What a Healthcare Recipient Values in Hospital Care: A Multi-layered Identity Approach

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Abstract

In order to implement value-based concepts like Lean Management or Value Based Healthcare, hospitals should have sufficient understanding of what (potential) healthcare recipients value in the services that are provided to them. In this respect, in this paper, we argue that hospitals should acknowledge the multi-layered identity of the healthcare recipient. Hence, hospitals should be aware that a healthcare recipient is at the same time a patient, a person and a customer. In this paper it is shown that this Multi-layered Identity Approach (MIA) can be helpful in a better understanding of what a (potential) healthcare recipient values in the services that are provided to him and why and when certain values are of importance during his journey through the hospital.

1. The popularity of value-based concepts in hospital care

Globally, hospitals are faced with the challenge of providing high-quality care in an environment of declining reimbursements, increasing expenses, more discerning patients and increasing competition. What makes this challenge particularly daunting is the fact that the concept of quality in healthcare is a complex and multifaceted concept, meaning different things to different stakeholders (e.g., Pope et al., 2002; Büyüközkan, 2011; Zineldin, 2006; Curry et al., 2005).

In the last two decades, there has been a shift towards a more patient-centred quality approach, where patient-centred care is defined as: "providing care that is respectful and responsive to individual patient preferences, needs, values, and ensuring patient values guide clinical decisions" (Institute of Medicine, 2001, p.6). This shift towards a more patient-centred approach is a logical development as the success (or even survival) of hospitals more and more depends on whether their services meet or exceed the expectations of their patients. In other words, in order to deliver high-quality care, hospitals should focus on what (potential) patients value. In line with this development, many hospitals are attracted or have adopted value-based concepts for improving their healthcare delivery processes.

Lean Management and Value Based Healthcare are two prominent management concepts, all with a strong focus on improving value for patients (see e.g., Sacket, et al., 2000; Porter, 2009; 2010, Toussaint & Berry, 2013). Lean Management can be described as an improvement approach which focuses on eliminating waste or activities that do not add value to the journey of the patient through

the healthcare system (Waring & Bishop, 2010; Brandao de Souza, 2009). According to Womack & Jones (2003), the first and most fundamental principle of Lean Management is understanding value from the end-users' perspective.

In recent years, also the concept of Value Based Healthcare (VBHC) has gained growing attention. The concept of VBHC was proposed by Porter and Teisberg (2006) in their book entitled "Redefining healthcare: creating value-based competition on results". They argue that the purpose of a healthcare system is not to minimize costs, but to maximize the value for patients, where value is defined as the health outcome achieved per dollar spent to achieve it. Hence, according to the concept of VBHC, maximizing value is what matters for patients and unites the interests of all actors in the system (Porter, 2010).

It seems intuitive and compelling: healthcare that takes value as perceived by the patient as starting point in shaping healthcare delivery processes and all of the supporting services. Yet, recent studies show that it remains vague and elusive on what the concept of value in the context of healthcare constitutes (see e.g., Hasle et al., 2016; Antoñanzas et al., 2016).

In this contribution, we further explore the concept of 'patient value'. First, we show that several studies have aimed to capture the multiple dimensions of value from the perspective of the patient. We conclude that these studies do not provide insight in why and when certain values are of importance during the journey of the patient through hospital care and that further exploration is needed. We argue that, during his 'journey' through the hospital, a healthcare recipient is at the same time, a patient, a person and a customer. Next, we explore how this Multi-Layered Identity Approach can be helpful in better understanding what a (potential) healthcare recipient values in the services that are provided to him and why and when certain values are of importance during his journey through the hospital. The last section concludes this paper and points out possible directions for further research.

2. What does a healthcare recipient value?

One of the key principles of the concept of VBHC is maximizing value for patients, that is, achieving the best outcomes at the lowest costs (Porter & Teisberg, 2006; Porter, 2009). As such, hospitals should "move away from a supply-driven healthcare system organized around what physicians do and toward a patient-centred system organized around what patients need" (Porter & Lee, 2013). According to Porter (2010), from the perspective of a patient, value is a multifaceted construct which encompasses all activities that jointly determine the success in meeting his needs.

Several studies and applications have been directed to capture the different aspects of what a healthcare recipient values. Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) are two prominent examples of patient reported measures which are

used to incorporate the view of patients into healthcare decision making (see e.g., Black et al., 2014; Black, 2013; Weldring & Smith, 2013). Essentially, PROMs and PREMs are validated questionnaires that place the values and perspectives of the patient at the centre. While PROMs are concerned with the outcomes of a patient's health condition or disability, PREMs are concerned with the process of healthcare, that is the experience of the patient with healthcare delivery. In order to capture the multidimensional character of the concept of value, PROMs and PREMs are often used complementary.

Young & McClean (2008) define operational value as a critical value dimension. They state that: "The prime operational value is likely to be the effectiveness of the service, measured primarily in terms of cost, including that which is lost through delay and poor quality." (Young & McClean, 2008, p.385). Dagger et al. (2007) tried to identify the different dimensions of value using a service quality perspective. In their study, they identified nine sub-dimensions driving the following four primary dimensions of health service quality: (1) interpersonal quality, (2) technical quality, (3) environment quality, and (4) administrative quality. Based on an extensive review of the literature on service quality, Duggirala et al. (2008) identified seven critical dimensions of patient-perceived health-care quality: (1) Infrastructure, (2) Personnel quality, (3) Process of clinical care, (4) Administrative Procedures, (5) Safety indicators, (6) Overall, experience of medical care received and (7) Social responsibility.

Although several studies have attempted to capture the multiple dimensions of value from the perspective of a healthcare recipient, they fall short in providing a clear understanding of *why* and *when* certain values are of importance during a 'journey' through hospital care. As values are defined by what an individual considers to be important they are largely shaped by their identity. As such, to better understand *why* and *when* certain (dimensions of) services are valued by a health care recipient, we feel it is of vital importance to better understand the identity of a healthcare recipient.

In this paper, we argue that a health care recipient always embodies three archetypical identities. He is at the same time a *patient*, *unique person* and *customer*. As such, the identity of a health care recipient should be regarded as multi-layered.

3. The multi-layered identity of the healthcare recipient

Someone who is in need of hospital care is and should be regarded as a *patient*. After all, an illness or injury is the reason why he is in need of hospital care in the first place.

However, every healthcare recipient is also a unique *person* with distinctive characteristics. He can be male or female, young or old, a native, a foreigner, well or poorly educated, religious, vegan, etc. etc. All these characteristics shape the specific personality and corresponding personal life circumstances of a healthcare recipient.

Besides that, someone who receives hospital care is also a *customer*. When someone receives hospital care there has been made an offer and then an agreement between a hospital and a recipient to provide certain services. Afterwards the recipient has to pay for the hospital services that are provided to him (whether it is directly or via some kind of insurance).

The multi-layered identity of a health care recipient (i.e., patient, person and customer) shapes the manner in which hospital services are valued. We therefore feel that, as a hospital, it is important to takes these three identities in account when providing hospital care, rather than regarding a health care recipient solely as patient, person or customer.

The healthcare recipient as patient

The adjective 'patient' is derived from the word 'pacient' as it was used in France in the fourteenth century. It translates into "bearing without complaint", and stems from the Latin 'patientem', which can be defined as "bearing", "supporting", "suffering", "enduring" and "permitting" (Online Etymological Dictionary, 2016).

Although healthcare has come a long way since the fourteenth century, a key identification of a healthcare recipient is still someone who 'bears', 'suffers' or 'endures'. Accordingly, Torpie (2014, p.6-7) gives a striking example of the particular needs of a patient:

> "What was most important to you the last time you were sick at home? As your lungs burned, your head throbbed, your stomach cramped, and your muscles ached (…) you wanted someone who you knew cared about you to 'check in' (but not hover), to convey their care with a smile or a gentle touch."

Although patients differ to a small or large extent, we feel that 'suffering', 'the need for care and help', 'anxiety' and 'insecurity' are characteristic for the majority of patients. As such we feel that a healthcare recipient, as a patient, values in hospital services: high-quality treatment and support in a safe and friendly environment.

The healthcare recipient as person

The main focus of hospitals is on (the treatment of) the illness and injury of a healthcare recipient. However, a healthcare recipient is more than his illness or injury. More than his broken arm, his influenza, his tumor, his heart attack or his hemophilia. He is a unique person with unique characteristics.

If the individuality of each healthcare recipient is taken into account there is a vast majority of differences which define what is valued in hospital services and why. Age, gender, experience,

intellect, education, nationality, religion, lifestyle and culture are just a few characteristics which shape the manner in which services are experienced by individual healthcare recipients.
As a consequence, there exist a multitude of differences between healthcare recipients. It is of course impossible for a hospital to take all these differences into account.
However, in general a healthcare recipient, as a unique person, will value things such as individual attention, building rapport and respect for religion, culture and lifestyle.

The healthcare recipient as customer

A customer can be defined as a party that receives or consumes products (goods or services) and who has the ability to choose between different products and suppliers[1]. As such we feel that a healthcare recipient who receives hospital care is also a customer.
Some however argue that a healthcare recipient cannot be regarded as a customer. Curry and Sinclair (2002) for instance state that few healthcare recipients possess sufficient medical skills to evaluate staff knowledge and expertise, even after their questions have been answered or the treatment given. According to Duggirala et al. (2008, p.561):

> "One distinguishing feature of customers of healthcare in comparison with those of other services is that customers of healthcare enter or initiate the service interaction with the provider of care, in a state of either physical or psychological discomfort, or both. This influences the perception of the patient with regard to their views on service quality. (…) Often, they may not be the best judge of the quality of service interaction…"

We however feel that a healthcare recipient can *always* judge the hospital services provided to him[2]. Every recipient, regardless of any medical knowledges, will feel a certain sense of satisfaction or dissatisfaction with respect to the services provided to them. As such, the healthcare recipient is no different from someone who wants to buy a car, a phone, a laptop or even a book. Very few customers have sufficient technical or literary skills, yet they are perfectly able to judge whether they are satisfied or dissatisfied with their product and the store where they purchased it.

During or after his hospital visit, the healthcare recipient, as any other customer, decides whether he is (un)satisfied with the choice in services, the quality of services, the result of these services, the possibility of extra service, the price of these (extra) services, etc.

We therefore feel that a healthcare recipient, as customer, will value particular aspects of hospital services. These include: the possibility to choose between different services, the quantity of

[1] http://www.businessdictionary.com/definition/customer.html
[2] Whether a recipient is able to *express his judgement* about hospital services is another matter. But even those unable to hear, see, speak and/or move will experience satisfaction or dissatisfaction with provided services.

information on services, the quality of information on services, the quality of services, the possibility to evaluate services and 'getting their money's worth.

4. The Multi-layered Identity Approach (MIA) in practice

In this section, we consider the working of the MIA in practice.

MIA in acute, elective and chronic care

General hospitals provide a broad range of services for a large variety of conditions. A commonly used categorization identifies three types of healthcare: acute, elective and chronic healthcare (see e.g., RVZ, 2011).

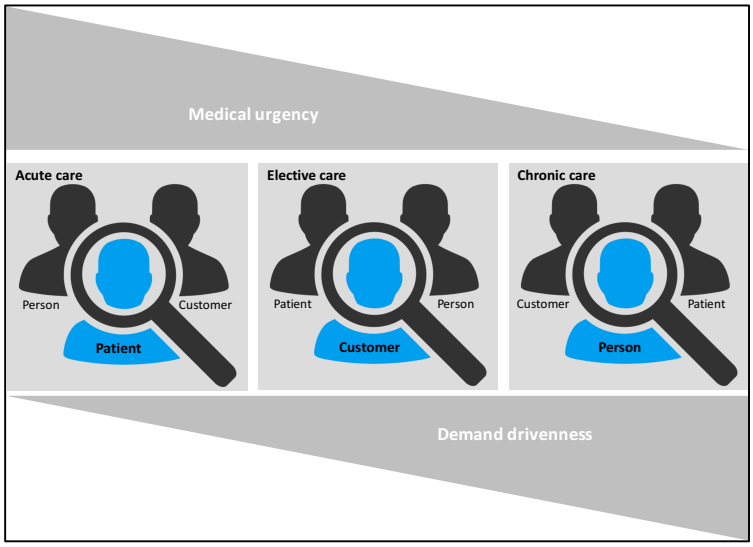

Figure 1. The MIA in relation to Acute, Elective and Chronic care

In an acute healthcare setting, a healthcare recipient receives short-term medical treatment for serious illness, traumatic injury, or to recover from surgery. In this type of setting a healthcare recipient will identify most with the role of patient. That is, he will be insecure and sometimes scared and wants to be treated or helped as soon as possible.

Elective care includes all healthcare that is easy to schedule and flexible in supply. An elective healthcare procedure is one that is chosen (elected) by the patient or physician that is advantageous to the healthcare recipient but is not urgent. In an elective setting, a healthcare recipient will identify most with the role of customer. Based on the information provided and other (online) information available he will choose the best "value for money".

Chronic care refers to medical care which addresses pre-existing or long-term illness. In this form of hospital care the illness or injury often forms an integral part of one's personal identity. As such a health care recipient in chronic care will regard his help or treatment as a part of daily life. That is, he will evaluate services higher if they allow him to live his life according to his preferred lifestyle.

Figure 1 provides an overview of the MIA in relation to acute, elective and chronic care.

5. Conclusion and discussion

In this paper, we tried give more insight in the concept of value in healthcare. We argue that hospitals should be aware that a healthcare recipient is at the same time a patient, a unique person and a customer. By taking up this Multi-layered Identity Approach (MIA) hospitals are able to better understand what a (potential) healthcare recipient values in the services that are provided to him and why and when certain values are of importance in relation his 'journey' through hospital care.

The MIA-framework enables hospitals to better anticipate on what is valued in individual 'journeys' through hospital care. Thus, from a practical point of view, the MIA can be helpful to hospitals when it comes to value-based improvements to their operations and services.

We further think that MIA provides new perspective for academic research. The MIA-framework can be used to find gaps in existing literature and identify future research challenges when it comes to value-based concepts in healthcare. We however strongly feel that the MIA should be further scrutinized through empirical research. We invite any scholar to do so and help the further development of this concept.

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