



ISSN 2278 – 0211 (Online)

Negotiation Strategies for Patient Welfare

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Abstract:

Patient welfare is the prime objective of Medical and Psychiatric Social Workers. Trained professional Social Workers contribute significantly to the well-being of patients by acting as a link between hospital team and patient and family. This study aims to describe key negotiation strategies used by the Medical and Psychiatric Social Work team and its effect on patient welfare in a tertiary care hospital. The Study was conducted among approximately 75,000 patients who had been admitted for medical and surgical interventions in a multispecialty hospital. A structured questionnaire was used to collect the quantitative data from approximately 15,000 patients who represented the in-patients. The data had been collected for two years duration; combined quantitative and qualitative data from patients and hospital staff were used for the study. Members of Medical Social Work team were actively involved in collecting feedback from admitted patients. They discussed the same feedback with the operational team of the hospital and tried to influence the hospital policy. A collective effort led to significant improvement in patient satisfaction score. Relationship with patients and hospital management and use of research skills are essential to enhance the negotiation abilities of Social Workers in the hospital sector. Negotiation for patient welfare will help Social Workers to add values to hospital management and patient satisfaction.

Keywords: Patient welfare, service excellence, roles of social workers, negotiation strategies & hospital administration.

1. Introduction

Patient welfare is the aim of the Department of Social Work in a hospital (Berkman, 1996; Gordon, 1999; Canda, & Furman, 2009). Efforts of Medical Social Workers for the welfare of patients and their family are well appreciated by hospital authorities and policy makers. The hospital is a social system and it survives through service and business. Patients pay for the service and they deserve a high-quality health care with compassion. The caregiving of patients is the responsibility of the medical and non-medical team of hospitals (Lloyd, King & Chenoweth, 2002). Multiple professionals involve in caregiving to address health care needs of people in the hospital. Social Workers carved a niche to contribute the well-being of patients through psychosocial interventions.

Traditionally people believe Social Workers are social service officers at the hospital (Richmond, 1922). Beyond the distribution of charity, Social Workers engage in advocacy for protecting the rights of patients and their family. These rights consist of the right for biopsychosocial support, information on causes, nature, treatment and prognosis and skills training on coping with adversities of illnesses. Unlike in past, the trajectory of health care recognizes the need for patient-centered health care service delivery. A paradigm shift from doctor-centric to patient-centric health care is being expected from hospitals due to increasing knowledge of customer rights of patients among public. The context of this article is to trigger awareness among Social Workers on negotiation strategies and the expected service excellence in hospital settings.

Hospitals are no longer charity centers and health equity is not maintained among various sects of the society (Marmot, Friel, Bell, Houweling, Taylor, & Commission on Social Determinants of Health, 2008; Sanneving, Trygg, Saxena, Mavalankar, & Thomsen, 2013). Urbanization and liberalization created opportunities for private firms to start hospitals. This sector is capable of generating profits. Open economy encourages the competition among existing chains of hospitals (Hwang, & Christensen, 2008). Hence, hospital managements are keen to promote and sustain excellence in their service. Hospital functions through teamwork. Doctors, nurses and other professionals play a key role in providing quality of service to persons with illnesses.

Increasing customer consciousness among patients and their families is another reason for examining service excellence among hospitals. This momentum of changes helps Social Workers to assume the role of welfare administrator (Gregorian, 2005). Though Social Workers receive training in negotiation strategies, further sharpening such strategies and contextualizing the functions of negotiation would help them to coordinate and motivate other medical professionals. Professionalism in medical care (Husser, 2004; Detsky, & Shaul, 2013) is expected in this millennium. Medical fraternity and hospital management trust Social Workers' ability to link with multiple stakeholders of health care service to enhance the perceived quality of service excellence and patient welfare.

2. Methodology

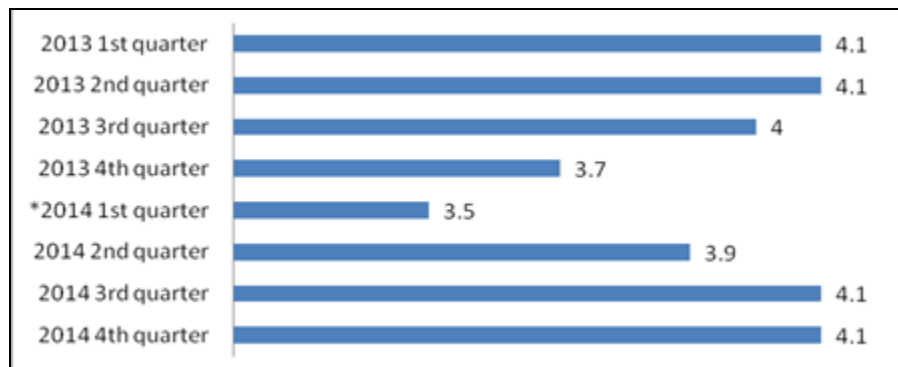
Data had been collected from a premier multispecialty hospital in Bangalore. The Department of Social Work was responsible for collecting feedback forms from patients and to handover to quality control department. Since the first author had research experience, hospital management entrusted the collection of feedback, analysis of data and presenting findings and monitoring action plans derived from the data under the guidance of Chief Operating Officer (COO). Junior Social Workers used to distribute feedback forms prior to discharge and collected the same before the discharge from either patients or significant other members of their family. The data had been collected from approximately 15000 patients of 75000 inpatients, who were admitted in the year of 2013 and 2014. Every month approximately 300 to 1200 feedback forms were collected. That number was proportionate to number admissions. The study followed descriptive research design and used standardized patient feedback questionnaire which consisted of feedback about Registration, Billing, Medical Care by Doctors and Nurses, Food, Security, House Keeping service, Investigation service and other hospital services. The questionnaire was similar to other famous patient satisfaction questionnaires in the world (Carr-Hill, 1992; Cheng, Ho, & Chung, 2002; Yıldız, & Erdoğmuş, 2004; Chen, & Wang, 2011). The quality of each service was assessed based on 2 to 6 questions according to the nature of service. The hospital group administration modified patient feedback questionnaire in January 2014. The rating scale was from a range of Excellent-5, Good-4, Average-3, Poor-2 & Very Poor-1 in 2013 and modified rating scale as Excellent-5, Very Good-4, Good-3, Average-2, & Poor-1 in 2014. The main criticism against the previous questionnaire was 46 items in the feedback form and later version form consisted of 22 items.

3. Results

Hospital administration team approved the administrative role of Medical Social Work team and encouraged the social work negotiations for patients' welfare. Social Workers collected data and reported the findings of the data in hospital operation meeting, which was scheduled at 9 am on every working day. COO of the hospital presided the meeting. Heads of every department attended the meeting. Medical superintendent, Nursing Superintendent, General Managers for marketing, Accounts, Out Patient, Human Resource, and Pharmacy, and Managers for Social Work, Radiology, Purchase, Operation Theatre and Admission, Floor Managers and House Keeping supervisor attended the meeting. Once in a week representatives of Social Work presented patient feedback. Earlier it was a lengthy presentation by Department of Quality Control. Once social work department took in-charge of presenting patient feedback, they presented a summary of patient feedback in a single slide.

Usually, quality control department used to highlight problems reported by patients and/or families. But social work department presented both positive and negative feedbacks. The presentation of feedbacks boosted the morale of staff and they started to accept even negative feedbacks. Similarly, nurses, technicians, and doctors were appreciated in the meeting for their service excellence. Subsequent to that monthly, Department of Human Resource organized appreciation meeting, in which COO distributed appreciation certificate and mementos.

As shown in figure one initially in the first quarter of 2013, overall patient feedback was 4.1 out of 5 point scale, where 5 indicated excellent service and 1 indicated poor service. In the last quarter of 2013 overall patient feedback dropped to 3.7. Hospital management decided to take serious actions to improve the quality of service. They modified hospital services with the support of graduates from Indian Institute of Management. Social Workers' services in enhancing the quality through collecting and sharing feedback with operation team and individually to heads of the department were well appreciated in the same period. Social work department did not duplicate the service of quality control department. Quality control department continued to monitor clinical quality indicators. Hence, Social Work department got an opportunity to develop a team relationship with the quality department. Complimentary roles of Social Workers helped the management to identify the service gaps through patient feedback and addressed issues as soon as possible.



*Figure 1: Summary of patient Feedback
Score Scale: 1 (Poor Service) – 5 (Excellent Service)
* 2014 1st quarter onwards new feedback from*

Social Workers were front runners in monitoring the action plan in improving the service excellence. Junior Social Workers were able to perform their duties in that regard along with graduates of trained hospital administration. Co-professionals noted that humane way of handling the patient feedback to promote service excellence, instead of harassing the members of caretaking team. Patients and families were contacted over phone and clarified about their dissatisfaction. The hospital operation team could respond to patients' dissatisfaction promptly and resolve on time; since junior Social Workers performed their duty with increased commitment. Thus, as shown in figure one patient satisfaction had been stabilized with an overall score of 4.1 in the last two-quarters of 2014. Key strategies of Social Work Department, under the guidance of COO and the team spirit of all co-professionals, helped the hospital to achieve significant improvement in patient satisfaction, which indicated the welfare of patients.

4. Discussion

Medical and Psychiatric Social Workers contribute significantly in promoting patient welfare. Social Work Research is a method which is used to convince hospital operation team about welfare needs of patients. Research data gives an insight into various problems among stakeholders of healthcare. That would lead to an informed decision and decrease subjectivity and would enhance the precision in estimating the perceived experiences of patients and their family. Subsequent patient friendly policy can be formulated. Social Workers should not doubt their management skills. The management capabilities of Medical and Psychiatric Social Workers are being recognized increasingly in India compared to European and North America practice settings. This is illustrated by the Professor and Head of Psychiatric Social Work, who functions as the Deputy Director/Registrar of the apex mental health institution in India. Reputed hospitals such as St John's Medical College, Bangalore, and Narayana Hrudayalaya Hospital, Bangalore started to recruit Medical Social Workers as executives for hospital administration. Young Social Workers must take an internship with senior Social Workers who are good in their administrative skills. Senior Social Workers may spend the time to nurture administration skills of young Social Workers. Time demands such exchange of intellectual exchange to upgrade professionalism among budding professional Social Workers. It would be wise to explore both the strengths and weaknesses of a service, instead of presenting data with a blaming tone. That would only facilitate defense among co-professionals.

5. Conclusion

Patient welfare has to be the focus of Medical Social Workers. All methods of Social Work including Social Work Research and Social Welfare Administration can be used to achieve this aim. Young social work professionals would spend the time to equip with the knowledge and skills of social work research methodology and organization behavior. This is the era, data would guide social work professionals to initiate or amend hospital policies. At the micro level, hospital-based patient feedback studies would empower social work department to negotiate structural and functional level changes in health care services.

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