

Building relationships with patients:

the physician as patient advisor

by Patrick Jackson

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The stark, realistic fact is that doctors today—given our society and our form of medical practice—must be as skillful in communicating as in healing. The implications of this situation for orthopaedic surgeons are serious and many.

The doctor/patient environment shapes this situation, of course, but many changes have occurred in this relationship over the years.

At one time, the doctor was boss—sole provider of information patients knew little or nothing about. In addition, competition in health care was quiet or nonexistent. Now, as every medical professional is discovering, the information era makes communicating and teaching skills preeminent in successful practice. Fewer and fewer patients will do something "because the doctor says so." Today patients ask about risks, expectations and a whole lot more. In some cases, so do their lawyers.

By no means will all, or even most, of a patient's information come from the

doctor. Television shows like Dr. Art Ulene's, newspaper and magazine articles, handouts in physicians' offices, and plots of novels or dramas are all involved in purveying health education. We may doubt or decry the accuracy of some sources, but as long as health and wellness remain topics of interest for mass media, we can be sure someone will cater to that need.

Turning the information era to advantage

How can the individual doctor or group practice office retain the principal role of patient advisor in these circumstances? Here are some hard-headed suggestions based on the actual experiences of others.

Listening—It starts with really *listening to the patient*, and watching particularly for misperceptions or just plain bad information. The basic skill of listening is making a major comeback in corporate America because manufacturers have discovered they don't hear what customers are trying to tell them, and they lose market share because of it.

Perception—Learn to separate fact from perception. *Perception is far more powerful to people than fact.* It isn't what some expert might verify as "true" that matters, but what patients themselves perceive to be true. Before doctors can help patients discover the "truth," they need to ascertain patients' perceptions. If Mrs. Johnson thinks her doctor isn't paying enough attention to her, that perception is to her a fact, and will influence her choice of medical professionals.

Communication—Listening and dealing from a perceptual base will not help

unless the doctor makes a *conscious effort to communicate*. There's a large behavior gap between doctors verbalizing the need to communicate and patients sensing that they're not receiving adequate communication. Again, it's perception that matters, because patients have choices.

Relationships—The ultimate marketing technique is to go beyond communication and *build relationships with patients, the community, potential patients, their families and other important "publics" for your practice.* Thinking in terms of building relationships brings a complicated socio-psychological issue down to size. We may not be public relations experts but we know from actual experience how to form positive relationships. If patients feel they have a relationship with their doctor, trust and loyalty can result.

Keeping customers—Building relationships also is valuable because it envisions the reality of ups and downs between any two people. There are times we're high on someone, and other times we have bad feelings about that person. If a relationship has bonded us together, we'll stick through the highs and lows. As businesses have discovered, *it's much easier and less costly to keep a present customer than to woo a new one.*

Customer Service—If this sounds like bedside manner, so be it. Market managers have found it is not possible to claim you have a truly unique skill or feature. Even if you had one, others would copy it immediately, or claim they were. *The differentiating factor, therefore, is customer service.* It is also the most sought after item in American life today!

The old chestnut remains true: people do not care how much you know until they know how much you care.

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Customer satisfaction applied to medicine

This assumes there's an analogy between medical practice and business. There is, because people are the same whether selecting a doctor, an automobile or a soap. They function according to con-

(continued on page 5)

Keeping patients satisfied:

patient satisfaction determines practice success

by Marjorie A. Bowman, MD



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Patient satisfaction in some ways is the ultimate determinant of practice success. If patients are satisfied, they will return to you, and, if referred, will tell the referring physician that they liked you, translating into other referrals. Patients tell other patients how good you were—a satisfied patient may be the best marketing tool yet invented.

Patient satisfaction is also manipulable, i.e., you can influence how well patients are satisfied with your services. While it is certainly true that you cannot always satisfy each patient, nor that you can always guarantee excellent results from treatment, there are many things that you can do to improve patient satisfaction in your practice. If handled properly, most patients with poor outcomes will be satisfied with treatment.

Patient satisfaction may also be a shield against malpractice litigation. Some believe that communication and the doctor-patient relationship are paramount in determining which patients with adverse outcomes decide to sue their physicians, although other factors are clearly important. Certainly all malpractice insurance companies emphasize appropriate and professional behavior as a deterrent to suits.

Repeated and varied research has indicated that the behavior of the physician is the most important factor determining the satisfaction of the patient. Satisfaction with

the technical aspects of care are intertwined with satisfaction with the art of care—satisfaction with one area probably affects satisfaction with the other.

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The context of the patient problem determines the importance of the technical competence versus the art of care. Patient confidence in the technical competence of the physician is more important with serious medical conditions, such as those requiring surgery. In the ongoing care of a patient with a chronic illness, such as osteoarthritis, the affective aspects of care become more important. Physician behavior which can determine patient satisfaction, varies with the patient's attitude

(continued on page 6)

BUILDING RELATIONSHIPS

(continued from page 4)

sumer psychology, a subject not taught in medical school.

There's one technique that enables us to put all these suggestions together in one easy activity. It's called *customer satisfaction modeling*. With your colleagues or office staff, spend some time envisioning what real satisfaction is to your patients. What words would they use to describe it? What behaviors would they exhibit if they were receiving it? What activities must your office engage in to deliver it?

Making a model requires looking at the doctor/patient relationship from the other side of the examining table. From the start

it empowers you with the number one tenet of successful marketing: *cater to the customer's needs and values, not the seller's*.

However, there's another level of the model: who is the customer? Is it the patient, or a self-insured employer, an HMO or other third party payer? The same technique applies. Ask yourself what would real satisfaction be for this level of customer, and what should your communications and relationship with them be like?

When you've created this two-level model, it can be checked against customers' perceptions simply by asking for their comments. This may not be scientific research, but if you ask a broad range of patient types, varying age, sexes, and

geographical distribution, the responses should tell you whether you're on the right track. More importantly, sharing this with patients sends them the message that you are concerned with delivering customer satisfaction. Chances are good they will carry this by word-of-mouth to many other people.

It probably was easier in the good old days when marketing, communication and public relations weren't part of practice. Those who approach the new emphasis on information as an opportunity, who become skilled at building relationships and a two-way communication with patients, will inherit the future of medicine. ■