

# Staff satisfaction Evaluation towards Financial perspectives of Internal Customer Care Practices at a tertiary care hospital, Sri Lanka

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## Abstract

### Background

Excellent external customer services heavily depend on satisfied internal customers (staff). Studies on internal customer care practices in Sri Lankan governmental healthcare institutions are limited.

**Objective** of the study was to describe the selected financial perspectives of internal customer care practices and relative staff satisfaction levels at Colombo North Teaching Hospital (CNTH), Sri Lanka.

### Methods

A descriptive cross-sectional study was conducted among 423 health staff using proportionate sampling. Availability of internal customer care facilities, the received level (utilization) and the satisfaction level of 05 selected internal customer care attributes which were related to financial protection and staff welfare were assessed using a validated self-administered questionnaire.

### Results

The response rate was 94.8% (n=401). Out of the total responses, the Cumulative awareness of selected facilities was 63% of the total sample, and the percentage of people who received those was 53% of the total sample. The percentage of the sample that was dissatisfied with the facilities provided was 61.9%. The percentage who were partially or fully satisfied with received care was 17.3% of the total sample.

### Conclusions & Recommendations

Sixty-two percent of CNTH Health staff were dissatisfied with the assessed financial attributes of internal customer care practices. Therefore, determining the reasons for dissatisfaction and taking measures to address the gaps are recommended to improve internal customer service satisfaction.

**Keywords;** Financial perspectives, internal customer care, Utilization, satisfaction, healthcare workers

## Introduction

## **Customer care and internal customer care.**

An external customer (EC) is a person who is purchasing or using the product or service but is not directly connected to the organization. EC may be one-time or long-term users or purchasers, and also known as “clients” or “accounts”. An internal customer (IC) also known as the internal service provider is a person who has a strong relationship and works fully or partially within the organization. Excellent external customer service is heavily dependent upon the satisfied internal customer practices that create satisfaction, loyalty, and retention of EC. Satisfied internal customers display increased employee satisfaction, improved productivity and performance, and increased organizational cohesiveness to deliver better external customer service.

Compensation and benefits(C&B) refer to the organizational rewards provided to employees in exchange for their work. C&B plays a key role in human resource management to attract and retain top talent. Compensation is a financial form of remuneration (salary, wages, commission, and bonuses), while benefits are non-financial extra rewards for those having financial values (health insurance, stock options, memberships, flexible working hours, retirement savings plans and benefits exempt from taxation).

## **Overview of CNTH**

Colombo North Teaching Hospital (CNTH) is the major tertiary care, teaching and referral Centre in Sri Lanka. This is the only tertiary care hospital in the Gampaha district of western province that provides 24/7 healthcare curative services. It provides academic and clinical infrastructure for medical and nursing trainees.

Performance statistics for the year 2020 showed that it annually catered for approximately 500,000 outpatient visits and clinic attendance, and 150,000 inward admissions which amount to 450,000 inpatient days. Further, this included 7000 major surgeries and approximately 03 million laboratory and radiological investigations. CNTH has 1800 beds and 42 wards with nearly 85% of bed occupancy ratio. CNTH is manned by 2700 staff which include 100 medical consultants, 250 medical doctors, 900 nurses 800 supportive staff and some ancillary staff.

## **Objectives of the study**

### **General Objective**

To describe the selected financial perspectives of internal customer care practices and relative staff satisfaction level at Colombo North Teaching Hospital (CNTH), Sri Lanka.

### **Specific Objectives**

1. To describe the financial perspectives of internal customer care practices.
2. To quantify the staff satisfaction level towards the selected financial perspectives of internal customer care practice in CNTH.
3. To identify the possible areas to develop standards of internal customer care practices in relation to financial perspectives for the CNTH/ Sri Lankan health sector.

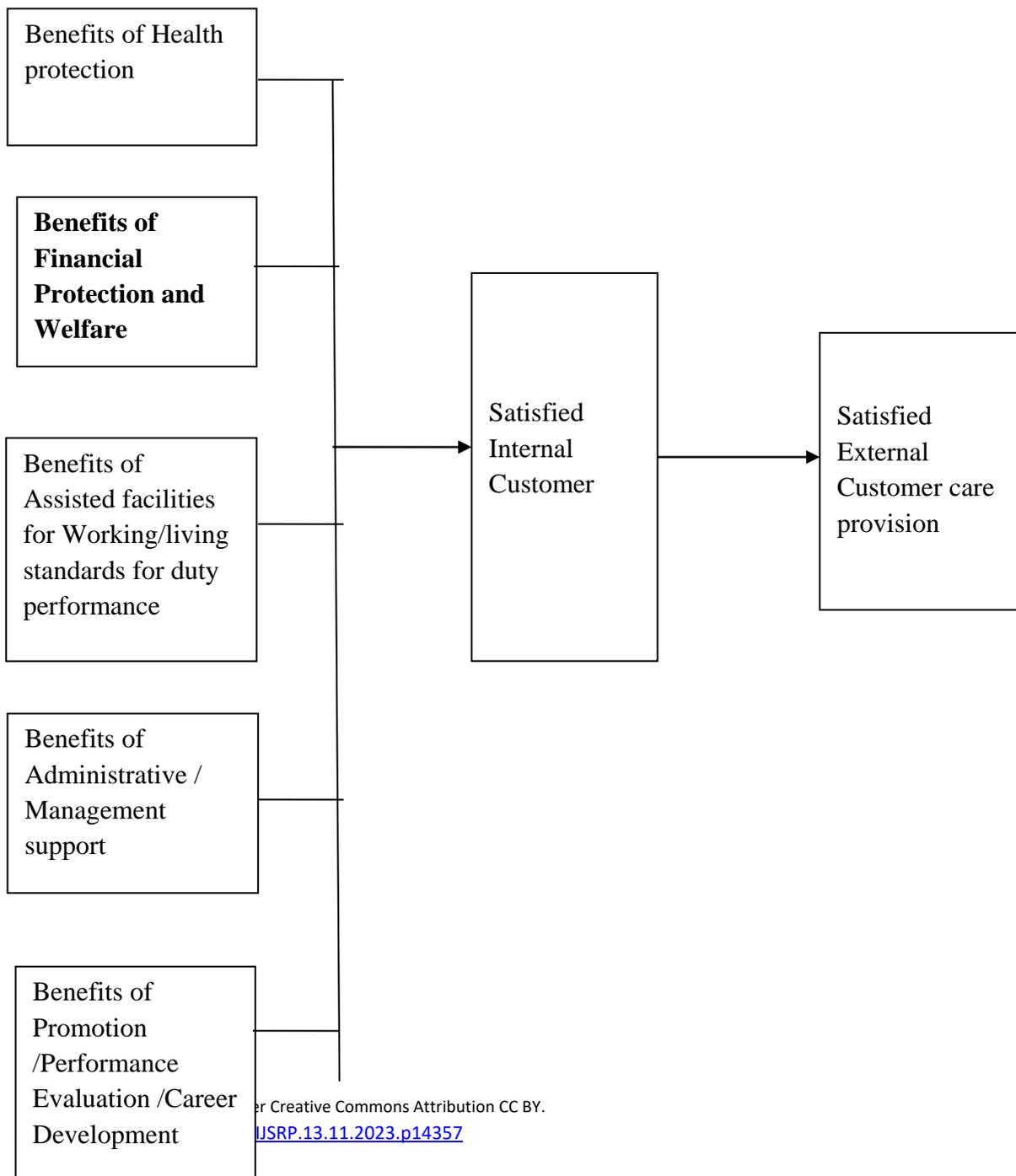
## **Justification**

There are only few traceable studies on internal customer care practices in Sri Lankan government sector health care settings. Available internal customer care practices related to financial benefits include government insurance scheme (Agraphara), pension schemes at retirements, provision of duty-free concessions for selected officers, festival advances etc. Further the informal

arrangement for staff health and welfare at institutional level are available which includes daily staff priority quota for OPD attendance. But there is no formal way or set structure in supporting health staff for their health conditions, screening and special healthcare seeking events. Although the patient care facilities were upgraded timely, the workplace staff supportive mechanisms are not well improved which leads to staff displeasure. Therefore, it is worthwhile to study on the internal customer (staff) care practices specifically relation to the health protection and financial protection and welfare.

### Conceptual model for the study

Figure 01: conceptual framework for the study.



## Review of literature

Although the external customers (EC) have a choice of business, the internal customers have limited choice. Further, the internal customers are paid as professionals, while the external customers are paid for the goods or services they use (Greg, Marshall & Finn, 1998). Organizations with sustainable competitive advantage focus on internal customer well-being to attract and retain external customers. There is a direct relationship between a firm's financial success and commitment towards its employees. (Harvir, Morris & Mendelson, 2001).

Satisfaction reflects the psychological or emotional feeling of a consumer that compares the actual performance versus expectation. Attainment of individual values and standards leads to Job satisfaction and will result in more productive, creative and committed employees. Job satisfaction in the banking functions is linked with training programs, wages, internal communication, teamwork and promotion opportunities, while the level of EC satisfaction is linked with the perceived quality of goods/services (Khartabiel & Saydam 2014).

Mulvey et al (2017) showed that nearly one-third of organizations increased their overall benefits offerings for health and wellness benefits (24%) as the top reason to remain competitive. Leading reasons for interested employees are higher compensation (56%), overall benefits (29%), career advancement opportunities (21%) and flexibility for a balanced work-life (18%).

Herzberg's two factors theory (1959) that motivating factors lead to job satisfaction and hygiene factors those not lead to job satisfaction and prevent dissatisfaction. Motivating factors (recognition, advancement, achievement, autonomy, work itself and responsibility) led to job satisfaction whereas the hygiene factors (working conditions, interpersonal relations, supervision, job security, benefits, company policies and management and salary) did not lead to job satisfaction and prevented dissatisfaction (Spector, 1985).

Spector's Job Satisfaction Survey used a six-point Likert-type scale to measure job satisfaction based on pay /salaries, promotion, supervision, organization's rewards, operating /working conditions, co-workers' support, nature of the work and internal communication. He further added these could be categorized as both factors related to job environment and individual factors (Spector, 1985).

Factors influencing for employee turnover in Pakistan study included remuneration & salary, training & development, fairness of performance appraisal and promotion speed for professional ability development. It revealed that training & development and promotion speed have strong influences on the turnover intention, while salary and fairness of performance appraisal have a significant negative relationship for the above matter (Muhammad & Pangil, 2016).

Although one method for an organization to encourage the productive use of time and effort is providing direct financial incentives, an efficiently designed organization will use incentives only as a last resort (Milgram & Robert, 1998). Rewards have positive and significant effects on motivation and job satisfaction (Jahanzeb et al, 2012). All the variables of basic pay, premium pay, incentives, fringe benefits, leave-related benefits, health and insurance, retirement and termination benefits, and employee welfare benefits had significant effects on the job satisfaction of employees (Nane, M, 2019). Monetary and non-monetary rewards can increase the level of employee engagement and high level of employee engagement (Zafarullah et al, 2014). Meta-analytic evidence showed the relationship between pay to job and pay satisfaction (Piccolo, 2010).

## Methodology

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The study design was a descriptive cross-sectional study with the study population from all the categories of health staff of Colombo North Teaching Hospital (CNTH). The calculated sample size was 384 and the corrected sample size with 10% of non-response rate was 423. Data sheets were obtained only from 401 respondents and the non-response rate was 5.6%.

A stratified random sampling method on top of Population Proportion sampling (PPS) was used to calculate sub-sample sizes of each stratum proportionate to the staff availability of each below-mentioned category/ stratum at CNTH. It was expected to collect data from 10 Medical specialists, 45 Medical officers, 160 Nursing officers and Health Care Supportive staff, 36 Paramedical and PSM categories and 14 from Management Supportive staff. After finalizing the exclusions, all categories were listed according to their surnames and a systematic random sampling technique was applied to each category on a 5:1 basis to select the participant for the study. Administrative staff including the Director, Deputy Directors, SGNOO, Administrative officers, Accountants as well as the staff who enrolled to CNTH within the last 03 months were excluded from the study.

Used study instruments for the study were Self-administered questionnaires to assess the selected internal customer care facilities' awareness, the receiving level by the CNTH staff, and for assessing the satisfaction level of received care. Data analysis was done with SPSS and Microsoft Excel packages. Ethical issues were not identified since it was a non-interventional administrative study, risk for the participants was minimal or zero and no conflicts of interest were identified.

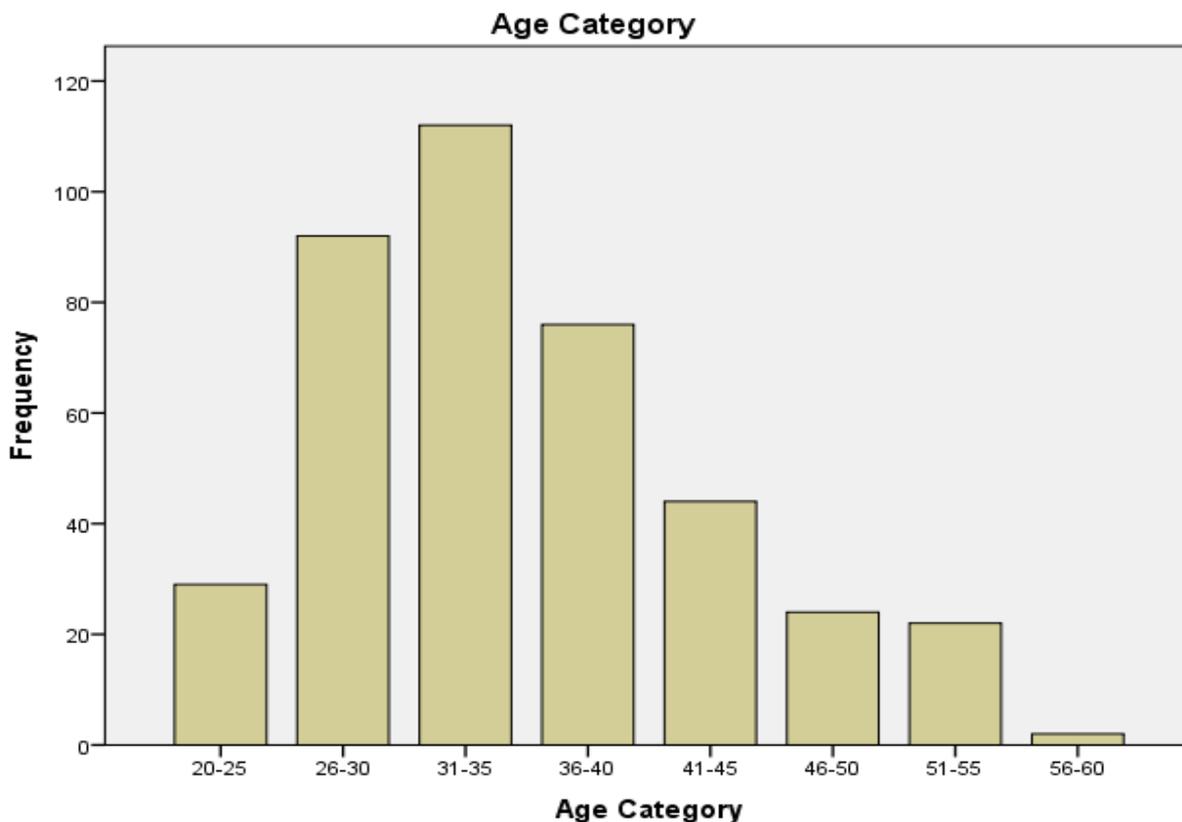
## Results

### A. Demographic data

#### 1. Age distribution of the sample

Age distribution is varied from 20 years to 60 years, where government sector employment ranges and nearly 50% of them belong to 31-40 years of age. Further 70% of the sample was represented by the young age group between 26-40 age (figure).

Figure 02: Age distribution of sample



## 2. Gender distribution and service category of the sample

Nearly 2/3 of the study sample represents the female gender, probably due to the majority of the nursing category being composed of females. It also revealed that 80% of the sample represents the nursing category and health-supportive staff.

**B. Assessment**

Five financial perspectives are selected to assess the awareness level, receiving of facility (utilization) and satisfaction towards the utilization.

Table 01: Financial perspectives to assess the awareness, utilization and satisfaction

Financial Perspective	awareness level		receiving of facility (utilization)			satisfaction		
	knowing of facility	Not knowing	Fully received	Partially Received	Not received	Dis-satisfied ( S1-S3)	Fully or partially satisfied ( s4-S6)	Non- responding for satisfaction
01. Access to government-sponsored medical care packages (Agrahara)	374	27	146	142	115	271	89	32
02. supportive mechanisms for high-cost health interventions those not available at CNTH	124	279	14	79	299	248	21	129
03. promptt support for institutional distress- loan system on demand	221	180	46	151	207	269	55	73
04. Efficient receiving of Increment / due benefits	346	64	119	201	84	234	130	40
05. Supportive Pre-retirement preparedness at hospital	210	189	42	129	229	223	52	122
% for All Variables/attributes	63.4	36.8	18.3	34.9	46.5	61.9	17.3	19.7

**B.1 Assessment of the Awareness of Availability, Utilization, and Satisfaction of financial variables provided by CNTH for the staff.**

Figure 03: Awareness of Availability, Utilization and Satisfaction of Financial perspectives.

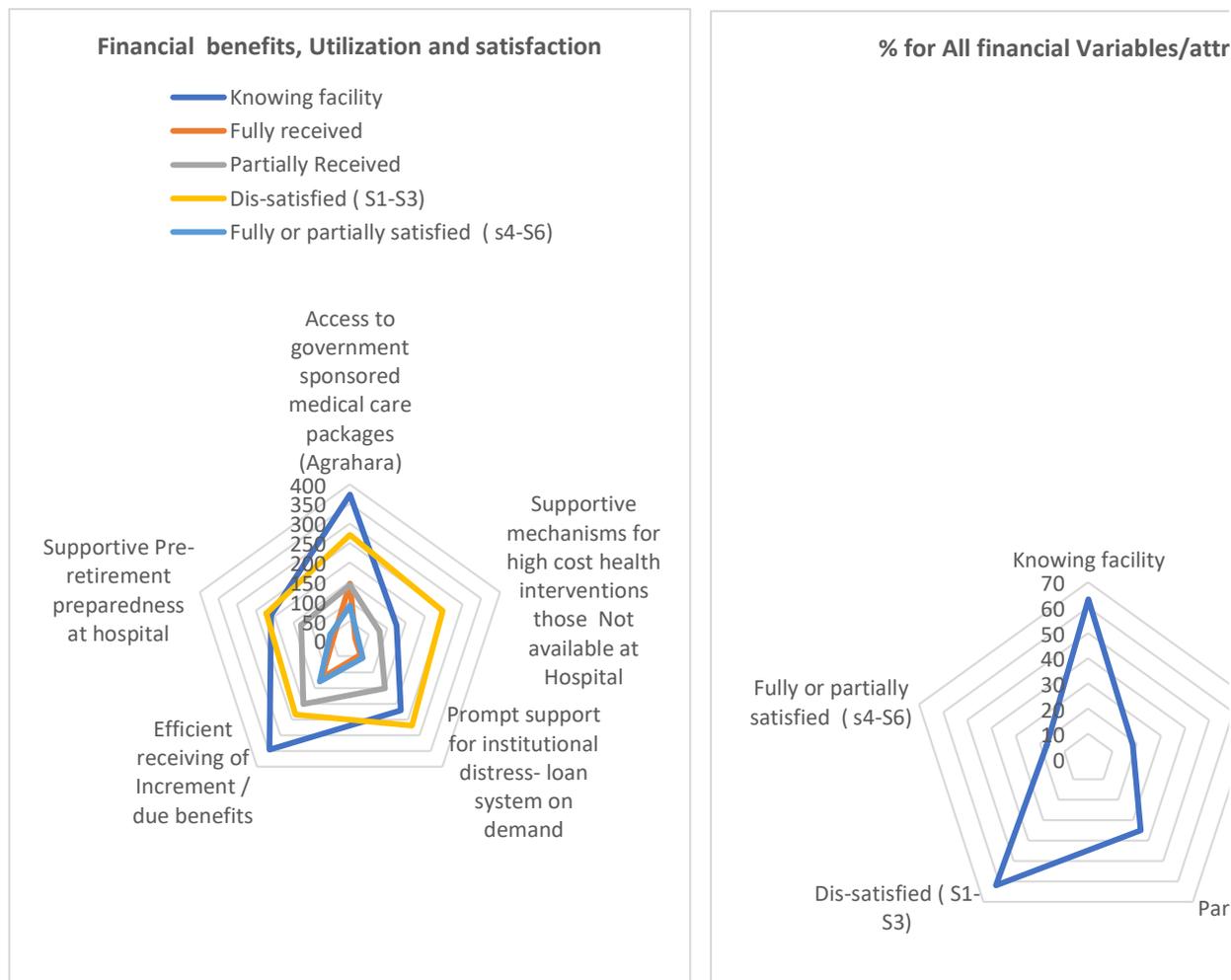
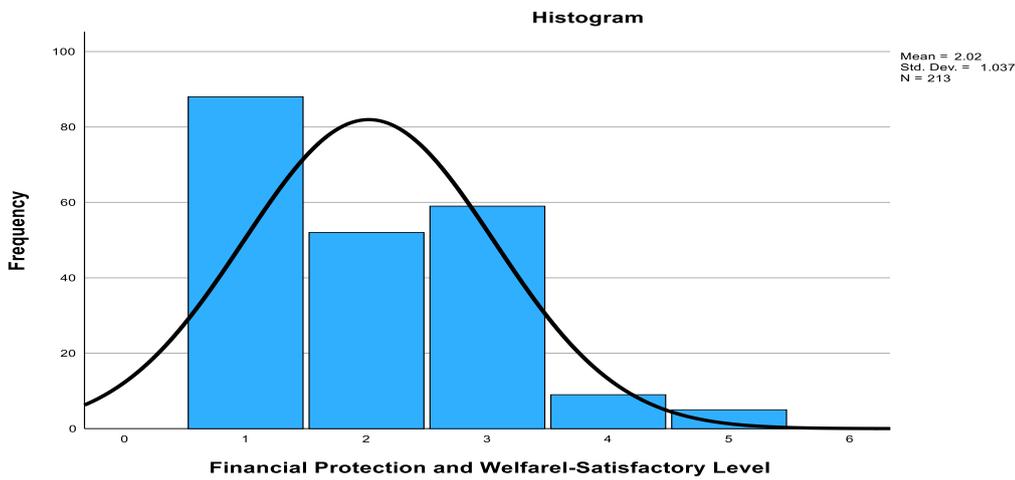


Figure showed that Cumulative Awareness for all financial variables/attributes was 63.4% with the upper and lower values for government-sponsored medical care packages (Agrahara) and Supportive Pre-retirement preparedness at the hospital respectively. It showed that the received level (Utilization) of available facilities for all financial variables/attributes was 53.2%, that of 18.3% fully and 34.9% partially. Cumulative satisfaction scores on all responses showed that only 17.3% were satisfied either fully or partially with the Likert scales of 4-6, while 61.9% were dis-satisfied either fully or partially with the Likert scale of 1-3. Access to government-sponsored medical care packages (Agrahara) and receiving of increments / due benefits are the well aware variables, while the mechanisms of institutional distress- loan system on demand and high-cost health interventions those not available at CNTH are the most dissatisfied variables.

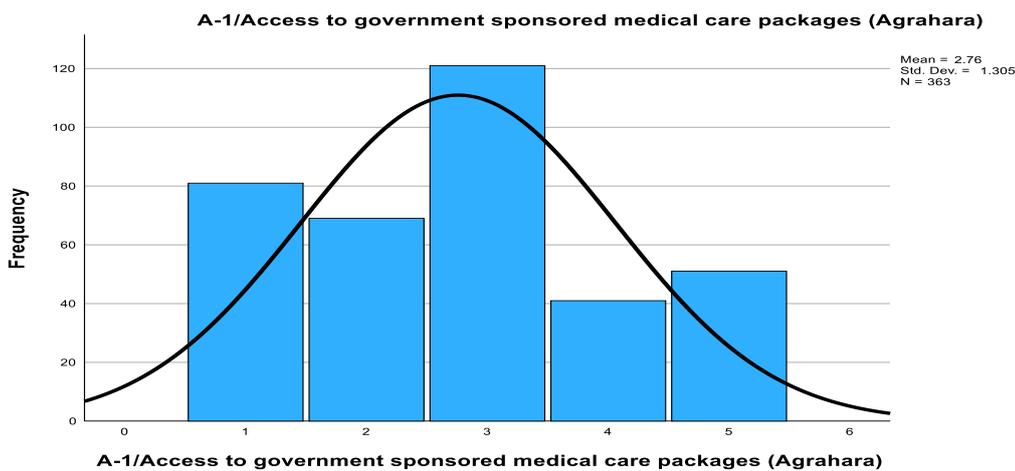
Figure 04 : **Histogram of satisfactory level for Financial protection and welfare**



1=Fully dis-satisfied, 2= Dis-satisfied, 3=Somewhat satisfied,4= Satisfied,5=Fully satisfied

Histogram showed a skewed distribution towards dis-satisfaction, prominently fully dis-satisfied numbers. Only the Government medical care packages (Agrahara) were the financial variable that had the highest awareness, fully or partially utilizing the facility and satisfaction level respectively.

Figure 05: **Histogram of satisfactory level for "Agrahara" insurance**



1=Fully dis-satisfied, 2= Dis-satisfied, 3=Somewhat satisfied,4= Satisfied,5=Fully satisfied

Table 02: Staff category-wise responses for all financial variables/attributes.

Staff Category	Sub sample size	All Responses for financial variables/attributes				
		Knowing facility	Fully received	Partially Received	Dis-satisfied	Fully or partially satisfied
Medical specialists & doctors	51	292	123	127	332	115
Nursing officers	153	831	252	454	912	196
Paramedical and PSM Staff	33	135	10	113	257	14
Management Supportive staff	13	42	9	30	116	2
Healthcare Supportive staff	151	846	194	560	1022	222
<b>Standardized Responses for all financial variables/attributes per 100 staff of each category</b>						
Medical specialists & doctors	100	573	241	249	651	225
Nursing officers	100	543	165	297	596	128
Paramedical & PSM Staff	100	409	31	342	779	43
Management Supportive staff	100	323	70	231	892	16
Healthcare Supportive staff	100	560	128	371	677	147

According to the table, medical specialists and doctors are the subgroup that has the highest satisfaction rate per 100 category population, while management-supportive staff and Paramedical & and PSM staff are mostly satisfied with financial variables/attributes.

**Discussion**

This study was primarily designed to describe and quantify the selected financial variables of internal customer care practices at Colombo North Teaching Hospital (CNTH), Sri Lanka. It is expected to identify the possible attributes to develop standards of internal customer care practices in the view of financial perspectives for the CNTH/ Sri Lankan health sector, based on the findings of this study. Data was collected under three main dimensions the availability, received levels and satisfaction level of a given variable/attribute. All the staff categories who worked in CNTH participated in the study in proportionate to the available number of categories in the institution.

In this chapter, it is expected to discuss the study findings with the available literature reviews at local and global levels. It is not only confined to the health sector but to the other available sectors also. Most of the literature is available on job satisfaction underlying the provision level of financial benefits, but not the satisfaction levels towards each financial perspective. Therefore, Job satisfaction can be taken as a proxy indicator of financial satisfaction for the discussion.

leading reasons for interested employees are higher compensation 56% (Mulvey et al (2017), basic pay, premium pay, incentives, fringe benefits, leave-related benefits, health and insurance, retirement and termination benefits, and employee welfare benefits had significant effects (Nane, 2019), monetary and non-monetary rewards for a high level of employee engagement ( Zafarullah et al,2014), the direct relationship of pay to the job ( Piccolo, 2010) are compatible with this study as dis satisfaction status can lead to poor Job satisfaction.

## Conclusions

A percentage of 61.9% were dissatisfied with those selected internal customer care facilities, and a percentage of 17.3% were either fully or partially satisfied with the services provided in the line above financial perspectives.

## Recommendations

Determining the reasons for dissatisfaction and taking measures to address the gaps are recommended to improve internal customer service satisfaction and thereby expecting to increase the quality of healthcare they provide for external customers.

## AUTHORS

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**Annexures**

**Annexure 01-Form A: Assessment of Financial perspectives of Internal customer care by CNTH staff (English)**

Index Number	Unit					Age (years)	Marital status			Yes	No								
Category	Medical specialists & Doctors	Nursing officers	Paramedical and PSM Staff	Management Supportive staff	Health care Supportive staff	Gender													
						M	F												
Benefit area/ Main exposure variable	Due Benefit				Availability of facility		Received level			Satisfactory level (Low to High)									
					Yes	No	Full	Partial	No	1	2	3	4	5					
<b>Financial Protection and Welfare</b>	1	Access to government sponsored medical care packages (Agrahara)																	
	2	Supportive mechanisms for high cost health interventions- Not available at Hospital																	
	3	Prompt support for institutional distress- loan system on demand																	
	4	Efficient Increment / due benefits receiving																	
	5	Supportive Pre-retirement preparedness at Hospital																	

**இணைப்பு 01- படிவம் A கொழும்பு-வடக்கு போதனா வைத்தியசாலையின் பணியாளர்களுக்குரிய உள்ளக வாடிக்கையாளர் பராமரிப்பு பெறுகை மட்ட அளவீடு. (TAMIL)**

சுட்டெண்	அலகு					வயது (ஆண்டுகள்)	விவாகநிலை	ஆம்	இல்லை										
	மருத்துவநிபுணர் & மருத்துவர்	தாதிய அதிகாரி	துணை மருத்துவ பணியாளர்	மேலாண்மை ஆதரவு ஊழியர்கள்	சுகாதார பராமரிப்பு உதவி ஊழியர்கள்					பாலினம்	ஆண்	பெண்							
நலன் பரப்பு / பிரதான வெளிப்படு மாறிகள்	உரிய நன்மை					கிடைக்கும் வசதி		பெற்ற நிலை			திருப்திகரமான நிலை (குறைந்த - உயர்)								
						ஆம்	இல்லை	முழு	பகுதி	இல்லை	1	2	3	4	5				
நிதி பாதுகாப்பு & நலன் புரி	1	அரசாங்கத்தால் வழங்கப்படும் மருத்துவ பராமரிப்பு பொதிகளுக்கான அணுகல்.(அக்ரஹாரா)																	
	2	மருத்துவமனையில் நிறைவேற்ற இயலா அதிக செலவுடைய சுகாதார செயற்பாடுகளுக்கான துணை வழிமுறைகள்																	
	3	நிறுவன ரீதியான துயரங்களுக்கு தேவைக்கேற்ப உடனடி கடன்திட்ட ஆதரவு																	
	4	திறமைக்கேற்ற ஊதிய உயர்வு / உரிய நன்மைகள்																	
	5	மருத்துவமனையில் ஓய்வூதியத்திற்கு முந்தைய தயார்ப்படுத்தல்																	

**Form A:** ஈதர் கோலூ ஸீக்ஷை ரேஹல விசீன் காரீச மஹலலயவ சஹஜகமீ லலா஢ீமே மலலம நக்சேரூ கிரீம (ஃஹல சரலரீநகய)

஢ு ஢ு஢கய	சீககய/ வாலலல	வயச (஢ுல)			விவஹக /஢விவஹக லவ		வி ஢ுல	சீர் /சுரூ ஃ	சீர் ரீ	சுரூ ஃ
		ஹல	ஹல	ஹல	கலமநக கரஹ ஃஹக காரீச மஹலலய	ஃஹலீச காரீச ஃஹக காரீச மஹலலய				
சீர்நிலஹ கஹலீய	வலலீய விஸீஃஹல ஃஹல வலலீயவ ரூன்	ஹல	ஹல	ஹல	கலமநக கரஹ ஃஹக காரீச மஹலலய	ஃஹலீச காரீச ஃஹக காரீச மஹலலய		வலநன்		
B- மூலீய ஢ார கீஃவ	஢சேகீஃந சீர்நிலஹ				சஹஜகமீ லலா ஢ுலீமே	லலுஃஃ மலலம	நக்சீநீமன் மலலம (சஹல ஃல ஓஹலல)			

සහ සුභසා ධනය		හැකියාව									
		ඔ වී	නැ ත	සමීප ර්ණ	අ ර්ධ	නැ ත	1	2	3	4	5
1	□□□□ □□□□□□□□ □□□□ □□□□ □□□□□ (□□□□□□□) □□ □□□□□ □□□□□ □□□□□□ □□□□□□□□□□										
3	රෝහලහි නොමැති , අධික පිරිවැය සහිත පරීක්ෂණ/ප්‍රතිකාර සඳහා ආධාරක වැඩි පිළිවෙලක් තිබීම.										
9	ආයතනික ආපදා දීමනා ඉල්ලුම / මූල්‍ය අවශ්‍යතා මත ණය ලබාදීමේ කඩිනම් වැඩපිළිවෙලක් තිබීම.										
11	වැටුප්/දීමනා/වෙනත් මූල්‍යමය ලබාදීම් ප්‍රමාදයකින් තොරව ලබා ගැනීමේ හැකියාව.										
15	විශ්‍රාම වැඩසටහන් ක්‍රියාත්මක වේ.										