Who Is a Hospital's "Customer"?

It Depends on Where You Sit

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EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid (CMS) Services now includes the patient experience in calculating a hospital's reimbursement for services rendered. CMS' addition has led hospitals to incorporate customer service initiatives whose goal is to improve the patient experience, with varying degrees of success. A possible reason for the less-than-successful outcomes may be organizations' failure to identify who the *customer* is and what is important to that customer. This study used focus groups at an acute care, for-profit hospital in the southwestern United States to gather the perspectives of healthcare team members and patients on who should be labeled a hospital's customer and what factors influence customer satisfaction.

The data reveal that neither patients nor physicians considered patients to be customers, with the possible exception of elective surgery patients. In contrast, administrators viewed patients as customers, regardless of the circumstances surrounding the patient's admission.

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Nursing and other service staff often applied both the *customer* and the *patient* labels to their patients. Most participants viewed physicians as a hospital's customers.

The following were found to be important predictors of patient satisfaction: effective interdisciplinary relationships, adequate nurse staffing levels, high-quality and good-tasting food, minimal wait times, and hospital cleanliness. The study further determined that physician satisfaction is influenced by having a permanent healthcare team (nurses, hospitalists) taking care of their patient, good communication and care coordination, operating room readiness, and hospital staff recognizing the physician by sight throughout the facility.

This study's results may be useful for hospital administrators interested in using customer service initiatives to improve the overall patient experience in their organization.

[A]INTRODUCTION

Over the past several years, the Centers for Medicare & Medicaid Services (CMS) has begun incorporating the patient experience in calculating a hospital's reimbursement for services rendered (Florence, Atherly, & Thorpe, 2006; Huntington, Covington, Center, Covington, & Manchikanti, 2011). This customer satisfaction element forces hospitals to focus on nonclinical aspects of hospitalization, including customer service techniques common to other service industries, to improve the overall patient experience (Ford & Fottler, 2000; Fottler, Ford, Roberts, Ford, & Spears, 2000). For example, some hospitals offer amenities such as room service, personal concierges, and wellness centers, but these efforts often yield mixed results (Ford & Fottler, 2000; Ramachandran & Cram, 2005). One underlying reason for the lack of success is organizations' failure to identify who the customer is and what is important to that customer.

Customer is defined as "someone who buys goods or services from a business" (*Merriam-Webster's Online Dictionary,* n.d.). To date, no uniformly agreed on definition of *healthcare customer* has emerged, but the previous definition could apply to a patient. Popular insurance plan options, such as high-deductible plans and health savings accounts, have led to rapid growth in consumer-driven healthcare, where *consumer* is generally accepted to mean *customer*. With the advent of these and other products in the healthcare marketplace, individuals are motivated to shop for providers on the basis of price and quality information that is publicly available, which may be influencing the shift in labeling from patient to customer (Powell & Laufer, 2010).

Importantly, the use of the term *customer* has long depended on the person or organization using the term (Bastian, 1998). For instance, healthcare administrators might refer to customers rather than patients when negotiating privileges with physician groups (Boote, Telford, & Cooper, 2002). Administrators might refer to insurance providers as customers, as insurers often influence where patients seek treatment (Telford, Beverley, Cooper, & Boote, 2002).

The purpose of this case study was to identify a hospital's customers, as viewed by both patients and healthcare team members, and to identify variables that lead to customer satisfaction. The study was conducted at one acute care, for-profit hospital located in the southwestern United States. The study's findings may be of interest to hospital administrators who wish to incorporate customer service techniques to build customer relationships. It also offers a method to identify potential customer segments and the attributes those segments deem important to making the decision to do business with the hospital. Ultimately, this case study

provides a framework in which to identify a hospital's customers and the best ways to attract and retain them.

[A]BACKGROUND

[B]Is a Patient a Customer?

Webster's Online Dictionary (n.d.) defines *patient* in the verb form as "bearing pains or trials calmly or without complaint" and in noun form as "a person who receives medical care or treatment." In healthcare, this term often carries connotations of passivity and deference to physicians (Deber, Kraetschmer, Urowitz, & Sharpe, 2005). As a result, a patient is viewed as an individual who grants authority to the physician, whereby the physician is presumed to be the sole decision maker regarding the services provided.

Conversely, *customer* is defined as "someone who buys goods or services from a business" (*Webster's Online Dictionary*, n.d.), implying that medical services are commodities to be managed in the market. When an individual is a customer, he or she purchases services and is fully responsible for checking the quality of the goods before the purchase is made (Brookes & Stodin, 1995). If the patient is labeled a customer, the provider assumes the role of *seller,* whose aim is to satisfy the customer's needs (Matusitz & Spear, 2014; Reeder, 1972). Switching the labels alters the nature of the relationships between healthcare practitioners and their clients/patients. If the *patient* label is used, the provider has the ultimate decision-making authority, whereas if the *customer* label is used, the receiver of care may dominate the negotiations regarding the treatment plan (Hyeyoung, 2014).

Evidence from other countries suggests that patients prefer to be called patients and not customers. Based on the number of studies that collectively polled 2,165 people in four different countries (UK, Poland, Canada, and Australia) the overwhelming majority of people appeared to

prefer the term *patient*, whereas only 1 in 33 people chose to be called *service user* (Christmas , Sweeney, 2016; Covell, McCorkle, Weissman , Summerfelt, Essock, 2010; Lloyd, King, Bassett, Sandland, and Savige, 2001; Simmons , Hawley, Gale, Sivakumaran, 2010; Wing, 1997) . Importantly, the patient's preference for the label may be different in United States, where the healthcare system is not a single-payer system. Evidence from literature discussing the consumer-driven nature of U.S. healthcare suggests that, as patients increase their health literacy and control over healthcare decisions, they are transitioning from their roles as pure patients to roles more closely resembling customers (Herzlinger, 2006, 2010; O'Connor, Trinh, & Shewchuk, 2000; Powell & Laufer, 2010). It is therefore useful to review how customer satisfaction has been studied in the healthcare literature.

[C]Customer Satisfaction in Healthcare

One commonly used marketing research tool to assess customer satisfaction is the SERVQUAL model (Zeithaml, Berry, & Parasuraman, 1993). This instrument, in its original form, is used to explore the gaps between expectations and actual perceptions of a service provider's performance. The authors, along with many other researchers (O'Connor et al., 2000; Pakdil & Harwood, 2005; Lee & Yom, 2007), proposed that customer expectations are an important antecedent to customer satisfaction in a healthcare setting. Therefore, if customer satisfaction is the goal, a service provider must first identify the customer and then work to understand the customer's expectations of the clinical encounter (O'Connor et al., 2000).

Often, these expectations are not congruent with the service provider's assumptions. Incorrectly or inadequately identifying who the customer is and what his or her expectations are can lead to inefficient resource allocation, thereby satisfying assumed expectations at the cost of not meeting actual ones.

[B]Do Hospitals Have Other Customers?

Historically, hospitals have developed physician incentives, such as offering hospital-based positions, managerial roles, or ownership interests, to influence physicians' decisions on where to admit their patients (Burns & Muller, 2008). Research has identified physicians' preferences for particular hospital attributes when selecting a facility for their patients, such as the distance to the hospital from the physician's office or the percentage of the physician's admissions at the hospital (Burns & Wholey, 1992). Evidence suggests that the hospital–physician collaboration is nevertheless often suboptimal, characterized by strong disagreements on costs or quality issues (Burns & Muller, 2008). One reason for a lack of alignment between hospitals and physicians may be that hospitals do not understand the physicians' true expectations. The hospital is also often chosen for the patient by the insurance company. Therefore, it seems rational to view all parties—physicians, insurers, and other stakeholders as well as patients—through the lens of their role as customers who provide business for the hospital.

[C]Physicians as Customers

Industry experts consistently stress that hospitals should treat their physicians as a primary customer to ensure the sustainability of the hospital (Barlow, 2000; Edmiston & Wofford, 2010). Hospital attributes typically identified as important to satisfying physicians include outcome-oriented standards; protocols for communication between physician and hospital staff, particularly in terms of manners and courtesy; scheduling that accommodates the physician's needs; appointment of a primary team with whom the physician works on a regular basis; and a facility that is ready for the physician's arrival to maximize efficiency (Barlow, 2000; Kerfoot, 1988). Worth noting, however, is Flynn, Smith, and Davis's (2002) suggestion that, if the

healthcare consumer's access to information and power over the choice of provider and provider facility (i.e., hospital) increase, over time, the physician's power in facility selection will decline.

[C]Family Members as Customers

A limited body of literature explores the family member's role as a customer. Most of this work examines family member satisfaction in pediatric hospital experiences (Bragadottir & Reed, 2002; Kuo et al., 2012) or end-of-life or hospice care (Rappaport, Ketterer, Nilforoshan, & Sharif, 2012; Renzenbrink, 2011;). However, patients of all ages and stages of life are hospitalized, and many have family members who are intimately involved with the experience. Family members can influence the patient's recollection of his or her hospital experience, possibly altering the patient's perception of satisfaction with the experience and coloring the patient's responses on satisfaction surveys such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

To summarize, the existing literature suggests that a hospital may have several categories of customers playing important roles in the hospital's success. The purpose of this study is to reveal the full range of customers that a hospital needs to identify and serve.

[A]METHODS

Patients and healthcare team members at one acute care, for-profit hospital in the US Southwest participated in this qualitative study. An experienced moderator lead 12 focus group discussions in July–August 2013, guided by a semi-structured set of questions developed before holding the group. (The moderator's guide appears in Figure 1.) The focus groups were conducted with recent postsurgical adult patients and family members, physicians, other hospital staff (registered nurses, nurse aides, technologists), and administrative staff. The composition of each group is displayed in Table 1.

[FIGURE 1 and TABLE 1 about here]

Each focus group's discussion was recorded, professionally transcribed, and content analyzed to identify major themes that emerged from the discussions, enabling comparisons among groups. The transcripts were analyzed by three trained raters using a grounded approach that involved a series of immersion–crystallization cycles (Miller & Fredericks, 1999). The investigators immersed themselves in the data by reading the transcripts several times, gaining insight and identifying some initial answers to the questions that emerged from the discussions, including "Who is a patient?" "Who is a customer?" and "How is customer satisfaction defined at X hospital?" This process continued until reasonable interpretations became apparent.

[A]ANALYSIS

The investigators engaged in a quantitative analysis of the transcripts. They created a codebook and then independently coded the transcripts. First, the transcripts were separated into fragments, where a fragment consisted of one complete verbalization by one person. Each time the speaker shifted, the next verbalization was considered a new fragment. Each fragment was labeled numerically to assist the rater in completing the coding sheet. The raters read the discussion transcripts in the order that they occurred to preserve the context necessary for coding each fragment. All fragments were coded, which occurred in two phases.

The first coding phase entailed separating relevant fragments from irrelevant fragments; relevant fragments were those that pertained to the issue of who is the customer. Each rater decided whether or not each fragment addressed the question, "Is *X* a customer?" where *X* could be the patient, the family member, the physician, or "other" (e.g., insurance company, hospital department). The fragments were coded as "yes" or "no." Terms that were deemed to be related to *customer,* such as *guest* or *client,* were also coded as "yes." The raters' codings were

compared to one another for agreement; the raters then met to discuss areas of disagreement and to arrive at consensus coding. Consensus coding of a fragment as "yes" prompted additional ratings in the second phase.

The second phase required raters to again consider fragments relevant to "Is X a customer?" and then determine to whom X referred (coded as patient, family member, physician, or other). Then the raters determined whether the fragment indicated if X was a customer by the sentiment expressed in the fragment, where

$-1 = X$ is not a customer,

$0 =$ neutral, and

$+1 = X$ is a customer.

The raters' codings were again compared for agreement, and raters met to arrive at consensus ratings.

[A]RESULTS

Two major questions guided the study: (1) Who is and is not a customer for the hospital, and under what circumstances, and (2) what leads to "customer satisfaction" for those customers?

[B]Interrater Reliability

Fleiss's kappa (Fleiss, 1971) is often used to measure interrater reliability of categorical data by multiple raters. Applying Fleiss's kappa to our results, we determined that interrater agreement was substantial to moderate for all codes, meaning that raters demonstrated acceptable levels of agreement on all codings (see Table 2 for a complete report of interrater reliability).

However, Fleiss's kappa tends to underestimate agreement when one code is favored over another (Cicchetti & Feinstein, 1990). Therefore, absolute and partial agreement are also reported. Absolute agreement (all three raters providing the same rating on an item) ranged from

70% to 86%. Complete disagreement (all three raters providing discrepant ratings) rarely occurred.

[TABLE 2 about here]

[B]Who Is a Customer? Who Is Not a Customer?

[C]Patients

Answers to the question of who is and who is not a customer varied by type of focus group participant (Table 3). First, patients generally did not view themselves as customers, although a minority did indicate that they could see why the label might apply. Patients also suggested that their family members might be considered a customer. The patient group did not mention any other potential customers. Most patients (60%) specifically rejected labeling themselves as customers, citing the high anxiety level, lack of understanding, and low decision-making power they experienced during the hospitalization process. For example, one participant noted:

[BLOCK QUOTE]

Is a patient role akin to a customer role? I don't see that you could possibly equate the two because the anxiety level, the complete powerlessness of a patient are completely different from a customer who could say, "You know, I don't like your service. I'm going to go to the Starbucks down the road." You can't do that.

[end BLOCK QUOTE]

[TABLE 3 about here]

[C]Nurses

The nursing groups named a wider range of potential customers and were somewhat conflicted about whether the patient was or was not a customer. Nurses were more evenly split in stating

that patients are customers (55%) than in considering the idea that patients should not be labeled as customers (36%).

Among the types of potential customers for the hospital, the nursing groups included physicians; patients' family members; and other parties, such as insurance companies, other departments in the hospital (i.e., internal customers), and vendors. However, while the nurses were willing to accept the dichotomous concept of the patient as customer, many nurses concluded that the patient is ultimately a patient and indicated that they interact with patients as such, perhaps at the expense of customer satisfaction. One nurse, for example, explained:

[BLOCK QUOTE]

> I think it's both, but when it comes down to it, it's patient over customer. If it comes down to them wanting to do something like go downstairs and smoke, customer service would say do what makes you happy, but because they are patients [whom] we care about [and] we're treating, we have to say no.

[end BLOCK QUOTE]

Interestingly, the nurses generally seemed willing to accept healthcare services and hospital operations as a business. Most nurses also identified physicians as customers of the hospital.

[BLOCK QUOTE]

> I think of visitors, physicians, and [pharmaceutical or supply company representatives] who come in to help us as our customers, because we also want to make that a positive experience for them.

[end BLOCK QUOTE]

Some nurses stated that the family member is also a hospital customer, given that patients are often unable to fully comprehend their experience.

[C]Hospital Administrators

The hospital administration groups overwhelmingly viewed patients as customers, with 73% labeling patients as customers versus 0% seeing patients as not customers). They also identified numerous other parties among the hospital's customers, including patients, family members, physicians, insurance companies, and aftercare facilities. The administrators did not rank these groups differently in their importance or relevance to the hospital as a customer. In the words of one hospital administrator:

[BLOCK QUOTE]

> [The label] *customer* is pretty much across the board for me, whether it would actually be the patient, the family member, maybe a visitor, maybe the physician, and actually maybe each other as well.

[end BLOCK QUOTE]

[C]Physicians and Physician Schedulers

Physicians and their schedulers consistently (57%) opposed the idea of a patient being labeled a customer. They emphasized that patients are patients and discussed the many reasons that patients are distinctly different from customers. The leading distinction was that patients are not typically in a position to make optimal choices when purchasing healthcare, primarily because patients lack the expertise to accurately evaluate healthcare quality. One physician offered this analogy:

[BLOCK QUOTE]

A customer goes to the Gap. If they have to wait in line to check out, that's customer service. A patient comes in here because [he is] sick, and if things aren't done at the right time in the right way, people are injured. . . . This isn't customer service. This is healthcare, and I don't have customers. I have patients.

[end BLOCK QUOTE]

In multiple instances, physicians self-identified as customers of the hospital and wanted to be recognized as such, as the physician often makes the decision about where a patient's treatment will be provided. The physicians indicated that hospitals should understand their wants and needs. "We're customers of this hospital . . . so treat me well. Start giving a notice about when I come in and nothing's ready. I'm not talking about the coffee being hot in the doctor's lounge.

Physicians also discussed how insurance companies are accurately viewed as customers because the company selects the hospitals it will approve for coverage.

[B]What, if Any, Specific Circumstances Might Create an Environment for a Patient to Become a Customer?

Assigning the label *customer* to a patient was strongly associated with the power to select the specific hospital or treatment facility. Physicians and patients both agreed that patients may be customers when they are about to undergo an elective procedure or surgery, where they have more choice and may behave like traditional customers. Physicians emphasized that the customer label might be suitable when the patient has a choice in whether or not to pursue treatment.

[B]What Attributes Lead to Customer Satisfaction?

[C]Patient Satisfaction

Focus group participants discussed their beliefs about what elements of a hospital encounter satisfy patients. Each participant agreed that effective interdisciplinary relationships are crucial for patient satisfaction. Similarly, technical infrastructure, cleanliness, and adequate nurse staffing are important predictors of patient satisfaction. Physicians ascribed patients' positive evaluations of their experiences to good-tasting food, parking convenience, ease of access, minimal waiting times, and other customer service amenities.

[C]Physician Satisfaction

Physicians and hospital administrators identified several important factors for physicians as the hospital's customers. Physicians stressed that they prefer to work with the same hospitalist and team of nurses; they prefer a permanent team in place that is aware of the physician's treatment styles and preferences. Surgeons emphasized the importance of the operating department's readiness for surgery, including the surgical support team. Physicians also mentioned that they would like to be recognized by their face and name and to be respected by the clinical staff. All physician groups mentioned that they care more about good patient care than superficial amenities.

Administrators perceived scheduling to be the most important factor in physician satisfaction. Specifically, they mentioned the importance of being flexible and honoring the physician's schedule and preferred time blocks.

[C]Family Member Satisfaction

All participants agreed that family members require efficient and timely communication throughout the patient's stay in the hospital. In addition, family members preferred to have a pleasant waiting room environment.

[A]DISCUSSION

This study aimed to shed light on who is a hospital's customer. The majority of healthcare team members and administrators who participated in the focus groups considered physicians to be one of the hospital's major customer segments, because physicians often have the power to decide where their patients receive healthcare services. These findings are in line with experts' opinions that stress the importance of physicians in the hospital's success (Barlow, 2000; Flynn et al., 2002).

Historically, healthcare organizations have focused on meeting the needs of physicians by investing in sophisticated technology and in-house amenities (Merkel, 1984). This study's participants indicated that the current needs and preferences of physicians are different; their needs focus on care coordination and communication among medical staff, such as having a permanent team assigned for each physician to ensure consistent care for each patient. This discrepancy supports Zeithaml et al.'s (1993) proposal that customer expectations need to be uncovered before they can be satisfied. Therefore, hospital administrators should focus on understanding physicians' needs in their facilities and explore related customer service initiatives for this group.

This study also revealed that patients and physicians believe that hospital patients are not customers. The two groups indicated that patients are not typically in a position to make optimal choices when purchasing healthcare, primarily because they lack the expertise to accurately evaluate the quality of healthcare available. These findings are in line with Powell & Laufer's (2010) suggestion that a consumer-driven approach is limited in its effectiveness when the consumer is in pain, is unconscious, or is otherwise incapable of making an informed choice. Worth noting is that these perspectives markedly differed from those of the administrators who took part in the study and who viewed patients as customers exclusively.

Physicians and nurses also noted that the "customer is always right" approach is highly problematic because what is best for the patient's health is often not what makes the patient "happy." This study's results are congruent with previous research that examined patient preferences for their preferred labels in Canada, New Zealand, and Australia (Deber et al., 2005). Interestingly, most groups agreed that patients seeking elective surgery, such as plastic surgery, could be treated as customers, because choice plays a larger role in these clinical situations. Perhaps the elective-type surgery patients are acting as true consumers of healthcare, changing the healthcare market as experts predicted (Powell & Laufer, 2010).

Patients' family members were also identified as customers. Family members are influencers of the patient's assessment of the care experience post-hospitalization, particularly if the patient's cognitive abilities were impaired during his or her stay. Because HCAHPS surveys are administered weeks, or even months, following the patient's discharge, the ratings of customer satisfaction variables may be skewed by family feedback. If family members influence the patient's "customer" satisfaction, then hospital administrators would have reason to explore family member expectations for healthcare delivery, from both the clinical and experiential perspectives.

Finally, this study found that nurses try to treat patients as both customer and patient by simultaneously providing a high quality of clinical care and attempting to satisfy the patient's desires. This approach may pose a dilemma for a nurse when the two goals conflict (Deber et al., 2005). Traditionally, the nurse's values are a result of clinical practice in an environment that is free from financial constraints and administrative interference; their pursuits are dictated by the care and healing aspect of the nurse–patient relationship. However, overemphasizing the customer satisfaction aspects of care may create conflict. The nurse's attempts to satisfy the

customer-oriented needs of the patients or their family members may divert the nurse from her or his traditional duties and interfere with prioritizing effort and time. For example, a nurse may be reluctant to wake a patient in the middle of the night to check vital signs, as it could adversely affect the patient's perception of the customer service experience. Therefore, hospital administrators should provide clear priorities for the nursing staff to ensure that high-quality care is consistently the top priority.

This study is one of the first to compare the perspectives of multiple stakeholders regarding the customer in a U.S. hospital setting. Previous studies used clinics and outpatient populations (Deber et al., 2005), explored the issue in hospitals outside the United States (Trybou, De Caluwé, Verleye, Gemmel, & Annemans, 2015; Deber et al., 2005), or did not examine the perspectives of both the patient and the provider.

[B]Study Limitations

The results from this study are based on a single case and thus cannot be generalized to other settings. Future studies should consider using a larger sample or a broader population. In addition, the findings may have been influenced by the focus group setting in the hospital, which may have led to participant reticence in voicing their true opinions. Finally, a self-selection bias of the individuals who were willing and able to participate in the focus groups may have influenced the discussions. Future research should consider adopting a random selection of participants.

[A]CONCLUSION

The changes in CMS's reimbursement methodology are forcing hospitals to allocate more resources to improving the patient experience. Successful application of customer service techniques in other industries has led to implementation of these techniques in hospitals. The

study findings show that before implementing any customer service tool, administrators need to understand who the hospital's customers are and identify each customer's particular satisfiers. With this knowledge, healthcare administrators can incorporate the customer service techniques that will yield the highest return on investment and advance the organization.

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TABLE 1

Demographics of Focus Group Participants

Participant Type	Number (%) of Participants
Hospital administrators	18 (21.2)
Administrative/support staff	11 (13)
Nurses	6 (7)
Technologists, physical therapists	12 (14.2
Physicians	17 (20)
Physicians' schedulers	6 (7)
Patients and family members	15 (17.6)
Total	**85 (100)**

TABLE 2

Interrater Reliability

Variable	Absolute Agreement, (%)	Absolute and Partial Agreement, %	Kappa	Kappa Interpretation
Customer relevant (yes/no)	77	—	0.68	Moderate
Identify customer (patient, family member, physician, other)	83	100	0.74	Substantial
Customer sentiment (−1, 0, 1)	70	93	0.56	Moderate

TABLE 3
Who Is and Who Is Not a Customer?

Focus Group Type	Frequency of Customer-Relevant Fragments	No. (%) of Customer-Relevant Fragments			
		Who Is the Customer?	Is Not the Customer	Neutral	Is the Customer
Patient (*n* =15)	20/55 (36%)	Patients	12 (60%)	3 (15%)	4 (20%)
		Family members	0 (0%)	0 (0%)	2 (20%)
		Physicians	0 (0%)	0 (0%)	0 (0%)
		Other	0 (0%)	0 (0%)	0 (0%)
Nurse (*n* =18)	11/11 (100%)	Patients	4 (36%)	0 (0%)	6 (55%)
		Family members	0 (0%)	0 (0%)	1 (91%)
		Physicians	0 (0%)	0 (0%)	2 (18%)
		Other	0 (0%)	0 (0%)	1 (91%)[1]
Physician/scheduler (*n* = 23)	21/37 (57%)	Patients	12 (57%)	1 (5%)	3 (14%)
		Family members	0 (0%)	0 (0%)	0 (0%)
		Physicians	0 (0%)	0 (0%)	5 (24%)
		Other	0 (0%)	0 (0%)	5 (24%)
Administrators and staff (*n* =29)	30/48 (62%)	Patients	0 (0%)	0 (0%)	22 (73%)
		Family members	0 (0%)	0 (0%)	5 (17%)
		Physicians	0 (0%)	0 (0%)	7 (23%)
		Other	0 (0%)	0 (0%)	9 (30%)

Notes. Some percentages total more than 100% (1) because some fragments contained reference to more than one customer and (2) because of rounding. Other = "reps" (pharmaceutical and other supply company representatives).

FIGURE 1

Focus Group Moderator's Guide

Moderator's Guide for the Physician/Employee Focus Groups

1. Welcome and introductions

2. Brief review of informed consent and participant's rights to decline to answer questions and to leave the focus group without negative consequences

3. Overview of the process for discussion

4. Turn on digital recorder

5. Questions:

   a. How do you label those who visit X hospital for treatment? Do you consider them to be "patients" or "customers?" In your view, is "a customer" the same as "a patient" at X hospital? Why or why not?

   b. How do you define "patient/customer satisfaction" here at X hospital?

   c. Explain your role as you see it in the care of your patients.

   d. What issues do you think patients/family members are most concerned about after surgery?

   e. Is there anything else that you would like to add or ask about?

Note: Questions 4a and 4b generated a free-form discussion of who is a customer, which resulted in additional suggestions about who is viewed as a customer aside from patients (e.g., physicians, schedulers, insurance companies).

Moderator's Guide for the Patient/Patient Family Member Focus Groups

1. Welcome and introductions

2. Brief review of informed consent and participant rights to decline to answer questions and to leave the focus group without negative consequence

3. Overview of process for the discussion

4. Turn on digital recorder

5. Questions:

   a. How do you label yourself when you visit X hospital for treatment? Do you consider yourself a "patient" or a "customer?" In your view, is "a customer" the same as "a patient" at X hospital? Why or why not?

   b. How do you define "patient/customer satisfaction" here at X hospital?

   c. What issues are you most concerned about after surgery?

   d. Is there anything else that you would like to add or ask about?