

MARKETING OF HOSPITAL SERVICES BY NON-GOVERNMENTAL ORGANISATIONS

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THESIS

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1995

DECLARATION

I hereby declare that the thesis entitled "**Marketing of Hospital Services by Non-Governmental Organisations**" is a bonafide record of research work done by me during the course of research and that the thesis has not previously formed the basis for the award to me of any degree, diploma, associateship, fellowship or other similar title, of any other University or Society.

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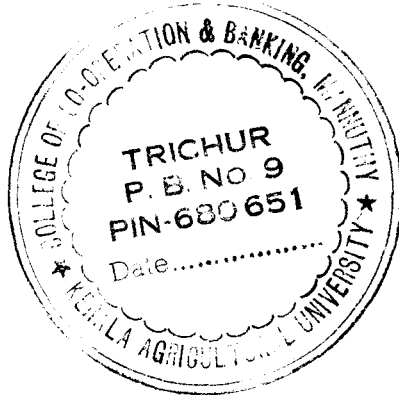
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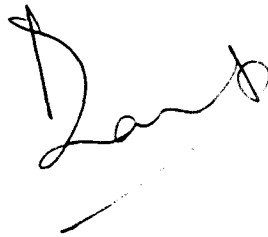
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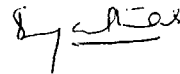
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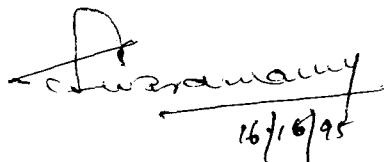
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Introduction

INTRODUCTION

In modern times, health has been defined for the first time in 1948 by the World Health Organisation (WHO) as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. The right to health and medical service without distinction of race, religion, political belief, economic and social condition, constitute the vital articles of the Universal Declaration of Human Rights adopted by the United Nations Organisations (UNO). The WHO has declared 'Health for All by 2000 AD' as its goal for all member countries including India.

It is, described that the health care infrastructure and services in India are very poor with a wide regional disparity (Harichandran, 1986). But, by the turn of the next century, to achieve the goal, 'Health for All', inevitably necessitate an emphasis on prevention and cure of diseases and particularly the maintenance of health aspects. However, the health care scenario in our country is presently sticking more towards the curative side only as against the wide spectrum of services envisaged in the health policy. The mere linear expansion of curative medical facilities cannot take our country closer to the goal, as ingredients of better health are inherent in the prevention of diseases and

maintenance of health factors too. It is in this context that the marketing of hospital services in the true spirit of its concept gains momentum.

The concept of marketing is a relatively new and topical subject as far as health services are concerned. It has many positive attributes though its negative implications are often subjected to severe criticisms. This is due to certain latent characteristics the services have viz. intangibility, inseparability, perishability, heterogeneity etc. These characteristics not only create special marketing challenges but often compel designing unique marketing programmes of non-conventional nature in comparison to marketing of products. However, it is a truism that all components of marketing mix (product, price, place and promotion) are relevant here also. But application of marketing concepts to hospital services differ in many respects compared to its application in usual businesses. Hospitals primarily deliver services, and hence the marketing programme should link the hospitals and their services to the community. Effective linking of these aspects through marketing process remain complicated and no conscious efforts appear to have been made till date. Hospitals therefore need deeper knowledge and understanding of their markets and market needs. They should also devise methods to make use of their

resources, viz., doctors, employees and physical facilities. This alone will help in attaining optimum use of resources and in providing the right services at the right place at the right time.

Regarding health services, it is to be remembered that marketing was used in public health campaigns throughout history. The communication techniques used to educate the population about prevention and treatment procedures for different epidemics and communicable diseases were the beginning of the concept of health care marketing. In fact, health education through public sector health departments was the foundation of health care marketing and of late a trend towards a total marketing orientation has become dominant for survival of hospitals. But the public health sector in our country is facing shrinking resources reflected in keeping posts of medical and paramedical personnel vacant, lack of necessary drugs and other infrastructural facilities. Speciality departments are yet to become a reality in government hospitals. Moreover, room facilities and maintenance are still in its infancy. Restrictions relating to the visitors inaccessibility to the room of patients at any time stands out to be yet disadvantage with the public health care organisations. This gives a headway for the non-governmental health care service organisations in marketing their services.

The preference towards a hospital, in fact, lies in the satisfaction achieved by its beneficiaries. However, the attitude of the subjects is dependent not only on the service aspect alone, but on the entire medical care aspects. Identifying their needs and priorities, therefore, becomes inevitable in framing appropriate health care marketing strategies. An attempt to frame a health policy also presupposes an indepth understanding of these factors. The present study is attempted on this broad frame work.

Objectives of the study

The present study is proceeded with the following objectives:

1. To examine the marketing practices adopted by the non-governmental organisations rendering hospital services and also to assess its effectiveness.
2. To study the attitude of patients, doctors and paramedicals towards the present hospital services.

Scope of the study

Human capital plays a key role in socio-economic development of a nation and therefore the aspect of health care gains significance. In contrast, studies highlight that our country still continue to remain backward with poor health

care infrastructure, low standard by all criteria of health care (viz. number of persons for one doctor, nursing person, hospital beds, budgeted expenditure etc. (Sharma, 1986)). Moreover, health services organisations are facing problems like intense competition, rising costs, stagnation in productivity and service quality. The role of marketing in hospital services, therefore gains momentum, eventhough the subject has only recently attracted the attention of non-profit organisations particularly hospitals. A scan of available literature on the subject reveals that organisation specific studies relating to the marketing practices adopted by the hospitals are rather scanty. Realising the fact that preference towards a hospital depends on the beneficiaries attitude towards their marketing practices, perception studies relating to the subjects of the hospitals gains prominence. This study is therefore an attempt to examine the marketing practices of three non-governmental health care organisations of Thrissur district and also to determine the beneficiaries attitude towards the services offered therein.

Limitations of the study

The apprehensions of the hospital authorities about the use of the information disclosed by them has to some extent adversely affected the selection of hospitals completely along the proposed sampling procedure. Another

limitation was the difficulty experienced in administering the schedules individually among the doctors and paramedicals on account of their very busy working schedule. Also due to the non-systematic record keeping procedures adopted by the hospitals, secondary details about the organisation could not be obtained, limiting the study entirely upon use of primary data.

Structure of the report

The report is divided into five chapters and the chapterisation is as follows. The second chapter presents the review of literature. The third chapter explains the materials and methods employed for the analysis. The fourth chapter, results and discussion, comprises of two parts. The first part narrates the existing marketing practices adopted by the non-governmental organisations rendering health care services. The attitude of the respondents towards the present hospital services are discussed in the second part. The summary and conclusion of the study forms the fifth chapter, followed by the bibliography, appendices and abstract of the report.

Review of Literature

REVIEW OF LITERATURE

This chapter looks into the findings of some of the works related to the area of the study. A classification of the studies is made in accordance with the objectives framed for the research purpose and the review is made accordingly.

The major heads of the review include:

- (i) General health related studies
- (ii) Marketing of hospital services
- (iii) Perception studies of the personnel in the health care sector

General health related studies

The health status of millions of people in the world today is unacceptable, particularly in the developing countries. "Health for all by 2000 AD" was the slogan adopted by the world at the Alma Ata conference in 1978 and therefore health was recognised as a fundamental entitlement. This section looks into the present status of health services of the country, the role of voluntary organisation in imparting health care to the public etc. Idris (1986), Harichandran (1986), Anand (1987), Reddy (1987) observed the health care infrastructure and services in India as very poor with a wide regional disparity. The attainment of the objective of

'Health for all by 2000 AD' will remain a dream unless the health care package including development of nutrition, safe drinking water supply, sanitation, housing, education and social welfare are given due importance and priority in our plans, opines the authors.

Sharma (1986) further substantiated this view and stated that the standard of facilities in our country was low by all criteria (number of persons for one doctor, nursing person, hospital beds, budgeted expenditure etc.). Harichandran (1986), Panikar and Soman (1986) however opined that among Indian states, Kerala has the record of achieving a reduction in death rates almost compared to the developed countries. Sharma (1986) suggested a requirement of five times as many physicians, 15 times as many nursing persons and more than 5 times the budgeted expenditure to attain the level of health care as per Industrial Market Economics. This can be achieved through revitalising the indigenous system.

The development in medical and health services in our country was studied by Rao and Rao (1991) focussing on the present state of affairs, and they further developed a projection to predict the pattern of medical and health care in India in future. A similar study was attempted by Tiwari (1992) who reviewed health as an integral part of the development activities, focussing on the notable progress made

in the field of health care since independence, as well as the various problems faced by the country, such as continuance of the communicable diseases, prevalences of malnutrition, shortage of personnel and increase in the non-communicable diseases. He was of the opinion that the private sector will have to play a more dominant role in the coming years in the health care delivery.

To further improve the health care status of our country Anand (1987) recommends strategic and structural changes in the health sector like subsidies for setting up hospitals in backward rural areas, liberal tax reliefs by the government for donations to health programmes rather than for health research alone, Government insistence that 20 per cent of outpatients and 10 per cent of beds in private medical institutions should be free for low income groups. Stating the present hospitals as inadequate Reddy (1987) studied the role of corporate hospitals as an alternative to providing adequate hospital services. The author says the story of Appolo Hospital, Madras, the first corporate hospital that experimented and found the solution as to how hospitals can be managed in the corporate sector which can provide quality health care to standards that can reverse brain drain as well as the exodus of patients to better facilities outside the country.

Realising the poor status of the public health sector in our country in terms of shrinking resources like non-filling posts of medical and paramedical personnel, lack of necessary drugs and other infrastructural facilities, the role of non-governmental organisations in providing similar services is becoming a predominant issue. Along this dimension, studies were conducted by Ghei (1986) and Srinivasan and Natarajan (1986). Ghei opined that the crucial areas where voluntary efforts are needed include population control through family planning, education of women, provision of maternity and child health services, improvement of sanitation and water supply etc. Srinivasan and Natarajan in their study analysed the role of such organisations in the delivery of health care services in the rural areas of Tamil Nadu. The results revealed that the implementation of health services have made visible impacts to get services at low cost and at convenient places, to generate health awareness etc. The author concludes stating that voluntary organisation's involvement in meeting the health needs of the rural people is not only welcome, but essential and desirable and moreover kindles the rural people for better health care.

The studies reviewed here reveal the present health status of our country, the role of corporate and non-governmental health care institutions in imparting health

services etc. It can however be concluded that the role of non-governmental organisations in rendering hospital services is rather economical and inevitable too. The study attempts to examine the role of such organisations in marketing hospital services and the effectiveness of their present hospital service marketing. The studies reviewed hereunder proceeds along similar lines, viz, the marketing of hospital services and the perception studies of the personnel in the hospital.

Marketing of hospital services

Marketing which was first developed in connection with products, has been broadened in recent years to cover other "marketable" entities, namely, service, persons, places and ideas. Nonprofit organisations, both public and private, are primarily in the service business. However, service based organisations typically lag behind manufacturing firms in their development and use of marketing, the reasons for which are many. This section scans into available literature on the marketing of hospital services which highlights the growing need for marketing their services on account of intense competition, rising costs, stagnation in productivity and service quality etc.

Ranade (1983) remarked that the rapidly expanding field of hospital services, advances in scientific medicines etc. has made the administration of hospitals a complex affair, and further opines that hospitals performing its curative and preventive functions must be organised and administered in a truer scientific manner, without overlooking its humanitarian aspects of services. Application of marketing principles with reference to hospital management and patient care based on the principles of customer orientation, profitability and organisational co-ordination is of absolute importance. The author concludes saying that, a successfully applied marketing mix strategy serves the benefit of the target market as well as the hospital.

Koler (1985) looks into a systematic way at the marketing of services, which an increasing number of people regard as posing some distinct issues that does not arise in normal product marketing. Service have four distinctive characteristics that must be given special consideration when designing service marketing programmes viz. intangibility, inseparability, variability and perishability. It is the intense competition, costs rise, productivity stagnation etc. that took service organisation into marketing. The author opines that ways to increase productivity is one of main needs in service marketing.

Winston (1986) observed that hospital and health care marketing came into its own during the last decade, its beginning being communicating the population about prevention and treatment procedures for different epidemics and communicable diseases. He opines that acceptance and awareness that competition exists for most hospital services, diversification in the services offered etc. are essential for strengthening the role of hospital marketing. According to the author, market segmentation and targeting is becoming a key tool for hospital marketers to develop a competitive niche and advantage for their hospital.

Kiser and Good (1987) demonstrated how principles incorporated in the marketing concept and market segmentation may be employed to provide a sound basis for strategies in the increasingly competitive health care industry. Four basic strategies were envisioned by the author to aid in implementing the marketing programme which included push strategy, pull strategy, combine push and pull strategy, and market segmentation strategy.

Babakus and Cavisgil (1988) comments that a trend towards a total marketing orientation is becoming the dominant view for hospital survival and in the process of transition from a hospital mentality to marketing mentality', the advertising component of marketing has been receiving most of

the attention. In his study on consumers attitude towards hospital advertising, it was found that age, education and income appear as significant variables in explaining the variations in attitudes towards hospital advertising.

Over the past decade, hospital marketing has progressed from a necessary evil to an accepted component of health care delivery system according to Goldman (1988). According to the author, hospital marketing has evolved since its inception through five different stages namely, premarketing stage, early marketing stage, saviour stage, mature marketing stage and transitional stage. He opines that marketing can improve hospital administration by attracting new patients through efforts targeted at medical staff members, health plans and the public. It works best when the function is integrated with an overall effort.

Goel (1994) in his article discusses the services provided in a hospital, classified into three categories, eg., line services, supportive services and auxiliary services. The article also discusses the problems related to marketing the hospital services. The author opines that these problems emanate from a number of constraints on the hospital authorities eg., shortage of staff at all levels, absence of proper accommodation to provide space to the ever increasing number of patients, shortage of funds, medicines, equipments,

political and administrative interference etc. which need be attended by the Government at the union and state level to provide satisfactory hospital services. He further suggests to have a three-pronged attack increasing internal efficiency, mobilising government support and enlisting peoples co-operation to ensure the reputation, prestige, credibility and viability of hospital services.

The concept of health-care system and its objectives, the challenges and problems faced are discussed in the article presented by Kataria (1994). According to the author, the health care equation from ancient and medieval times to modern times has gradually shifted from "Disease-patient-doctor" to "Providers-consumers-tax payers". Remedial considerations and suggestions relating to marketing of health care services as suggested by the author include the need to increase the medical facilities in the country and its proper distribution, proper health education, a three-pronged attack on preventive, promotive and curative aspects of health care etc. The health care services must give coverage to the whole life span and spectrum of a citizen from "Womb to Tomb", opines the authors.

Singh and Sharma (1994) emphasised that specialised marketing strategy and management professionalism of health care service is urgently needed in view of the societal concept of marketing. The study portrays the profiles of

entrepreneurs, motivating factors for setting up their service ventures, entrepreneurial abilities they possess, variables affecting marketing strategy, type of services rendered, patients, preference for particular nursing homes and overall performance of service ventures. The results revealed that the nursing homes are offering different services, but are not following a customer satisfying marketing approach to market their services. There is no special emphasis on making the services differentiated from the competitors, offering services of high quality, and increasing service productivity using modern marketing techniques. The author suggests the need to follow more professional marketing approach.

These studies unrefutedly signifies the inevitable role of marketing in hospital services giving due weightage to the preventive, promotive and curative aspects of health care. The present study, proceeds along this line, to examine the existing marketing practices adopted by the non-governmental organisations rendering hospital services, along voluntary, co-operative and private forms of organisations.

Perception studies of personnel in the health care sector

It is generally agreed upon that the efficiency of a hospital is reflected in the satisfaction of its beneficiaries. Hospital effectiveness which can be measured

in terms of satisfaction of beneficiaries, does not depend on the improvement of hospital service aspect alone, but on the entire medical care aspect, covering doctors, paramedicals and patients. The study examines the attitude of the beneficiaries towards the hospital services presently provided by the hospitals. Along the lines of this objective, review of available literature relating to the perception of beneficiaries towards the hospital services is made.

Wares, Avery and Stewart (1978) provide an early comprehensive investigation of the measurement and meaning of patient satisfaction construct. The authors suggest that three reasons are apparent for measuring patient satisfaction with health services, (i) satisfaction is the ultimate outcome of the delivery of health care, (ii) satisfaction ratings provide useful information about the structure, process and outcomes of care and (iii) satisfied and dissatisfied patients behave differently.

Goel (1981) examines the evolution of hospital system and their classification, the indices for measuring the efficiency of the hospital system and the kinds of services provided by all the modern hospitals. Case studies of different hospitals including homeopathic, and ayurvedic hospitals, functioning of the hospitals run on western lines and recommendations to improve the functioning of the

hospitals to serve the community is also attempted by the author. He suggested that the administration of a hospital requires blending of technical and administrative competence in the right quantity, at the right time, at the right place, by the right man and in the right way or process.

Roy (1981) stressed that the primary reason for a hospital's existence is to provide care for its patients and to satisfy their needs, and the important interface between the patients and the hospital is the nurse, who according to the author has today been alleged to have been replaced by a less angelic and more mercenary than her counterpart in the past. The study attempted to look into the level of patient satisfaction regarding the quality of performance by the nurses. The results were found to tally with the presumption of the author and therefore he stresses the need to provide a sense of recognition by the nurses to psychological needs of the patients.

Speedling and Rosenberg (1986) suggested how patients' psychological needs are met, influence overall satisfaction with a hospital, more than the perceived competence level of attending physicians. These psychological needs include stress management, relief from suffering, a sense of control and the experiencing of a predictable stay in the hospital.

John (1989) argues that there are four dimensions of health care service quality; the curing dimension, the caring dimension, the access dimension and the physical environment dimension. The curing dimension includes the elements of competence, credibility, security and reliability. The caring dimension refers to courtesy, understanding and communicativeness, the access dimension reflects how responsive and available the medical personnel are, and the physical environment dimension includes all the tangibles of the hospital environment.

Muller and Bledsoe (1989) pointed out that physicians play a central role in supplying hospitals with patients and hence highlights the importance for hospital managers to learn about physician's preference. In his article, a review of the literature, and a new survey help to pinpoint what the physicians value in hospitals. The analysis proves that among the various hospital selection characteristics, nursing care was ranked highest, followed by medical facilities and hospital reputation and physicians do not attribute much importance to the quality of hospital food and hospital location.

Venkataraman (1989) in his study measured the input-output relationships and attitudes of personnel towards work

and quality of services to indicate the economic, socio-psychological and clinical performance of the hospital. The measurement of input-output relationships involve identification of inputs and computing outputs i.e., health of patients. computation of standard time to treat patients by doctors, nurses etc. facilitated measurement of performance of medical and non-medical personnel.

Omachonu (1990) opines that quality in health care has two critical components: quality in practice and quality in perception. The first involves meeting your own or some other set of standards, the second meeting your customers expectations. But neither of these essentials by itself will carry a hospital forward. The author in his article examines the extent to which customer perception is important in understanding the concept of quality in health care. The customers in a hospital include patients, physicians, government, insurers etc. and the patients perceive quality in the context of his/her own experience. The author remarks that quality should be judged only in terms of the visible aspects of patient services and adds that services is not only a potent weapon in a hospitals competitive arsenal, it is the driving force behind profitability.

Singh (1990) presents an analysis of the patients satisfaction construct that is an excellent attempt to

specifically address the questions of conceptualising and measuring patient satisfaction. The author suggests that early conceptualisation of patient satisfaction viewed the construct as an attitude that could be operationalised by an index of service quality evaluation. He argues that the domain of patient satisfaction is broader and suggests growing consensus for the notion that patient satisfaction is a multi-dimensional evaluation of various aspects of health care. He further categorises the patients as either "satisfied" or "dissatisfied" based on three facets - physician, the hospital, and the insurance provider.

Delene (1991) argues that the measurement of hospital patient satisfaction is compounded by two conditions that are unique to the health care industry. In comparison to other consumer services, health care services often are used on an involuntary basis and consumers are without choice of the service provider.

Mani and Menon (1991) viewed the satisfaction of doctors, employees and patients and the performance of the Trichur District Co-operative Hospital from various angles. Satisfaction indices were computed applying the formula suggested by Kerlinger. According to the study subject to evidence, there is no room to believe that the doctors feel discomfort in the present environment of the hospital. The

satisfaction indices of employees revealed that most of the employees are satisfied with their present job. For the patients, they say that the hospital charges and poor housekeeping inversely influence satisfaction.

Gurpinder and Gurdeep (1994) observed that the factors determining job satisfaction include personal factors, work factors and environmental factors be it among health workers or otherwise. His study draws out the result that job satisfaction is a multi-dimensional phenomenon where it is not easy to assign one factor as the sole determinant of satisfaction from the job. All the factors operate simultaneously and it is the joint effect of all factors that determine the level of job satisfaction among health workers.

Taylor (1994) attempt to clarify and extend the conceptualisation and measurement of consumer satisfaction and service quality in health services. Although the two constructs serve as cornerstones in the design and implementation of health care marketing strategies, the author is of the opinion that satisfaction and service quality are currently difficult to distinguish both conceptually and operationally in health care settings. The findings reveal that a non-recusive relationship between service quality and patient satisfaction may account for much of the conflicting evidence in the study.

Along the review of the related literature on perception studies of the personnel in the health care sector, it is revealed that satisfaction of beneficiaries is related to the service quality. However, studies on perception generally is seen to relate with the attitude of patients. Since the environment of a hospital include patients, doctors and paramedicals, a total orientation of the subjects become necessary. Similar studies covering doctors and employees is conspicuous by its absence. The present study attempts to cover the entire subjects of the hospital, and their attitude towards the present hospital services is included as objective for the study.

Materials and Methods

MATERIALS AND METHODS

This chapter presents the materials and methods adopted for data collection, and analysis of the objectives under study, under the following sections.

Study area

Sampling procedure

Working definitions of concepts

Analytical tools and techniques

Study area

This micro level study is confined to the Thrissur district of Kerala covering one allopathic hospital each from voluntary, co-operative and private forms of health care organisations. Although it is the endeavour of the government to extend medical facilities to all, it may not be possible for any Government to do so on account of its commitment to equally important problems. This provides an opportunity and challenge for the non-governmental organisations rendering hospital services to promote health, which is of basic significance in terms of the resources for socio-economic development, and the study is attempted in this perspective.

The sample

Considering those institutions coming under the definition of hospitals and depending on the nature of organisation, the services rendered, the bed size and the number of personnel in the hospital, three institutions - one each from the voluntary, co-operative and private forms of health care service organisations were selected for the study.

Jubilee Mission Hospital, recognised as the premier health care institution working along the voluntary health care perspective in the district, with a bed strength of 650 and a staff strength of 188 has been identified to represent the voluntary form of health care organisation. Eventhough the hospital began as a dispensary in 1951, it functions presently along all general departments as a full fledged hospital.

The Trichur District Co-operative Hospital which began in 1969 as a dispensary, started functioning as a full fledged hospital with all general departments from the year 1976. Being the pioneer hospital in Kerala and the second in India, functioning along co-operative principles, this hospital was included in the study to represent the co-operative form of organisation. This hospital has at present 240 patient beds and a total of 127 staff.

To represent a private hospital, Aswini Hospital was included on account of the accessibility of the researcher to the hospital. This hospital at present functions with 80 patient beds, and 62 staff. The three hospitals included in the study will hereafter be referred to as hospital H1, hospital H2 and hospital H3, it being the voluntary, co-operative and private forms of health care service organisations respectively. Including the three controlling authorities, the sample represented 150 patients (90 inpatients and 60 outpatients) 48 doctors and 30 paramedical staff, making the sample size to 231. Care was taken to include at least 10 per cent of the doctors, paramedicals and patients to represent the sample size. To determine the patients attitude towards the hospital, the study was proceeded taking into account the inpatients and outpatients separately. Thirty inpatients, twenty outpatients, twenty doctors from hospital H1, fourteen doctors each from hospital H2 and hospital H3, ten paramedicals each from all the three hospitals comprised the respondents of the sample.

Working definitions of concepts

Hospital

Hospital is a health care institution with a range of services which provide O.P. unit, comprehensive laboratory

services, inpatient treatment, speciality clinics and field services to the public.

Health services marketing

Health services marketing can be defined as the analysis, planning, implementation and control of carefully formulated programmes designed to promote voluntary exchanges of values with target markets with the purpose of achieving organisational objectives. It relies heavily on designing the organisations services in terms of target markets needs and desires and on using effective pricing, communication and distribution to serve the market better.

Level of satisfaction/dissatisfaction

Level of satisfaction/dissatisfaction is the result of respondents positive or negative response over the performance of the hospital on the different attitude determining characters.

Satisfaction determining characters

It includes those characters coming under the five dimensions of health care service quality which can positively or negatively influence the attitude of the beneficiaries.

Curing dimension

This dimension includes the elements of competence, credibility, security and reliability of the personnel in the hospital.

Caring dimension

Caring dimension refers to courtesy, understanding and communicativeness.

Access dimension

The access dimension reflects how responsive and available the hospital medical personnel are.

Physical dimension

This dimension includes all tangibles i.e. the facilities, sophistication of equipments, the cleanliness etc. of the hospital environment.

Financial dimension

It includes all the charges collected by the hospital for the services they offer.

Analytical tools and techniques

To examine the existing marketing practices adopted by

the non-governmental organisations rendering hospital services, a rather different method of analysis was resorted to. The information pertaining to this analysis are the responses of the controlling authority of the hospitals. A direct reporting method of the information thus obtained was narrated to examine their existing marketing practices. However, to analyse the effectiveness of the marketing practices, these responses were discussed critically by relating them with the responses of the patients, doctors and paramedicals towards the health care service quality. To analyse the attitude of patients, doctors and paramedicals towards the present hospital services, opinions were collected from them regarding the different characters that seems to influence their perception towards the health care service quality. For the patients, the characters having influence on their satisfaction/dissatisfaction were included in five dimensions of health care service quality, and the dimensions include, the Curing Dimension, Caring Dimension, Access Dimension, Physical Dimension and the Financial Dimension. The interdependence of the characters influencing the patient attitude, makes it impossible to study these characters in isolation including them in a single dimension only. Therefore, similar characters appear in more than one dimension of the health care service quality. The characters along which the patients attitude was determined fall within

the five dimensions mentioned. Fifteen characters were included in the study, the details of which are presented in the results and discussion chapter.

Obviously, the reputation of any hospital primarily depends on the services rendered by the doctors and paramedicals serving the hospital. Their attention, adequate treatment etc. will influence the patients future preference for the hospital too. To realise this end, the doctors and paramedicals need to be satisfied. Their attitude was also determined along those characters influencing their level of satisfaction/dissatisfaction. Separate well tested structured schedules were administered to each category of respondents and opinions were collected on a five point scale with the positions labelled Strongly agree, Agree, No opinion, Disagree and Strongly disagree. Regarding the various charges collected, the positions considered varied from very low to very high. For the facilities provided it was Excellent, Good, Average, Bad and Poor. The scores attributed to the various positions formed 5, 4, 3, 2 and 1 respectively.

Analysis of the objective was proceeded in the following lines. As a first step, in the analysis, percentages were computed to determine the share of patients, doctors and paramedicals coming under each level of response for the characters drawn out for the study. Three different

zones were considered to determine the respondents level of satisfaction/dissatisfaction viz. the Satisfied zone (66.6%-100%, Indifferent zone 33.3%-66.6% and the Dissatisfied zone 33.33% and below). Depending on the number of respondents falling under each category, their level of responses were analysed.

The attitude of patients, doctors and paramedicals towards the present hospital services were analysed by examining the level of satisfaction/dissatisfaction through computation of the satisfaction index for the different characters influencing their perception. The formula employed for the analysis was.

$$S.I = \frac{\sum_{i=1}^n S_i}{\sum_{i=1}^n \text{Max } S_{ij}} \times 100$$

where,

S.I = Satisfaction index

i = Respondent

j = Character

Mean satisfaction scores were also computed as a surrogate to determine the level of satisfaction/dissatisfaction of the respondents.

As a final step in the analysis, an attempt was also made to assess the relative impact of the chosen characters on the overall attitude of the respondents through confluence analysis. In the present study, the explanatory variables are taken up to be those characters forming the different dimensions of health care service quality, and the dependent variable, the overall satisfaction score. The characters influencing the respondents overall attitude were identified considering the inpatients and outpatients separately along the five dimensions of health care service quality.

Results and Discussion

RESULTS AND DISCUSSION

This chapter is divided into two sections. Part A deals with the existing marketing practices adopted by the three selected non-governmental organisations rendering health care services and their effectiveness. Part B studies the attitude of patients, doctors and paramedicals towards the existing services rendered by the hospitals.

Part A

The examination of the existing marketing practices is based on the information collected from the controlling authority of the selected hospitals through a direct interview method. As the number of respondents were only three, a direct discussion of the responses to report as such the existing practices alone is attempted. The effectiveness of the marketing practices depend on the attitude of the beneficiaries availing the services provided by the hospitals. The second objective looks into the attitude of patients, doctors and paramedicals towards the existing hospital services, through which the effectiveness of the existing marketing practices are also examined. The services provided by the hospitals is covered under the five dimensions of health care service quality namely, the curing dimension, the

caring dimension the access dimension, the physical dimension and the financial dimension, and the existing marketing practices adopted by the hospitals is reported along these dimensions.

The Existing Marketing Practices of Hospital H1

The voluntary health care service organisation began with the medicine and gynaecology departments in 1951, with 20 beds, one visiting doctor and two nursing personnel. However, at present, the hospital has 650 beds functioning with 53 doctors and 135 paramedical staff. Departments of medicine, gynaecology, orthopaedics, paediatrics, surgery, E.N.T., dentistry and ophthalmology constitute the service departments of the hospital. Moreover, the hospital is reported to be maintaining an anti-venom department. The future plans of the hospital include introduction of a nephrology department, accident care unit, neurology and cardiology specialities and also a B.Sc. nursing degree programme.

Along the curing dimension it was revealed that the patients had accessibility to the services of the doctors and paramedical staff at all times. It was the policy decision of the hospital to insist the doctors and nursing personnel to be within the proximity of the hospital with the intention of providing adequate care to the patients. Restrictions were

imposed on the doctors in undertaking private practices and even on consulting expert consultants from outside the hospital. The hospital also has full time anaesthetists serving the hospital. Doctors of certain departments attend to outpatients only on alternate days from 8.30 AM to 1.00 PM and from 2.00 PM to 5.00 PM. The services of the nursing sisters were made available throughout, and they were paid on a honorary basis, with no permanent appointment. The doctors were recruited by way of advertisements in newspapers and appointments were subject to qualification and experience as judged by an expert selection committee of the hospital. The doctors took rounds to the rooms of inpatients twice a day and their services were made available as and when required by the patients. The hospital however insisted only male bystanders and female bystanders in respective male and female wards.

The caring dimension of health care services by the hospital included the health education imparted to the patients by the doctors and nurses. Along with the diagnosis and prescription of medicines, doctors educate the patients on the need for prevention of diseases as part of the maintenance and promotion of health. The government programme of community and preventive medicine is also imparted through the hospital. Free medicines provided by the government hospital

is also distributed through this hospital. Gynaec patients are educated by the doctors and the hospital is even declared as a 'baby friendly hospital'.

The director reported that the hospital made available the required drugs to the patients from the hospital pharmacy itself through the maintenance of a round-the-clock pharmacy. Laboratory, X-Ray and scan facilities are also made available for the patients. For visiting the inpatients, the normal visiting hours were specified to be 7.00 AM to 9.00 AM, 12 noon to 2.00 PM and 4.00 PM to 6.00 PM. The hospital considered it against the moral ethics of any service institution to resort to any direct promotional technique to promote their services. The director stated that direct promotion whatsoever was restricted to the newspaper advertisements when doctors and nursing staffs need to be appointed. According to the controlling authority of this hospital, the word-of-mouth communication was the only technique by which patients preferred the hospital. It was further stated that doctors and staff in the hospital are provided incentives in the form of free treatment, 50 per cent reduction in other hospital charges etc. The casualty department of the hospital has a rest room for the doctors. Recreational facilities like TV, other indoor and outdoor recreational facilities are provided to the doctors. Even for

the nursing staff, quarters with free food was made available within the hospital premises. However, the doctors serving the hospital were insisted to maintain with the hospital, a one year bond of service. Short term courses, seminars, contact classes etc. for the doctors were occasionally conducted in the hospital and salary during the term was also paid. Regarding other compensations, it was 10 days casual leave and 15 days privilege leave for junior doctors, whereas senior doctors enjoyed 15 days casual leave including their weekly offs.

The hospital at the time of commencement functioned with only twenty beds. At present, it is reported that the hospital has 650 beds with 425 of them in the general wards and 225 in the paywards. The paywards comprise of both private and semi private rooms. The director revealed the proposal to have another 100 more beds. The hospital has within its proximity a full time working canteen wherein food is made available to the rooms of the patients, both for the patients and bystanders. There is also an enquiry and information counter in the hospital and tokens issued based on which the patients turn for visiting the doctor is determined. Other facilities the hospital provide for the patients include a blood bank (though an accident care unit is yet to become a reality), ambulance, wheel chairs, stretchers for the

convenience of the patients. It is obligatory that the hospital maintain a case diary of every patient for a five year period and also, special medical cases like AIDS and other contagious diseases, are reported to the District Medical Officer.

Regarding the various hospital charges it was understood that Rs.15/- was collected as consultation charges, the validity of this admission card extending for a one month period. An additional charge of Rs.10/- was collected for every renewal. Also this hospital exempted deserving needy patients from consultation and other hospital charges, either in part or full.

Existing Marketing Practices of Hospital H2

This hospital began as a clinic in 1969 with a single doctor and eight staff. It was in the year 1976 that the clinic rose to the present status of a full fledged hospital with 127 employees, including 23 doctors, 43 nurses, 2 administrators, 20 workers and 39 other employees. Specialist departments of general medicine, general and theatric surgery, orthopaedics, physiotherapy, obstetrics and gynaecology, paediatrics, ophthalmology, E.N.T., skin and anaesthesiology constitute the hospitals service departments. Future plans for improvement include a neurology department, scheme for

blood bank, nursing school, incinerator, portable X-Ray unit, tread mill, dental unit, artificial respiratory unit and a mobile eye unit.

Duty doctors, specialist doctors and consultants served the hospital thereby making available full time service for the patients. A notable feature of the hospital as stated by the president of the hospital was that patients admitted here could avail the services of expert specialists serving elsewhere. Also any doctor was free to admit his/her patients in the hospital depending on the availability of beds. The hospital moreover restricted no doctor to undertake private practice. The recruitment procedure of the personnel was subject to the Co-operative Act and rules, barring the freelance doctors. Government scale of pay was paid to the doctors, however, no fixed salary was provided for the freelancers. Notification of vacancies in the dailies, followed by interview conducted by the experts from the medical department for the qualified and experienced personnel completed the recruitment procedure. An approved feeder category exists within the hospital and promotions accordingly followed. The doctors take rounds normally once a day into the rooms and whenever required in case of emergencies. Obviously however, the services of the nursing personnel was made available throughout.

The doctors and nursing staffs role in health education was limited to the extend of hearing the complaints of patients and advising them on the required treatment and medicines. As part of the government specification the hospital took up nurses training with a stipend of Rs.200/- per month. Eventhough the hospital does not send the personnel in the hospital to outside specialised institutions for attending seminars, training programmes etc., the hospital itself conduct the same, and also sanctions leave for this period. Medical camps were occasionally conducted in collaboration with other charitable organisations. But the hospital by itself plays no role in imparting the government's programme of preventive and community medicine.

The hospital has a full time working pharmacy, X-Ray unit and a laboratory. Apart from the normal visiting hours, which extended from 6.00 AM to 8.00 AM, 12 noon to 2.00 PM and 5.00 PM to 8.00 PM, there was accessibility to the rooms of the inpatients on payment of additional charges. At the time of admission, however, every inpatient was provided two visiting pass. It was stated that the hospital promoted their services by advertising through newspapers when a new department started functioning or a new doctor took charge. Also the hospital participates in public functions and put up banners as part of publicity for the hospital services. But

the president of the hospital was of the opinion that it was the qualified doctors serving the hospital, and the word-of-mouth communication that attracted patients towards the hospital. Eventhough discrimination in hospital charges are not allowed to patients, the shareholders enjoyed a concession in the charges.

At the time of commencement the hospital functioned with only 15 beds, but it was reported that at present the physical facilities include 240 beds including 120 each in the general and pay wards. A distinguishing feature of the hospital is that private rooms are donated by individuals by way of contributions for the establishment of the rooms. Within the hospital premises a canteen, enquiry counter etc. to serve the needs of the beneficiaries are established. While accident care unit, and an emergency service facilities, are attractions of the hospital; the services of a blood bank is lacking. It was however stated that one of the urgent development proposal included the same. Together, with the 11 storeyed infrastructural development in 1987, lift systems were erected for the advantage of those availing the hospital services. Ambulance, wheel chair, stretches etc. all form the physical facilities of the hospital. Patients' case sheets were maintained for a five year period and also reporting of special cases to the DMO was practised by the hospital.

As for the charges levied on the patients, the validity of an admission card extended for a month, which valued Rs.47/-. For each renewal an additional charge of Rs.40/- was collected. However, the hospital granted a concession to shareholders.

Existing Marketing Practices of Hospital H3

The private hospital covered in the study is reported to have started rendering health care services in 1987 with departments of surgery, gynaecology, orthopaedics, general medicine, paediatrics, and plastic surgery. Three more departments viz., dental, skin and neurosurgery were started subsequently. Since no relevant records were maintained in the hospital details of staff at the time of commencement of the hospital were not traceable. At present, it was stated by the managing director that 85 staff including 5 duty doctors, 31 nurses, and 12 paramedical staff made up the staff strength of the hospital. The hospital has no future plans for increasing the staff strength, but improvements in structural development, pharmacy facilities, employer-employee relations etc. were proposed.

Duty doctors, consultants and specialists doctor served the hospital making available their service to the beneficiaries on a round-the-clock basis. The doctors had no

restrictions regarding limiting their service to this hospital alone. The personnel in the hospital were at present appointed on the basis of their qualification and experience. It was reported that an improvement regarding appointments would take the form of a detailed interview for qualified and experienced personnel. The managing director stated the compensation pattern to be as follows: Doctors Rs.3600/- per month, with no any additional benefits, nurses Rs.1100/- to Rs.1600/-. The consultants were paid for their O.P. and visits which was Rs.20/- and Rs.10/- respectively. Specialist doctors took two rounds a day to the rooms of the patients, but the services of the duty doctors and nurses were made available throughout.

The hospital's role in community and preventive medicine was only indirect i.e. through the Indian Medical Association. However, the doctors advised the patients availing their services on health maintenance and promotion. The hospital undertook training for assistant nurses. The managing director was of the opinion that sending the personnel of the hospital to outside specialised institutions would affect their duty schedule and moreover, the need for the same was ruled out on grounds that only experienced hands are appointed.

The hospital had a full time serving pharmacy, X-Ray unit and a laboratory. The normal visiting hours of the hospital extended from 12 noon to 8.00 am and for visiting the patients at other times, additional charges of Rs.10/- was collected. Eventhough, it was stated by the managing director that direct promotional strategy would attract even more patients, it was understood that no such techniques were resorted to at present. According to the controlling authority, it was the qualified doctors and staff of the hospital who were determinants of patients preference for the hospital. Eventhough the hospital followed no price discrimination with regard to consultation charges for patients, the personnel in the hospital enjoyed concession in hospital charges.

The physical facilities in the hospital include paywards and general wards for the patients totalling 80 in number. A canteen, an enquiry counter to serve the beneficiaries needs etc. constituted the physical facilities of the hospital. The hospital also runs an accident unit, eventhough blood bank facility is lacking. The hospital has an ambulance of its own, wheelchairs, stretchers etc. for the convenience of the patients. Special medical cases were reported to the D.M.O. and the hospital also insisted on scientific maintenance of the case diaries for five years.

Rupees thirty five was collected as consultation charges from the patients availing the services of the hospital and the validity of the card was only for a fortnight with the same amount collected for each renewal.

Having narrated the existing marketing practices followed by the three hospitals under study, an attempt is made to study the attitude of the respondents towards the hospital services. Generally, when a hospital follows good marketing practices, it will generate a favourable attitude among patients, doctor's and paramedical staff. This end is realised through a study of the satisfaction/dissatisfaction of the beneficiaries towards the health care service quality, as the test of efficiency of any hospital is the satisfaction of its beneficiaries, and Part B looks into this area of analysis. This analysis will therefore indirectly serve as a test for assessing the effectiveness of the marketing practices presently adopted by the institutions under study.

Part B

In this section of analysis, an attempt is made to analyse the attitude of patients, doctors and paramedicals towards the existing health care services by examining the level of satisfaction/dissatisfaction of the respondents towards the various health care service characteristics. This

attitude measurement of the respondents proceeds along three lines of analysis under three sections. Firstly percentage analysis was attempted to draw out the share of respondents under each level of response for those characters influencing their overall attitude towards the hospital services. Further, the responses were included in three zones, namely Satisfied zone (66.6%-100%), Indifferent zone (33.33%-66.6%) and Dissatisfied zone (33.33% and below) and the share of respondents comprising the zones were drawn out, which is a determinant of the respondents attitude. It is apriorily understood that the patients attitude is the most important issue concerning hospitals today, and the future survival of any hospital is therefore dependent upon a better understanding of this critical yet complex construct. It is however on patients' attitude prime importance is accorded. Five dimensions of health care service quality namely, the curing dimension, the caring dimension, the access dimension, the physical dimension and financial dimension were drawn out and the patients attitude along each dimension of health care service quality was determined through computation of satisfaction index for all the characters included in the dimensions. As a surrogate to index calculations, mean scores of the beneficiaries responses in relation to the characters were also drawn out to determine the patients attitude.

As a final step in the analysis, confluence analysis to determine the relative impact of the characters influencing the respondents' attitude was attempted. In this analysis, the inpatients and outpatients included in the sample with regard to the three hospitals covered in the study were separately considered to determine the same from the five dimensions of health care service quality.

Section I

Percentage analysis of the level of responses

This section looks into the percentage share of the respondents coming under each level of response for the statements that have an influence on their attitude towards the health care service quality. The statements considered for the analysis include those that have a direct relation to the curing and prevention of diseases and the promotion and maintenance of health. Fifteen statements were included in the analysis and they are:

- (i) The doctors are highly service minded (SERV)
- (ii) Doctors render timely and adequate attention to the patients (ATTENT)
- (iii) Doctors make a patient hearing to the complaints of patients (HEAR COM)

- (iv) Doctors make frequent visits to the rooms of the patients (FREQ VIS)
- (v) Doctors are willing to attend to inpatients at times other than their normal duty hours (WILL)
- (vi) Health education is being imparted by the doctors (HEA EDN)
- (vii) The nurses are truly service minded (SER MIN)
- (viii) Timely attention is paid by the nurses (TIM ATT)
- (ix) Opinion regarding consultation charges (CON)
- (x) Opinion regarding room rent (ROOM)
- (xi) Opinion regarding room facilities (ROF)
- (xii) Opinion regarding room maintenance (ROM)
- (xiii) Opinion regarding enquiry facilities in the hospital (ENQ)
- (xiv) Opinion regarding information network in the hospital with regard to the services offered, facilities provided etc. (INF NET)
- (xv) Opinion regarding discrimination of patients in respect of hospital charges, based on their income (DIS CRG)

Table 4.2.1 Responses of patients towards service mindedness of doctors

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 30 (60) | 4 (8) | 21 (42) |
| Agree | 20 (40) | 41 (82) | 27 (54) |
| No opinion | - | 3 (6) | 2 (4) |
| Disagree | - | 2 (4) | - |
| Strongly disagree | - | - | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

Table 4.2.1 reveals the service mindedness of the doctors and the results show that the entire respondents fall in the favourable attitude zone, for hospital H1. However, with hospital H2, 4 per cent of the patients had an unfavourable attitude towards the doctors service mindedness, with 90 per cent comprising the favourable attitude zone. Alternately, with hospital H3, the private hospital, it was found that a major share (96 per cent) formed the favourable attitude zone.

The entire respondents of hospital H1 opined that they ~~strongly~~ agree to the fact that the doctors render timely and adequate attention to the patients (Table 4.2.2) and was

Table 4.2.2 Responses of patients towards timely and adequate attention rendered by doctors

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 19 (38) | 2 (4) | 15 (30) |
| Agree | 31 (62) | 44 (88) | 34 (68) |
| No opinion | - | 3 (6) | 1 (2) |
| Disagree | - | 1 (2) | - |
| Strongly disagree | - | - | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

included in the favourable attitude zone. But with hospital H2, only 4 per cent strongly agreed to this statement whereas 88 per cent of the patients attributed a score value of 4 to this aspect of health care service quality. The table moreover reveals that 6 per cent formed the indifferent attitude zone, with 2 per cent disagreeing to the apriori judgement that doctors render timely and adequate attention to the patients. An even better position was highlighted with the hospital H3, where 30 per cent of the patients expressed strong agreement towards this aspect, with a 68 per cent assigning a 4 score value, bringing a total of 98 per cent in the favourable attitude zone.

Table 4.2.3 Responses of patients towards doctors' patient hearing to the complaints of patients

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 31 (62) | 3 (6) | 15 (30) |
| Agree | 19 (38) | 45 (90) | 34 (68) |
| No opinion | - | - | 1 (2) |
| Disagree | - | 2 (4) | - |
| Strongly disagree | - | - | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

Table 4.2.3 shows the analysis relating to the doctor's listening ear to the complaints of the patients. A perfect unanimity of results was depicted with all the three hospitals, with majority of the respondents falling in the favourable attitude zone. Only a 2 per cent of respondents of hospital H3, constituted the indifferent attitude zone.

To get the patients response regarding the doctors frequency of visits to the inpatients' rooms, only inpatients were considered, for inclusion of outpatients become irrelevant and inappropriate. Table 4.2.4 reveals that the entire respondents of hospital H1 agreed that the doctors make

Table 4.2.4 Patients responses regarding doctor's frequency of visits to rooms of inpatients

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | - | - | 5 (17) |
| Agree | 30 (100) | 18 (60) | 25 (83) |
| No opinion | - | 12 (40) | - |
| Disagree | - | - | - |
| Strongly disagree | - | - | - |
| Total | 30 (100) | 30 (100) | 30 (100) |

Figures in parenthesis expresses percentages

frequent visits to their rooms attributing a score value of 4. With hospital H2, 40 per cent of the inpatients responded gave no definite response to this aspect, thereby forming the indifferent attitude zone. However, 60 per cent agreed that the doctors took rounds frequently. Positively for hospital H3, all the 30 respondents represented the favourable attitude zone, with 17 per cent strongly agreeing to this statement and the remaining 83 per cent attributing 4 score to this aspect of health care service quality.

Table 4.2.5 Patients responses regarding doctor's willingness to attend at times other than duty hours

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 14 (47) | 3 (10) | 5 (17) |
| Agree | 14 (47) | 25 (83) | 22 (73) |
| No opinion | 2 (6) | 2 (7) | 2 (7) |
| Disagree | - | - | 1 (3) |
| Strongly disagree | - | - | - |
| Total | 30 (100) | 30 (100) | 30 (100) |

Figures in parenthesis expresses percentages

Table 4.2.5 shows the willingness of the doctors to attend to inpatients at times other than their normal duty hours. The analysis reveals that of the 30 inpatients covered of hospital H1, excluding 6 per cent of the respondents, the remaining falls in the favourable attitude zone with an equal 47 per cent attributing score values of 5 and 4. Even with hospital H2, a major share (93 per cent) of the respondents constituted this zone, with a difference that 83 per cent of the respondents expressed their agreement by attributing a score value of 4. Similar results were seen with regard to hospital H3 with 90 per cent of the inpatients surveyed expressing their agreement over the doctors' willingness to

attend to them at times other than their normal duty hours. However, it has to be noted that 3 per cent of the respondents disagreed to this statement, and a 7 per cent formed the indifferent attitude zone.

Health education attains significance in today's contemporary world of medicine with the government's target to accomplish the much coveted goal of 'Health for All by 2000 AD'. With this in mind, the analysis proceeded to study the patients' attitude on health education imparted by the personnel in the hospital. Table 4.2.6 revealed that for hospital H1, 22 per cent of the beneficiaries expressed unfavourable attitude towards this aspect. Regarding

Table 4.2.6 Patients responses regarding health education imparted by doctors

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 19 (38) | 13 (26) | 6 (12) |
| Agree | 16 (32) | 27 (54) | 35 (70) |
| No opinion | 4 (8) | 10 (20) | 7 (14) |
| Disagree | 11 (22) | - | 2 (4) |
| Strongly disagree | - | - | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis express percentages

hospitals H2 and H3, 20 per cent and 14 per cent respectively remained indifferent over the issue, while 4 per cent of respondents of hospital H3, represented the unfavourable attitude zone.

On analysing the response of patients regarding the service mindedness of the nurses, table revealed that 98 per cent of the respondents of hospital H1 agreed to the statement and represented the favourable attitude zone. With hospital H2, 72 per cent of the patients attributed a score value of 4 towards the issue, while 14 per cent expressed disagreement towards the same. But, positively for hospital H3, the results showed that none of the respondents formed the unfavourable attitude zone, while 96 per cent represented the favourable attitude zone.

Table 4.2.7 Patients responses regarding service mindedness of nurses

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 7 (14) | - | 5 (10) |
| Agree | 42 (84) | 36 (72) | 43 (86) |
| No opinion | 1 (2) | 7 (14) | 2 (4) |
| Disagree | - | 6 (12) | - |
| Strongly disagree | - | 1 (2) | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

When 94 per cent of the respondents of hospital H1 agreed that the nursing personnel rendered timely attention to them (Table 4.2.8) a mere 4 per cent expressed dissatisfaction, and an even smaller share of respondents (2 per cent) remained indifferent towards the issue. But with the case of hospital H2, the analysis results revealed that 16 per cent had negative attitude towards the services of the nurses and 10 per cent of the respondents remained inconclusive. However, with respect to hospital H3, 96 per cent of the respondents expressed their contentment towards the services of the nursing staff.

Table 4.2.8 Patients responses regarding timely attention paid by nurses

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 6 (12) | - | 4 (8) |
| Agree | 41 (82) | 37 (74) | 44 (88) |
| No opinion | 2 (4) | 5 (10) | 2 (4) |
| Disagree | 1 (2) | 7 (14) | - |
| Strongly disagree | - | 1 (2) | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

Table 4.2.9 Patients responses regarding consultation charges

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Very high | - | 20 (40) | - |
| High | 1 (2) | 15 (30) | 20 (40) |
| Medium | 25 (50) | 11 (22) | 24 (48) |
| Low | 23 (46) | 4 (8) | 6 (12) |
| Very low | 1 (2) | - | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

Table 4.2.9 shows the response level of patients regarding the consultation charges levied upon them. 98 per cent of the total respondents of hospital H1 expressed favourable attitude regarding the charges with 2 per cent of the respondents opining the charges to be high. For hospital H2, it was revealed that only 30 per cent of the respondents agreed that the charges were reasonable with the remaining 70 per cent considering it to be either unfavourable or rather high. This results brings into focus the fact that the patients response level with the charges collected weighed heavily on the unfavourable attitude zone. With hospital H3 the private hospital under study, it was revealed that 60 per cent of respondents represented the satisfied group of

patients. However, 40 per cent of respondents considered the charges levied to be high, which can be justified along the respondents general reasoning relating to high charges in any private organisation functioning along profit motive.

The results of the response of the inpatients with respect to the room rent charged is highlighted in table 4.2.10. The results with respect to hospital H1 draws out the fact that 90 per cent of the respondents opined the charges to be reasonable. Alternately, however, the results of hospital H2 and hospital H3 shows a different pattern altogether. When only a meagre 3 per cent of the patients of hospital H2 opined the charges to be low, 60 per cent of the patients represented the unfavourable attitude zone, considering the

Table 4.2.10 Patients responses regarding room rent

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Very high | 3 (10) | 8 (27) | - |
| High | - | 10 (33) | 3 (10) |
| Medium | 8 (27) | 11 (37) | 24 (80) |
| Low | 19 (63) | 1 (3) | 3 (10) |
| Very low | - | - | - |
| Total | 30 (100) | 30 (100) | 30 (100) |

Figures in parenthesis expresses percentages

charges to be high. Even with hospital H3 10 per cent responded unfavourably expressing the charges to be high, with a similar percentage of respondents expressing it to be low.

Table 4.2.11 shows that the room facilities received no much appreciation compared to the already analysed statements with respect to hospital H1. Eventhough 67 per cent represented the favourable attitude zone, it may be noted that for all the other characters analysed, the percentage share of favourable attitude respondents stood at a higher position highlighting the relatively poor facilities provided in the patients rooms. For hospital H2, 33 per cent of the respondents were found to represent the unfavourable attitude

Table 4.2.11 Patients responses regarding room facilities

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | 5 (17) | - | 1 (3) |
| Good | 15 (50) | 9 (30) | 20 (67) |
| Average | 10 (33) | 14 (47) | 8 (27) |
| Bad | - | 4 (13) | 1 (3) |
| Poor | - | 3 (20) | - |
| Total | 30 (100) | 30 (100) | 30 (100) |

Figures in parenthesis expresses percentages

zone, while 30 per cent constituted the favourable attitude zone, with an even higher percentage of respondents (47) opining the facilities to be average. The results of hospital H3 stated that only 3 per cent of the respondents were highly satisfied with the facilities the hospital provide for its patients and bystanders in the rooms. Sixty seven per cent expressed their positive attitude attributing a score value of 4, whereas 3 per cent showed resentment towards the facilities provided in the rooms.

Apart from the analysis regarding the facilities in the rooms, the study probed into the maintenance of the rooms through the responses obtained from the beneficiaries.

Table 4.2.12 Patients responses regarding room maintenance

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | 5 (16) | - | 2 (7) |
| Good | 14 (47) | 9 (30) | 25 (83) |
| Average | 11 (37) | 7 (23) | 3 (10) |
| Bad | - | 10 (34) | - |
| Poor | - | 4 (13) | - |
| Total | 30 (100) | 30 (100) | 30 (100) |

Figures in parenthesis expresses percentages

Table 4.2.12 brings out the result that an almost similar percentage of respondents who expressed favourable attitude towards the room facilities opined the maintenance in the rooms to be satisfactory with respect to hospital H1. Forty seven per cent of the patients attributed a score value of 4, raising the percentage of respondents forming the favourable attitude zone to be 63. Thirty seven per cent of the patients surveyed made a clear revelation of their attitude and considered the maintenance to be only average. The results revealed that with hospital H2, 47 per cent had an unfavourable attitude regarding the maintenance in their rooms, with 30 per cent assigning a score value of 4 as determination of their level of response. Thirty per cent of the respondents had a favourable attitude regarding the maintenance of the rooms, who may be those patients admitted to the paywards and there is a general apriori reasoning that paywards are comparatively well maintained. On contrary to the results of hospital H2, 90 per cent of the patients of hospital H3 expressed satisfaction regarding the room maintenance.

Table 4.2.13 Patients responses regarding enquiry facilities in the hospital

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | 17 (34) | 1 (2) | - |
| Good | 32 (64) | 34 (68) | 46 (92) |
| Average | 1 (2) | 9 (18) | 2 (4) |
| Bad | - | 3 (6) | 2 (4) |
| Poor | - | 3 (6) | - |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

On analysing table 4.2.13 which relates to the enquiry facilities made available in the hospital, the results stated that for hospital, H1, 90 per cent of the beneficiaries had a favourable attitude towards this facility in the hospital. The results with respect to hospital H2 revealed that 70 per cent of the patients appreciate the services made available through the enquiry counter. However, 12 per cent expressed their unfavourable attitude towards the inquiry facilities. The patients of hospital H3 but responded positively towards the issue with 92 per cent of them being satisfied with the facilities, and a mere 4 per cent expressing their unfavourable attitude towards this aspect.

Table 4.2.14 Patients responses regarding information facilities existing in the hospital

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | - | - | - |
| Agree | - | 1 (2) | 2 (4) |
| No opinion | - | 2 (4) | 10 (20) |
| Disagree | 23 (46) | 32 (64) | 34 (68) |
| Strongly disagree | 27 (54) | 15 (30) | 4 (8) |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

Patients responses were also collected on the information network with regard to the facilities, the service offered etc. and it was seen from table 4.2.14 that with respect to hospital H1 cent per cent of the patients expressed an unfavourable attitude regarding the hospitals information dissemination network. Similar results were highlighted with the case of hospital H2 and hospital H3, with the respondents expressing their unfavourable attitude towards this issue.

Table 4.2.15 Patients responses regarding discrimination in consultation charges

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 30 (60) | 30 (60) | 9 (18) |
| Agree | 7 (14) | 12 (24) | 8 (16) |
| No opinion | 6 (12) | - | 11 (22) |
| Disagree | 1 (2) | 5 (10) | 12 (24) |
| Strongly disagree | 6 (12) | 3 (6) | 10 (20) |
| Total | 50 (100) | 50 (100) | 50 (100) |

Figures in parenthesis expresses percentages

Table 4.2.15 represented the patients attitude regarding introduction of discriminatory hospital charges on the basis of the individual's income. The results revealed that for hospital H1, 74 per cent of the patients had a favourable attitude regarding this concept, while 14 per cent of them expressed their disagreement towards the same. It was understood that this unfavourable attitude prevailed on the general impression that the existing charges are on an average and any reduction whatsoever was unnecessary. With hospital H2, 84 per cent favoured the introduction of discriminatory charges, whereas a 16 per cent expressed an unfavourable attitude. This attitude may be on account of the fact that the

charges collected are rather high and what is expected of a co-operative hospital is service at a reasonable cost. With the private hospital H3, the analysis showed that around 50 per cent of the patients expressed their unfavourable attitude towards the introduction of discriminatory charges. Private organisation charge an even higher rate as against other forms of organisation and this fact may be justified through the patients' responses.

On the whole it was seen that the patients of H1 had a favourable attitude on all characters except the information network. But for hospital H2, they had an unfavourable attitude towards the financial dimension, information network and discrimination charges. But for hospital H3, it was only with information network and discriminatory charges. An overall picture of the entire respondents attitude relating to the selected characters is given below (Table 4.2.16).

Satisfaction index as determinant of patients attitude

The attitude of patients from the five dimensions of health care service quality viz., the curing, the caring, the access, the physical and the financial dimensions were drawn out through computation of satisfaction indices. Mean scores as surrogate to indices were also calculated to determine the respondents attitude.

Table 4.2.16 Attitude of patients towards the existing hospital services along the different service characters

| Sl. No. | Particulars | Hospital 1 | Hospital 2 | Hospital 3 |
|---------|-------------|------------|------------|------------|
| 1. | SERN | F | F | F |
| 2. | ATTENT | F | F | F |
| 3. | HEAR COM | F | F | F |
| 4. | FREQ VIS | F | F | F |
| 5. | WILL | F | F | F |
| 6. | HEA EDN | F | F | F |
| 7. | SER MIN | F | F | F |
| 8. | TIM ATT | F | F | F |
| 9. | CON | F | F | F |
| 10. | ROOM | F | UF | F |
| 11. | ROF | F | UF | F |
| 12. | ROM | F | UF | F |
| 13. | ENQ | F | F | F |
| 14. | INF NET | UF | UF | UF |
| 15. | DIS CRH | F | F | UF |

F - Favourable attitude I - Indifferent attitude

UF - Unfavourable attitude

Table 4.2.2.1 Table showing the satisfaction index of patients from the curing dimension

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | SERV | 92.0 | 4.60 | 78.8 | 3.94 | 87.6 | 4.38 |
| 2. | ATTENT | 87.6 | 4.38 | 78.8 | 3.94 | 85.6 | 4.28 |
| 3. | FREQ VIS | 80.0 | 4.00 | 72.0 | 3.60 | 83.3 | 4.16 |
| 4. | WILL | 88.0 | 4.40 | 72.6 | 3.60 | 80.6 | 4.03 |
| 5. | SER MIN | 82.4 | 4.12 | 71.2 | 3.56 | 81.2 | 4.06 |
| 6. | TIM ATT | 80.8 | 4.04 | 71.2 | 3.56 | 80.8 | 4.04 |
| 7. | TREA | 85.6 | 4.28 | 78.8 | 3.94 | 80.8 | 4.04 |
| 8. | NURS | 85.2 | 4.26 | 72.4 | 3.62 | 80.4 | 4.02 |
| 9. | Overall index | 85.2 | | 75.47 | | 82.53 | |

Table 4.2.2.1 revealed that along the curing dimension, for hospital H1, the consolidated opinion of patients came above 4, for all the characters studied stating that the patients are satisfied with the timely and adequate attention rendered by the doctors and nursing staff. From among the different components making up this dimension of health care service quality, it was the service mindedness of the doctors that got the highest score (4.60) and the least score by the frequent visits by doctors (4.0). The satisfaction indices for all the characters studied ranged between 80 and 92, stating that the respondents were highly satisfied. Comparatively with hospital H2, it was seen that the score values ranged between 3.5 and 3.9, the services rendered to be a little above average. As with hospital H1, it was the service mindedness and treatment by doctors that scored the highest (3.94), highlighting the service quality to be above average. With this hospital, the index values ranged between 71.2 and 78.8. For hospital H3, the analysis revealed that the consolidated score stood above 4, stating the services rendered to be good, with the doctor's service mindedness taking the maximum score (4.38). Satisfaction indices for all the characters ranged above 80, depicting the respondents high level of satisfaction. The overall satisfaction index too justifies this result, with hospital H1 ranking the top (85.2). A comparative analysis of all the

Table 4.2.2.2 Table showing the satisfaction index of patients from the caring dimension

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | HEAR COM | 92.4 | 4.62 | 79.6 | 4.02 | 85.6 | 4.28 |
| 2. | WILL | 88.0 | 4.40 | 80.6 | 4.03 | 80.6 | 4.03 |
| 3. | HEA EDN | 77.2 | 3.86 | 81.2 | 4.06 | 78.0 | 3.90 |
| 4. | SER MIN | 82.4 | 4.12 | 71.2 | 3.56 | 81.2 | 4.06 |
| 5. | TIM ATT | 80.8 | 4.04 | 71.2 | 3.56 | 80.8 | 4.04 |
| 6. | SERV | 92.0 | 4.60 | 78.8 | 3.94 | 87.6 | 4.38 |
| 7. | ATTENT | 87.6 | 4.38 | 78.8 | 3.94 | 85.6 | 4.28 |
| 8. | FREQ VIS | 80.0 | 4.00 | 72.0 | 3.60 | 83.3 | 4.16 |
| 9. | Overall index | 85.05 | | 76.67 | | 82.83 | |

characters of the dimension with respect to the three hospitals revealed that hospital H2, ranked the least with every character studied.

Along the caring dimension, satisfaction indices were computed and from table 4.1.2.2 it was revealed that except for the health education imparted, all the other selected characters with respect to hospital H1, scored values above 4, stating that the patients are satisfied with the care provided by the personnel in the hospital. Doctors willingness to listen to the complaints of patients scored the highest (4.62), the satisfaction index being 92.4. Except for the health education aspect, all other characters scored index values above 80, pointing to the relatively insignificant role the hospital plays in imparting health education, which is an inevitable ingredient in the promotion and maintenance of health. However, for hospital H2, all except 1, 2 and 3 characters scored mean values below 4, depicting the care provided to be only average. The average score for all the characters with respect to hospital H3 attained values above 4, except for the health education aspect, which reveals that the respondents are satisfied with the care the hospital provide to the patients. The overall index value for all the hospitals along the caring dimension characteristics stood above 75, with hospital H1 scoring 85.05, the highest among

the three hospitals. It was hospital H2, that attained the lowest index figure along this dimension also.

Access dimension incorporates six characters and table 4.2.2.3 highlights that for hospital H1 the opinion of the respondents were above average for all characters except for the information network existing in the hospital the satisfaction index value for the same being 29.2. The patients consolidated opinion towards the non-compulsion by the doctors to purchase medicines from the hospital pharmacy itself scored the highest value (4.84) stating the high impression the patients attribute to this aspect of service quality. Even with hospital H2 the results revealed that the information network existing in the hospital was very poor (the consolidated score being 1.8 and index value 35.6). The character scoring the highest average value was found to tally with that of hospital H1 and similar results were exhibited with the case of hospital H3. For all the three hospitals under study, the information network existing was found to be very poor. An overall analysis from the access dimension perspective makes a generalisation that patients attitude is influenced to a great extent by the non-compulsion the doctors make regarding their choice of pharmacy. The overall index figures for all the hospitals took values above 70. Here too,

Table 4.2.2.3 Table showing the satisfaction index of patients from the access dimension

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | ATTENT | 87.6 | 4.38 | 78.8 | 3.94 | 85.6 | 4.38 |
| 2. | FREQ VIS | 80.0 | 4.00 | 72.0 | 3.60 | 83.3 | 4.16 |
| 3. | WILL | 88.0 | 4.40 | 80.6 | 4.03 | 80.6 | 4.03 |
| 4. | LAB TES | 96.4 | 4.82 | 87.2 | 4.36 | 86.8 | 4.34 |
| 5. | MED ATT | 96.8 | 4.84 | 86.8 | 4.34 | 88.8 | 4.44 |
| 6. | INF NET | 29.2 | 1.46 | 35.6 | 1.78 | 44.0 | 2.20 |
| 7. | Overall index | 79.6 | | 73.5 | | 78.18 | |

Table 4.2.2.4 Table showing the satisfaction index of patients from the physical dimension

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | MED AVAI | 88.8 | 4.4 | 66.0 | 3.3 | 74.4 | 3.72 |
| 2. | ROF | 76.6 | 3.83 | 59.3 | 2.96 | 74.0 | 3.70 |
| 3. | ROM | 76.0 | 3.80 | 54.0 | 2.70 | 79.3 | 3.96 |
| 4. | CAN | 82.3 | 3.82 | 54.1 | 2.70 | 70.0 | 3.50 |
| 5. | ENQ | 86.4 | 4.32 | 70.8 | 3.54 | 77.6 | 3.88 |
| 6. | INF NET | 29.2 | 1.46 | 35.6 | 1.78 | 44.0 | 2.20 |
| 7. | Overall index | 73.2 | | 56.6 | | 69.83 | |

hospital H2 stood at a relatively lower position with hospital H1 ranking the top (79.6).

Patients attitude towards the physical facilities were analysed considering six characters that make up the physical dimension. Table 4.2.2.4 revealed that the consolidated score of the respondents of hospital H1 ranged between 3.8 and above, stating the physical facilities to be above average. The information network scored the lowest (1.46). The satisfaction index value ranged between 29.2 and 88.8, highlighting the degree of influence the respondents attribute to the availability of medicines at all times from the pharmacy. With hospital H2, the physical facilities were found to be below average, the information network scoring the least (1.78). The enquiry facilities in the hospital scored the highest (3.54) the satisfaction index value being 70.8. With hospital H3, the private hospital, the physical facilities were stated to be above average except for the information network (2.2). The average score for all the characters ranged between 3.5 and 3.96, and the satisfaction index valued between 44 and 79.3. As with the other dimensions analysed, hospital H2 ranked the lowest. The overall satisfaction index values for the characters taken together ranged between 56.6 (hospital H2) and 73.2 (hospital H1).

Table 4.2.2.5 Table showing the satisfaction index of patients from the financial dimension

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | CON | 69.6 | 3.48 | 39.6 | 1.98 | 54.4 | 2.72 |
| 2. | OPN | 68.0 | 3.14 | 50.9 | 2.54 | 60.0 | 3.00 |
| 3. | PATH | 69.6 | 3.48 | 49.7 | 2.48 | 61.2 | 3.06 |
| 4. | ROOM | 75.0 | 3.76 | 43.1 | 2.15 | 60.0 | 3.00 |
| 5. | CANT | 68.4 | 2.32 | 54.1 | 2.70 | 58.3 | 2.92 |
| 6. | PHARM | 66.6 | 3.33 | 50.0 | 2.50 | 56.4 | 2.82 |
| 7. | Overall index | 69.55 | | 46.4 | | 58.38 | |

Eventhough the hospital charges makes only a secondary impact on the patients choice of hospital for treatment, overlooking this aspect of health care service quality would not be proper in determining the attitude of patients. Along this perspective the different charges related to the hospital services were included in the financial dimension and satisfaction indices were computed for the characters of this dimension. Table 4.2.2.5 showed the consolidated scores for all the characters of this dimension and with respect to hospital H1 the values were found to range between 2.32 and 3.76 reflecting the different charges to be either high or average. It was for the canteen charges, the index value scored the lowest. The satisfaction index values for all the characters included in the earlier analysed dimensions scored values above 75. However, for this dimension the scores values ranged between 60 and 75, highlighting the relatively unfavourable attitude towards the hospital charges. Hospital H2 showed an even bleak picture with the consolidated opinion scores ranging between 1.98 and 2.70 reflecting the charges to be high. Regarding consultation charges, the satisfaction index value stood at 39.6 stating the charges to be very high. Even with hospital H3, the results revealed that the charges collected for the services were very high, with the consolidated average score being around 3 and the index values ranged between 54.4 and 61.2. The overall index values

taken together was below 60 except for hospital H1 (69.55) stating the charges to be very high.

Determination of characters influencing the patients overall attitude

As a final step in the analysis, the relative impact of the characters influencing the overall attitude of the patients were determined through the confluence analysis. Eventhough regression is the well accepted methodology for assessing the impact, in this context, its scope is narrowed down because of the numerical magnitudes of the variables which are scale magnitudes rather than absolute numericals. Further, the scale values are highly multicollinear. Whenever the variables are highly multicollinear the scope of multiple regression is narrowly limited. When such situations arise Frisch recommended a substitute entitled confluence analysis. But, even that technique in its pure mathematical rigour cannot be used since the dependent variable is composite in nature and derivative in form. Thus, to assess the impact, the above set technique was suitably modified in methodology and adopted to represent the context. Similar approaches and adoptions are frequent in marketing research because of the qualitative nature of the phenomenon. For instance Emmanuel Jimenez et al. (1988) used an almost similar exercise to

measure the relative efficiency of private and public schools in Thailand. Also see Mark C. Hall et al. (1993). However, the researcher does not claim too much sanctity for this exercise, but is used only as a rule of thumb, since a perfect substitute is not in the near reach. But it is also seen that the major inferences of this exercise almost tally with the observations recorded in the earlier sections. For the three hospitals selected for the study the characters influencing the patients overall attitude were drawn out by adopting this method of analysis. The analysis was proceeded considering the inpatients and outpatients separately in relation to the five dimensions of health care service quality. However, the respondents overall attitude is seemingly a function of, attitude along the individual dimensions.

Caring dimension which includes the elements of competence, credibility etc. of the personnel in the hospital is the subsystem of the total environment and is a function of seven characters. Table 4.2.3.1 revealed that the inpatients of hospital H1 accord high significance to the timely and adequate attention which is highlighted through the higher magnitude of the coefficient (0.47) rendered by the doctors, their level of treatment and nursing level to have impact on their attitude towards the hospital service from this dimension. Outpatients covered under the study also accorded

Table 4.2.3.1 Table showing the patients attitude determining characters from the curing dimension

| Sl. No. | Variables | Hospital H1 | | | | Hospital H2 | | | | Hospital H3 | | | |
|---------|-----------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | | Inpatients | | Outpatients | | Inpatients | | Outpatients | | Inpatients | | Outpatients | |
| | | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value |
| 1. | SERV | 0.43 | 6.67 | 0.62 | 5.35 | 0.09 | 1.15 | 0.45 | 2.22 | 0.34 | 5.18 | 0.44 | 6.63 |
| 2. | ATTENT | 0.47 | 8.55 | 0.31 | 1.81 | 0.34 | 2.99 | 0.43 | 1.92 | 0.27 | 3.20 | 0.48 | 4.50 |
| 3. | SER MIN | 0.31 | 2.28 | 0.58 | 4.13 | 0.30 | 5.02 | 0.55 | 11.68 | 0.23 | 1.89 | 0.77 | 6.54 |
| 4. | TIM ATT | 0.31 | 3.43 | 0.53 | 5.57 | 0.24 | 0.04 | 0.55 | 8.89 | 0.49 | 5.52 | 1.00 | 7.50 |
| 5. | TREA | 0.44 | 5.46 | 0.45 | 4.09 | 0.15 | 1.22 | 0.23 | 1.09 | -0.05 | -0.33 | 0.23 | 1.81 |
| 6. | NURS | 0.44 | 5.46 | 0.49 | 6.66 | 0.29 | 3.96 | 0.36 | 5.14 | 0.77 | 4.02 | 0.45 | 6.24 |
| 7. | WILL | 0.26 | 3.76 | - | - | 0.19 | 2.17 | - | - | 0.19 | 2.99 | - | - |
| 8. | FREQ VIS | - | - | - | - | 0.21 | 2.94 | - | - | 0.39 | 4.38 | - | - |

t values

$t_{\alpha} 0.05$ N = 20 (1.73)

N = 30 (1.70)

high priority to the service mindedness of the doctors, their timely and adequate attention and treatment level as factors that contribute to their positive attitude. The results highlighted that only minimum weightage was attributed to the doctors willingness to attend to the patients at times other than their normal duty hours. This is but only self explanatory considering the moral responsibility of any doctor to attend to his patients whenever and wherever his services is required of. The coefficient relating to hospital H2 also stood in line with the results of hospital H1 with primary importance given by the inpatients to the timely and adequate attention rendered by the doctors, and the nursing personnel's attention as their attitude building characters. The analysis revealed that the hospital personnel were providing their service in the true spirit behind the concept of their establishment and that the patients are satisfied with the services offered. Outpatients too accorded top priority to the service mindedness of the doctors and nurses and their timely and adequate attention, (coefficient value being 0.55) as attitude determining characters. With regard to hospital H3, both inpatients and outpatients considered the above mentioned characters itself as their attitude determining ones. It can therefore be generally agreed upon that the hospitals under study, has from the curing dimension of patients attitude

determination, succeeded in realising the primary objective behind the establishment of the hospitals.

Thus it may be inferred that the major characters from along the curing dimension which influence the patients attitude include the service mindedness of the doctors, their timely attention and also the service mindedness of the nurses.

To analyse the impact of the characters from the caring dimension, seven characters for the inpatients and five for the outpatients were drawn out (see table 4.2.3.2). With regard to the inpatients of hospital H1 it was understood that they consider the doctors concern for their complaints, their service mindedness and timely attention as factors boosting up their attitude (0.63, 0.50). It is only when the patients are permitted to make a total revelation of their complaints to the doctor, a positive psychological impact is built up within the patient, bringing about an indirect favourable influence on the patients attitude and this is highlighted through the test results also. One of the recent dimensions in treatment is that the moral responsibility of a doctor lies not only in curing the diseases, but also in preventing the same, thereby leading to the maintenance and promotion of health. Disease prevention very much require health education and this is to be imparted partially by the doctors followed by the

Table 4.2.3.2 Table showing the patients attitude determining characters from the caring dimension

| Sl. No. | Variables | Hospital H1 | | | | Hospital H2 | | | | Hospital H3 | | | |
|---------|-----------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | | Inpatients | | Outpatients | | Inpatients | | Outpatients | | Inpatients | | Outpatients | |
| | | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value |
| 1. | HEAR COM | 0.63 | 6.06 | 0.46 | 3.52 | 0.24 | 2.98 | 0.77 | 6.87 | 0.45 | 6.96 | 0.68 | 6.17 |
| 2. | WILL | 0.40 | 4.15 | - | - | 0.20 | 2.81 | - | - | 0.17 | 2.63 | - | - |
| 3. | HEA EDN | 0.24 | 3.27 | 0.18 | 2.98 | 0.12 | 2.05 | 0.37 | 2.83 | -0.003 | -0.05 | 0.72 | 8.01 |
| 4. | SER MIN | 0.50 | 2.50 | 0.42 | 2.47 | 0.28 | 3.83 | 0.34 | 3.96 | 0.38 | 3.68 | 0.87 | 4.08 |
| 5. | TIM ATT | 0.38 | 2.75 | - | - | 0.20 | 3.52 | - | - | 0.18 | 1.46 | - | - |
| 6. | SERV | 0.64 | 7.31 | 0.46 | 3.52 | 0.15 | 1.88 | 0.71 | 6.87 | 0.40 | 6.87 | 0.49 | 4.07 |
| 7. | ATTENT | 0.58 | 5.69 | 0.49 | 3.39 | 0.32 | 2.43 | 0.77 | 6.87 | 0.37 | 6.13 | 0.51 | 2.94 |

t values

t \geq 0.05 N = 20 (1.73)

N = 30 (1.70)

paramedical staff of the hospital. This aspect was examined in the caring dimension and the coefficient and other statistical tests pointed out that this character does not play any remarkable role in determining patient attitude (0.24). The outpatients also gave low priority to health education, highlighting the fact that the patients are least bothered about these issues. Inpatients of hospital H2, attributed high emphasis on the service mindedness of the doctors, the timely attention rendered by the nursing personnel etc. as determinants of attitude, considering health education as the most insignificant character. The outpatients preference too tallied with that of the inpatients. The results of hospital H3 stood in no way contradictory to the results of hospitals H1 and H2 relating to the inpatients. The coefficient with regard to the doctor's patient hearing of the complaints, the service mindedness of the doctors, and their timely attention clearly depicts the high priority the inpatients place upon how they are cared by the personnel in the hospital. Even with this hospital, health education gained no importance in determining the patients attitude (-0.003). The analysis results of the outpatients however shows a contradictory picture with health education being assigned top priority in determining overall attitude by patients, which may be attributed to reporting errors. However, a generalisation of results from the caring

dimension, a priority based on limited evidence suggest that in the sample hospitals selected for the study, treatment of diseases is only given attention, while the other aspects of health care are less attended to if not ignored.

Also notable lies the fact that both the inpatients and outpatients of all the three hospitals accorded high significance to the doctor's patient hearing of the complaints of patients and their timely attention as characters determining the attitude of patients along the caring dimension of service quality.

Along the access dimension of health care service quality, patients attitude was determined taking into account five characters. From table 4.2.3.3 it was revealed that the inpatients of hospital H1 acclaimed high significance to the impartial attitude of doctors and other staff with regard to purchase of drugs, the laboratory tests etc. in influencing their attitude from the access dimension of health care service quality. The responsibility of a doctor should only be to impart the best possible treatment to his patients and advise the necessary drugs and it should be the patients liberty to purchase the required medicines from any pharmacy of his choice. Insistence by the hospital personnel in this regard will create distrust with the hospital which will negatively impact the patients future preference to this

Table 4.2.3.3 Table showing the patients attitude determining characters from the access dimension

| Sl. No. | Variables | Hospital H1 | | | | Hospital H2 | | | | Hospital H3 | | | |
|---------|-----------|---------------|---------|---------------|---------|---------------|---------|---------------|---------|---------------|---------|---------------|---------|
| | | Inpatients | | Outpatients | | Inpatients | | Outpatients | | Inpatients | | Outpatients | |
| | | Coeffi- cient | t value | Coeffi- cient | t value | Coeffi- cient | t value | Coeffi- cient | t value | Coeffi- cient | t value | Coeffi- cient | t value |
| 1. | ATTENT | 0.40 | 7.10 | 0.37 | 3.38 | 0.37 | 2.38 | 0.10 | 6.19 | 0.17 | 1.6 | 0.14 | 1.03 |
| 2. | LAB TES | -0.13 | -1.32 | 0.59 | 5.26 | 0.23 | 3.46 | 0.43 | 5.89 | 0.22 | 2.4 | 0.29 | 4.63 |
| 3. | MED | 0.88 | 1.56 | 0.59 | 5.26 | 0.36 | 4.05 | 0.43 | 5.89 | 0.22 | 2.3 | 0.28 | 3.35 |
| 4. | MED AVAI | 0.19 | 4.62 | 0.22 | 4.72 | 0.15 | 3.55 | 0.34 | 5.69 | 0.20 | 5.1 | 0.21 | 2.76 |
| 5. | INF NET | 0.20 | 2.23 | -0.15 | -1.23 | 0.09 | 1.21 | -0.88 | -0.41 | 0.13 | 1.7 | -0.002 | -0.01 |

t values

t 0.05 α N = 20 (1.73)

N = 30 (1.70)

hospital. The statistical test is, however, a positive projection of the doctors credibility in this regard and the high reputation of the hospital itself. However, an area which requires immediate attention of the authorities of the hospital is the information network existing in the hospital. The coefficient in relation to this aspect showed a negative figure which signifies the least contribution the character attribute in determining the patients attitude. For the outpatients in the study, the doctors timely attention and their neutral attitude towards the patients choice of pharmacy were found to be those characters contributing to the attitude determination of the respondents. The statistical test results in relation to hospital H2 revealed that the patients preferred being left alone to choose the pharmacy and laboratory. The information network existing in the hospital was found to make no impact in determining the patients attitude towards the hospital services. The analysis covering the outpatients revealed that the result moved in line with that of the inpatients of the study. Analysis of hospital H3 projected the result that the characters in the access dimension that has significant contribution in determining the inpatients attitude seemed to tally with the results of hospital H2. The availability of drugs prescribed by the physicians from the hospital pharmacy has some influence in determining the patients attitude and preference towards the

hospital. From the survey it was understood that the patients considered proximity to the hospital from their place of stay also as a factor in deciding their choice of hospital for treatment. When this becomes a criteria for hospital selection it has to be outwardly agreed upon and realised that the patients preference to the hospital will very much be influenced by the existence of a full time pharmacy, laboratory, X-Ray unit and other necessities required by the patients. This reasoning is well justified through the coefficient and other statistical test results. The information network existing in the hospital contributes to an insignificantly minimum extent in deciding the patients overall attitude. The analysis with respect to the outpatients of the hospital too highlight the fact that the attitude determining characters correlate with that of the inpatients choice of characters. It can therefore be generalised from the analysis results that eventhough the information network existing in the hospitals makes no direct impact on the patients attitude, improvement in the facilities would serve the needs of the patients availing the hospital service for the first time and also in influencing their future preference towards the hospital.

The analysis next moves along the physical dimension which includes five characters, the tangibles of the hospital.

Table 4.2.3.4 Table showing the attitude determining characters of patient from the physical dimension

| Sl. No. | Particulars | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|-------------|------------------|---------|------------------|---------|------------------|---------|
| | | Coeffi- cient | t value | Coeffi- cient | t value | Coeffi- cient | t value |
| 1. | MED AVAI | 0.32 | 3.30 | 0.32 | 3.39 | 0.25 | 6.63 |
| 2. | ROF | 0.48 | 6.73 | 0.45 | 4.43 | 0.24 | 2.66 |
| 3. | ROM | 0.61 | 8.32 | 0.49 | 7.27 | 0.29 | 2.16 |
| 4. | CANT | 0.18 | 2.68 | 0.45 | 5.00 | 0.32 | 3.73 |
| 5. | ENQ | 0.85 | 4.68 | 0.50 | 4.43 | -0.18 | -0.56 |

t values

t_{0.05} N = 20 (1.73)

The analysis is taken up for the inpatients alone, as the scope of the analysis considering the outpatients is less important in the case of majority of the characters. It is not just important for any hospital to impart the best treatment to the patients, more so, it becomes the responsibility of the hospital authorities to ensure that the patients are provided with all the necessary physical facilities for the patients and bystanders. This aspect was examined in the physical dimension and the results suggested that the facilities and maintenance in the rooms significantly influence the patients overall attitude with respect to hospital H1 (Table 4.2.3.4). It is also desirable for every hospital to maintain a canteen. But it was revealed from the study that canteen facilities in no way contribute in determining the patients overall attitude towards the hospital services. The enquiry facilities in the hospital too had high influence in determining the overall attitude of the patients. When the patients visiting the hospital are well attended to, they are impressed, which will indirectly have a positive influence in improving the reputation of the hospital. Regarding hospital H2 the results revealed that the facilities made available in the rooms of the patients, its maintenance and also the enquiry facilities in the hospital constitute the characters having a direct bearing on the patients attitude, with the canteen facilities making the least impact. For hospital H3 also the

availability of medicines at all times and the facilities and maintenance in the rooms considerably influenced the patients overall attitude.

Thus it may be inferred that compared to the earlier dimensions physical facilities have only a low level of influence on the level of satisfaction. However, within this dimension the dominant characters were, the facilities and maintenance in the rooms and the availability of medicines at all times from the pharmacy.

In the financial dimension, the characters considered included the consultation charges, operation charges, pathological test charges, canteen charges and pharmacy charges and room rent for the patients' attitude determination. From table 4.2.3.5 it was highlighted that the operation charges highly influenced their attitude. With hospital H3, the patients considered room rent to be of significant relevance in determining their overall attitude towards the health care service quality along this dimension. This is a reality also because in private hospitals they impose heavy charges.

Having analysed the attitude of patients covered under the three hospitals included in the study, it can be stated that hospital H1 stood at a relatively higher position, with

Table 4.2.3.5 Table showing the patients attitude determining characters from the financial dimension

| Sl. No. | Variables | Hospital H1 | | | | Hospital H2 | | | | Hospital H3 | |
|---------|-----------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | | Inpatients | | Outpatients | | Inpatients | | Outpatients | | Inpatients | |
| | | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value | Coefficient | t value |
| 1. | CON | 0.24 | 1.23 | 0.79 | 3.20 | 0.46 | 5.07 | 0.43 | 3.25 | 0.33 | 4.3 |
| 2. | OPN | 0.57 | 6.75 | 0.47 | 5.87 | 0.21 | 1.39 | 0.42 | 4.35 | 0.40 | 1.1 |
| 3. | PATH | 0.56 | 6.57 | 0.60 | 7.90 | 0.71 | 8.99 | 0.38 | 2.12 | 0.42 | 4.9 |
| 4. | CANT | 0.42 | 6.59 | 0.44 | 4.27 | 0.60 | 6.59 | 0.51 | 6.15 | 0.49 | 2.4 |
| 5. | PHARM | 0.56 | 4.71 | 0.83 | 5.21 | 0.59 | 6.08 | 0.32 | 2.45 | 0.18 | 1.4 |
| 6. | ROOM | 0.44 | 6.65 | - | - | 0.57 | 5.58 | - | - | 0.58 | 7.7 |

t values

$t_{\alpha} 0.05$ N = 20 (1.73)
 N = 30 (1.70)

the patients showing a favourable attitude towards most of the characters included in the study. The co-operative hospital has yet to make significant improvements with respect to the facilities made available to the patients, the charges collected, the information network etc. The private hospital H3 gains favourable attitude, but improvements relating to information dissemination charges levied etc. would be a welcome step. Health education, the need of the hour is almost neglected by all the hospitals, where the administrators need to keep a watchful eye on. It can however be concluded that the patients perceive the hospital H1 to be the best performing, followed by hospital H3, with hospital H2, taking the relatively lowest position.

SECTION II

Percentage analysis determining the level of responses of doctors

It is generally agreed upon that the reputation of any hospital primarily depends on the services rendered by the doctors and paramedicals of the hospital. When the personnel in the hospital render timely and adequate attention to the patients, their level of satisfaction gets positively effected, thereby creating a favourable attitude towards the health care service quality. This will also have an influence on the patients future reference towards the hospital. Against this backdrop the attitude of doctors towards the

existing hospital services is attempted. Percentage analysis to draw out the share of doctors under each level of response on seven characters was attempted and they are:

- (i) Pay provided to the doctors (PAY)
- (ii) Infrastructural facilities in the consultation room (IF)
- (iii) Provision to consult expert consultants from outside (OC)
- (iv) Interference by management in consultation (IM)
- (v) Quality of surgical equipments (SUR)
- (VI) Responses regarding casualty facilities (CAS)
- (vii) Responses regarding service of nurses (NURS)

Satisfaction index, and confluence analysis to determine the relative impact of the parameters on the respondents attitude were also attempted.

Table 4.2.4.1 Doctors responses regarding the pay provided to them

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 1 (5) | - | 2 (14) |
| Agree | 2 (10) | 5 (36) | 4 (29) |
| No opinion | 5 (25) | 1 (7) | 8 (57) |
| Disagree | 5 (25) | 5 (36) | - |
| Strongly disagree | 7 (35) | 3 (21) | - |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

Table 4.2.4.1 revealed that with respect to hospital H1, more than 50 per cent of the respondents expressed dissatisfaction with the pay provided to them, with a 15 per cent having a favourable attitude regarding the pay provided. Fifty seven per cent of the respondents of hospital H2 opined that they were dissatisfied with the pay structure, to form the unfavourable attitude zone. When seven per cent of the doctors formed the indifferent zone, 36 per cent had favourable attitude over the issue. However, a different picture was seen with the private hospital H3, with about 50 per cent being satisfied with the pay provided to them, forming the favourable attitude zone. Fifty seven per cent but remained passive, towards the issue, to form the indifferent zone.

Table 4.2.4.2 Doctors responses regarding infrastructural facilities in the consultation room

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | - | - | - |
| Agree | 11 (55) | 4 (29) | 9 (64) |
| No opinion | 4 (20) | 3 (21) | 2 (15) |
| Disagree | 4 (20) | 7 (50) | 3 (21) |
| Strongly disagree | 1 (5) | - | - |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

From table 4.2.4.2 it was found that the doctors of H1 had a favourable attitude with regard to the facilities in the consultation room with 55 per cent expressing agreement. However, 25 per cent expressed dissatisfaction regarding the facilities provided in the consultation room. Fifty per cent of the doctors of hospital H2 were dissatisfied with the facilities provided whereas 29 per cent expressed favourable attitude towards the consultation room facilities. Sixty four per cent doctors of hospital H3 were satisfied with the facilities in their consultation room, but it was found that 21 per cent had an unfavourable attitude towards the same.

Table 4.2.4.3 Doctors responses regarding provision to consult expert consultants from outside

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 1 (5) | 4 (29) | 4 (29) |
| Agree | 3 (15) | 3 (31) | 8 (57) |
| No opinion | 9 (45) | 3 (21) | 2 (14) |
| Disagree | 4 (20) | 3 (21) | - |
| Strongly disagree | 3 (15) | 1 (8) | - |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

Table 4.2.4.3 showed the level of response of the doctors in relation to consulting expert consultants from outside the hospital. When 20 per cent doctors of hospital H1 expressed their freedom to seek advice from consultants outside, 35 per cent strongly disagreed to this aspect. It was understood through the survey that the policy decisions of the hospital restricted this convenience except for selected departments. Fifty per cent of the doctors of hospital H2 opined positively over the issue whereas 90 per cent of the doctors of hospital H3 had a favourable opinion regarding the availing of services of expert consultants from outside.

Table 4.2.4.4 Doctors responses regarding interference by management in consultation

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 10 (50) | 7 (50) | 7 (50) |
| Agree | 10 (50) | 7 (50) | 7 (50) |
| No opinion | - | - | - |
| Disagree | - | - | - |
| Strongly disagree | - | - | - |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

An analysis regarding interference by management in consultation was attempted and table 4.2.4.4 revealed that the doctors of all the three hospitals under study, opined interference by management in consultation to be nil.

Table 4.2.4.5 Doctors responses regarding surgical instruments

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | - | - | 1 (7) |
| Good | 9 (45) | 7 (50) | 9 (65) |
| Average | 11 (55) | 5 (36) | 2 (14) |
| Bad | - | - | - |
| Poor | - | 2 (14) | 2 (14) |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

Opinion rating of the surgical equipments quality revealed that 45 per cent of the doctors under study of hospital H1 had a favourable attitude regarding this aspect to represent the favourable attitude zone (Table 4.2.4.5). But with hospital H2, it was understood that when 50 per cent of the respondents expressed satisfaction over the quality of surgical equipments, 14 per cent strongly opposed, opining

that the quality of the equipments were below standard. Seventy two per cent of doctors of hospital H3 expressed favourable attitude towards the quality of surgical equipments and 14 per cent had dissatisfaction over the same.

Table 4.2.4.6 Doctors responses regarding casualty facilities

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | - | 1 (7) | - |
| Good | 2 (10) | 1 (7) | 11 (79) |
| Average | 13 (65) | 7 (50) | 2 (14) |
| Bad | 5 (25) | 5 (36) | - |
| Poor | - | - | 1 (7) |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

Regarding casualty facilities, it was stated from table 4.2.4.6 that 25 per cent of the doctors of hospital H1 expressed dissatisfaction, with 10 per cent representing the favourable attitude zone. With hospital H2, 36 per cent of the respondents were not satisfied with the facilities. Alternately for hospital H3, the results highlighted that 79 per cent of the respondents comprised the favourable attitude, with only a 7 per cent expressing their dissatisfaction.

Being a private institution with high financial base the hospital may not find it difficult to expend on maintaining the facilities and this justifies the response of the doctors regarding the facilities.

Table 4.2.4.7 Doctors responses regarding service of nurses

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | 1 (5) | - | 1 (7) |
| Good | 12 (60) | 7 (50) | 9 (64) |
| Average | 5 (25) | 7 (50) | 4 (29) |
| Bad | 2 (10) | - | - |
| Poor | - | - | - |
| Total | 20 (100) | 14 (100) | 14 (100) |

Figures in parenthesis expresses percentages

With respect to the services rendered by the nurses table 4.2.4.7 revealed that 65 per cent of the doctors of hospital H1, expressed satisfaction and agreed that the quality of the nursing personnel were excellent. However, it was understood that 10 per cent of the doctors expressed dissatisfaction regarding their services. Fifty per cent of the respondents of hospital H2 appreciated their services, while an equal percentage represented the indifferent zone.

Seventy one per cent of the doctors of hospital H3, had a favourable attitude towards the services rendered by the nursing personnel.

Table 4.2.4.8 Attitude of doctors towards the existing hospital services

| Sl. No. | Particulars | Hospital H1 | Hospital H2 | Hospital H3 |
|---------|-------------|-------------|-------------|-------------|
| 1. | PAY | UF | UF | I |
| 2. | IF | F | UF | F |
| 3. | OC | I | F | F |
| 4. | IM | F | F | F |
| 5. | SUR | F | F | F |
| 6. | CAS | I | UF | F |
| 7. | NURS | F | F | F |

F - Favourable attitude, I - Indifferent attitude

UF - Unfavourable attitude

It can therefore be generalised that the doctors are not adequately paid for their service, which is depicted through the low score attributed by the doctors of all the three hospitals. Moreover, improvement in casualty facilities also needs attention. An overall picture regarding the response of the doctors is presented in table 4.2.4.8.

Satisfaction index as determinant of doctor's attitude

In this analysis the attitude of doctors regarding the facilities provided to them was determined through computation of satisfaction indices. Mean scores as surrogate to index calculation also formed part of the analysis.

Table 4.2.5.1 revealed that the doctors of hospital H1 considered the pay provided to them to be below average, the consolidated average score being 2.25. The doctors' attitude towards the facilities in the consultation room was favourable, the satisfaction index being 65. It was stated that the doctors were restricted to consult expert consultants from outside the hospital, the satisfaction index being below 50. From among all the characters included in the study, it was revealed that the doctors overall attitude was determined by the non-interference by the management in consultation. The mean score stood at 4.50 stating the interference to be the least minimum. All the other characters showed index values ranging between 57 and 72, stating the facilities made available to them to be good. Even for hospital H2, the pay provided was below average, the consolidated average score being 2.57. The infrastructural facilities both in the consultation room and casualty were below average, the scores showing 2.78 and 2.81 respectively. The interference by management in consultation was minimum even with hospital H2,



Table 4.2.5.1 Table showing the satisfaction index of the doctors with the selected attitude determining characters

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | Pay | 45.00 | 2.25 | 51.42 | 2.57 | 71.42 | 3.57 |
| 2. | IF | 65.00 | 3.25 | 55.71 | 2.78 | 64.28 | 3.21 |
| 3. | OC | 41.00 | 2.05 | 78.57 | 3.92 | 82.85 | 4.14 |
| 4. | IM | 90.00 | 4.50 | 90.00 | 4.50 | 90.00 | 4.50 |
| 5. | SUR | 69.00 | 3.45 | 64.28 | 3.21 | 70.00 | 3.50 |
| 6. | CAS | 57.00 | 2.85 | 57.14 | 4.85 | 78.86 | 3.64 |
| 7. | SERV | 72.00 | 3.60 | 70.00 | 3.50 | 75.71 | 3.78 |
| 8. | Overall index | 62.71 | | 66.73 | | 76.16 | |

the average score being 4.5. For the different characters included in the study, the satisfaction indices ranged between 51.42 and 90. The consolidated opinion of doctors of hospital H3 for all the characters was found to be above 3, stating the facilities made available to them to be good. The consolidated average score with respect to the pay provided was above 4, highlighting the pay provided to them to be attractive. Of the different characters included in the study, it was the facilities in the consultation room that scored the maximum average score (3.21). For all the characters included in the study, the satisfaction indices ranged between 64.28 and 90.

Therefore it can be generally stated that the pay provided to the doctors were low. Also notable is the poor casualty facilities. However, with all the characters, hospital H3 stood above average, stating the favourable attitude of the doctors of this hospital.

Determination of characters influencing doctors' overall attitude

To draw out the relative impact of the characters on the doctors overall attitude towards the hospital services seven characters were identified.

Table 4.2.6.1 Table showing the attitude determining characters of the doctors

| Sl. No. | Particulars | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|-------------|-------------|---------|-------------|---------|-------------|---------|
| | | Coefficient | t value | Coefficient | t value | Coefficient | t value |
| 1. | PAY | 0.16 | 1.76 | 0.27 | 4.56 | 0.27 | 3.28 |
| 2. | IF | 0.23 | 3.29 | 0.33 | 3.63 | 0.29 | 1.32 |
| 3. | OC | 0.22 | 4.60 | 0.07 | 0.84 | 0.07 | 0.58 |
| 4. | IM | -0.13 | -0.78 | 0.39 | 1.93 | 0.24 | 2.10 |
| 5. | SUR | 0.31 | 2.01 | 0.16 | 1.51 | 0.13 | 2.21 |
| 6. | CAS | 0.08 | 0.55 | 0.21 | 1.66 | 0.09 | 0.98 |
| 7. | NURS | 0.25 | 2.54 | 0.13 | 0.57 | -0.11 | -1.03 |

t values

$t_{\infty} N = 20$ (1.73)

$N = 14$ (1.78)

Table 4.2.6.1 revealed that the characters influencing the doctors overall attitude with regard to hospital H1 include the infrastructural facilities, the quality of nursing, and the freedom of doctors to consult expert specialist doctors from outside the hospital. The table reveals a negative coefficient for the character, non-interference by management in consultation which may be due to the undue interference the management impose on the doctors on account on private practices, seeking advice of consultants, insistence to stay within the hospital premises. Eventhough it was apriorily believed that the pay provided to the doctors influence their quality of service, the results proved otherwise. The doctors of this hospital accorded no priority to the pay provided, which justifies the functioning of the hospital in the true spirit of its concept behind establishment. The doctors of hospital H2, however, attributed importance to the pay provided, the infrastructural facilities, the non-interference by management etc. to determine their attitude. Services of nursing personnel had limited impact in influencing the doctors overall attitude. Similar results were exhibited with the case of hospital H3, with limited significance being attributed to the nursing personnel service as a factor determining their attitude.

From the analysis it was revealed that in general the doctors had an unfavourable attitude towards the pay provided to them. Infrastructural facilities of hospitals H1 and H2 requires improvement. Doctors, however, considered least interference by the management in consultation as determinant in influencing their overall attitude towards the hospital services.

Section 3

To examine the attitude of paramedicals towards the existing hospital services, six characters were drawn out and percentage analysis, computation of satisfaction indices and confluence analysis were attempted. The characters along which percentage analysis is computed include.

- (i) Responses regarding working time (WORK)
- (ii) Supervision by doctors (OPIN 1)
- (iii) Relations with doctors (CORD 1)
- (iv) Relations with management (CORD 2)
- (v) Relations with patients (CORD 3)
- (vi) Keeness of management to consider their complaints and opinions (COMP)

Table 4.2.7.1 Paramedics' responses regarding their working time

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | - | - | - |
| Agree | - | - | - |
| No opinion | - | - | - |
| Disagree | 1 (10) | 5 (50) | 2 (20) |
| Strongly disagree | 9 (90) | 5 (50) | 8 (80) |
| Total | 10 (100) | 10 (100) | 10 (100) |

Figures in parenthesis expresses percentages

Table 4.2.7.1 stated that the paramedics of hospital H1 were highly dissatisfied with their working hours and opined that to be overloaded. Even with hospital H2 and hospital H3, a major share of the respondents (50 and 83 per cent respectively) expressed unfavourable attitude over the issue and represented the unfavourable attitude zone.

Table 4.2.7.2 Paramedicals responses regarding supervision by doctors

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-----------|------------|------------|------------|
| Excellent | 3 (30) | - | 5 (50) |
| Good | 7 (70) | 8 (80) | 4 (40) |
| Average | - | 2 (20) | 1 (10) |
| Bad | - | - | - |
| Poor | - | - | - |
| Total | 10 (100) | 10 (100) | 10 (100) |

Figures in parenthesis expresses percentages

Table 4.2.7.2 related to the supervision by the doctors and it was revealed that the paramedicals of all the three hospitals surveyed expressed their favourable attitudes towards this aspect. There exists a cordial relation with the personnel in the hospitals as is revealed through the analysis and this is sure to make improvements in the productivity of the institution as a whole.

Table 4.2.7.3 Paramedicals' responses regarding their relation with doctors

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 5 (50) | - | 1 (10) |
| Agree | 5 (50) | 7 (70) | 8 (80) |
| No opinion | - | 3 (30) | 1 (10) |
| Disagree | - | - | - |
| Strongly disagree | - | - | - |
| Total | 10 (100) | 10 (100) | 10 (100) |

Figures in parenthesis expresses percentages

Table 4.2.7.3 revealed that for all the three hospitals under study the paramedical staff maintained a cordial relation with the doctors of the hospital.

Table 4.2.7.4 Paramedicals' responses regarding relation with management

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 2 (20) | 1 (10) | 1 (10) |
| Agree | 7 (70) | 8 (80) | 4 (40) |
| No opinion | - | 1 (10) | 5 (50) |
| Disagree | 1 (10) | - | - |
| Strongly disagree | - | - | - |
| Total | 10 (100) | 10 (100) | 10 (100) |

Figures in parenthesis expresses percentages

From table 4.2.7.4 it was highlighted that the paramedicals relation with the management with respect to hospital H1 was highly cordial to the extent of 90 per cent with 10 per cent expressing otherwise. This result tallied with the analysis results of hospital H2. But for hospital H3 50 per cent of the respondent gave no definite reply to form the indifferent zone.

Table 4.2.7.5 Paramedicals' responses regarding their relation with patients

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 4 (40) | 1 (10) | - |
| Agree | 5 (50) | 9 (90) | 6 (60) |
| No opinion | - | - | 4 (40) |
| Disagree | 1 (10) | - | - |
| Strongly disagree | - | - | - |
| Total | 10 (100) | 10 (100) | 10 (100) |

Figures in parenthesis expresses percentages

Regarding the paramedicals relation with the patients, table 4.2.7.5 revealed that 10 per cent of the respondents of hospital H1, expressed dissatisfaction and 70 per cent represented the favourable attitude zone. For hospital H2, cent per cent of the respondents agreed that their relation were cordial. With hospital H3, only 60 per cent represented the favourable attitude zone.

Table 4.2.7.6 Paramedicals' responses regarding the keenness by management to consider their complaints and opinions

| Responses | Hospital 1 | Hospital 2 | Hospital 3 |
|-------------------|------------|------------|------------|
| Strongly agree | 1 (10) | - | - |
| Agree | 8 (80) | 8 (80) | 7 (70) |
| No opinion | 1 (10) | 1 (10) | 3 (30) |
| Disagree | - | - | - |
| Strongly disagree | - | 1 (10) | - |
| Total | 10 (100) | 10 (100) | 10 (100) |

Figures in parenthesis expresses percentages

From table 4.2.7.6 the managements keenness to consider the complaints and opinions of paramedicals was highlighted and the results showed that only 10 per cent of the respondents of hospital H2 expressed their dissatisfaction, while the remaining respondents of all the hospitals formed the favourable attitude zone.

It can therefore be stated the paramedicals working schedule was overloaded. However, the relation with the personnel in the hospital was cordial, and also with the management except with hospital H2. An overall picture relating to the attitude of paramedicals towards the hospital services is highlighted through table 4.2.7.7.

Table 4.2.7.7 Attitude of paramedicals towards the existing hospital services

| Sl. No. | Particulars | Hospital 1 | Hospital 2 | Hospital 3 |
|---------|-------------|------------|------------|------------|
| 1. | WORK | UF | UF | UF |
| 2. | OPIN 1 | F | F | F |
| 3. | CORD 1 | F | F | I |
| 4. | CORD 2 | F | F | F |
| 5. | CORD 3 | F | F | F |
| 6. | COMP | F | F | F |

F - Favourable attitude I - Indifferent attitude

UF - Unfavourable attitude

Table 4.2.8.1 Satisfaction index of the paramedicals with selected attitude determining characters

| Sl. No. | Characters | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|---------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | | Satisfaction index | Mean score | Satisfaction index | Mean score | Satisfaction index | Mean score |
| 1. | WORK | 22.00 | 1.1 | 30.00 | 1.5 | 24 | 1.2 |
| 2. | OPIN 1 | 86.00 | 4.3 | 76.00 | 3.8 | 88 | 4.4 |
| 3. | CORD 1 | 90.00 | 4.5 | 74.00 | 3.7 | 80 | 4.0 |
| 4. | CORD 2 | 80.00 | 4.0 | 80.00 | 4.0 | 72 | 3.6 |
| 5. | CORD 3 | 84.00 | 4.2 | 82.00 | 4.1 | 64 | 3.2 |
| 6. | COMP | 80.00 | 4.0 | 74.00 | 3.7 | 74 | 3.7 |
| 7. | Overall index | 73.66 | | 69.33 | | 67 | |

Satisfaction indices were computed for all the six selected characters influencing the paramedicals attitude towards the hospital services.

Table 4.2.8.1 revealed that for all the hospitals under study, the consolidated average score regarding their working time was much below the average stating the working hours to be overloaded. For all the other characters with respect to hospital H1, the satisfaction indices ranged between 80 and 90. Even for hospital H2, all characters were stated to be above average, except for the working time, with average values ranging between 3.7 and 4.0. The private hospital, H3, revealed all the characters to be above average, the index values ranging between 69 and 88, except for the working time (S.I-24).

As a final step in the analysis, the study proceeds to identify those characters that have a direct bearing on the overall attitude of the paramedical staff of the three hospitals covered under the study. The statistical tests results from table 4.2.9.1 highlighted the fact that the paramedicals of hospital H1 assigned high value to their relation with the management, and patients in determining their overall attitude. However, it was seen that the paramedicals accorded no significance to the supervision by the doctors and their working time. It was understood that

Table 4.2.9.1 Table showing the attitude determining characters of the paramedicals

| Sl. No. | Particulars | Hospital H1 | | Hospital H2 | | Hospital H3 | |
|---------|-------------|------------------|---------|------------------|---------|------------------|---------|
| | | Coeffi- cient | t value | Coeffi- cient | t value | Coeffi- cient | t value |
| 1. | WORK | 0.01 | 0.03 | 0.42 | 2.69 | 0.05 | 0.34 |
| 2. | OPIN 1 | -0.13 | -0.45 | 0.68 | 5.40 | -0.009 | -0.10 |
| 3. | CORD 1 | 0.47 | 2.19 | 0.41 | 2.25 | 0.17 | 2.30 |
| 4. | CORD 2 | 0.47 | 10.11 | 0.50 | 3.05 | 0.13 | 1.77 |
| 5. | CORD 3 | 0.39 | 6.78 | 0.01 | 0.03 | 0.02 | 0.14 |
| 6. | COMP | 0.70 | 4.30 | 0.38 | 3.83 | 0.18 | 1.60 |

t values

$t \approx 0.05$

$N = 10 (1.86)$

the paramedical staff of hospital H2 gave high preference to the supervision by the doctors, their cordial relation with the management and their being considered as part of the institution, to be the determining variables influencing their attitude. With the private hospital H3, it was revealed that the paramedicals considered their cordial relation with the doctors and management, their being considered etc. as variables contributing to influence their attitude. Here too, the relation with the patients and supervision by the doctors gained no significant importance.

From the analysis, it can however be generalised that the working hours of the paramedical staff need to be liberalised to develop a favourable attitude towards the health care service quality. The paramedicals' relation with the doctors and management, except for hospital H2, were cordial according to the respondents responses. They attributed high importance to their opinions and complaints being considered.

Summary & Conclusions

SUMMARY AND CONCLUSION

Good health is a pre-requisite to human productivity and the development process. It is man's greatest possession, for it lays a solid foundation for his happiness. Since many health problems require a level of medical treatment and personal care that extends beyond the range of services normally available in the patient's home or in the office of the physician, modern society has developed formal institutions for patient care intended to help meet the more complex health needs of its members. The hospital, a major social institution for the delivery of health care in the modern world, offers considerable advantage both to the patient and society. In our country the present scenario indicates not only an increase in medical facilities but also a need for proper distribution of the available facilities. Proper health education is also a must. This points out towards following a proper marketing strategy by all concerned and must include a three pronged attack on preventive, promotive and curative aspects of health care. However, hospital effectiveness which can be measured in terms of satisfaction of the beneficiaries of the hospital depend not only on the improvement of the hospital service aspect alone, but on the entire medical care aspect. With this broad

outlook the present study focuses on the marketing practices adopted by the selected health care institutions, and the attitude of the beneficiaries making up the hospital, towards the present hospital services. Such a study was intended to study the role of the non-governmental organisations in imparting health care services. This will in turn help in making a comparison of the marketing of hospital services by the governmental health care institutions and non-governmental health care institutions.

The present study was confined to the Thrissur district of Kerala covering one allopathic hospital each from the voluntary, co-operative and private forms of health care organisations, with the following objectives.

- (i) to examine the existing marketing practices adopted by the non-governmental organisations rendering health care services and also to assess its effectiveness.
- (ii) to study the attitude of patients, doctors and paramedicals towards the present hospital services.

The study was based upon primary data collected from 228 respondents of the institutions including the patients, doctors and paramedicals. Also the controlling authority of the hospitals were interviewed to draw out the existing marketing practices adopted by the hospitals. Pre-tested

structured schedules were administered to collect the required information from the respondents. The analysis was done separately for patients (considering both inpatients and outpatients), doctors and paramedicals. For the purpose of the analysis, percentage, satisfaction index and confluence analysis were attempted.

The analysis is summarised along the different dimensions of health care service quality. On examination, it was realised that the hospitals are knowingly or unknowingly resorting to marketing practices designed under the concept of marketing mix, viz., stressing on, service features, price, place and promotion. Eventhough, there were differences of opinion relating to their direct adoption of marketing practices, the results proved that all the hospitals in one way or other practised various marketing techniques. This in turn, had created an impact on both short term and long term results, in favour of the concerned institutions.

The service element of marketing mix was explained through the curing and caring dimensions. The curing dimension of health care can make only short term, immediate influence on preference towards the hospital, as it is related only to the immediate cure of illness. The stress on caring aspect, on the other hand, will create constant and intimate contact with beneficiaries which will establish long term preferences

towards the hospital. Through this, market potential of the hospital would be further increased.

In terms of hospital H1 it was understood that the hospital insisted the doctors to reside within the proximity of the hospital, thereby making available their services at any time. Also the doctors were restricted from undertaking private practices, which highlights the service mindedness of the staff serving in the hospital. Consequently, the overall index of patient satisfaction along curing dimension stood at 85.2. Since the quality of service depends on the care imparted by the personnel in the hospital, these aspects were also studied. It was observed that the doctors took rounds to the rooms of patients twice a day and at any other time whenever necessary. It was also understood that the doctors lend a patient ear to the complaints of patients. This aspect seemed to be one of the dominant characters influencing the patients overall attitude and future preference towards the hospital. Another notable feature of the hospital was that it was declared as a 'baby friendly hospital'. Moreover, the patients were educated on the maintenance and promotion of health by the doctors and nursing personnel. But, this aspect scored a lower satisfaction index value (77.2) which may be due to the lesser significance given to health education.

Pricing, an important marketing mix element gains only lesser significance in service marketing especially for hospitals. Patients prefer better service giving low priority to the charges levied for the same. The pricing element in hospitals relate to consultation charges, operation charges, room rent, pharmacy charges etc. This hospital charged only Rs.15/- as consultation charges, and the validity of each admission card extended for a month. An additional charge of Rs.10/- was collected for each renewal. Relating the characters forming the financial dimension with the satisfaction index scores, it was revealed that the scores valued 70 and above. The hospital even exempted deserving needy patients from consultation and other hospital charges either in part or full. This may be inferred as an indirect form of promotional technique. The characters included in the access dimension explains the third element of marketing mix (place). All general departments formed the service line of the hospital at present, with future plans to introduce speciality departments like neurology, nephrology, cardiology etc. Round-the-clock pharmacy, X-ray, laboratory, enquiry and information counter etc. formed the other physical facilities of the hospital. Among the three hospitals studied, it was only this hospital that made arrangements to supply food for the patients and bystanders at their rooms. Satisfaction indices ranged between 29.2 (information network) and 88.8

(availability of medicines at all times from the pharmacy) for the characters of this dimension. Regarding promotional strategies, the hospital resorted to no direct promotional technique, considering it to be against the moral ethics of any service organisation. But it may be inferred that the different services rendered, low pricing policy etc. form to be indirect promotional strategies of the hospital. Direct promotion was restricted to newspaper advertisements when new appointments become necessary. It was believed by the authorities that the word-of-mouth communication attracted patients to the hospital.

Hospital H2 which began as a dispensary, at present enjoys the status of a full-fledged hospital with all general departments. Neurology department, blood bank, tread mill etc. were included in the future plans of the hospital. Duty doctors, specialists and consultants served the patients, making available their service at any time required. The patients also had freedom to avail the services of any doctor even from outside the hospital. Also, any doctor was free to make patient admissions depending on the availability of beds. But satisfaction index figures reveal that along curing dimension, the scores stood at a relatively lower level when compared to hospital H1. It was understood that the doctors and nurses role in health education was limited to the extend

of hearing the complaint of patients and advising them on the required drugs. Index value relating to the frequency of visits by doctors to the rooms of patients also scored a low value. It may therefore be inferred that the services imparted fail to develop a long term preference towards the hospital.

Regarding prices, the hospital charge Rs.47/- for every admission card, the validity of which extended for a month, with Rs.40/- collected for every renewal. The index values of patients along the financial dimension was only average, particularly for the consultation charges (39.6). The overall index value too showed a low score (46.4) focussing on the inappropriate pricing methods followed by the hospital. Regarding physical facilities, the hospital had a full time pharmacy, enquiry counter etc. Also an accident unit function on a round-the-clock basis. Room facilities, its maintenance, the information network existing in the hospital, all gained low satisfaction index values. The overall index value showed 56.6 which was the minimum score from among all the three hospitals. Promotional activities adopted by the hospital included advertisements when personnels need to be appointed, new staff took charge, putting up banners highlighting the services offered at public functions etc.

Hospital H3 right from its inception functioned along all speciality departments and therefore further infra-structural improvements were not proposed. The services rendered by the hospital include full time serving doctors and nurses along all functional departments. Doctors attend to inpatients twice a day and as and when needed. Satisfaction indices calculated along the service characters revealed that the patients were satisfied with the service provided. All the characters along the curing dimension scored values above 80. It was only with the health education aspect the index value scored minimum (78.0) highlighting the need to impart better care for patients. However, the overall index values were 82.53 and 82.83 along the two dimensions respectively, depicting the services of the hospital to be good. The price levied was Rs.35/- for each admission, the validity of the card being only for a fortnight. An equal amount was collected for each renewal. Eventhough the charges seemed to be high, the overall satisfaction index for the same was above 50, which reveals that the patients are not dissatisfied with the charges. It is to be presumed therefore that the patients ought to feel that the services they get satisfy value for money. However, along financial dimension, the consultation charges scored the lowest index value (54.4). Physical facilities of the hospital include an accident unit, pharmacy, X-ray unit, laboratory and an enquiry and information counter.

Both general wards and paywards were made available for the patients. Satisfaction indices reveal that the patients were satisfied with the room facilities and maintenance. This again justifies that high cost is accepted by patients in terms of quality of services and convenience they get. It was revealed that the hospital authorities justified the argument that direct promotion would boost the patients preference towards the hospital. Alternately however, it was understood that the hospital at present resorted to no direct forms of promotion but for the word-of-mouth communication techniques. When a new doctor took charge and when additional staff are recruited, advertisements in newspapers were given.

The factors determining the patients overall attitude along the curing dimension were the service mindedness of doctors, their timely attention and service mindedness of the nurses. Along caring dimension, listening to complaints of patients, and the timely attention by doctors influenced patients attitude. From the access dimension, the patients choice of selecting the pharmacy, laboratory etc. influenced their overall attitude. The facilities and maintenance in the rooms of patients, the availability of medicines at all times from the pharmacy made up the characters influencing the attitude of patients from the physical dimension. The

operation charges and room rent influenced the patients attitude from the financial dimension.

Doctors of hospital H1 and hospital H2 were not fully satisfied with the pay provided to them. However, doctors of hospital H3, expressed their satisfaction, which is reflected well in the satisfaction index figures too. Even with the infrastructural facilities in the consultation room, doctors of hospital H2 expressed dissatisfaction, while an altogether different picture was observed in the case of hospital H1 and hospital H3. Doctors were free to consult expert consultants from outside, while 20 per cent of the doctors of hospital H1 expressed otherwise. This may be due to the policy decision of the hospital H1, which restricted doctors from consulting experts from outside the hospital. No interference from management was expressed by the doctors of hospital H2 and hospital H3. The overall index value relating to the different characters influencing doctors attitude was the highest for hospital H3. Doctors of hospital H1 attributed no significance to the pay provided to them, but for infrastructural facilities, quality of nursing and non-interference from management as their attitude determining characters. Doctors of hospital H2, accorded importance to their pay with similar results exhibited with case of the doctors of hospital H3.

For the paramedicals, the entire respondents opined the working time as overloaded, and represented the unfavourable attitude zone. The paramedicals relation with the doctors and patients was found to be satisfactory. Apart from the working time of the paramedicals, the satisfaction index in terms of all the other characters determining their attitude was above 60. Hospital H1 scored the highest overall index value (73.66). The paramedicals value the consideration the management give to them, in their making opinions etc. as their attitude determining characters.

On the basis of the entire analysis, it can therefore be inferred that the beneficiaries of hospital H1 had a relatively better and favourable attitude regarding the health care service characters, followed by hospital H3, the private hospital and hospital H2, the co-operative hospital. The marketing practices of hospital H1 can therefore be adjudged the most effective along the different dimensions of health care service quality.

Although the present state of affairs is thus, further improvements along the different dimensions of services imparted will make remarkable impact on the preference of the beneficiaries towards the hospital and indirectly improve the reputation of the hospital. To this effect therefore, the following suggestions are put forth.

Along the curing dimension with regard to hospital H1 the number of doctors serving in the different departments should be improved. It was understood that the waiting hours of the patients ranged between 1½ hours to 2 hours. This can be minimised if the services of even more personnel are made available to the patients. Health education being understood as inevitable for the maintenance and promotion of health, is yet to gain momentum. The hospital should undertake awareness programmes like family welfare programmes, programmes for awareness of AIDS and other diseases, preventive and community medicine programmes etc. Along caring dimension of health care service quality, adult care and rehabilitation centre for the old and deprived sections, child care nurseries etc. may be set up. As it was understood that the doctors were not fully satisfied with their compensation for service, the hospital authority should increase the pay structure. Relaxation in their policy decision regarding restricting the doctors private practice should also be implemented. When the number of personnel in the hospital is increased and their working time accordingly adjusted, the private practice in no way will affect the hospital service. Moreover, this will serve as an incentive and motivation in work. Another area demanding change in policy is the restriction imposed on doctors regarding consulting expert specialists from outside. This will in no

way turn detrimental to the hospital services, but will add to the quality of services imparted by them. The working time of the paramedicals was noted to be overloaded and relaxation along this perspective is suggested. Eventhough there exists a pharmacy and laboratory which serves round-the-clock, a small percentage of patients opined that all medicines were not available, and the obtainance of test results took time. Another strong dissatisfaction was regarding the long waiting time in the pharmacy. These are areas along the access dimension which requires immediate attention. This hospital was found to be against promotion in any form, of their services. It is suggested that informing the general public of their services, the personnel serving the hospital, will only serve to make positive impacts regarding the preference towards the hospital. Suggestions along the physical dimension include improvements in facilities in general wards, non-insistence of only female and male bystanders in respective wards, improvements in quality of food supplied through the canteen, improving the number of bathrooms and toilets etc. Another suggestion relate to the installation of a suggestion box, wherein the beneficiaries can make suggestions regarding any improvement in the existing facilities, complaints, if any etc. An efficient enquiry counter, together with display of names of patients, the room in which admitted etc. should be displayed which would be of

convenience to those visiting the patients. Improvements in the facilities provided in the consultation rooms of doctors, other improvements like quality equipments is suggested, as it was understood that the doctor were not fully satisfied with their consultation facilities. Provision regarding sending the doctors and nursing personnel to attend seminars and training programmes would help them to equip themselves of the sophistications emerging in todays contemporary world of medicine and also provides another reason to use the hospital. It is suggested that frequent get together of the personnel in the hospital would keep the hospital abreast of improvements required if any to the advantage of the patients, doctors and paramedicals. Eventhough it may initially seem to be difficult to discriminate patients on the basis of their income in levying the hospital charges, this is sure to improve the marketing efficiency of the hospital and raise the reputation of the institutions to new heights.

Though hospital H2, the co-operative hospital is bound to be an organisation serving the needs of the people at reasonable cost, it was revealed that among the three hospitals studied, this hospital was collecting the maximum on account of hospital charges. This is an area which requires immediate attention. Other suggestions along the different dimension include, increasing the number of full time serving

doctors in the hospital. Qualified and trained nurses for the hospital is an immediate requirement. Health education is yet to gain momentum with this hospital also. Doctors and nursing personnel of the institution should take this as their responsibility which becomes inevitable to accomplish the goal of 'Health for All by 2000 AD'. A certain percentage of patients opined of their unhealthy relation with the doctors and paramedical staff of the hospital. Maintenance of good relations with the personnel in the hospital is further suggested to improve the hospital's marketing efficiency. Regarding the pay provided to the doctors and facilities provided in their consultation room, improvements are suggested. It was observed that non-availability of drugs from the pharmacy created inconvenience for the patients. Stocking of all required medicines, reducing the long waiting time in the pharmacy etc. are areas which require immediate attention. Quality of the food supplied through the canteen need also to be improved. The patients opined that the maintenance in the rooms was very poor. It should be seen that the bed sheets are changed frequently which was an aspect upon which resentment by the patients were expressed. Along the financial dimension, it was revealed that this hospital charged the maximum on account of hospital charges. Necessary steps to reduce the charges would be a welcome step to improve the marketing efficiency of the hospital. Introduction of

discriminatory hospital charges based on the patient's income is further suggested. The working time of the paramedicals was understood to be overloaded with this hospital too. Necessary adjustments in this regard would be a welcome step to increase the productivity of the paramedicals. Other suggestions include provision for a complaint/suggestion box, frequent meetings of the personnel in the hospital etc.

Suggestions for further improving the marketing practices of hospital H3, the private hospital proceeds along the following lines. Trained and qualified nursing personnel are to be included in the staff pattern of the hospital. Health education through seminars, medical camps etc. need to be imparted. The infrastructural difficulties relating to limited corridor area, and seating space for patients waiting to meet the doctor etc. included some of the difficulties mentioned by the patients. This is an area upon which the authorities should place concern upon. Sending the doctors and nursing staff to specialised institutions for attending seminars, training etc. will improve their service quality. The working time of the nursing personnel should be structured, as it was understood to be overloaded. Physical facilities relating to improving scan facilities by introducing MRI scan was suggested by the patients. It was mentioned that the timings of the canteen was not proper, and

therefore it should be made on a round-the-clock basis. Facilities for bystanders in the general wards should be increased. Programmes for disseminating to the public of their services, the personnel serving the organisation etc. would serve the patients' need better, as it was understood that the institution till date resorted to no form of promotion for their services. Along the study it was understood that a small percentage of patients favoured the introduction of interdisciplinary medical treatment in the hospitals. This is an area upon which all the three hospitals can place their concern upon. Also hospitals forming alliances with other hospitals to market themselves more effectively to the public is further suggested.

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Appendices

KERALA AGRICULTURAL UNIVERSITY
COLLEGE OF CO-OPERATION & BANKING

For academic purpose - Confidential

Survey schedule for administrators

1. Name of hospital :
2. Nature of the organisation: Co-operative/Private/Voluntary
3. Year of commencement :
4. Departments in the hospital

| Sl. No. | Commencement | Sl. No. | Present |
|---------|--------------|---------|---------|
|---------|--------------|---------|---------|

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
-

5. Who is the controlling authority/officer of the organisation : Chief medical officer/
: Administrative officer/
: Others (specify)
6. Organisational profile :

7. Staff strength of the hospital

| | At commencement | Present | Requirement for immediate future |
|--------------|-----------------|---------|----------------------------------|
| Doctors | | | |
| Nurses | | | |
| Paramedicals | | | |
| Consultants | | | |

8. Sub-classification of doctors on their specialisation basis

| Designation | Number |
|-------------|--------|
| | |
| | |
| | |

9. Details of personnel who joined and left the hospital (during the last 5 years)

| | Joined | Left | Reasons |
|--------------|--------|------|---------|
| Doctors | | | |
| Nurses | | | |
| Paramedicals | | | |

10. Are any steps being taken :
to reduce this leaving :
tendency of personnel :

11. Recruitment procedure

| | Existing | Suggestions for improvement |
|--------------|----------|-----------------------------|
| Doctors | | |
| Nurses | | |
| Paramedicals | | |

12. Working time

| | From | To | Off days/week | Shifts |
|--------------|------|----|---------------|--------|
| Doctors | | | | |
| Nurses | | | | |
| Paramedicals | | | | |
| Consultants | | | | |

13. Compensation pattern

| | Salary | Salary+bonus | Salary+perks | Others |
|--------------|--------|--------------|--------------|--------|
| Doctors | | | | |
| Nurses | | | | |
| Paramedicals | | | | |
| Consultants | | | | |

14. Does the hospital provide any incentives

a. for doctors : Yes/No

b. for nurses & paramedicals : Yes/No

If yes, specify the type of incentives : Free treatment to staff/Free treatment to family members/Concessional hospital charges & consultation charges/Others (Specify)

15. Do you provide any rest room facilities for doctors and nurses : Yes/No

16. Any recreational facilities :

17. Does the hospital undertake any training programme for the employees of the hospital : Yes/No

If yes, specify

| | Present | Plans for future |
|--------------|---------|------------------|
| Doctors | | |
| Nurses | | |
| Paramedicals | | |

If no, what are the reasons for not undertaking the same

18. Are the doctors and staff :
 send to outside special- :
 ised institutions for : Yes/No
 attending seminars, :
 training programmes etc. :

If yes, give details

If no, what are the reasons

19. The bed strength of the hospital

| | At commencement | Present | Expansion programme |
|--------------|-----------------|---------|---------------------|
| General ward | | | |
| Pay ward | | | |

20. Who prepares the budget :
 for the hospital :

21. How is the budget apportioned?

Specify the proportion allocated for:

A. Improvement of

Operation theatre :

Laboratory facilities :

Ambulance facilities :
 Pharmacy :
 Facilities for doctors:
 Facilities for nurses :
 Facilities for
 paramedicals :
 Inpatient room
 facilities :

22. Capital employed

| Particulars | At commencement | Present | Expansion programme |
|---------------|-----------------|---------|---------------------|
| Owned fund | | | |
| Borrowed fund | | | |
| Total | | | |

23. Sponsorship, if any :
24. What are the general :
 complaints received from :
 patients :
 received from doctors :
 received from nurses :
25. How are the complaints of
 a. patients attended to :
 and resolved :
 b. doctors & other staff :
 attended to and :
 resolved :
26. Are promotions given to : Yes/No
 doctors and staff :
 If yes, on what criteria :
 are they promoted :

27. Is there complete authority for doctors to admit, treat and discharge their patients :
: Yes/No
: :
: :
If no, why are they restricted
28. Does the doctors have complete freedom to consult specialists from outside in case of any emergency :
: Yes/No
: :
: :
If no, why are they restricted
29. Is the hospital linked to any specialised institutions :
: Yes/No
: :
If yes, specify the institution and nature of linkage :
: :
: :
30. Specify the role of the hospital in community and preventive medicine :
: :
: :
31. Does the hospital arrange for welfare activities, rehabilitation measures, services for the poor, home care and services, adult day care, child care: etc. :
: Yes/No
: :
: :
i. by the hospital itself
ii. as part of Govt. programmes (specify)
32. Are Govt. funds made available to conduct these programmes :
: Yes/No
: :
If yes, what is the proportion received
33. Does the hospital maintain: scientific care diaries :
: Yes/No
: :

If yes, duration of
maintenance

If no, why

34. Are special cases reported:
to the District Medical : Yes/No
Officer :

35. Are you of the opinion :
that promotion strategy : Yes/No
will attract patients to :
the hospital :

36. Do you adopt any :
promotional means to : Yes/No
inform the public of :
the services rendered :

If yes, specify the modes

If no, do you have any
plans for adopting the
same

37. Do you have any techniques:
for attract specialist : Yes/No
doctors to your hospital :

If yes, what are the modes

38. Are emergency facilities
and speciality services
made available in the
hospital

Accident care : Yes/No

Anti-venom Dept. : Yes/No

Coronary care unit : Yes/No

Neuro-facilities : Yes/No

39. Do these facilities :
attract patients to the : Yes/No
hospital :

40. What according to the : Reasonable charges/Qualified

- management are the factors: doctors & skilled staff/
 which attract patients to : adequate room, lab and
 the hospital : pharmacy facilities/Approach
 at doctors, staff etc./
 Others (specify)
41. Is there any regulation :
 from the part of the :
 Government :
42. Give your opinion :
 regarding taking up :
 interdisciplinary :
 systems of medicine :
 in the hospital :
43. What are your plans for
 further development with
 regard to
- (i) Room facilities
 - (ii) Laboratory facilities
 - (iii) Pharmacy facilities
 - (iv) Appointment of specialists
 - (v) Training & seminars
 - (vi) Promotional activities
 - (vii) Price discrimination
 - (viii) Service conditions of doctors
 - Service conditions of nurses
 - Service conditions of paramedicals

12. Why did you prefer this hospital for treatment (Mark your reasons in order of preference) : Locational advantage/
: Reasonable charges/Qualified doctors and staff/Modern medical facilities/
: Cleanliness of the hospital Pharmacy and laboratory facilities with reasonable charges/Advice from friends newspapers/others (specify)
13. The doctors in the hospital are highly service/minded : Strongly Agree/Agree/No
: Opinion/Disagree/Strongly Disagree
14. The doctors render timely and adequate attention to patients : SA / A / NO / DA / SDA
15. Doctors have a patient hearing to the complaints of patients : SA / A / NO / DA / SDA
16. Doctors make frequent visits to inpatients : SA / A / NO / DA / SDA
17. Doctors are willing to attend to inpatients at times other than their normal duty hours : SA / A / NO / DA / SDA
18. In the absence of specialised doctors, does junior doctors attend to the patients : Yes/No
- If yes, does it affect the treatment? specify
19. There is no compulsion from doctors to purchase medicines from the hospital pharmacy itself : SA / A / NO / DA / SDA
20. Doctors do not insist to undergo laboratory tests from the hospital laboratory itself : SA / A / NO / DA / SDA

21. Doctors educate the patients on aspects relating to health care and maintenance : SA / A / NO / DA / SDA
22. The nurses are truly service-minded : SA / A / NO / DA / SDA
23. Timely attention is paid to patients by nurses : SA / A / NO / DA / SDA
24. The laboratory test results are obtained in quick time : SA / A / NO / DA / SDA
25. Medicines are available at all times from the pharmacy : SA / A / NO / DA / SDA
26. Give your opinion about
- a. Consultation charges : Very high / High / Medium / Low / Very low
- b. Operation charges : VH / H / M / L / VL
- c. Pathological test charges : VH / H / M / L / VL
- d. Room rent : VH / H / M / L / VL
- e. Canteen charges : VH / H / M / L / VL
- f. Pharmacy charges : VH / H / M / L / VL
27. Specify your opinion regarding
- a. Treatment level : Excellent / Good / Average / Bad / Poor
- b. Nursing level : E / G / A / B / P
- c. Room facilities : E / G / A / B / P
- d. Room maintenance : E / G / A / B / P
- e. Canteen : E / G / A / B / P
- f. Ambulance facility : E / G / A / B / P
- g. Enquiry & information services : E / G / A / B / P

28. The working time is suitable with regard to
- a. Pharmacy facilities : SA / A / NO / DA / SDA
- b. Lab. test facilities : SA / A / NO / DA / SDA
- c. X-ray & Scan facilities: SA / A / NO / DA / SDA
29. Is there facility to avail: ambulance service whenever: Yes/No
needed :
30. Does the hospital insist : upon visiting pass during : Yes/No
each visit :
31. Specify the normal :
visiting hours :
32. Is there facility to visit: patient apart from the : Yes/No
normal visiting hours :
33. Is additional charge : Yes/No
levied for the same :
34. Facilities provided for :
the bye-standers :
- Have you any suggestions :
for improvement :
35. Does the hospital itself
make arrangements for food
to the
- patients : Yes/No
- bye-standers : Yes/No
36. There is issue of :
admission card during : Yes/No
each visit :
- If no, specify the
duration/validity of the
admission card

37. There is adequate information network with regard to availability of doctors other staff, lab and pharmacy facilities :
: SA / A / NO / DA / SDA
38. Reasons for opting the services of this hospital (outpatients) :
39. The average waiting time to meet the doctor :
40. There should be discrimination in consultation charges on the basis of income of patients :
: SA / A / NO / DA / SDA
41. Give your opinion regarding providing inter-disciplinary medical treatment in the hospital :
42. Will you prefer this hospital in future, if situation arise :
: Yes/No
- Specify reasons in either case :
43. Have you any suggestions for improvement with regard to
- facilities in the room :
- service of doctors :
- service of nurses :
- hospital charges :
44. Any other suggestions :

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Survey schedule for doctors

1. Name : Sex: M/F Married/Single
2. Address :
3. Qualification with specialisation, if any :
4. Date and year of joining the hospital :
5. Previous experience, if any : Yes/No
If yes, name of hospital :
Year of joining and termination :
Reasons for termination :
6. Nature of present employment : Permanent/Temporary/Contract/Visiting
7. Are you under any bonded obligation with the hospital : Yes/No
If yes, specify the number of years for the contract :
8. Monthly income : Below Rs.5000 / 5000-7500/
7500-10,000 / 10,000-12,500 /
12,500-15,000 / Above 15,000
9. Reasons for opting to serve this hospital (specify in order of preference) : Invitation from hospital
: authorities/Good salary/
: Attractive perquisites/Salary
: and service conditions/
Opportunity to attend variety
of cases/Locational
convenience/Others (specify)

10. List your working hours :
 How do you find your : Optimum/Overloaded/Relaxed
 working time :
11. Is there any need for :
 changes in the present : Yes/No
 working time schedule :
 If yes, specify the :
 changes you would require :
12. The present pay provided : Strongly agree/Agree/No
 by the hospital is : opinion/Disagree/Strongly
 attractive : disagree
13. Do you feel the present : Yes/No
 job secure :
 If no, specify the reasons:
14. Are you insisted upon to :
 work overtime, if occasion: Yes/No
 calls for :
- If yes, are you adequately:
 compensated (specify) :
15. The infrastructure faci- : Strongly agree/Agree/No
 lity in the consultation : opinion/Disagree/Strongly
 room is adequate : disagree
16. There is full freedom to :
 undertake outside private : Yes/No
 practice :
- If no, please mention the :
 reasons the management :
 attribute for restricting :
 the same :
17. There is provision to : Strongly agree/Agree/No
 avail the services of : opinion/Disagree/Strongly
 consultants from outside : disagree
- Specify the services :
 availed, if any :
- If no, what are the :
 reasons given by the :
 management for :
 restricting the same :

18. Do you attend to out- : Yes/No
 patients on all days :
 If yes, number of out- :
 patients treated (in :
 average) per day :
19. Average time taken for a :
 single treatment :
20. There is no interference : Strongly agree/Agree/No
 from the part of the : opinion/Disagree/Strongly
 management in consultation: disagree
 If yes, specify mode of :
 interference :
21. Of the total working hours:
 specify the average time :
 for outpatients treatment :
 for inpatients treatment :
22. Are you motivated to work : Yes/No
 through incentives
 If yes, specify the nature: Monetary/Promotions/
 of incentives : Appreciation letters/
 Certificate/Others (specify)
23. Does the hospital provide :
 you with any reference : Yes/No
 materials :
 If yes, specify the :
 journals reference :
 materials made available :
24. There is frequent :
 professional conferences, :
 training in specialised : Yes/No
 institutions etc. to the :
 advantage of doctors :
- If yes, specify the nature:
 of conferences/training :

- If no, give the reasons :
 attributed by the :
 management for not :
 arranging the same :
25. Could you achieve any : Yes/No
 additional qualifications :
 since joining the hospital: Give details
26. The management is keen :
 to provide medicines, :
 equipments and other : Yes/No
 infrastructure as and :
 when required :
- If no, specify the reasons: Financial constraints/
 given by the management : Administrative problems/
 Non availability of equip-
 ments/Irresponsible attitude
 of the management/Others
 (specify)
27. Express your opinion about
- I Surgical instruments
- (i) Equipments : Excellent/Good/Average/Bad/Poor
 quality
- (ii) Operation table : E / G / A / B / P
- (iii) Light arrange- : E / G / A / B / P
 ments
- (iv) Sterilisation : E / G / A / B / P
 unit
- (v) Anaesthesia unit: E / G / A / B / P
- (vi) Post operation : E / G / A / B / P
 facilities
- II Casualty facilities
- (i) Oxygen availabi-: Excellent/Good/Average/Bad/Poor
 lity
- (ii) Blood bank : E / G / A / B / P
- (iii) Accident unit : E / G / A / B / P

- (iv) Facilities for cardiac patients : E / G / A / B / P
- (v) Neuro facilities: E / G / A / B / P
- III Pathological test facilities : E / G / A / B / P
- IV E.C.G. : E / G / A / B / P
- V Tread mill : E / G / A / B / P
28. The laboratory and other clinical test results are very accurate : No opinion/Disagree Strongly disagree
29. Express your opinion regarding services of nurses in terms of
- (i) scientific know-how : Excellent/Good/Average/Bad/Poor
- (ii) timely help : E / G / A / B / P
- (iii) willingness & sincerity in work : E / G / A / B / P
30. Give your opinion regarding
- (i) Consultation charges: Very/High/No opinion/Low/Very high Low
- (ii) Room rent : VH / H / NO / L / VL
- (iii) Pharmacy charges : VH / H / NO / L / VL
- (iv) Laboratory charges : VH / H / NO / L / VL
- (v) Canteen facilities : Excellent/Good/Average/Bad/Poor
31. The working time of pharmacy and testing units is appropriate : Strongly agree/Agree/No opinion/Disagree/Strongly disagree
32. Your view about the supervision by the administrative wing : Excellent/Good/Average/Bad/Poor

33. There is timely and adequate supervision by senior doctors/Department heads : Strongly agree/Agree/No opinion/Disagree/Strongly disagree :

If no, can you suggest any measures for improvement :

34. There should be discrimination between patients with regard to the hospital charges levied upon them : Strongly agree/Agree/No opinion/Disagree/Strongly disagree :

35. Does the doctors report special cases, if any, to the DMO : Yes/No :

36. Is the hospital linked with other specialised agencies : Yes/No :

If yes, specify the agencies :

37. What are your opinions regarding Euthanasia :

38. There is orderly maintenance of case sheets of patients admitted : Strongly agree/Agree/No opinion/Disagree/Strongly disagree :

39. Specify the number of years the case records are maintained :

40. Would you like to continue in this hospital : Yes/No

(If yes, give your reasons in order of preference)

Good salary/Salary with service conditions/accessibility to a variety of cases/Co-operation and support from the staff in the hospital/absolute powers to treat the patients/Opportunities to develop further/Nearness to place of stay/Reputation of the hospital/Modern facilities/Library facilities/Others (specify)

41. What according to your are: Reasonable charges/Qualified
the factors that attract : doctors & staff/Approach of the
patients to this hospital : staff/Adequate room, lab and
Pharmacy facilities / Others
(specify)
42. Give your opinion :
regarding adopting :
promotional methods :
to attract patients :
53. Are any such methods : Yes/No
adopted at present
- If yes, please specify :
54. Any suggestions with
regard to
- Service conditions :
- Promotional activities :
- Infrastructure :
- Patient convenience :

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Survey schedule for paramedicals

1. Name and address :
2. Age: Sex:
3. Designation :
4. Year and date of joining the hospital :
5. Nature of employment : Permanent/Contract/Temporary Casual
6. Research for opting to work in this hospital : Attractive salary/Proximity to the hospital/Reputation of the hospital/Scope of improve further/Promotion opportunities/Others (specify)
7. Are you promoted on the basis of your experience of work : Yes/No
: If no, what are the reasons attributed by the management for the same :
8. Please specify your present working hours :
9. How do you find the working hours : Reasonable/Overloaded/Relaxed
10. Do you expect any change in the present working time schedule : Yes/No
: If yes, give your suggestions :

11. Is night duty a part of your working schedule : Yes/No
 :
 If yes, are you adequately compensated :
12. Modes of night duty compensation : No special allowance/
 : Off day/OT allowance/
 : Others (specify)
13. Does the hospital provide any training programmes, seminar : Yes/No
 :
 If yes, give details :
14. What are your opinions regarding
 a. Supervision by doctors : Excellent/Good/Average/
 : Bad/Poor
 b. Pharmacy facilities :
 c. Laboratory facilities :
15. There is cordial relationship
 a. With the doctors : Strongly Agree/Agree/
 : No Opinion/Disagree/
 : Strongly Disagree
 b. with the management : SA / A / NO / DA / SDA
 c. with the patients : SA / A / NO / DA / SDA
16. The management is keen to consider your opinions and complaints if any :
 : SA / A / NO / DA / SDA
 :
17. As an employee do you receive any additional facilities like : Concession in hospital
 : charges/Free treatment/
 : Concession in pathological
 : and other test charges/
 : Others (specify)

18. Do you advise the patients on health maintenance as part of prevention of diseases : Yes/No
- If yes, please specify your role in imparting the same :
19. According to your view, what are the general complaints of patients : Long waiting hours/
: Inadequacies in rooms/
: Inadequate pharmacy & Lab. facilities/Approach of doctors/Approach of other staff/High charges/Others (specify)
20. What according to you are the factors that attract patients to this hospital (Mark your reasons in order of preference : Qualified and service minded doctors/Reasonable charges/Approach of staff/Adequate room, Lab. and Pharmacy facilities/Others (specify)
21. What are your opinion regarding :
Competency of technical staff : E / G / A / B / P
22. The facilities provided to patients and bystanders are adequate : Yes/No
- If no, have you any suggestion for improvement:
23. There should be discrimination in hospital charges to patients : SA / A / NO / DA / SDA
24. Do you think, there is need for further development of the hospital : Yes/No
- If yes, in what ways :

25. The communication network :
existing in the hospital : SA / A / NO / DA / SDA
is adequate
- If no, what are your :
suggestion for :
improvement :
26. There is proper :
maintenance of case : SA / A / NO / DA / SDA
diaries :
27. Do you think that :
promotion, through print : SA / A / NO / DA / SDA
and other media, of the :
services of the hospital :
would attract even more :
patients :
28. What is your opinion :
regarding bringing in, :
an interdisciplinary :
system of treatment :
29. The hospital charges :
levied on patients are : SA / A / NO / DA / SDA
reasonable :
30. The laboratory test :
charges and pharmacy : SA / A / NO / DA / SDA
charges are reasonable :
31. Does the management make :
available all required :
chemicals, and other : Yes / No
facilities as and when :
needed
- If no, what are the :
reasons attributed by :
the management for the :
same :
32. How would you rate the :
present working of the : Excellent/Good/Average/Bad/
hospital : Poor

33. Would you like to :
continue in this hospital : Yes/No
- Give reasons, in either :
case :
34. Have you any suggestion
for further development
of the hospital with
regard to
- a. infrastructural :
facilities :
- b. service condition :
- c. promotional activities :
- d. patient convenience :
35. Any other suggestions :

MARKETING OF HOSPITAL SERVICES BY NON-GOVERNMENTAL ORGANISATIONS

By
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ABSTRACT OF A THESIS

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ABSTRACT

The study entitled 'Marketing of Hospital Services by Non-Governmental Organisations' was undertaken to examine the marketing practices adopted by the non-governmental organisations rendering hospital services and to assess its effectiveness, and to study the attitude of patients, doctors and paramedicals towards the present hospital services.

Three hospitals from Thrissur district were selected for the study, one each from the voluntary, co-operative and private forms of health care service organisations. Controlling authority of the hospitals were interviewed to examine the marketing practices adopted by the hospitals. One hundred and fifty patients, 48 doctors and 30 paramedicals were drawn at random from the hospitals for gathering the primary data. Percentages, satisfaction index and confluence analysis comprised the methodology.

All the three hospitals were found to market their services along the four elements of marketing mix, the service, price, place and promotion, either knowingly or unknowingly. The caring and curing dimension aspects of health care service quality explained the services rendered by the hospitals and it was understood that the patients were

satisfied with the service imparted by the hospitals. The pricing adopted by hospital H1, the voluntary form of organisation and hospital H3, the private hospital was acceptable to a vast majority of the patients. With hospital H2, the co-operative hospital, it was found that the patients were not satisfied with the charges levied upon them. Physical facilities of hospital H1 was almost satisfactory, but further improvements would make the hospital services even better. But for hospital H2, the patients expressed otherwise. However, patients of hospital H3 expressed their favourable attitude. The information network existing in all the three hospitals scored a very low satisfaction index value. The hospitals at present resorted to no direct promotional techniques except for hospital H2. However, the hospital authorities favoured the argument that promotional techniques would boost the image of the hospital and patient's future preference towards the hospitals except with the case of hospital H1.

Along curing dimension, the characters influencing the patients attitude include service mindedness of the doctors, their timely attention and service mindedness of the nurses. The patient hearing of the complaints by doctors and the timely attention rendered by the doctors were found to be those characters influencing their attitude along caring

dimension. Along the access dimension, it was the patients choice of pharmacy, and laboratory that influenced their attitude. The facilities and maintenance in the rooms, and availability of medicines at all times from the pharmacy were found to be those characters influencing the attitude of patients from the physical dimension. From the financial dimension, the characters influencing the patients attitude included operation charges and room rent.

Doctors of all the three hospitals were dissatisfied with the pay provided to them. The infrastructural facilities in the consultation room, surgical equipments, casualty facilities etc. were found to be satisfactory with regard to hospital H1. For hospital H2, the infrastructural facilities and casualty facilities were found to be inadequate. The doctor overall attitude was influenced by the infrastructural facilities, and non-interference by management.

Paramedicals were dissatisfied with the working time considering it to be overloaded. Regarding all the other characters, they expressed their satisfaction. Supervision by doctors, the paramedicals' cordial relation with the management and their being considered as part of the institution were found to be the characters influencing their overall attitude towards the hospital.

It can therefore be inferred that hospital H1 the voluntary form of health care organisation seem to be marketing their services in the best interest of the target market followed by hospital H3 the private hospital, and H2 the co-operative hospital.

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