2.1 INTRODUCTION

Hospital is an institution that provides medical services for community. The doctors, nurses and other personnel of a hospital work to restore health to sick and injured people. They also try to prevent diseases and maintain health throughout the community. In addition, a hospital serves as a centre for medical educational research, combining medical technology and human touch. The healthcare industry administers care around the clock, responding to the needs of millions of people, from a new born to the critically ill. The healthcare industry includes establishments ranging from small-town private practices of physicians who employ only one medical assistant to busy inner-city hospitals that provide thousands of diverse jobs.

The attraction, retention and building of a strong relationship through the quality services are the heart of service marketing. Zeithaml et.al (2006)\(^1\) pointed out that service marketing plays a significant role in organisations such as banks, transportation, companies, hotels, hospitals, educational institutions, professional services, telecommunication services and to organisations that depend on service excellence for competitive advantage and so on. Service marketing and management are different in their functional context. Selling and delivering of products is not the same as selling and delivering services that solve customer problems. Services are not limited to service industry but transcend the distribution of goods. Services can be both very profitable and challenging when the right strategy is adopted in the organisation.

2.2 HEALTH LEGISLATION IN INDIA

The public health system in India has attracted the attention of many countries of the world, largely owing to the fact since independence the state has built up a powerful system of medical and health services for the whole population of such a
vast country. At the time of its independence, India was far behind the western world with regard to medical and health services and pharmaceutical industry. It occupied a very low place with regard to the level of its people’s health. Now, it has a powerful medical and technological base as well as an advanced system of public health service.

Health legislation falls under the category of social legislation, an essential part of security laws for any society. Health laws are however, merely working tools with which health administration protects the community from health hazards of the people and their physical well-being. It would indeed be ideal to have a comprehensive Central Public Health Act for the entire country but with provision for such variations as may be demanded by the varying conditions in different states as observed by Trivedi et.al (2007)².

2.3 GROWTH OF SERVICE SECTOR

The developed countries, in the recent decades, have seen a trend that has shifted the focus of their economy, to the service sector. Services account for a major share of these countries gross domestic products. The United States is the country with the largest service economy in the world. More than 75 percent of private U.S. workforce is employed in the service sector and major service sectors include Medical Care Services³. Countries like Canada, Great Britain, France, Italy, Japan and Germany almost have their 50 percent of work force employed in the service sector⁴. Developing and less developed countries are more dominant in goods production and they focus on agricultural production and developing natural resources. Their main thrust is on first satisfying the physiological needs like food, shelter and clothing. Even then, in these countries there is a fast swing towards services and service sector in over taking the manufacturing sector.
2.4 PRIMARY HEALTH CENTRE (PHC)

Rural health is mainly ensured by the public health centres, which are established to cover all the villages. The PHC is a multipurpose unit established at the peripheral level to render preventive and curative medical services to the people. Somnath Roy and Sharma (1986)\(^\text{10}\) noted that the primary health care and sub-centre should include certain basic health services including education on prevailing health problems and the method of identifying, preventing and controlling them, adequate supply of proper nutrition, adequate supply of safe water and basic sanitation, maternal and child health care including family planning, immunisation against the major infections diseases, prevention and control of local endemic diseases and injuries, promotion of mental health and provision of essential drugs.

2.4.1 OBJECTIVES OF PRIMARY HEALTH CARE

1. Primary health should be accessible to the population.

2. It should be acceptable to the population.

3. It should identify those medical needs of the population which can be prevented modified or treated.

4. It should make optimum use of manpower and resources to meet emerging medical needs.

2.4.2 COMPONENTS OF PRIMARY HEALTH CARE

The primary health care renders four major distinctive services to the people namely:

- Promotive Services.
- Preventive Services.
- Curative Services.
- Rehabilitative Services.
2.4.3 FUNCTIONS OF PRIMARY HEALTH CARE

a) Medical Care.

b) Maternity and Child Health (MCH) and Family Planning.

c) Improvement of environmental sanitation with priority for providing safe drinking disposal of human wastes.

d) Collection and reporting of vital statistics.

e) Control of surveillance of communicable diseases.

f) Health education.

g) National health programs as relevant.

h) Referral services.

i) Training of village health guide, health workers and health assistants.

j) Along with these basic laboratory services which facilitates for providing selected procedures and periodic care, one medical college is in charge of PHCs.

2.5 MARKETING OF HEALTH SERVICES

In India, the demand for health services is much more than the supply. In this sellers market, marketing of health services has not been given emphasis. The increase in competition among the private sector hospitals has created the need for marketing government funded health care with focus on creating awareness about the importance of health and the hazards of ignoring it.

Health care is classified in two categories:

- Social Marketing.
- Commercial Marketing.

♦ SOCIAL MARKETING

This relates to areas of family planning, child immunisation and health and family welfare aids. It is mostly carried out by government and some NGOs through
mass communication media like the television, print media, cinema, transit advertising, direct mail scheme, etc. Personal communication is also used for promoting these services.

**COMMERCIAL MARKETING**

Hospitals and nursing homes enter into agreements with the corporate sector for the treatment of their employees. Competition has forced the private hospitals to take up advertising in the print media; encouraging people to have preventive health care by having regular check ups, etc. Several schemes such as medical insurance policies by the GIC, Oriental Insurance, LIC, etc have also been promoted during the last decade.

Health services available in India are classified as:

1. Government owned health services.
2. Privately owned health services.

The government (both central and state) has a network of institutions at primary, secondary and territory levels. These include sub-centres, primary health centres, community health centres, rural hospitals and dispensaries in rural areas, sub-divisional and divisional hospitals, medical college hospitals and specialised hospitals. However, the government is facing a lot of problems in attracting doctors to serve in the rural areas. The government facilities are not adequate as per the population needs and most of the people who have a reasonable level of purchasing power, make use of private health care services.

Several privately owned hospitals have come up during the last few decades, which are targeting the middle and high income group people. Healthcare is fast coming up as an industry in the private sector with better and advanced technologies.
The Indian health care market is more of a seller’s market. As is the case with any other product or industry in a sellers’ market, the ‘marketing’ aspect in Indian heath care market is given a low level of importance. Some of the organisations which have started giving a thought to health care marketing are also more limited to ‘sales’ aspect or ‘image building’ exercise and not to total marketing approach.

Some of factors responsible for poor national health status are explained as under:

1 **Illiteracy and Population Growth**

   The problem of illiteracy is linked with high population growth and lack of awareness. The female population needs special attention as the percentage of the illiteracy is more in their case. The government of India is making concerted efforts to remove illiteracy.

2 **Poverty**

   Poverty is the shortage of common things such as food, clothing, shelter and safe drinking water, all of which determine the quality and standard of living of the people. About 1.7 billion people are estimated to live in absolute poverty today. More than 30 percent of India’s population is below the poverty line as observed by Jalanne Laurier and David Walsh (2010).11

   Only a few Indians go for periodic or preventive check ups. Generally they go to a doctor only when they have problems. Because of low income, the consumer expenditure on health in India is too low. There is a lack of awareness about deadly diseases like AIDS, cancer, etc.

   The “four ‘Ps’” in marketing viz Price, Place, Promotion and Products. Instead of four Ps, in service marketing it has the CAPS concept:

   1. Consideration instead of price.
2. Access instead of place.
3. Promotion.
4. Service instead of profit.

One of the important indicators of the economic development of the country is the health status of its residents. Developed countries have excellent medical and health related programs. These countries have high life expectancy, low infant mortality and more per capita doctors.

2.5.1 ISSUES IN MARKETING OF HEALTH CARE

In order to ensure good health, there seems to be a focus in the following aspects:

- Educate and encourage people to take up preventive/periodic check ups.
- Enforcement of Consumer Protection Act may result in cost increase and also increase the demand for specialists.
- Setting up of corporate hospitals will add to more competition and ensure provision of better health care services to the people.
- Educate females - remove gender bias.
- Provide primary health care facilities and make them affordable.

2.6 HEALTH CARE QUALITY

In healthcare it is obvious that a patient would include “getting well” or “cured” as one important criterion for judging the quality of the service. Child and Adolescent Health and Healthcare Quality makes recommendations for improving and strengthening the timeliness, quality, public transparency and accessibility of information on child health and health care quality. The health care should be based
on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision-making.

2.6.1 TECHNICAL ASPECTS OF HEALTH CARE QUALITY

The traditional view is that quality depends primarily on provider knowledge and meeting professional standards. In fact, technical and clinical healthcare quality becomes almost synonymous with standards, guidelines and codes of organisations representing various medical and allied professionals and hospitals themselves. For instance, medical errors and patient safety continue to be major concerns for all involved in providing high quality clinical care.

Health quality has two important dimensions, one in terms of professional quality requirements and the other in terms of patients and/or societies expectations. Kiima and Jenkins (2010)\(^\text{12}\) noted that “Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. This definition stresses the importance of health outcomes and professional requirements. It is a great challenge for experts to develop valid diagnostic and therapeutic services encompassing an even broader array of health/medical problems.

It is often argued that defining quality of care from the physician perspective alone has limitations and at the same time it is said that customers (e.g. patients) are not competent to judge technical and scientific aspects of quality or process failure. These measures are neither customer-focused nor focused on excellence. It is obvious that there would be few patients who go to a hospital expecting any of these complications to occur. Further, the concept of quality gets more complex looking at the traditional view that “quality means doing more”- using greater technology, doing more tests, giving more intensive care, etc.
More of the physicians have problems accepting fundamental challenges such as patients are well-equipped to assess core dimensions of the quality of care they receive. But chronic illnesses are becoming more prevalent and the patient’s involvement in determining the outcome of quality is crucial, e.g., diabetes or heart disease cannot be treated in an organised manner effectively and efficiently without the patient’s participation. Therefore understanding patient preferences should become the foundations of organisations and hence, an important quality dimension in addition to technical quality.

Overall quality of healthcare can be modeled as having three components: the quality of outcome, hospital care and physician care. Hospital care would mean that the patient is free from disease, pain or incapacity; whereas the service and affective dimensions of care are that the patient and other customers are happy with food, infrastructure and other support services. This has led to tensions among physicians hospital managers and healthcare policymakers in defining “healthcare quality” as each stake holder’s views quality from his perspective. For instance, patients will focus on health gains, satisfaction or well being as well as their needs, wants and expectations. The physicians will evaluate the effectiveness of medical procedures and interventions against professional standards and scientific knowledge. The hospital managers would be judging quality in terms of optimising resources, costs and number of medical procedures. Though all three groups of people judge quality in the same way, they differ in terms of their focus on specific aspects of medical care and their expectations. Hospital and health plan marketers argue that customers evaluate quality of processes namely, the personal service, support services and the accommodation amenities of the hospital and that the customer is always right.
2.7 HEALTH BEHAVIOUR

Personal health behaviours contribute to over 50 percent of all major causes of death. Health behaviour refers to patterns of behaviour that affect the health now and as one gets older. Therefore, the personal life-style greatly affects the quality of health. Over the years, research has identified a variety of behaviours that promote good health and tend to increase the average length of life. The behaviours include sleeping 7 to 8 hours daily, eating breakfast daily, avoiding eating between meals, maintaining a healthy weight, reducing fat and salt in meals, getting regular physical exercise, avoiding the use of tobacco and alcohol and using only legal medications.

2.8 SERVICE QUALITY

The term ‘quality’ has different meanings without accordance among scholars and managers. Parasuraman, Zeithaml & Berry (1988) made conceptualization and measurement of service quality. Their focus group interview has captured not only the attributes of service quality but also the underlying psychological process by which consumers form service quality judgments. Finally, they have concluded that service quality judgments comprise five underlying attributes that consumers evaluate on the basis of the expectancy - disconfirmation paradigm.

Naidu (2009) and Andaleeb (2001) observed that assessment of service quality in health services poses some interesting challenges that have engaged academics and practitioners for some time. Historically, the establishment of quality standards was delegated to the medical profession. Rashid and Jusoff (2009) noted that technical quality in health care services is primarily on the basis of technical accuracy of diagnoses or procedures as well as on compliance with professional specifications. However, patients as customers of health care services often find themselves in a peculiar situation when it comes to assessing service quality as they
are often not sufficiently qualified to assess all aspects of service quality particularly the technical aspects. Hardeep Chahal and Neetu Kumari (2009) identified the three dimensions of customer relationship management namely service quality, customer satisfaction and customer loyalty in healthcare sector.

2.9 HEALTH FACILITIES

A community’s health and its medical care programs necessarily depend upon the doctors, nurses, hospitals, clinics and other facilities available. The key to the whole health program, however, is the physician. Although medically rich states on the average, had only about three times as many physicians in proportion to population the least favoured states they had more than four times as many dentists and five times as many nurses.

2.10 WORK PERFORMANCE

The PHC medical officers are supposed to divide the PHC area among them on a geographical basis and take responsibility for all the activities under health and family welfare programs in their respective areas. But, the ultimate responsibility lies with the in-charge medical officer.

All states have setup special units for family planning work. The family planning education has been interwoven with other constructive activities, especially the work of the primary health centres, community development blocks and voluntary organisations. For certain sections of the population, the provision of medical supplies free of cost or at subsidised rates has been made to attract them towards adoption of family planning methods.

Besides, the propagation of family planning methods, emphasis is to be laid on moral and psychological elements, education of women, opening up of new employment opportunities for them and rising the age of marriage. However, it is also
necessary to point out that the control of population is not a matter for legislation or for executive action, but, it entirely lies within the choice of individuals who are to be educated into a sense of their social responsibility.

The chief role of the doctor is to induce the body to recover its trust in the supreme grace. One of the most fundamental hospital service is nursing care. Each nurse keeps a chart of temperature and pulse rate for every patient in her charge. She also notes every significant detail about the patient’s condition and reactions. When a doctor makes his round calls on his hospital patients a glance at a patient’s chart helps him to decide what to do. The nurse also carries out the doctor’s instructions for medical care. They change dressings or bandages, give medicines and set up oxygen. The others are concerned with house keeping, laundry and plant operation, food service and management. Some of the simpler nursing duties are often performed by practical nurses. They have a shorter period of training than a professional or registered, nurse and work under the supervision of professional nurses. Other duties such as making beds, cleaning rooms and assisting patients, may be carried out by a nurse’s aide a ward helper, or an orderly.

Each area where patients’ rooms are located called a nursing unit has a central office called nurses’ station. From there the head nurse supervises the care of all patients in her charge. For a number of years the trend in hospital construction has been away from wards to private or semi private rooms, for one, two or three patients. Only in a few of the largest government institutions, generally those for mental patients’ is the huge open ward for 50 to 60 patients retained. Sometimes small wards are desirable especially in hospitals for the chronically ill and the aged. These persons seem to prefer the friendliness and activity of the ward to the seclusion of the private room.
2.10.1 FAMILY PLANNING PERFORMANCE

The main appeal for family planning is based on consideration of health of mother and better care and up bringing of children, thus, contributing to the health and welfare of the family. The first problem is to create motivation in favour of family planning in the minds of the people and the next is to provide advices and services based on acceptable, efficient, harmless and economic methods.

2.11 STROKE

A stroke occurs when an artery in the brain ruptures or a blood clot restricts circulation. The type of damage that results depends on the area of the brain affected. Symptoms of a stroke can include speech problems, weakness or paralysis on one side of the body, confusion, dizziness or unconsciousness. The following steps may be taken for first aid: Place the person on his or her side to prevent choking; Keep the person lightly covered; Rescue breathing; Don’t give food or drink and Call EMS (Emergency Medical Services) immediately for an ambulance.

2.12 HEART DISEASE

The heart and blood vessels can also suffer from high levels of stress. Mental and emotional stress causes the heart rate, blood pressure, and cholesterol levels to increase. Cholesterol is a waxy, fatty substance that can block the flow of blood through the arteries. All of these factors tend to increase the risk of heart disease. Research shows that personality characteristics also may have some effect on one’s risk of heart disease. Some studies suggest that people who are unable to relax, driven by the clock, very competitive, achievement oriented personality who also demonstrate a great deal of hostility may be at high risk for heart disease. However, other factors such as smoking, high blood pressure, eating a high fat diet, and lack of exercise are more important in determining risk.
Long-term stress is a major factor in illness and can lead to premature death. Therefore, it is important to learn effective ways of coping with stress. With each experience of stress, the physical become either more or less capable of dealing with its effects.

2.13 NUTRITION AND HEALTH

The major components of food are carbohydrates, proteins, fats, vitamins and minerals. These are called nutrients. It is very essential to learn about their nutritional values to plan for a balanced diet and to develop proper food habits.

Good nutrition is a basic component of health. It is of prime importance in the attainment of normal growth and development and in the maintenance of health throughout life. Nutritional surveillance, nutritional rehabilitation and nutrition education are relatively new concepts in community medicine.

Despite these advances, malnutrition is widely prevalent in many parts of the world. It is one of the greatest international health problems of the day. Its association with infection, its complex links with fertility, family size, physical and mental growth and development and immunity mechanism of the body are new dimensions. There is a growing realisation that adequate nutrition is a necessary first step in the improvement in the quality of life. The importance of malnutrition and under nutrition as obstacles to social and economic development has brought nutrition to the forefront of national and international concern.

2.14 VITAMINS

Vitamins are a group of organic compounds found in foods that are a vital part of a healthy diet. There are 13 known vitamins each with a different role that is essential to the normal function of every cell and tissue within the body. Although many of the functions of vitamins overlap like in antioxidation, metabolism and cell
division, there is no one vitamin that can replace or act for another. Vitamins are growth regulators, which are required in small quantities for the catalytic action of certain chemicals and for maintaining good health.

Vitamins are divided into two groups as “Fat Soluble” and “Water Soluble”. Fat Soluble vitamins are vitamin A, D, E and K. Water Soluble vitamins are B and C. Rich sources of vitamins are found in fresh vegetables, fruits, cereals, milk yeast, meat, fish, liver, eggs, etc.

2.14.1 SOURCES OF VITAMINS

<table>
<thead>
<tr>
<th>Vitamins</th>
<th>Sources</th>
<th>Functions</th>
<th>Deficiency Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Milk, butter, cheese, egg-yolk, green vegetables, yellow fruits, fish-liver-oil, carrot</td>
<td>Proper eyesight</td>
<td>Night Blindness</td>
</tr>
<tr>
<td>B</td>
<td>Milk, egg, cheese, meat, liver, wheat, rice bran</td>
<td>Healthy nerves</td>
<td>Weak nerves, beri beri, pellagra and anemia</td>
</tr>
<tr>
<td>C</td>
<td>Citrus fruits, tomatoes, green vegetables</td>
<td>Good growth of muscles and teeth</td>
<td>Scurvy, bleeding of gums</td>
</tr>
<tr>
<td>D</td>
<td>Egg yolk, fresh-liver-oil</td>
<td>Strong and properly developed bones</td>
<td>Rickets, bow legs and pigeon chest in children</td>
</tr>
<tr>
<td>E</td>
<td>Wheat, germ-oil, seeds</td>
<td>Normal development of young ones</td>
<td>Muscular dystrophy and sterility</td>
</tr>
<tr>
<td>K</td>
<td>Cabbage, cauliflower, green vegetables, liver</td>
<td>Normal clotting of blood</td>
<td>Improper clotting of blood</td>
</tr>
</tbody>
</table>

2.15 PERSONAL HYGIENE

Sanitation habits considerably affect the health of the community, whereas personal hygiene affects primarily the health of the individual and is largely connected with standard of living. The study of personal hygiene requires the
understanding of individuals’ particular habits formed over a long experience and eventually becoming part of their cultural system. In personal hygiene, the focus will be on to describe the habits of the village pertaining to bodily cleanliness which includes habits of cleaning teeth, taking bath, washing of clothes, care of eyes and so on.

2.16 HEALTH CARE PROGRAMS

Prevention is better than cure. Recognising health as an important contributory factor in the utilisation of man power and the uplifting of the economic condition of the country, the Planning Commission gave importance to health program. The National Health Policy (1983) of India reiterates India’s commitment “Health for All”. Though a lot of effort has been taken towards this, a number of factors like high population growth, poverty, illiteracy and lack of resources make it difficult to reach anywhere near the above objective.

2.17 FIRST AID

First aid is practical and immediate care for an injury or sudden illness. Such emergency care is administered until professional medical help is available. First aid does not require elaborate training or special equipment. First aid training covers care for sudden illness and specific injuries, accidental injuries and emergency procedures. Knowing first aid is important for having the skill to handle emergencies and accidents effectively.

2.18 ENVIRONMENT AND HEALTH

The health status of an individual community or a nation is determined by the interplay and integration of two ecological universes: the internal environment of man himself and the external environment which surrounds him. Thus, disease is seen as a disturbance in the delicate balance between man and his environment. Sanitation is
regarded as, “the science of safeguarding health”, ensuring the quality of living that is expressed in the clean home, clean farm, clean business, clean neighbourhood and clean community. It is worth remembering the observation of WHO which reads as “the control of all these factors in man’s physical environment which exercise or may exercise a deleterious effect on his physical development, health and survival”.

The term health implies more than absence of sickness in the individual and indicates a state of harmonious functioning of the body and mind in relation to his physical and social environment so as to enable him to enjoy life to the fullest possible extent and to raise his maximum level of productive capacity. It is difficult to obtain statistics of positive health, but, the statistics of morality and average expected life point out something from the negative side.

2.19 HEALTH INDICES

Through analysis of various indices the state of health of a community can be measured. Health conditions may be appraised and compared with those in other communities. Comparison may also be made with conditions prevailing in the same community in previous years. The effectiveness of individual health procedures can be evaluated and the adequacy of community health services determined. It should be borne in mind, however, that the statistical method measures mass events and reveals only quantitative facts.

2.20 WATER SUPPLY AND ENVIRONMENTAL SANITATION

The provision of environment conductive to healthful living is an essential requirement for the maintenance of public health. In countries where water supply and waste disposal have been attended to, cholera, typhoid fever and dysentery have almost disappeared.
In its widest sense, health education is the very foundation of a successful public health program. Much of the illness is the result of ignorance of simple hygienic laws and indifference to their application in practice. The most important aspects of health education are personal hygiene, environmental sanitation, prevention of communicable diseases, nutrition, physical exercises, marriage guidance, pre-natal and postnatal care, maternity and child health. The various problems of different sections of the community have to be addressed in a manner suitable to each. The medical personnel at maternity and child health centres are to carry this message to women. Instructions about health education in children are to be given in schools. Adults are to be instructed during their recreation, adult education and by publicity through literature, cinema, radio, audio-visual aids and health exhibitions in fairs.

2.21 CONCLUSION

For all medicines there is a trade-off between the benefits and the potential for harm. To minimise the harm, it is necessary that medicines of good quality, safety and efficacy are used rationally, and that the expectations and concerns of the patient are taken into account when therapeutic decisions are made. To achieve this is to serve public health. There is also a need to foster a sense of trust in patients in the medicines and the services they use that would enhance the confidence of the beneficiaries in the health service in general.

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