CHAPTER-5

CONCLUSIONS AND SUGGESTIONS
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In this final chapter, an attempt is made to summarize the findings and draw conclusions for the study. Also an attempt is made to outline suggestions and future directions of research.

FOCUS OF THE STUDY

Healthcare in India has transitioned from family doctors, local or community hospitals to the corporate hospitals over the years. Large hospital chains like Fortis, Apollo and Max are adding more hospitals and beds in the tertiary segment. The large and corporate hospitals contribute about 7% of bed capacity. The increased incidence of chronic lifestyle diseases and substandard quality of care in public hospitals has forced even the lower middle class patients to spend beyond their means. In the last few years, the shift of the clientele to corporate hospitals has been overwhelming. The emergence of corporate hospitals as favored centers of health care for foreigners is another positive development. All these developments are posing challenges to the corporate hospitals to maintain high standard in delivery of services to improve and retain image. They require operational excellence and marketing effectiveness, to attract patients, and satisfy them. The present studies focuses on the identification of marketing activities undertaken by corporate hospitals and assess their effectiveness.

OBJECTIVES AND HYPOTHESES

The study is undertaken with the following objectives:

- To identify the marketing activities of select corporate hospitals
- To evaluate the effectiveness of marketing of select corporate hospitals
- To suggest measures to improve the marketing practices of select corporate hospitals.
The following hypotheses are framed for pursuing the inquiry.

H-1: Corporate hospitals adopt integrated communication approach for promotion of services.

H-2 Patient satisfaction is same for Apollo and Yashoda hospitals.

Figure 5-1 presents the schematic diagram of research issues

![Schematic Diagram]

**PROFILE OF RESPONDENTS**

Based on exit method, 210 of Apollo patients and 220 of Yashoda patients are drawn for the study days before their discharge and obtained filled in questionnaires from them at the time of discharge. A good majority of the represent is under 35 years. They are about 64.8 per cent. A similar percentage is found in case of yashoda (63.7 per cent). In both the hospitals, the respondents are more female being around 60 per cent of the sample. The percentage of respondents married in case of Apollo and yashoda hospitals is less than the unmarried being 42.9 and 37.3. In both cases, the respondents are dominated by college and PG level educated patients. Their percentage is 46.7 and 41 in case of Apollo and 42.7 and 47.3 in case of Yashoda respectively.

The difference between respondents of Apollo and Yashoda in respect of age, gender marital status and education is not significant at 0.05 level.
The participants in the survey hail from different occupations—workers, farmers, employees of government and private organizations, and business men and have different incomes. There are significant differences in respect of occupation and incomes of the respondents of the two hospitals.

MAJOR FINDINGS
The findings can be divided into two sets – those related to marketing and those related to patient perceptions and experiences

Marketing practices of hospitals.
The marketing offer of both the hospitals is exciting and elaborate.

(a) Yashoda Hospitals

Yashoda Hospitals was set up by Dr G Surender Rao, with the mission “To provide world-class healthcare services at affordable costs, in all medical departments, with a constant and relentless emphasis on quality, excellence in service, empathy, and respect for the individual”. The values and principles that guide the management of hospital are: care, courtesy, capability, character, commitment and contribution.

Services - The hospital has a rich mix of services with 60 specialties. It has been continuously innovating its procedures and adding latest technology equipment to facilitate state of the art service. Experienced doctors are culled from internationally reputed medical institutions. With 600 doctors and 1100 nurses, Yashoda Hospitals is offering quality healthcare to people across the nation.

Yashoda Hospitals expresses deep commitment to quality. In fact, the organization has achieved profitability through a "high volume - high quality - affordable price" model of business. Its operations are focused on Culture of value, fostering skilled teams, Standard processes and facilities, information systems and quality meets. The hospital encourages feedback which is vital for improvements. Every discharged patient is requested to participate in an exit interview, with more than 70% compliance rates.

Internal marketing - The hospitals’ doctors, medical staff and administrative team are strongly aligned with this goal. Over 60% of the 6000 people at Yashoda Hospitals have been with the organization since its inception.

Pricing mix - While the health care services are priced cost based competitively.
Place mix - Yashoda Group of Hospitals is a major healthcare provider in Andhra Pradesh with 3 independent, super-specialty Hospitals in Hyderabad (capital of Andhra Pradesh) at Secunderabad, Malakpet and Somajiguda. The Group also operates 3 Cancer Institutes and 3 Heart Institutes all providing 24/7 emergency services with advanced equipment.

Promotion mix - Promotion includes advertising in print and TV, posters, signboards, generating referrals, and community service programs like Young doctor camps.

People mix - Yashoda hospital maintains high profile of experts in providing quality health to millions of patients every year. 600 specialists, 1,500 nurses and 6,600 paramedical and other support staff; make up the hospital.

Physical evidence mix - Patients get high end treatment in Yashoda hospitals with the aid of technical hi-fi equipment. The hospital is well designed to provide a clean and credible appearance.

(b) Apollo Hospitals
Established and expanded by Dr. Prathap C Reddy, Apollo Hospitals, has now evolved into a one of a kind institution, the Apollo Health City, Hyderabad. It is a 350 bedded multi-specialty hospital with over 50 specialties and super-specialties, and 10 Centers of Excellence. The hospital group is driven by the mission which reads – “Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity"

Apollo's vision for the next phase of development is to 'Touch a Billion Lives'. The values held are Integrity, patient centric attitude, quality and team work

Services mix - It has over 50 specialties and super-specialties, 10 Centers of Excellence, education, research, information technology, all in one sprawling campus dedicated to healing. The in-patient service facility is enriched by adding a variety of places of comfort – General ward, semi-private room, private room, deluxe room, and super deluxe room. .

The legacy of touching and enriching lives stems from the pillars of the Apollo philosophy - experience, excellence, expertise and research. Apollo Hospitals has
JCI accreditations for 7 of its hospitals. The group introduced ACE@25, a balanced score card, to provide evidence-based quality care, safe environment to the patients, strengthening the functional efficiency of the hospitals and stimulating quality improvement, while reducing variations.

**Price Mix** - In Apollo hospital, price mix includes three heads i.e., Fees, Inpatient charges and Third party reimbursement. These three heads are based on the costs of producing concerned services. In addition to it, the price includes subsidiary elements, the price may be higher or lower depending on the discounts. Prices of accommodation are in the range of Rs.350 to Rs.15,000. For maximizing the utilization of services, Apollo fixing lower prices for certain services, especially this is happening for health promotion programs. Often, Apollo offers some services at free of cost.

**Place mix** - Apollo Hospitals has around 8500 beds across 53 hospitals in India and overseas. It is located in 15 different places across India which include Ahmadabad, Aragonda, Bangalore, Bhubaneswar, Bilaspur, Chennai, Delhi, Hyderabad, Kakinata, Kolkata, Madurai, Mauritius, Mysore Noida. It is located internationally in Nepal, Bhutan, Bangladesh, Srilanka, and Kawait.

Apollo is utilizing different channels for delivery of health services to the needy. In Apollo the patients now can get the surgery on an inpatient or out-patient basis or in free-standing one-day surgery centers. Apollo changing channels in obstetrics, some which are not clinically accepted, have moved the birth process out of traditional labor and delivery rooms in to hospital-based alternative birth centers and on occasion in to the home.

**Promotion mix** - The promotion mix of Apollo hospital based on advertisement of services, promotion of services, publicity of service, personnel selling and public relations. It is observed that the Apollo hospital broadly using media as magazines, news papers, television and posters, singe, skywriting, calendars, cards, catalogs, directories, programmes, circulars, internet etc, for the promotion of their services.

**People mix** - 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 is having training system. Apollo is conducting training programmes aimed at developing three important skills i.e. Technical, interactive and social skills.
Physical Evidence - The physical evidence mix of Apollo hospital can be described in terms of admission office, signs, patient care room, medical equipment, recovery room, building exterior, employee uniforms, reports and stationary, billing statements, website etc. Apollo designed all of the above elements of evidence for each service communicates something about the service.

Comparison between Yashoda and Apollo

How do both hospitals compare on marketing mix? Table 5-1 presents a comparison.

<table>
<thead>
<tr>
<th>Element</th>
<th>Yashoda</th>
<th>Apollo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segmentation</td>
<td>Poor (who seek treatment on subsidies or free ), salaried people with employer reimbursement facility, patients with insurance, patients who can afford and international patients</td>
<td>Same</td>
</tr>
<tr>
<td>Positioning</td>
<td>Quality, innovation, expert care and service with smile</td>
<td>Similar</td>
</tr>
<tr>
<td>Product</td>
<td>Wide range of services. Quality and innovation are major focus</td>
<td>Same</td>
</tr>
<tr>
<td>Price</td>
<td>Differential pricing. State schemes to help poor in obtaining treatment are utilized. Insurance helps other patientsA</td>
<td>Same</td>
</tr>
<tr>
<td>Place</td>
<td>Expanding to different locations including tier -2 cities</td>
<td>Expanding to a wide number of places</td>
</tr>
<tr>
<td>Promotion</td>
<td>Advertisements, use of internet, print, and TV channels.</td>
<td>Same</td>
</tr>
<tr>
<td>People</td>
<td>Well trained doctors, nurses and other staff</td>
<td>Same</td>
</tr>
<tr>
<td>Physical evidence</td>
<td>Well designed buildings, good parking and reception facility as well as well equipped diagnostic, treatment and recuperation centres.</td>
<td>Same</td>
</tr>
</tbody>
</table>

HYPOTHESIS -1  INTTEGRATED COMMUNICATION

*H*-1: Corporate hospitals adopt integrated communication approach for promotion of services.

It is observed in case of both the hospitals, that promotion is highly communication based manifesting service motto through various service programs defined above and captured in Table 5-2

<table>
<thead>
<tr>
<th>Table 5-2 Promotion mix of hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promotion mix</strong></td>
</tr>
<tr>
<td>Ads– TV ads and shows, ads in newspapers, magazines, and journals, Hoardings (stationary and mobile), brochures, pamphlets, posters, calendars, cards, catalogs, directories, etc,</td>
</tr>
<tr>
<td>Social networking</td>
</tr>
<tr>
<td>Telemedicine</td>
</tr>
<tr>
<td>Internet based communication</td>
</tr>
<tr>
<td>Employees (physicians and nurses) as marketers</td>
</tr>
<tr>
<td>Feedback from patients</td>
</tr>
<tr>
<td>Employee feedback</td>
</tr>
<tr>
<td>Suggestion and complaint boxes</td>
</tr>
<tr>
<td>Relations manager</td>
</tr>
</tbody>
</table>
Community service programs | Yes | Yes
---|---|---
Medical camps | Yes | Yes
Medical tourism | Yes | Yes
Conferences and workshops | Yes | Yes

**Patient perceptions and ratings**

The findings based on responses from patients are given under:

- **Reception** – The reception service described by a variety of components physical, human, and time is rated Good by the respondents in case of both the hospitals. The ratings ranged between 3.58 to 4.2 in case of Apollo and 3.48 to 4.34 in case of Yashoda on a five point scale of satisfaction, in which 5 represents complete satisfaction.

- **Waiting** - The seating facility is adequate according to 60 per cent of the respondents, in case of Apollo as well as Yashoda. The time can be spent by watching TV, scanning newspapers or magazines and medical pamphlets according to 63.8, 52.9 and 40.5 per cent of respondents in case of Apollo and a similar percentage in case of Yashoda. Good ambience and wall paintings etc are helpful to while away time for about 15 percent in both the hospitals.

- **Consultation** - One-third of patients could see the doctor within 15 minutes time in both the hospitals and another one-third within 30 minutes. It means the waiting time is not more than 30 minutes for 60.5 per cent in case of Apollo and 63.7 per cent in case of Yashoda.

- **Admission** - Admission into the hospitals is not that difficult in both the hospitals. About 55.7 per cent in case of Apollo and 53.2 per cent in case of Yashoda got admission on the same day. About 86.7 per cent in case of Apollo and 86.8 per cent in case of Yashoda have taken appointment for admission. The rest of the cases refer to spot admissions.

**Time taken** - The time taken for admission is very less in most of the cases. The time of waiting is due to the availability of clearance information from the wards (patients leaving the hospital or cleaning the room or beds for next occupancy etc.). The waiting time is less than 30 minutes to as many as 40 per cent of the cases in both the hospitals and less than one hour for another 40
percent of the patients. In case of about 15-16 percent the waiting time is more than one hour.

**Information provided** - Information about probable days of stay and treatment is given well for majority of patients (53.8 and 63.3 in case of Apollo and 54.5 and 62.3 in case of Yashoda). About the expenditure of treatment, in case of Apollo, 40 per cent patients and in case of Yashoda 37.3 per cent patients are informed about the probable expenditure.

**Weak links** The process is blamed by about 37 per cent in both the hospitals as long and tedious one. About 50 and odd percent of the people said it is too much waiting time. Obviously, they are the ones as indicated in Table 4-13 who had to wait for more than half an hour to get admission. Uncertainty related to admission time, bothered about 25 to 28 per cent of patients in Apollo and Yashoda hospitals respectively. Even those who got prior appointment, waited for more than 30 minutes are dissatisfied in this regard. About 20 per cent of respondents in both the hospitals, rated the systems poor.

- **Emergency services** - The rating of emergency services is good for both the hospitals. The ratings are between 3.72 to 4.31 in case of Apollo hospitals and 3.63 to 4.35 in case of Yashoda

- **Diagnostic services** - The movement of patient from ward to diagnostic centers is rated satisfactory. Waiting facility and time are also rated satisfactory. Also the capability and courtesy of lab technicians are also rated satisfactory. The ratings are in the range of 3.4 to 4 for the two hospitals.

- **Physician services** - Physician services are rated satisfactory by the respondents of both the hospitals. The ratings are in the range of 3.71 to 4.13 in case of Apollo hospitals and 3.58 to 4.21 in case of Yashoda hospitals. Few respondents casted negative picture by saying the doctor chats and delays visits (29 per cent). The visits of doctor are said regular only by 36.7 per cent. In Yashoda, a similar view emerged of the doctor.
- **Nursing Services** - Nurses are rated as duty minded by 45 per cent of the patients and are rated capable by 51.9 per cent, in case of Apollo hospitals. A similar rating is visible in respect of Yashoda hospitals. More than 56 per cent of the respondents of both the hospitals, observed that nurses chat and dealy services. About 70 percent of the respondents maintained that nurse’s visits are regular.

- **Dietary services** - The food is nutritional according to more than 50 per cent of respondents. They expressed satisfaction that diet is served in time and as per the instructions of doctor. However, majority of respondents reported delays in serving food in both the hospitals.

- **Ward / Room Services** - The views on ward or room services are mostly positive. Space in ward /room, and staff attending to keep them clean, are good for more than 70 per cent of respondents. The change of bed sheets is done in time in Apollo according to 71 per cent of respondents and 65.9 per cent in case of Yashoda. Clean maintenance is there according to about 55 per cent of respondents in both hospitals. Around 50 per cent in Apollo and 44-48 per cent in Yashoda are bothered by the noise and light –created by other patients and nursing staff. Privacy is available when examining according to 71 per cent of respondents in case of Apollo and 65 per cent in case of Yashoda. Appearance, cleanliness, odour freeness, hygiene, comfort, ventilation and quietness are the traits of the ward /room and they are satisfactory to respondents. The ratings ranged from .38 to 4.05 in case of Apollo and 3.38 to 4.01 in case of Yashoda. Responsiveness and courtesy of staff are given a rating around 3.6 for both hospitals.

- **Treatment and information** – During treatment there is adequate information sharing by doctors and nurses. The statement that doctors and nurses did not share information is partially rejected. The mean scores are below 2 for doctors and below 3 for nurses in both the hospitals.

- **Billing and Discharge** - The medical expenditure is viewed reasonable by 53.4 per cent of respondents of Apollo and 51.8 per cent of respondents of Yashoda. It is less than expected for 9.5 per cent and 8.2 per cent of respondents of and more than expected for 36.2 per cent and 40 per cent of
patients of Apollo and Yashoda hospitals. About 68.6 per cent of patients of Apollo and 68.2 per cent of Yashoda had good feelings about the hospital when leaving for the care provided. Those with less than good feelings are also there.

**Patient awareness and choice**

The information sources and influencers are many. The sources of information that have relevance to the respondent patients. The three major sources are: (a) Friends and relatives (for 63.8 percent of Apollo and 64.1 per cent of Yashoda patients) (b) Personal visits (for 53.8 percent of Apollo and 55.9 per cent of Yashoda patients) (c) News papers and magazines (for 57.1 percent of Apollo and 58.6 per cent of Yashoda patients)

The family members as well as friends and relatives are the influencers for about one-third of the respondents. The major factors as given by more than 50 per cent of respondents are:

- Specialist is available (67.6% in Apollo and 70.5 % in Yashoda)
- Special hospital care was required (52.9 per cent in Apollo and 54.5 per cent in Yashoda)
- Their Physician belongs to hospital (50.5 per cent in Apollo and 52.3 per cent in Yashoda)

**Experience**

About 63.3 per cent of the respondents in case of Apollo and 62.3 per cent in case of Yashoda are confident that the health problem would be resolved. Very few of the respondents (about 25 percent) are worried about the expected care.

About 64.8 per cent of Apollo hospital patients and 68.6 per cent of patients of Yashoda had successful treatment. More than 50 per cent but less than 60 per cent respondents of both the hospitals observed that (a) privacy during treatment is protected (b) and dignity is maintained. About 54.8 and 57.3 per cent of patients opined that they have made right choice.

**Satisfaction determinants**

*H-2 Patient satisfaction is same for Apollo and Yashoda hospitals*
All the services are satisfactory to the patients. The mean values are in the range of 3.52 to 4.16 for Apollo and 3.54 to 4.25 to Yashoda. The differences in mean ratings of Apollo and Yashoda are not significant at 0.05 level. All the computed values are lower than the table value of 1.96. Hence the hypothesis is accepted.

**Views on hospital**

The hospital has good location and name. It has good doctors and nursing services. It has good diagnostic services and equipment. It offers wide variety of patients and provides comfortable space to stay for treatment. The above agreements are indicated by a range of mean values - 3.50 to 4.28 in case of Apollo and 3.55 to 4.28 in case of Yashoda. The differences in mean ratings of Apollo and Yashoda are not significant at 0.05 level.

**Affordability**

Respondents agreed that hospital treatment is affordable but will be more easy for those who have insurance or reimbursement facility.

**Word of mouth and recommendation**

About 84.3 per cent of patients in case of Apollo and 78.6 per cent in case of Yashoda say the hospital is good. There is no difference in this regard between the hospitals. About 71.9 per cent of Apollo and 66.8 per cent of Yashoda expressed willingness to recommend the hospitals to others.

**Weak points**

What are the weak links in the service chain?

- Waiting for consulting doctor is longer than one hour in respect of 7.1 per cent in case of Apollo and 4.5 percent in case of Yashoda.
- In case of about 15-16 percent the waiting time is more than one hour for admission. The sytems are termed poor by about 50 per cent of patients. Another remark is briefing on facilities and a service available is inadequate.
- Some patients complained that doctors and nurses do not respond early, as expected being preoccupied with personal work or chatting.
- Delays in serving food are experienced by some patients.
- Patients complained that cleaning is not done when asked for, and bothered by noise and light in the hospital.
• Billing is higher than expected for 36% of patients in Apollo and 40 per cent in Yashoda. Billing was longer and less clear in case of 20 per cent of patients.
• About 14.8 per cent of Apollo respondents and 15 per cent of Yashoda have dissatisfaction for not providing right health care.
• About 8.6 per cent of Apollo respondents and 7.7 per cent of Yashoda have dissatisfaction for not showing courteous behavior.
• About 8.1 per cent of Apollo respondents and 9.1 per cent of Yashoda have uneasy feeling that treatment has become expensive.
• About 45.2 % of Apollo and 42.7 per cent of Yashoda did not think that they made right choice of hospital.

DISCUSSION
The findings of the study are compared with those of earlier studies.

1. Services range increased, over the years, with specialization and lower costs (Dean E. Farley and Christopher Hogan 1990) and product line management became important (Burger, Philip C and Malhotra, Naresh.K, 1991). The role of technology and innovation is appreciated (Michael Kipps and Victor T. C. Middleton, 1990). Both the hospitals, have evolved over the years and increased the specialties.

2. Promotion has dominant role on hospital marketing (Stephen A. Robbins; Christopher M.Kane; Daniel J.Sullivan (1998) and many are using it (Gellb.Betsy D; Bryant, John Michael ,1992; Beth Hgaan; Sharon L. Oswald; Tony L. Henthorne; William Schaninger 1999; Ateev Mehrotra; Sonya GrIer; and R.Adams Dudley , 2006). Integrated communication concept gained currency in hospital marketing (Caren Chavez-Borja, 2002). Consumers want quality information about hospital services, medical programs, and the kinds of doctors available.(Bell Jack A and Vistas Charles R ,1992; Tucker, Lewise R; Zaremba; Roger A; Ogilvie, John R 1992). Importance of hospitality in hospitals (Denver Severt, and Taryn Aiello, Shannon Elswick and Cheryl Cyr 2008) and medical tourism are highlighted by researchers (Jonathan N.Goodrich and Grace E.Goodrich, 1987). Internet and related technologies change customer experience (C.David Shephered and Daniel Fell, 1998 McKesson L L C, 2000, S. Altan Erdem and L. Jean Harrison-Walker ,2006). However, maintaining website (Widnier, Thomas G; Sphepherd,C David
is a challenge. Ways of improving health promotion (Charlotte Haynes & Gary Cook, 2007) were explored. Almost all the techniques of promotion identified by earlier research works are found in the promotional kit of both the hospitals. In fact the study showed the implementation of integrated communication by both the hospitals.

3. Importance of quality and feedback are highlighted by Jawahar S K (2007). Both the hospitals have emphasis on quality and feedback from both patients and employees.

4. Hospitals can succeed in creating positive brand equity and image if they can manage relationships with their customers well (Kyung Hoon Kim, Kang Sik Kim, Dong Yul Kim; Jone Ho Kim, Suk Hou Kang, 2007 and Chao-Chan Wu, 2011). The advice is followed by both the hospitals- and they are patient centric., Sharing information and showing courteous behavior.

CONCLUSIONS

Based on the above findings, the following conclusions can be drawn.

• The marketing of the hospitals has at its core services mix supported by people mix. The emphasis has been on innovation, quality and technology in case of services and capability, team work and character in case of people mix. The responses from patients who took part in survey confirmed that doctors and nurses are capable and professional in their approach.

• The pricing mix is competitive. The medical expenditure is reasoned as justifiable by the respondents. However, respondents observed that those having reimbursement facility or insurance are better off in meeting the expenditures.

• Promotion mix is wide ranging. The promotion can be rated successful as respondents reported that they are aware of hospitals, through various sources – ads, friends and relatives, internet etc.

• The choice of hospital is largely influenced by doctor and the specialty available in the hospital.
• Process mix - The patients are satisfied with the treatment and variety of services – right from reception to discharge.

• Physical evidence – The building with spacious entrance and well laid out operation theatres is successful in creating credibility among patients.

• Word of mouth and Recommendation – The word of mouth is positive and majority of the respondents said they will refer hospital to others.

The majority opinion as summarized above is in favour for both the hospitals. However, a marketer is also interested in the minority view, which shows the weak spots in the service delivery.

**SUGGESTIONS**

Marketers have to emphasis on ‘process’ fortification and ensure that those engaged in operations are more organized, efficient and courteous. Focus on systems, skills and staff is necessary to remove the dissatisfaction experienced by some of the patients. The aim should be on reducing cost of treatment, delays in service chain, improving courtesy and information sharing.

- **Strategy** – The hospitals are concentrating on innovation, quality and expansion. Also the expansion based on IT –through web based consultation and treatment may be strengthened. It helps increase marketing to larger number customers including those in digital world.

- **Skills** – The on going training programs and conferences to improve skills of doctors and patients be continued. Expertise should be valued and encouraged by appreciation and rewards.

- **Systems** – The information and operational systems have to be innovated, to reduce delays, waste of time, and waiting for responses/service delivery.

- **Staff** - Staff should be recruited based not only on qualifications, but also on values that the hospital upholds

- **Shared values** – staff should be thoroughly oriented to those values to enhance the image of the hospital and improve satisfaction of patients.
o **Process improvement** – As patients reported delays in processes (consultation, admission, and dietary services) improvements may be worked out – like limiting the number of patients to a doctor, providing assistants to consulting doctor etc.

o **Behavioural modification** – There are complaints on lack of courtesy and indifference of nurses and ward staff. Training may be provided to them to improve interpersonal skills and emotional intelligence. Yoga and Transcendental meditation may be utilized to improve their emotional stability and spiritual mind.

o **Information sharing** – Patients are in general anxious and look forward to have assurance from different persons they meet. They look up at nurses and doctors for giving more information on the treatment – nature and process, expenditure and days of stay. Counsellors may be appointed to do job of going an extra mile for stabilizing the patients emotionally.

**LIMITATIONS**

The study has following limitations.

1. Patient –respondents are asked to evaluate the different services which, they have experienced as well as aware of from their interaction with other patients. So, the responses are a mix of experience and opinions. To overcome this weak point, individual interviews are held for a brief time (longer time is not allowed by hospital management and patients are unwilling to spare the time allotted for guests for this purpose).

2. The views of respondents may be colored by recent experiences. It is difficult for a person to evaluate services rationally, especially there is a human element involved in the process.

3. The managements of hospitals have permitted but the cooperation extended by them in giving data has been limited. As such, there is difficulty in compiling meaningful data from the right source.

4. Collection of filled in questionnaires has become a difficult proposition, as the exit time is not always certain. Despite the cooperation extended by the staff,
getting filled in questionnaires has been challenging and researcher has to extend stay for longer period of time, about one and half months. Attempt to get sample based on fixed parameters like different diseases and period of stay, are thwarted by the unwilling respondents.

5. There is lukewarm response for the request to participate in survey. As such eliciting cooperation has been a tough task.

6. The study has taken the hospital as whole, instead of specialties. As such, the findings do not apply to any one specialty, but to overall image or feel of hospital.

**CONTRIBUTION**

The study, despite its limitations, contributes to the literature and policy making of hospital management. The literature will have an updated version of presentation of marketing of corporate hospitals. The studies in service quality are more than on marketing, in the arena of hospitals. It is for this reason, the topic is chosen and pursued. The study throws light on marketing a wide variety of services under one brand name (Apollo or Yashoda) and identifies the need for bridging loop holes in the systems and performance. The linkage between operations and marketing- the need for internal marketing and strengthening elements like people and process for effective marketing is also highlighted by the study.

The implication to policy makers as such is to focus on operational efficiency and people effectiveness (in professional works and interpersonal relations).

The study points out to the difficulty in researching a broad topic like marketing, as there are different specializations and different types of patients. In addition, the services providers (for a patient in a hospital) are many and hence the service components are difficult to evaluate. Global pictures are at best indicative; they cannot be substantive for providing concrete suggestions.

**FUTURE DIRECTIONS FOR RESEARCH**

The study has focused on 7-Ps of services marketing and its evaluation based on patient satisfaction.

In this process, it is identified that there is large gap of research on marketing of corporate hospitals.
• Questionnaire vs interview - Studies based on use of questionnaire to elicit views of patients, doctors and nurses can be conducted. But more importantly, case method may be used to get in-depth view of operations and marketing, which are intertwined in services organization.

• General vs Speciality - Instead of broad based studies that try to capture the forest miss the trees, the present study is broad based and require support from specialty-wise studies.