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A TURNOVER INTENTIONS OF NURSES

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Plymouth University**

ABSTRACT

In the current study I examine the turnover intentions of 198 nurses looking at Pay Satisfaction, 4 measures of performance, absenteeism, ease of turnover, and Voluntary transfer requests. All together the variables were able to explain 42.9% of the variance in turnover intentions with the most powerful variable being absenteeism. The more one is absent the more one is to desire to turnover. None of the performance measures were statistically significant at the .05 level. Intererstingly the Ease of Turnover was negatively related to Turnover Intentions. Suggestions for future research are provided.

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A STUDY TO IDENTIFY MOTIVES OF CLINICAL IT ADOPTION AMONG PHYSICIANS IN MALAYSIA

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ABSTRACT

Rapid change of Information Technology (IT) has brought a set of fundamental transformations to the hospitals' work routines. A variety of Health Information Technology Systems (HITS) in the form of clinical information technology have gradually become established in the healthcare industry. Clinical IT is considered as a strategic healthcare tool to improve the quality of health care delivery as well as efficiency and effectiveness of physicians in the health care sector. If clinical IT systems are not fully used by physicians, the effort and investment are doomed to failure. Therefore, there are concerns regarding the adoption of clinical IT among physicians. However, factors affecting physicians' clinical IT adoption behavior are still not completely clear. The technology adoption models such as Technology Adoption Model (TAM) are not specially fit to healthcare context and they do not include the unique characteristic of physicians. In this study, an extension to TAM is used to incorporate the unique characteristic of physicians, physicians' computer literacy and features of clinical IT to better predict physicians IT adoption behavior. The extended model has been proposed to chiefly address the issues of IT adoption amongst physicians in a hospital setting. A survey has been conducted to evaluate the model among 300 physicians in Malaysia. The structural equation model has been used to test the model in this context. The results reflect the importance of perceived threat to professional autonomy, perceived interactivity with clinical IT, perceived usefulness and perceived ease of use in determining physicians' intention to use clinical IT systems in Malaysia. The proposed model can explain 61% of the variance of physicians' intention to accept clinical IT.

Keywords: *Clinical IT, TAM, Perceived threat to professional autonomy, Perceived interactivity, Perceived usefulness, Perceived ease of use*

A VALIDATION OF CRITICAL STUDENT LEARNING OUTCOMES FOR HEALTH SYSTEMS MANAGEMENT ENTRY-LEVEL PERSONNEL BASED UPON PERCEPTIONS OF SENIOR-LEVEL ADMINISTRATORS AND OTHER SUBJECT MATTER EXPERTS

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ABSTRACT

The multibillion dollar healthcare systems industry has gone through dramatic changes in the past decade, especially with the transformation and adoption of new hardware, software and electronic communications technologies associated with the healthcare delivery ecosystem. The leaders of these organizations must be responsive to changes in the industry as new approaches and methodologies for healthcare innovation are explored. Radically new skills and talents and new organizational approaches to accommodate emerging systems and relationships will be required of healthcare leaders.

Currently, frameworks and models do exist as guidelines for consideration in implementing healthcare administration programs from AUPHA and CAHME accreditation bodies (2010). And, these methods for delivery of healthcare administration have changed over the years (Hernandez, et al, 2012). However, this empirical study attempts to further solidify and validate the critical student learning outcomes and objectives that business administration graduates and knowledge workers—associated with health systems management--will need to possess in this Digital Age. The findings and conclusions were based upon perceptions of a selected group of senior-level Kentucky Healthcare Administrators and other subject matter experts

he research design and methodology included (1) reviewing of the healthcare management curricula at undergraduate and graduate institutions as well as healthcare accrediting association frameworks (2) defining the healthcare professional population who would serve as respondents (3) establishing content validity by a panel of experts (4) formulating a web-based questionnaire (using FacilitatePro) for data collection and analysis (5) identifying and validating of critical student learning outcomes by the participants and (6) synthesizing the findings, drawing conclusions and making recommendations, (which are included in the presentation).

Findings and conclusions reveal that the future of healthcare delivery is one of infinite possibilities and an area associated with a plethora of emerging job opportunities for a new breed of professional with the appropriate credentials and skill set in health systems management and informatics. A majority of the respondents anticipated job openings at their healthcare facility in the next two years for both bachelor and graduate degrees. A lesser number was anticipated with only an associate degree. A statistically significant difference in perceptions—regarding the critical importance of student learning outcomes, does exist between the two groups of professionals. Both groups noted the importance of “Management of Long-Term Healthcare” as an important trend to be included as a critical student learning outcome.

As hospitals in the Eastern Kentucky region strive to become value-added creators while at the same time--relentless cost cutters, a dire need does exist for the preparation of health systems management professionals. Educators' credibility in both the private sector and corporations is often solidified by the caliber of student that the employer's recruit and hire in today's global, knowledge-based companies. As educators and catalysts for change, we must meet the challenge of addressing these new expectations, with current health systems management research and curricula. Healthcare systems transformation is upon us and it is inextricably linked with a plethora of challenges and opportunities, thus a strong affirmation to aggressive recruit qualified faculty, market the program, and continue to reengineer healthcare systems management curricula.

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MEDICAL MALPRACTICE FROM A SERVICE MARKETING PERSPECTIVE

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ABSTRACT

Marketing literature suggests a primary cause of medical malpractice claims, as distinct from medical malpractice events, is disconfirmation of patient expectations, and dissatisfaction with service quality.

Attaining and maintaining patient satisfaction with healthcare providers, and establishing trust relationships between patients and providers are key strategies to minimize negative consequences of medical error, disconfirmation of patient expectations, patient dissatisfaction, and reducing the propensity of patients to file medical malpractice claims against providers.

INTRODUCTION

This paper reviews selections from marketing literature for concepts and research findings from the discipline of marketing that may be adopted by healthcare providers and organizations in their efforts to minimize the impact of medical malpractice claims. Generalizing from marketing and services marketing literature, as well as healthcare administration literature, suggests that reduction of medical malpractice claims may be expected to result in a lessening of the human and financial costs to patients and providers that result from disputes concluded through a third party complaint resolution processes, and in particular, the filing and prosecution of medical malpractice claims. Reduction of these non-productive costs will allow for the redirection of both patient and provider resources into more productive efforts.

This paper, though directed at a sub-field of service marketing, i.e. healthcare marketing (Fisk, 1993), will take account of literature from the broader areas of service marketing, service quality, customer satisfaction, customer orientation, customer needs assessment, and marketing strategy.

A review of marketing literature supports the finding that a primary cause of patients filing medical malpractice claims is the disconfirmation of patient expectations and dissatisfaction with service quality. This research frequently cites poor communications with patients as an antecedent to disconfirmation, dissatisfaction, and complaint resolving behaviors.

Attaining and maintaining patient satisfaction with respect to relationships with healthcare providers, and establishing trust relationships between patients and healthcare providers are key strategies in minimizing the negative consequences of medical error,

disconfirmation of patient expectations of service quality, patient dissatisfaction, and in reducing the propensity of patients to file medical malpractice claims against providers.

LITERATURE REVIEW

During the latter decades of the 20th century there have been significant compounded increases in the cost of healthcare in the United States. As the costs of healthcare have increased, so too have the costs attributed to medical malpractice claims (Hickson, 1992). By some estimates the cost of professional liability insurance and defensive medicine may have accounted for \$20 Billion annually during the 1980's (AMA, 1990). These issues make efforts to control the harmful effects of medical malpractice on patients, and medical malpractice claims on healthcare providers, crucial to health care management.

Instances of medical error are not uncommon (Brenan, 1991; Hickson, 1992), but the occurrence of medical errors or dissatisfying treatment outcomes alone do not explain why patients file medical malpractice claims. The number of adverse outcomes due to medical negligence is comparatively small, and the number of patients who have had an adverse outcome and then filed a medical malpractice claim against a healthcare provider is only a fraction of patients who experience an adverse outcome (Hickson, 1992). This is an indication that there are other influences on the patient's decision to pursue complaint resolution processes through third party interventions in excess of unsatisfactory treatment outcomes alone.

Disclosure of errors in an honest and forthright manner is consistent with the mutual respect and trust patients expect from their providers, which is critical to maintaining a positive patient perception of the provider-patient relationship (Sirdeshmukh, 2002). Acknowledging the perceived legal risk of such disclosures, organizations and providers may well be uncommunicative about disclosing errors to patients, assuming that it would provide them with the basis for a claim (Hickson, 1992).

The medical malpractice literature indicates that patient-provider communications is a highly significant factor in decisions to pursue third party complaint resolution procedures (such as filing a medical malpractice claim) (Beckman, 1994). Patients or their families may be motivated by the need for money, by anger at the individual healthcare provider or organization, perceptions of inadequate communications with the provider, and third party encouragement to file malpractice liability claims (Beckman, 1994; Hickson, 1992). From these studies the clear inference is drawn that not only is the outcome of medical service important, but the process of service operation and delivery is a significant factor in patients' decisions to file medical malpractice claims (Beckman, 1994).

A study involving the Hospital Corporation of America (HCA) determined that there was a significant operational linkage between hospital profitability and patients perception of service quality (Koska, 1990); Other scholars agree with the finding that patient satisfaction is a factor in determining hospital profitability (Bendall-Lyon, 2001). In general the marketing literature has not yet reached consensus on the specifics of the linkage between service quality and firm

profitability (Zeithaml, 1996). This lack of consensus is mirrored in the health administration literature, where there has been no conclusive evidence of patient satisfaction or reductions in medical malpractice claims as antecedents to increased profits or revenue. The general marketing literature does support the concept of consumer satisfaction having application to all organizations in meeting their strategic goals. Consumer satisfaction is a key concept in the overall marketing concept, and is a central issue in the overall linkage of consumer satisfaction and firm performance (Fournier, 1999; Mittal, 2001).

From an organizational behavior perspective the increased incidence and cost of malpractice claims in healthcare has led to two primary behavioral patterns. First, reactive behaviors (Gauthier, 1995), which are primarily triggered by adverse external factors such as the imposition of civil liabilities and/or criminal sanctions, or negative publicity. Reactive behaviors are a response to adverse internal or external factors post hoc. These reactive behaviors are primarily intended to return the situation to the previous status quo.

In contrast to reactive behaviors, malpractice claims will commonly trigger preventative behaviors. Preventative behaviors are designed to prevent future occurrences of adverse events by modifying what are perceived to be the causal factors of the malpractice claim. These preventive behaviors are a creative approach to organizational learning and are intended to adapt the organization to changes in its' environment (Gauthier, 1995).

An awareness of patient/customer perceptions of the service operation can assist the provider in understanding patient expectations, and will allow both the individual provider and the healthcare organization to manage the experience toward meeting patient expectations (Bitner, 1994). There is research that indicates that patient perceptions of the service operation and provider perceptions of the service operation are significantly different, and these differences were inversely related to measures of patient satisfaction (Brown, 1989).

DISCUSSION

Previous scholars studying the phenomenon of medical malpractice and patient satisfaction have said "The best malpractice insurance of them all is patient satisfaction" (Sommers, 1983). Others have suggested that patients file medical malpractice claims due to anger over the service process as much as they do in response to disconfirming outcomes (MacStravic, 1989).

Health services are "credence goods" in that the usual consumer is not sufficiently knowledgeable about these services to accurately judge the quality of the service operations, and may not be knowledgeable enough to judge the functional outcomes. Patients may make assessments of provider competence and professional ability based on the service operations process in lieu of knowledge or functionally based criteria (Bendall-Lyon, 2001; Pontes, 1997; Sirdeshmukh, 2002).

In both preventative and reactive behaviors there is a strong underlying presumption that the causal factors for the underlying malpractice claims are due to error or failure in the

organization's structure or process (Moore, 2000; Sirdeshmukh, 2002) in addition to disconfirming functional outcomes. Though there is insufficient evidence to predict with certainty what all of the underlying causes of these medical malpractice claims are, much of the literature on this topic is written with a view that many of these claims could be corrected or prevented through changes in organizational structure or process on the provider's side of the equation (Pontes, 1997).

While "bad outcome" is undoubtedly one of the factors in predisposing a patient to file a claim previous research indicates that it is not the sole factor, and perhaps not even the predominant factor. In a 1978 study by Woolley, approximately two-thirds of patients were satisfied with their medical care even though they experienced a "bad outcome" (Woolley, 1978). Woolley postulated that the surveyed patient's appraisal of the medical care they received was primarily influenced by their perception of the physician's efforts on their behalf. A 1994 JAMA article by Entman indicated that the quality of care as evaluated by peer review was not different between groups of high claims obstetrician-gynecologists and no claims groups. "This is consistent with other data indicating that the quality of care is apparently not the major determinant in a patient's decision to initiate a malpractice claim." (Entman, 1994). This concurs with the earlier work of Larson and Rootman who concluded, "satisfaction with medical care is influenced by the degree to which a doctor's role performance corresponds to the patient's expectations." (Larson, 1976).

CONCLUSION

As service providers, healthcare providers influence patient perceptions, satisfaction and loyalty. Understanding and applying the marketing concepts of service marketing, service quality, customer satisfaction, customer orientation, trust and loyalty, customer needs assessment, value, and marketing strategy can enhance the ability of healthcare providers to meet patient expectations, and may well create positive disconfirmation of patient expectations. Previous studies have shown that these concepts are significant tools that healthcare providers may use to reduce their incidence of medical malpractice claims.

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