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# Exploring Customer Service Through Hospital Management Strategies

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*Walden University*

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# Walden University

College of Management and Technology

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Delores Leonard

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2017

Abstract

Exploring Customer Service Through Hospital Management Strategies

by

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MBA, University of Phoenix, 2010

BSB/Marketing, University of Phoenix, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

May 2017

## Abstract

Patient demand for a better quality of healthcare and services has increased as insurance companies have decreased payments to hospitals. The purpose of this qualitative single exploratory case study was to explore hospital managers' strategies to improve customer service. Data were gathered from semistructured interviews with 5 hospital managers who implemented customer service strategies in their hospital systems, hospital policy and procedure documents, and qualitative data from the Consumer Assessment of Healthcare Providers and Systems Hospital Compare website. Expectation-confirmation theory served as the conceptual framework that grounded the study. Data were analyzed using methodological triangulation, and 3 themes emerged: the need to improve interpersonal communication, address issues in the hospital environment, and provide employee training. Engaging in interpersonal communication, maintaining a clean and welcoming hospital environment, and providing employee training can help hospital managers increase customer satisfaction by giving internal and external customers a sense of empowerment and self-worth. The findings from the study, regarding the hospital managers' customer service strategies, could apply with other healthcare managers and leaders working to improve customer service within their organizations. Healthcare professionals and leaders, patients, family members, and the community may benefit from the study by gaining knowledge of the successful strategies hospital managers use to obtain quality service. These strategies promote respect, compassion, and a better quality of life, which are essential to social change in hospitals.

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## Dedication

I dedicate this doctoral study to my husband James W. Childrey III, my biggest supporter, and motivator throughout my program. I dedicate to my mother, Barbara Breaux who is always there for me and taught me the value of working hard to accomplish my goals. My father, John Leonard who would have been so proud if he was with us today. Finally, to my daughter Dominique Childrey and my grandchildren Ashlyn and Relus who serve as my main motivation to do better in life. Through God all things are possible!

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## Section 1: Foundation of the Study

Private and public hospital patients experience unsatisfactory customer service outcomes, as reported in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) hospital survey (Huppertz, Smith, & Bombard, 2014). Healthcare professionals have many challenges when considering patients' satisfaction with the level of customer service they provide. One challenge healthcare professional's face is that patient views are subjective, making them difficult to interpret when determining the quality customer service (Hellen & Saaksjarvi, 2011). Another challenge healthcare provider's face is that understanding the patient as a customer with service needs other than patient care (Ruddick, 2015). Service providers' personality traits correspond with the way the providers will deliver customer service (Handa & Gulati, 2014). Healthcare is a consumer-oriented market; consequently, patients have a choice when selecting services and hospitals for care in the competitive healthcare market. Hospital managers must develop strategies to engage hospital staff in positive patient interactions and in order to meet the demands of this consumer-orientated market (Suelflow, 2016).

### **Background of the Problem**

Developing a customer-service approach is a challenge in the healthcare industry (Scotti & Harmon, 2014). The lack of customer service in healthcare is associated with unclear organizational values and leaders' failure to communicate organizational goals to employees (Scotti & Harmon, 2014). Patients demand quality healthcare, service when spending money, especially in the face of rising healthcare costs, and decreased payments for services by insurance companies (Desir, Khanfar, Harrington & Loudon, 2011).

Although there has been a recent improvement in services and products, employee engagement in service encounters has decreased (Miller, 2014). Miller (2014) found that 70% of workers are not engaged in improving their work or interactions in the workplace. Poor customer service causes an organization to lose customers and profitability, and negatively impacts corporate image (Alrubaiee & Alkaaida, 2011). Failure deliver of quality customer service in healthcare is a worldwide phenomenon that includes advanced healthcare markets such as the United Kingdom, Australia, and the United States (Sorenson, Paull, Magann, & Davis, 2013). However, Hellen and Saaksjarvi (2011) have indicated that there is a shortage of research on the delivery of customer service in healthcare.

### **Problem Statement**

Many customer service strategies used by healthcare managers fail to satisfy patient demands, causing a lower quality of customer satisfaction (Sorenson et al., 2013). Approximately 80% of top-level managers reported that organizational employees provide excellent customer service, but only 8% of their customers support the claim of having an excellent experience (Choi & Kim, 2013). The general business problem was that the strategies implemented by hospital managers are inefficient in increasing customer service, leading to less customer satisfaction and revenue losses. The specific business problem was that some hospital managers lack strategies to improve customer service.

### **Purpose Statement**

The purpose of this qualitative exploratory single case study was to explore the strategies used by hospital managers to improve customer service. The population for the study included five hospital managers from a Nevada hospital system who implement customer service strategies that improved customer satisfaction. This study will provide other hospital managers with the knowledge to improve hospital performance. The strategies reported by my participants can help other managers implement new strategies or improve existing strategies for patient-focused customer service and improve the overall customer experience in healthcare.

### **Nature of the Study**

I used a qualitative research method for the study. Before selecting the qualitative method, I considered all three primary research methods; quantitative, qualitative, and mixed methods (McCusker & Gunaydin, 2015). Sinkovics and Alfoldi (2012) indicated that qualitative research is better for a study in which the research consists of a researcher's interpretation of participants' activities to provide understanding and assign meaning to behaviors and actions. Yin (2014) indicated that qualitative case study researchers have the opportunity to explore a phenomenon in context, and Ingham-Broomfield (2015) indicated that researchers use qualitative research to explore subjective human experience without using statistical methods. A quantitative method is not appropriate when the study does not include a hypothesis, theory testing, or a collection of numerical data (McCusker & Gunaydin, 2015). Given the use of a hypothesis and theory testing was not my objective, a quantitative method was not

appropriate. Likewise, a mixed method was not appropriate because mixed methods research includes quantitative analysis and is time-consuming (Heyvaert, Maes, & Onghena, 2013).

The designs I considered for this study were ethnography, phenomenology, narrative, and case study. An exploratory single case study was optimal because I sought to explore strategies that hospital managers use to increase customer service. Yin (2014) indicated that the qualitative case study research design is appropriate for researchers looking to explore a complex phenomenon in a real world context. A case study was the optimal choice because the focus of the study was to explore the strategies used for customer service, and not the experiences of customer service. In ethnographic research, the researcher explores the interactions and behaviors of people in a culture in their natural environments (Hoolachan, 2016). Although studying interactions of hospital staff and patients is important, my intent was not to identify any unique cultural aspects of the population, but rather to identify the strategies of business leaders. Lien, Pauleen, Kuo, and Wang (2014) described phenomenological researchers as exploring life experiences to gain an understanding of a phenomenon and describe the lived experiences of the subjects. Given my focus on strategies for customer service, the purpose of this study did not include lived experiences. The narrative research design includes revealing a story through the sequence of an individual's life events (Loo, Cooper, & Manochin, 2015). Exploring management strategies of customer service does not require storytelling, so the narrative research design was not appropriate for the study.

### **Research Question**

The central research question for the study was: What strategies do hospital managers use to improve customer service?

### **Interview Questions**

I designed the following eight interview questions to guide the semistructured interviews and answer the research question:

1. What strategies do you use to improve customer service for patients in the hospital?
2. How do the strategies you use affect the quality of customer service delivered to patients?
3. What strategies worked best to improving customer service?
4. What strategies worked least to improving customer service?
5. What challenges do you experience when implementing customer service strategies into the daily operations of the hospital?
6. How do you address your biggest challenge in implementing strategies for quality customer service?
7. How do you motivate your employees to improve customer service?
8. What additional information can you provide that improved customer satisfaction?

### **Conceptual Framework**

I used expectation-confirmation theory as the conceptual framework for this qualitative study. The expectation-confirmation theory, first introduced by Oliver (1980),

addresses the process of reviewing individual expectations of consumers to determine factors that make an experience satisfying or dissatisfying (S. Y. Chou, Kiser, & Rodriguez, 2012). Expectation-confirmation theory appears in various research studies, mainly in the area of service marketing (H. Chou, Lin, Woung, & Tsai, 2012). Hsu and Lin (2015) and H. Chou et al. (2012) used expectation-confirmation theory to explore customer expectations, performance, and confirmation of consumer satisfaction in business. The expectation-confirmation theory is useful in gaining an understanding of customer expectations (Tsao, 2013).

The basis of the expectation-confirmation theory is an individual's positive or negative perception of a service encounter (Hsu & Lin, 2015). The expectation confirmation theory applies to this study because customer performance evaluations are what hospital managers use to develop customer service strategies. Hospitals exhibit satisfactory performance when customer expectations regarding the quality of medical care and service are met (Gopal & Bedi, 2014). Customer satisfaction and loyalty reflects the hospital staff's ability to deliver quality customer service and patient care (Lonial & Raju, 2015).

### **Operational Definitions**

The following are operational definitions of terms I use in this study.

*Affordable Care Act*: The Affordable Care Act of 2010 emerged by U.S. lawmakers to make healthcare affordable, increase access to care, and strengthen Medicaid with a higher quality of patient care and satisfaction (DiPietro & Klingenmaier, 2013; Quast, 2013).



*Company culture:* Company culture is organizational leaders' shared values, visions, and mission for employees to implement in everyday interactions at work: Also known as an organizational culture (Lukas, Whitwell, & Heide, 2013).

*Competitive advantage:* Competitive advantage is the benefit that an organization has over competitors that allows the organization to attract new customers and maintain loyal customers (Richard & Zhang, 2012).

*Customer experience:* Customer experience is the total evaluation and response a customer has to the overall experience with an organization (Carlson, Rahman, Rosenberger, & Holzmuller, 2016).

*Customer oriented approach:* Customer oriented approach is characterize by organizational leaders' focusing of marketing and organizational structure on the needs, wants, preferences, and influences of the customer to better service customers (Angulo-Ruiz, Donthu, Prior, & Rialp, 2014).

*Customer service:* Customer service is individuals' expectations and perception of a service encounter (Green, 2014).

*External customer:* An external customer is a person not employed by the organization who purchases services and products from the company (Conduit, Matanda, & Mavondo, 2014).

*Frontline employees:* Frontline employees are service providers at the forefront of the organization and the first individuals who have contact with customers (Gounaris & Boukis, 2013).

*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).*

HCAHPS is a patient-based survey to report and assess patient satisfaction with a hospital visit or stay (Zygourakis, Rolston, Treadway, Chang, & Kliot, 2014).

*Internal customer:* The internal customer is an employee of an organization who needs assistance from other individuals within the organization to complete job functions (Babic-Hodovic, Arslanagic, & Mehic, 2013).

### **Assumptions, Limitations, and Delimitations**

Assumptions, limitations, and delimitations are circumstances that may restrict the methods and analysis of research. Assumptions and limitations are beyond the researchers' control. Delimitations are elements of the research that the researcher can control.

#### **Assumptions**

Assumptions are common understandings not verified, yet considered true (Simon & Goes, 2013). Several assumptions affected this exploratory case study. My first assumption was that five healthcare managers willing to participate in the study were easy to find. My second assumption was that healthcare managers would provide in-depth information on strategies for customer service. Third, I assumed that the results of the study would contribute to the understanding of customer service by healthcare managers, thereby allowing healthcare managers the opportunity to make a difference in customer service. Fourth, I assumed that interviews could provide data that was truthful and useful when exploring an issue (see Drew, 2014). My final assumption was that the

participants would provide information to make a difference in customer service in healthcare.

### **Limitations**

Simon and Goes (2013) described limitations as issues out of the researcher's control that may constitute potential weaknesses of the study. A key limitation of this study was that data came from hospital managers, and not from the wide range of other healthcare professionals such as nurses, doctors, therapist, and clinicians. The study did not include the customers and patients who will benefit from excellent customer service. Another limitation was the small sample size of hospital managers. While my focus was on the strategies that hospital managers use to ensure employees are delivering excellent customer service to customers and patients, there are many other factors to explore. Data was limited to those gathered from interviews, as opposed to other methods such as focus groups or discussions. Finally, there were geographic and organizational limitations given that all participants worked in one hospital system in Nevada.

### **Delimitations**

Delimitations restrict the scope of the research study and define the boundaries; however, delimitations are in the researchers control (Simon & Goes, 2013). The boundaries I set for the study delimited it to hospital managers who (a) worked in a hospital, (b) lived in Nevada, and (c) were decision makers for customer service strategies. I restricted the study to hospital managers because they formulate the goals for hospital staff to follow.

### **Significance of the Study**

Healthcare is a rapidly growing and competitive business market (Makarem & Al-Amin, 2014). Hospital leaders must deliver superior customer service to perform better than their competitors (Desir et al., 2011). My exploration of hospital managers' strategies for customer service may help other hospital administrators understand what strategies are necessary to improve customer service.

### **Contribution to Business Practice**

Hellen and Saaksjarvi (2011) reported that healthcare is an adverse service because the outcomes are sometimes unpleasant. Hellen and Saaksjarvi (2011) suggested healthcare investigators rarely consider healthcare when reporting customer service because the perception is that patients evaluate experiences on feelings rather than their service experience. The study included the gap that exists in scholarly research that does not include healthcare in service industry literature.

Customer satisfaction, including customer service, has been a subject of discussion and interest in marketing for decades (Devasagayam, Stark, & Valestin, 2013). A service provider's inefficient customer service affects the customer and the success and profitability of the organization (Cambra-Fierro, Melero, & Sese, 2015). As healthcare becomes a more competitive market and hospitals receive payments reflecting customer satisfaction, hospitals should focus on providing excellent customer service (Cliff, 2012). The findings of this research study may provide hospital managers with strategic ideas to improve customer service in the hospital. Awareness of effective customer service

strategies may prove useful for healthcare managers working to improve customer satisfaction.

When customers receive poor customer service, organizational managers risk losing loyal customers, new customers, funding, profits, competitive advantage, and reputation (Cliff, 2012). Information regarding hospital managers' customer service strategies can help hospital leaders' work simultaneously with hospital staff when implementing new customer-focused strategies to reduce dissatisfied customers and patients. The healthcare industry will improve the hospital environment, and hospitals managers will meet the Affordable Care Act (ACA) guidelines by providing a higher quality of customer service.

### **Implications for Social Change**

Makarem and Al-Amin (2014) described healthcare as consistently growing and becoming more competitive. Therefore, understanding the customer service strategies hospital managers use to ensure customer satisfaction is essential to the success of the hospital. When hospital managers implement appropriate strategies for customer service, patient satisfaction might increase. This study will contribute to positive social change by identifying customer service strategies effective in improving customer satisfaction. Consequently, stronger patient satisfaction builds confidence in healthcare (Homisak & Baum, 2015). When hospital managers create a patient- and customer-focused culture, healthcare patients and customers benefit environmentally, socially, and economically (Homisak & Baum, 2015).

## **A Review of the Professional and Academic Literature**

I reviewed academic and professional research on customer service. To gather pertinent sources, I used Walden University library to access the following research databases: Science Direct, EBSCOhost, Business Source Complete, ProQuest, and ABI-Inform Global. When conducting database searches, I searched for the keywords and themes *customer service in healthcare, customer care, and customer satisfaction, customer service in nursing, customer loyalty, customer behavior, HCAHPS, and patient satisfaction*. In what follows, I review literature on different customer service strategies and their relationship to healthcare. I also review customer service focused literature related to HCAHPS and to the expectation-confirmation theory. This review consists of 243 references from scholarly journals, books, and government websites, organized by topic. Ninety-six percent of the articles were peer reviewed, and 86% receive publication in the past 5 years (see Appendix D).

### **Expectation-Confirmation Theory**

The expectation-confirmation theory served as the main conceptual foundation in this study. Oliver's (1980) expectation-confirmation theory includes the concepts of expectations, performance, confirmation, satisfaction, and repurchases intentions (Tsao, 2013). Understanding the factors that influence the delivery of excellent customer service is an essential part of obtaining new customers and earning loyal customers (Ekiyor, Tengilimoglu, Yenyurt, & Erturk, 2010).

Leaders' understanding of company culture, personality traits, and job satisfaction is necessary to provide good customer service (Khalaf, Rasli, & Ratyan, 2013). Handa

and Gulati (2014) showed that personality plays an important role in an individual's success; however, personality and other factors influence employment-related outcomes. The importance of research in customer service is to determine the expectations of a service provider's personality in displaying excellent service (Handa & Gulati, 2014). Company culture and employee job satisfaction are additional aspects that influence a service provider's ability to provide excellent customer service (Belias & Koustelios, 2014). Organizational leaders should have concerns regarding the wellbeing of employees and customers (Khalaf et al., 2013). The employee is the representative of the organization, and the customer is the primary market (Khalaf et al., 2013).

When customer expectations met or exceeded (confirmation), customers are satisfied (Tahir, Waggett, & Hoffman, 2013). When customer expectations are not met (disconfirmation), customers are not satisfied (Tahir et al., 2013). In their exploration of medical tourism, Chou et al. (2012) used expectation-confirmation theory to investigate the expectations, performance, confirmation, satisfaction, and intentions of medical tourists. Similarly, Hsu and Lin (2015) used the expectation-confirmation theory to explore mobile phone users' satisfaction regarding mobile applications. Specifically, the researchers investigated the perceptions of mobile users regarding expectations, confirmation of those expectations, and their intention to purchase applications (Hsu & Lin, 2015). The customers' confirmation is a determining factor of whether or not the customer receives satisfaction (Tsao, 2013). Understanding the hospital manager's strategies of customer service helped reveal what was necessary to ensure customer satisfaction and increase HCAHPS scores.

## **Customer Service Philosophy**

Customer service is an organizational philosophy of activities created to enhance customer satisfaction while assisting organizational leaders in generating revenue and income (Chen, Feng-Hsiang, & Wu, 2013). Customer service is a major part of the service industry, which includes healthcare (Mathies & Burford, 2011). Customer service not only influences customers but also affects employees and organizations both negatively and positively depending on customer outcomes (Lin & Liang, 2011). In the past 30 years, there have been several studies on customer and patient satisfaction in healthcare (Hawthorne, Sansoni, Hayes, Marosszeky, & Sansoni, 2014). These studies have included research on the customer-oriented approach, customer relationships, and job satisfaction. Other topics have included customer and service provider behavior, customer satisfaction, consumer perceptions of customer service, and customer service in healthcare. The organization of the literature review is from past research, descriptions, potential themes, and exploration of customer service and the effects of customer service in the service industry including healthcare.

## **Customer Service**

The idea of customer service was not given scholarly attention until the 1960s. Customer service encompasses consumer perspectives and provider strategies (Ekiyor et al., 2010). Customer service is a service industry process that organizations use to shape and influence customer perceptions of their service experience (Tablan, 2016). Provision of excellent customer service is a necessity for an organization to maintain customer satisfaction and loyalty, meet profitability goals, and obtain a competitive advantage



(Kiessling, Isaksson, & Yasar, 2016; Siu, 2016). Green (2014) stated that customer service is difficult to measure because it includes customer expectations, and every customer's expectations are different. A customer will rate the customer service experience on the service provider's ability to meet expectations (Hellen & Saaksjarvi, 2011).

In a study focused on the growth of service management and marketing, Gummesson (2014) explored relationships between service providers and customers. Gummesson found that as time progresses, the relationship between service providers and customers is crucial to the success of a service organization. Kondasani and Panda (2015) explored how perceived service quality and customer satisfaction in healthcare lead to customer loyalty. Customer and service provider relationships, interactions, and the quality of facilities positively affects the healthcare customer's perception of service quality (Kondasani & Panda, 2015). Excellent customer service is essential for staff to form relationships with customers and maintain a loyal customer base (Sutanto, & Minantyo, 2014). Staff must work beyond customer expectations in order to maintain customer loyalty (Sutanto & Minantyo, 2014). Ekiyor et al. (2010) explored customer service related to obtaining loyal customers and found that gaining a new customer is 5 times more expensive than maintaining an existing customer. Therefore, loyal customers are essential to the success and growth of any organization (Ekiyor et al., 2010).

Gender, age, personality, company culture, and personal perspectives of customer service are factors that influences the customer service an individual provides. Mathies and Burford (2011) collected data by asking one question to 876 research participants.

Mathies and Burford explored the role of gender in a frontline service employee's understanding of good customer service. Participants' answers to the question consisted of two to three sentences. The results of the study showed distinct patterns translated into data via Leximancer automated text analysis (Mathies & Bufford, 2011). Mathies and Buford's (2011) results showed no major differences in the perspective that good customer service consists of listening to the customer or making the customer happy. Buford and Mathies did show that women focus on emotional outcomes of customer service and men concentrate on functional outcomes of customer service.

As people grow older, they value experiences and encounters with people differently than they did when they were younger (Wagar & Lindquist, 2010). Wagar and Lindquist (2010) explored preferences in younger people (age 49 and under) and seniors (age 50 and over) when dealing with service providers. Wagar and Lindquist (2010) reported 52 people above the age of 55 preferred to associate with older service providers, and 54 people below the age of 55 preferred to associate with younger service providers. The age of the service provider affects the views and outcome of the customer service experience (Wagar & Lindquist, 2010).

Measuring customer service is a concern for organizational managers because customer service is subjective, and many factors determine the outcome of an individual's customer service experience (Hellen & Saaksjarvi, 2011; Lin & Liang, 2011). A customer service experience depends on factors such as customer emotions, expectations, perspectives, experiences, and interactions (Tynan, 2014; Wu, 2015). For example, Chin et al. (2012) explored the relationship between customer participation and

customer enjoyment in service interactions. Customers that participate in service encounters have a positive customer service outcome and become loyal customers to the organization. Customer involvement in the service encounter has a positive effect on the results of the customer service experience and the customer loyalty to the organization. Organizational leaders face a loss in revenue and potential loss of loyal customers when a customer has a negative experience (Ekiyor et al., 2010).

If an organization experiences a 5% increase in customer loyalty, business revenue can rise by as much as 85% (Ekiyor et al., 2010). Organizational managers must implement a customer-dominant logic to understand customers and improve their organization's performance (Heinonen & Strandvik, 2015). In the marketplace, existing economic pressure and increase consumer demands are making providers work harder to maintain happy customers and attract new customers (Spiess, T'Joens, Dragnea, Spencer, & Philippart, 2014). In healthcare, customer satisfaction is crucial because good results from patient satisfaction surveys can determine the amount of money the government pays hospitals (Cliff, 2012). Dash, Havaladar, and Alexander (2014) indicated that service industry researchers have debated customer service for many years. Customer service is not a tangible good, and researchers have different ideas when creating a tool to measure and define customer service. The basis of customer service and service quality is in the perception and expectations of the consumer (Amin & Nasharuddin, 2013).

### **Customer-Oriented Approach**

In service organizations, employees' ability to interact with customers is essential to the success of the organization (Angulo-Ruiz et al., 2014). The customer-oriented

approach occurs when organizational managers create value for the internal and external customer (Conduit et al., 2014). Angulo-Ruiz et al. (2014) indicated that a customer-oriented approach involves using marketing capabilities to affect business performance and serve the customer better. A customer-oriented approach is the process of considering the customer's opinion and offering a service that pleases the customer (Olsen, Witell, & Gustafsson, 2014). In a customer-oriented organization, the customer comes first to improve customer satisfaction and loyalty (Olsen et al., 2014).

**External customer.** In the competitive economic environment, consumer expectations are increasing, forcing organization's management to focus on customer expectations (Taki, Mirghafoori, & Sharifabadi, 2015). Organizational decision makers realize that success requires taking a customer approach. A customer approach means meeting customer expectations, considering customer perspectives, and providing goods and services to satisfy the customer (Taki et al., 2015). Rangachari et al., (2011) explored many ideas for organization's decision makers to create a customer-oriented approach that contributes to quality customer service. The customer-oriented approach includes customer involvement (Rangachari et al., 2011), creating a customer-centered culture (Cliff, 2012), managing to customer wants and needs (Olsen et al., 2014), and welcoming customer complaints with feedback (Vukelja & Runje, 2014). Creating a culture that is customer centered is essential in any organization. In healthcare, patients are scoring hospitals on customer satisfaction, and scores will determine what payment the hospital will receive from the government (Cliff, 2012).

Rangachari et al. (2011) described researchers as using the service quality model to report data on service quality from the consumer perspective. Rangachari et al. indicated that researchers use the service quality model to show literature that supports the necessity of customer involvement and input in successful service encounters. Organizational decision makers must learn to manage customer needs and wants and use the information received from customers to develop strategies to meet customer needs (Olsen et al., 2014). Customer complaint and feedback are valuable information in taking a customer-oriented approach (Vukelja & Runje, 2014). Organizational managers that welcome customer feedback such as issues and complaints can use that information to change a service or product focusing on customer service and satisfaction (Vukelja & Runje, 2014).

Many organizational decision makers focus on the service-dominant logic, which revolves around service creation from the organization (Lamberti & Paladino, 2013). The debate in marketing literature is whether organizational decision makers should focus on a customer-dominant logic, structured from the customer's point of view (Heinonen & Strandvik, 2015). The customer-dominant logic is in the research literature. Heinonen and Strandvik (2015) reported the outcome of customer service from the customer point of view.

**Internal customer.** When exploring a customer-oriented approach, investigators focus little research on the internal customer and the effects on customer service (Minjoon & Shaohan, 2010). The internal customers are employees within an organization who are customers and suppliers (Finn, Baker, & Marshall, 2015). Treating

employees as customers and suppliers improves the employee's ability to serve external customers by learning and practicing. Customer service success for the external customers will depend on the quality of service the internal customer is receiving (Minjoon & Shaohan, 2010). If the internal customer is receiving quality customer service, they will have an organizational commitment and deliver quality service to the external customer (Chang, 2014). Yang, Huang, and Wei (2015) explored how internal marketing relates to service quality and employee well-being. The data collected was by questionnaires from 45 employees and 459 customers of a multinational organization (Yang et al., 2015). The results of the research study reveal that internal marketing has a positive relationship with employee well-being and customer perceived service quality (Yang et al., 2015).

Organizational managers that acquire a customer orientation approach must implement internal customer marketing within the organizational structure (Pantouvakis, 2013). Managers that perform internal marketing provide the opportunity for internal customers to have empowerment, continuous learning, and job satisfaction (Pantouvakis, 2013). Manager relationships with employees influence a significant role in internal employee satisfaction and excellent service (Tansel & Gazioglu, 2014). A collection of data from 28,240 employees in over 3,000 organizations helped Tansel and Gazioglu (2014) explore managers and employee relationship to job satisfaction. The results of the Tansel and Gazioglu's (2014) exploration reveal that positive managers and employee relationships are necessary for internal customer satisfaction. Although marketing

researchers continue to neglect the internal customer, Minjoon and Shaohan (2010) indicated that researchers are beginning to realize their importance in academic research.

### **Customer Relationships**

Oluseye, Tairat, and Emmanuel (2014) reported that business corporate decision makers are aware that excellent customer service is critical to building relationships with customers. The concept of relationship marketing is for organizations' staff to develop relationships with customers by providing excellent customer service and satisfaction beyond advertising and sales (Ekiyor et al., 2010). Customer relationship strategies help organizational leaders make connections with customers through communications generating customer focused products and services (Srisamran & Ractham, 2014). The goal of managing customer relationships is to improve customer experiences that lead to customer satisfaction, loyalty, and profit for the organization (Negi & Ketema, 2013; Carlson et al., 2016). If customers are happy, customers will establish a long, trusting, and loyal relationship with the organization (Ekiyor et al., 2010). Narteh, Agbemabiese, Kodua, and Braimah (2013) indicated that marketing researchers view customer relationships and loyalty as a currency in the marketing place for the 21st century. The cost of maintaining loyal customers is much less than the cost of obtaining new customers (Narteh et al., 2013).

Shahraki (2014) indicated that organizational decisions makers must realize the essential requirement in developing organizational goals is customer satisfaction through building trust and relationships with customers. Establishing relationships with customers is the most cost-effective way for organizational decision making to maintain a

high level of customer loyalty (Ali & Ndubisi, 2011). The use of relationship marketing validates trustworthy behavior between supplier and purchaser in successful partnership (Graca, Barry, & Doney, 2015). Marketing experts link building respect and rapport as successful strategies for developing relationships with customers (Ali & Ndubisi, 2011). A review of marketing research literature includes customer commitment and trust as two important factors in building relationships with customers (Bowen & McCain, 2015). Organizational decision makers who focus on commitment to customer needs will earn the trust of customers and maintain a lasting relationship (Calin, 2013). When customers receive satisfaction, they will share the experience with other people (Loo, Boo, & Khoo-Lattimore, 2013). Customers who have a good relationship with the service provider have a positive and satisfying experience (Ali & Ndubisi, 2011). When a customer is satisfied, the results can lead to positive word-of-mouth networking, which can enhance an organization's image, securing repeat customers, and increasing revenue (Alrubaiee & Alkaaida, 2011). In a hospital setting, a patient perception of quality accounts for approximately 27% of the variation in financials such as revenue, earnings, and the return on assets (Alrubaiee & Alkaaida, 2011).

A recent strategy that organizational decision makers used to form relationships with customers is social media such as Twitter, Facebook, and blogs (Rocha, Jansen, Lofti, & Fraga, 2013). Social media is an environmentally friendly way of reaching and building relationships with customers (Cervellon, 2013). Organizational decision makers might reach thousands of people by implementing a social media strategy for the organization (Cervellon, 2013). Staff within the organization use social media often;



however, organizational leaders do not invest much money in social media because of the difficulty to measure the return on investment (Rocha et al., 2013). The success of the social media strategy aligns with the number of inquiries the website receives (Rocha et al., 2013).

Establishing and maintaining customer relationships is critical to long-term success in business (Padin, Svensson, Otero-Niera, & Hogevoid, 2015). People who experience an adverse service encounter will spread a negative word of mouth and inform at least seven other customers of their experience (Loo et al., 2013). Providing customer service involves extensive human contact. Therefore, interaction failures and service failures are inevitable (Sengupta, Balajib, & Krishnan, 2015).

Most relationship marketing investigators measure the quality of customer relationships on commitment, trust, and satisfaction (Kang, Oh, & Sivadas, 2013). Kang et al. (2013) described a large number of researchers as using communication, customer cooperation, and dependence on measuring quality customer relationships. Relationship investigators should develop a comprehensive approach for accuracy and consistency in measuring quality relationships.

### **Organizational Leaders and Management Role**

Managers who help develop employees to their fullest potential are influential in promoting the quality of service employees deliver to customers (Chen, Zhu, & Zhou, 2015). Organizational leaders have a significant role in creating a positive culture and environment for employees (Rijal, 2016). Role prescribed performance is an employee fulfilling the role of the position (Liu, Liu, & Geng, 2013). Extra-role performance is an

employee performing beyond the expectations of the position. Employees display extra-role performance when organizational decision makers promote a culture of transparency in communication and employee creativity in the work environment (Liu, Liu, & Geng, 2013). Employees are more willing to work harder for the organization when they experience a positive work environment (Almutawa, Muenjohn, & Zhang, 2016).

Organizational leaders establish the culture and environment through the goals of the organization (Rijal, 2016). Service quality is a primary concern for organizational decision and policy makers (Ponsignon, Smart, Williams, & Hall, 2015). Organizational decision makers do not serve customers equally because of limited resources (Prentice, 2013). In the service industry, customers have different reasons and use for purchasing and may have various encounters and experiences. All customers have different needs, so customers receive different but fair treatment (Prentice, 2013).

### **Customer and Service Provider Behavior**

Good and poor customer behavior is a linked to the customer's expectation of the service experience (Svari & Olsen, 2012). The service provider's behavior affects the customer service experience (Gounaris & Boukis, 2013). The customer and the service providers' behavior links to the quality of service a customer will receive (Gounaris & Boukis, 2013; Svari & Olsen, 2012).

**Customer behavior.** Many customers are aware that emotions contribute to negative service experiences (Padin et al., 2015). In some instances, the customer's behavior causes the service experience to fail (Tao, Karande, & Arndt, 2016). Emotions are responses tied to actions from physiological activation from circumstances or events

(Polzler, 2015). Cognitive evaluations of service quality direct consumer's emotions and affect the relationship between customer loyalty and quality (Meirovich, Bahnan, & Haran, 2013). Emotions are both positive and negative depending on how the emotion surfaces (Meirovich et al., 2013). Consumer external, internal, and situational emotions are contributing factors to customer behavior (Svari & Olsen, 2012). Customers experience outer emotions when they blame the service provider, inner emotions when they blame themselves, and situational emotions when neither is to blame (Svari & Olsen, 2012). Svari and Olsen (2012) conducted a study to determine when customers are likely to complain about a service experienced. Svari and Olsen found that customers complain to company personnel when the customer believes the service provider is at fault for the poor service experience. The customer will not complain to company personnel if the customer claims responsibility. The customer would rather complain on social media websites or by word of mouth (Svari & Olsen, 2012).

Customers that affect the service experience of other customers are third party customers (Tombs & McColl-Kennedy, 2013). Third-party customers affect the emotions of other customers whether in a direct or indirect contact. The third-party customer can display dissatisfaction and cause other customers to have a dissatisfying service experience (Tombs & McColl-Kennedy, 2013).

Guerrilla consumer behavior can affect the reputation of the organization or brand, which is detrimental to the wealth and success for organizational decision makers and stakeholders (Koprowski & Aron, 2013). The employees of the organization receive interference or defamation by the customer, and the organization has little legal

protection from the customer. The negativity of the customer influences the organization, customer service experience, and causes physical or mental harm to the employee (Wu, 2015). Guerrilla consumer behavior is a major concern for many organizational leaders.

Organizational decision makers must show awareness of a customer's emotions to service each customer on the customer's individual needs (Svari & Olsen, 2012).

Organizational decision makers' response to social responsibility is important in consumer behavior (Gruber & Schlegelmilch, 2014). Consumers display interest in sustainability and take organizational decision makers' commitment to sustainability into consideration when making determinations regarding a service or product (Taneja, Taneja, & Gupta, 2011). Shin and Thai (2015) indicated that customers have a positive attitude toward organizations who have moral values and practice corporate social responsibility. Consumers are focusing less on emotional attributes and more on social and environmental responsibilities when relating to the brand of a particular service or product. In the past, consumers focus solely on emotional aspects to determine feelings and behaviors toward an organization (Taneja et al., 2011). Issues such as social responsibility and environmental concerns have a crucial role in the feelings and behaviors toward an organization's services and products.

Customer behavior, both negative and positive, connects to several different theories of consumer behavior. Customers will behave on impulse, a cognitive and emotional aspect of behavior (Khan, Humayun, & Sajjad, 2015). Materialism is a factor; customers behave by a status they are trying to uphold (Dittmar, Bond, Hurst, & Kasser, 2014). Customers will behave for self-enhancement reasons (Lee, Gregg, & Park, 2013).

To handle customer satisfaction effectively, service providers should remain aware of both negative and positive customer behavior (Stock & Bednarek, 2014).

**Service provider behavior.** The service industry includes 94.6% of all added jobs between 2014 and 2024. Service jobs will include 9.3 million new jobs, and 3.8 million new jobs will apply in the social assistance and healthcare field (U.S. Bureau of Labor Statistics, 2015). Service providers are front line employees at the forefront of the organization and the first individuals that customers have contact (Gounaris & Boukis, 2013). Customers often link a service provider's behavior to the rating of the customer service experience (Lin & Liang, 2011). A provider's social skills, values, and organizational commitment are traits that positively affect the customer experience (Murale, Singh, & Preetha, 2015). Jiun-Sheng and Chia-Chuan (2011) used qualitative research interviews and 11 hypotheses to explain the effect of customer compliance in high contact service settings. Service providers with social skills, expertise, and customer orientation are successful in receiving a satisfactory rating from customers (Jiun-Sheng & Chia-Chuan, 2011). Customer compliance is extremely necessary for high contact service interactions with customers. A service provider's interactions with customers are critical to customer satisfaction, loyalty, and organizational success (Handa & Gulati, 2014).

Organizational decision makers do not require employees to express cooperative or social discretionary behaviors toward internal or external customers (Dekas, Bauer, Welle, Kurkoski, & Sullivan, 2013). However, employees that express discretionary behaviors towards customers have a higher rate of satisfied external customers (Dekas et

al., 2013). Voluntarily helping coworkers and customers are helpful discretionary behaviors (Dekas et al., 2013). Celebrating successes and birthdays with coworkers and customers are discretionary social behaviors (Dekas et al., 2013). Nine focus groups that consisted of 75 Google employees from different departments and various parts of the country participated in a study (Dekas et al., 2013). Focus groups had seven to 10 participants in each cluster. The focus of the study was the changing discretionary behaviors and the importance to the success of the organization. Employees that display both social and helping behaviors toward internal and external customers have a higher rate of external customer satisfaction. Social behaviors and helping behaviors are new organizational citizenship behaviors, which link to the success of an organization (Dekas et al., 2013).

Emotional performance is expressive employee behaviors that are non-verbal (Gabriel, Acosta, & Grandey, 2015). Making eye contact, smiling, and speaking in a pleasant tone are emotional performances that links to customer satisfaction (Gabriel et al., 2015). Employees link the organization to the customer. Therefore, an employee's emotional performance is important when interacting with customers. Organizational leaders who promote emotional employee performance delivers a better quality of service to their customers (Gabriel et al., 2015).

### **Customer Satisfaction**

The increased competition in the global market makes customer retention and loyalty an important objective for organizations (Gounaris & Boukis, 2013). Increasing levels of customer satisfaction through relationship building means positive benefits for

organizational decision makers (Giovanis, Athanasopoulou, & Tsoukatos, 2015).

Customer loyalty is a link to customer perceived quality, satisfaction, and trust (Giovanis et al., 2015; Gounaris & Boukis, 2013). Mathies and Burford (2011) conducted a qualitative study of 800 frontline workers from different areas of the service industry to explore gender differences in the perceptions of customer service. Male employees perceive customer satisfaction as the outcome of the entire interaction, and female employees perceive customer satisfaction as emotional results and interactions with the customer. The overall perception of customer service by both male and female employees include the idea that customer satisfaction aligns with listening to the customer and making the customer happy. Highly skilled employees who are committed to their organization have a better ability to satisfy the customer (Almutawa et al., 2016). Skilled employees rated higher in customer satisfaction. Emotionally competent employees have a better opportunity of ensuring customer satisfaction because of their ability to establish a rapport with the customer (Delcourt, Gremler, Van Riel, & Van Birgelen, 2013).

The customer culture has an impact on the level of satisfaction a customer perceives in the service encounter (Leung, Lee, & Law, 2011). Leung et al. (2011) explored customer satisfaction of Chinese and American customers in a hotel setting using customer ratings as the source of data. Expectations of American consumers were much higher than expectations of Chinese consumers. Chinese customers prefer non-aggressive behavior in public and American customers demand honesty and interdependence (Leung et al., 2011).

Customer complaints are factors in customer satisfaction (Fan, Maio, & Wu, 2013). Using E-commerce is easy and quick for customers to complain through operative word of mouth and social media. Fan et al. (2013) indicated several researchers found that organizational decision makers who handle complaints well have high customer loyalty and retention rates. Organizational decisions makers must know the cause of customer complaints before they can create complaint prevention strategies (Fan et al., 2013). Consumer forgiveness is a coping strategy that many researchers fail to explore (Tsarenko & Tojib, 2015). Consumer forgiveness exhibits that service failure is not the only outcome of a service encounter. Consumers desire to forgive in a situation of service failure can promote a positive outcome to a negative situation.

When customers complain, organizational decision makers have three forms of explanations for the negative service encounter (Chan & Ngai, 2010). Explanations are excuses that remove the organization from doing wrong, apologizes leads to remorse and confession, and justification that accepts responsibility but denies the bad quality associated with the encounter. Chan and Ngai (2010) conducted a qualitative research study of 439 complaints from customers. Customers are likely to remain loyal to an organization that provide an explanation and accepts responsibility for the negative service encounter (Chan & Ngai, 2010). Complaining customers want an explanation as to why the service encounter failed (Chan & Ngai, 2010; Tsarenko & Tojib, 2015).

Organizational decision makers should welcome consumer complaints because most consumers who do not complain regarding a negative service encounter will change service providers (Au, Buhalis, & Law, 2014). Dissatisfied customers usually are not



willing to take the time to complain; consequently, only 5% of customers make a complaint expressing dissatisfaction (Au et al., 2014). Ensuring customer satisfaction strategies are a critical source in resolving high rates of customer complaints (Fanet et al., 2013).

### **Customer Loyalty**

Retaining existing customers is cheaper than the cost of attracting new customers (Iqbal, 2014). Customer service is a primary source of maintaining repeat customers also known as loyal customers (Kursunluoglu, 2014). Customer loyalty is a link to many factors such as service quality, customer satisfaction, corporate image, and relationships (Giovanis et al., 2015; Richard & Zhang, 2012). Customer loyalty is a direct result of customer satisfaction (Padin et al., 2015). Richard and Zhang (2012) described researchers as focusing mainly on service quality and trust when exploring customer loyalty, and only a few researchers focus on customer loyalty relating to the corporate image. The corporate image is an individual's feelings and beliefs regarding an organization and is the final impression a customer feel towards an organization (Richard & Zhang, 2012). Trust and commitment is important factors in customer loyalty because trust and commitment are sources of relationships between the customer and provider (Bowen & McCain, 2015). Corporate image although limited in research is also a primary source of customer loyalty because a company's reputation influences customer loyalty (Richard & Zhang, 2012).

Customer loyalty and customer service relate because when a customer experiences good customer service from a provider, the customer will use the service

again (Bowen & McCain, 2015). Kitapci, Akdogan, and Dortyol (2014) explored the effects of provider customer service on customer satisfaction, customer referrals, and customer loyalty in healthcare. Data collection came from 369 patients using a range of healthcare services. The intent of the study was to determine if improving customer service and service quality increases customer referrals and customer loyalty in healthcare. Kitapci et al. (2014) revealed that customer satisfaction has a significant effect on customer referrals and loyalty in healthcare.

### **Perceptions of Customer Service**

Perception is an emotional, cognitive process of a person's worldview, which the person evaluates and interprets by forming a sense of reality (Burkitt, 2013). An individual's perception of a situation becomes the person's reality of the situation. A person's social and physical environment affects their perception and emotions (Jiun-Sheng & Haw-Yi, 2011). A formulation of 11 hypotheses from psychology tested the effects of a person's social and physical environment on perceptions and emotions. The conclusion of the analysis suggested a person's physical environment has a positive effect on perception than an individual's social environment (Jiun-Sheng & Haw-Yi, 2011).

In a service organization, the customer's perception of a quality service encounter is important to satisfaction (Martin, 2016). A few perceptions regarding customer service are from consumers, suppliers, and small business managers (Sumarjan, Arendt, & Shelley, 2013). Research studies that include perceptions of individuals are usually qualitative studies regarding similarities and differences (Prentice, 2013). Prentice described qualitative studies conducted by phenomenological researchers as lived

experiences and a case study of perceptions. Gazolli, Hancer, and Kim (2013) used a two-way sample design interview to integrate customer and employee perceptions. Gazolli et al. gathered data from 186 employees and 1,117 customers to explore how employee-customer orientation persuades a customer's perception of the service experience. Employee commitment and job satisfaction provide the employee with a high level of customer orientation behavior (Gazolli et al., 2013). The high degree of customer orientation behavior by the employee allows the customer to have a positive perception of quality. Customer perception of customer service is essential (Amirosadat, Esfahani, & Moshkforosh, 2013). Petrokaite and Stravinskiene (2013) stated the most important stakeholder in any organization is the customer. The customer's perception, expectations, and experience with an organization will create the corporate reputation of the organization (Petrokaite & Stravinskien, 2013).

Julien and Tsoni (2013) indicated that customer service researchers neglected to explore front-line employee perceptions in the research of quality customer service (Julien & Tsoni, 2013). Front-line employee attitudes are critical because front-line workers are the individuals that have first and direct contact with customers (Mathies & Burford, 2011). Julien and Tsoni (2013) explored the similarities and differences of front-line employees and customer perceptions of customer service. The purpose of exploring the similarities and differences is to recommend a strategy to ensure that organizations are meeting customer expectations of quality customer service (Julien & Tsoni, 2013). Front-line employees have a difficult time placing themselves as a customer. Front-line employees either underestimate or overestimate quality customer

service comparing to the customer perception of quality customer service. Every employee is different regardless of organizational culture (Gazolli et al., 2013). A customer's perception of quality customer service is the extent of service the customer receives from the employee. The customer whose needs are satisfied and who receives pampering by the employee will perceive the customer service experience as quality. The customer will not recognize the service experience as quality if the customer needs are not met (Gazolli et al., 2013).

### **Customer Service in Healthcare**

In the growing healthcare industry of economic and social importance, Hellen and Saaksjarvi (2011) agreed that researchers should place the concern on healthcare because people are living longer and in need healthcare services. Hellen and Saaksjarvie suggested many researchers report adverse services are unpleasant to experience because customers base customer service experience on feelings rather than the service outcome. Alrubaiee and Alkaaida (2011) reported good service and relationship building as factors in a customer perception of quality service. In previous years, hospitals received ratings by the quality of medical services they provide (Itumalla, 2012). In the healthcare industry, a satisfying customer service experience must include customer involvement in the decision-making process (Rangachari et al., 2011).

Slater (2011) explored organizational cultures effect on staff delivering customer service, employee turnover, and employee stress in a children's cancer hospital. The participants interviewed were 16 employees in their work settings at the hospital. A positive company culture makes a difference in the ability of staff to deliver quality

customer service in high-stress hospital environments when adversity exists, such as death and terminal illness of patients (Slater, 2011).

Pflueger (2016) described healthcare as competitive, and hospital leaders realize patients are demanding a better quality of care and customer service. Hsu, Chang, Huang, and Chiang (2011) explored nurse perception of social capital, organizational commitment, and customer-orientation behavior from 797 full-time registered nurses in a Taiwanese medical center. Participant data, from the questionnaires, completed by the nurses, revealed that highly committed nurses are engaging in providing excellent customer service to patients (Hsu et al., 2011). Hospitals and medical center leaders should encourage nurse commitment to ensuring delivery of healthy social interactions and customer service. Austin (2011) argued that nurses should worry only about patient care rather than provide customer service to patients. Nurses provide the appropriate care for patients and do not have time to worry about providing customer service. From Austin's description, customer service and patient care have nothing in common.

Some government officials, using Medicaid and Medicare programs, focus on patient surveys of quality service and patient satisfaction including customer service (Cliff, 2012). Although, Austin (2011) stated customer service and patient care have nothing in common; government officials are weighing customer service to determine hospital pay. Mekoth, Babu, Dalvi, Rajanala, and Nizomadinov (2011) described customer service as more than just a smile. Consequently, customer service in healthcare consists of patient registration, wait times, physician behavior, staff supportiveness, and hospital atmosphere.

Mohebifar, Hasani, Barikani, and Rafiei (2016) conducted a study of 266 women and 94 men from a hospital facility and revealed that physical environment, equipment, and cleanliness were high on a patient's perception of quality service. Mekoth et al. (2011) conducted another observation study of 209 outpatients, 155 males, and 54 females, from a health care facility. Mekoth et al. (2011) explored patient perceptions of service quality that leads to satisfaction, loyalty, and recommendations. A significant relationship exists between physician quality and patient satisfaction. Customer wait time and registration at the clinic are not favorable, but the two services are critical and need improvement for the hospital staff to measure high in customer service (Mekoth et al., 2011).

Customer satisfaction is a standard for customers to measure the performance of an organization (Graca et al., 2015). In healthcare, patients and family members usually judge the quality of patient care rather than by the actual service (Xu, Quazi, & Nandi, 2011). Many assumptions exist in healthcare when involving patient satisfaction and customer service (Makarem & Al-Amin, 2014). Customers usually do not understand the difference of customer service and patient care. Makarem and Al-Amin (2014) and Xu et al. (2011) indicated that customers in healthcare assume that providers are clinically capable of providing quality customer service. A gap in the literature exists in the differences between customer service and patient care (Xu et al., 2011).

### **HCAHPS Patient Satisfaction**

The United States healthcare system personnel designed a survey instrument to measure and compare healthcare services known as the HCAHPS (Dockins, Abuzahrieh,

& Stack, 2015). The strategy for management using HCAHPS survey is to improve patient satisfaction and healthcare services (Dockins et al. 2015). Leaders with the Centers for Medicare and Medicaid services (CMS) created the Hospital Value-Based Purchasing (VBP) program with HCAHPS as one of the components (Kahn, Iannuzzi, Stassen, Bankey, & Gestring, 2015). The VBP program tied to a Total Performance Score (TPS) comprises of two areas, a clinical process of care, and a patient experience of care (Kahn et al., 2015). The clinical process of care is 70% of the TPS, and the HCAHPS is 30% of the TPS. The purpose of the HCAHPS instrument is to measure patient perspectives of hospital care and make valid comparisons across all hospitals to support consumer choice (Centers for Medicare and Medicaid Services, 2015).

Consumer satisfaction in healthcare is necessary for organizational leaders to meet goals, obtain revenue, and stay competitive in the healthcare market (Kim, Gaukler, & Lee, 2016; Vogus & McClelland, 2016).

Public reporting of the HCAHPS results creates hospital incentives, transparency, accountability, and improves the quality of care (CMS, 2015). The Centers for Medicare and Medicaid Services personnel reimburses hospital staff for patient Medicare and Medicaid services in reflection to the hospital HCAHPS scores that reflect qualitative measures rather than quantitative measures (McCaughey, Stalley, & Williams, 2013). The purpose of the HCAHPS is to report patient perceptions and outcomes of their hospital experience (McCaughey et al., 2013).

McClelland and Vogus (2014) conducted a study with prominent hospital leaders from 269 non-federal acute care hospitals in the United States. The purpose of the study

was to explore compassion practices from the patient perception of quality of care to determine the effects of HCAHPS scores and patient hospital recommendation (McClelland & Vogus, 2014). McClelland and Vogus (2014) revealed that hospital leaders who reward employees for compassion and provide employee support during difficult times have a higher level of patient satisfaction. Elliott et al. (2012) conducted a study of 1,971,632 patients discharge from 3,830 hospitals from July 2007 to June 2008 after completing HCAHPS surveys. The purpose of the study was to compare satisfaction scores of male and female patients on 10 HCAHPS dimensions including communication, discharge information, and cleanliness. Elliott et al. (2012) indicated that female patients had less positive experiences with communication than males. Female patients had higher expectations for communication with hospital staff and had higher expectations for cleanliness of the hospital (Elliott et al., 2012).

The HCAHPS is for patient satisfaction and funding, and it is for improving the quality of patient care to lower hospital readmission (Traynor, 2013). The VBP program personnel reward high-performing hospitals with payment and no payment compensation for low-performing hospitals (Figueroa, Tsugawa, Zheng, Orav, & Jha, 2016). The low-performing hospitals face penalties losing 1% of Medicare payments. Hospital managers increase of customer service awareness is in response to their obligation to Medicare to post customer satisfaction data from the HCAHPS surveys on hospital websites (Sweeney, Warren, Gardner, Rojek & Lindquist, 2014).



### **Patient Satisfaction in Other Countries**

The criticalness of patient satisfaction to maintain a competitive advantage in healthcare goes beyond the American Healthcare system. Studies conducted in India and Thailand revealed the process of customer satisfaction in the growing healthcare market (Murthi, Deshpande, & Srivastava, 2013; Yousapronpaiboon & Johnson, 2013). The Indian view of patient satisfaction is achieving useful concepts for the patient whereas the patient can reach a goal and have a healthy life (Itumalla, 2012). The Thai view of patient satisfaction has eight dimensions of service quality, features, reliability, performance, durability, confirmability, esthetics, serviceability, and belief in quality (Yousapronpaiboon & Johnson, 2013). Consequently, research results in every country have different views and include different dimensions or a combination of dimensions in customer satisfaction (Itumalla, 2012). The American view of patient satisfaction has five dimensions of service quality, empathy, tangibility, reliability, assurance, and responsiveness to patient needs.

Yousapronpaiboon and Johnson (2013) compared the service quality between 10 public and private hospitals in the medical hub of Asia in Thailand. Four hundred patients answered questions by interview regarding the quality of the hospital stay (Yousapronpaiboon & Johnson, 2013). The participant responses reveal that private hospital patients perceive hospital stay at a higher quality than patients in the public hospitals. Patients in private hospitals trust staff and believe the staff has the knowledge, experience, and distinctive personalities. Private hospitals have a higher rating than public hospitals. Itumalla (2012) described researchers as using many different

instruments to measure service quality worldwide. Regardless of the country, healthcare growth is happening worldwide, and hospitals worldwide are seeking ways to improve patient satisfaction (Makarem & Al-Amin, 2014; Murti et al., 2013).

### **Summary of Literature**

The purpose of this qualitative exploratory single case study was to explore the strategies used by hospital managers to improve customer satisfaction. Customer service and understanding the needs of the customer are major parts of every organization (Venugopal & Priya, 2015). Hellen and Saaksjarvi (2011) indicated that researchers conduct numerous studies on customer service; however, few studies consisted of customer service in adverse services such as hospitals. Limited research exists regarding hospital manager's strategies for customer service. Papp et al. (2014) conducted a research study using focus groups of eight to 10 patients and healthcare providers. The purpose of the study was to report the opinions of quality health care and service from patients and service provider perspectives. The service providers consisted of nurses, doctors, and workers that have patient contact daily. Patients believe good healthcare service is when nurses update patients on all aspects of care. Healthcare providers think communication should remain the primary basis of the job (Papp et al., 2014).

Customer service and loyalty, a strong service orientation, and service environment are areas reflecting on customer service (Handa & Gulati, 2014). Industries such as retail, insurance, and banking have extensive research in customer service literature (Julien & Tsoni, 2013; Kermani, 2013). Hellen and Saaksjarvi (2011) claim that investigators are just beginning to focus on customer service research in industries

such as higher education and healthcare. The most research literature in healthcare includes expectations and opinions of service quality, and customer satisfaction as opposed to strategies for customer service (Slater, 2011). Research studies conducted on expectations of healthcare administrators, customers and suppliers align with strategic change and patient quality of care (Cliff, 2012; Hsu et al., 2011).

Customer service is subjective and not measurable leading to the many different areas of exploration in customer service. Lin and Liang (2011) placed the idea that customer expectation is the primary factor in the opinions of customer service. Gallan, Jarvis, Brown, and Bitner (2013) have the perception that customer participation in the service experience demonstrates satisfaction. Relationship researchers such as Ali and Ndubisi (2011) suggested quality customer service comes from respect and rapport with customers. Kermani (2013) stated employee satisfaction and a favorable work environment influences an individual's ability to deliver quality service to customers. Finally, Kang et al. (2013) reported that the delivery of quality customer service revolves around relationship building. Hellen and Saaksjarvi (2011) claimed that researchers in service literature neglect customer service in healthcare. Healthcare is a business and competitive industry (Nelson & Sen, 2014). However, Austin (2011) reported that healthcare workers, especially nurses should focus on patient care rather than provide customer service.

### **Transition and Summary**

In the changing economy, healthcare is more like a business (Itumalla, 2012). Patients and customers in healthcare are demanding a higher quality of care and customer

service. When patients experience poor customer service, an adverse effect exists on the overall view of the healthcare organization. The purpose of this qualitative exploratory single case study was to explore the strategies used by hospital managers to improve customer service. Hospital administrators and other healthcare administrators can use the data from the study to create plans for improvement in customer service for the patient and customer satisfaction. Implementing customer service strategies can improve patient satisfaction and quality of work for healthcare providers (Hsu et al., 2011).

Implementing customer service strategies can lead to increase government funding for hospitals causing a competitive advantage for healthcare organizational decision makers (Hellen & Saaksjarvi, 2011). Section 2 includes the methodology and focus of the single exploratory case study and proceeds with the research design to understand the strategies of hospital managers. Section three of the study includes the findings of the research and provides answers to the proposed research question. In section 3, I present the implications of social change, recommendation for action and further research, reflections, and conclude the research study.

## Section 2: The Project

In Section 2, I discuss the purpose of the study, my role as researcher, and the participants. I also describe the research methodology, research design, population, research instrument, data collection, and data analysis.

### **Purpose Statement**

The purpose of this qualitative exploratory single case study was to explore the strategies used by hospital managers to improve customer service. The population for the study included five hospital managers from a Nevada hospital who have implemented customer service strategies. Improvement in a hospital manager's customer service strategies may lead to positive social change by improving customer satisfaction while establishing a continuous service base of loyal customers (Ozlu & Azun, 2015). Identifying how some hospital managers' strategies of customer service will provide other hospital managers with the knowledge to improve hospital performance. The hospital manager strategies I discuss in this study may help other managers implement innovative strategies for patient-focused customer service and improve the overall customer experience in healthcare.

### **Role of the Researcher**

In the role of a researcher, an individual must understand the desires and needs of the community and the benefits the research will produce for the community (Fassinger & Morrow, 2013). In my role as researcher, I found participants and established relationships with them, worked to eliminate all internal personal bias, and collected and reported the data. My prior work experience has been with professional development,

and I have trained staff and students on customer service skills. This experience has included a working relationship as an education recruiter with over five hospital managers in the Nevada hospital system. Five hospital managers participated as study participants, and I gave each equal treatment and respect for their information.

The Belmont Report of 1979 included ethical principles and guidelines for researchers to follow when using human subjects for research (U.S. Department of Health & Human Services [USDHHS], 2015). The Belmont Report outlined ethical practices that include respect for human subjects, beneficence, justice, transparency, volunteerism, and informed consent (USDHHS, 2015). To mitigate bias, I audio recorded the conversation and transcribing the interviews word for word. I also worked to remain aware of alternative perspectives, and to remove any personal or perceived thoughts regarding customer service (see Hansman, 2015). A challenge in asking questions is getting answers. When using interview protocols, an interviewer should ask follow-up questions to minimize bias and ensure that the participants provide in-depth answers (Jacob & Furgerson, 2012). Throughout the interviews, I used an interview protocol to facilitate the interview process and reduced the potential for bias by ensuring the correct interpretation of the responses.

### **Participants**

The criteria for participation in this study were that participants must have been working as hospital managers from a hospital system in Nevada, and must have implemented strategies to improve customer service. Participants chosen for a research study must have sufficient knowledge of the research topic (Elo et al., 2014).

Participants who are most familiar with a topic generally provide data that is more meaningful for researchers (Zivkovic, 2012). Thus, it is best to select participants who are competent and have experience in the research area (Merriam, 2014). My choice to include hospital managers, as participants was by my intention to understand the customer service strategies they implemented in hospitals to improve customer service.

A variety of communication channels exists such as email, telephone, face-to-face interaction, and social media. Snyder and Joo (2013) indicated that telephone communication is an appropriate method for use in research when sharing knowledge or interests. Recruitment by phone is a good strategy for researchers seeking a higher rate of individual acceptance to participate in a study (Leonard, Hutchesson, Patterson, Chalmers, & Collins, 2014). Darcy-Jones and Harriss (2016) reported that telephone communication is a way of gaining rapport and recruiting research participants. I recruited five participants through telephone contact after getting their names and contact information from a list of hospital personnel. In my initial contact with participants, I invited them to participate in my study and informed them that their participation was voluntary. I established a working relationship with the participants through email and telephone once they agreed to participate in the study. Lipset (2014) indicated that people around the world use the internet as the best method to establish relationships. People's use of email is rapidly increasing as a substitute for face-to-face communication and interaction (Uddin & Jacobson, 2013). Email communication now supersedes traditional and physical communication because people can quickly transmit the message

to the intended party (Cristian & Volkamer, 2013). I used email communication to reach out to participants to verify dates, times, and places for interviews.

### **Research Method and Design**

Boblin, Ireland, Kirkpatrick, and Robertson (2013) indicated that healthcare researchers have increasingly used the qualitative case study approach. I determined that a qualitative exploratory single case study was best to explore the strategies hospital managers use to improve customer service.

### **Research Method**

I used a qualitative single case study design. Yin (2014) indicated researchers who want to elicit *what* and *how* answers regarding a strategy or process use the qualitative research method. Qualitative methods give researchers the opportunity to retrieve detailed data from the participant's perspective (Elo et al., 2014). I sought to compile data regarding customer service strategies in the real-world context from hospital managers. Sinkovics and Alfoldi (2012) indicated that qualitative researchers formulate open-ended questions; however, additional questions may emerge throughout the research study. The flexibility is essential to probing the subjects and asking for additional information to explore what the participant is saying (Ranney et al., 2015). My intent was to retrieve in-depth information from the participants through semistructured interviews, and to probe the participants for additional input on the strategies of customer service. During the interviews, the hospital managers revealed the strategies they use for customer service and how these strategies affect customer service in hospitals.



McCusker and Gunaydin (2015) explained that the quantitative research method is not appropriate for a study if a researcher seeks to understand experiences and attitudes regarding individual situations. Reale (2014) indicated that healthcare researchers find difficulty using quantitative research to incorporate hypotheses on reoccurring social experiences. Quantitative research is appropriate when a problem exist with many variables (Yilmaz, 2013). Mixed method research is a combination of qualitative and quantitative research combined to answer difficult questions (Archibald, 2015; Hayvaert et al., 2013). Hayvaert et al. (2013) stated mixed methods research takes too much time to complete. Mixed method research was not appropriate for this study because mixed method research includes both qualitative and quantitative data (McCusker & Gunaydin, 2015). The study did not include an examination of variables. The qualitative research method was useful to explore a phenomenon and reveal the source.

### **Research Design**

I used a single exploratory case study design. Single case study research is necessary when the intent is to obtain an up-close and in-depth understanding of an individual case (Yin, 2014). Yin (2014) described case study researchers as focusing on the integrity and wholeness of a case within its real world context. Case study research is useful when studying organizations to ask *what*, *how*, and *why* questions regarding events over which the researcher has no control (Lalor et al., 2013; McCusker & Gunaydin, 2015). This case study revealed up-close and in-depth information regarding the strategies that hospital manager's use to improve customer service, thus improving customer satisfaction. A connection must exist between the case study participants and

the case. In an exploratory case study, the intent is to explore the research question to determine the nature of the issue and to receive a better understanding of the problem (Mollick, 2014). Through the case study research design, I explored the elements from a healthcare managers' perspective

Other qualitative research designs that I considered were ethnography, phenomenology, and narrative. Ethnography is the exploration of patterns shared among groups of individuals and cultures (Kalou & Sadler-Smith, 2015). Ethnographic researchers can participate in cultural events with the participants to observe and investigate for research purposes (Zou, Sunindijob, & Dainty, 2014). Studying the culture of the hospital might have provided useful information. However, the purpose of the study did not include participating or observing hospital staff, but rather reporting strategies of customer service. The ethnographic research design was thus not appropriate for the research study.

Lien et al. (2014) indicated that phenomenological researchers attempt to understand life experiences of individuals in real life settings. Phenomenology includes embracing direct and extensive experiences in an environment where the world and life unite (Stienstra, 2015). The phenomenological approach was not an appropriate design because the purpose of this case study was to explore hospital managers' strategies for, rather than experiences of, customer service. In the narrative research design, the researcher may provide information relating to the history of an individual's life (Loo et al., 2015). Paschen and Ison (2014) indicated that researchers who use the narrative research design describe participant experiences through storytelling using a holistic and

innovative approach. Narrative research participants share biographical information and information regarding their practices and experiences (Barkhuizen, 2014). The narrative approach was not appropriate for this study because my focus was not on biographical information or storytelling.

Marshall et al. (2013) indicated that data saturation occurs when the same information repeats, and no new information or themes emerge. I continued checking data until the information was repetitive and no new information arose. Member checking consists of sharing the interpreted information with the participant for confirmation and validation (Harvey, 2015). Member checking is useful to ensure data saturation because the interviewer can obtain correct and in-depth data from the participant (Yin, 2014). I used member checking to validate the data and ensure that it was clear and correct. I reached data saturation when no new information or themes emerge from the data collected.

### **Population and Sampling**

The study included hospital managers from a hospital system in Nevada. The participation criteria were that participant must have been working as hospital managers who had implemented customer service strategies. I used purposive sampling as the sampling method for this research study. Barratt, Ferris, and Lenton (2015) indicated that researchers use purposive sampling to gain insight and discover a better understanding of the phenomenon. Merriam (2014) described purposive sampling as the process of selecting participants because of their competence and experience with a given topic or situation. A purposive sample includes qualified members in the field who can produce

an abundance of detail information (Yilmaz, 2013). The population for the study included five hospital managers from a Nevada hospital who had implemented customer service strategies improving customer satisfaction. In a purposive sampling, Elo et al. (2014) indicated that researchers choose participants who acquire the best knowledge and experience of the research topic. For this study, I purposively selected hospital managers because they are in the best position to provide in-depth insight because of their experience and knowledge.

Marshall, Cardon, Poddar, and Fontenot (2013) noted that sample size would depend on the researcher's inquiry and the purpose of the study. Yin (2014) indicated that the sample size must appear adequate to ensure data saturation. Data saturation occurs when no new information emerges, and responses are redundant. The best sample size to use for qualitative research studies will depend on the purpose of the study, research questions, and the value of the data collected (Elo et al., 2014). The size of five hospital managers constitutes over 63% of the managers at the hospital system who create and implement strategies for customer service. Small sample sizes in research are appropriate when participants consist of experts or individuals with the experience and a high level of knowledge regarding the subject (Yilmaz, 2013).

Elo et al. (2014) described saturation of data as appropriate to indicate the best sample size for the study. Data saturation occurs when no new factors or terms emerge to add to the patterns in the research (Marshall et al., 2013). The adequacy of the sample size should remain sufficient to include consistent patterns with no new information (Yin, 2014). To ensure data saturation, Elo et al. (2014) noted that researchers should start the

data analysis process after a few interviews. Data saturation occurred through the preliminary analysis of data collected and when hospital managers provided no new information on strategies for customer service.

I interviewed hospital managers who were insightful of the customer service strategies they implement at the hospital. I set up face-to-face and phone interviews through telephone contact then email. Phone interviews were an option for participants who requested to meet by phone because of time conflicts with work or their personal life. Although coffee shops and restaurants are convenient locations, they are usually noisy places (Jacob & Furgerson, 2012). Restaurants and coffee shops are not an option for meeting unless a semi-private room is available away from the other customers. The purpose of recording the interviews was to focus on listening and understanding what the participant was revealing; therefore, a location such as a library or a quiet place was most appropriate. The interview lasted no longer than one hour.

### **Ethical Research**

Ethical research is a major requirement in an academic graduate level education (Osungbade, Ogundiran, & Adebamowo, 2014). I obtained approval number 10-14-16-0333274 from the Walden University IRB board before conducting the research to ensure proper protection for the research participants. Hospital managers who were willing to participate in the research study signed and dated a consent form to participate in the study. The purpose of the consent form (Appendix A) was to ensure the participants are aware the study is a voluntary process. If a participant decided not to participate in the research study, he or she could have withdrawn at any time without consequence. I

would immediately shred the former participant's interview protocol; notes, consent form, and erase any information collected on the recorder from the participant.

The participants voluntarily participated in the research study with no offering of incentives. Osungbade et al. (2014) indicated that a few requirements for a researcher are honesty, trustworthiness, and protect the integrity of each member in the research. An investigator's concern when using human participants for interviews is protecting the participants (Jordan & Gray, 2014). Interviews were by telephone and face to face in a quiet room. To protect the participants, recording personal names and the hospital name was not necessary. I used pseudonyms to replace the names of participants to ensure confidentiality and stored the data on a flash drive, and locked the data in a file cabinet where it will stay for 5 years. I will shred all paper files such as consent forms and interview notes, erase all audio files, and delete all transcribe files from the flash drive after the 5th year.

### **Data Collection Instruments**

The data collection section consists of information that includes the instruments in the data collection process. Information in this section includes data collection techniques, advantages, and disadvantages of the chosen method. In addition, information on data organization methods concludes the data collection section.

As described by Peredaryenko and Krauss (2013), the human as the researcher is the primary instrument when using the semistructured qualitative interview technique. Kaczynski, Salmona, and Smith (2014) confirmed that the researcher functions as an individual instrument with knowledge during the collection of data. In addition, Smith

described the researcher as an instrument with direct involvement in the exploration of the research participant and providing a better understanding of interactions. Prakash and Mohanty (2015) described the researcher as the instrument, and the value of the research depends on the quality of the researcher. As the primary data collection method, I conducted audio-recorded semistructured interviews and recorded the responses of the hospital managers. As an essential instrument in research, Hansman (2015) described that researchers must remain aware of potential bias throughout the research study and put all personal assumptions aside. Listening to the participant is important and allows them to answer the questions thoroughly before moving to the next question (Jacob & Furgerson, 2012).

The data sources included interview responses, documents of hospital policy and procedures, and HCAHPS qualitative data from the Hospital Compare website. The goal of using semistructured interviews was to create an environment where the participants can provide a comprehensive understanding of their ideas and meanings (Mojtahed, Nunes, Martins, & Peng, 2014). Semistructured interviews are appropriate for exploratory qualitative research because interviewers who use semistructured interviews have the dialogic nature to retrieve quality data generated from the participant (Prowse & Camfield, 2013). Semistructured interviews must include an opportunity to gain deeper understanding of a phenomenon (Bristowe, Selman, & Murtagh, 2015). The research study included eight open-ended interview questions for data collection (in Appendix B). The interview questions for the hospital managers generated answers that described strategies of customer service that contribute to customer satisfaction.

S. M. Chang and Lin (2014) claimed that interview protocols help the interviewer retrieve meaningful statements from the participants. The interview protocol is appropriate to establish consistency in the interview process with instructions and a procedural guide for the research (Brubachera, Poolea, & Dickinson, 2015). The interview protocol should consist of an opening statement for the participants, research questions, prompts for probing questions, and space for comments and reflective notes (see Appendix C). The data collection process included (a) an invitation emailed to participants, (b) a signed consent form from all participants (see Appendix A), (c) scheduling the interview with participants, and (d) meeting with each participant to complete the interview. Yin (2014) indicated that the process check is necessary for a researcher to improve questions and to measure the effectiveness of the instrument. Member checking is the process of verifying the data collected, and making changes to ensure the data is accurate (Harvey, 2015). Member checking is a technique for establishing credibility by asking research participants to validate the interpretation of responses that allows the interviewer to confirm the responses (Green, 2015). Burdaa, Van Den Akkera, Van Der Horsta, Lemmensc, and Knottnerusa (2016) described member checking as crucial to the validity of the research study because researchers can ensure the correct interpretation of the data. To ensure the credibility of the instrument and answers, I used member checking by conducting follow-up interviews with the participants for feedback and verification.



### **Data Collection Technique**

Multiple sources of data collection techniques in qualitative research include interviews, notes, observations, and audio recording (Ranney et al., 2016). Using multiple sources of evidence in qualitative research is triangulation (Yin, 2014). Triangulation is the process to explore a broader range of issues with multiple data collection methods (Shafipour, Mohammad & Ahmadi, 2014). Multiple data collection methods in the research study consisted of semistructured interviews with member checking follow-up interviews, policy and procedure documents, and qualitative data retrieved from the HCAHPS Hospital Compare website.

The disadvantages of using the interview technique are participants' meetings may take extensive time (Jacob & Furgerson, 2012). Williamson, Leeming, Lyttle, and Johnson (2015) described using the interview method to provide the participants an opportunity to reflect on their experiences and to retrieve rich data from the participants. The advantage of using the interview technique is the option to ask continuous questions and probe the participant to receive in-depth responses (Jacob & Fergerson, 2012). Pritchard and Whiting, (2012) indicated that a pilot study by the researcher ensures ethics and effectiveness in the interaction with study participants. Yin (2014) stated that a researcher conducts a pilot study to improve the validity and reliability of the interview instrument. Pritchard and Whiting (2012) indicated that qualitative researchers conduct pilot studies with a pilot group of subjects to pre-trial the data collection and management methods. Conducting a pilot study, described by Pritchard and Whiting, enables the researcher to become comfortable and gain experience in the interview process. To gain

comfort and experience in interviewing participants, I conducted a pilot study after Walden IRB approval. The responses collected from the pilot study did not receive recording and did not receive inclusion in the final study. The pilot study was strictly for practice interviewing. Participants in a pilot study must meet the same criteria as the study participants (Yin, 2014).

I recorded all participant answers from the interviews. The purpose of recording the participant responses was to take notes (DeLyser et al., 2013). The results of participant information may allow an opportunity to ask additional questions and ensure to retrieve in-depth data from the participants (Qu & Dumay, 2011). The recording device for the interviews is a handheld audio recorder that records up to 1,600 hours of data. After each recorded interview, I copied the recorded file onto a flash drive and erased the file from the recorder. The purpose of erasing the file was to protect the confidentiality of the participant (DeLyser et al., 2013). The purpose of recording the file onto the flash drive was to store the flash drive in a locked file cabinet where no one can retrieve the file for 5 years before destroying all files.

Step 1 in the data collection process was to schedule interviews with the study participants through telephone contact. The participants had the opportunity to accept or decline the interview invitation. I sent copies of the consent form (see Appendix A) to the participants by email after scheduling the interview. When sending a copy of the consent form, the participants must have the option to read the consent form in-depth and ask any questions before signing the consent to participate (Fisher, 2013).

Step 2 was the interview process. Interview participants received a copy of the signed consent inform at the interview location. The interview took place in a quiet meeting room. Qualitative researchers use the interview protocol as a directive guide to lead them through the interview process (Qu & Dumay, 2011). The interview protocol consists of the interview questions, procedures for the interview, the introduction, and conclusion (Jacob & Ferguson, 2012). The interview protocol served as a research guide to retrieve in-depth, meaningful information (S. M. Chang & Lin, 2014). The interview protocol served as a reminder to read the introduction, provide the consent form to the participants, and as an interview guide. After completion of the interviews, I started transcribing the interviews and protocol notes into file documents.

Step 3 consisted of member checking. Yin (2014) described member checking as the opportunity to schedule a second meeting with the participant to review the data to ensure that the information is accurate. The process of member checking is another method to increase the reliability of the study (Harvey, 2015). In addition, member checking is where the participants have an opportunity to check and validate the researcher's interpretations of the responses before data analysis (Firmin, Orient, Steiner, & Firmin, 2013). The following day after the initial interview, I contacted the participants by phone for member checking. The participants verified the data and elaborated further on the meaning of their responses, which provided new and in-depth information.

Step 4 consisted of reviewing and recording the HCAHPS hospital survey qualitative data of patient experiences from the Hospital Compare website. The

importance of the research study reflects in comparing the HCAHPS scores to the data from the interviews, policy and procedure documents, interview protocol notes, and the transcribe notes. The additional source of material aligned with the overarching central research question and contributed to the findings in the study. Comparing all data sources included the strategies hospital managers use for customer service in ensuring customer satisfaction.

### **Data Organization Technique**

The data collected will remain in a locked file cabinet in an electronic folder on a flash drive. Locking the data away ensures the data is secure and not retrievable by anyone else. The folder for the data, named customer service research, has five sub-folders inside. Each sub-folder relates to the participant's participation in the study and the participant status. For example, the hospital manager who participated in the interview first labels as HM1. The proceeding hospital managers labeled from HM2 – HM5. Interview data, member checking data, interview protocols, and transcribe notes are filed in the participant folder. Using labels or codes is to protect each participant's confidentiality (DeLyser et al., 2013). Vohra (2014) used codes and labels to organize the data, explore patterns, and generate themes before data analysis. The labeling of participants is to eliminate the need to record names, titles, and workplace. One sub-folder labeled notes consists of the data retrieved from the HCAHPS hospital compare website and hospital documents of policy and procedure received from hospital website.

I organized the data from the interviews by the number associated with the interview questions. The interview questions received coding by themes, keywords, and

descriptions to capture the data with little interpretation. The codes make establishing patterns of each interview response easier (Mohamadzadeh, Mortazavi, Lagzian, & Rahimnia, 2015). The interviews received transcription word for word onto a word document and posted to a Pdf file labelled by the participant such as HM1– HM5. The notes from the interview will go into a word document using the same user codes HM1 – HM5. Other data such as hospital manager’s documents, including policy and procedures, and information received from the HCAHPS received scanning and stored in a file labeled HMD and HCAHPS. The data will remain on the flash drive and in a locked file cabinet for 5 years. No other person has access to the key and the file cabinet.

### **Data Analysis**

A fundamental challenge of case study research is managing data analysis because the data comes from multiple sources (Lalor et al., 2013). Archibald (2015) indicated that triangulation is an analysis of an issue in research from at least two points. Denzin (2012) defined four types of triangulation, data triangulation, investigator triangulation, theory triangulation, and methodological triangulation. Denzin (2012) described a researcher as a person who uses methodological triangulation through multiple methods to ascertain a broad understanding of the phenomenon. Methodological triangulation is using a combination of different research methods of data collection to answer the research question (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Lodhi, 2016). The data for the study came from methodological triangulation from one-on-one interviews, hospital policy and procedure documents, and data from the HCAHPS hospital compare website.

Lalor et al. (2013) described case study data analysis as a systematic approach that is critical to ensuring the integrity of the method. Before analyzing qualitative data, the data notes need transcribing into paragraph form sentences (Gale, Heath, Cameron, Rashid, & Redwood, 2013). Data collection and analysis of a case study include a systematic approach to ensure ethical methods of the case study are appropriate (Yin, 2014). The systematic approach consists of reviewing all the collected data. Another approach is organizing all the data while seeking out descriptions and explanations of the meanings. To generate standard themes, I transcribed and coded all the data from participant interviews and member-checking follow up interviews, documents of policy and procedures, and the hospital systems results from the HCAHPS hospital compare website to gain an understanding. Searching for meaning and triangulating the key concepts and ideas from the interviews, policy and procedure documents, and HCAHPS data from the hospital compare website to transfer the data into the NVivo 10® data analysis software.

NVivo 10® qualitative data analysis software is the software I used to analyze the data. Woods, Paulus, Atkins, and Macklin (2015) conducted a study of 763 empirical articles on the use of NVivo 10® software and found that healthcare researchers use NVivo 10® most often for data analysis. Kotula, Ho, Dey, and Lee (2015) used NVivo 10® software to code 20 organizations of study by country and industry to create a comparative analysis of strategic sourcing. Houghton, Murphy, Shaw, and Casey (2014) used NVivo 10® software to manage data in a case study using four stages of analysis.

The results of Houghton et al.'s (2014) study enhances the use of NVivo 10® software for analysis in exploratory case study research.

Data analysis is appropriate to obtain significant information from the data collected. Castleberry (2014) stated that researchers import interview data and literature review data into NVivo 10® software to generate themes and patterns from the data. Campbell, Quincy, Osserman, and Pederson (2013) described the purpose of NVivo 10® Software to sort and analyze the input data so the researcher can generate common themes. Campbell et al. (2013) indicated that NVivo 10® software is for gathering similar material to store in nodes also known as categories so the researcher can identify patterns and arising ideas. Campbell indicated that a researcher uses NVivo 10® to categorize themes generated from the data entered and use queries to identify words and phrases. NVivo 10® software is also appropriate with graphs for connections in the data (Esser & Williams, 2014). Graphs and tables are appropriate for trends in the data and display the results of the input material (Castleberry, 2014). Graphs and tables are appropriate to show the data results through visualization (Oliveira, Bitencourt, Zanardo dos Santos, & Teixeira, 2016).

After each interview, I transcribed participant interviews and revealed my interpretation to the participants for member checking the next day. Interview transcription, member checking interpretations, hospital policy and procedure documents, and HCAHPS data from the hospital compare website went into NVivo 10®. Coding is categorizing and grouping the data so themes can emerge (Mohamadzadeh et al., 2015). Comparing and coding the data applied in identifying major themes and patterns in the

participant responses, hospital policy and procedure documents, and the HCAHPS qualitative data. To generate the major themes, I read all the concepts and ideas from all the data and searched for relationships, the same network of ideas, and repetitive key words. Grouping the data into nodes by major themes and patterns included core themes from performing several frequency queries and text search queries in Nvivo. The themes generated were all new themes and had similarities and differences from the themes in the literature review. The results revealed in this study maintain the conceptual framework of the study. The data from the literature review, methodological triangulation, and the findings revealed in the study aligned with the exploration of strategies hospital managers use to improve customer service. I analyzed data from the concepts of the expectation-confirmation theory to assist in interpreting the meaning and understanding of the data. Oliver (1980) explained elements of the expectation-confirmation theory involve concepts of expectations, performance, confirmation, satisfaction, and repurchase intentions. The themes generated in the study include strategies hospital managers use to improve customer service, which include the elements of the expectation-confirmation theory. The employee performance from the strategies identified by the study participants met expectations of satisfaction, received confirmation, and acquired loyal customers for the hospital system.

### **Reliability and Validity**

Reliability and validity are research requirements to ensure the results of the study are valid and credible (Mangioni & McKerchar, 2013). Sinkovics and Alfoldi (2012) argued that there be no definite place in qualitative research for reliability and validity



because neither is directly applicable to qualitative research. Sinkovics and Alfoldi (2012) described qualitative researchers as establishing alternatives such as dependability, creditability, transferability, and confirmability. Qualitative data consists of written and text data such as documents and transcribed interviews (Yilmaz, 2013). Data analysis involves coding, sorting, and sifting data collected from interviews (Chowdhury, 2015).

To ensure creditability as described by Qu and Dumay (2011), the researcher must test the creditability of the participants' information. Creditability is the real meaning of the data or member visions and the researcher's representation and interpretation of participant views (Cope, 2014). Triangulation is a method to enhance creditability in a research study (Denzin, 2012). Dependability is the process of providing detailed information on the research design and process (Harvey, 2015; Sinkovics & Alfoldi, 2012). Methodological triangulation consists of researchers using more than one method to gather information (Denzin, 2012; Lodhi, 2016). Methodological triangulation is in qualitative research studies to enhance data rather than confirm the data (Carter et al., 2014). To enhance creditability, I used methodological triangulation examining notes from the interviews and member checking follow-up interviews, hospital policy and procedure documents, and the results from the HCAHPS hospital survey analysis.

I used hospital policy and procedure documents, hospital manager notes on strategies, and data from the HCAHPS hospital survey website to ensure creditability. Member checking is another important method to ensure dependability and credibility in

qualitative research studies (Harvey, 2015). To ensure accuracy in the interpretation of the participant interview, I requested participant feedback. Cope (2014) suggested Member checking is appropriate after data analysis to ensure reporting of participant data is correct. Member checking is an opportunity for participants to verify the interpretation of their answers (Green, 2015).

I used confirmability to mitigate bias in the data. The use of confirmability is the process of data received and recorded from the responses of the participants (Houghton et al., 2013). Houghton et al. (2013) stated confirmability is not the beliefs of the individual conducting the study. Investigators use an audit trail consisting of interview protocols, notes, and research materials to maintain confirmability (Sinkovics & Alfoldi, 2012). Cope (2014) described researchers as obtaining confirmability from the word for word participant responses and quoting participants when different themes arise. I provided detailed and thorough explanations of research characteristics and organized the data in an accessible format.

Maintaining an audit trail of research notes and materials such as HCAHPS data and transcribed interview data is necessary. Transferability occurs when the results of a research study provide meaning to other individuals and can transfer to similar situations maintaining meaning from the study (Houghton et al., 2013). Cope (2014) suggested transferability would occur if non-participants of the study associate the study results to their personal experiences. Hospital manager's strategies in relations to the delivery of customer service will transfer to other hospital managers who did not participate in the study. In case study research, transferability is through thick description and thorough

background data allowing readers the opportunity to make their comparison (Farquhar & Michels, 2015). Managers in other areas may relate to individual experiences and make comparisons that find the study useful for transferring or further research.

I analyzed the data throughout the study to listen for similar and like patterns in responses to ensure data saturation. Data saturation occurred when different participants repeated the same information, and nothing new emerged (Horter et al., 2014). Saturation manifest when participant responses are the same and no new information emerges; the study responses are repetitive (Marshall et al., 2013). Yin (2014) stated that member-checking interviews are appropriate to ensure correct interpretation of data and assist in achieving data saturation.

### **Transition and Summary**

The purpose of the research was to explore the strategies of hospital managers in providing customer service to patients and customers in hospitals. The study was a qualitative exploratory single case study of hospital managers in Nevada. Section 2 of the study consisted of the researcher's role and the selection of study participants. The sampling methods included the sample size, eligibility criteria, sample size, and the introduction of the participant consent form.

Section 2 contained an explanation of the research method, design, the data collection instrument and technique, ethical implications, data organization tools, and in-depth information on data analysis techniques. Finally, the discussion of reliability and validity in the forms of dependability, creditability, transferability, and confirmability transpired in detail and a plan to ensure data saturation. Section three of the study

includes the findings of the research and answers to the proposed research questions. In section 3, I provide the implications of social change, recommendation for action and further research, reflections, and conclude the research study.

### Section 3: Application to Professional Practice and Implications for Change

#### **Introduction**

The purpose of this qualitative exploratory single case study was to explore the strategies used by hospital managers to improve customer service. My research showed that hospital managers had many strategies to improve customer service. The central research question for the study was what strategies do hospital managers use to improve customer service?

The population for the study comprised five hospital managers from a Nevada hospital system who had implemented customer service strategies to improve customer satisfaction. The data came from semistructured interviews with participants, hospital policy and procedure documents, and qualitative data retrieved from the Hospital Compare website. I transcribed interviews and uploaded the interview data, hospital policy and procedure data, and data from the Hospital Compare website into NVivo 10 software. NVivo 10 assisted me by generating themes from the participant responses. When analyzing the data, 9 core themes emerged, which I associated with three major themes. These three major themes included (a) interpersonal communication, (b) hospital environment, and (c) employee training. The core themes participants used for interpersonal communication were leadership rounding, recovery, and reinforcing. The core themes used to ensure a positive and clean hospital environment were physical environment, company culture, and patient experience. The core themes used for employee training consisted of hiring, feedback, and HCAHPS.

## **Presentation of the Findings**

To answer the primary research question, I used semistructured interviews and member checking to obtain data regarding the strategies hospital manager's use for customer service. Additionally, I reviewed hospital policy and procedures documents, and qualitative hospital data from the Hospital Compare website to triangulate and analyze the key concepts and ideas from the participants' interview data. Denzin (2012) indicated that triangulation is appropriate for a deeper understanding of the findings through multiple data sources. The purpose of this exploration was to answer the central research question for this study: What strategies do hospital managers use to improve customer service? The major themes were interpersonal communication, hospital environment, and employee training. These themes exemplify actions and concepts related to customer service strategies.

The conceptual framework for the study was the expectation-confirmation theory. The expectation-confirmation theory includes the concepts of expectation, performance, confirmation, satisfaction, and repurchase intentions (Tsao, 2013). The expectation-confirmation theory was appropriate to explore the strategies hospital managers use for successful customer service. The expectation-confirmation theory was useful to align the reasons why, what, and how customer service strategies help hospital leaders improve customer service.

### **Emergent Theme 1: Interpersonal Communication**

Interpersonal communication was a major theme that emerged as I sought to understand the strategies hospital managers use to improve customer service.

Interpersonal communication is a form of communication in which people communicate face to face using verbal and nonverbal exchanges of information, emotions, and feelings (Sarapaivanich & Patterson, 2015).

The theme of interpersonal communication was evident throughout the hospital manager interviews, documentation in the hospital policy and procedure manual, and in evaluation on the HCAHPS Hospital Compare website. Sam (Pseudonym) stated communication is the one method that ties all the strategies together toward patient satisfaction. Verbal communication is important to have with patients to learn patient needs and how to help them. Verbal communication is important for hospital managers with hospital staff to ensure that necessary tools are to take care of the patients. Grill, Ahlborg, and Wikstrom (2014) conducted a qualitative study in which they interviewed eight healthcare managers. These participants verified that managers in healthcare should promote interpersonal communication within their hospital because managers communicating with staff provide a quality worklife for hospital staff. Grill et al.'s (2014) findings align with my findings that interpersonal communication is an important aspect to ensure good customer service within hospitals.

Judy (pseudonym) stated that communication with the patient encourages customer feedback because the patient or family member feels comfortable talking about any issues or any concerns. Linda (pseudonym) stated that communication with staff helps the manager reinforce the need for a satisfying patient experience. A manager communicating patient needs to staff members on a regular basis is necessary to ensure the staff buy in and feel a sense of organizational commitment. A study conducted by

Hsu et al. (2011) on nurse communication aligned with the Linda's statement indicating communication with nurses encourage nurse commitment to the organization and an excellent patient experience. Hsu et al. (2011) found that stimulating interpersonal communication with nurses helps them develop organization commitment and results in a higher level of customer satisfaction. Linda verified that Hsu et al.'s findings remain true because patient satisfaction continues to increase as hospital managers communicate patient needs to staff and nurses within the hospital system.

John (pseudonym) referred to communication as the way to address individual needs. He stated,

Communication with staff is important to make sure they understand the empathetic and caring approach that we want to establish when caring for our patients. We also must communicate with the patient to make sure we know exactly what type of environment to create for each patients' comfort.

As explained in the hospital policy and procedure manual, one of the missions of the hospital is to provide spiritual care that mends the mental and physical body and heals the soul. Jan (pseudonym) referenced communication beginning the minute the patient enters the hospital until months after patient discharge. Jan stated that communication is about listening to the patient and family members, and addressing their needs and wants throughout the hospital stay. When a patient receives discharge notification, communication continues by telephone calls directly to the patient to make sure the patient is feeling well and had a good hospital stay.



Participant responses, policy and procedure documents, HCAHPS data, the literature review, and current research included several strategies hospital managers used for customer service. When the major theme of interpersonal communication emerged from participant interviews and the hospital policy and procedure documents, several core themes developed. The major theme developed core themes of leadership rounding, recovery, and reinforcing surfaced while discussing interpersonal communication in the interviews, and were evident in the policy and procedure documents.

**Leadership Rounding.** Participant interview responses and the hospital policy and procedure documents showed leadership rounding was an important strategy in customer service. Leadership rounding is when hospital managers and leaders visit with patients and staff to ensure patient and employee satisfaction. Leadership rounding is a concept used for helping workers achieve their best, increasing trust levels between staff and management, improving operations, connecting with patients, and reducing errors (Blair, 2014). All five participants identified the core theme of leadership rounding to improve customer service for patients in the hospital.

Linda referred to leadership rounding as a process improvement protocol for both patients and hospital staff. Leadership rounding is when top leaders such as directors, vice presidents, and the chief executive officer visit with patients who are admitted to the hospital or emergency room. During these visits, leaders tend to patient care and talk with the patients to make sure the patient is having a satisfactory experience. John and Jan described leadership rounding as a strategy that leaders use to visit with staff and get to know them. Jan referred to the strategy that patients come second and employees

come first. Leaders must ensure the happiness of staff so staff can deliver excellent customer service to patients. John related rounding to employee engagement. When employees believe that managers care about them, then employees will start to engage with the patients and make sure the patients have an excellent patient experience.

Engaged employees will focus on the goals of the organization. Leaders start the practice of engagement, and employees will then buy-in and become engaged. Linda indicated that elbow-to-elbow interaction with staff helps leaders reinforce the customer service strategy and helps front line staff deliver quality customer service. Sam and Judy related leadership rounding to bringing up morale for front line staff. Judy stated that when leaders work side by side with front line staff, it gives the staff a sense of pride and appreciation, and it inspires the employee to want to do better.

Rijal (2016) found that organizational leaders have a major role in creating a positive environment for employee engagement and customer satisfaction. In the hospital policy and procedure manual, one of the hospital organization's missions is to collaborate with others and the community to improve the quality of care and life. Rounding is the process of organizational leaders collaborating with front line staff and patients to ensure excellent customer service to both staff and patients. John stated, "Rounding helps improve the internal customer experience to promote employee engagement and improve the external patient experience to promote patient satisfaction." In a service organization, the customer-oriented approach is when leaders create value for both the internal and external customer (Conduit et al., 2014). As related to the central research question,

Minjoon and Shaohan (2010) indicated internal customer satisfaction directly relates to improved customer service and external customer satisfaction.

Three hospital managers shared that leadership rounding is the strategy that worked the best for improving customer service for both staff and patients. Sam reported that the visibility of leaders gives both the patients and staff a sense of genuineness. Judy said the effectiveness of the leadership rounding puts a face to a name and makes the hospital more down to earth for patients and staff. Linda stated leadership rounding is best at improving customer service because it provides the leader an opportunity to talk with patients and staff and smooth out any discrepancies before they occur. Rounding is especially helpful to ensure good scores on the HCAHPS surveys and reimbursement payments from CMS. The five hospital managers mentioned leadership rounding as being one of the most important strategies to ensure communication for patients and staff, and to ensure customer satisfaction. Judy reported that sometimes difficulty arose with leaders finding the time to perform the leadership rounding. Leaders must take time out of their busy day to wait on patients, talk to staff and patients, and just be visible within the hospital system. Blair (2014) confirmed that leadership rounding is one of the most effective ways to communicate with patients and ensure patient satisfaction in a healthcare system. Hospital managers have difficulty providing good customer service when there is a lack of communication with patients. All hospital managers agreed that leadership rounding helps meet the expectations of both the internal and external customer to ensure customer satisfaction. Leadership rounding is important for hospital

managers to ensure good communication and a good customer service experience for the patient.

**Recovery.** Data from participant responses, the policy and procedure documents, and the hospital compare website confirmed recovery as a core theme. Linda described service recovery as employees having the ability to resolve issues as they transpire by hearing, empathizing, apologizing, responding, and thanking the patient for bringing the issue to their attention. In the hospital policy and procedure manual, this type of care is reference to by the acronym HEART. Linda stated that HEART care is an initiative for service recovery to ensure an excellent customer service experience. The hospital value statement entails respecting the value and worth of others, exceeding expectations through teamwork, and using many resources to promote healing. Sam mentioned recovery as an opportunity to correct immediately any wrong or ill feelings from the patient before the problem becomes an issue that is not correctable. Judy asserted that recovery is about the customer service philosophy of meeting customer expectations. Core to expectation-confirmation theory is the idea that customer expectations determine customer satisfaction (Tsao, 2013). The importance of recovery is in communicating and addressing patient issues from the beginning of the hospital stay so issues are resolved and the patient can have a satisfactory experience. The patient will let others know of their satisfactory experience and the hospital will gain loyal patients, acquire a caring reputation, and attract new patients. As Meesala and Paul (2016) have shown, satisfaction directly relates to patient loyalty in hospitals.

Van Vaerenbergh and Orsingher (2016) conducted a study of theoretical and empirical literature collected from 1976 to 2013. Vaerenbergh and Orsingher revealed that service recovery does not show a positive increase in the effect on customer satisfaction. Although, John and Jan stated service recovery was a major form of communication helping managers gain insight on customer expectations and needs. Jan stated recovery was one of the factors that help increase satisfactory ratings on the hospital compare website for communication. The hospital compare website includes a rating of 71% in satisfactory communication for the hospital system. The hospital compare website reports the national average of satisfaction is 80% and Nevada's average is 73% for all hospital systems. Jan believes hospital managers are on target with improving customer satisfaction through communication. Recovery is an important strategy for hospital managers to improve customer service and customer satisfaction.

**Reinforcing.** The hospital managers addressed a few challenges when implementing customer service strategies into the daily operations of the hospital. Reinforcing is a core theme and a challenging strategy set forth by all 5-hospital managers. Sam and Judy stated the challenges faced when implementing customer service strategies was getting the staff to accept the changes and implement them. Linda, John, and Jan addressed the challenge of changing staff mentality. Linda referred to the challenge as difficulty changing hearts and minds of the staff. People who believe that taking care of the patient only involves the physical aspect, it can be a challenge changing the way people think and changing the way they feel in their heart. That is why it is important to collaborate with staff and provide them with support. People must be

committed to the work they do. Kieft, DeBrouwer, Francke, and Delnoij (2014) interviewed 26 nurses from mental health facilities, hospitals, home care, and nursing facilities found that essential elements to improve the patient experience of the quality of care include collaborative working relationships, managerial support, and a patient centered-culture. My findings revealed that managers collaborate and support staff to reinforce strategies and gain commitment from staff to create a patient centered culture and patient satisfaction.

To address challenges all hospital managers stated the importance of having conversations to educate staff on the importance and the reasons why customer service is important in healthcare. Judy stated the necessity for long and lengthy conversations with staff to reinforce what needed to happen and why it needed to happen. Linda referred to transparency and long conversations with staff that would sometimes generate self-reinforcement strategies that were useful in overcoming the challenges. For example, one staff member put post notes on her desk reminding her to smile every time she greeted a patient or patient family member. John stated the conversations must begin at hiring and continue throughout the months and years of employment. Employee emotional performance is important when interacting with customers (Gabriel et al., 2015). Yang et al. (2015) verified through a study conducted that quality internal customer service positively relates to the employee well-being and external customer service. John stated,

The only way to make sure your employees are onboard is to continuously talk to them and find out exactly where they are mentally and emotionally. A person

cannot deliver quality service if they do not believe in what they are doing. As a leader, I must reinforce making sure my employees believe in what they are doing and actually want to do it.

My analysis through participant interviews, hospital policy and procedure documents, and qualitative HCAHPS data from the hospital compare website indicate interpersonal communication is critical in improving customer service in hospitals. Leadership rounding, recovery, and reinforcing are forms of interpersonal communication that relate to the conceptual framework the expectation-confirmation theory. The participants revealed strategies that support customer expectations of satisfaction and support confirmation of customer satisfaction within the hospital system. Tahir et al. (2013) conducted a study using existing research in psychology and marketing to show the strong relationship between customer expectations and satisfaction.

Tahir et al. (2013) used the expectation confirmation theory to confirm that when customer expectations are successful, satisfactions confirmed. Hospital managers use strategies of leadership rounding, recovery, and reinforcement to ensure successful interpersonal communication with hospital staff and patients to confirm satisfaction. Chou et al. (2012) suggested that the expectation-confirmation theory entails the process of communication to reveal expectations and determine what makes an experience satisfying or dissatisfying. Through interpersonal communication, hospital managers can reveal customer expectations and confirm or disconfirm customer satisfaction.

## **Emergent Theme 2: Hospital Environment**

Hospital environment was the second major theme that emerged to answer the research question of what strategies do hospital managers use to improve customer service. Three core themes emerged from hospital environment. The three core themes were physical environment, company culture, and patient experience. The physical environment, company culture, and patient experience are essential to improving customer satisfaction when implementing customer service strategies in the hospital.

When the major theme of hospital environment emerged from participant interviews, hospital policy and procedure documents, and HCAHPS data from the hospital compare website several core themes materialized. The core themes materialized from identified patterns in participant interviews and hospital policy and procedure documents and comparing the themes to qualitative data on the HCAHPS hospital compare website. The core themes of physical environment, company culture, and patient experience emerged when exploring the hospital environment. The results of the information confirm that the hospital environment is a major aspect to improve customer service in hospitals.

**Physical Environment.** Participant interview responses and policy and procedure documents confirmed previous research findings that physical environment of the hospital is important for the mental and physical well-being of the patient. Mohebifar et al. (2016) conducted a qualitative study on hospital environment that revealed that a hospital's physical environment and cleanliness had a high rating on a patient's perception of quality service. Jan recognized that maintaining a clean, neat, and calm environment



is a strategy that is non-negotiable in a hospital setting. Patients are in the hospital because of need, not want. Improving the physical environment and making sure the patient stay is nice and comfortable is a big part of the healing process and provides a satisfying patient experience. Hospital policy and procedure stated the patient has the right to receive considerate, respectful, and comfortable care. Iyendo (2016) conducted a study on healthcare planning and revealed that healthcare planning has a strong relationship between environmental factors and patient health. John described the spacious and beautiful hospital rooms with views of the mountains. Judy and John discussed room service available for patients to order from a custom menu and the cafeteria cook will prepare the meal specifically to the patient specifications. Judy stated that a neat and quiet hospital environment not only provided good customer service to the patients but also provided a satisfying work environment for hospital staff. Sadatsafavi, Walewski, Shepley, Arch, and Krusie (2015) confirmed through a study conducted with 700 healthcare professionals that employee evaluations of the hospital environment account for low anxiety, high job satisfaction, and increased organizational commitment. Linda stated that free Wi-Fi service is another strategy used so patients and family members can browse the internet or access emails for their entertainment and comfort. However, Judy said Wi-Fi would be the least effective strategy of customer service because Wi-Fi is not a major part of customer service rather a tool used as a strategy for customer satisfaction. Sam referenced the call light where patients and family members can hit a button and hospital staff will respond to their needs within seconds. Maintaining a clean and satisfying hospital environment is an important strategy to

ensure satisfactory customer service for both the internal and external customer. Data retrieved from the hospital compare website displayed an above average rating nationally for the hospital system in hospital cleanliness; however, for hospital quietness, the hospital system rates slightly below the national average for satisfactory (U.S. Centers for Medicare & Medicaid Services, 2016).

**Company Culture.** Participant interview responses and the policy and procedure manual showed hospital leaders promoted a positive company culture as a core strategy for customer service. Organizational leaders establish and promote company culture through organizational goals (Rijal, 2016). An organizational goal from the policy and procedure manual for the hospital staff is appropriate to create a culture of spiritual care for both internal and external customers. Hospital leaders created a culture of spiritual care by promoting transparency with staff, volunteers, and the leaders themselves. Liu et al. (2013) verified that employees perform beyond expectations when organizational decision makers promote a culture of transparency. One of the values hospital leaders discussed from the policy and procedures manual of the company culture created by hospital leaders is to respect the value and self-worth of each person. Jan stated, employees come first within the hospital system and patients come next. Jan shared the notion that if employees are satisfied, employees will treat the patients well. Linda described a culture where staff and volunteers spend time with the patients and families getting to know something special about each patient to personalize the patient experience. For example, if a patient expresses an interest in a movie, hospital staff will make sure to play that movie in the patient hospital room to ensure patient satisfaction.

Sam and Judy created a culture where people can be genuine in their feelings and treat everyone the way he or she wants to be treated.

To motivate employees and establish the company culture, several strategies existed. First, many employees are already motivated. Judy stated most people who work in hospitals already have the helping nature. Motivating staff to improve customer service can take several measures. Employee awards and recognition, storytelling, empowerment, retreats, celebrating acts of kindness, and treating people the way you would want to be treated. Dekas et al. (2013) verified through a qualitative research study of seventy-five google employees nationwide that organizational decision makers who celebrate successes with internal customers have a higher rate of internal and external customer satisfaction. Dekas et al.'s findings support Judy's observation that celebrating employee success helps motivate employees and promotes employee satisfaction.

Sam's way of motivating staff is to treat people with dignity and respect. Judy referred to motivating employees by communicating with them and being transparent as to why customer service is so important. Linda related motivation to recognizing employees who provide exceptional service and celebrating their accomplishments through awards and recognition. Celebrating employee successes with other employees will motivate the other employees to do a good job. For example, if an employee gets a customer praise letter for providing good service, hospital leaders will recognize that employee in a staff meeting and ask that employee to share their positive experience. John supports the idea of having retreats and training to educate and motivate staff on

customer service tactics and skills. Jan related motivation to awards and recognition. Recognizing the employee by providing appreciation pins that the employee can wear on their work uniform and celebrating with a cake is appropriate to recognize outstanding employee service. Successful employees tell their stories to everyone, and other employees see the rewards and recognitions given out which motivates employees to want recognition and win awards. Murale et al. (2015) conducted a qualitative study on employee commitment and patient satisfaction where they interviewed fifty employees from two different healthcare centers. Murale et al. found that organizational leaders who create a satisfying company culture have better employee commitment, values, and customer service. Murale et al.'s study aligns with the results to my findings that organizational leaders who create a satisfying company culture have better employee commitment, values, and customer service.

**Patient Experience.** The hospital policy and procedure documents, qualitative data on the hospital compare website, and the responses from the participant interviews confirm that the patient experience is a major aspect of customer service strategies. The HCAHPS patient experiences survey is appropriate to use for reporting patient satisfaction or dissatisfaction with their hospital visit. Patient experience ratings range from 0-10 with 0 as the lowest rating and 10 as the highest rating. Patients who took the patient experience survey and gave the hospital system a rating of 9 or 10 on the hospital compare website was 71%. The Nevada average for patients who gave their hospitals a 9 or 10 rating was 65% and the National average was 72%. The results of this data

demonstrated that the hospital system is right at the national average and leading other Nevada hospital systems in patient experience satisfaction.

All participants identified a positive affect from the strategies used to deliver quality customer service to patients. Hospital staff using all the strategies identified can drive excellent customer service ensuring the delivery of a better patient experience. In the hospital policy and procedure documents a mission of the hospital is transparency with patients and family members to ensure a high quality of service and a satisfying patient experience. Sam stated patients and family members are involved in the decision-making process of patient care. Customer service strategies help staff deliver messages and explain things more effectively. Patients and families have a better understanding of a patient situation and have the support needed to work through situations. Rangachari et al. (2011) explored organization leaders' ability to create a customer-oriented approach in healthcare and found that creating a satisfying patient experience included patient involvement in the decision-making process of patient care. The results of Rangachari et al.'s exploration relate to my findings because hospital managers stated that patient involvement in care decisions help create a satisfying patient experience. Sam, John, and Jan emphasized that patients are in the hospital not by choice but because of an illness and a need for care so a positive patient experience is required to help them heal. Healthcare is an adverse service because hospital visits are usually stressful and physically unpleasant (Hellen & Saaksjarvi, 2011). Customer service strategies help in the healing process because patients need more than the physical care they need emotional support and kindness. Judy stressed that customer service strategies affect the

hospital environment in a positive light and help staff provide an overall satisfying patient experience. Hospital staff should have the social skills, personality, and right attitude to carry out the hospitals mission for a satisfactory patient experience.

Linda used customer service strategies such as leadership rounding to get to know patients and make sure their hospital stay exceed their expectations. A positive patient experience is about creating an environment where the patient feels at home. Feeling at home is calling hospital staff by name and feeling comfortable talking to staff because staff has already created that personal feeling. Jan stated challenges in creating a positive patient experience is getting some staff to see that healing is more than saving lives, it is about providing human kindness and making people feel good.

Based on the analysis from the interviews, hospital policy and procedures documents, and the qualitative data from the HCAHPS hospital compare website on hospital environment, the core themes for hospital environment relate to the conceptual framework of the expectation-confirmation theory. The patient experience, company culture, and the physical environment of the hospital connect to the expectations of the patients. The expectation-confirmation theory framework includes satisfied or dissatisfied customers based on the customers' subjective expectations (Oghuma, Libaque-Saenz, Wong, & Chang, 2016). From the perspective of the hospital managers, patient expectations for satisfaction are the key drivers of the strategies for patient experience, company culture, and the physical environment of the hospital. Kieft et al. (2014) conducted a study with nurses that indicated the hospital environment directly relates to a satisfying or dissatisfying patient experience. The importance of customer

satisfaction relies on hospital staff creating a clean physical environment, a caring company culture, and a satisfying patient experience.

### **Emergent Theme 3: Employee Training**

Four of the five hospital managers described employee training as another major strategy that hospitals managers use to improve customer service. Jan stated, “We do not ask staff to do anything that we do not provide training. We train our employees. That is our responsibility as leaders.” Three of the hospital managers referred to training as a major part of the hiring process. Jan stated that not everyone is capable of training; therefore, the importance of training aligns in the hiring process. The importance relies on the ability of the leader to hire the right person with the right personality and social skills so he or she is capable of learning through training. Judy and John described a big part of training as creating patient experience committees with employees who work together to identify the current situation of the strategies and use brainstorming to enhance and improve the strategies for customer service. New employee training, patient feedback, and HCAHPS scores are core themes that emerged from the strategies that relate to training. These themes emerged from the hospital manager interviews and information retrieved from the hospital policy and procedure documents. The hospital policy and procedure documents include new hire in the training section to fulfill the vision of excellence that hospital leaders promote. The expectations of hospital leaders are for staff to receive ongoing training, collaborate through teamwork, and learn innovation. Hiring and new employee training is part of the training process because when new people are hired, their status are trainees for at least 6 months before they

become a hospital employee. The hospital leadership team views hiring as part of the training process. The person chosen for the job must prove that they are trainable before they are officially hired which can take up to six months of training in the hiring process.

When the major theme of employee training emerged from the participant interviews, hospital policy and procedure documents, and HCAHPS data from the hospital compare website several core themes emerged. The core themes of new employee training, feedback, and HCAHPS emerged when exploring employee training. As written in the hospital policy and procedure documents, training is a requirement of all new hire trainees and all employees must register for 8 hours of training quarterly. Linda responded that it is mandatory for hospital leaders to make available training opportunities for employees and educate staff on why customer service is so important. Jan suggested that leaders must reinforce the need for consistency in delivering an excellent patient experience allowing staff to learn through role-play and skill labs set up in the hospital. Vogus and McClelland (2015) interviewed prominent hospital leaders from 269 non-federal acute care hospitals in the United States. Vogus and McClelland found that hospital employee's ability to interact and engage with patients in a positive manner is necessary for the success of the overall patient experience. Likewise, my findings showed that when hospital employees engaged positively with patients, the patients reported a higher percentage of satisfaction on the HCAHPS survey. Sam reported the difficulty of training and making the strategies uniform in each hospital within the system because of the different managers and staff at each hospital. The



different personality and perspectives of each manager can include a role in the delivery and teaching of the customer service strategy to individual staff.

**New employee training.** John described the hiring process as a crucial customer service strategy that hospitals must get better. Hiring people for fit and training for skill. People who apply to work in a hospital should already have a positive personality and skills such as empathy, caring nature, smiles, and human kindness. Handa and Gulati (2014) verified through research that a positive personality is an important role for individual success in an occupation. John and Jan reported that hiring the right people is the customer service strategy that works the best because employees help build the reputation of the hospital. Jan stated that employees must go through months of new employee training before their probationary period is over and they are offered a permanent status as an employee. Gabriel et al. (2015) reported that employees are the people who link the organization to the customer. Cugin, Ju Li, and Lee (2016) confirmed that hospital management must hire people with positive attitudes. People with positive attitudes are easier to train and empower to deliver quality service and healthcare outcomes (Cugin et al., 2016). John stated if you do not have the right people with good attitudes, none of the training that you implement works. Jan reported that hiring the right people is the key to motivating everyone to work as a team. Teamwork is essential to providing an excellent patient experience.

John and Jan related the least effective customer service strategy to hiring the wrong people and those people not being able to fulfill the goals and mission of the hospital. Jan stated that accountability is a major factor in customer service. If managers

do not hold their staff accountable to deliver, the strategies that are set forth, that would be the least effective strategy. The mission of the hospital is commitment to furthering the healing ministry by delivering high quality and compassionate care. People hired must have a positive attitude so the training they receive will become a part of their daily interactions with patients. Sam asserted that training is an ongoing process. Training starts with the hiring of the right people and continues throughout the employee employment at the hospital.

**Feedback.** As verified in the literature review by Fan et al.'s (2013) study, organizational decision makers who use customer complaints and feedback to improve customer service have a higher customer retention rate. Sam and Linda referred to customer complaints as concerns rather than complaints. Sam stated that hospital staff should view complaints as concerns. When hospital staff view concerns as complaints, many time the staff feel like the patient is upset with them rather than angry about the problem. When hospital staff receive complaints as concerns then that is just what it is, a concern, it is nothing personal. A patient never complains, the patient is rather just voicing a concern so hospital staff is aware and can take care of the problem right away.

Linda stated customer concerns provide valuable information and feedback that hospital managers can use when brainstorming solutions and creating training sessions for employees. John believes that every customer or patient who takes time to provide feedback should receive a telephone call to ensure no misinterpretation of the feedback and the interpretation of the feedback is valid. Judy referred to patient feedback from hospital surveys that patients receive 2 days after discharge. Hospital leaders ask for

patient feedback before the patients receive the HCAHPS surveys. Receiving patient feedback before the patient receives the HCAHPS survey gives hospital managers an opportunity to contact the patient and smooth out any discrepancy. The importance relies on the patient giving the hospital a high rating on the HCAHPS so the hospital's satisfaction rate will increase. The hospital managers review the patient feedback. The hospital managers implement the feedback through customer satisfaction trainings and role-play activities. Jan created trainings for hospital staff on patient experience and customer service. Jan stated that over 85% of employee, created training was in response to customer feedback from hospital surveys, and complaints received from patients during leadership rounding and hospital staff visits with patients. Reeves, West, and Barron (2013) collected postal surveys for 2 years from patients in 18 hospital wards and discovered that hospital staff implemented changes for quality improvement when managers discuss customer feedback. My findings showed that several of the hospital managers discussed patient feedback with their staff and their staff implemented changes for quality improvement. Linda stated that several of the hospital staff assisted in creating and implementing changes for customer satisfaction based on negative customer feedback. Jan reported that she shares customer feedback with staff because many times the staff do not realize they are making mistakes and are quick to want to correct the mistakes.

One of the values set forth by hospital organizational leaders promotes respect, transparency, and compassion for brothers and sisters who are powerless. To stay in compliance with hospital values from the policy and procedure documents, Jan stated the

importance of making sure the patients and customers have a voice. Listening to patients, accepting their feedback and complaints, and making changes to ensure the patient voices heard. Customer feedback is a major part of the training process for employees. Customer feedback provides managers with valuable information to implement changes for satisfactory customer service and satisfaction through training and activities.

**HCAHPS.** Hospital managers had the opportunity to discuss additional information that improved customer satisfaction. Hospital policy and procedure, and the qualitative data from the hospital compare website helped verify participant responses that HCAHPS scores was an important factor in the implementation of customer service strategies in hospitals. Jan stated the goal of creating an exceptional patient experience had been a mission of the hospital system for years, before the HCAHPS surveys and before CMS reimbursements. The HCAHPS survey came from the leaders from the Centers for Medicare and Medicaid Services (CMS) and the Hospital Value-Based Purchasing (VBP) program to measure patient perspectives of hospital care to make comparisons of all hospitals for consumer choice (CMS, 2015). However, all other hospital managers suggested the entire customer service initiative to improve customer satisfaction in hospitals was in response to the HCAHPS survey scores.

Patients receive HCAHPS surveys 48 hours to 6 weeks after discharge from the hospital. Linda reported HCAHPS is important because hospitals receive reimbursements from CMS based on these HCAHPS scores. The higher the score, the more reimbursement, and revenue the hospital will receive. Judy stated HCAHPS measures patient perspectives on hospital care and rates the hospital based on a state

average and a national average using a 5-point star system. Those ratings are how CMS pays or penalizes the hospital for a positive or not so positive patient experience. Sam and Jan reported the hospital is currently working on raising HCAHPS scores and would like to be above national average. John stated these strategies are just the beginning of what the hospital is doing to raise the HCAHPS scores and become a choice for patients in healthcare. John stated, “We are currently at the 50% level for satisfaction, and we want to be above 75% therefore, we are working hard at implementing these strategies for success.”

The purpose of the HCAHPS survey is for leaders of Medicaid and Medicare to measure patient perspectives of hospital care and services and make comparisons of hospitals to support consumer choice (Centers for Medicare and Medicaid Services, 2015). In viewing the qualitative HCAHPS data from the Hospital Compare website, the hospital system scored below the national average in patient experience. I noticed a pattern in the generated themes for strategies that hospital managers use for customer service and the categories measured on the HCAHPS survey. The measured categories on the HCAHPS survey are different types of communication, cleanliness, and quietness of the hospital environment, the responsiveness of staff, and care transitions. The themes that emerged from the hospital manager strategies of customer service relate to the patient questions on the HCAHPS survey. Jan asserted HCAHPS survey scores reported on the hospital compare website provided data hospital managers need to implement or change trainings of customer service and customer satisfaction.

In summary, a need exists for additional research regarding hospital and healthcare manager's strategies for customer service. As indicated by Itumalla (2012), previously hospitals received ratings by the quality of medical services provided and now hospitals realize patients want quality service as well. The participants in my study indicated that hospitals now receive ratings not only based on the quality of medical services provided but also on the quality of customer service provided to patients. The hospital manager's responses, hospital policy and procedure, and the HCAHPS data from the hospital compare website verified several effective business practices in the literature review. Effective business practices in customer service in healthcare include meeting customer expectations (Angulo-Ruiz et al., 2014), satisfying internal and external customers (Finn et al., 2015), and having a positive healthcare environment (Slater, 2011). The findings in this study help confirm and extend knowledge of the importance of customer service in healthcare. Several new studies emerged regarding customer service and healthcare. Fortenberry and McGoldrick (2016) reported the importance of internal customer service in improving the patient experience and retaining loyal customers in healthcare facilities. Locatelli et al. (2015) interviewed 107 employees in Veteran Affairs medical centers to explore the importance of patient and family engagement as a key element to customer satisfaction in Veteran Affairs hospitals. Like my findings, Locatelli et al.'s findings showed that patient and family involvement is crucial to the success of customer satisfaction within hospitals. In response to the HCAHPS scores and their importance to hospital leaders, many new studies emerged regarding customer service and customer satisfaction in healthcare. All five-hospital

managers suggested that all strategies are necessary and work hand in hand in providing a satisfactory patient experience.

The findings reveal that exploring employee training relate to the conceptual framework of the expectation-confirmation theory. The participants described multiple attempts to alter operations within the hospital based on customer expectations for satisfaction and to confirm customer satisfaction for the hospital system. Joo, Park, and Shin (2017) used the expectation-confirmation theory to verify that customer expectations have a major role in linking the customer to satisfaction and loyalty. Hospital managers performed actions such as hiring the right people, using customer feedback for improvement, and using the HCAHPS qualitative data to create strategies that would meet customer expectations for satisfaction and loyalty.

### **Applications to Professional Practice**

The results of the study revealed several strategies for delivering customer service to internal and external patients in healthcare and providing a satisfying patient experience. The findings from the study may help current and new healthcare decision makers develop customer service strategies that could lead to customer satisfaction and loyalty in healthcare. The hospital managers who participated in this study were hospital decision makers who create strategies of customer service in hopes of providing a better patient experience and increasing HCAHPS scores. Current and new healthcare managers may consider these strategies useful in the day-to-day operations of the hospital, clinic, doctors' office, or any business in healthcare that serves patients. The findings from this study proved the customer service strategies were successful for the

participants. The Hospital Compare website reveals an increase in satisfactory HCAHPS scores for the hospital system. Customers are reporting satisfaction on their HCAHPS surveys.

The support of decision makers from leadership rounding can provide other healthcare leaders knowledge to improve business operations and maintain a loyal customer base. The information collected from this study can lead to improved customer service and experiences in healthcare from healthcare decision makers recalling the importance of excellent customer service. Healthcare decision makers may want to remember that healthcare customers are demanding a better customer service experience when spending their money (Desir et al., 2011). The revealed customer service strategies can help healthcare decision makers expand their business, customer base, and become leaders in customer satisfaction. For example, training staff to provide excellent customer service may lead to customer satisfaction and customers returning for services.

### **Implications for Social Change**

The results of the study are an important factor to the increasing interest in the literature relating to customer service in healthcare. Healthcare is consistently growing and becoming more of a competitive business (Makarem & Al-Amin, 2014). The findings from the study revealed that customer service strategies could help healthcare leaders improve the quality of customer service and the patient experience. The healing process for patients requires both physical and emotional care. Hospital managers who have successful strategies for customer service can share these strategies with other healthcare leaders. Sharing the findings from the strategies of customer service used by



hospital managers can help improve the healthcare environment, quality of service and care, and the healing process for patients. Hospital leaders can increase Hospital Consumer Assessment of Healthcare Providers and Systems survey scores and reimbursement from Centers for Medicare and Medicaid Services, which generates more revenue for the hospital system. More revenue in the hospital system leads to additional funding to improve healthcare and the quality of life within the communities.

The information acquired from the study included a system for social change by giving other healthcare managers ideas to develop strategies and implementation within their healthcare organization. In this study, I provided an understanding that advocates for an increase in customer satisfaction, loyalty, and confidence in the healthcare system. Increased patient satisfaction establishes confidence in healthcare (Homisak & Buam, 2015). Healthcare is one of the most important aspects of any community, and the advantage of acting in ways that promote respect, compassion, and a better quality of life are essential to society and social change.

### **Recommendations for Action**

The results of this study are relevant to any healthcare professional or organizational groups who want to develop and enhance their skills in customer service and patient satisfaction. Leaders and stakeholders in hospitals, medical clinics, doctor offices, and nursing homes can use the results of this study to generate ideas to create their strategies for customer service to improve customer satisfaction. Healthcare professionals such as nurses, physicians, therapist, clinicians, and administrative staff, who may not have effective customer service strategies, or who are starting out in the

healthcare industry, can acquire a stronger understanding of the expectations to ensure a satisfying customer experience. Leaders of Centers for Medicaid & Medicare Services who incorporate the HCAHPS survey could use the results to gain insight on the measures, lengthens, and changes that hospital decision makers are using to promote a positive patient experience. Customers in healthcare, as well as the public, can review the results of this study to understand the difference between patient care and customer service. Customers who understand the difference between patient care and customer service should answer the HCAHPS survey effectively. Customers answering the HCAHPS survey effectively will provide a more accurate rating for the hospital.

The type of customer service experience a customer has depends on the customer expectations and the interactions with staff (Wu, 2015). The strategies identified in this study relates to the interactions with customers and expectations of service providers. The results of this study can prove helpful for leaders to train staff on interacting with customers and meeting customer expectations. The participants in this study will receive a two-page summary of the study results as requested. Several hospital managers who did not participate in the study requested a two-page summary as well. To disseminate the study, the plans are to seek out speaking engagements at the local hospital systems such as manager meetings, leadership seminars, new employee training, and nurse week celebrations. Inquiring about healthcare employee workshops in my local area might prove helpful. I will submit and request approval to present the study results at local and national conferences, as well as seek out publication opportunities.

### **Recommendations for Further Research**

Further research can include other hospitals or healthcare systems. Healthcare is broad, and the study has limitations to only one hospital system in Nevada. A comparison of two hospital systems could prove helpful for healthcare leaders to determine the similarities and difference in the strategies used. Focusing on different populations such as veteran hospital systems or military hospital systems could reveal strategies. Exploring the difference in customer service strategies at for-profit hospitals versus charity hospitals could show different strategies. Future research should include exploring nursing home strategies, and how effective the strategies work for customer service.

Future research could include the perceptions of patients and customers in healthcare on the effectiveness of the customer service strategies. Hospital leaders can benefit from the patient and customer's feedback on the effectiveness of the strategies. Finally, further research can include focus group studies with hospital staff discussing the strategies and effectiveness of the strategies for customer service. A focus group could provide further details and a cohesive view of the strategies use for customer service.

### **Reflections**

The research topic of customer service stemmed from the many years of customer service training and careers obtained from over 20 years in the workplace. My current career involves providing customer service in an education setting to hospital staff from all the local hospitals in the Las Vegas area. In a rapidly growing and competitive industry, the right strategies can help hospital leaders obtain a loyal customer base and

can create a better experience for the customer (Makarem & Al-Amin, 2014). The study became of interest out from curiosity as to how hospitals separate patient care and customer service. My desire was to reveal the strategies that hospital managers use to separate patient care and customer service and the importance of revealing the effectiveness of the customer service strategies.

The passion for customer service drew preconceived ideas and values of what providing good customer service requires; however, the approach to the study was with an open mind. To mitigate bias, chosen participants for the study were strangers recruited by referrals from acquaintances. The interview scheduling came from one phone call to each participant. The environment for the face-to-face interviews was quiet, and each participant spoke freely and appeared comfortable discussing strategies.

The participants in the study provided in-depth information on the strategies used to improve customer service. Surprisingly, the strategies implemented by each hospital manager are similar or the same. Interview after interview, the same terms and themes emerged. The underlying goal of customer service strategies was all the same; patient experience and HCAHPS scores are the factors of customer service strategies in hospitals. I have a better understanding of the strategies used and the challenges hospital managers face on a day-to-day basis when implementing the strategies. The hospital managers gave in-depth information and provided examples of the implementation of strategies.

## Conclusion

Creating an exceptional patient and customer experience in hospitals is an effort that must include involvement from hospital leaders, managers, contractors, and staff. Hospital leaders need to set goals and strategies for quick implementation with short-term results and long-term effects of satisfaction. Achieving patient satisfaction is not only ethical but also necessary to achieve high scores on the HCAHPS survey and receive reimbursement for the hospital system (Dockins et al. 2015). Hospital managers must create and analyze strategies that can accomplish set goals and deliver proper results. Acquiring a better understanding of strategies for customer service should help increase customer satisfaction and increase the growth of loyal and trusting customers for the hospital system. The Center for Medicare and Medicaid Services hospital payment reimbursements based on HCAHPS scores forced hospital decision makers to pay closer attention to customer service and support the idea of implementing new strategies for long-term customer satisfaction (Kahn et al., 2015).

Sustaining knowledge and a better understanding of customer service strategies should assist hospital managers in improving customer satisfaction, patient experience, and revenue generation for the hospital. The HCAHPS scores and their importance to hospital reimbursements generate the need for all hospital staff to practice strategies for customer service (Sweeney et al., 2014). Several strategies emerged for the improvement of customer service in hospitals. Interpersonal communication, hospital environment, and employee training were the three major strategies used to improve customer service in the hospital. Hospitals' staff exhibit satisfactory performance when customer

expectations, regarding the quality of medical care and service satisfaction, receive confirmation (Gopal & Bedi, 2014). Consistent review of the strategies in the daily operations of the hospital staff will enable hospital managers to continuously increase customer satisfaction and achieve the goal of reaching the 75% level or higher.

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## Appendix A: Consent Form

### Exploring Customer Service through Hospital Manager Strategies

You are invited to take part in a research study of healthcare manager strategies of customer service. The researcher is inviting healthcare managers who work at a hospital in Nevada who implement customer service strategies. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Delores J. Leonard, who is a Doctoral Student at Walden University. You may already know the researcher as a Recruiter for the Master of Business Administration Program at Roseman University, but this study is separate from that role.

#### Background Information:

The purpose of this study is to explore the strategies of five hospital managers in Nevada to learn their strategies for customer service.

#### Procedures:

If you agree to be in this study, you will be asked to:

- Participate in a voluntary research interview regarding your strategies of customer service in the Nevada hospital system.
- Participate either face-to-face or over the phone.
- The interview will be audio taped to ensure the accuracy of your responses.
- This interview will last no longer than one hour.
- After the interview, a follow-up member checking interview will be scheduled to take place within a week. The purpose is to go over the information collected at the initial interview and to make sure that all information is recorded accurately.
- The follow-up member checking interview will last no longer than 30 minutes.

Here are some sample questions:

1. What strategies do you use to improve customer service for patients in the hospital?
2. How do the strategies you use affect the quality of customer service delivered to patients?
3. What strategies worked best on improving customer service?

#### Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one will treat you differently if you decide not to be in the study. If you choose to join the study now, you can still change your mind later. You may stop at any time.

**Risks and Benefits of Being in the Study:**

Being in this type of research involves some risk of the minor discomforts that encountered in daily life, such as stress or becoming upset. Being in this study would not pose a risk to your safety or well-being. Being in the study will make hospitals in the Nevada area aware of what good customer service is.

**Payment:**

No incentives are offered for voluntarily participating in the study. The participants will be provided light refreshments if they attend the face-to-face interview.

**Privacy:**

Any information you provide is confidential. The researcher will not use your personal information for any purposes outside of this research project. The researcher will not include your name or anything else that could identify you in the study reports. Data secure by automated folders kept on a flash drive and stored in a locked file cabinet that only the researcher will have access too. The audio recordings are locked in a file cabinet. Data is kept for at least 5 years, as required by the university.

**Contacts and Questions:**

You may ask any questions you have now. Alternatively, if you have questions later, you may contact the researcher via email at [delores.leonard@waldenu.edu](mailto:delores.leonard@waldenu.edu) or telephone 702-321-9252. If you want to talk privately about your rights as a participant, you can call Walden University Research Participant Advocate at 1-800-925-3368 ext. 312-1210 who can discuss this with you. Walden University's approval number for this study is 10-14-16-0333274 and it expires on October 13, 2017. The researcher will give you a copy of this form to keep.

Statement of Consent: I have read the above information, and I feel I understand the study well enough to make a decision about my involvement. I understand that I agree to the terms described above.

Printed Name of Participant:

Date of consent :

Participant's Signature:

Researcher's Signature:

## Appendix B: Interview Questions

Eight interview questions are as follows, to answer the research question:

1. What strategies do you use to improve customer service for patients in the hospital?
2. How do the strategies you use affect the quality of customer service delivered to patients?
3. What strategies worked best on improving customer service?
4. What strategies worked least on improving customer service?
5. What challenges did you experience when implementing customer service strategies into the daily operations of the hospital?
6. How did you address your biggest challenge in implementing strategies for quality customer service?
7. How do you motivate your employees to improve customer service?
8. What additional information can you provide that improved customer satisfaction?

## Appendix C: Interview Protocol

## Hospital Manager Protocol

Interviewee Title: \_\_\_\_\_ Interviewee code assigned: \_\_\_\_\_

Introduction: Thank you for agreeing to participate in this interview. To ensure I understand you correctly and to facilitate basic note taking, I would like to audio record our conversations today. I will be the only one that has access to the recorded information which will be eventually destroyed 5 years after they are transcribed.

I have planned this interview to last no longer than 60 minutes. During this time, I have several questions that I would like to ask you.

You have been selected to speak with me today because you have been identified as someone who meets the criteria of a Manager who works in a Nevada hospital who implements customer service strategies. My research project focuses on the improvement of customer service in hospitals and has a particular interest in strategies for hospital managers on customer service. My study is an academic study for my completion of the Doctorate of Business Administration Degree.

Interview questions discussed: **Ask probes only if needed. Ask participant to elaborate on specific comments.**

1. What strategies do you use to improve customer service for patients in the hospital?  
Probes:
2. How do the strategies you use affect the quality of customer service delivered to patients?  
Probes:
3. What strategies worked best on improving customer service?  
Probes:
4. What strategies worked least on improving customer service?  
Probe:
5. What challenges did you experience when implementing customer service strategies into the daily operations of the hospital?  
Probe:
6. How did you address your biggest challenge in implementing strategies for quality customer service?  
Probe:
7. How do you motivate your employees to improve customer service?  
Probe:
8. What additional information can you provide that improved customer satisfaction?  
Probe:

Other Topics

Discussed: \_\_\_\_\_  
\_\_\_\_\_

Documents Obtained: \_\_\_\_\_

Comments : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conclusion of Interview:

Thank participant for their time and responses. Ask participant to set up member checking interview:

Member Checking interview date: \_\_\_\_\_



## Appendix D: Table of Reference

*Reference Table*

Publications	Published Within 5 Years of Expected Graduation Date	Older than 5 Years	Percentage of Overall Sources
Books	2	2	.017
Other	2	0	0.01
Peer-reviewed articles	201	32	.96
Government Websites	4	0	.016
Total	209	34	
Total %	86%	14%	100%

Total Sources: 243

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