

An Education on Marketing Management Practice in Tamil Nadu Corporate Hospital Services

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ABSTRACT

The Hospitals play an important one role in analyzing, giving and avoiding several diseases, illness, and injuries, physical and mental impairments in humans in the market management practice. The maintenance is basically is a delivered by practitioners of health care either in primary, and secondary or tertiary levels in marketing practice. Primary care is the health care organization where the patient collects uninteresting casualty care at first communication. At tertiary health care classification, health care center has highly trained authorities and often innovative technology coping up to carry out complex procedures. The health care sector of any country be contingent on socio economic development and the government's priority for the same. The house hold expenditure on secluded healthcare is more than on municipal expenditure. Gujarat is also growing fast in economic change. Due to enlarged competition, service quality is becoming very important of the corporate hospital services.

Keywords: Corporate Hospital Services, Marketing management, highly trained specialists, Secondary Health care system, Physical.

1. Introduction

The Hospital is an exceptional service engineering where the service delivery comprises high level of internal and external customer communication. Hospital services are massively labor intensive, capital intensive and process intensive. Operations in Hospitals are essentially the continuous interaction between the service workers and end patients like patients and bye standers. Hospitals play an important role in diagnosing, treating and avoiding several diseases, illness, and injuries, physical and mental damages in humans in the corporate hospitals. The care is basically delivered by consultants of health care either in primary, secondary or tertiary echelons. Primary care is the health care system where the easygoing receives monotonous outpatient care at first contact. At secondary health care system, the behavior is provided by specialists to whom a patient has been referred by primary care facilities. At tertiary health care system, health care center has highly trained whizzes and often innovative technology coping up to carry out complex procedures. The healthiness care sector of any country depends on socio monetary progress and the government's priority for the same. Since India has followed the mixed economy the health care sector also has mixed contribution. The house hold expenditure on remote healthcare is more than on public expenditure. Gujarat is also growing fast in economic growth. Due to increased competition, service quality is becoming identical important for the corporate hospitals.

According to National Family Health Survey-3, the private medical sector remains the primary foundation of health care for 70% of ménages in urban areas and 63% of houses in rural areas. Reliance on public and private health care subdivision varies meaningfully between states. Several reasons are cited for trusting on private rather than public sector, the main purpose at the national level is underprivileged eminence of care in the public sector, with supplementary than 57% of households pointing to this as the motive for a predilection for private health care. The study showed by IMS Institute for Healthcare Informatics in 2013, across 12 states in over 14,000 households indicated a steady intensification in the usage of private healthcare facilities over the last 25 years for both Out Enduring and In Patient services, transversely rural and urban areas.

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2. Statement of the Problem

The Corporate hospitals expanded in the eighties disastrous because they appeared in isolation and weren't part of a large healthcare phenomenon. The impetus behind this is faulty approach that's done in many communal hospitals. Things comparable a low operation theatre to beds ratio, focusing on the interval of stay rather than patient turn around and even superfluous soundings to intensification revenue have caused hospitals to nosedive. These are upgraded performance of corporate hospitals, better utilization of medical equipment, and improved satisfaction of target market and establishment of vigorous society. Healthcare marketing is a managerial device that enables design, positioning, pricing and promotion of value-added services with Healthcare in India is changing rapidly.

As a matter of fact, the application of promotion principles has not extended its true budding and is in its nascent stage in most of the communal hospitals⁶. Many of the corporate hospitals are unaware of result oriented marketing plans and strategies, which will ensure eminence and interest greater number of patients. Despite several disparagements on healthcare dissemination it has numerous advantages for mutual hospitals, patients and in turn for society. Behind the scenes of this transformation several powerful trends are at work: the rise of patient as consumer, summary of innovative technologies and a new breed of commercial competences in the corporate hospitals. It is this trio of forces paving way for marketplace driven healthcare. The ascension of managed care has been generated by the entry of communal hospitals with multicore undresses all of which have been observing for ways to capture flea bazaar share, expand the patient appointees and ensure subsistence in unescapable war.

3. Need For the Study

The healthcare marketing yet had not acknowledged attention from scholars, procedure makers and others. As a result very little is known about importance and scope of marketing in healthcare industry. Indistinguishable few attempts have been completed to research into the marketing characteristics of the sickbays. Now-a-days corporate hospitals are playing a vital role in the pitch of healthcare by providing world class knowledge¹⁰. Many corporate sanatoriums have emerged during the recent time to offer advanced medical technology to the people. Medical care was treated as a manufacturing in the year 1984. From then it became possible to get long term funding from the financial establishments¹¹. The management also reduced the import duty on medical paraphernalia and knowledge, thus opening up the sector.

Commercial hospitals need to use marketing as challenging weapon to forge economical edge over their rivals and have to attract more numeral of customers¹². But sundry perceive publicizing as retailing what they have. With this notion many of the corporate sanatoriums are relying on the referral market and unethical practices to achieve financial viability. G.D. Sunders in his book "How to market your hospital without selling your philosophy" stressed the importance of publicizing in hospitals. Also things are changing; there are people who think that introducing marketing in hospitals is an aberration which is undignified the healthcare business. Be that as it may, a growing number of hospitals now have fully fledged marketing department which have brought into procedure some of the most self-motivated and result oriented marketing plans and strategies". Today's bazaar has become purchaser driven and healthcare is no stipend.

After liberalization, socio-economic changes such as rise of literacy rate, higher levels of income and increasing awareness through deep penetration of propagation contributed to bigger consideration being paid to health. The success of corporate hospitals require definite action plan for promoting and shared assimilated compendium of service area presented to the people.

The study challenges to fill the gap in the knowledge of marketing practices to be adopted in managing the elements of marketing mix by corporate hospitals. The study explores the ways and means of cooperative, promoting and delivering high eminence medical care at a cost that people can afford. It is a consideration into the current observes, possible reforms, and the possibility of assembly marketing goal oriented.

4. Hypothesis

- 1) Marketing positioning of corporate hospitals is unending related to volume of investment.
- 2) The higher the volume of investment cultured is the marketing positioning.
- 3) Marketing orientation of corporate hospices is directly related to package assemblage offered.
- 4) The larger the service assortment basic is the marketing positioning.
- 5) Assertiveness of the communal hospitals towards marketing healthcare directly influences marketing placement.
- 6) Positive the firmness higher is the promotion orientation.
- 7) Volume of investment directly encourages the price of amenities.
- 8) Higher the capacity of venture higher is the charge.
- 9) Perceived level of war has direct comportment on marketing orientation.
- 10) Challenging the perceived level of competition higher is the marketing orientation.

5. Objectives of the Study

- 1) Towards analyze the socio-economic factors of designated corporate hospitals;

- 2) Towards study the importance and scope of marketing in corporate hospital services;
- 3) Towards study the enterprise of product mixture and pricing approaches of various commercial hospitals
- 4) Towards study the strategies adopted by the corporate hospitals for the advancement of their facilities
- 5) Towards offer suggestions grounded on the findings of the study

6. Scope and Methodology

However the researcher requirements to cover the perfect healthcare industry, its orientation towards marketing for arriving at meaningful conclusions, due to scantiness of time and supplementary constraints the researcher has categorical to limit his area of study to marketing managing observes of corporate hospitals in Tamil Nadu State only. The study is primarily of descriptive landscape but a set of arithmetic tools have been permitted to make the homework analytical and tries to evaluate the marketing mix of corporate hospitals. In general, probability sampling method besides in specific, stratified random analyst technique has been adopted to select the illustration. The study confidential the corporate sanatoriums into two strata, based on form of legislative setup. The academic selects an illustration giving due standing for both communal limited and private restricted hospitals. The communal limited sanatoriums as per the data available from only 18% of corporate sanatoriums.

7. Sources of Data

This study is founded on primary and secondary sources of data. Primary data is collected from the selected corporate hospitals by directing a structured questionnaire. The form comprises of various questions relating to socio-economic profile and promotion mix of hospitals. The timing for administering the questionnaire was immovable by prior appointment with the hospital authorities. The authorities of corporate hospitals who responded to the questionnaire varied designation-wise from sanatorium to hospital Managing Directors, Public Relations Officers, Marketing Managers, Main of Hospitals and others. Secondary data is collected from papers, magazines, booklets, national dailies, publications and other orientation books.

8. Statistical Tools Used and Period of The Study

The primary and secondary data was collected for the determination of study and a series of arithmetical tools such as chi-square test, t-test, rank association and percentages are used. Apart from that to brand study stimulating and educational pie diagrams, bar illustrations etc., are used. The study sketchily covers five years i.e. 2011-2019. The justification behind taking this period predominantly is due to the fact that in this period the sanatorium commerce in India is flourishing. Separately from that, the Government of India is emphasizing on progress of tertiary hospital services through impounded sector. The Government of India has as stretched as many concessions for promotion of Hospital services in the Remote Sector. During this period many number of communal hospitals came into survival to provide tertiary level quality medical care. Separately from that there is an intensification in the better class and upper middle course segment that are looking for quality medical care. The increased alertness have made the municipal health unaware and paved the way for development of company sanatoriums.

9. Limitations of the Study

- 1) The existing work is restricted to private and public laughable hospitals in Tamil Nadu.
- 2) Hence, conclusions pinched from this study may not be full to other than these hospitals.
- 3) The study results are mainly resultant from the primary data. The relative length of the questionnaire ensued in non-responses for several items.
- 4) Evidence on some of these objects was available from secondary sources.
- 5) Hence, meticulousness in the consequences may have lost.
- 6) The study devastating to provide the list of infirmaries selected for assessment in order to reserve discretion.

10. Main Findings of the Study

- 1) Newsletters are out by 46% of selected corporate hospitals. These hospitals are covering all items and news about facilities, achievements, articles on medicinal topics and doctors and their knowledge with diminutive distinction.
- 2) Successes of hospitals is the first ranked item followed by news about services, articles on medical topics and knowledge of doctors. 84% of the defendants are conducting free medical camps. Of which 8% are accompanying free medical camps every month,

- 3) Marketing division and public relations department coexist in 50% of hospitals having marketing subdivision. The study acknowledged that marketing subdivision is very significant in achieving target turnover in 24%, significant in 52%, minimal in 14% and immaterial in 10% of hospitals which are having preferment department.
- 4) 61% hospitals are catching recommendations through direct contact, 18% through newsletter, 19% through mutual considerate and 2% are adopting other ways which cannot be discovered.
- 5) There are only 15% of particular hospitals shaping exit interviews. Restore either oblivious or uninterested in exit conferences. Private and public inadequate clinics are closely linked in rank ordering of their marketing goings-on with a Spearman amount of 0.821 with responsibility 3.215.
- 6) The broadcasting goals standings of community and private controlled hospitals as reflected by Spearman magnitude of 0.9642 and t cost of 8.13 are moderately similar.
- 7) Differences concerning the organizational setup of commercial hospitals are institute to be minimal amongst private and public limited. Interestingly, the marketing goals of the association did not vary greatly. Public imperfect hospitals were suggestively more publicizing oriented than reserved limited.
- 8) To compare the rank ordering of publicizing goals across association type, respondents were asked to rank the various marketing penalty area. To derive the overall score, 7 points stayed dispensed to the first most imperative goal, six points to second imperative one and so on. Based on the mark of each goal the total rankings are given unconnectedly for hospitals.

11. Suggestions

- 1) Hospitals to experience recovering occupancy rate and net revenues need to understand patient population, accessibility of physicians and offerings of their struggle. Hospital marketing can no longer be inadequate to advertising and public relations.
- 2) The most damaging feature of corporate hospitals is they are caught in a “be better” trap surfaces when they build strategies upon a heritage of association programmers. These initiatives regularly accelerate the injury of reasonable control completed competitors.
- 3) In the absence of true approaches that uniquely fulfil consumer needs, they cannot produce inexpensive edge. Corporate hospitals need to realize that doing things differently is more prevailing in the market place than doing things better. Finding your customers and forming what they will want, before opponents do is now imperative.
- 4) Cost effective services need to be providing by developing control on inter- relationship among the factors of planning, occupancy, homeopathic decision and disbursements. This requires extensive human relations skills and the lessening of measurement of stay of inpatients in the hospitals.
- 5) Corporate hospitals need to develop a well-designed system to obtain immediate feedback about the performance of accommodations and people. A follow up of patient satisfaction need to be assessed by developing and administering a structured questionnaire at the exit point of examination. This makes hospitals realize dimness and loop holes in the system primary to consumer dissatisfaction.
- 6) Corporate sanatoriums need to make pains to transfer sting of compensating the bill from the patient to some faceless entity. Indian insurance bill covered the way for entry of private players into the insurance sector. A large number of players have already originated their efforts to catch the marketplace. Hospital tie-ups with insurance concerns whether or not will lead the fate in the future. Hence hospitals need to create integrated system mingling services and supporting instrument.
- 7) Hospitals may encourage their services for patients overseas. World-class treatment attached with low cost compared to advanced countries would underwrite to market growth.
- 8) Health care service delivery is a cooperating process between hospital personnel and customer. Corporate sanatoriums advertising in particular must personification not only on cheering purchaser to buy, but also on inspiring hospital workforces to interact in a responsive and hopeful manner.
- 9) Health plan communications may be provided by hospitals to family and corporate. They need to design wide-ranging health plan packages but not expensive. Health plan packages need to offer various services for the family and corporate workforces. These health plan edifications may increase the turnover of the sanatorium.

12. Conclusion

The corporate hospital entrepreneurs are qualified professionally qualified and motivated individuals beside medical professionals. But are lacking decision-making and technical skills to manage and market their health care services successfully. They endeavored to give a picture of low return on venture. Many of the corporate hospitals restricted their line services to some dedicated areas. They failed to offer full range of services to the regulars. This subsidized the opposition in favor of large sanatoriums offering full assortment of services.

The study foreseen lack of medical and indicative equipment to meet the intensifying demand of health care and are linking with investigative centers. Of course, this may not be true with large corporate hospitals which are financially sound enough to procure the latest medical equipment. Even though many communal hospitals are intake positive attitude near hospital marketing, there is no isolated nominated marketing subdivision in majority of the hospitals. This may be somewhat true with veneration to monetarist strength of the sanatorium.

Corporate hospitals larger in number failed in developing a comprehensive marketing programmer to strengthen the consumer base and ensure cheap health care to the regulars. They have designed ado marketing plans just to weather in the health care engineering. They have not recognized marketing as a formal function, even though they are practicing various marketing activities such as advertising, developing appointment network, public relationships programmer etc. Marketing function has not been successfully combined into a consistent long-term strategy.

REFERENCES

- [1] Agarwal,P.K. (2003) Marketing Management: An Indian Perspective, Pragmatic Prakash an: Meerut
- [2] Baker, J. (1998) "Examining the Informational Value of Store Environments. "Services capes: The Concept of Place in Contemporary Markets. Ed. John F. Sherry. Chicago: NTC Business Books
- [3] Berman and Evans (2007) Retailing Management, Prentice Hall, New Delhi
- [4] Blackwell, R, D, P. W. Minibar and J. F. Engel (2006) Consumer Behavior, Engaged Culture India Pvt. Ltd., Delhi
- [5] Baja, N. (2011) Business Research Organisms. Dorling Kindersley (India) Pvt. Ltd., licensees of Pearson Learning in South Asia
- [6] Carver, R. H and Nash, J. G. (2007) Doing Data Analysis with SPSS. New Delhi: Engage Learning India Sequestered Limited.
- [7] Cant, M., Brink, A.andBrijball, S. (2002) Customer Behavior: A Southern African Taste. Lansdowne:Juta
- [8] Cant, M., Brink, A. and Broomball, S.(2006) Consumer Behaviors, Wotton: Jute