment. Following my fathers suggestion, I joined the masters in dental surgery (MDS). My days were tough but, at last fortune smiled at me and blessed with a sign of success as I was appointed as professor after doing my MDS in a govt. Medical college. Through more empowerment of master degree knowledge, again I decided to run my business as part time in the evening. Knowledge did a small click to my effort that worked as value addition. By the end of 2006, my patient was only 7-8/ evening. With an intensified business outlook I devoted my evenings only for transaction of service as dental care provider. No substantial change was found. My observation further made me aware about the traditional practice and belief of Indian citizen who consider dental care as a tertiary issue of healthcare. Pain killer is the most emergency solution that is chosen as a primary solution of acute dental problem i.e. Tooth ache by the patients that substantially convert into chronic habit. Strong determination and never failure attitude

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made my days more tough when I observed even with the incorporation of most modern instrument success is untouched. I decided to promote my brand to every prospective patient who either approached me in the past or doesn't have any knowledge about the existence my service. My expenses started mounting keeping my business at the same place where it initiated. The journey of my business failed to enter into success zone. Applying my personal opinion, I found all the leading dentists belong to the age group of 50+ are only successful. Accepting the truth I kept on sailing my business boat for an unknown destination. In 2010, I reached 45yrs and decided to groom my business premises to the best of my capacity and ability. One of my good professional colleagues suggested appointing a good looking receptionist to improve the aesthetic appeal of my business premises. The strategy clicked to increase my customer by 2%. She handled the situation effectively but failed to handle the complaint of the patient regarding waiting hours. Looking into the patient's demand, I reduced my consultation fee from Rs.200 to Rs.100/patient. By the mean time, my overhead cost increased keeping my profit shrinking on continuous basis.

By the end of 2010, it was only 15 patients /day made my days little better for some unknown reason. I planned to enquire regarding my existing customer to reenergize my service. Some books suggested going for business analysis, some for market and some other for customers. To inject my difference in the dental healthcare market I slashed the price of all the service product range. I found 15% change in my every day's patient count. Total revenue decreased to 5 %. Few mind refreshing ideas showed a valued dimension of success. But, I was scared to adopt any new strategy to promote my service as I became a cost averter by the mean time based on my future experiences.

The market survey of my existing customer gave me a feedback of installation of most modern equipment to facilitate better transaction. I purchased modern machines and instrument to upgrade my service delivery. My service started standing on strong technological base. It created convenience and comfort for the patient. I started displaying new journals, news magazines, and regional languages weekly/monthly magazines to entertain the patients waiting for my consultation. Even, with little earning, I decided to convert my chamber into a centralized fully air conditioned and expected a big output in terms of profit. To the best of my surprise I found a good reputation of me

from the surrounding environment about my work, not about my chamber. Moreover, the study emanated a reality that my customers belong to the age group of more than 40 years and 60% are dominated by female. To the best of my surprise I found a negative feedback about the air conditioning, as it is against the normal habit of the Indians and most of my patients were geriatric, which create several other health problems. The installation and reinstallation challenged my profit level once again. By the middle of 2011, at one fine evening, I found my patients are visiting my chamber only after 9 p.m. After an intensive search, secrets were not been revealed even by a single patient. On asking directly to them, the common reply received was “I was busy”. My normal time of departure at home got delayed as I used to reach the home only after 1 p.m. Further, the patients started getting annoyed as the consultation time was compromised forced by the situation. Everyday’s fresh conflict and patient’s annoyance made my life hell. I started cursing god for this unique give and take mystery. To reduce the waiting time, my mind suggested a distinctive solution by providing ticket system for each and every interested patient who is given a tentative waiting time of consultation in advance from which they may have to wait for 10 minutes when they will report physically for consultation. Patients started complaining regarding their reporting time, misleading reporting hours and every time the attendant was blamed. Weird behavior of the patients forced me to choose an alternative solution that will suit the benefit of both the parties. I started doing dental operations only on Sunday and general consultation on weekdays. Searching for the absolute need of the patient that will help me to lead my business, I discovered that my patients are the intense lover of a series of T.V. serials that are telecasted between 6:30 p.m to 8:30 p.m. A small T.V arrangement telecasting regional language daily soaps has made my problems automatically been solved. My patients are 50/evening on an average reports for consultation. Today, I have two operation sitting arrangements inside my operation room, one is served by a trainee student of mine and other by me. Waiting patients doesn’t complain of losing their time and enjoy the T.V serials with equal interest. When I look back, I feel it was not so tough, but the matter of a small change – an attitude. “Success is not a matter of chance, but a matter of choice”.

The unique example of the creative success strategy is a small differentiation i.e consumer oriented outlook of a health service delivery. Although, it seems very simple but it needs an extensive analysis for critical positioning which is complex but essential to survive in a competitive scenario. Through application of SERVQUAL model it can be analysed that today's consumer look for empathy which is an essential criteria of success of business. These also indicate that how consumer analysis is important to position right product to right consumer when and wherever they want. The essence of business is intensity of consumer satisfaction which is truly applicable even in healthcare business. Name and fame is no more an auxiliary attribute of success of business in a consumer driven market. **Why** Patient complain- is it a problem or opportunity ? Misconception will lead the hospital to absolute degradation. It indicates an essentiality of knowing the fact. Selling to a new customer is more costly than to an existing customer. Further it is easy to sell an existing customer. A dissatisfied patient guides many other by sharing his/her experience. Quick response towards a customer complains; help a hospital to progress hassle free and generate positive word of mouth. So , complain means - breaking the silence of the patients; to know the Gap in health service delivery; tool to restore control on the treatment delivery process. But, patient even often complain in search of sympathy, to regain special attention, to create an impression and think that it is a legitimate right. Customer do not complain when they have alternative, not aware about the outcome (time lapse between performance and result), as they fail to access due to the intangible dimension of health delivery, feel uncomfortable, realization of getting deprived happens late, poor knowledge regarding skilled activity. Complaints are identified in four different forms – Instrumental complaints, No instrumental complaints, Ostensive complaints and Reflexive complaints. Instrumental complaints are a signal of demand of alternative. No instrumental complaints denotes an expectation that can't be altered (When patient ask to replace a painful injection by a tablet to a nurse). Complain related to the activity, interest and knowledge of the patient is defined as ostensive complaint and the complaint doesn't have any relation with the above factor is reflexive complaint. Dissatisfied customer is a victim of service failure which can cause a defect namely,

Price defect, Product defect, Service defect, Market defect, Technological defect and Organizational defect.

**Price defect** happens when a patient is charged abnormally/misinformed/uninformed/half informed. Mutual transparency between hospital authority and patient party makes this type of complex situation. **Product defect** is contributed through wrong treatment, improper treatment. Faulty service delivery due to unaware gap analysis is the vital cause of service defect. This may happen due to lack of commitment, sincerity, dedication and poor motivation of the employees. This can also be termed as procedural problem. Patient unacceptable death due to hospital staff's mistake, pilferage of patient's belongings, and unnatural death of a newborn are the usual example of service defect. **Market defect** occurs when a hospital doesn't exist in the same operational way as it existed. This is an area of patient dissatisfaction due to poor accessibility of the healthy service premises. Poor location of a hospital can also be a substantial contributor in patient satisfaction. Moreover, power cut, malfunctioning/non functioning of a machine are the examples of **Technological defect**. Failure and or poor public relation, improper system implementation, work conflicts are known as the undifferentiated defect caused by a hospital organization which help the community to defame the hospital.

**Complain outcome** may happen in three form i.e. Voice/Exit/Retaliation. All these happen either singly or in conjugated form. High voice is a signal of patient who actually complaint to the service organization. Medium voice is a symbol of patient's complains that is addressed directly to the service provider. Low voice of patient is dangerous as it is percolated outside the organization to others. Exit is a complaint outcome that denotes a situation when patient disapprove or stop going to the hospital. The intensity of this signifies the level of dissatisfaction. High exit is a decision taken by the health service consumer when they decide not to visit the hospital in his/her life time. Medium exit happens when consumer try to avoid the hospital by all possible means. Low exit is a complain outcome when hostage type of customer purchase a brand due to non availability of alternatives even after dissatisfaction. Retaliation is complaint outcome which is action oriented where customer either damage the physical structure or process of the hospital or hurt future business prospect. All the three outcomes are

mutually in exclusive and depend on customer's personal attitude or external stimulus. In this case, customers were So, "consumer is god".

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