A Study On The Effects Of Patient Engagement And Its Dimensions In Multispeciality Hospital

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Abstract - The study focuses on measuring the level and effect of patient engagement and its dimension. This study was based on a descriptive research design and convenience sampling method. Personal interview was conducted among the patient who visited Maaruthi Medical Centre And Hospital (MMHC), Erode, Tamilnadu. Descriptive statistics, Reliability, T-Test, Correlation and Multiple Regression analysis were conducted. The study concluded that the patients had a high level of engagement with their doctors and other health care employees.

I. INTRODUCTION

In today’s highly dynamic and interactive industry, the role of customer plays an important role in this business environment. Customer Satisfaction, experience, value along with the “customer engagement”, receiving widespread attention from business practitioners and academics. It is suggested that customer engagement represents a strategic essential for generating improved corporate performance, including sales growth, higher competitive improvement and profitability. The rationale underlying these assertions is that engaged customers play a key role in the vital marketing activity by providing referrals and/or recommendations for specific products, services and/or brands to others. Service organizations only achieve customer loyalty by having very satisfied customers. This requires a strong emotional satisfaction and emotional attachment to the organization, which is also labelled as “engagement”, so the concept of customer engagement was testified in the hospital settings is popular now and the increasing number of emerging quantitative as well as qualitative studies on patient engagement proved it.

The private hospital sector in India has grown passively over the years, it caters to a large segment of the population, yet it has received very little attention from scholars, policymakers, and others. As a result, modest is known about how the private hospital market is carrying out and what might be set to improve its performance. Hospitals in competitive environments engage in certain “competitive strategies and tactics” in order to increase their market share. As a strategy, they may compete for “physician allegiance” as a means to patients, which is often considered more effective than direct competition for patients. As a part of their next strategy, hospitals may also compete for payers of care (patients). These include price and non-price competitive tactics. The latter includes measures to convey quality of services and the diverse range of services they offer fewer than one setting, conveying a sense of “comprehensive service package” they can provide to the patients. This is supposed to create an impression on the patients that various forms of care could be obtained in the same hospital setting. For this purpose the private hospitals are now concentrating on the “patient centered care.

“Patients are becoming more and more a part of the equation that hospital administrators, physician practices and affiliated networks are going to have to take into account as a measure of how well they are doing, delivering healthcare. Ultimately if the hospitals have no patients, all the great physicians, hospitals, capabilities and plan design in a market and have no business. Patient centeredness being able to attract, satisfy and communicate effectively with patients, better service to patients, making them more educated consumers, helping them to find services when needed, making those services more convenient and accessible. Patients who are well informed and feel comfortable in their surroundings tend to be less prone to complications and subsequent readmission to hospital. These explanations and evolutions which lead to the budding of the term “patient engagement”.

Patient engagement-Why is it important to engage patients in their healthcare? Most importantly, it is vital to improving patients’ health outcomes. They are also better able to communicate important health information to their providers, which can assist providers with their diagnosis and care plans. Informed and educated patients and their families can take an active role in healthcare decision making:. They are also more likely to effectively manage their own care, as healthy behaviors and chronic care are ongoing, everyday activities.

Healthcare providers are therefore recognizing the need for solutions that effectively convert patients from passive bystanders into active participants in managing their health. Hospitals and health systems that desire to improve patient engagement should consider the objectives and work to develop a strategy that successfully promotes care quality, safety and cost efficiencies. With the emerging notion that patients are critical stakeholders in their health care and decision making, patient engagement is increasingly recognized as having a major role in improving quality and safety of health care interventions, service delivery, and
promoting ideal health care and personal health experiences across the continuum of care. While widespread efforts at patient engagement are relatively new, it continues to grow, as do the number of terms and definitions used to describe and capture patient engagement activities or experiences.

Numerous articles are available which highlight the importance of customer engagement. However, few quantitative studies have been performed in health care sector in developing nations. Further, patient engagement has not been studied adequately in especially in South India. This paper is the step up to make the quantitative study on patient engagement in one of the hospitals located in Tamilnadu.

II. REVIEW OF LITERATURE

Engagement as actions individuals perform in terms of adherence to drug prescription and a
Key component for high-quality healthcare services [1]. Engagement as a factor which enables patient alliance with clinicians and enhance recovery experience [2]. Engagement as a measurable marker of clinical results and organizational factor which contributes to reduce healthcare costs [3]. Engagement as a crucial elements in health policy making to deliver effective and high-quality healthcare interventions [4]. Engagement as a behavioral activation useful to better control and manage illness symptoms and emotional-related alterations [5]. Engagement as a key component to foster patient-centered medical approach [6]. Engagement as a behavioral activation related to healthy behaviors and positive health Outcomes [7]. Engagement as behavioral activation that contributes to reduce resource abuse and improve health outcomes [8]. Engagement as a measurable marker of patients’ compliance to therapies and symptoms' management [9]. Engagement as a cognitive, behavioral, emotional, and social construct which foster patient’s self-management [10].

III. CONCEPTUAL FRAMEWORK OF THE STUDY

A. Patient Engagement

Patient engagement is a broader concept that combines patient activation with interventions designed to increase activation and promote positive patient behavior, such as obtaining preventive care or exercising regularly.”

Center for Advancing Health’s engagement behavior framework focuses on behavior, defining engagement as “actions people take for their health and to benefit from health care” [11].

B. Patient engagement dimensions

1. Enthusiasm

Enthusiastic people take ownership of things they do and have a willingness to take risk [12].

2. Conscious Participation

Customer participation is defined as “the degree to which the customer is involved in producing and delivering the service.” [13].

3. Social Interaction

This interaction represents interchange of ideas, thoughts, and feelings with other people about the engaged consumer’s participation and the focus of engagement. As the level of engagement increases, the participants will be very interested in exchanging their experiences, thoughts and feelings with others.

C. Effects of Patient engagement

1. Extrinsic

If an initiative enables the individual to perform some activity better, the derived value would be extrinsic.

2. Intrinsic

Consumer appreciates an engagement initiative for its own sake “as a self-justifying end in itself” [14]. They derive intrinsic value out of it.

3. Connection with the hospital

Connection is an emotional bond or positive attachment that the consumer may have with a company.

4. Goodwill

Joann Kyce (2008) defines goodwill as the feeling that customers get when they know that another person or entity is acting in their best interest.

5. Intention to visit

The consumer will recognize the benefits received and return value for value by demonstrating behavioral intentions.

6. Affective Commitment

Affective commitment is “the psychological attachment of an exchange partner to the other and is based on feelings of identification, loyalty, and affiliation”

IV. RESEARCH OBJECTIVES

To measure the level of Patient Engagement and its dimensions among patients of various departments.

To measure the effects of Patient Engagement with respect to extrinsic value, intrinsic value, connection with the hospital, goodwill creation, intention to visit hospital and affective commitment.

V. RESEARCH METHODOLOGY

Descriptive research design was used for this study by selecting patients from each department according to the specialization. Convenience sampling method was adopted.

The size of the sample was about 200 patients and data was collected from the Maaruthi Medical Centre And Hospital (MMHC), Erode, Tamilnadu.
Primary data was collected through personal interview from the patient who visits the hospital and secondary data was collected from the past studies of customer and patient engagement from PROQUEST, EBSCO, EMERALD.Science direct.

D. Method Of Data Collection

A structured questionnaire was adopted from customer engagement scale of Shiri D. Vivek, 2009. The questionnaire contained 51 questions and it was divided into 4 parts. The first part contained 10 questions related to the demographic and rational factors of the patient. The second part contained 19 questions related to Patient engagement and its dimensions such as Enthusiasm, Conscious participation and Social interaction. The fourth part contained 17 questions related to the Effects of patient engagement like Extrinsic value, intrinsic value, Connection with the hospital, Goodwill creation, Intention to visit & Affective commitment.

E. Data Analysis

Data were analyzed using SPSS (Version 20). Descriptive statistics were used to describe sample demographics. T.Test, Karl Pearson Correlation and Multiple Regression, was conducted to test the hypotheses.

VI. RESULTS

The data analysis part is divided into two phases as: (1) Patient engagement and its dimensions and (2) Effects of Patient engagement and the results have been shown below.

F. Patient Engagement And Its Dimensions:

1). Reliability:

The reliability of Patient engagement was checked using Cronbach’s alpha and was 87% found to be greater than 70% for all the constructs and hence the construct Patient engagement is reliable.

Descriptive statistics Table 1 showed a high mean value for social interaction, Enthusiasm and conscious participation. Also, the level of Patient Engagement and its dimensions among patient’s visiting at various departments like Dermatology, paediatrics, Orthopaedics, Diabetology, Cardiology and Gynaecology of MMCH was analysed using a descriptive statistics and the results are found high among the patients.

2) T–TEST:

H<sub>0</sub>: There is no significant difference between the dependent variables and independent variables.

<table>
<thead>
<tr>
<th>DEPENDENT VARIABLE</th>
<th>INDEPENDENT VARIABLE</th>
<th>MEAN</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscious Participation</td>
<td>Gender</td>
<td>Male</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>Type of Patient</td>
<td>Out patient</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>In patient</td>
<td>3.5</td>
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<tr>
<td>Conscious Participation</td>
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<tr>
<td></td>
<td>In patient</td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>

Result of the Table 2. T-Test for the independent variable Gender and the type of patient (Inpatient and outpatient) with the dependant variables conscious participation and Enthusiasm showed significant changes i.e., Males and the outpatients were consciously and Enthusiastically participated in the care, information and treatment provided by the Hospital.

TABLE 3: KARL PEARSON’S BIVARIATE CORRELATION

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Enthusiasm</th>
<th>Conscious Participation</th>
<th>Social Interaction</th>
<th>Patient Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enthusiasm</td>
<td>1</td>
<td>.617**</td>
<td>.499**</td>
<td>.853**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Conscious Participation</td>
<td>.617**</td>
<td>1</td>
<td>.373**</td>
<td>.818**</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Social Interaction</td>
<td>.499**</td>
<td>.373**</td>
<td>1</td>
<td>.773**</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Patient Engagement</td>
<td>.853**</td>
<td>.818**</td>
<td>.773**</td>
<td>1</td>
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<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Table 3 presents the results of the Karl Person Correlation analyses which showed a High positive correlation among enthusiasm, conscious participation and social interaction and medium positive correlation between enthusiasm and conscious participation, enthusiasm and
social interaction, conscious participation and social interaction at 1% significant level.

3) Regression

Descriptive Statistics showed a Moderate level of extrinsic value, intrinsic value, connection with hospital, intention to visit and affective commitment among the patients

6) T – Test

Hₐ: There is no significant difference between the dependent variables and independent variables.

### TABLE 4: COEFFICIENTS

<table>
<thead>
<tr>
<th>Model</th>
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<th>Std Coef</th>
<th>t</th>
<th>Sig.</th>
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<td>.033</td>
<td>.853</td>
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<tr>
<td>Social Interaction</td>
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<tr>
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</tr>
</tbody>
</table>

Result of the T-Test for the independent variable in Table 5 shows Mean value of Gender, Patient visited as (old and New patient) and the type of Patient (Inpatient and outpatient) with the dependant variables Extrinsic, intention to visit showed significant changes i.e., Males, both new and old patient as well as outpatients.

VII. DISCUSSION

Patient Engagement And Dimension

Demographic Information:

Majority of respondents are male, between the age group of 40-50 years with the educational qualification of Hr.secondary who holds Business as their occupation earns around 5000 – 10000 and they are old patients who visits Diabetologist as out patients for more than four times on monthly schedule.

Patient Engagement and its dimensions:

Male outpatients are more interested to know, learn, notice the information, pay attention and likes to keep the things related to the hospital and likes to visit, spends lot of time for treatment, fit their schedule to visit, likes to have a continuous relationship and visits the hospital frequently (i.e., daily, weekly, fortnightly or monthly) for the treatment through the reference of their friends and relatives. This shows there is a high positive correlation between Enthusiasm, Conscious participation and Social interaction.

Effects Of Patient Engagement

Male outpatients are experiencing a lot of advantages while receiving and at the end of the treatment which leads them to bond and share their goals with their hospital whereas new patient who continuous their visit have lot of advantages, benefits, bonding and continuity for their future visits and their age factor is considered as important for proper bonding, sharing the goals, communication, emotional attachment, sense of belonging and being as a part of the hospital.
VIII. CONCLUSION

The study concluded that the patients had high level of engagement through their enthusiasm and consciously participated in their treatment, information through their Extrinsic value, connection with hospital, intention to visit through affective commitment as their effects in engaging them in the hospital.

This study has implications for practitioners. First, it suggests the health care provider able to know about their customer’s (patient’s) view over the care provided by the doctors and other employees in the. Second, it reinforces the notion that doctors and para professionals may do well to strive for comprehensive engagement process and care, which can enhance hospital performance. Like any investigation, ours has several limitations. First, the sample was in a multispeciality hospital industry, so its results might not generalize to core speciality. Second, some of the items of the adopted scale was based on the product rather than the service sector like hospital so addressing these limitations is a worthwhile endeavor for future research solely for the hospital sector.

REFERENCES
