

Are We Any Closer to Understanding what is meant by Customer Orientation? The Hospital Experience

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Abstract

This paper presents a review of the concept of customer orientation and seeks to clarify current thinking. It identifies some key definitions within the development of this area and evaluates their contribution. The theory of customer orientation identifies a number of alternative definitions and approaches which are sometimes contradictory but often complementary. The divergent views appear to fall between the areas of management's vision and customer centeredness. An in-depth field interviews are thus conducted to ascertain the understanding of the concept among healthcare practitioners alongside a field work on patients of public hospitals. The findings suggest that patient satisfaction is related somehow to the age and level of education of the patient and that, customer orientation does not absolutely result to patient satisfaction unless there is a dedicated effort at establishing the right modalities to its implementation. The study recommends the need for the development of the right mental attitude by medical staff in order to be able to treat all patients (irrespective of age and level of education) with genuine empathy, concern, respect, civility and friendliness.

Originality/value: The study successfully develops a working definition to the concept of customer orientation in the health sector and establishes for the first time in patient satisfaction studies, a trend that suggests that some patients are giving priority in general patient care. Patient satisfaction studies are often used by healthcare organisations for service improvements and thus the findings established from this research will enable healthcare institutions to improve on their service delivery.

Keywords: Customer Orientation, Patient Satisfaction, Public hospitals, Ghana

Paper type: Research paper

1. Introduction

Customer orientation has been explicated in different ways in the literature (Kohl and Jaworski, 1990; Narver and Slater, 1990) and is often associated with expressions such as "market orientation", "marketing concept", and "customer first". Regardless of how it has been defined, its major thrust remains the goal of putting customers at the centre of strategic focus – a major theme of the marketing concept (Kohli and Jaworski, 1990). The implementation of the marketing concept is taken to mean market orientation (Kohli and Jaworski, 1990). According to Narver and Slater (1990), customer orientation is one of the behavioural components of market orientation. The others include competitor orientation and interfunctional co-ordination, which are interlocked in two decision-making criteria – long-term focus and profitability. Studies have indicated that customer orientation is vital to business profitability (Narver and Slater, 1990), an essential antecedent of competitive advantage and a trademark of successful businesses (Mahmoud et. al 2010). As a result, analysing the factors which could utilize this orientation and how it could be measured in organizations have continued to engage the attention of researchers (Kohli *et al.*, 1993).

The context of health was chosen since it is one of the most important components of human life and a basic input of human development. It is needed at every facet of life to keep the body in good shape. The presence of an ailment in the human system derails activeness and prevents the body from functioning optimally. That is why the World Health Organisation (WHO) defines health as a complete state of physical, mental and social well-being and not merely the absence of disease or illness. Thus the health of a nation is its wealth and it is the major lesson that we can learn today. Owing to this, health care management has become a critical aspect of our lives and of which, governments, agencies, and bilateral institutions need to protect with respect to patients' appreciation and contentment. This can be achieved through a set of programmes that are geared towards meeting the expectations of the sick and to attain a high level of patient satisfaction. The concept of customer orientation becomes pivotal in this pursuit to realizing the desired success. Consequently, the present paper is intended to clarify current thinking and to fill this gap in literature contextualizing the developing world. It is intended to contribute to the existing knowledge on customer orientation and patient satisfaction among hospitals, clinics and other health institutions.

The concept is a fundamental component of a general, underlying organisational culture and, consequently, attention to information about customers' needs should be deliberated alongside the basic set of principles, values and beliefs that are likely to reinforce such a customer focus in the firm. In the same way, it is understood that the set of all potential customers of a firm lies at the heart of customer orientation. Customer orientation should thus be a principal concern for every business because sales and profitability depend on keeping

customers happy through the provision of needs and wants. Customer orientation in the health sector is expected to take into account, quality services, waiting time, behaviour of doctors, availability of specialists, behaviour of other clinical staff and assistants, clean environment, etc. Patient satisfaction has been a challenge to most people in Ghana. A survey in Ghana conducted by Core Welfare Indicators Questionnaires Monitoring (CWIQM) in 1997 indicated that 51.1% of patients were dissatisfied with public hospitals and facilities, and 53.7% for community health centres because of low quality services they render (Ghana Health Service Performance Report, 2004). Beyond this is the daily revelation of complaints about dissatisfaction at the health centres. In view of these, adopting a customer-oriented strategy should be seen by hospitals and health providers alike as a way of successfully managing the impact of changes in the industry. In this regard, Yeboah (2014) indicates that strategic management with a strong customer orientation (CO) should be the most important top business function of firms; a view shared by Mahmoud et. al, (2010).

The biggest challenge is the lack of understanding of the concept of customer orientation and hence a flawed implementation of it in the health sector. It is unsurprising therefore to experience patient dissatisfaction despite the assertion by the health sector of total commitment to the health needs of the people. In this regard, whereas the health sector in Ghana believes that customer care is their basic priority, the perception of the patient seems to be different. The major theoretical question is, how does customer orientation as a philosophy in hospitals impact on patient satisfaction? The study therefore examines the concept of customer orientation and patient satisfaction by first, examining some definitions of the concept in the existing literature. This is followed with field interviews with senior administrative staff and doctors of selected health institutions to tap their knowledge and understanding of customer orientation as practiced in their set ups. Their opinions are incorporated into the overall discussion and understanding of the concept with a definition to customer orientation developed. The relationship between customer orientation and patient satisfaction and the resulting impact is addressed. Definitions of customer orientation set the tone for the discussion. The selected definitions are based on relevance to the current study.

2. Orientation Defined

Nakata and Zhu (2006) defined customer orientation as a concept that encompasses the analysis of customers' needs, and responsiveness of the organization to such needs. Their study investigated whether and how information technology (IT) is linked to a firm's ability to understand and fulfil customer needs, i.e. customer orientation. Based on a survey of senior marketing managers and PLS path model analyses, it was realised that greater IT capabilities are associated with higher customer orientation but in mediated and interactive ways with marketing information quality and organisational trust. Although the study identified IT capabilities as an aid to customer orientation, other critical resources were suggested. Organisational responsiveness to the generated information becomes critical. This assertion is in line with market orientation perspective (see Kohli and Jaworski, 1990). The findings allude to the fact that customer orientation does not operate in isolation but requires (in this case) IT capabilities to attain a customer orientation.

Schneider et. al, (2006) argued that customer orientation requires a continuous positive disposition towards meeting customers' exigencies and therefore a high degree of concern for these customers. The suggestion by Schneider et. al (2006) indicated that customer-oriented culture is developed through regular supply of customer information about needs and wants in order to project and deliver products. A customer-oriented culture is said to encompass brilliance in customer relations, market and customer familiarity as well as an emphasis on collaboration. This assertion is also in line with the cultural perspective of the broader concept of market orientation (see Narver & Slater, 1990) and reiterates the role of customer relations with high level of responsiveness.

Hennig-Thurau (2004) defined Customer orientation as the principle that addresses the importance of considering customer needs and wishes throughout the organization. For customer orientation to be well implemented the entire organisation should "think marketing" and thus marketing would need to permeate every facet of the organisation. Hooley et. al., (1990) discovered that institutions which favourably evaluated the marketing concept possessed higher levels of adoption. More significantly the authors noted that "crucial to the adoption of a true customer orientation is the attitude of the chief executive officer (CEO)" and that most of the CEOs and top managers who encouraged adoption came from firms that believe that marketing should be an all pervasive activity in the firm. Additionally, several authors have found evidence to support the fact that firms that actively and formally organise the marketing effort as well as carry out some market intelligence activities (specifically intelligence generation and responsiveness) possess higher levels of adoption (Hooley et. al., 1990; Nakata, 2002). Additionally, most of these firms have attested to the fact that effectively incorporating or diffusing the marketing concept has taken them many years of determination and practice (Nakata, 2002). Whiles the role of top management in the implementation of customer orientation has been emphasised, a step by step approach to arriving at an appreciable impact of the concept in an organisation cannot be ignored.

Brown (2001) defines customer orientation as “an employee’s tendency or predisposition to meet customer needs in an on-the-job context.” In the health sector therefore, to be customer oriented, all employees (administrative staff, doctors, nurses, security etc.) should all think of how to meet patients’ needs. This seems difficult because patients over the years have not been recognised as customers but individuals who need “help”. The marketing concept advocates that the key to achieving organisational goals consists of companies being more effective than competitors in creating, delivering and communicating superior customer value to its predetermined target markets (Kotler, 1994). This concept seems difficult implementing but it is important since it is believed that the patient needs to be treated as a cherished customer beyond the application of the technical medical knowledge. In that regard, Lee and Park, (2011) suggests that, by cherishing the customer, hospitals can develop a more valuable relationship with their customers, and by so doing, increase the performance levels of their facilities.

According to Deshpande et al (1993), customer orientation refers to "the set of beliefs that puts the customer's interest first, while not excluding those of all other stakeholders such as owners, managers, and employees in order to develop a long-term profitable enterprise" (p.27). From this definition, it is obvious that customer orientation enables the company to create superior value for its customers because their needs are better understood (Narver and Slater, 1990). In this sense the establishment of a customer oriented culture is recommended as an antidote to achieving superior company and patient satisfaction. In view of this, Tansik, (1990) indicates that “the service provider and the service are often seen as synonymous in the eyes of the customer” and thus it behoves on the service provider to create the right impression in the eyes of the customer because at that moment the provider is the symbol of the organisation, irrespective of the fact that customer orientation must emanate from senior management (Berry and Parasuraman, 1991). For this reason, the researcher contends that, the perception of patients emanating from the services they receive from health workers represent the true performance of the sector and not the position of management which the customers or patients in this case do not feel.

Behavioural and Conceptual Perspectives of Customer Orientation

With the postulations of the behavioural perspective by Narver and Slater (1990) and the conceptual perspective by Kohli & Jaworski (1990) in the broader concept of market orientation, a similar trend emerges from customer orientation. In this assertion, one perspective interprets customer orientation as a cultural phenomenon, for example, Deshpandé et al. (1993, p. 27), Slater and Narver (1995, p. 67) and emphasized on customer orientation as being a cultural variable that provides norms for organizational action. In this perspective, institutions in Ghana’s health sector for instance, are guided by a uniform medical code of conduct from the Ministry of Health (MOH) with guidance of the specific institutional rules and regulations. These represent the norms of the institutions but needs high level of responsiveness to make them reality. In actual sense, institutional members are required to behave in a manner that is deemed right as a result of their training acquired from the training institutions. This makes the institutions develop confidence with the practical training of the personnel and with the hope that it will be translated into performance and that there is no doubt that they will not be “professionals” in their work. But the question is, has this assertion been the reality?

Another perspective sees customer orientation as a construct (Kohli and Jaworski, 1990, p. 6). In this sense, the focus has been on the various activities that are pursued and the channels and responsiveness of such programmes (see also Shapiro, 1988). The distinctive feature here is the fact that institutional leadership are required to ensure that information regarding their demands are well generated, disseminated and acted upon. In this line of thinking, it will be difficult to conclude as to whether members of the institutions have been well equipped and working as desired or not. Another difficulty with this assertion is the fact that customer orientation of an organisation would be seen as one of an extent, on a continuum, rather than as being either present or absent, and thus will make it difficult for institutions to determine the extent of their level of customer orientation.

Performance Outcomes of Customer Orientation

Some noticeable questions have been raised concerning whether customer orientation actually translates to better performance although positive outcomes are widely acknowledged by academia. Proposed positive outcomes include improved service quality and increased customer satisfaction (Hennig-Thurau, 2004) and strong, long-lasting relationships with customers (Yeboah, 2014).

Patient satisfaction is described as an attitudinal response to value judgments that patients make about their clinical encounter (Kane et al., 1997, p. 714). This is evident in outcomes described by DiTomasso and Willard (1991) as: Satisfaction with medical staffs, satisfaction with practice management, physician availability, behaviour of all contact personnel and wait time. Willingness to return to a particular health care provider/ clinical setting and word of mouth are also traits of satisfied patients.

A study by Chahal and Mehta, (2013) established a structure of patient satisfaction construct in Indian health

care settings. Data were collected from 528 indoor patients who were seeking treatment from specific Government Medical hospitals. Both exploratory and confirmatory factor analyses were used to verify the scale dimensions. The results of the findings revealed that patient satisfaction is a multidimensional construct comprised of four dimensions, namely: physical maintenance, physician care, nursing care and internal facilities. The analysis of the models indicates that all patient satisfaction dimensions positively and significantly contributed to patient satisfaction and which also acted as an important mediating factor between the satisfaction dimensions and patient loyalty.

In Ghana, Atinga et. al, (2012) conducted a study which examined how communication, provider courtesy, support/care, environment of the facility and waiting time significantly predict patients' satisfaction with quality of healthcare in two hospitals located in northern Ghana. The selection of sample respondents from the two hospitals was based on the OPD attendance. Available records from the hospitals showed that the OPD attendance constituted 581 (311 for Tamale hospital and 270 for Bolgatanga hospital). Based on these figures, 324 respondents were selected. The hospitals were stratified into units/wards under which the respondents were selected. Since illness represents a state of diminished autonomy, all in-patients was conveniently selected based on their willingness and ability to respond to the questions. Findings from the study confirmed previous studies (see Hair et. al, 1998) that the cleanliness of the hospital environment was a strong factor influencing patients' satisfaction with quality of care. This suggested that, since hospitals exist as healing institutions, a very tidy environment is necessary not only as a primary measure to control disease outbreak but also to provide some form of psychological relieve to the patient's condition. Of significance, was the fact that waiting time resulting from medical and administrative procedures had surfaced as a critical factor predicting patient's satisfaction with quality of healthcare delivery. Given the relatively inadequate numbers of health professionals in Ghana and the north in particular, the problem of waiting time was not surprising to the researcher.

3. Methodology

Two separate data collection processes were adopted. First, field interviews were used and consisted of in-depth interviews with 53 senior medical staff of hospitals and clinics in the Greater Accra Region of Ghana. This method of data collection was adopted from the works of Kohli and Jaworski (1990). Because the purpose of the study was to clarify current thinking in literature and in the health sector, it was important to tap a wide range of experiences and perspectives in the course of the data collection. Therefore, a purposive sampling plan was used to ensure that the sample included directors of health facilities in the country. Care was taken to sample hospitals, clinics and maternity homes (public). Of the 53 individuals interviewed, 23 held administrative roles while 25 were senior medical staff. A total of 45 institutions were included in the sample; the remaining five (5) individuals were interviewed in certain marketing oriented organizations. The sample thus reflects a diverse set of institutions and positions, and hence is well suited for obtaining a rich set of ideas and insights into the meaning of the concept of customer orientation. The purpose of these interviews was to tap insights that might not emerge from the literature review. A standard format generally was followed for the interview. After a brief description of the research project, each interviewee was asked about five issues along the following lines.

1. What does the term "customer orientation" mean to you?
2. What kinds of things do a customer-oriented company do?
3. Is the concept of customer orientation a reality in your sector?
4. What measures have been put in place to ensure that the concept is adhered to?
5. What institutional factors foster or discourage this orientation?
6. What are the major hindrances to the implementation of this orientation?
7. How can they be addressed?

These questions provided a structure for each interview, but it was normally necessary to describe and simplify some of the questions, as well as probe deeper with additional questions to elicit examples, illustrations, and other insights. The personal interviews typically lasted about 30 minutes and with notes taken. The information obtained from these interviews affords new insights into the meaning, application, and other dynamics of a customer orientation. Though a large number of new insights emerged from the study, the researcher focused on the more "interesting" ones and those with the greatest potential for stimulating future research. The information was thus incorporated into the definition of customer orientation.

Secondly, the research again utilized a survey method to collect primary research data from patients of some selected hospitals and was also conducted in Ghana. The target population for the study was made up of patients of hospitals and clinics, specifically Greater Accra Region. Data for the study were therefore collected using a questionnaire including the measure instruments of customer orientation and patient satisfaction and were sent to patients of selected hospitals, clinics and maternity homes using convenience sampling. The researcher chose the mode of face-to-face because the patients were to be interviewed during or just after services have been delivered. With the use of the structured questionnaire since respondents were from the hospitals, the researcher decided that the appropriate place is the OPD. For this purpose, hospital administrators helped us to select the

accurate place. Since illness represents a state of diminished autonomy, all patients were conveniently selected based on their willingness and ability to respond to the questions. When conducting the survey myself and my research assistance situated ourselves in the main entrances where patients could be contacted. We approached patients, introduced ourselves and explained to them about the survey in brief and in a polite way. As a result, there were no diagnostic limitations on patient selection. However, patients who were in a critical state of health, or those who were unable to respond to the questionnaires and did not have any family members to assist in answering the questionnaires were excluded. This method of data collection was employed by Atinga et. al (2012) and was found to be effective.

Also, item scales were generated from the empirical findings of other research works. Specifically, the modified SOCO scale of 12 items (Hoffman and Kelly, 1994) was adopted and modified to suit public hospitals. Again one additional item from the original SOCO instrument was used. The additional SOCO item was employed as it related to customer rather than to sales orientation. The 13 items were adapted and modified with minimum alteration to a hospital context and was thus reduced to 9. With regards to patient satisfaction, 5Q model of the service quality, trust and reputation dimensions specifically in health care taken from Zineldin (2006) were considered with modification to suit the current study as well as the researcher's generated questions which were tested for reliability.

Construct reliability

The reliability of the scale indicates that the study was free from random error. Internal consistency was measured using Cronbach's Coefficient Alpha. The statistics provided an indication of the average correlation between all of the items that make up the scale. Values range from 0 to 1 with higher values indicating greater reliability.

Content Validity

Content validity, in the current study, was ensured as most of the scales employed were adopted from established scales that have been already subjected to content validity tests or analyses. Additionally, it is reasonable to suggest that the study does not lack validity since the measurement of scales adopted or developed from existing literature provided positive values.

Multivariate analysis of variance (MANOVA) was used as a generalization of ANOVA given that we used a combination of 9 items to test for the levels of practice of customer orientation in the facilities (Clinics and hospitals and maternity homes). For each individual item, univariate F-tests were also used to test for significant differences.

4. Results/Findings

Firstly, results from the field interviews which consisted of in-depth interviews with 53 senior medical staff of hospitals and clinics in the Greater Accra Region of Ghana with the focus on assessing the concept of customer orientation were condensed into the researcher generated definition to the concept of customer orientation.

Again the second set of data collection sampled patients of some elected hospitals in Ghana to assess their level of satisfaction with regards to the treatment obtained. From the 635 respondents interviewed, 42.8 percent were males while 57.2 percent were females. This could be attributed to the fact that the female gender is more than the male gender in Ghana (Population Census, 2013). The largest number of responses came from the 31-40 age group range which accounted for about 24.4 percent of the total respondents followed by 21-30 and 41-50 groups respectively. The lowest responses was from the group 71 and above.

In assessing the overall satisfaction of the patients certain factors were considered. These factors included

- The physician's level of availability
- Time spent in the hospital
- Overall satisfaction with visit
- Overall satisfaction with service

The result indicated that out of the 635 respondents, 188 respondents were highly dissatisfied with the overall service rendered to the patients at the public hospitals sampled. Out of this, 34.3 percent were between the 18-20 age group, 28.6 percent were between the 21-30 age group, 25.1 percent were between the 31-40 age group and 10.0 percent were between the 41-50 age group. The trend in the distribution thus depicts that extent of dissatisfaction increases when the age range is low (18-20) and thus the older the patient, the higher the level of satisfaction. This trend could be attributed to the fact that the Ghanaian culture demands respect for the elderly. The study thus depicts that satisfaction is bias towards the age of patients. In a similar fashion, 94 respondents expressed strong satisfaction with the services provided by the public hospitals. Out of that, 35.1 percent (33 respondents) were 71 and above years old, 28.7 percent (27 respondents) were between 61-70 age group, 16 percent (15 respondents) were between 51-60 age group while 13.8 percent (13 respondents) were between 41-50 age group.

The above results lead to the conclusion that there is a generally positive relationship between the age of a patient and the level of satisfaction. Therefore, generally, the older a patient, the more satisfied he or she is and the younger the patient the less satisfied he or she is. This is depicted in table 1 below.

			Patient Satisfaction					Total
			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Age Group	18-20	Count	64	42	2	10	1	119
		% within Overall Service Satisfaction	34.3%	27.8%	3.8%	6.7%	1.1%	18.7%
	21-30	Count	54	36	3	14	3	110
		% within Overall Service Satisfaction	28.6%	23.8%	5.7%	9.6%	3.2%	17.3%
	31-40	Count	47	28	16	13	2	106
		% within Overall Service Satisfaction	25.1%	18.6%	30.2%	8.9%	2.1%	16.7%
	41-50	Count	19	25	10	16	13	83
		% within Overall Service Satisfaction	10.0%	16.7%	18.9%	10.1%	13.8%	13.1%
	51-60	Count	2	18	16	27	15	78
		% within Overall Service Satisfaction	1.0%	11.9%	30.2%	18.2%	16.0%	12.3%
	61-70	Count	1	2	6	39	27	75
		% within Overall Service Satisfaction	.5%	1.2%	11.3%	26.1%	28.7%	11.8%
	71 and above	Count	1	0	0	30	33	64
		% within Overall Service Satisfaction	.5%	.0%	.0%	20.4%	35.1%	10.1%
Total		Count	188	151	53	149	94	635
		% within Overall Service Satisfaction	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 1: Overall Patient Satisfaction in terms of age

Educational level and Patient Satisfaction

The next results compare overall satisfaction with educational level of patients. Out of the 635 respondents studied, 14.2 percent were illiterate, 14.3 percent had attained up to junior high school education, 12.6 were senior high school graduates, 13.7 were diploma school graduates and 18.6, 13.4, and 13.2 were university, masters and other certificate holders respectively. Therefore, all the various educational levels can be said to have been well represented in this study.

Out of 188 respondents that expressed strong dissatisfaction with the overall service rendered to the patients at the public hospitals, 30.4 percent were illiterates, 23.2 percent were junior high school graduates, 18.3 percent were senior high school graduates and 8.4 percent were diploma school graduates. The rest were 10 percent for university, 6.7 percent for masters and 3 percent for other certificate holders. This means that about 71.9 percent of the respondents who felt strongly dissatisfied were illiterate, junior high school graduates, or senior high school graduates.

In a similar turn of events, 151 of the respondents expressed dissatisfaction out of which 18.6 percent were illiterate, 25.2 percent were junior high school graduates, 18.5 percent were senior high school graduates and 15.1 percent were diploma school graduates implying that about 62.3 percent of the respondents who felt dissatisfied were illiterate, junior high school graduates, or senior high school graduates and the rest of the 37.8 percent having received higher education. It can be inferred from the results that patients in the sampled hospitals were giving good treatment when staff of the mentioned facilities perceived that the patients were fluent in English language and therefore probably knowledgeable enough to question the medical staff of inefficiencies. On the other hand, when it was observed that the patient's level of education was low (perceiving that patients cannot question the medical staff of inefficiencies due to poor English language skills), the treatment giving resulted in general dissatisfaction.

On the other hand however, 94 respondents expressed strong satisfaction with the services provided by the

public hospitals. Out of that, 2.0 percent were illiterate, 1.1 percent were junior high school graduates, 3.2 percent were senior high school graduates, 2.0 percent were diploma school graduates, 30.9 were university graduates, 24.5 percent were master degree holders, and 36.3 percent had other levels of education implying that only about 6.3 percent of the respondents who felt satisfied were illiterate. Also, out of a total 635 respondents, 149 said they were satisfied with the public hospitals' services out of which 2.0 percent illiterates, 4.4 percent were junior high school graduates, 5.1 percent were senior high school graduates, 18.4 percent were diploma school graduates, 24.1 were university graduates, 19.3 percent were master degree holders, and 26.7 percent had other levels of education. Again it can be observed that majority (88.5%) of those who were satisfied with the hospitals' services were diploma certificate holders or better while only 11.5 percent were illiterates, junior high school graduates, or senior high school graduates respectively.

It is therefore apparent that there is a direct relationship between the educational background of the patient and the level of satisfaction experienced, and that the higher the level of literacy of the patient, the more satisfied he or she becomes. This can be illustrated in table 2.0 below.

			Patient Satisfaction					Total
			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Education Level	Illiterate	Count % within Patient Satisfaction	57 30.4%	27 18.6%	1 1.9%	3 2.0%	2 2.0%	90 14.2%
	Junior High School Graduate	Count % within Patient Satisfaction	44 23.2%	38 25.2%	1 1.9%	7 4.4%	1 1.1%	91 14.3%
	Senior High School Graduate	Count % within Patient Satisfaction	34 18.3%	28 18.5%	7 13.2%	8 5.1%	3 3.2%	80 12.6%
	Diploma School Graduate	Count % within Patient Satisfaction	16 8.4%	24 15.1%	18 34.0%	27 18.4%	2 2.0%	87 13.7%
	University	Count % within Patient Satisfaction	19 10.0%	25 16.5%	10 18.9%	35 24.1%	29 30.9%	118 18.6%
	Masters	Count % within Patient Satisfaction	12 6.7%	6 4.0%	15 28.3%	29 19.3%	23 24.5%	85 13.4%
	Others	Count % within Patient Satisfaction	6 3.0%	3 2.1%	1 1.9%	40 26.7%	34 36.3%	84 13.2%
	Total	Count % within Patient Satisfaction	188 100.0%	151 100.0%	53 100.0%	149 100.0%	94 100.0%	635 100.0%

Table 2.0: Overall Patient Satisfaction in terms of Educational level

5. Discussion

The concept of consumer care and satisfaction has been extensively accepted by many organisations. Businesses consider consumer care and satisfaction a key ingredient to success since it is viewed as an important component in strategic thinking. From the perspectives and the in-depth interview approach of experts discussed in the current research, customer orientation may well be defined as "the sufficient practice and implementation of organisational values, beliefs and philosophies by sufficiently understanding customers' interests, fulfilled through proper dissemination and implementation programmes". In this definition, achieving a high level of

customer orientation will require the following: sufficient practice, proper supervision and implementation of institutional values, beliefs and philosophies, a clear understanding of the customer (patient) and his interests and a proper dissemination and implementation of customer orientation programmes. If these basic tenets are evident, it is believed that the application of the concept of customer orientation will yield the desired results.

Again, results on customer orientation and patient satisfaction relationships indicated that the practice of customer orientation as publicized by management had a negative but significant relationship with patient satisfaction. The study provides insight into the degree to which patients are satisfied with services received in public hospitals in Ghana. The understanding of patients and interactions with hospital staff and the way these interactions are perceived is crucial for the design and management of health service provision. Nevertheless, several studies (e.g. Narver and Slater, 1990; Schneider et al, 2006) have identified that customer orientation is the primary strategy for creating superior value for the customers continuously. Thus while customer orientation is seen to provide a firm with a better understanding of the environment and customers, which ultimately lead to better performance, the realisation of this dream is not common with public hospitals in Ghana. Invariably, this concurs with the Ghanaian situation as evident in the survey conducted by Dzomeku et. al, (2013) and which indicated that 54% of patients were dissatisfied with public hospitals' nursing care. On the contrary, Yeboah (2014) identified an appreciable level of satisfaction by patients in the private hospital set up in Ghana.

Slater and Narver (1994) and Kirca, Jayachandra and Bearder (2005) suggests that the logic for expecting a strong link between a customer orientation and performance (here patient satisfaction) is based on the concept of a sustainable competitive advantage. In this instance, firms strive to satisfy customers better as an advantage over others. In Ghana, this position seem to be defeated because the public hospitals are not in competition and thus measures provided to cater for customer orientation programmes seem to be merely symbolic. This reality contradicts the assertion of Kohli and Jaworski (1990) that "the need to provide measures for customer orientation programs must be seen not just in symbolic terms, but also in the light of what they seek to achieve".

6. Implications to research and Practice

The findings suggest that customer orientation (as a principle in an organisation) does not absolutely result to patient satisfaction unless there is a dedicated effort at establishing the right modalities to its implementation. This has become necessary because medical staff in the sampled institutions seem to offer medical services depending on the level of education and age of the patients respectively. In this regard, it is suggested that patients' treatment have not resulted from the application of customer orientation but with the knowledge on the part of medical staff that the patient could question the quality of the service and again because the Ghanaian culture inculcates respect for the old. This deviates from several studies that have identified customer orientation as the primary strategy for creating superior value for the customers continuously (Narver and Slater, 1990; Schneider et al, 2006). In that regard, the findings offer researchers the opportunity to delve into the empirical justification for poor services delivered to patients of specific age group as well as with specific educational qualification.

In practice, the study implies that, medical service providers should put customer orientation first when making plans to improve patient satisfaction. In that regard, medical service providers can increase patient satisfaction by applying customer orientation in hospitals at every service delivery point irrespective of the patients' age, educational level or profession.

The results thus suggest that hospital administrators should allow the services they provide to emerge out of customers' need. Apart from the technical services that the patient cannot evaluate, efforts should be made to continue training and educating administrators, nurses and doctors in the hospital to deliver to the patients, a desired level of expectation by aligning the services to creating superior value for patients. Thus nurses and other training institutions should as part of their curricular, train health workers on good customer orientation practices apart from the education received on how to implement the code of ethics of the profession.

Hospitals should establish customers' complaints and information desk as well as the establishment of a proper and conventional procedure at the hospital for the handling of patients' complaints. Studies show that among customers who register complaints, 95% will buy again if their complaint is resolved quickly. The study further reveals that customers whose complaints are resolved satisfactorily tell an average of five people about their good treatment (Troubled Asset Relief Programme USA 2008). In this case, although the patient may be obliged to visit the facility again because of review check-up, when satisfied, can serve as word of mouth advocate for the health facility.

Finally, health workers need the right mental attitude in order to be able to treat patients with genuine empathy, concern, respect, civility and friendliness as reiterated by Dubinsky (1994) and this customer-oriented demeanour in health service personnel would necessitate a resolute determination from management due to the need for supervision.

7. Conclusion

The study concludes that the effect of customer orientation in the health sector of Ghana is low due to its poor application and implementation. However, it does have some influence on patient satisfaction, but this influence is minimal since the positive impact is felt by only a section of the populace who belong to some specific demographic attributes. Moreover, the study postulates that “achieving a high level of customer orientation will require the following: sufficient practice, proper supervision and implementation of institutional values, beliefs and philosophies, a clear understanding of the customer (patient) and his interests and a proper dissemination and implementation programmes. If these basic tenets are evident, it is believed that the application of the concept will yield the desired results in the sector. The study therefore reiterates the need for a customer oriented attitude and culture that will look beyond the particular patient seeking medical attention and concentrate on the application of the concepts irrespective of the patient’s background. The study therefore proposes the adoption of customer orientation only when management can be highly responsive to its implementation (as depicted in the developed definition). The study also suggests the need to provide a customer orientation training to medical staff in order to enhance their performance.

8. Limitations and future research

This study covered only four public hospitals in the Greater Accra region of Ghana and not all public hospitals in the region. Even with the four public hospitals, because of the adoption of convenience sampling approach utilized which limited the scope of the qualified respondents, the researcher cannot conclude that the situation is peculiar to every patient of the four chosen public hospitals. It is therefore important to state that the generalisation of this study may be limited in scope and not beyond the public health facilities in the country. In this sense, it is recommended that a comparative study of public and private hospitals with a methodological approach that can increase the representation will help draw a wider generalisation. The study also makes use of cross-sectional data analysis, which does not enable researchers to make any causal inferences or to identify any possible time-lag of the research constructs. Studies may consider using longitudinal data analyses so as to capture the thrust of this research better. Again the approach of convenient sample of outpatients invariably cuts inpatients to size and as a result a study that adopts a simple random sampling approach and includes inpatients would help establish a deeper understanding with respect to patients that spend more than 24 hours in the medical facility. A significant observation made by the researcher had to do with an eminent role of communication between health personnel and patients and is believed to be a key antidote to the problem of patient dissatisfaction and thus would need an immediate investigation.

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