

CONCEPTUAL STUDY ON CORPORATE PERFORMANCE AND SATISFACTION

Conceptual Study on Corporate Performance (CP) and Satisfaction in Public Health Service Organizations (PHSO) in Eastern Province of Sri Lanka: A Use of Balanced Score Card (BSC)

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ABSTRACT

Corporate performance is how public health service organizations perform in term of its patients, key disease treatment service lines, learning & growth and resources. Employee and customer satisfaction is fulfillment of respective needs. When PHSOs perform better they satisfy hospital employee who in turn satisfy hospital patients. Objectives of this research are to determine factors affecting PHSOs' performance, employee satisfaction & patient satisfaction and to establish a conceptual model to know the conceptual relationship between performance factors & satisfaction factors. This research is designed in two stages. First stage is known as exploratory research design. Next stage is conclusive research design. First stage has been completed and a conceptual model has been created based on identified factors. Conclusive research is to be designed by descriptive and causal research design shortly by researcher. Researcher collected 134 sample articles in corporate performance, employee satisfaction and patient satisfaction. Secondary source of data collection was made to collect articles. Qualitative analysis found that factors for corporate performance in public health service organizations are related to patient, key service line, learning & growth and resource factors. Factors for employee satisfaction are related to environment, psychology, structure and personal/ demography. Factors for patient satisfaction are related to core service, human element, non- human element, servicescapes and personal/ demography. Based on these factors, a conceptual model has been created to know the conceptual relationship between performance factors & satisfaction factors.

Keywords: Balanced Score Card.

1. INTRODUCTION

Eastern Province (EP) of Sri Lanka consists of three cardinal districts such as Ampara, Batticaloa and Trincomalee. Public health service organisations (PHSO) are all sorts of government medical institutions (GMIs). GMIs are government hospitals (GHs). EP is comprised of teaching hospital, provincial hospital, base hospitals, district hospitals, peripheral units, rural hospitals, central dispensary & maternity homes and other hospital. Corporate performance is the performance of PHSOs existing in EP. Corporate performance of these PHSOs generates employee satisfaction and customer satisfaction. Employee satisfaction is the satisfaction of health personnel (HP) or health staff (HS) which incorporate medical officers (MOs), dentists, assistant medical officers (AMOs), nurses, medical recording officers (MROs), technologists & therapists (T & T), inspectors, midwives, ECG, dispensers & field officers, technicians and attendants & labourers who work in GMIs. HP of GMIs have to be satisfied by way of environmental, psychological and social needs. Once HP are satisfied in their needs they can perform well in their key service lines to render better health services to their customers who in turn are satisfied. Customer satisfaction is the satisfaction of patients who receive treatment in GHs. Therefore, patient satisfaction is the satisfaction of general medicine, surgery, paediatrics/ children disease, obstetrics/ gynaecology, psychiatry, eye, TB, cancer, leprosy, E. N. T., orthopaedic/ accident, thoracic surgery, communicable diseases, neurology, genito urinary, cardiology, skin, plastic surgery/ burns, rheumatology/ rehabilitation and dental patients (Annual Health Bulletin, 2006). When patients receive well treatment from HP for their diseases they get satisfied. The relationships among PHSOs' performance, satisfaction of HP and patients are continuously occurring. The population of Sri Lanka in 2003 was estimated at 19.25 million. The annual population growth rate was reduced to its current 1.3% level with an increase in Life Expectancy at birth. Sri Lanka is aging rapidly (Department of Census & Statistics, 2001). It is projected that by 2020, 20% of Sri Lanka's population will be 60 years of age or over, while the proportion in the young age group is decreasing. These symptoms indicate the need for performance of PHSOs in Sri Lanka. Epidemiological conditions too indicated tobacco, substance and alcohol abuse have increased in magnitude over the past two decades, and pesticide poisoning has been a long-term problem. There were significant geographical variations demanding focused interventions in high disease prevalence districts. Malnutrition existed amongst disadvantaged populations especially in parts of the North East, North-Central and Uva provinces.

2. STATEMENT OF PROBLEM

Research problem is stated by secondary data analysis, previous literatures and focus group discussion (FGDs). Secondary data is collected from Health Sector Master Plan (HSMP) which covers New Country Corporate Strategy (CCS), National Strategic Framework for Health Development and Millennium Development Goals (MDGs). Regional and country World Health Organizations (WHO) officials and other stakeholders were also participated in the meeting. Six priority (strategic) areas were identified at that meeting for the new CCS. These six strategic areas are health system, human resources for health, communicable diseases, non-communicable diseases & mental health, child, adolescent & reproductive health and emergency preparedness & response. A number of previous studies highlight the performance in public sector. Contemporary management in public service organizations focuses on New Public Management (NPM). Hood (1991) suggested that NPM consists of a number of different key aspects. These aspects pay more emphasis on “professional” management, the introduction of explicit measures of performance and a focus on outputs and results. It is understood that public sector organizations should focus on measures for their service performances. Most of the developed countries try to get the experiences of private sectors in measuring performance in public sector. For example, Walshe (2001) drew attention to the UK's approach of learning from the USA about healthcare management, and suggested that this occurs because of the similarities international challenges are faced by healthcare professionals in terms of rising costs, technological change and growing public expectations. It can be argued that financial, innovation such as learning and growth and customer perspective can be considered important in public service provision. Public services are forced to take into account with respect to their corporate performance measures.

Two focus group discussions (FGDs) were conducted to know the opinions of public health services in EP. One is from the side of the HP. The other is from patients. In terms of the view of the hospital staff, they care patients' best, provision of free medicines, adequate resources such as medicines, inventories, buildings, equipments, etc. Number of processes such as diagnosing patients' diseases, prescription writing, dispensing drugs and dressing are handled manually. It can be understood that patients are happy. Hospitals have enough resources cum necessary equipments. There are limited Information Technology (IT) facilities. But, hospital staff are in need of salary, perks and non- financial rewards. This confirms that there are some unmet needs for the hospital staff in hospitals. To make hospital staff satisfied in their needs, actions have to be taken to resolve their needs. It can be understood that patients are unhappy. They have to pay to buy medicines in pharmacies. Hospitals have not sufficient drugs of specific type and some specific equipment. Patients are happy with deficiencies. This is true because all types of hospitals have no fully- fledged facilities in it. These fully- fledged facilities will be fulfilled only when the hospitals perform better in terms of patient, resource allocation, key

service line and learning & growth stated in BSC. Satisfaction of Hospital staff makes employees to perform better in their job. Job satisfaction of staff improves the key service lines better than earlier. Patient receives better services than earlier. Patient gets satisfied. Performance of PHSOs goes superior.

2.1 Research questions and objectives

Secondary data analysis, previous literatures and FGDs confirm that research issue exists on government hospitals' performance and hospital staff & patient satisfaction. It is known that PHSOs in Eastern Province pay lack of focus on corporate performance, hospital staff satisfaction & patient satisfaction. This main research issue is cascaded into four sub research questions. They are: what factors influence on Public Health Service Organizations' Performance?, what factors influence on employee satisfaction?, what factors influence on patient satisfaction?. and whether performance factors & satisfaction factors are conceptually related in Public Health Service Organizations' Performances?. These four research questions are converted into research objectives such as to determine factors affecting PHSOs' performance, employee satisfaction, patient satisfaction and to establish a conceptual model to know the conceptual relationship between performance factors & satisfaction factors.

3. SIGNIFICANCES OF THE RESEARCH

This research plays vital significances in number of ways. This research looks at diverse performance measures for public health service organizations by customizing BSC measures. Different types of organizations prioritise and measure their performances on the basis of different measures. For-profit organizations measure their performance by focusing only on financial measures for their corporate performances. A marketing oriented company looks at customer measures, manufacturing company focuses on measures with respect to internal business processes. IT company focuses on learning and growth measures. In reality, corporate performance of any organization should be measured on different perspectives. These measures have to be customized for the measurement purposes. PHSOs consider patient, resource, key service line and learning & growth (IT) performance measures. A number of researches have been done globally using BSC measures in different time periods and in different countries. For example, Zelma et al., (2003) stated that a number of articles has been published on the BSC in health care settings. A numerous articles have appeared in the health services and management literature. BSC appears to have gone into a growth phase. According to Zelman et al.'s (2003) study the BSC has been adopted by a broad range of health care organizations, including hospital systems, hospitals, psychiatric centres, and the national health care organizations. Chan and Ho (2000) conducted survey executives in nine provider organizations in USA. Chow et al., 1998; Stewart and Bestor, 2000; Pink et al. 2001; Oliveira, 2001; Fitzpatrick, 2002; Shutt, 2003; Tarantino, 2003; Rondor and Lovell, 2003a, b) stated that

much of the literature relates to how to apply BSC successfully in health care. But there are less common are surveys about applying BSC in health care. There are few articles in BSC in Sri Lanka. This research is in the context of health service in GMIs in EP of Sri Lanka. Thus, this research fills the literature gap.

4. REVIEW OF LITERATURE

4.1 Corporate performance (CP)

The word performance has the meaning of “doing or working or functioning” (Hornby, 2000). Performance refers to how good or how bad an organization does its activities. Organizational activities are based on key service lines, customers, resources, and learning & growth. Key service lines are key disease treatment service lines rendered by hospital. Customers are patients in different key disease treatment service lines in hospital. Resources are financial (government fund), physical (hospital buildings & wards) and human resources (hospital staff). Learning & growth are opportunity for learning & development given by hospital to its staff. If these activities are done better or higher organisational performance is also higher or vice versa. Literature review revealed the following factors for corporate performance. They are tabulated in table 1 and table 2.

Table 1: Corporate performance

Serial number	Source	Factors for corporate performance
1	Sambeek, Cornelissen, Bakker and Krabbendran (2010)	organizational efficiency, time management, length of stay, bed occupancy, hospital utilization, patient admission, organizational innovation, time factors, quality of health care and waiting lists
2	Meekings, Povey and Neely (2009)	key elements of a success in performance management system. They are performance architecture, performance insights, performance focus and performance action
3	Nwokah (2009)	strong positive relationship between customer focus, competitor focus and marketing performance
4	Moustaghfir (2008)	learning mechanisms and knowledge management processes
5	Schiuma and Lerro (2008)	organisational knowledge and intangible resources

6	Velnampy and Nimalathan (2008)	Firm size and profitability
7	Zuurmond, Jorg, Dicks and Woudenberg (2007)	use of infocracies/ networked organizations
8	Parsons (2007)	vision, culture and measures
9	Kulatunga, Amaratunga and Haigh (2007)	Effectiveness and efficiency
10	Denton (2006)	people or innovative practices
11	Sharma and Bhagwat (2006)	operational efficiency of the IS function, down time of IS, responsiveness of IS, timeliness of information, accuracy of information, overall competitive position
12	Sureshchandar and Leisten (2006)	product, process and resource
13	Nwokah and Maclayton (2006)	customer-focus and business performance
14	Kazan, Ozer and Çetin (2006)	Quality and cost
15	Adcroft and Willis (2005)	Organisational resources and key service line
16	Bontis, Keow and Richardson (2001)	Product and profit
17	Griffin (2000)	efficiency and effectiveness
18	Department of Health, U. K. (2000)	introducing new service
19	Walshe and Sheldon (1998)	Efficiency and effectiveness of clinician
20	National health service executive of UK (1998)	Quality & effectiveness

(Source: Literature review)

Table 8.2: Factors for corporate performance

Serial number	Source	Factors for corporate performance
21	Riley (2012)	finance, customer, internal and innovation & learning for corporate performance
22	Alic and Rusjan (2010)	customer, internal process, learning and development and finance
23	Cheng Lin, Hsiao and Lin (2010)	Learning and growth
24	Fernando (2010)	Non- financial perspectives
25	Marasinghe (2009)	financial, process, learning & growth perspective and customer
26	Douglas (2009)	financial, process, learning & growth perspective and customer
27	Ratnasingam (2009)	learning & growth, internal business process, customer and financial perspectives
28	Basu, Little and Millard (2009)	learning & growth, internal business process, customer and financial perspectives
29	Rajagopal (2008)	Brand name and process
30	Punniyamoorthy and Murali (2008)	BSC variables
31	Gurd and Gao (2008)	BSC variables
32	Rich (2007)	BSC variables
33	Withanachchi, Handa, Karandagoda, Pathirage, Tennakoon and Pullaperuma (2007)	BSC variables
34	Wickramasinghe, Gooneratne and Jayakody (2007)	BSC variables
35	Lee (2006)	customer orientation, learning and growth, internal processes, and financial management
36	Paranjape, Rossiter and	BSC variables

	Pantano (2006)	
37	Papenhausen and Einstein (2006)	BSC variable
38	Bromley, Cuthbertson, Martinez and Kennerley (2006)	BSC variables
39	Calandro and Lane (2006)	BSC and risk score card
40	Knotts, Jones and Udell (2006)	BSC variables
41	Gamage (2005)	BSC variables
42	Leggat, Bartram and Stanton (2005)	Finance and process
43	Zelman, Pink and Matthias (2003)	BSC
44	Amaratunga, Haigh, Sashar and Baldry (2002)	patient environmental area, internal process and learning & growth for hospitals
45	Inamdar, Kaplan and Bower (2002)	BSC
46	Sim and Koh (2001)	BSC
47	Nanayakkara (1999)	external market orientation, internal organizational processes, current business performance, future growth & development and leadership & culture
48	Liyanage (1999)	customer & internal process
49	Perera (1999)	Customer
50	Ranasinghe (1999)	Customer & internal process efficiency
51	Peiris (1997)	BSC
52	Kaplan and Norton (1996)	BSC
53	Velnampy and Nimalathan (2007)	BSC

54	Kaplan and Norton (1996, 2000, 2004, 2006 & 2008)	finance, customers, internal business processes and learning & innovation
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(Source: Literature review)

4.2 Employee Satisfaction

Wikipedia (2012) defines employee satisfaction as a terminology used to describe whether employees are happy, contented and fulfilling their desires and needs at work. Factors that support employee satisfaction are employee motivation, employee goal achievement, and positive employee morale in the workplace. While there is generally a positive attitude of employees in organization employee satisfaction can also be a downer if mediocre employees stay because they are satisfied with your work environment. Government hospitals must focus on all factors to make hospital staff satisfactory. Satisfaction of hospital staff is vital for the satisfaction of hospital patients. Literature review revealed the following factors for employee satisfaction. They are tabulated in table 3 and table 4.

Table 3: factors for employee Satisfaction

Serial number	Source	Factors for employee satisfaction
1	Grissom, Nicholson-Crotty and Keiser (2012)	supervisor's gender and gender support
2	Wickramasinghe and Wickramasinghe (2012)	organisational support/ supervisor support
3	Grissom, Nicholson-Crotty and Keiser (2012)	Boss gender
4	Samaranayake and Gamage (2012)	work and personal judgment
5	Han and Jekel (2011)	leader-member exchange
6	Costen and Salazar (2011)	opportunity to develop new skills
7	Hann, Reeves and Sibbald (2011)	Job/ work
8	Wickramasinghe and Gamage (2011)	communication, and rewards and recognition
9	Sledge, Miles, Maartje and Sambeek (2011)	Job design & work motivation factors
10	<i>Sinha, Saha and Rawat</i>	physical infrastructure, trainings and awareness

	(2011)	
11	Wickramasinghe and Chandrasekara (2011)	procedural justice and work
12	Wickramasinghe (2010)	time demands of work
13	Wickramasinghe and Jayaweera (2010)	supervisory career support
14	Dissanayake (2010)	Hygiene [salary, benefits, working condition, relationship with peers and growth, other hygiene] and motivation factors
15	Sridharan, Liyanage and Wickramasinghe (2010)	professional support, training received, working conditions and remuneration
16	Wickramasinghe (2009)	gender and period of service
17	Jayawardana and Donnell (2009)	increased role in workplace decision-making
18	Humphrey, Nahrgang, and Morgeson (2007)	Motivational, social and contextual characteristics
19	Hoffman, Blair, Meriac, and Woehr (2007)	organisational citizenship behavior and task
20	Wickramasinghe and Jayabandu (2007)	flexitime allowed autonomy
21	Rad and Yarmohammadian (2006)	leadership style of managers
22	Silva (2006)	job attitudes, personality traits, the big five and locus of control.
23	Karsh, Booske and Sainfort (2005)	job & organizational factors
24	Dharmasiri, Wickremasinghe and Ajantha (2005)	effort reward link, reward expectation, prompt reward, fair reward, value reward and reward
25	Seo, Ko and Price (2004)	environmental, psychological and structural variables
26	Ministry of Health, Sri Lanka and Japan International Co-operation Agency (2003a)	set of rules and regulations, poor salary & some allowances, de-motivating forces and work environment
27	Bordia and Blau (2003)	family and pay levels
28	Boselie and Wiele (2002)	co-operation, information, leadership, salary, work conditions and goal setting

29	Finegan and Shamian (2001)	workplace empowerment (work environment)
30	Shader, Broome, Broome, West and Nash (2001)	job stress and group cohesion
31	Smith (2001)	labour environment

(Source: Literature review)

Table 4: Factors for employee satisfaction

Serial number	Source	Factors for employee satisfaction
32	Judge, Thoresen, Bono, Patton and Gregory (2001)	Job
33	Adams and Bond (2000)	individual and organizational characteristics
34	Heneman, Greenberger and Strasser (1998)	pay-for-performance
35	Lease (1998)	individual and work environment characteristics
36	Tennakoon (1990)	occupational environment, immediate supervisor, community relationships, personal problems
37	Pincus (1986)	supervisor communication, communication climate and personal feedback
38	Spencer and Steers (1981)	employee performance
39	Mossholder, Bedeian and Armenakis (1981)	role ambiguity
40	Orpen (1981)	flexible time
41	Mobley, Horner and Hollingsworth (1978)	employee withdrawal decision process (turnover process)

(Source: Literature review)

4.3 Customer satisfaction

Satisfaction is satisfying the needs and desires of the consumer. Satisfaction is as a pleasure; satisfaction as a delight. These definitions show satisfaction makes happiness to customer sometimes satisfaction gives more happiness which is termed as delight. Thorton (2005) defined customer satisfaction as the degree to which customers perceives that their needs are

fulfilled. Literature review revealed the following factors for employee satisfaction. They are tabulated in table 5 and table 6. In case of hospital, customers are patients.

Table 5: customer satisfaction/ patient satisfaction

Serial number	Source	Factors for customer satisfaction
1	Oyvind, Sjetne and Iversen (2012)	Expectation variables, patient-reported experiences and three socio-demographic variables
2	Borghans, Sophia, Rudolf and Gert (2012)	length of stay (LOS)
3	You, Linda, Douglas, Liu, He, Hu, Jiang, Li, Li, Liu, Shang, Kutney-Lee and Sermeus (2012)	quality patient care, nursing communications and to recommend their hospitals
4	Qunxiang, Peng and Lihua (2012)	professional skills of medical workers, medical costs and space
5	Dasanayaka, Gunasekera, and Sardana (2012)	SERVQUAL instrument
6	Nurunnabi and Islam (2012)	Professionals, administration & management, legal enforcement, ethics & government
7	Sharma (2012)	processes and service quality elements
8	Eliza, Michael, Annie, Carrie, Yeoh and Griffiths (2011)	communication, respect and patient engagement
9	Ahmad, Nawaz, Khan, Khan, Rashid and Khan (2011)	patient attitude about the hospital services
10	Li, Huang and Yang (2010)	reliability/ empathy
11	David, Morrison and Diane (2010)	patient/family satisfaction and referring clinician satisfaction
12	Christopher, Gareth, Catherine, Andrew, Donald and Paul (2010)	demographic characteristics of patients, hospital service, and high-risk conditions
13	Kim, Kim and Myoung (2010)	demographic traits

14	Holder and Berndt (2009)	tangible, reliability, responsiveness and servicescapes
15	Karassavidou, Glaveli and Papadopoulos (2009)	SERVQUAL
16	Ashish, Catherine, Eric, Karen, Sowmya, Timothy, Alexandra, Sara and David (2009)	Computer & tangibles
17	Bhatia, Eliya, Somanathan, Mohammed, Pande and Chuluunzagd (2009)	Patient attitude and opinions

(Source: Literature review)

Table 6: Customer satisfaction/ patient satisfaction

Serial number	Source	Factors for customer satisfaction
18	Hu, Lee and Yen (2008)	SERVQUAL dimensions
19	Jayasekara, Rajapaksa and Bredart (2008)	-do-
20	Hellings, Schrooten, Klazinga and Vleugels (2008)	actions promoting safety, teamwork within hospital units, hospital transfer and transition, non- punitive response to error and staffing
21	Walston, Al- Omar and Al- Mutari (2008)	patient safety climate
22	Narang (2008)	health personnel & practices, health care delivery, access to the service & adequacy of doctors for women
23	Paswan, Spears and Ganesh (2007)	preferred service brand and features
24	Ramsaran- Fowdar (2007)	tangibility/ image, reliability, responsiveness, assurance/ empathy, core medical services, equipments, records & information dissemination
25	Vinagre and Neves (2007)	reliability, physician's assurance, employee assurance and tangibles
26	Zineldin (2006)	the treatment itself, quality of process, core function,

		quality of infrastructure, resources which are needed to provide health care service, quality of the interaction between the quality exchange & between patients and staff and quality of atmospherics
27	Kira, et. al., (2005)	tangibles, reliability, responsiveness, assurance, courtesy and empathy
28	Mostafa (2005)	human performance quality, human reliability & factor quality (tangibility of the service)
29	Alasad and Ahmad (2003)	respect for values, preference & expressed needs of patients' coordination, integration & information flow, information, education, physical comfort, emotional support, alleviation of fear & anxiety, involvement of family & friends and transition & continuity
30	Jabnoun and Chaker (2003)	empathy, tangibles, reliability, administrative responsiveness & supportive skills
31	Fuentes (1999)	tangibles, reliability (technical quality) and process of the performance of the service (or functional quality)
32	Proctor (1998)	continuity of caregiver, environment, information access, care & treatment, relationship, outcome, staff attributes, choice and control
33	Hill and McCrory (1997)	hygiene/ cleanliness, certain facilities, communication (and interaction between staff and patients), professional competence of staff, security/ safety of mother and child, pain relief issues and continuity of service in maternity patient
34	Dimitriades and Maroudas (2007)	Gender and age
35	Withanachchi (2005)	Number of beds, surgeries and number of deliveries
36	Sureshchandar, Rajendran and Anantharaman (2002)	service quality such as core service or service product, human element of service deliver, systematization of service delivery (non- human element), tangibles of the service (servicescapes)
37	Young, Meterko and Kamal (2000)	demographic characteristics such as age, health status and race
38	Vydelingum (2000)	Religion & culture
39	Khon, et. al., (1999)	freedom from accidental injury during medical care or free from medical errors

(Source: Literature review)

4.4 Factors for public health service organization, hospital staff satisfaction and patient satisfaction

Identified factors for public health service organization, hospital staff satisfaction and patient satisfaction are shown in table 7.

Table 7: Factors for public health service organization, hospital staff satisfaction and patient satisfaction

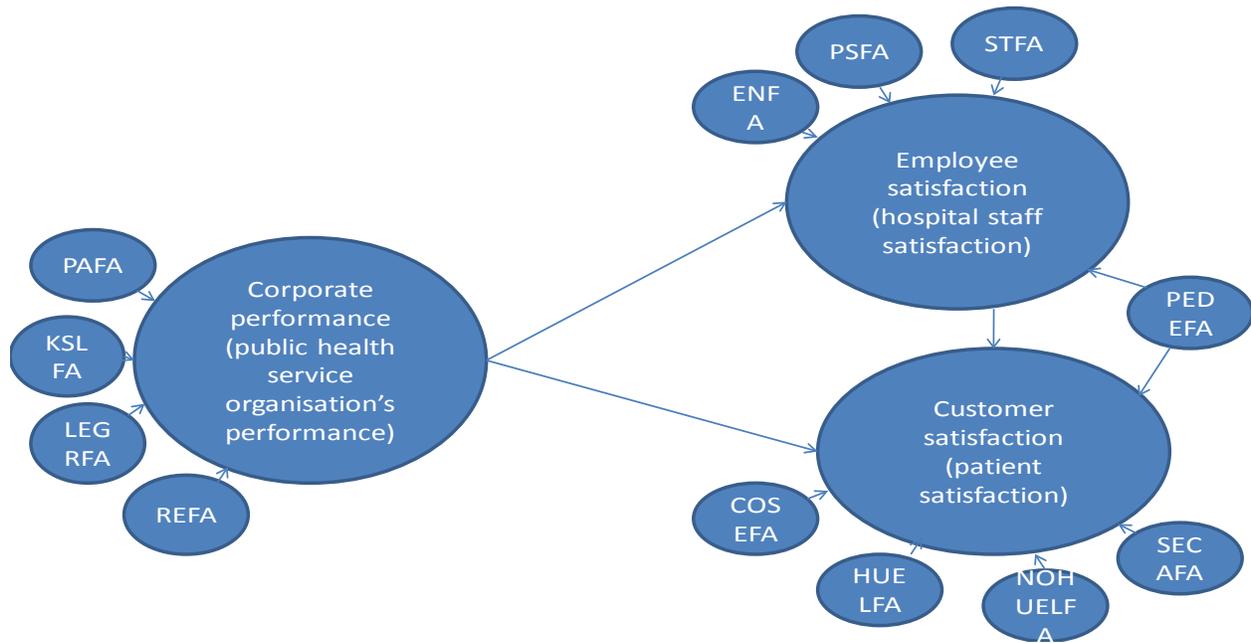
Corporate performance in public health service organizations	Employee satisfaction (hospital staff satisfaction)	Customer satisfaction (patient satisfaction)
Patient factors	Environmental factors	Core service factor
Key service line factors	Psychological factors	Human element factors
Learning & growth factors	Structural factors	Non- human element factors
Resource factors	Personal & demographic factors	Servicescape factors
---	---	Personal & demographic factors
04	04	05

(Source: Literature review)

4.5 Conceptual model

A conceptual model has been created by researcher using identified factors for public health service organization, hospital staff satisfaction and patient satisfaction. This conceptual model is shown in figure 1.

Figure 1: Conceptual model



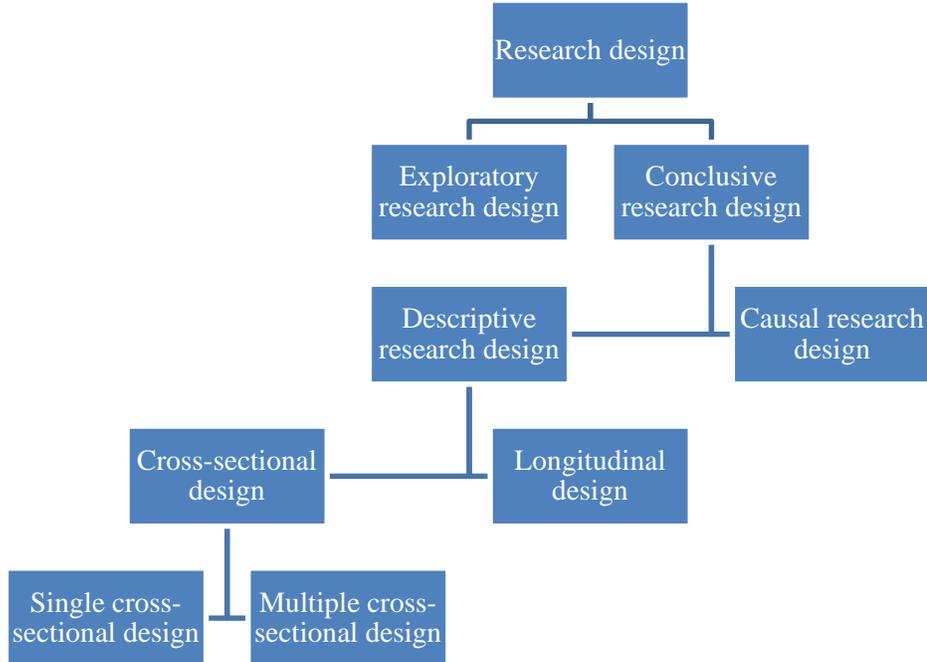
(Source: Literature Review, 2012)

Acronyms are outlined below. PAFA refers to patient factors. KSLFA is key service line factors. LEGRFA means learning & growth factors. RSFA connotes resource factors. ENFA refers to environmental factors. PSFA is psychological factors. STFA means structural factors. COSEFA connotes core service factors. HUELFA is human element factors. NOHUELFA refers to non-human element factors. SECAFA refers to servicescape factors. PEDEFA is personal/demographic factors.

5. RESEARCH DESIGN AND METHODOLOGY

This research adopts a blend of exploratory research design and conclusive research design. It is depicted in figure 2.

Figure 2: Research design



(Source: Malhorta, 2006)

5.1 Exploratory research design

Exploratory research design is completed by researcher up- to- now. Exploratory research is designed to understand and to define the research problem clearly. Research problem is stated using background, secondary data analysis, previous literature review and FGDs. Research problem is described with a limited sample size. Three research questions set by researcher to know the factors of corporate performance, employee satisfaction and customer satisfaction are answered by the exploratory research design. Factors for corporate performance in public health service organizations are patient, key service line, learning & growth and resource. Factors for employee satisfaction are environmental, psychological, structural and personal/ demographic factors. Factors for customer satisfaction are core service, human- element, non-human element, servicescapes and personal/ demographic factors. Based on these factors, a conceptual model has been created by researcher. These findings are tentative or input to conclusive research which is researcher's next step.

5.2 Conclusive research design

Conclusive research is to be started right now. Conclusive research is designed by descriptive and causal research design. In one part, descriptive statistics are planned to use in this research. A multiple cross- sectional design is carried out since data are collected only once at a

particular point in time from sample hospital employees and patients the sample out of the population. In another part, causal research is also designed to test the relationship between independent and dependent variables. Three hypotheses are to be tested. Relationships between corporate performance and employee satisfaction, corporate performance and patient satisfaction and employee satisfaction and patient satisfaction are to be tested in this research.

5.3 METHODOLOGY

5.3.1 Population and sample size

Population size of the article is unknown. However, researcher collected 134 sample articles in corporate performance, employee satisfaction and patient satisfaction. Sample size of articles is shown in table 8.

Table 8: sample size of collected articles

Strata	Population size of articles	Sample size of articles
Corporate performance/ public health service organisations' performance	Unknown	54
Employee/ hospital staff satisfaction	Unknown	41
Customer/ patient satisfaction	Unknown	39
Number of articles	Unknown	134

(Source: Literature review)

Articles are categorized in terms of stratified sampling technique. Strata are corporate performance, employee satisfaction and patient satisfaction. It is disproportionate stratified sampling since researcher is unknown about population size of articles.

5.3.2 Data source and period

Secondary source of data collection was made to collect articles. Collected articles were from full text journal articles (indexed & refereed), extended abstracts & abstracts (indexed & refereed), books (reviewed) and Internet access. Corporate performance articles were from during the period of 2010 to 1996. Employee satisfaction articles were form 2012 to 1978 and customer satisfaction articles were from 2012 to 1999.

5.3.3 Data presentation and analysis

Collected data are presented in tables as shown in table 1 to 8. In addition to this, a conceptual model is shown in figure 1. They are analysed qualitatively. They have been described in words.

6. CONCLUSIONS

Qualitative analysis found that factors for corporate performance in public health service organizations are related to patient, key service line, learning & growth and resource factors. Factors for employee satisfaction are related to environment, psychology, structure and personal/ demography. Factors for patient satisfaction are related to core service, human element, non- human element, servicescapes and personal/ demography. Based on these factors, a conceptual model has been created by researcher.

7. LIMITATIONS AND AVENUES FOR FUTURE RESEARCH

This research is based on qualitative literature review type. This has been made up-to exploratory stage. Next stage is conclusive stage which is to be completed by researcher for quantitative findings shortly.

8. VALUE ADDITION

This study fills the literature gap. In Sri Lanka, previous studies related to corporate performance in both health service organizations and in non- health service organizations are poor. Limited number of researches are found in Public Health Service Organisations in foreign and Sri Lanka. This literature gap motivated researcher to research PHSOs in Sri Lanka. A conceptual model has been created using identified factors for public health service organization, hospital staff satisfaction and patient satisfaction.

11. ACKNOWLEDGEMENT

I am a Senior Lecturer in Department of Management, Faculty of Management and Commerce, South Eastern University of Sri Lanka, Oluvil. I am presently reading my Ph. D. in Faculty of Graduate Studies, University of Jaffna, Sri Lanka under the supervision of Prof. Thirunavukkarasu Velnampy, Dean/ Faculty of Management Studies & Commerce, University of Jaffna, Sri Lanka. I acknowledge to him for the first instance for his valuable supervision and guidance during my study. Many of the Senior Academics of from Department of Management, Faculty of Management and Commerce, South Eastern University of Sri Lanka not only encouraged me to pursue Ph. D. but also to write and publish research articles in Management field. I thank them all. Although I attempted several times for financial assistance to pursue my Ph. D. programme I did not yet get it. I hope that I can get it in future. However, this is a self-funded Ph. D. programme undertaken by me. This research study is part of my Ph. D.

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