9. Findings/ Conclusions

Market orientation and quality of services in health care has become a centre of attention in recent years. The purpose of this study is to investigate the intention that adoption of a market orientation leads to improved service quality in health care (hospital), which has positive impact on marketing and hospital success. I believe that a hospital development including patient satisfaction as its central sight and involving efforts to understand the needs of patients through a market orientation which facilitate the hospital to provide quality services that satisfy the identified patient needs.

The main issues of Service industry is brand switching behaviour which is influenced by price, inconvenience, and core service failures, inadequate employee responses to service failures, competitive issues, ethical problems and involuntary factors.

Now in recent era rising healthcare consumerism is changing the traditional physician-patient relationship into a provider-consumer one. By taking a consumerist stance, patients are now more inclined to ask questions, contribute to decision making, sample healthcare providers and switch services if they experience dissatisfaction. The whole focus of healthcare industry is patients’ well-being (both physical and mental). Patients are usually in a physical or a psychological discomfort when they consume health services. Further, due to high degree of intangibility involved in providing care and high professionalism (e.g. physician specialization, skills, etc.) demanded, healthcare services are difficult to evaluate patients/consumers in healthcare. Healthcare has numerous consumers: patients, who actually consume the service provided; physicians, who recommend healthcare providers for their patients; third-party payers, who dictate patients’ choice of hospitals by their substantial financial influence. Keeping pace with technological advances, there is a fundamental shift in healthcare consumerism – patients are becoming better informed, more involved in their own healthcare and more demanding.

Here due to the nature of medical care, consumers use health care systems such as hospitals out of need and not choice. Thus, healthcare service, unlike other non-professional services, is low in search attributes; that is to say, attributes that can be evaluated by the customer before selecting a hospital or alternative health care provider or experiencing service. Likewise, medical care is also low in experience (familiarity) attributes, or attributes that can
be evaluated after experiencing the service but not before; instead, the medical service has more credence (credibility) attributes, which cannot be confidently evaluated sometimes even after experiencing the service, because of the technical nature of the service. So here focus for evaluation of quality of services is only on perception of quality of services of patients or attendants instead of finding gap between Expectation and Perception of quality of services.

Superior service quality helps to generate greater revenue and yield greater profitability. In short, superior service quality has a positive effect on business profitability. Because both market orientation and service quality moderate offerings and have a positive impact on business profitability, one immediate effect of the offering modifications is a firm’s improved ability to satisfy customers’ needs effectively by realizing what they want. Better served customers are likely to make repeat purchases and spread out positive word-of-mouth information to potential new customers. Another direct effect of the offering modifications is the increased capability to serve customers efficiently by eliminating or reducing nonessential services by learning what customers do not need. The enhanced effectiveness and efficiency of the service offering can then lead to stronger profits due to higher revenue and lower cost. Consequently, the strength of the market orientation-business performance relationship will depend on how much added effectiveness and efficiency can be accomplished by the market oriented effort. And a direct gauge of the effectiveness for service firms is service quality. The results are expected to shed some light on how market orientation and service quality are related and to offer important managerial implications for marketing practitioners.

In simple words, Research suggesting that it is the survival of the ‘fittest’ or rather the survival of Multi Specialty Hospitals projects that introduction their success is by orienting themselves to what would ‘fit the patient/consumer needs’ and, thereafter, deliver quality services that meet those identified needs. The philosophy of quality as ‘conformance to requirements’ (Crosby, 1979) applies in the services sector. It is impossible to ‘conform to requirements’, unless the service-providing organization knows the patient/consumer requirements. Hence, Multi Specialty Hospitals need to follow the maxim of ‘staying close to the patient/consumer’, in order to discover the requirements of the patients/consumers. Once the customer requirements are understood through effective market orientation, Multi Specialty Hospitals must conform to the standards for ensuring the patient/consumer perceptions of high quality. Patient/consumer perceives the quality of delivered services to be high when the services meet the patient/consumer requirements. As discussed in the
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introduction, any service delivered to a patient/consumer would be most meaningful to the patient/consumer only when it fits well with the patient/consumer’s purpose. Hence, it is very important for a Multi Specialty Hospital to make efforts for focusing on and assess the needs of the patient/consumer.

Analysis proposes that adoption of a market orientation will result in improved service quality. Finding suggested that the development of patient/consumer -specific capabilities based on repeated interaction with patient/consumer is positively related to the hospital’s performance in satisfying patients/consumers. Patient/consumer -focused capabilities and the associated needs assessment by a service provider bolster the ability of a Multi Specialty Hospitals to better understand the patient/consumer. By understanding how the service being delivered would fit into the patient/consumer’s needs, a hospital would be able to provide services in such a manner that would lead to patient/consumer satisfaction. This can be done by better comprehending what the patient/consumer wants through repeated interactions with the patient/consumer and, thereafter, making efforts to deliver the desired service. Multi Specialty Hospitals with high market orientation would try to learn the specific needs of its patient/consumers and provide services to the patients/consumers that satisfy those needs.

Additionally, effective market orientation with the patient/consumer can preclude unpleasant situations and prevent the costs associated with services that fail to match the specific needs to the patient/consumer, such as the costs involved in last-minute conflicts over requirements or features, post-delivery service or return requests from patients/consumers, delayed delivery of services and poor estimation of service delivery related logistics. A Multi Specialty Hospital with high market orientation would have an unambiguous comprehension of patient/consumer needs. On the other hand, a Multi Specialty Hospital with poor market orientation would fail to satisfy the patient/consumer’s specific needs, even if the product or service is something revolutionary. The patient/consumer does not care whether or not a Multi Specialty Hospital thinks that its service is revolutionary, unless the service actually meets the aspirations of the customer. Unless a patient/consumer finds utility or value in the delivered service, the patient/consumer would not purchase it. Hence, it is up to the Multi Specialty Hospitals to find out what customers want through effective market orientation and then provide the relevant service in a manner that the patient/consumer would be tempted to pay for it.
Based upon the results of this study, Market orientation dimensions patient/consumer focus and Need assessment positively affecting on the service quality dimensions of Infrastructure, Personnel quality, Process of clinical care, Administrative procedures, Safety indicators, Hospital Image, Social responsibility and Trustworthiness of the hospital. A proper business process in health care would be to first do marketing orientation for determining patient/consumer needs and then, marketing skills are used to determine what can be done to satisfy selected needs at a competitive advantage, and a service is designed and marketed to the segment whose needs have been targeted in health care.

Strong associations exist between satisfaction with perception of quality of services and this perception is associated with some demographic factors. Market Orientation is also helping for finding expectation of quality of services of customer. The above findings support and indicate that customer satisfaction with specific major acts is positively related to overall customer satisfaction with the perception of service encounter which is driven by demographic factors also.

**Analysis of Demographic and Other Variables: (Effect of socio-demographic characteristics on Perception of Quality of Services and Satisfactions)**

Researchers have always been interested in knowing the effect of demographic variables on perception if Quality of Services and patient satisfaction. Social psychological theories propose that patients’ evaluations are moderated, or mediated, by personal feelings of equity in the exchange, disconfirmation between desires and outcomes, individual preferences, social comparisons and other complex phenomena (Williams et al., 1998). These theories suggest that behavioral differences among patients can influence their attitudes (Reidenbach and Smallwood, 1990; Brennan, 1995).

In healthcare industry particularly, patients’ needs differ based on age, gender, income, employment, educational level, marital status, etc. and the health care seeking behaviors of different patient segments could produce experiences which influence different quality
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judgments, and hence influence satisfaction positively or negatively. Here conclusion is supporting this philosophy.

Patient satisfaction varied with age, gender, employment status and marital status. They also stated that satisfaction scores could not be benchmarked until the differences in socio-demographic composition are taken into account. Study found that the patient’s health quality assessment appeared to change with the introduction of patient’s socio-demographic characteristics. Finding says that gender and age significantly predicted patients’ quality perceptions.

Context of developing nations in India, patients, particularly in-patients, are mostly accompanied by a family member or a friend (named “attendant” in the context of this study). As patients are physically or psychologically ill, attendants influence patients in choosing the hospital service providers. Hence, attendants play a crucial role in healthcare.

This conceptual research framework has been proposed to measure service quality from the perspectives of patients as well as attendants. Two instruments, one each for patients and attendants, have been developed for this purpose. As discussed in the literature review, hospitals have to be aware of their customer (patient) requirements so as to satisfy them. The satisfied customers spread their word mouth and in turn persuade their family and friends to avail of services from a particular hospital. These recommendations play a significant role in patient purchase decision, as mostly patients depend on their attendants for availing healthcare services. The satisfied patients also remain loyal and are willing to pay more for enhanced services.

Earlier studies showed satisfaction differences between health service users and observers. However, Butler et al. (1996) found no significant differences in health quality perceptions between users and observers (friends and families of patient). A significant difference, on the other hand, was found on facility quality dimension – where users criticised the hospital’s tangible characteristics more than observers.

Tangible elements of service quality are closely associated with positive word of mouth and commitment for female customers, timeliness aspect of service was related to complaint and switching behaviors. Females valued this dimension more than males.
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Finding says that older patients, males, those with a lower level of education, those who perceived higher system performance and those with lower levels of system usage are more satisfied with their healthcare plan than their counterparts.

When checked according to educational status, those individuals have higher expectations than do other groups. It is well known that it is more difficult to satisfy young patients, possibly because those individuals have higher expectations than do other groups. Perceived facility-related quality was found to be better for older than younger respondents. Those patients had completely grasped the difference in service provided by an ordinary hospital and an excellent hospital. This difference can be explained to study subjects in more detail by interviewers in future surveys.

There is no significant association between SERVQUAL scores and having health insurance, which was one of the independent variables. It is expected that patients without health insurance would have higher expectations because they paid for their treatment themselves. However, the number of uninsured patients is so low that it proved inadequate for use in an accurate comparison.

Individual factors such as marital status and education also determine switching behaviour. People with higher education are more health conscious and more aware of their consumer rights they are more inclined to challenge medical advice and ask questions.

Income was the only socio-demographic characteristic found to have an influence on patient satisfaction; this study included socio-demographic characteristics such as age, gender, occupation, employment status, education and income. It revealed that only income influenced patient satisfaction; upper income customers appeared more concerned with personal health delivery such as answers they receive to medical queries, waiting time for appointments and medical care. Lower income consumers, on the other hand, are more concerned with costs and overall physical facilities, indicating value orientation.

Other Variables which are affecting on satisfaction are like Mode of Payment, Place of residence, No of Visits and Charges of Hospital.

Earlier work also suggests that patient’s expectations and priorities vary among countries and are highly related to cultural background and to the healthcare system. In the Hospitals where
consumers are not concerned with charges and focused only on treatment part where patient/consumer complaints about health care are repeatedly caused by the need of better individual care rather than the need for lower costs. As a result, the appropriate strategic response should be to focus on the importance of appropriately treating patient/consumers and their families, in a way that they do not feel alienated, rather than to lower costs. But which is possible only in urban areas of Gujarat, India, but majority portion of population is residing at village and town area where charges and quality of treatment both is vital need of people in that condition evaluation of quality of services percept by people is very difficult. Successive studies have then further shown that patient/consumer complaints are symptoms of broader issues in the care delivery system and not the problems themselves.

Satisfaction is the post-purchase evaluation of products or services given the expectations before purchase (Kotler, 1991). Satisfaction is dependent on the ability of the supplier to meet the patient/consumer’s norms and expectations, and no matter how good the services are, customers will continually expect better services, while patient/consumer satisfaction could be related to values and prices. Service quality judgments are quite specific to the service delivered but satisfaction can be determined by a broader set of factors including those which are outside the immediate service delivery experience (e.g. his/her mood is good on that particular day). Perceptions on service quality do not depend on experiences with the service environment or service providers, while judgments for satisfaction depend on past experiences. Conclusion is putting light on that, operationalized satisfaction as service quality are forms of attitudes. It concluded that although items to measure service quality indicated the level of service offered by the hospitals, they could also act as measures of overall service satisfaction with respect to the multiple experiences the customers have with the hospital.

Earlier studies examined the effect of distance on patients’ health service use. Goodman et al. (1997) found that specific service use is increased by availability. Previous work showed that rural citizens are more likely to be hospitalized than urban residents. Living further from the hospital is associated with lower hospital rates in metropolitan as well as non-metropolitan areas, affluent as well as poor populations. Proximity influences the likelihood of patients’ contacting the healthcare service and the means they use or the rate at which physicians recommend (and patients accept) hospitalization for conditions where there is substantial uncertainty about its need. In this context, an understanding of the interplay between factors
such as quality of healthcare services, its outcome and patient satisfaction have become invaluable inputs for designing, managing and benchmarking healthcare systems. Hence, it is necessary to conceptualize service quality in the healthcare context. Analysis asserted that healthcare sector should allow cheaper, simpler and more convenient technologies which focus on low-end customers to disrupt the existing ones aimed at profitable high-end market, in order to be more efficient and provide higher quality care to patients.

In particular, patient/consumer benefits derived from the features that a hospital offers depend on patient/consumer needs, wants and perceptions.