

Customer care in the NHS

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Viewing individuals in need of NHS care as customers has the potential to refocus the way their care is delivered. This article highlights some of the benefits of reframing the nurse-patient relationship in terms of customer care, and draws parallels between good customer care and the provision of high quality patient care in the NHS. It explores lessons to be learned from those who have studied the customer experience, which can be adapted to enhance the customer care experience within the health service. Developing professional expertise in the knowledge and skills that underpin good-quality interpersonal encounters is essential to improve the customer experience in health care and should be prioritised alongside the development of more technical skills. Creating a culture where emotional intelligence, caring and compassion are essential requirements for all nursing staff will improve patient satisfaction.

The concept of customer care in the NHS is not always embraced by nurses and other healthcare professionals, who may consider that a shift from 'patient' to 'customer' will change the nature of the caring relationship. The term patient is often associated with the sick role and perceived as being more passive (Faulkner and Aveyard 2002). The term 'customer' evokes placing health care on a business-like footing – associated with privatisation and a demand for greater rights, power and choice. Customers are people who pay for goods and who expect good value for money in return. If the service is of high quality they will return and enhance the service provider's reputation through sharing their experience with others. The incentives for providing high quality customer care in the NHS are self-evident in a business context.

The British public pays for the NHS through their taxes, in the expectation that, should they need to access the healthcare system, they will receive a high quality service. The goods they receive in return for their financial investment include skilled care delivered by healthcare professionals – who are responsible for the customer experience from admission to the point of discharge and beyond, including care provided within the community setting. The parallels between good customer care in business and the provision of high quality patient care in the NHS are evident, with much to be gained from those who have studied the customer experience and factors that enhance it (Gallagher 2008). This article refers to patients and their families as customers and to their contact with NHS services as the customer experience, in keeping with its central focus on customer care.

The NHS should be conscious of its public image and demonstrate a deeply embedded desire to strive for excellence in the delivery of its services. It is not enough to manage customer complaints with the aim of altering public perceptions significantly, since its reputation has already been damaged by the time a complaint is made (Department of Health (DH) 2009). In

the quest for a consistent, high quality customer experience that reduces the incidence of complaints and potential litigation, it is essential to promote person-centred attitudes and effective customer care skills. Such interpersonal skills are an important prerequisite to significant service improvements (Lee 2004, Gallagher 2008).

Lord Darzi in High Quality Care for All: NHS Next Stage Review Final Report (DH 2008) highlighted the need to canvass, measure and report customer's views on the quality of their experiences within the NHS. The importance of listening and responding to customer feedback was highlighted in Patients First and Foremost: The Initial Government Response to the Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (DH 2013a). Sir Bruce Keogh stated: 'Real-time patient feedback and comment must become a normal part of provider organisations' customer service' (Keogh 2013).

This initiative has been extended to canvassing the views of family and friends. From 2013, all NHS trusts in England are obliged to publish the results of surveys conducted to gather the views of friends and family within 48 hours of discharge (DH 2012a). This is restricted initially to adult acute inpatient and emergency departments. The NHS is awakening to the reality that customer opinion matters and must be central to future service developments, in the same way as scientifically proven treatments. Customers are influenced by their relationships with the professionals they encounter. In a business environment where money follows results, it would be naive to leave good customer care to chance. Opportunities for professional development and appraisal – developing the knowledge and skills that underpin good quality interpersonal encounters – are essential to improving the experience of customer health care and the reputation of the NHS.

Good customer care and good quality care essentially equate to the same thing. It is a source of embarrassment to all concerned that official reports and guidelines include guidance on how nurses should interact with people in their care, and on treating customers with dignity, empathy and respect (DH 2012b, 2013b). The clinical guideline Patient Experience in Adult NHS Services: Improving the Experience of Care for People using Adult NHS Services states that customers should be treated with 'dignity, kindness, compassion, courtesy, respect, understanding and honesty' (National Institute for Health and Care Excellence (NICE) 2012).

Reports such as these state what is required of nurses, but fail to identify how to develop these qualities where they are shown to be lacking. The nursing profession should re-examine its continuing professional development programmes for qualified staff. Greater emphasis is required on the personal and professional development of staff – in addition to updates on technical aspects of care – to enable them to establish meaningful therapeutic relationships (Rogers 2012). The value of therapeutic relationships can be reinforced by ongoing supervision from a skilled and supportive mentor. This allows staff space to reflect on the benefits and challenges of establishing positive nurse-customer partnerships in practice (Hawkins and Shohet 2012).

Fred Lee was recruited by the Disney organisation because of his expertise in helping hospitals achieve a culture of customer and staff loyalty. According to the evidence examined

by Lee (2004), customers predominantly develop their impressions of the quality of care based on subjective judgements, rather than clinical outcomes. The most influential factors for customer satisfaction centre on the customer's perception that staff work as a team (good constructive communication), they respond with care and compassion, and they anticipate customers' needs.

The overall cheerfulness of the hospital setting also rated high on the customer agenda (Lee 2004). The most important impressions are created within one-to-one interactions with staff, which reinforces the observation that every contact with a customer and their family matters (Demarais and White 2005). Focusing on complaints does little to improve overall customer loyalty and it is staff attitudes that correlate most closely with satisfaction ratings (Lee 2004). Lee (2004) identified four basic principles that nurses should follow to influence positively the customer's perception of their care (Box 1).

Courtesy and compassion are both important measures of a quality care experience. These are more important than efficiency, which is perceived as a nursing or organisational measure. Efficiency is an expectation for most customers, but has less effect on their evaluation of the quality of care. Nurses should develop an outlook where understanding the customer's reality (empathy) and getting acquainted with their personal story (experiences) becomes central to every nursing interaction. This will enable them to be compassionate and to convey this to customers in a genuine way (DH 2013c).

Emotional intelligence

Emotional, or social, intelligence involves knowing and managing your emotions and those of others. Goleman (1996) identified five components, or domains, of the emotionally intelligent person (Box 2). Choosing individuals who rate highly on emotional intelligence criteria should be an important consideration when selecting individuals suitable for a nursing career. Managers and educationalists should understand and prioritise compassion, seeing it as a required characteristic when recruiting staff (Willis 2012). The characteristics of emotional intelligence – or the potential for emotional intelligence – are more difficult to identify at interview than academic achievements or ability. Recruitment strategies should incorporate effective means of identifying people with established emotional intelligence. Individuals with the characteristics of emotional intelligence are more likely to possess the qualities identified as essential for good customer care (Goleman 1996). The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary, which examined systemic failures in the provision of good customer care, concluded that nurse recruitment requires an increased focus on caring and compassion (Francis 2013).

The report suggested the introduction of an aptitude test by the Nursing and Midwifery Council (NMC), which could examine aspirant nursing students' caring attitudes in more detail. It also raised the possibility of introducing a probationary period for nursing students to include three months of direct customer care experience, which would be supervised by a registered nurse. Satisfactory completion of the direct care experience would then be a

precondition of entry into nurse training. The Department of Health (2013c) proposed that prospective nursing students should work for up to a year as healthcare assistants to give them the opportunity to gain valuable experience and establish caring values before being accepted for registered nurse training. The first pre-nursing pilot study facilitated by Health Education England (HEE) commenced in September 2013, with 165 participants working as paid healthcare assistants in NHS trusts. A report sharing the personal perceptions of participants in the study has already been published (HEE 2014). An important challenge for those supervising and evaluating participants in the pilot study will be to determine how to assess the presence or absence of desirable characteristics and how to establish if they differ significantly from the characteristics of nursing students who have not had this opportunity (Francis 2013, Watterson 2013).

Good customer care also relies on good clinical leadership, whereby core values are modelled and reinforced. Care and compassion should take place in an organisation that mirrors these qualities within its management and leadership structures, otherwise they may be perceived by nurses as an authoritarian dictate: 'Do as I say.' A supportive, transparent organisational culture, with shared values, is essential. Leaders in clinical practice should show themselves to value emotional intelligence if they wish to foster these characteristics in others. Primary concerns of nursing leadership are to show vision and inspire positive change in others (Marshall 2010). This is often accomplished through engagement and by establishing meaningful relationships with nursing staff that amplify the leader's interpersonal influence. Nurses and nurse leaders who possess the characteristics of emotional intelligence are considered more adept at dealing with the social or emotional conflicts that are part of everyday working life, enabling them to achieve constructive change through debate, persuasion and negotiation by adopting a facilitative and enabling role (Edmonstone 2009).

Essential skills and characteristics of good customer care

Self-awareness and good interpersonal skills are central to good customer care (Gallagher 2006). Like other skills they require time and practice to perfect. Nurses often fail to appreciate this, considering these skills to be innate, rather than learned from experience in a range of life situations over time. Training can provide guidance on how to make a good first impression thereby reducing the trial and error period in developing an effective communication style (Demarais and White 2005), how to actively listen so that customers feel heard (Freshwater 2005) and how to communicate in a solution-focused way (Ruddick 2011). Self-awareness in customer care means reflecting on your relationships with others and your effect on them. This requires willingness on the part of the nurse to examine his or her beliefs and how they influence his or her attitudes and behaviour. Nurses view their experiences through the lens of their belief systems. This can result in judgemental, stereotypical or discriminatory attitudes, whereby the opinions formed of others may not be based on objective evidence (DeVito 2013). It is important to examine how your beliefs influence your nursing practice, and to develop ways of reflecting on, and re-evaluating these beliefs to ensure you are offering high quality nursing care for all.

We form our first impressions of others, and they of us, in the first 30 seconds of an encounter. This means that nurses have a limited opportunity in which to establish a constructive relationship (Gallagher 2006, 2008). What they do in an initial encounter, what they say and how they sound will affect the relationship over time. Negative first impressions are hard to reverse, and may spoil the customer's experience of the NHS and their nursing care. Greater understanding of how first impressions are formed will enable nurses to be more objective observers (Demarais and White 2005).

Active listening skills are accepted as good practice in nursing. Without sufficient practice or coaching, however, they may be replaced with a desire to offer 'quick-fix' solutions to a customer's problems, or to direct them in a paternalistic way, based on a mismatched power dynamic. Professionals have knowledge and skills that customers do not, but customers still need to feel they are being engaged in their care and are valued. They need to know that their choices and feelings have been heard and acknowledged. Nurses should commit fully to improving their communication skills in the same way they would wish to perfect other core nursing skills. Interpersonal excellence is central to the provision of high quality customer care in the NHS (Freshwater 2005, Nursing and Midwifery Council (NMC) 2010).

Using solution-focused communication skills is a means of responding to customers in a collaborative and constructive way, while acknowledging their problems or concerns. Customers require solutions to their issues rather than a detailed dissection of the problem. The issue should be acknowledged properly by nurses to demonstrate their understanding. The nurse should then collaborate with the customer to find solutions or, where this is not possible, to manage their situation more effectively. Solution-focused communication skills are well documented and easily learned. With practice, they can change the way healthcare workers listen to customers and interpret the information disclosed (Sharry et al 2003, O'Connell 2012). In addition to hearing the customer's problem, the nurse can learn to identify information about their strengths and resources that may assist them both in the search for constructive solutions. Customers like to feel competent, so recognising and acknowledging their potential for self-help can help to promote good relationships. Based on the author's review of the literature, seven principles for good customer care in nursing are provided in Box 3.

Removing barriers to good customer care

Organisations such as the NHS should make good customer care possible within their infrastructure (Berwick et al 2013, DH 2013d). Low or minimal staffing levels adversely affect the quality of service given, reducing the time a nurse has at his or her disposal to interact with the customer and establish a positive and productive relationship (Lankshear et al 2005). Time spent with customers is precious and communicates a sense of their value. Training, education and clinical supervision focused on interpersonal relationships and person-centred care should be a mandatory part of nursing practice. Communication with customers should be perceived as an important source of psychological support and healing,

rather than secondary to the task or technical-based activities that may dominate services under pressure to meet targets. When nurses are overworked, under-resourced, or work in chaotic or unsupportive circumstances, empathy – and thus care and compassion – for the customer and their relatives is less readily available. Nursing under such conditions may result in more exhausted, self-centred and self-protective staff. Nursing staff working in supportive environments are better able to create such environments for their customers (National Nursing Research Unit 2014). Person-centred management and leadership, which works in the best interests of nurses, will have a direct and positive impact on the organisational culture, and the care received by customers. ‘An organisation where there is strong leadership and everyone is focused on improving patient care is likely to develop motivated staff with a desire for continuous improvement’ (NICE 2007).

Conclusion

Viewing individuals in need of NHS care as customers has the potential to refocus the way care is delivered, with the ‘customer experience’ central to a person-centred service. The term ‘patient’ can have passive connotations – within today’s NHS, patient expectations have changed and become more demanding and consumer-orientated (Leatherman and Sutherland 2007). NHS England refers to the ‘customer’ when proposing that they will become ‘an exemplar in customer focus’ (NHS England 2013). To fulfil this ambition, the NHS and nursing should capitalise on the extensive expertise of other customer-focused industries (Lee 2004, Gallagher 2006), so that this knowledge can be adapted to enhance the customer care experience within the health service.

Customer loyalty has a direct effect on the reputation and morale of employees within an organisation (Lee 2004). Creating a culture – and working environment – where emotional intelligence, caring and compassion are essential requirements for all nursing staff will have a significant effect, generating positive first impressions and improved customer satisfaction (DH 2013c). The altered outlook that results from viewing the patient as a customer emphasises the importance of the way in which customers perceive nurses and the whole experience of being cared for in the NHS.

BOX 1

Basic nursing principles that have a positive effect on perceptions of care

1. Solicit customer need.
2. Say something to express concern, for example in relation to privacy or discomfort.
3. Brief the customer regularly on the status of his or her condition, treatments, tests and medications.
4. Take an interest in the whole family.

(Lee 2004)

BOX 2

Five domains of emotional intelligence

1. Knowing your emotions.
2. Managing your emotions.
3. Motivating yourself.
4. Recognising and understanding the emotions of others.
5. Managing relationships.

Goleman (1996)

BOX 3

Seven principles for good customer care in nursing

1. Develop empathic understanding of a situation by considering the customer's reality.
Experiential learning exercises – where the nurse is placed in the customer's position to gain a different perspective of care – can assist learning in this area.
2. Make a positive first impression. This involves greeting the customer and creating a trusting and respectful atmosphere in which he or she feels safe to share personal and potentially sensitive information.
3. Actively listen to the customer and acknowledge his or her problem(s), concerns and feelings to establish a caring and compassionate relationship.
4. Use the customer's words when responding to disclosures, rather than technical terminology. This establishes rapport more effectively.
5. Once the problem has been understood and acknowledged, use solution-focused communication to engage the customer's strengths and resources in the search for solutions, boosting his or her self-esteem and self-confidence.
6. Respect the customer. Take an objective, non-judgemental approach to your interactions with customers irrespective of the presenting symptoms or concerns.
7. Use every contact with a customer as an opportunity to deliver excellent nursing care. This should be the level of care you would appreciate for yourself, should circumstances place you in that position.