Chapter 2

Objectives and Methodology

The main aim of this chapter is to define the objectives of the study, outline the methodology employed for carrying out the research study, and elucidate various concepts related to this problem and to review the existing literature on marketing of hospital services in India.

Methodology

Need for the study

The available literature clearly indicates that much work has been done on various marketing and other aspects of hospitals in advanced countries such as USA, UK, Germany etc, in terms of service quality, brand equity, market function, patient relationship, service development, consumer behavior, public relations, health care tourism, market segmentation, advertising, hospital choice factors, customer complaints, food services, market orientation in hospital industry, techniques regarding reducing different costs, optimum utilization of services maintenance of bed-nurse ratio, doctor-patient ratio, management & administration, patient satisfaction etc., It is unfortunate that marketing in hospitals have not received adequate attention in India. Due to the changes in technological, economic and political environment in India, the marketing management scientists entered this field and made trails for improvement, the results were moderate and not satisfactory.

To day, most hospital administrators would acknowledge that the well-being of their organization depends upon the attraction of resources to enable a hospital to meet the historical goals of patient care, teaching and research. Attraction of the necessary resources and acceptance on the part of various publics of the hospital that the organization has attained its goals are vital to the long-term survival of the institution. Marketing, with its explicit concern for resource allocation and public acceptance, can provide useful tools for hospital managers working for the survival of the voluntary hospitals. Recently more hospitals have deliberately become involved in traditional marketing activities. This is the result of a changing health care environment on one side characterized by high cost of treatment, unnecessary tests, lack of continuing medical education and lack of research, lack of social responsibility, non-utilization of services of
specialized people, high expertise exodus, high fixed expenses, less subject to market forces - have driven hospitals to increase their marketing efforts.

Another side, the problem of providing better services to common man and how to promote these services in the market. Because the public today shows interest on corporate hospitals which run their organizations on scientific lines. Some of the distinct features of these corporate hospitals are; a) provision of all sophisticated services in various fields of specialization b) availability of all diagnostic facilities under one roof c) availability of different specialists without any inconvenience. In practice, corporate hospitals also have some drawbacks. Basically, an average Indian citizen is not in a position to go to corporate hospital because of his inaffordability. Middle-income groups and low-income group are not in a position to use this facility because if a patient wants to have a cardiothoracic surgery, he has to spend Rs.75, 000 to Rs.1, 25, 000 as package amount. For kidney transplantation one has to spend nearly Rs.2, 00,000. In this context, the question arises as to how many patients can utilize these services. The answer is clear. Only higher income group can afford, leaving all the other groups out of reach.

One of the ways by which corporate hospitals can achieve total quality is by introducing marketing in hospitals. With the stringent standards that must be maintained in today’s consumer driven health care market hospitals will have no option but to pay heed to patient’s demand for quality.

Marketing to be viewed as a two-edged sword. It can be available tool for identifying the current health services needs in a community, for helping to increase the rational development and deployment of hospital resources in a manner that maximizes efficiency, and for serving as a mechanism or increasing the satisfaction of all purchases of hospital services.

Unfortunately the management scientists have paid little attention on marketing management. One can not afford to ignore its marketing aspects to tackle the complex situation. To excel in hospital industry, one has to incorporate new and innovative ways to decrease the costs and to increase high quality of care and a strong patient orientation. There is a need of shifting the focus for decision making from provider-focused care to patient-focused care.

As a researcher, my effort is to explore the necessity of establishing marketing principles in to hospitals for more effective promotion of their services. The study is limited to specific hospitals. Emphasis has been laid on application of marketing principle i.e. 7p’s of services marketing
(Marketing Mix i.e. Product, Price, Place, Promotion, People, Physical Evidence and Process) need for better promotion of hospital services to the society in the present complex environment.

**Objectives of the Study**

The study falls under the area of marketing. The theme in broad is to analyze the marketing mix and how far this tool useful in the present situation and to compare the hospitals which run under different managements. The broad objective for which the research has been undertaken is to investigate into the marketing process i.e. 7p’s of services marketing in selected super-specialty hospitals. The justification of selecting healthcare organizations and emphasis on hospitals is a matter of interest and where it has been observed that the hospitals has not been following marketing techniques for effective promotion of their services. Therefore, it has been thought fit to evolve a suitable marketing programme to the selected hospitals. Specific objectives of the research can be discussed under the following heads.

- To study the growth and working of hospitals.
- To analyze the 7P’s of marketing mix (Product, Price, Place, Promotion, People, Physical Evidence and Process) in selected hospitals.
- To study the perceptions of administrative, doctors and nursing staff.
- To ascertain the satisfaction levels of patients in selected hospitals.
- To suggest suitable measures for effective marketing of the hospitals

**Hypothesis**

Most of the hypotheses developed for the study are based on commonly held notions. The hypotheses framed for this purpose are

1) The perceptions of the doctors, nursing staff and administrative personnel in the hospitals are indistinguishable with respect to the (Product/Service, Price, Place, Promotion, People, Physical Evidence and Process) marketing of their services.

2) The perceptions of the patients in the two hospitals are indistinguishable with respect to the (Admission, Comfort, Food Facilities, Care, Business Office and Discharge) performance of the hospitals.

3) The hospitals that serve on the principles of marketing can gain better patient satisfaction.
Scope of the Study

The scope of the present study extends to analyze how far the marketing mix i.e. 7P’s of services marketing; product/service, price, promotion, distribution, people, physical evidence and process are carried out effectively in sample units. The assumption is that the hospital runs on sound marketing principles will excel and patient satisfaction will be high. For this purpose it is proposed to elicit the perceptions from the doctors, nursing staff and administrative staff. The study however excludes the paramedical staff keeping in view the voluminous of the survey and poor capabilities in quantifying their qualitative attitudes, other problems like management process, finance related aspects, and human resources related aspects are also excluded. Bed capacity sizes offered by super specialty hospitals are taken as basis for sample selection.

In the next step, an attempt has been made to elicit the opinions from patients, because every human being carries a particular set of thoughts, feelings and needs. The expectations of the patients might be of value for those who want to know the real person within the patient. It gives new ideas and suggestions. One must admit that there are lots of things which could be altered - moreover. The concept, scope and philosophy of the hospital of today are far different from those of the past. Once upon a time, the hospitals were regarded as curative institutions and today these hospitals are being recognized more and more as social institutions and focal point is patient’s satisfaction. In order to find out an answer to the question how far the high-tech super-specialty hospitals satisfying the patient needs and what they are wishing for, the survey was conducted. Patients’ perceptions about medical care are increasingly important because the success of a hospital depends on the satisfaction of the users. Moreover an organization exists to achieve its goal, whatever one may say, is always primarily to provide highest quality of patient care. For this one has to determine what questions could be put to the patient and which needs are important to satisfy? There are various factors which influence a patient’s expectations; some of the expectations include efficiency, confidence, helpfulness, personal interest, reliability. These are intrinsic factors. External factors like media influence and experience of others also influence the patient’s response. Hence, the study is undertaken to identify various factors influencing patient’s satisfaction in two sample hospitals that are having similar and identical facilities.
Limitations of the Study

The primary limitation of this study relates to the behavioral sciences. The basic limitation of behavioral sciences is that they would deal with attitudes. These attitudes differ from individual to individual. Even though utmost care has been taken in selecting the sample, the results derived from a study may not be exactly equal to the true value of the population. Hence results of the study are considered to be true, and relationships hold good, only for this study. Perceptions of the respondents are measured through observation personal interview questionnaire and schedules. The authoritarian system in Indian corporates may cause respondents to answer with partially frank acknowledgement of feelings. It became very difficult to meet and elicit opinion of administrators, doctors due to their busy schedules. However, doctors and administrators of different hospitals did co-operate. This research project would not have been possible without the help received from them.

The second limitation of this study is the size of the problem; the study is limited to marketing only. It has become difficult for the researcher to collect data from different hospitals. Therefore popular two sample hospitals are selected.

Research Design

The study is mostly exploratory in nature and it aims at explaining how far the marketing useful in the present situation to the hospitals. In this part, an attempt has been made to explain the research design, the procedure of sample selection, methodology used in data collection, analysis, and presentation.

Selection of Sample Hospitals

The researcher has selected two different hospitals in Hyderabad city. They are APOLLO HOSPITAL, Jublihills and CARE HOSPITAL, Banjarahills. They run on modern scientific and high tech lines, under the control of private management.

Selection of Sample Size and its Justification

A detailed study of two super-specialty hospitals (Apollo and Care) that run on different lines were taken up for study. A study of marketing services in the selected hospitals led the researcher to propose suggestions with respect to suitable marketing programs. In each hospital, the sample is taken from four categories after giving adequate representation to all classes. The
four classes include 1. Doctors 2. Nursing staff 3. Administrative personnel and 4. Patients. The analysis relating to patients is dealt in chapter-5

Table no: 2.1 showing the information pertaining to two selected super specialty hospitals

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Particulars</th>
<th>Apollo</th>
<th>Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctors</td>
<td>156</td>
<td>127</td>
</tr>
<tr>
<td>2</td>
<td>Nursing staff</td>
<td>560</td>
<td>510</td>
</tr>
<tr>
<td>3</td>
<td>Administrative personnel</td>
<td>45</td>
<td>40</td>
</tr>
<tr>
<td>5</td>
<td>In patients</td>
<td>550</td>
<td>460</td>
</tr>
</tbody>
</table>

Table no: 2.2 showing the information regarding the sample size after giving adequate representation to all classes

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Particulars</th>
<th>Apollo</th>
<th>Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctors</td>
<td>75</td>
<td>75</td>
<td>150</td>
</tr>
<tr>
<td>2</td>
<td>Nursing staff</td>
<td>150</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td>3</td>
<td>Administrative personnel</td>
<td>35</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>4</td>
<td>Patients</td>
<td>250</td>
<td>250</td>
<td>500</td>
</tr>
</tbody>
</table>

Pertaining to the questionnaire to doctors in Apollo, out of 156 doctors, the questionnaire was distributed to 85 doctors. The filled questionnaires were received from 80 respondents and only 75 response sheets were taken for final analysis. Out of 127 doctors in Care hospital, the questionnaire was distributed to 90 doctors. 85 filled questionnaires were received from respondents and 75 response sheets were selected for final analysis.

In the case of questionnaire relating to nursing staff in Apollo hospital, out of 560 nurses, 340 nurses are working on permanent basis and 220 are working on contract basis. The questionnaire was distributed to 170 nurses who are working on permanent basis only. 162 filled questionnaires were received from respondents and 150 questionnaires were selected for final analysis.

In the case of Care hospital, out of 510 nurses, 320 nurses are working on permanent basis and remaining 190 are working on temporary basis. The questionnaire was distributed to 180
respondents who are working on permanent basis. Out of them 150 response sheets were taken for final analysis.

The questionnaire for administrative personnel was distributed to 45 numbers in Apollo, and 35 numbers were selected as sample for final analysis. Out of 40 administrative personnel in Care hospital, 35 persons are selected for final analysis.

Table no: 2.3 presents the information pertains to the department, designation, experience, qualifications of sample doctors in selected hospitals.

### Table No: 2.3

**Departments, Designation, Experience and Qualifications of Sample Doctors in Selected Hospitals**

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Particulars</th>
<th>Apollo</th>
<th>Care</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong> %</td>
<td><strong>Total</strong> %</td>
<td><strong>Total</strong> %</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Department</td>
<td>Medical</td>
<td>30 40.00</td>
<td>33 44.00</td>
<td>63 42.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical</td>
<td>45 60.00</td>
<td>42 56.00</td>
<td>87 58.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>75 100.00</td>
<td>75 100.00</td>
<td>150 100.00</td>
</tr>
<tr>
<td>2</td>
<td>Designation</td>
<td>Professors</td>
<td>12 16.00</td>
<td>10 13.34</td>
<td>22 14.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assoc. Professors</td>
<td>33 44.00</td>
<td>35 46.66</td>
<td>68 45.35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asst. Professors</td>
<td>30 40.00</td>
<td>30 40.00</td>
<td>60 39.99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>75 100.00</td>
<td>75 100.00</td>
<td>150 100.00</td>
</tr>
<tr>
<td>3</td>
<td>Experience</td>
<td>Below 5 years (A)</td>
<td>18 24.00</td>
<td>22 29.34</td>
<td>40 26.67</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5yrs.to 10 yrs (B)</td>
<td>28 37.30</td>
<td>33 43.99</td>
<td>61 40.67</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Above 10 yrs. (C)</td>
<td>29 38.70</td>
<td>20 26.67</td>
<td>49 32.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>75 100.00</td>
<td>75 100.00</td>
<td>150 100.00</td>
</tr>
<tr>
<td>4</td>
<td>Qualification</td>
<td>Graduation</td>
<td>8 10.60</td>
<td>12 15.99</td>
<td>20 13.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post graduation</td>
<td>27 35.90</td>
<td>32 42.67</td>
<td>59 39.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Super Specialization</td>
<td>40 53.50</td>
<td>31 41.34</td>
<td>71 47.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>75 100.00</td>
<td>75 100.00</td>
<td>150 100.00</td>
</tr>
</tbody>
</table>

Through the above table, the researcher tried to elicit the information regarding whether the respondents belonged to medical or surgical departments. Out of 150 respondents 63 respondents belong to medical department, and 87 were in surgical departments. Of the 75 respondents in Apollo, 30 (40.00%) belong to medical department and 45 (60.00%) in surgical department. In Care, out of 75 respondents, 33 (44.00%) are in medical department and it was followed by 42 (56.00%) respondents in surgical department. From the above analysis the conclusion may be drawn that all the respondents in different hospitals are almost equally distributed among medical and surgical departments with very little variations.
Designation: The table no: 2.3 gives information relating to the distribution of respondents based on designation. Here the respondents were divided into 3 categories. Professors, associate professors and assistant professors. Of the 150 respondents, 60 are assistant professors, 68 are associate professors and 22 are professors. Out of 75 respondents from Apollo, 30 are assistant professors i.e. 40%, 33 are associate professors i.e. 44%, and 12 are professors i.e. 16%. Out of 75 respondents from Care 30 are assistant professors i.e. 40%, 35 are associate professors i.e. 46.66% and 10 are professors i.e. 13.34%. From the above discussion it may be concluded that out of 150 respondents, most of them, 68 are associate professors and it is followed by assistant professors and professors.

Experience: For the sake of convenience, all the respondents in the example hospitals under study were classified in to three classes: class-A respondents who are having less than 5 years experience, class-B the respondents who are having experience in between 5 and 10 years and class-C the respondents with more than 10 years experience. Among 150 respondents, 61 are in class B and it was followed by class-C respondents with 49 and class-A respondents with 40. In the case of Apollo, out of 75 respondents, 28 are in class B with the 37.30%, in class-C are with 38.70% and in class-A are 18 with 24%. In Care, out of 75 respondents 33 are in class-B with 43.99%, in class-C are 20 with 26.67% and in class-A are 22 with 29.34%. From the above discussion, it can be said that most of the respondents in Apollo and care are in class-C i.e. with more than 10 years of experience. But in care considerable number of respondents is in class- B i.e. with 5 years to 10 years to 10 years of experience.

Qualifications: The table no: 2.3 reveals that, the qualifications of the sample doctors in two hospitals under study. These qualifications were studied under 3 categories, those who completed graduation, and those who did post graduation and doctors who are having super specialty degrees. The cross sectional analysis of the sample doctors reveals that out of 150 respondents 71 have super specialization as their qualification and it was followed by 59 respondents who are having post graduation and only 20 are graduates. Of the 75 respondents in Apollo, 40 are super specialization with 40%, 27 are post graduation with 35.90% and 8 respondents is graduation with 10.60%. In Care, out of 75 respondents, 32 are postgraduates with 42.67%, the respondents
having super specialization are 31 i.e. 41.34% and only limited number of respondents having graduation are 12 numbers with 15.99%. From the above information, it may be said that considerable percentage of respondents are having super specialization as their qualifications. Especially in Apollo they are in majority and only 8% are graduates.

Table no: 2.4 presents the information pertaining to the department, designation, experience and qualifications of sample nursing staff in selected hospitals.

**Table No: 2.4**

**Department, Designation, Experience and Qualifications of Sample Nursing Staff in Selected Hospitals.**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Particulars</th>
<th>Apollo</th>
<th>Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>%</td>
<td>Total</td>
</tr>
<tr>
<td>1</td>
<td>Department</td>
<td>Medical</td>
<td>73</td>
<td>48.70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical</td>
<td>77</td>
<td>51.30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>150</td>
<td>100.00</td>
</tr>
<tr>
<td>2</td>
<td>Designation</td>
<td>Head Nurse</td>
<td>26</td>
<td>17.30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff Nurse</td>
<td>124</td>
<td>82.70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>150</td>
<td>100.00</td>
</tr>
<tr>
<td>3</td>
<td>Experience</td>
<td>Below 5 Years (A)</td>
<td>28</td>
<td>18.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5yrs. to 10 Yrs (B)</td>
<td>68</td>
<td>45.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Above 10 Yrs. (C)</td>
<td>54</td>
<td>35.90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>150</td>
<td>100.00</td>
</tr>
<tr>
<td>4</td>
<td>Qualification</td>
<td>Diploma</td>
<td>27</td>
<td>18.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Degree</td>
<td>84</td>
<td>56.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others</td>
<td>39</td>
<td>26.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>150</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Department:** Out of the 300 respondents who are taken as sample, 153 respondents are from medical department and remaining 147 are from surgical department. The cross sectional analysis of the sample reveals that out of 150 respondents in Apollo 153 (51%) belongs to medical department and 147 (49%) are in surgical department. Out of 150 sample respondents in Apollo, 77(51.30%) respondents are belonged to the surgical department and 73(48.70%) are in medical department. In Care, out of 150 sample respondents, 80(53.40%) are in medical department and, 70 (46.60%) respondents are in surgical department. From the above data, it
may be concluded that all the respondents are almost equally distributed among two departments in different hospitals.

**Designation:** Out of 300 respondents that are taken as sample, 49 are head nurses, 251 are staff nurses. In the case of Apollo, out of 150 respondents, 124 (82.70%) are staff nurses and 26 (17.30%) are head nurses. Out of 150 respondents who belonged to Care, 127 (84.70%) are staff nurses and 23 (15.30%) are head nurses. From the discussion it can be stated that, most of the respondents belongs to staff nurse category.

**Experience:** For the convenience of the study, the experience of the nursing staff is classified into 3 classes. Class-A respondents who are having less than 5 years experience, class-B respondents having experience between 5 and 10 years and class-C the respondents who are having more than 10 years experience. Among 300 sample employees in three hospitals under study, 146 employees are in the category of 5 to 10 years and it was followed by 93 employees with more than 10 years of experience and 61 employees having less than 5 years experience. Out of 150 respondents in Apollo, 68 (45.50%) are in class-B, followed by 54 (35.90%) in class-C and 28 (18.60%) in class-A. Out of 150 respondents in care, 78 (52%) are in class-B, followed by 39 (26%) are in class-C and 33 (20%) are in class-A. From the above analysis it may concluded that considerable number of employees in both the sample hospitals, having experience with 5 years to 10 years i.e. class-B.

**Qualifications:** All the respondents were classified as diploma holders, degree holders and others. Out of 300 respondents in sample hospitals, 177 (58.90%) are degree holders, 62 (20.60%) are others and 61 (20.50%) are belong to diploma category. In the case of Apollo, out of 150 sample respondents, 84 (56%) are degree holders, 39 (26%) are others category and 27 (18%) are diploma holders. In Care out of 150 respondents, 93 (61.90%) are degree holders, 34 (22.60%) are diploma holders and 23 (15.50%) are others. From the analysis it may be stated that in sample respondents most of them are degree holders, considerable number in Apollo are ‘Others’ and in Care diploma holders.
Table no: 2.5 presents the information pertaining to the qualifications, experience of the administrative personnel

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Particulars</th>
<th>Apollo</th>
<th>Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Below 10 Yrs (A)</td>
<td>8</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>22.80</td>
<td>34.20</td>
<td>28.50</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>10 yrs- 20 Yrs (B)</td>
<td>18</td>
<td>17</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>51.50</td>
<td>48.60</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Above 20 Yrs (C)</td>
<td>9</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>25.70</td>
<td>17.20</td>
<td>21.50</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Total</td>
<td>35</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Qualification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Graduation</td>
<td>13</td>
<td>08</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>37.20</td>
<td>22.90</td>
<td>30.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Post Graduation</td>
<td>12</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>34.30</td>
<td>54.30</td>
<td>44.30</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Specialization</td>
<td>10</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>28.50</td>
<td>22.80</td>
<td>25.70</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total</td>
<td>35</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**Experience:** For the sake of convenience, all the respondents are grouped in to three categories in two sample hospitals. They are class-A the respondents having experience of less than 10 years, class-B the respondents having experience between 10 and 20 years and class-C the respondents having experience of above 20 years. Among the said 35 respondents in Apollo 18 (51.50%) are in class-B, 9 (25.70) are in class-C and running 8 (22.80) are belongs to class-A. in care, of the 35 respondents, 17 (48.60%) are in class-B, 12 (34.20%) are in class-A and in class-C there are only 6 (17.20%). From the above discussion, it my be concluded that the respondents are distributed in such a way that considerable number in Apollo and care are having between 10 years to 20 years (i.e. class-B).

**Qualifications:** The qualifications of the sample respondents in two hospitals reveals that, 70 respondents were classified into the administrative personnel who are graduates and the respondents who are postgraduates and the respondents who have specialization degree. Among 70 respondents, 18 are having specialization degrees in addition to basic requisite qualifications and 31 are only post graduate and rest of the respondents (21) are graduates. Cross sectional analysis of respondents in two sample hospitals reveals that out of 35 respondents in Apollo, 10 (28.50%) are having specialization degrees, 12 (34.30%) are post graduates and 13 (37.20%) are
only graduates. In the case of care’s, out of 35 respondents, 8 (22.80%) are having specialization degrees along with basic qualifications, 19 (54.30%) are post graduates and only 8 (22.90%) are graduates. From the above discussion, the conclusion may be safely drawn that a majority of respondents in two sample hospitals under study are having post graduate degrees and considerable percentage of respondents are having specialization degrees along with basic degrees.

**Patient analysis**

In order to know the socio economic background of patients which helps in identifying meaningful relations, an attempt has been made to elicit the information from patients. This was separately discussed in chapter-5

**Data Collection Procedure**

First of all permission was sought from the selected two hospitals. The questionnaire was adopted from eminent research scholars work and was made meticulous changes to suit the needs of the present scenario, the same was distributed to the personnel who were selected as sample and in some cases researcher explained the implications of the questions. Respondents were asked to fill the set of questions as per instructions mentioned on them. They were specifically requested not to read all the items at once but to go through each individual statement and answer it and then only move on to the next. Respondents were assured of the confidentiality of their responses. All respondents were encouraged to express their opinions freely and fairly. Precautions were also taken to obtain unbiased results. On an average it took more than one hour to answer one questionnaire. Schedules are explained personally in a vernacular language and were filled in by them personally. The filled in questionnaires were collected back by researcher personally. The interview schedule was distributed when the patients were in private rooms/ward before their discharge from the hospital. Each patient is given a brief explanation about the purpose of the enquiry and asked for their cooperation and assured that strict confidentiality would be maintained. During interview, the researcher attempted to see that the patients would be neutral and independent. The questionnaire was collected back after two hours.

**Collection of Data**

The data has been collected from both sources i.e. primary and secondary. For collection of data from primary sources, efforts were made to elicit the opinions of almost all personnel in the organizations through observation, personal interviews, questionnaires and schedules. The
researcher spent months together in sample hospitals for observing the marketing process in selected hospitals. Apart from the notes and other written information, audio cassette recorder has also been used to personal discussions. In depth interview technique has been used here for collecting primary data. This has been collected through personnel observation and the information collected from the hospital documents, annual reports, budgets. Beside primary data, wherever necessary the information has also been collected from the reports of central and state governments. The researcher visited and collected information from the various institutions including National Institute of Health and Family Welfare, All India Institute of Medical Sciences, Voluntary Health Association of India, National Medical Library, ST. John’s Medical College, Administrative Staff College of India Library, Apollo Institute of Hospital Management Library, Nizam’s Institute of Medical Sciences library etc.

The date for the study was collected by administering the questionnaires, schedules and through observation method. Observation method is one of the most important and extensively used methods in social sciences research. It is one of the primary research methods. All the times it is not possible to use quantitative techniques. In those circumstances, observation method bridges the gap. On the other hand questionnaires are widely used for data collection in social sciences research particularly in surveys. It is fairly reliable tool for gathering data from large, diverse, varied and scattered social groups. It is used in obtaining objective and qualitative data as well as in gathering information of qualitative nature. It is treated as the heart of the survey operation.

In this context it is proposed to distribute two types of questionnaires and each type carries two parts. The first type was distributed to the doctors, nursing staff and administrative personnel and the second type of questionnaire was distributed to the patients. Part-1 of both the types of questionnaire consists of socio-economic information. Part-2 of the questionnaire which was distributed to doctors, nursing staff and administrative personnel pertains to different statements regarding marketing process of their services i.e. offering services, pricing of services, promotional activities, services distribution, people, physical evidence and the process of their services. The instrument was tested by author for its reliability and validity. A five degree scale (Summated Scale) was used. It contains the columns of strongly agree, agree, can’t say, disagree, strongly disagree of the respondents with the given statement. In this aspect researcher has took help from the different eminent people in the concern area.
Part-2 of the second type of questionnaire which was distributed to the patients pertaining different statements regarding satisfaction levels of patients on services offered by the selected hospitals. The instrument was tested by author for its reliability and validity. A five degree scale was used. It contains the columns of strongly agree, agree, can’t say, disagree, strongly disagree of the respondents with the given statement. In this aspect researcher has took help from the different eminent people in the concern area.

**Methodology for Data Analysis**

The questionnaire, which was intended to diagnose the problems involved in marketing the services in sample hospitals, contains sixty four statements in total. The count of responses are considered and for each type of response (Strongly Agree, Agree, Can’t Say, Disagree and Strongly Disagree) and for each hospital the percentages are calculated. Here an attempt has been made to diagnose the problems involved in marketing services (marketing mix –wise) in two sample hospitals based on calculated percentages. Later the data was analyzed by applying ANOVA to know weather the perceptions of respondents are indistinguishable or not with respect to the 7P’s of marketing services of sample hospitals. Further, the data collected from patients is also analysed by the same technique ANOVA to know the perceptions of the patients on performance indicators of the sample hospitals. (See statistical analysis and methodology).

**Patient Analysis**

In order to know the socio economic background of patients which helps in identifying meaningful relations, an attempt has been made to elicit the information from patients. This was separately discussed in chapter-5.

**History of Sample Hospitals**

**APOLLO Hospital (Jublihills, Hyderabad)**

Apollo Hospitals, Jubilee Hills, Hyderabad (formerly known as Deccan Hospitals Corporation Ltd.) was formally inaugurated by the then President of India, His Excellency R. Venkat Raman on 27th, August, 1988. Pratap.C.Reddy floated Deccan Hospitals Corporation Ltd. It is the first corporate multispecialty hospital in the state of Andhra Pradesh. This corporation started in purely private sector for providing hospital services and is affiliated to Apollo Hospital Group.
Apollo Hospitals, Jubilee Hills, Hyderabad is a 550-bed tertiary care centre, with 95% of occupancy rate. It has over 50 medical and surgical disciplines, spread over a campus area of 35 acres with built-up area of 190,000 square feet. Its services are supported by sophisticated technology and experienced medical professionals. The first PET CT Scanner in India was installed at Apollo Hospitals, Hyderabad in January, 2005. Most of the consultants at the hospital have international experience either educational, work experience -related or observational. The average staff to patient ratio for the hospital is 3:1 with a 1:1 ratio prevailing in priority areas like the Intensive Care Unit and the Cardiac Care Unit. Apollo Hospitals, Hyderabad handles close to 100,000 patients a year. International patients from Tanzania, the USA, the UAE, Kenya, Oman and neighboring Asian countries are treated by the hospital every year.

The corporation has marked the beginning of a new genre of hospitals, committed to bring the latest advances in medical care within every individual’s reach. It is primarily a super-specialty hospital covering every major area of medicine and it was perceived as a part of a larger cause to improve healthcare delivery system in India.

Today, Apollo Hospitals, Hyderabad has risen to be on par with the best in terms of technical expertise, deliverables and outcomes. Apollo Health City, Hyderabad covers the entire spectrum to illness to wellness and is thus a health city and not a medical city. Institutes for Heart Diseases, Cancer, Joint Diseases, Emergency, Renal Diseases, Neurosciences, Eye and Cosmetic Surgery are all centers of excellence and are positioned to offer the best care in the safest manner to every patient. Apart from patient care, each of these centers of excellence spend a significant amount of time in training and research essentially aimed at preventing disease and improving outcomes when the disease does occur.

Hyderabad Apollo Hospital has the best amalgamation of the medical specialties, lab services, radiology, rehabilitation, sophisticated equipment, and paramedical staff with the back-up of other support services. While Apollo heart hospitals the heart of the hospital, other departments like Oncology, Neurology and Neuro-Surgery, Urology and Nephrology, medical and surgical Gastro-Enterology, internal medicine, Orthopedics, ENT, Ophthalmology to mention a few, were well established.
Mission Statement of Apollo

‘To bring healthcare of international standards within the reach of every individual, this group is committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity’

Objectives of Apollo Hospital

Apollo hospital is working for following objectives.

- To provide multi and superspeciality by medicine under one roof by adopting holistic approach.
- To provide healthcare based on state-of-the-art technology and expertise at optimum cost ensuring value for money.
- To provide excellent medical care with a human touch by integrated team work and effective quality system with monitoring and feedback.
- To carry out continuous up gradation of technology and human resources development activities in a congenial and safe environment.
- To be an environment-friendly, socially and ecologically conscious organization.

Today Apollo offers the services of 52 self sufficient departments, each is headed by a specialist with years of experience and high professional standing. Now Apollo is working with 34 full fledged departments including 4 superspeciality departments. It has 8 wards with more than 150 doctors. In addition, in-house doctors are available for all major specialties, round the clock. The major specialties on clinical side include cardio-thoracic-vascular surgeries, nephrology, urology, gynecology, neonatology, gastro intestinal surgery etc. On the other hand Apollo Emergency Centre offers the complete range of facilities necessary to take care of a kind of medical and surgical emergency. It is available for all the 365 days a year and 24 hours a day.

Fig no: 2.1 explain the specialties of Apollo hospital.
Fig. No: 2.1
Apollo Hospital Specializations

- Heart Institute
- Cancer Institute
- Institute of Neurosciences
- Institute for Ambulatory Care
- Institute of Renal Sciences
- Institute for Cosmetic Surgery
- Institute of Joint Diseases
- Institute of Life Style Management & Preventive Care-
- Institute for Rehabilitation & Rejuvenation
- Eye Institute -
- Ayurveda Rejuvenation

Apollo knows that good care involves more than good medicine. Apollo Health City, Hyderabad thus strives to go beyond good medicine towards good health. Being the first city in Asia, it provides the impetus for more such institutes to develop and places Hyderabad on the global map of quality healthcare. The highlights of Apollo services include 24 hours emergency and Trauma care backed by wireless ambulances with life support systems stationed at different locations in the city available 365 days a year, 24 hours blood bank and lab services, 24 hours pharmacy in 4 centers in the city, Hospital beds to suit different patients’ needs, Attendants’ accommodation in the premises, Restaurant and coffee shop, Very low infection rate, comparable to world standards. The extra interest in the hospital is Apollo Russian Eye research institute. It is doing complex eye surgeries like radial keratomy, scieroplasty etc. Deccan
Hospital Corporation Ltd., regularly offers health programmes to ensure good health. Already this group has conducted over one lakh check-ups.

Hyderabad Apollo Hospital is recognized by over one hundred organizations in public as well as in private sectors. Some of these are – SAIL, Coal India Limited, BHEL, NMDC, IOCL, ONGC, ESI, CRPF, Indian Airlines, Railways, Steel Plants, MMTC, MECON, NSA, STC, UTI, TECCO, TISCO, ITC. The hospital is also recognized by CGHS, CGM&A. Army Group Insurance Fund, Air Force Group Insurance scheme, Kendriya Sainik Board under Central Government of India and the State Governments of A.P., Assam, Madhya Pradesh, Manipuri, Meghaya, Meghaya, and Orissa.

This Apollo Health Association, the insurance wing of Apollo Group, with large number of policy holders is dedicated to the concept of preventive healthcare and healthcare insurance. The members are entitled to credit facilities at all the Apollo Group Hospitals. All inpatient services including both minor and surgical procedures are covered under this scheme. Apollo Hospital, Hyderabad is offering Masters Degree in Hospital Management, School of Nursing etc. Apollo Hospital Educational and Research Foundation was set up with the primary objective of establishing, maintaining and supporting institutions for promoting medical, paramedical and hospital management educational courses. The foundation facilitates research and consulting in hospital administration. Apollo believes that there should be no compromises and that you deserve only the best, the best doctors, the best nurses, the best medical care system with the most advances equipment and treatment procedure. The hospital is committed to providing out patients with the best possible healthcare.

About the Group

The dream nurtured and grew within Dr. Prathap C Reddy, the founder Chairman of Apollo Hospitals, until the point of inflection happened in 1983. A young man succumbing to an ailing heart was what it took to ignite Dr. Reddy's vision into a reality - a vision where quality healthcare was given, where the pursuit of clinical excellence was daily endeavor, India a hub in the medical tourism map and where the Apollo family touches and enriches lives every minute, every day.

Apollo Hospitals started as a 150 bed hospital in Chennai in 1983. And it has to be said, amidst much skepticism. India in the early 80's was not the easiest place for private enterprise. Moreover private healthcare institutions were unknown and they were not doing cutting edge
work. 25 years later it is an amazing story of success, achievement and most importantly, dreams realized. As Apollo Hospitals has made colossal strides to reach where it is, more and more facets of the founding vision have turned to reality.

Today Apollo Hospitals is not just one of the country's premier healthcare providers but has also played a pioneering role in helping India become a center-of-excellence in global healthcare. The Apollo Hospitals group today includes over 7500 beds across 43 hospitals in India and overseas, neighborhood diagnostic clinics, an extensive chain of Apollo Pharmacies, medical BPO and health insurance services and clinical research divisions that are working on the cutting edge of medical science.

However the largest achievement of the Apollo Group has been to take quality healthcare to across the length and breadth of India. Of touching 10 million lives and giving hope to an entire segment of the Indian population who did not have an option beyond limited medical infrastructure. Apollo has succeeded in being more than just a quality healthcare provider. It has been a major player in scripting the medical landscape of the nation. This is primarily because the group has continuously been at the helm of several game-changing innovations in Indian healthcare. By the start of the new millennium, Apollo Hospitals Group had become an integrated healthcare organization with owned and managed hospitals, diagnostic clinics, dispensing pharmacies and consultancy services. In addition, the group's service offerings include healthcare at the patient's doorstep, clinical & diagnostic services, medical business process outsourcing, third party administration services and health insurance. To enhance performance and service to customers, the company also makes available the services to support the business of healthcare; telemedicine services, education and training programmes & research services and a host of not-for-profit projects.

The management structure of Apollo constitutes executive chairman, managing director, executive director for finance and executive director for operations. There are eleven members working as non-executive directors for different responsibilities.

Awards & Achievements won by Apollo Group

Over the years, Apollo has received many awards and accolades in recognition of its pioneering achievements in Indian healthcare. They are, Apollo Hospitals, Chennai & Hyderabad won the healthcare awards 2008, instituted by the Express Healthcare Publications (The Indian Express Group), Apollo Hospitals Chennai- Overall Best Hospital of the year, Apollo Hospital
Chennai- Operational Excellence, Apollo Specialty Hospital, Chennai-
Leveraging Global Opportunity, Apollo Health City Hyderabad- Sustained Growth, Apollo Health City Hyderabad-
Patient Care, Apollo Hospitals, Chennai has been rated 'Best Private Sector Hospital' in India by
The Week magazine for 2003, 2004, 2007 and 2008, Apollo Hospitals was recognized as a
'Superbrand of India' in the healthcare sector for 2003, and 2004, Apollo Clinics were awarded
Franchisor of the Year for 2003 and 2004, The Asia-Pacific Bio Business Leadership Award
2005 was awarded to Dr. Prathap C. Reddy, Founder Chairman Apollo hospitals group, Modern
Medicare Excellence Award 2006-07 award to Dr.Prathap C Reddy, Founder Chairman, Apollo
Hospitals Group, by ICICI Group, to honor outstanding achievements in the healthcare industry,
Save a Child's Heart (SACH) - was a runner-up in the 'Corporate Governance' category at
Hospital Management Asia 2004, a major hospital expo in Bangkok, Thailand, Avaya Global
Connect award went for the second successive year, in 2006, to Apollo Hospitals, Hyderabad for
customer responsiveness in the healthcare sector based on a nation wide polling exercise.

CARE Hospital (Banjara hills, Hyderabad)

The Care Group of Hospitals owned by Quality Care India Limited (QCIL) acquired a five-
star hotel premises at Banjara Hills, Hyderabad in the year 2000 and converted it into 200 bed
multi-specialty hospital in the year of 2002. Today, the Hospital stands tall with 460 beds,
including 120 critical care beds, with annual inflow of 1, 80,000 patients for consultations, and
16,000 patients for admission. Care Hospital, The Institute of Medical Sciences, Banjara Hills,
the flagship Hospital of Care Group, comprises contemporary accommodation facilities ranging
from general wards to super deluxe rooms. With the presence of more than 127 specialist
physicians the Hospital Provides specialty medical services in cardiology, cardio-thoracic
surgery, pediatric Cardiology, pediatric cardio-thoracic surgery, neurology, Neuro surgery,
nephrology, urology, Internal Medicine, Gastroenterology, Pulmonology, ENT, Orthopedics,
Organ Transplants etc round the clock.

Their services range from inpatient care such as Intensive Care, Cardiac Care, Neurological
Care, Pediatric Care, Medical Care, Surgical Services, Diagnostic and Emergency Services to
outpatient services such as Outpatient Consultancy, Non-Invasive Laboratories, Life Style Clinic
Which Practices Preventive Medicine, Radiology, Respiratory Therapy, Physiotherapy And
Home Health Care.
The Hospital is equipped with state of the art equipment and has 10 operating Rooms catering around 400 cardiothoracic surgeries and 1000 non cardiac surgeries annually. The Hospital also acquired the first dual source, 128 slice CT scanner (For High Precision Cardiac Imaging) the first of its kind in south India. Care Banjara also has the reputation of being the first Hospital to launch online Telemedicine services, a service that links various district hospitals and second team to perform Cardiac transplantation in the state.

**Mission Statement of Care Hospital**

‘To provide the best and cost effective care, accessible to every patient through integrated clinical practice, education and research.’

**Vision**

- To evolve as a unique university - based health- centre where the quest for the new knowledge would continuously yield more effective and more compassionate care for all.
- To nurture a new generation of professional of life-long commitment, dedication, knowledge, skills, wisdom and values.
- To strive for public trust and maintain medicine’s humane and noble place amongst professions.
- To be globally competitive in health care and related business integrating local culture and ethos.

**Objectives of CARE**

Care hospital is working for following objectives.

- Upgrade its education and Research wing on par with the international standards and consequently develop healthcare solutions for under developed and developing areas.
- Offer unique platform to various partners and collaborators, both national and international, to innovate in healthcare delivery systems, coverage systems like microfinance/micro insurance, medical education and research.
- Develop healthcare solutions for underdeveloped and developing countries.
- To develop comprehensive healthcare delivery model that suits our population.
- To develop centers of excellence in medical specialties.
- To compromise the obsolete and seek excellence through effective and up-to-date technology and service.
- Undertake clinical practice through high-end education and research.
• Create a web of PCD clinics, corporate health plans, and associates program to leverage the use of technology and gain access to remote areas.

Care hospital always stands first in acquiring new technologies used in disease management. It facilitate professionals with the latest and advanced equipments i.e. Cath lab. Machine, Operation Theatres, MRI, CT Scan-Dual Source CT Scan Machine, Echocardiography, TMT, Holter, Nuclear Medicine. At the outset, Care hospital earned accolades and appreciation from one and all its expertise in heart care. It continues to set new benchmarks not only in heart care, but also expanded its horizons by becoming a leading multi-specialty health care provider. Through the years, CARE has emerged as: the single largest team of cardiologists and Cardiac Surgeons in the country, a multi specialty hospital with round the clock availability of Cardiologists, Cardiac Surgeons, Neurologists, Critical Care Specialists, Anaesthiologist, etc. A hot-bed for many national and international clinical researches with close to 15 on going international clinical trials, an institution with strong ethos and unflinching devotion ethical medical practice, institute par excellence with continuous updating of medical knowledge and putting it into practice, a model hospital for high doctor-patient and nurse-patient ratio, an enviable solution and role model to ever demanding patient satisfaction through its physician-cooperative model.

Care hospital has under its auspice various specialty divisions that cater to various aspects of treatment. Each specialty centre is manned by extremely qualified doctors, nurses and lab technicians. They are well – versed in knowledge and treatment of the specified disorder. Extreme care is taken to ensure that patients are given the best available treatment so that no patient goes back disappointed. The specialties centre is divided into four departments. Apart from these departments, CARE has under its auspice institutes of excellence. As the name suggests, these institutes are places that have developed their high standards and are reputed centers that cater to all aspects of medicine and patient care. Fig no: 2.2 represents the specialties of Care hospital.
Nursing Services, General nursing, Catheter care, Wound care & dressings, Injections, Intravenous therapy, Tube feedings & care, Physician On Call, Laboratory Services Sample collection from home, Electrocardiogram Technician to take the ECG at the home of the patient, Physiotherapists well trained in Orthopedic, Cardiovascular, Neurological, Respiratory and Rehabilitative Therapy, Medical Equipment -- Available on rental basis, Diabetic care & patient education, Post Stroke care, Disease process education, Nebulisation/Suction/Ostomy care & patient education, Trained staff will impart education to the patients’ attendants etc.
Care hospital is known for its wide range of healthcare services offered to all sections of the society. It is providing healthcare services to the poorest of the poor up to the richest of the rich from the bed-category of general ward to A/C suit with treatment packages keeping in the view of economy condition of the patients.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Patient Class</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low End</td>
<td>25</td>
</tr>
<tr>
<td>2</td>
<td>Middle</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>High End</td>
<td>25</td>
</tr>
</tbody>
</table>

Besides serving local patients, Care hospital getting patients from every corner of India and the globe as well. The patients coming from different countries like Tanzania, Nigeria, South Africa, Kenya, United Kingdom, Russia, Iceland, Fiji, and Dubai etc. It is only because of its professional approach with human touch towards healthcare as well as the expertise it have in all specialties. The treatment provided to their patients with combination of best nursing care, best professional care (doctors), use of latest equipments, at an affordable cost, transparent billing, human touch, abreast in education & Research activities etc.

Care hospital has its own set of educational programs aimed at improving the quality of medical education. The programs are affiliated to the universities like, Indira Gandhi National Open University, Netaji Subhas Open University (NSOU) Director of Medical Education. The universities are centers of quality educational standards. CARE’s collaboration with these universities is to bring out the best in each medical student. The offering courses are Post Graduate Diploma in Community Cardiology (PGDPCC), Physician Assistant, M.sc in Hospital Administration for Nursing Graduates, Post-Graduate Diploma Course in Cardiovascular Nursing and research at CARE. Research programs are generally undertaken by the academic cell and research centre. The academic cell and research centre (ACRC), the clinical unit of the CARE foundation was started in July 1999. It will conduct various research programs as per ICH/GCP and ICMR guidelines. The ACRC has an Institutional Ethics Committee (IEC) where and other relevant issues are discussed under this committee.

Care hospital has the tie-ups with almost all major corporate-public & private sector units, insurance companies, TPAs, NGOs and others in order to provide healthcare services to their employees and dependents.
Care hospital apart from treating a multitude of patients has been the source of livelihood for numerous families. Our efficient and highly qualified personal have been the facilitator for putting CARE on the world map.

**About the Group**

The origin of ‘CARE’ can be traced to 1983 when a team of cardiologists, lead by padmashri Dr. B. Somaraju, set up a synergy for professional excellence in the Nizam’s Institute of Medical Sciences (NIMS) in Hyderabad. The synergy gave moment of Care hospital 13 years later. CARE hospitals started in 1997 with a bed capacity of 100 in Nampally, Hyderabad. The group is a multi super-specialty chain of hospitals founded and managed by a team of professionals with a mission and passion for providing affordable and competent healthcare to all. M/S Quality CARE India Ltd, a company incorporated under the Indian companies act 1956 (Vide No-01-14728) having its registered office at 6-3-248/2, Road No-01, Banjarahills, Hyderabad, Andhra Pradesh, India.

CARE group of hospitals desire to provide its medical services to all people in each and every part of India is responsible for the institution’s to open branches in strategic location. The institution has opened various branches so that it can provide quality medical services to all sections of society and to all people in geographic locations. Beginning with hospitals in Hyderabad and then continuing with hospitals in Andhra Pradesh and finishing with hospitals in various part of India; for this Care hospital starts its wing at Banjarahills Road No-1. Hyderabad in the year of 2002. Now this hospital is having production capacity of 460 beds, and maintaining the same technological excellence and nurturing that CARE group of hospitals has established.

Care hospital has achieved several milestones in past 10 years. The hospital has acquired several milestones so far like; 4,50,000 out patient consultation per year, 30,000 inpatient admissions per year, 4,000 cardiac surgeries per year, 10,000 cardiac catheterization per year, 1,500 cardiac interventions per year, 7,500 non-cardiac surgeries per year, internationally trained largest team of critical care professionals. Several awards are under the name of CARE hospitals- lifetime achievement award to CMD, spine-off award and many more.

Care hospital also performed various transplants surgeries like heart, liver and kidney as well as various joint replacement surgeries like knee, ankle etc. apart from this CARE performing major Maxillo-facial surgeries (plastic & cosmetic surgeries). CARE hospital is also extending
its footage to villages/towns of different and works with government and semi-government organizations under PPP programme so as to reach the remote areas and serve the society with the primary health care facilities. CARE also links with its satellite clinics by TELEMEDICINE FACILITY (V-SAT) and provides the necessary assistance by interacting with remote area patients directly.

The group management structure constitutes one chairman and managing director, one director and CEO, one full time director and six temporary directors for different functional areas of hospital and one company secretary. Now, the CARE group has more than 13 business units (hospitals) spread all across India covering 5 major states with total bed strength of 2000 and hence become the India’s fourth largest and fastest growing hospitals chain with a difference. Fig. no: 2.3 represent outlets of Care hospital.

**Fig. No: 2.3**

**CARE Group of Hospitals**

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Business Unit</th>
<th>State</th>
<th>Year of Starting</th>
<th>No. of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CARE Heart Institute, Nampally</td>
<td>Andhra Pradesh</td>
<td>1997</td>
<td>310</td>
</tr>
<tr>
<td>2</td>
<td>CARE Hospitals, Secunderabad</td>
<td>Andhra Pradesh</td>
<td>1998</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>CARE Hospitals, Visakhapatnam (Two units)</td>
<td>Andhra Pradesh</td>
<td>1999</td>
<td>230</td>
</tr>
<tr>
<td>4</td>
<td>Care Hospitals, Banjarahills, Hyderabad</td>
<td>Andhra Pradesh</td>
<td>2002</td>
<td>460</td>
</tr>
<tr>
<td>5</td>
<td>CARE Hospitals, Vijayawada</td>
<td>Andhra Pradesh</td>
<td>2004</td>
<td>150</td>
</tr>
<tr>
<td>6</td>
<td>CARE Hospitals, Nagpur</td>
<td>Maharastra</td>
<td>2006</td>
<td>105</td>
</tr>
<tr>
<td>7</td>
<td>CARE Hospitals, Musheerabad</td>
<td>Andhra Pradesh</td>
<td>2007</td>
<td>130</td>
</tr>
<tr>
<td>8</td>
<td>CARE Hospitals, Pune (Two units)</td>
<td>Maharastra</td>
<td>2007</td>
<td>170</td>
</tr>
<tr>
<td>9</td>
<td>CARE Hospitals, Raipur</td>
<td>Chattisgarh</td>
<td>2007</td>
<td>125</td>
</tr>
<tr>
<td>10</td>
<td>CARE Hospitals, Bhubaneswar</td>
<td>Orissa</td>
<td>2007</td>
<td>105</td>
</tr>
<tr>
<td>11</td>
<td>CARE Hospitals, Surat</td>
<td>Gujarat</td>
<td>2008</td>
<td>110</td>
</tr>
</tbody>
</table>
It is indisputable fact that Care group of hospitals has grown in reputation and profits primarily because of the governance and leadership. CARE’s governance and leadership team has been undoubtedly for the growth of CARE as a hospital group.

Survey of Literature

For the purpose of the proposed research study, a thorough study of all possible academic and non-academic work in the field has been done. It can be classified in the following heads-a) Doctoral theses b) Text and reference books c) Dissertations and reports d) Articles which appeared in academic journals e) Articles which appeared in non-academic journals f) Articles which appeared in newspapers g) Articles and research papers which appear in internet.

In search of doctoral theses submitted on the subject, the publications of Association of Indian Universities (AIU) were checked in the library of Indian Council for Social Research (ICSSR) which publishes the details of doctoral theses submitted with various universities in social sciences. For the purpose of textbooks and reference books the catalogues of various libraries situated in Delhi, Madras, Bangalore, and Hyderabad were seen and a list of books considered to be useful for the research was made and books were obtained accordingly. A list of these books is given at the end as bibliography. For the consultation of dissertations, Indian dissertation abstracts were scanned. For studying the articles published in academic and non-academic journals. Documentation centers of various libraries such as library of Planning Commission, New Delhi. Library of All India Institute of Medical Sciences, New Delhi. Library of World Health Organization, New Delhi. Library of National Institute of Health and Family Welfare, New Delhi. Library of Voluntary Health Association of India, New Delhi. National Medical library, New Delhi. Library of Indian Institute of Management, Bangalore. Library of St John’s Medical College, Bangalore. Library of Indian Institute of Technology, Madras. Library of Pondicherry Central University, Pondicherry. Library of Andhra University, Visakhapatnam and the library of Nagarjuna University, Guntur, were visited and notes were taken there.

In the process of surveying literature, it has been observed that no doctoral theses have been submitted on application of marketing principles in hospitals. Taking marketing aspects in to consideration no academic work has so far been done in hospitals and in the area of health care. Coming to the articles published in non-academic journals, one can observe that most of the articles concentrate on slow growth of healthcare issues in India and hardly any one touched upon the lack of better marketing practices in the hospital industry. Articles published in
academic journals of national and international reputes also emphasize on service quality, brand equity, patient relationship, service development, consumer behavior, public relations, health care tourism, market segmentation, advertising, hospital choice factors, customer complaints, market function, food services, market orientation in hospital industry, development, techniques regarding reducing different costs, optimum utilization of services maintenance of bed-nurse ratio, doctor-patient ratio, management & administration, patient satisfaction etc, articles and notes appearing in the news papers also do not highlight any aspect of marketing being practiced in the organizations. These articles are more informative and statistical in nature and give an account of the number of patients, beds ratio, and projection for the future and so on. Some of the articles in the area of marketing in hospitals include

**Product**

‘Modeling consumer choice of health plans: a comparison of two techniques’ by Michael D.Rosko and William Mckenna. In their research described how conjoint measurement a multivariate marketing research technique can be applied in health care marketing. They also compare the validity of results from two conjoint measurements techniques-the full profile approach and the tradeoff approach. A convenience sample of 97 university students was used in the study. Fifty-two students supplied data by using the full profile approach. Each respondent provided a complete rank order of 26 profile cards, which included the following ambulatory health service attributes: charge for routine visit. Travel time. Office hours. Length of time needed to make an appointment, waiting time in physician’s office practice arrangement/freedom of physician choice, parking arrangements and type of hospital. A fractional factorial design was used to determine different attribute levels (e.g. charge for routine office visit could be set at $10, $20 or $30) for each card. Forty-five students performed ranking tasks for the trade-off approach to conjoint measurement. These respondents ranked 28 grids, which represent all combinations of factors taken two at a time. From the data collected in the ranking tasks utilities or part-worth values for each level of each attribute were estimated by using dummy variable regression. Relative importance of ambulatory service attributes was inferred from the range of utility values of the attributes. Three measures of validity were assessed-adherence of estimated utility scores to monotonic assumptions. Plausibility of importance rankings and comparative validity. The research found that the profile approach satisfied all three criteria. In contrast, the tradeoff approach results satisfied the first two criteria, but its comparative validity was only marginal.
Valid conjoint data can be used for: simulations of market responses to different health services configurations; market segmentation studies; and development of promotional efforts.

‘An approach to maximize hospital service quality under budget constraints’ by Wei-Kuo Chang, Chiu-Chi Wei, Nen-Ting Huang. This study proposes a mathematical method for evaluating the quality of hospital services, and it intends to provide the top management with a systematic means and scientific tool to quantify and improve the service quality from the customer’s satisfaction perspective. In order to manage effectively the quality, the author identify and assess the key elements of the hospital service quality, and quantitatively establish the relationship between the sufficiency of the service provided and the level of satisfaction, and between the sufficiency of the service and the amount of the monetary investment. This study categorized the quality of medical services into three types, namely the must-be-element, one-dimensional element and additional element. Satisfaction resulting from each of three elements induces a different cost to the organization: thus management should decide which element needs to be greatly allocated or slightly allotted. Traditional approaches emphasize qualitative, such as questionnaire survey and personal interview. The model proposed in this study is able to determine how much budget must be allocated to each quality element in order to maximize the customer satisfaction, and the results indicate that the model can be good means for maximizing customer satisfaction under budget constraint.

‘New service development: From Panoramas to Precision’ by Anne M. Smith, Moira Fischbacher, Francis A. Wilson. This paper argues that a panoramic, or holistic, approach to new service development and a high level of precision at the micro level, will combine to provide a more successful service design and new service development process. Five models from the new product/service development literature are used to illustrate how the approach can be applied to a complex multi-faceted service such as a hospital.

‘The impact of service quality and marketing on financial performance in the hospital industry: an empirical examination’ by P.S. Raju, S.C. Lonial. Service quality and service marketing have both been studied extensively in relation to service organizations in this research. This paper examines these areas simultaneously in terms of their impact on financial performance in the hospital industry. Drawing from the literature in the quality and service marketing areas, the area of service quality is represented in terms of the constructs of quality context and quality outcomes. Quality context (QC) describes the environment related to quality...
practices within a hospital, which generally encourages and enhances service quality while quality outcomes (QO) comprises of specific clinical and patient satisfaction outcomes of the hospital. The area of marketing is represented in terms of the constructs of marketing orientation and market/product development outcomes. Market orientation (MO) is a well accepted, albeit complex, construct within the marketing literature. Generally, market orientation can be thought of as the process of effectively collecting, disseminating, and responding to information in order to enhance the marketing function within the hospital. Such information generally relates to market trends, customers, and competitors. Market/product development outcomes (MPD) refer to specific outcomes in relation to product innovation and market segmentation that are general indicators of the marketing effectiveness of the hospital. Although the evidence in the literature suggests that both service quality and marketing are independently related to organizational performance. The results show that the constructs related to both service quality and marketing impact on financial performance. However, the results do not support the proposed framework of relationships. Instead, the results support a sequential chain of relationships among the constructs where MO mediates the effect of QC on QO, and MPD mediates the effect of QO on FP.

‘Developing New Services For Hospitals: A Suggested Model’ Michael R. Bowers The purpose of this article is to report research that should facilitate hospitals' efforts toward market-driven service development. Hospitals tend to use an incomplete means of developing new services. The result is a lack of attention to the needs of the intended target markets. This article discussed a model for developing new hospital services is suggested, one that allows greater input from the service recipients. An illustrative case is presented. Finally they concluded that the process used by most hospitals to develop new services differs to some extent from the series of activities in the (BAH) Booz-Allen & Hamilton (1982) model. The current process employed by hospitals can be improved. The path to developing better new hospital services appears to be a systematic process that allows greater exposure to market forces.

‘Measuring service quality in a medical setting in a developing country: the applicability of SERVQUAL by Jungki Lee. This article has been made an attempt to test the applicability of the ‘SERVQUAL’ conceptualization to a less studied area medical service in a developing country specifically this study investigated the usefulness of SERVQUAL conceptualization by testing both the presence of five SERVQUAL factors i.e. tangibles reliability, responsiveness,
assurance and empathy and the stability of those factors as evidenced by the scale’s reliability. This study concluded that the major attributes affecting the service quality in the current research modern facilities being able to trust doctors, employees getting adequate support from the hospital, willingness to patients and being dependable.

“Marketing government sponsored primary care services” by Bolteon, Patric, Mira, Michale
This case study presents three case studies examining the impact of marketing campaigns on three different Australian acute primary care services over an 8 years period. Each of these had adopted its services to meet perceived needs of the public. One of these services, the Balmain hospital general practice causality (GPC) replaced an existing emergency department with a primary care service staffed by general practitioners (GP). The second added a general practitioner-staffed service to an existing emergency department, the Canterbury GP after house service (CGPAHS) the third offered clients telephone health advice during the after-hour period. This study observed that the marketing strategies had a significant impact in two of the 3 scenarios. The greatest effect appeared with the health connect telephone advisory service, and no effect was seen in the CGPAHS, while all three services are innovative. Finally this study concluded that health connect is less like existing health service models than the two-GP staffed acute primary care centers. The purpose of the service was to lower barriers to access. The purpose of the service was to lower barriers to access to after-hours primary care, and less effort was required for consumers to contact health connect than either of the other two services. This may in part explain the dramatic effect of the marketing campaign for the service.

“Is product-line management appropriate for your health care activity?” by G.M.Naidu; Klemenhager; Pillari; George,D
This article examines the result of the study on product-line management (PLM) as management tool on health care industry in the U.S. In early 1980’s the PLM of 500 companies moved its way into health care industry and has a 50 year-record of success. This study finds out the statistical adoption of PLM indicate a decisive difference between the two groups. Hospital with PLM had an average of 15.9%; return on equity as compared to 7.1%; for those hospitals that did not employee PLM concept. From the ungrouped data, it can be seen that the gross patient revenue per bed was 314,000 dollars for hospitals that have not implemented PLM. Finally concluded that the bundle-of-elements concept helps hospital create several products from the same set of elements and offer variants of the product to different markets.
“Product line management in hospitals; an exploratory study of managing change” by Burger, Philip C; Malhotra, Naresh.K. This article presents an abstract of product line management in hospitals. As per this article product line management is a system in which one manager is responsible for all aspects of marketing and delivery of one particular product or service bundle. The purpose is to concentrate information and decision making so that major oversights and mistakes do not occur. The author performed an explanatory study to find out why hospitals are beginning to adopt PLM. They also discovered what products are being managed. They found that the major reason to adopt PLM was to remain competitive at both the primary and tertiary delivery level. PLM was used for heart services and oncology. The authors also explored resistance to adopting the PLM concept due to top management compliance and unwillingness to decentralize decision making.

“Proactive product strategies: An application in the European health market” by Frambach, Rudd T; Weis-Lips, Inge; Gundach, Arjan. This article develops an empirically based framework for formulating proactive product service strategies in the industrial context by investigating the influence of product services on the adoption of a new medical instrument among hospitals in Europe. This article defines product service as ‘the set of all potential additional services a supplier can supplement his product offering within in order to differentiate his offering relative to the competitive as perceived by potential customers and distributors’. In this study it was found that the perceived relative importance of product services in the context of the adoption of an industrial product differed over market segments this marketing the implementation of a proactive product service strategy potentially effective. Further the study indicated that the classification of product services as proposed in the literature can be extended meaning fully by distinguishing other categories of product services as well, finally this study formulated specific managerial implications.

“The influence of mergers on firm’s product-mix strategies” by Ranjani A. Krishnan; Satish Joshi and Hema Krishnan. This study draws on the institutional and resource-based theories of the firm and examines whether multi-product firms use mergers as a strategic tool to reconfigure their product-mix toward high-profit products. They analyzed data from the U.S hospital industry reveals that, relative to non-merging hospitals, merging hospitals increased their presence in profitable, insured services but did not shift away from low-profit services used by the uninsured. They suggest that, although mergers relax some of the institutional and organizational constraints
on resource redeployment toward attractive product lines, they do not appear to relax the constraints on elimination of unprofitable product lines. The institutional factors inhibiting elimination of unprofitable product lines appear to be more resilient, likely due to non-profit status of the firms in this sample.

**Price**

“Using call center data to determine a credible returns on marketing investments” by Speigelman and Paul. This article presents a tabulated method of using call center data to determine a credible return on marketing investments. Methodologies and formulas have been developed that are useful in marketing patient activity with consumer responses to marketing campaigns. The result of a recent solenct four-year study revealed that the average hospital call center caller generates $13,848 in hospital charges within 12 months after calling versus $5,524 for patients overall. Finally this study suggested that to ensure the greatest likelihood that call center data and patient data refer to the same person, applying the same sets of filtering criteria which are discussed in the study in consecutive order, removing matched records.

“Is there a link between hospital profit and quality?” by Zallocco Ronald.L. In this article the author discussed his conducted study of eight hospitals scattered throughout the United States to investigate the issue of the relationship between quality and profitability. Further, the authors studied each hospital to determine the relationship between quality and profit levels on one hand and price, occupancy levels, and costs per patient on the other. Analysis of data from the hospitals resulted in three major conclusions. First, low quality hospitals have much lower levels of profitability than high quality hospitals. Second, low profit and quality does not result in lower demand. Third, poor quality hospitals are understaffed and have inadequate investments in capital assets.

“Case mix specialization in the market for hospital services” by Dean E. Farley and Christopher Hogan. Hospitals may be able to reduce their costs by limiting the breadth of services they provide. Studies have tried to correlated specialization with the reduction of hospital costs, but there has been little empirical evidence that U.S hospitals are moving toward great specialization or that specialization leads to cost savings. The difference with this study is that a within hospital regression is used instead of a cross-sectional approach as in previous studies results show that specialization can lower costs, though it may not be a long-term strategy. Over time, one would expect the cost savings to disappear as competition increases the need to compensate labor and
capital for differences in productivity. The results presented suggest that, the hospital industry is moving toward a more efficient distribution of services across hospitals. Specialization increased from 1980 to 1985, specialization can indeed lower hospital costs, and the largest increases in specialization have been in hospitals with the largest incentives to reduce costs.

**Promotion**

‘Building a strong services brand: lessons from Mayo Clinic’ by Leonard L. Berry, Kent D. Seltman. This research explains the services branding model by showing how one organization has created, extended, and protected a powerful brand through an unwavering commitment to the well being of its customers. Managers outside of healthcare can benefit from three branding lessons embedded in the Mayo Clinic story: (1) attend to organizational values; (2) play defense, not just offense; and (3) turn customers into marketers. This research explains how services brand is built and sustained primarily by customers’ interactions with the provider. A services branding model depicts the dynamics of brand creation. From the interrelationships among the presented brand, external communications, and customers’ experiences emerge brand awareness, meaning, and, ultimately, equity.

‘Developing a marketing function in public healthcare systems: A framework for action’ Federico Lega. The scope of this research is to analyze the contribution that a marketing function can bring to the wide variety of healthcare organizations operating in public health systems (PHs). While extensive research on marketing applied to healthcare services has been elaborated in competitive and managed care contexts, marketing is a rather new issue in PHs and little research has been conducted to assess its relevance and benefits in these environments. This study tackles that gap and is based on a review of the current literature in order to provide answers to the following points:
- Definition of the scopes of marketing and of the elements that affect its incorporation in the healthcare sector.
- Conceptualization of the possible approaches to marketing by health organizations operating in PHs.
- Discussion of the resulting framework for action.

‘Marketing of Health Care Within a Community: A Quality-of-Life/Needs Assessment Model and Method’ by Don R. Rahtz, M. Joseph Sirgy. In this study a community-based health-care assessment model and method is presented. The model and method are based on theoretical
notion that community residents’ satisfaction with individual health-care programs and services available within their community affect their satisfaction with the community health-care system. Examples of individual health-care services and programs include: drug abuse programs, cancer health services, children health services, diabetes services, elderly health programs, emergency health services, physical fitness programs, heart health programs, home health services, mental health services, in-patient hospital services, obstetrics services, out-patient services, physical rehabilitation services, and women’s health programs. In turn, satisfaction with over-all community health care affects perceived quality of life (over-all life satisfaction) through satisfaction with the community at large and satisfaction with personal health. Data were collected in the Mid-Atlantic area of the United States through a mail survey. One hundred and forty-seven community residents completed the survey. The results were supportive of the model and provided validation support to the assessment method. Managerial implications of the model and its application are also discussed. Finally the author suggested that the firm should focus on establishing long-term relationships with the variety of segments within the community it serves. Specifically, the firms should do so with the intention of maximizing the firm’s positive impact on the lives of those consumers. Health-care organizations, by their very nature and purpose, seem to be the embodiment of the perfect type of firm to become leaders to a move to an overall quality of life (QOL) perspective in strategic planning. The use of the proposed model and method can aid in such a move by providing decision makers with a measurement tool that can be used to assess the effectiveness of their programs/services to the community they serve.

‘Conceptual Differences in Public Relations and Marketing: The Case of Health-Care Organizations’ by James E. Gmnig and Larissa A. Gmnz. Developed a normative theory of public relations that stipulates that excellent public relations programs practice public relations strategically and use a two-way symmetrical model of public relations when they do so. This study also has identified four other characteristics of excellent public relations programs that are logically related to strategic management and the two-way symmetrical model. At the same time, have shown that competitive pressures have caused many health-care organizations to sublimate public relations to the marketing function. Sublimation of the public relations function, however, results in a more asymmetry-cal approach to public relations, even though public relations may be practiced according to a strategic model of marketing. As a result, organizations lose the valuable function that public relations provides—of managing interdependence with publics that
constrain the autonomy of organizations to pursue and meet their goals. Finally, they presented a positive theory to explain why some organizations practice public relations in the excellent and effective way described by normative theory and other organizations do not. Finally they concluded that health-care organizations do not practice public relations strategically and symmetrically unless they are led by a dominant coalition of managers who value and understand public relations as a management role and as having a symmetrical purpose. The organizations, in turn, have participative rather than authoritarian cultures and have a high level of professionalism in their public relations departments that raises the potential of those departments.

‘Health-care tourism – an exploratory study’ by Jonathan N.Goodrich and Grace E.Goodrich¹⁹ This article explores the concept of health-care tourism. It is based on a pilot study that involved a survey of 206 travelers, 22 travel agents, 12 medical doctors and two herbalists; a review of the tourism and travel literature; and content analysis of 284 travel brochures about 24 countries. Health-care tourism is defined, the sample, methods of data collection, findings, and implications are discussed, and future research areas suggested. Health-care tourism can be used to define an effective marketing strategy. This paper has discussed the novel concept of health-care tourism. The idea can be described as the attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health services/facilities (as well as its other usual tourist amenities, e.g. hotel accommodation, water sports, golfing, and scenic tours). The health services could include medical check-ups, minor surgery, special diets, vitamin-complex treatments, herbal remedies, thermal swimming pools, and so on. Finally this article concluded as Tourism’s health-care component is not new. It has existed for many centuries in many countries of the world, e.g. Switzerland, FR Germany, Austria, Jamaica, Hungary, the USA and the UK. What is fairly new, however, is the concept of health-care tourism as a deliberate and growing marketing strategy. It can be a positioning strategy for some hotels or resorts in a world that is becoming more health conscious. Health-care tourism can, however, become subject to quackery, so self-regulation and careful government scrutiny are imperative.

‘Brand equity in hospital marketing’ Kyung Hoon Kim,Kang Sik Kim, Dong Yul Kim, Jong Ho Kim, Suk Hou Kang ²⁰ This article identifies five factors that influence the creation of Brand equity through successful customer relationships: trust, customer satisfaction, relationship commitment, brand loyalty, and brand awareness. An empirical test of the relationships among
these factors suggests that hospitals can be successful in creating image and positive brand equity if they can manage their customer relationships well. The study is presented in the following manner. First, they draw from the research literature to identify the brand equity factors that influence the building of successful customer relationships in hospitals. Second, they constructed a research model that explains the relationships of those factors to brand equity and hospital image. Third, generated research hypotheses and empirically test them. Finally, they discussed the practical and theoretical implications of the results. Finally this article concluded that, the hospitals must depend heavily on word of-mouth communication and customer relationship management (CRM). This study shows that they can succeed in creating positive brand equity and image if they can manage relationships with their customers well.

“Health Care Marketing: Mini case” by Stephen A. RolMns, Christopher M, Kane and Daniel J, Sullivan. This study was focused on current trends and practices in hospital marketing. The study was based on focus groups conducted in 13 southeastern cities. Individuals with responsibility for marketing in their hospitals participated in the focus groups. The study findings identify two major areas of concern related to marketing and the direction the field is taking. First, health care marketing—though much discussed and expensive—is still in a stage of immaturity. As practiced in hospitals today, marketing is frequently synonymous with advertising. Second, marketing in health care will not ultimately be a "clone" of marketing practices in industry and retailing. Though hospitals are looking to those areas for knowledge and expertise, the unique character of the product will cause health care marketing to evolve into a practice uniquely different from that in other industries.

‘Assessing advertising Content in a Hospital Advertising Campaign: An Application of Puto and Wells (1984) Measure of Informational and Transformational Advertising Content’ by Menon, Mohan K.Goodnight, Janelle M. Wayne, Robin J. This article designed to measure advertising content based on the cognitive and affective elements of informational (i.e., information processing) and transformational (i.e., experiential) content using the measure of advertising informational and transformational content developed by Puto and Wells (1984). A university hospital advertising campaign designed to be high in transformational content did not appear to affect perceived quality of local university hospitals relative to private hospitals or increase the likelihood of choosing a university hospital in the future. Further, experiences with university hospitals that seemed to be in direct contrast to the content of the advertisements
based on subject perceptions affected how university hospital advertisements were perceived in terms of content.

“current Marketing Practices in the Nursing Home Sector” by Calhoun, Judith G. Banaszak-Holl, Jane Hearld, Larry R.23 This study examines the extent to which nursing homes have developed more formulated marketing and related communication and promotional strategies as market competition has increased in this sector during the past two decades. In addition, we explored managers' perceptions of their control over marketing decision making, the impact of competition on the use of marketing practices, and areas for enhanced competitive positioning. Administrators from 230 nursing homes in 18 Southeastern Michigan counties were surveyed regarding (1) the adoption level of approximately 40 literature-based, best-practice marketing strategies; (2) the types of staff involved with the marketing function; and (3) their perception of their level of control over marketing functions and of local competition. Results from 101 (44 percent) survey participants revealed that although respondents viewed their markets as highly competitive, their marketing practices remained focused on traditional and relatively constrained practices. In relation to the importance of customer relationship management, the majority of the administrators reported intensive efforts being focused on residents and their families, referrers, and staff, with minimal efforts being extended to insurers and other types of payers. A significant positive relation was found between the intensity of marketing initiatives and the size of the facility (number of beds), whereas significant negative correlations were revealed in relation to occupancy and the perceived level of control over the function.

“The Amherst study of hospital marketing practices” by Stephen A. Robbins; Christopher M.Kane; Daniel J.Sullivan24 This study focused on current trends and practices in hospital marketing. This study was based on focus groups conducted in 13 southeastern cities. Individuals with responsibility for marketing in their hospitals participated in the four groups. The study findings identify two major areas of concern related to marketing and the direction the field is taking. The result of the study suggest that hospitals marketing programs tend to emphasize promotional activities rather than comprehensive marketing function. In addition, may directors of marketing in hospitals believe that the senior executives in the organization remain skeptical about the benefits of marketing activities. Despite the increased attention to hospital marketing, Amherst associate’s study indicates that the area of expertise has not attained the level of acceptance of other business disciplines in the health care field.
“What hospitals must do” by Pleasant; Jamie T. This article cites a study which points out that the once stable health care market has turned into an explosion of aged baby boomers that required treatment of chronic conditions in a timely and personal manner. The study suggested that the health care administrators must incorporate sound marketing strategies that will offer a competitive advantage in this rapidly changing market. For this they suggested that direct marketing may be a new way to reach target markets effectively and establish long term relationships with individual patients. Telemarketing programs are being approached with caution because health care officials are reluctant to becoming very widely accepted data base marketing may very hold the promises for healthcare because it brings the maximum amounts of business from existing customers. Relationship marketing programs provide ongoing communication with customers and potential patients.

“Hospital advertising: The influence of perceptual and demographic factors on consumer dispositions” by Tudor and Kanth. This article discusses the perceptions of consumers concerning hospital advertising. This study showed that hospital advertising increases costs to patients and is manipulate and not very helpful. It was observed a positive correlation was seen between people who perceived hospital advertising as helpful and favored marketing activity. Further observed the education-level of consumers is an important factor that effect consumer’s differing responses towards hospital advertising.

“Taking direct route’ by Peltier, James W; Kleimenhagen, Arnok; Naidu.G.M. In this article the author discuss the distinct characteristics of direct marketing. This article examines how U.S hospitals have incorporated direct marketing in to their communication programs and constant a profile of high and low users. For this a random sample of U.S hospitals received a questioner that explored use of direct marketing vehicles prior to developing the survey instrument, they conduct in-depth interviews with several hospital administrations to determine question context for each of the topic areas. Finally they concluded that direct marketing is an accepted marketing tool for U.S hospitals, that communicate with prospects. In addition, users are reporting improved performance in the critical areas of profitability and facility utilization.

“Factors related to the provision of hospital discounts for HMO inpatients” by Malhotra, Naresh K. This article presents the factors related to the provisions of hospital discounts for health maintenance organizations. The authors analyzed American hospital association, hospital survey data from a sample, if 801 hospitals with health maintenance organizations contracts to
determine the factors related to hospital’s provisions of discount and the magnitude of the
discounts, if present. The study scrutinized hospital-health maintenance organizations contact
provisions, hospital operating characteristics, and market conditions. In this survey 78% of
hospitals reported that at least one of HMO contracts provided a discount for patient services.
Four factors of that were statistically significant in a relationship with the dichotomous
dependent variable were disclosed. The majority of hospitals respond to competitive markets
attempting to stabilize patient volume through formal organizational contacts with the HMO’s
rather than discounting their prices for the entire public. Hospitals are finding it increasingly
necessary to provide substantial discounts in their HMO contacts especially in markets with a
high concentration of hospitals and HMO’s. The author view a lack of influence of other factors
as evidence that much needs to be learned about how hospitals-HMO markets function.

“Who like hospital advertising- consumer or physician?” by Bell Jack A; Vistaska Charles R
Both consumer and physicians have favorable attitudes toward advertising in general, but their
attitudes toward hospital advertising differ considerably. In particular, the groups differ in their
opinions about the influence of advertising on hospital choice, the value of the information being
advertising, and the economic impact of advertising on hospitals. In this context this study
conducted with the objectives of, to determine whether there are differences in consumer’s and
physician’s attitudes toward advertising in general and hospital advertising in particular. The
second objective was to examine any differences between the two groups on 25 attitudinal
attributes related directly to hospital advertising. The third objective was to determine whether
there are any relationships between each group’s attitudes toward hospital advertising and
selected classification variables. To meet these objectives, the author surveyed both consumers.
Finally concluded that consumers have a generally, favorable attitude toward hospital advertising
and want information about hospital services, medical programs, and the kinds of doctors
available. Advertising seems to be an integral part of the dynamic growth of hospital marketing.
Hospitals can benefit or loss by how the advertising function is implemented and managed.
Physicians as well as consumers responses, including both perceived benefits and limitations
must be recognized and incorporated into the planning process.

“Designing health promotion programs by watching the market” by Gellb.Betsy D; Bryant,
John Michael This article presents the results of a study which dealt with designing of health
promotion programs. It is noted that more health care providers and payers are beginning to see
health promotion programs as a significant tool for attracting patients, reducing costs, or both. The author suggested that take into accounts the values and lifestyle of the target group, naturalistic observation can be useful to design programs. But historically many hospitals have been skeptical of health promotion programs, failing to understand their revenue generating potential.

“Developing a hospital web site as a marketing tool: A case study.” By Widnner, Thomas G; Sphepherd,C David This article presents a case study which described the efforts of Siskin Hospital to develop a web site as its marketing tool in 1999. Several years ago, Siskin hospital, a rehabilitation facility in the Southeastern U.S began the process of developing a hospital web site. It was agreed that multidisciplinary team was needed. Then the next step was to determine target audiences for the site based on the objectives. Fourteen district targets were identified. The type of information each would require was brainstormed and detailed. The information types were then prioritized using a matrix developed by the team.

“Hospital marketing and the Internet: Revisited” by C.David Shephered and Daniel Fell In 1995 a study was conducted to explore the use of the Internet in hospital marketing. Use of the Internet has exploded since that study was published. This manuscript replicates the 1995 study and extends it by investigating several managerial and operational issues concerning the use of the Internet in hospital marketing. The results of this study offer several insights into the nature of hospital marketing on the Internet and suggest several research priorities. First, hospitals are rapidly accepting the Internet as a marketing tool. Second the results of this study indicate that it is not easy task to create and maintain a web site. Third, marketing departments tend to be taking a very active role in this hospital’s use of the Internet. The results if this study suggests that some hospitals are “Jumping in” to the Internet without adequate planning for management. Clearly there is a need for research designed to identify the knowledge and competencies needed by marketers as they activity participate, and often manage, this hospital’s Internet efforts.

“Promotion and advertising agency utilization: A nation wide study of hospital providers” by Beth Hgaan; Sharon L. Oswald; Tony L. Henthorne; William Schaninger In this study a nation wide survey of hospital providers was conducted in an effort to determine the type and level of promotion and advertising agency utilization. The study indicated that a majority of the hospitals surveyed are engaging in some form of advertising activity. The initial phase of the research revolved around the construction and testing of the research instrument. The instrument
contained a series of questions concerning hospital promotional activities. The promotional activities included in the questionnaire were based on exploratory studies. Respondents were asked about their use of advertising and other promotional media and whether they sought the assistance of advertising agencies. Survey results further showed agency usage was highly correlated to hospital bed size. Finally, their findings show a majority of hospitals are engaging in some form of advertising activity. Results indicate approximately half of the sample hospitals utilize the services of agencies.

“The relationship between health plan advertising and market incentives: Evidence of risk-selective behaviour” by Ateev Mehrotra; Sonya Grler; and R. Adams Dudley. This study explores how the content of health plan advertising is related to the competitiveness of the health plan market. They find that increased competition is associated with greater use of advertising that targets healthier patients. For this, they created a methodology for coding risk selective characteristics in ads and used an initial sample of ads to generate a set of ten risk selective characteristics. Then tested hypotheses in two new samples of ads. By this study, they found that the use of ads that are attractive to healthy patients increased notionally. They found preliminary evidence that health plans change the content of their advertising in response to market incentives.

“The marketing implications of a hospital-based smoking cessation program” by Kathryn R. Hallgren; John Elder; Craig Molgard. This study was designed to evaluate the ability of a hospital-based smoking cessation program to increase utilization of other hospital services on the basis of a participant’s success or failure in the program. The hypothesis was that participants in the smoking cessation program, who were succeeded in the program, were more likely to utilize other hospital or clinic services in the future than were those who did not succeed in the program. Finally, the study result indicates that for a hospital attempting to survive in times of economic trouble, a smoking cessation program in a hospital setting can be a source of indirect revenue and additional patient referrals.

Place

“Modeling the impact of internet atmospherics on surfer behavior” by Marie-Odile Richard. This paper examines the role of Internet atmospherics cues on the behavior of surfers and their impact on variables such as site attitudes, site involvement, exploratory behavior, pre-purchase and purchase intentions. Atmospherics cues are central (structure, organization, in formativeness,
effectiveness and navigational characteristics) and peripheral (entertainment). A conceptual model is developed based on a review of existing findings and tested with a large sample of consumers who responded to a questionnaire after navigating through an existing pharmaceutical website. Structural equations modeling was used to test 10 major hypotheses. Among the key findings, all atmospherics cues were impacting the other constructs, with the central cues mostly affecting site involvement and exploratory behavior, while entertainment affected site involvement and site attitudes. These findings contribute to the theoretical and managerial understanding of the role of Internet atmospherics on the navigation behavior of visitors.

“Identifying market Segments within A health care delivery System: A two stage Methodology” by Wilbur W. Stanton, James M. Daley. This study extends hospital marketing research by developing and applying a two stage methodology for identifying healthcare market segments. Consumer psychographic measures relative to health medical services, and attitudinal dimensions, are analyzed to determine homogeneous groupings in a rural setting given respondent evaluations of specific hospital stimuli. This study demonstrates, by way of an example, the application of a two-stage approach to the identification and understanding of consumer segments within a health care delivery system. Segmenting the population by, health care needs affords an opportunity for hospital management to develop unique services that would attract, and hold, patients to a specific hospital. Although these results might not be applicable to a wide range of rural hospital settings, there are important conclusions that can be drawn from the methodology employed in this paper. (1) This study demonstrates that health care segments can exist even in rural areas which are relatively homogenous from a demographic standpoint (2) Information from this type of segmentation approach allows hospital managers to better position their service mix; (3) The methodology outlined can predict, and profile, health care segments in terms of consumer evaluations of specific hospitals and physicians; (4) Information obtained in this fashion can provide the supporting evidence in defense of service-mix decisions to various publics such as physicians, staff, financial community, government agencies, and community leaders; and (5) The methodology employed here produces quantitative measures that can be used as benchmarks in determining health care needs as the community socio/economic composition changes, and that can be employed as reference points in monitoring the effect of subsequent marketing efforts.
People

“The role of the Internet in physician—patient relationships: The issue of trust” by S. Altan Erdem, L. Jean Harrison-Walker38 This research explains the importance of Internet in building physician-patient relationship in their marketing activities of health care units. The Internet has proven to be a powerful and very popular vehicle for distributing health information to millions of individuals; it is interactive, user controlled, and provides an effective means for communicating detailed information. While there has been increasing use of the Internet in healthcare, little research has been conducted to examine what, if any, impact the availability and integrity of healthcare information on the Internet has on the physician—patient relationship. Importantly, several studies show that Web-based health information frequently contains inaccurate or incomplete information. Patients who retain such information go so far as to suggest approaches to their physicians and express disappointment when the physicians refuse to prescribe as expected. For their part, doctors are concerned about the physician—patient relationship when they have to explain to patients that their Internet-based information is less than accurate; consequently, the physician—patient relationship is often affected. While many issues bear upon the physician—patient relationship, the central one is trust. This article examines consumer use of the Internet for healthcare information, considers the problems caused by inaccuracies or omissions from third party websites, and sets forth recommendations regarding how the Internet can be used to improve the physician—patient relationship. It is hoped that these suggestions provide a better understanding of the required components of upcoming healthcare strategies.

“The exploration of consumers’ behavior in choosing hospital by the application of neural network” by Wan-I Lee, Bih-Yaw Shih,Yi-Shun Chung39 The research applied neural network to classify consumers’ behavior in choosing hospitals. A quantitative research of questionnaire was first conducted to explore consumers’ behavior in choosing hospitals in southern Taiwan. Factors of consumers’ behavior were categorized into four types. Then, a back propagation neural network classification model was developed. The model demonstrates the usefulness of 85.1% classification rate in classifying consumers’ styles. Finally, their marketing implications were discussed. Based on the results of the research, the evidence is enough to suggest that the neural network model is useful in identifying existing patterns of hospitals’ Consumers.
“Concepts in service marketing for healthcare professionals” by Christopher L. Corbina, Scott W. Kelley, Richard W. Schwartz. This article opinioned that the Patients are becoming increasingly involved in making healthcare choices as their burden of healthcare costs continues to escalate. At the same time, healthcare has entered a tightened market economy. For these reasons, the marketing of healthcare services has become essential for the financial survival of physicians and healthcare organizations. Physicians can successfully use the fundamental service marketing principles proven by other service industries to win patient satisfaction and loyalty and remain competitive in today’s market economy. Understanding concepts such as service quality zone of tolerance, levels of consumer satisfaction, the branding of services, patient participation, and service recovery can be useful in achieving these goals. Finally the author opinioned that the dynamics of the competitive healthcare marketplace have required that profound changes be made by physicians and healthcare organizations in order that they remain financially and operationally viable. These dynamics have forced physicians and healthcare organizations to change the way they attract and retain their patients. The practice of medicine has become a business; simply put, all business entities require revenue in order to continue operations. Patients initiate the revenue, which requires the effective implementation of service marketing to ensure success. These service-marketing principles have been provided so that physicians may begin to appreciate such issues. Acceptance, appreciation, and application of these introductory principles will become even more important as competition continues to intensify and profit margins continue to shrink.

“Perceptions of justice and employee willingness to engage in customer-oriented behavior” by Kim, Jae-Young, Moon, Junyean, Han, Donchul, Tikoo, Surinder. This article examines the relationships among distributive justice, procedural justice, and employee willingness to engage in customer-oriented behavior. Data collected from 328 employees at eight general hospitals in Korea show that distributive justice does and procedural justice does not directly affect employee willingness to engage in customer-oriented behavior. Procedural justice does, however, positively affect perceptions of distributive justice.

“Consumer Empowerment Behavior and Hospital Choice” by Hui-Ching Weng. The article presents a study that investigates the behavior and a patient's choice of hospitals. A research design was used to develop the instrument of this study. Participants were asked to generate a list from a set of predetermined questions from the literature of the most significant factors.
Interviews were conducted by trainers in the three regional hospitals in the U.S. The demographic profiles of three patient groups are presented and key health care marketing strategies are discussed.

“Perception of justice and employee willingness to engage in customer-oriented behavior” by Kim, Joe-young; Moon, junyean; Han, dongchul; Tikoo, Surinder. This study examines the relationships among distributive justice, procedural justice, and employee willingness to engage in customer-oriented behavior. Data collected from 328 employees at eight general hospitals in Korea. This study find out that the distributive justice does and procedural justice does not directly affect employee willingness to engage in customer oriented behaviors procedural justice does, however, positively affect perceptions of distributive justice.

“What influence the mature consumer?” by Moschis, George.P; Bellenger Danny N; Curi, Carolyn Folkman. This article presents a study that analyzed the differences in the motives for patronizing specific hospitals and physicians for mature consumers in the U.S based on a gerontographic segmentation analysis. This study explains, the gerontographic profile of an older person helps explain nearly every patronage reason when it comes to choosing among hospitals. Reasons for patronizing a hospital include convince in searching the service provider ease of getting related services at the same place, discounts to age groups, attitude of medical staff and others. Senior discounts as patronage incentives are of greatest to ailing individuals and least appealing to healthy individuals that are somewhat, withdraw from society. Frail recluse patients are more likely than older adults in other gerontographic groups to consider the various billings/payments options available to them. Findings show significant differences in the way. Older consumers respond to various marketing offerings as compared to younger consumers. The response of older people in the U.S vary widely by life style characteristics that define the person’s gerontographic profile is a strong predictor of his or her patronage.

“Measuring physician attitude of service quality” by Walbridge Stephanie; Delene Linda M. The importance of service quality research increased during the 1980’s and led to several different theoretical perspectives on service quality. In this context this article examines a study on the professional service quality of physicians. Research findings from physicians about service quality determinants and the importance of various marketing and service characteristics have been presented in this study. Physician’s perceptions may most directly affect the design and delivery of the services offered. Moreover, understanding service quality from a physician
perspective is necessary for developing a rational method of including a quality measure in physician reimbursement mechanisms. In the study a survey was mailed to physician on staff at two major teaching hospitals. A two page, self-administered questionnaire-covering physician demographic, practice characteristics, and previously researched determinants of service quality were designed, pre-tested and mailed. Finally the research suggested that physicians perceptions of the determinants of service quality in medical practice are not congruent with the findings from service quality research in other industries. Although similar research on a larger scale is necessary, the service quality aspect of health care remains important to the consumer and the health care providers.

“The public’s perception of quality hospitals II: Implications for patient surveys” by Grashof and John F.46 The article presents an abstract of a study titled “The public’s perception of quality hospitals. II: Implications for patient surveys by Joseph.A.Boscarnio, and published in a 1992 issue of the journal “ Hospital and health services administration”. A study of the results of patient quality evaluation of 155 hospitals is used as the basis for identifying characteristics associated with higher quality ratings by patients. Based on the results of the research, the author suggests several aspects of patient surveys that can improve the quality of the research. First, the measures should include valid and reliable measures of both patient’s medical outcomes and perceived hospital experience. Second, quality should be measured against appropriate standards for the hospital situation because perception can vary by size, locations etc.

Physical Evidence

“Enhancing Competitive Advantage of Hospitals through Linguistics Evaluation on Customer Perceived Value” by Feng-Chuan Pan Chi-Shan Chen47 This article proposes, would more precisely exploit the value attributes perceived by customers. This research would be pioneer in a value perception study for healthcare services; it would contribute to the industry by providing clear insight to accurately identify target customers who are most valuable in the long-term. Findings of this research indicate patients/customers perceive more value from quality delivered by physician competence versus updated facilities. Personal care and a comfortable atmosphere are more important value attributes than a gorgeous, modern building; price is surprisingly a significant value similar to the reputation of a hospital. Hospitals in this research are characterized by diverse value attributes (in terms of five individual value factors studied). Nevertheless, quality remains the strongest value driver. Physician's competence, along with
correctness and speediness of emergency services are the most valuable criteria customers seek for healthcare service as this research revealed. Therefore it can be concluded that top rate emergency rooms filled with expert medical teams is of utmost importance in making a particular hospital a standout in this industry.

“Hospital choice factor: A case study in Turkey” by Akinic, Fevzii: Esatoglu, Tangilimagulu, Dilaver, Parsons, Amy. This article examines the factors affecting hospital choice decisions of 869 patients in three public and one private hospital policlincs in Ankara, Turkey and attempts to determine their importance levels. Identification of factors and determining their effect levels is important in concentrating management efforts on these key areas and in formulating effective marketing strategies to retain and expand hospital patient’s bases in the future. This study findings highlight the importance of accessibility of hospital services to consumers in hospital choice as well as the role of hospitals image its physical appearance, and technological capabilities in informing such choices. These findings are useful for managers to understand how patients make choices related to health care facilities and to develop marketing strategies that may more effectively market their facilities.

Process

“Achieving quality and choice for the customer in hospital catering” by Michael Kipps and Victor T. C. Middleton. The research focuses on the opportunities, issues and problems associated with catering for National Health Service hospital patients. There is significant conflict-or gap-to be resolved between management attempts to improve consumer choice and food quality and the constraints imposed by unit cost targets and the complex operational conditions associated with hospital catering in the NHS. The paper’s theme examines the role of technology and management innovation in defining and bridging the gaps between increasing consumer (patient) aspirations, and the ability of the catering service to respond with improved product delivery.

“Structuring the marketing function in complex professional service organizations” By Laing, Angus, Mckee, Lorna. The organization of the corporate marketing function has attracted increasing attention from marketers in the 1990’s. This reflects both the significant conceptual developments in marketing theory and a questioning of the role of the centralized marketing development to organizations operating in post-industrial service economies. In this context this paper examines the organizational solutions adopted by self-governing hospitals in managing the
marketing function. The core theme to emerge from the research is the imperative for such professional service organizations to facilitate the development of flexible project focused marketing teams, effectively mirroring the notion of the buying center, capable of integrating core technical professionals directing in to marketing process.

**General Marketing**

“How marketing oriented are hospital in a declining market?” by Naidu G.M, Narayana, Chem L. The article focuses on the role, value and actual implementation of marketing within health care institutions. The author empirically investigate, first, the extent of marketing orientation in hospitals. Second, the degree of marketing orientation as it relates to hospital characteristics, and third, the relationship of marketing orientation to hospital performance. Surveys have been commissioned to study the trends and the level of marketing activities in hospitals. The study findings imply that a marketing orientation by hospitals works, if hospitals are to survive and grow, they must explore specific marketing strategies along continuum of specialization/niche marketing on one end and complete diversification/ one-stop shopping for all health services on the other. They believe that a formal marketing department staffed with marketing professionals knowledgeable of health care fields, with adequate process, is essential to create a true marketing orientation. Lip services with out true commitment to a marketing orientation can only create a waste resources and disillusionment.

“The relationship between market orientation and performance in the hospital industry; A structural equations modeling approach” By P.S.Raju; Lonial; Subhash.C; Gupta, Yash.P;Ziegler; Craig. This article examines the relation between market orientation and organizational performance in the hospital industry. One unique future of this study is that both market orientation and performance are conceptualized as being multi-dimensional constructs. This study used the technique of structural equation modeling (SEM) is used to examine the relationship. Analyses were based on market orientation and performance, data obtained from 175 hospitals in a five state region of the united states. They find out multi dimensional nature of both market orientation and performance and, the strong relationship constructs. Interestingly this relationship is found to be much stronger for smaller hospitals than for larger hospitals.

“Does marketing relate to hospital profitability?” by Mc Dermott, Dennis R, Franzak, Frank J,Little, Michal W. This article examines the relationship of marketing activities of hospitals including the use of market intelligence activities, interventional coordination activities, and
organizational responsiveness activities to financial performance. The results suggest that it would be variable to hospital marketing managers to adopt a data driven, proactive management style that incorporates a teamwork emphasis to improve the financial performance of the hospital. The study further suggests to marketing managers that higher-usage levels of marketing intelligence and in their functional coordination activities are much more likely to be related to higher profitability than are organizational responsiveness activities. Further this study suggested that the hospital marketing executives need to recognize the timeliness or function in the localized, unique marketing environments.

“Market orientation in the hospital industry” by Bhuian, Shahid N; Abdul-Gades, Abdallah
This article discusses the concept market orientation as applied in the hospital industry. The purpose of this study was to systematically develop and assess a scale of market orientation for the hospital industry using an updated paradigm for scale development. The resulting measurement scale would provide a better empirical estimate of market orientation in the hospital industry. This study used both exploratory factor analysis and confirmatory analysis. This study is limited by several factors; first this is an initial attempt to systematically develop a market orientation scale for hospitals so further work remains in both the methodological and substantive arenas before any generalization can be made. Second, the study assessed the market orientation of only one particular type of stakeholder. Third, this research used non-profit hospitals, which constitute about 60% of hospitals in the United States. Further studies should include for profit hospitals and other type of health care providers. Finally, this study developed and examined a scale of market orientation for the hospital industry. The scale is based on a clear definition of the content of the construct of market orientation in the hospital industry.

“Looking at innovative multifunctional systems: How marketing differs” by Tucker, Lewise R; Zaremba; Roger A; Ogilvie, John R
The objective of this study is to investigate empirically the manner in which the corporate/system-level of multi hospital systems supported and diffuses marketing practices among member hospitals. The major assumption underlying in this research is that most multifunctional systems to some extent have adopted and practiced marketing in these organizations. Further the degree of commitment to formalization of, and proficiency with marketing is expected to vary widely across systems. The basic conclusion derived from these studies is that information quality and accessibility are instrumental in determining the effectiveness of marketing in a hospital setting.
Patient Satisfaction

“Capturing the dynamics of in-process consumption emotions and satisfaction in extended service transactions” by Laurette Dube, and Michael S. Morgan. This research concentrated on the trends in consumers emotions and satisfaction during extended service transactions, such as resorts, hotels, travel services, education and hospital services. The research conducted on ‘Can the evolution of consumption emotions and satisfaction along the normal course of extended service transactions be traced and predicted?’ 49 male, 44 female consumers of health care services reported in-process positive and negative emotions and satisfaction every day of their hospital stay median length of stay of 5 days and global retrospective judgments of the same variables upon departure. Trends in consumption emotions and satisfaction were tested using a dynamic nonlinear model based on assumptions of monotonic and habituation. Results confirmed that trends in consumption emotions increasing positive and decreasing negative and satisfaction under high in-process positive emotions only could be modeled with statistical confidence and the model showed a good ability to predict retrospective global judgments. Revealing complex in-process dynamics, higher states of positive emotions magnified increasing trends in satisfaction and higher states of negative emotions dampened increasing trends in positive emotions. In-process satisfaction judgments had no significant impact on trends in either positive or negative emotions. Trends in emotions were influenced by individual gender and contextual health status conditions. A steeper increasing trend in positive emotions was observed for men compared to women while a smoother increasing trend in positive emotions and a smoother decreasing trend in negative emotions were obtained for consumers with poor health status compared to those with good health status.

“The gift of customer’s complaints” by Stichlu, Jaynelle.F; Schumaches, Lynn. This article discusses the benefits of customer’s complaints in a health care setting. This study opinioned that, there are two variables influence a customer’s purchasing decisions. This article observed that quit dissatisfaction can lead to market share erosion and a financial loss to the organization. Finally concluded that were brought to this attention revealed that complaint handling was defined as fixing the situation directly with the customer, whereas complaint management was defined as fixing the policies, system or protocols so that the problem would not occur for future patients.
“The acute hospital food service patient satisfaction questionnaire: the development of a valid and reliable tool to measure patient satisfaction with acute care hospital food services” by Capra, Sandra; Wright, Olivia; Sardie, Marie; Bauer, Judith; Askew, Deborah The objective of this study was to design a valid and reliable questionnaire to measure patient satisfaction with acute care hospital food services. The acute care hospital food service patient satisfaction questionnaire was administered to convenience sample of 2347 acute care hospital in-patients and post discharge patients from two public hospitals and one 360-bed private hospital in Queensland, Australia. A factor analysis and evaluation of cronbach’s alpha revealed that the final questionnaire contained 16 statements relating to four factors describing food quality, meal service quality, staff/service issues and the physical environment. Questions requesting demographic data were included. Results indicated that the survey is an accurate, reliable measure of patient food service satisfaction. It differentiates the food service into four factors and collects detailed information about food service attributes within these factors. This allows the application of systematic measures to improve food service quality and provides a tool for the continues assessments of food services quality and measurement of changes in patient food service satisfaction over time in a variety of accurate care settings.

“Modeling patient satisfaction and service quality” by Taylor Steven A; Cronin Jr. J. Joseph In this article the author attempt to clarify and extent the conceptualization and measurement of consumers satisfaction and service quality in health services. Although the two constructs serve as cornerstones in the design and implementation of heath care marketing strategies, a literature review suggests that satisfaction and service quality are currently difficult to distinguish both conceptually and operationally in health care settings. The findings from two studies conducted by the authors to distinguish the nature of these two important constructs within a healthcare marketing context reveal that a no recursive relationship between service quality and patient satisfaction may account for much of the conflicting evidence in the literature.

In India few books were published on marketing of hospital services and related areas. Some of them include. “Essentials of Health Care Marketing” written by Eric N.Berkowitz, a book discussed the principles of marketing and their application in healthcare. Moreover, as healthcare has changed over the past twenty years. In this context this text concentrated on discussion of, how the
application of marketing principles also must shift in terms of their strategic application to respond to the changing environmental forces of the market place.

“Responsive Healthcare: Marketing For A Public Service” written by Rod Sheaff, a book discussed how conventional marketing methods can be adapted for use in healthcare and publicly funded systems responsible for health promotion and health service planning. This book tries to explain the different types of marketing tasks found in the health systems: health care purchasing, health promotion, public hospital provision and primary care and consumer researches etc.,

“Health Care Market Strategy: From Planning to Action” written by Steven G. Hillestad, a book discussed about how to develop and execute a successful marketing strategy for healthcare facilities. This book discussed such topics as the challenge of a competitive market place, conducting the internal/external assessment, determining actions, etc.,

References


2. ‘An Approach to Maximize Hospital Service Quality under Budget Constraints’ by Wei-Kuo Chang, Chiu-Chi Wei, Nen-Ting Huang.


13. “Is There A Link Between Hospital Profit And Quality?” by Zallocco Ronald.L. Journal of health care marketing; winter 93; Vol.13; Issue.1; p68-68.
14. ‘Case Mix Specialization in the Market for Hospital Services’ by Dean E. Farley and Christopher Hogan. Health services research; Vol.25; Dec-1990; p757-783.


28. “Factors Related To The Provision Of Hospital Discounts For HMO Inpatients” by Malhotra, Naresh K. Journal of health care marketing; Summer.93; Vol.13; Issue.2; p64-64.

29. “Who Like Hospital Advertising- Consumer Or Physician?” by Bell Jack A; Vistaska Charles R. Journal of health care marketing; June.92; Vol.12; Issue.2; P2-7, 6P.


32. “Hospital Marketing And The Internet: Revisited” by C. David Shephered and Daniel Fell. Marketing health services; winter 1998; p44-47.

33. “Promotion And Advertising Agency Utilization: A Nation Wide Study Of Hospital Providers” by Beth Hgaan; Sharon L. Oswald; Tony L. Henthorne; William Schaninger. The journal of services marketing; Vol.13, No.2; 1999. P100-112. MCB.University press.


35. ‘The Marketing Implications of A Hospital-Based Smoking Cessation Program’ by Kathryn R. Hallgren; John Elder; Craig Molgard. Journal of health care marketing; Vol.6; No.4; Dec-1986; p75-78.


41. “Perceptions Of Justice And Employee Willingness To Engage In Customer-Oriented Behavior” by Kim, Jae-Young, Moon, Junyean, Han, Donchul, Tikoo, Surinder. Journal of Services Marketing; 2004, Vol. 18 Issue 4, p267-275, 9p

42. “Consumer Empowerment Behavior and Hospital Choice” by Hui-Ching Weng Health Care Management Review; Jul-Sep2006, Vol. 31 Issue 3, p197-204, 8p,


54. “Market Orientation In The Hospital Industry” by Bhuian, Shahid N; Abdul-Gades, Abdallah. Marketing health services; winter 97; Vol.17. Issue.4; p36-45, p10.

55. “Looking At Innovative Multifunctional Systems: How Marketing Differs” by Tucker, Lewise R; Zaremba; Roger A; Ogilvie, John R. Journal of health care marketing; June.92; Vol.12; Issue.2


58. “The Acute Hospital Food Service Patient Satisfaction Questionnaire: The Development Of A Valid And Reliable Tool To Measure Patient Satisfaction With Acute Care Hospital Food Services” by Capra, Sandra; Wright, Olivia;


74. ‘Marketing Your Clinical Practice: Ethically, Effectively, and Economically’
   Jones&Bartlett publishers. Published 2004.
75. ‘Volunteerism Marketing: New Vistas For Nonprofit and Public Sector Management’
   Haworth press. Published 1999.
77. ‘Health Care Marketing Plans: From Strategy to Action’ Jones&Bartlett publishers.
   Published 1981.
   Published 1993.
79. ‘Marketing For Non Profit Organizations’ Prentice-hall publishers. Published 1975.
80. ‘Strategic Marketing For Non Profit Organizations’ Prentice hall publishers. Published
81. ‘Branding Health Services: Defining yourself in the Market Place’ Jones Bartlett
    publishers. Published 2000.
82. ‘The New Health Care Market: A Guide to PPO’s For Purchasers’ Dow Jones-Irwin
    publishers. Published 1985.
83. ‘Strategic Marketing for Health and Social Services’ Financial time health care. Published
    1997.
84. “Marketing Management Issues In Ambulatory Health Care” Haworth press. Published
85. “Marketing Architectural Issues in Ambulatory Health Care” American institute of
    architects, committee on architecture for health. Published 1982.
86. Marketing Ambulatory Care” Jones&Bartlett. Published 1995.
87. “Ten Marketers Talk About How to Build and Manage the Hospital Marketing
    Function” Academy for health services marketing. Published 1990.
90. “Managing and Marketing Health Care Services” Thomson Learning EMEA. Published
    2002.
99. “Medical Group Management In Turbulent Times: How Physician Leadership Can Optimize Health Plan, Hospital, And Medical Group Performance” Haworth marketing resources. Published 1998.