



MARKETING OF SERVICES FOR SATISFACTION OF PATIENTS IN HOSPITALS

P. Vijaya Kumar* S. Vijaya Raju**

*Research Scholar in Commerce & Business Administration, Acharya Nagarjuna University, Nagarjuna Nagar.

**Former Dean of Faculty of Commerce & Management Studies, Acharya Nagarjuna University, Nagarjuna Nagar.

Abstract

In service marketing today, service brand is built by taking the process of perspective. This means that unlike manufacturing, differentiation between operations and marketing is blurred in the services industry. Internal customer focus is as important as external customer orientation. The process is a special method of operation

Keywords: Quality, Services, Hospital.

Introduction

Service marketing is based on very different paradigms. Since services are highly intangible, its benefits are felt over a period of time and not immediately. The task of the marketer becomes creating confidence in the customer's mind that the delivered benefits, will at the minimum, be the same as that of the promised ones. There are two categories of products included in the range of services marketing. Hospitality sector in the service industry offers both tangible and intangible benefits to the customer. The tangible features are properly equipped rooms matching the lifestyle of the target customer, air conditioning, facilities like television, internet connectivity, facsimile machines, refrigerator and other benefits like healthcare services, swimming pool and so on. The intangible dimensions are the services provided by people in the housekeeping, room service and or restaurant services. Today the service industry plays a significant role in both the global and domestic economies.

Meaning of Services

Services are revolutionizing the whole world. Today, we live in an economy which is service-oriented. Marketers offer tangible goods with supporting services such as pre-sale or after sale services, accompanying a product. But as a distinctive area of study in marketing, attention is paid to those services sold by business or professional concerns with profit seeking motives. These are fundamentally commercial services offered in business. These services are labour services, personal services, professional services or institutional services offered by transport, banking, insurance, warehousing, advertising and such other service organizations. Thus, the term, 'services' have a very wide scope and application.

- 1. Service Quality:** Service quality is needed for creating customer satisfaction; and service quality is connected to customer perceptions and customer expectations. Oliver (1997) argues that service quality can be described as the result from customer comparisons between their expectations about the service they will use and their perceptions about the service provided by the company. It means that if the perceptions would be higher than the expectations, the service will be considered excellent; if the expectations equal the perceptions, the service is considered good; and if the expectations are not met, the service will be considered bad.
- 2. Patient Satisfaction:** Patient satisfaction is a component of healthcare quality and is increasingly being used to assess medical care in many countries in the world. Until recently, traditional assessments of medical care were done purely in terms of technical and physiological reports of outcomes (Jenkinson et al 2002). It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners. This is meant to measure the quality of service delivery but until now, no baseline value has been found. Health care scenario is fast changing all over the world. Patient satisfaction is one of the established yardsticks to measure success of the sendees being provided in the hospitals. Improved socio economic status and easier access to medical care has led to high expectations and demands from consumers of hospital services. For health care organization to be successful monitoring of customers' perception is a simple but important strategy to assess and improve their performance. A patient is the ultimate consumer of the hospital. He is the person in distress. He expects from hospital comfort, care and cure. Patient forms certain expectations prior to visit. Once the patient come to the hospital and experience the facilities, they can become either satisfied or dissatisfied. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society. The goal of any service organization is the creation of satisfaction among customers.

Professional Services in Hospitals

The marketing of professional services is different and what has worked to sell consumer goods or industrial goods or even banking services cannot be transferable to the situation found in many professions. Hereafter professionals cannot think of smooth business, as they have to come across numerous problems in the day to day work. The problems that professionals face day to day are listed below:-



- Client uncertainty
- Professional experience
- Quality control
- Involvement of third party
- Limited differentiability
- Allocating professionals' time to marketing
- Limited marketing knowledge
- Effects of advertising unknown

Marketing of Hospital Services

Hospital and health care marketing have got its significance during the last decade. However, it is important to remember that marketing is used in public health campaigns throughout history. The communication techniques used to educate population about prevention and treatment procedures for different epidemics and communicable diseases are the beginning of the concept of health care marketing. In fact, health education through Government health departments is the foundation of health care marketing. It is also important to remember that marketing has been used extensively by public health departments, pharmaceutical firms, medical supply businesses and health maintenance organizations during the last few decades.

Review of Literature

The literature review is an important step in any research process. Review of earlier studies discloses the works and studies done by individual researchers and institutions and help to establish further the need for the study. S. Nayana Tara, (2012)¹, stated the inadequacy of Government hospital in Karnataka and provides recommendations to improve its operations and deliver its goals of providing quality primary healthcare at affordable prices to those below the poverty line. Descriptive method is used for the study. The author concluded that the current model of health service delivery would not achieve its objective of delivering primary health care to people below the poverty line, unless the Government puts in place certain operational measures, to improve the infrastructure and the administration of the hospital. Dr. T. Vamiarajan and B. Arun, (2010)², conducted a study on service quality in healthcare centres. The objectives of the study are to determine the important service quality factors in the health care centre; to determine how well the patients perceive the service quality factors of health care centre; and to determine the impact of service quality factors on the overall performance of the health care centre. J.K Sharma and Ritu Narang (2011)³, conducted a study on rural Service Quality of Health care in India based on user perspective. The main objective of the study is to assess the perception of patients towards quality of health care services in rural areas of seven district of Uttar Pradesh. Factor Analysis and t- test was used in this study. The study concluded that immediate steps need to be taken to ensure availability of doctors, medical equipments and good quality of drugs. Rajinder Singh, (2011)⁴, quoted that health is fundamental to the quality of life. It is one of the most vital factors for improving the functional system and attaining the superior standard of living in society. Patients are better informed and they know more about health and medical services. The author concluded that private and charitable hospitals have given more importance to the marketing and maximum expenditure for marketing. Dr. Parvez A. Mir, (2011)⁵, stated in his study that healthcare services is very important and non-avoidable activity to the public. The author collected the primary data from patients by using questionnaire which consisted of 25 statements having five points like of scale. Anand Prakash and R.P. Mohanty, (2012)⁶ conducted a study on Service Quality in Healthcare system using neural networks. The study explored that service quality standards of the hospitals is very important and should be in ethical contact to the patients. Kaiser Meyer Olkiri (KMO), Cronbach's alpha, Co - efficient, Structural equation model are used for data analysis. The authors concluded that the performance only is the best neural network for predicting the service quality for both patients and attendants and the managers of the hospitals should give prompt attention to continuous monitoring for quality improvement. Ramaiah Itumalla (2012)⁷, discussed that the development of the Information Technology has made a significant impact on health care Service Quality in India. In this context, it is intended to study the Information Technology enhancing Service Quality in the health care with reference to private hospitals in India. The study concluded that Information Technology will support the physician, the nurse and the multi disciplinary team at the point of care to provide the better Service Quality in order to achieve the overall patient satisfaction.

Objectives of the Study

1. To classify the Service Quality Perception of patients of hospital services.
2. To find the impact of Service Quality dimensions on Patient Satisfaction.
3. To measure the Service Quality dimensions and Patient Satisfaction.



Methodology of the Study

This study is based on empirical in nature. The researcher has chosen Andhra Pradesh for his study. The sample for this study consists of all 13 district head quarters or major city in the district. All the respondents were in patients in private hospitals. To mitigate the difficulty in establishing direct access to private hospital's inpatient, the researcher approached the managers of the nearby hospitals in the district for data collection for this survey through direct personal interview method from patients' relatives who have accompanied with them. And the researcher also collected questionnaires from patients and spent few minutes that came out from hospitals after taking treatment. Some questionnaires also were collected from the respondents through patients' relatives. The exercise of data collection was fixed for a month in 13 approved and recognised hospitals in Andhra Pradesh. These hospitals were selected on convenience sampling method. It was planned to collect data from 645 patients of hospitals. The researcher selected 13 hospitals in Andhra Pradesh and a total of 645 questionnaires were circulated to inpatients who took medical treatment in these private hospitals and only 507 questionnaires were collected and taken for analyses.

Data Collection and Analysis

The researcher used both primary data as well as secondary data. The primary data were collected through a well structured questionnaire to receive the service quality and patient's satisfaction in hospital services. The secondary data were collected from journals, magazines, books, articles, News papers, periodicals and websites. The researcher analysed the collected primary data with the help of questionnaire through the following statistical tools: Simple percentage analysis is applied to study the demographic profile and personal details of the respondents and T-test, Factor analysis, Cluster analysis, Chi - Square analysis, One way ANOVA and Linear Multiple regression analysis are applied to identify the impact of service quality dimensions, factors influencing patient satisfaction and to examine the influence of demographic variables on service quality dimensions and patient satisfaction.

Findings of the Study

- Tangibles are statistically significant at 5% level. The patients with School level qualifications strongly agree for Tangibles than other educational groups.
- Responsiveness is statistically significant at 5% level. The patients with marital status strongly agree for responsiveness than other married and unmarried respondents.
- Tangibles are statistically significant at 5% level. The patients with Agriculture, Business or Profession strongly agree for Confidence buildings, and Tangibles than other Occupational groups.
- Tangibles, Courtesy, Empathy, Responsiveness and Reliability are statistically significant at 5% level. The patients with tangibles 9 to 12 years, courtesy above 4 years, empathy above 4 years, responsiveness above 4 years and reliability for 5 to 8 years strongly agree for getting treatment in the hospital.
- Assurance is statistically significant at 5% level. The patients with assurance of more than 2 years; and up to 5 years strongly agree that they are affected by their disease.
- Assurance, Tangibles, Responsiveness and Tangibles are statistically significant 5% level. The tangible patients strongly agree for monthly once checkup than other groups of patients.
- Tangibles and confidence building are statistically significant at 5% level. The tangible patients and confidence building patients strongly agree 2 to 4 times other than those patients admitted in the hospitals.

Suggestions

- Patients are different types in the study area. Some of them take medical treatment for the time being diseases. But some other takes medical treatment for the chronicle diseases. Therefore, fee concessions can be given to the patients who are taking treatments for their chronicle disease.
- Place discrimination of pricing of medical services is suggested to satisfy the rural and urban clients. This is because, there is income disparity among the respondents in rural and urban areas. But it should be carefully done without affecting others.
- Today more number of hospitals are being established. Therefore there has been growing competition among the medical service providers. In order to fight with the competitors or to maintain the existing patients and to cover the potential patients, state-of-art facilities have to be established.
- As the guardians of public health, the hospitals have their social responsibilities. More conduct of health camps and immunization camps would not fulfill their social responsibilities. A constant interaction with the environment around and to improve the same, private hospitals participating with the general hospitals in sharing of high cost service, sharing knowledge, creation and use of common facilities, treating trauma care victims, joint or collaborative research activities and united fight against diseases like HIV, SARS and other types of diseases, would enable healthcare to achieve excellence and benefit the society.



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