



INTERNATIONAL CONFERENCE ON ADVANCED RESEARCH TECHNIQUES IN
ENGINEERING, SCIENCE, HUMANITIES AND BUSINESS MANAGEMENT
(ICARTESHBM – 2020)
15TH MARCH, VIJAYAWADA, ANDHRA PRADESH, INDIA

CERTIFICATE NO : **ICARTESHBM /2020/ C0320301**

**TO STUDY ABOUT THE HEALTH CARE SERVICES OF
DIFFERENT HOSPITALS ON THE BEHALF OF PATIENT
SATISFACTION**

Krishna Kartheek M

Research Scholar, Ph.D. in Management, Kalinga University, Raipur, Chhattisgarh.

ABSTRACT

The need to expand patient satisfaction, cause clinical benefit suppliers to see the value in the significance of medical care promoting. Accordingly, medical clinics, facilities, and clinical benefits ought to be proactive in deciding the requirements of their patients. The principle precursor of fulfilment in clinical consideration is demonstrated to be trust. To manage helpless patient conduct, the creator expressed those fortifying relational abilities and making better tolerant affinity abilities are basic indicators of patient fulfilment. The creators arrived at the resolution that there were no distinctions in the nature of wellbeing administrations presented by medical care laborers and clinical understudies instructing and learning in every office. They likewise noticed that patient fulfilment shifted relying upon the area of the assessment, the help framework, the offices, and the medication, which may all be improved.

Key Words: *Health Care Industry, Hospital, Growth, Satisfaction, Patients.*

INTRODUCTION

INDIA'S HEALTH CARE INDUSTRY

The parts of the Indian medical services industry, just as its potential for development, are as per the following: (IBEF, 2013). Medical clinics, clinical framework, clinical gadgets, clinical preliminaries, re-appropriating, telemedicine, health care coverage, and clinical gear are all important for the medical



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care area. With 17% of the total populace yet only 6% of the beds, India is essentially under-put resources into medical services. India's low administrative medical care spending offers a critical venture chance for privately owned businesses. From its present degree of US\$ 65 billion, the Indian medical care area is anticipated to develop to US\$ 100 billion by 2015. It is assessed to arrive at US\$ 160 billion by 2017 at a pace of generally 20% consistently. In 2012, the Indian emergency clinic administrations area created around US\$ 45 billion in income. As per a RNCOS investigation named, 'Clinical Device Market Outlook to 2017,' income is anticipated to extend at a build yearly development rate (CAGR) of 20% from 2012 to 2017.

In India, the medical care business is steadily progressing from paper to electronic records. In the course of the most recent couple of years, the Indian IT-helped medical care market has developed drastically. During the year 2013-2015, it is anticipated to grow at a CAGR of generally 22.7 percent. As indicated by information given by the Department of Industrial Policy and Promotion, India's clinic and diagnostics focus got US\$ 1,914.28 million in unfamiliar direct venture (FDI), while the medications and drugs and clinical and careful machines enterprises got US\$ 11,318.32 million and US\$ 653.45 million, individually, from April 2000 to June 2013(DIPP). Other related regions, for example, the hereditary testing market, are anticipated to increment at a CAGR of around 9% from 2012 to 2017, while the indicative administrations market in India is relied upon to create at a CAGR of more than 26% from 2012 to 2015. All of this development is predicated on huge ventures, fast venture into level II and III urban communities, and considerable government help to further develop the country's medical services foundation.

INVESTMENTS AND TRENDS

As indicated by a Gartner gauge, Indian medical care suppliers mean to spend Rs 5,700 crore (US\$ 897.64 million) on IT items and administrations in 2013, up 7% from 2012 incomes of Rs 5,300 crore (US\$ 834.65 million). The people group of Indian-American specialists needs to hold the "Worldwide Healthcare Summit" in Ahmedabad, Gujarat, from January 3-5, 2014, to give Indians economical top notch medical services. The Global Healthcare Summit 2014 plans to further develop the Indian public's admittance to, moderateness of, and nature of top-notch medical services. As indicated by Dr.



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Jayesh Shah, President, Association of American Physicians of Indian Origin, the Summit will likewise zero in on counteraction, analysis, treatment decisions, and sharing techniques to really upgrade medical care across worldwide limits (AAPI).

THE HEALTH CARE INDUSTRY'S GROWTH DIVERSE

The Indian medical services industry is set for extension, on account of various factors. Financial Express (Financial Express, 2010).

- **The Economy Is Expanding**

Over the most recent couple of years, India has had one of the most engaging GDP development rates, second just to China. Somewhere in the range of 2004 and 2007, the Indian economy developed at a yearly pace of 8% (normal genuine GDP development rate). High development rates in the blossoming administrations area (which represents 55% of GDP) and different assembling ventures (which represent 28.4% of GDP) are filling this, just like a good worldwide economy. As indicated by Goldman Sachs, India's GDP will develop at a pace of 5% each year for the following 45 years, making it the main BRIC country (Brazil, Russia, India, and China) to do as such.

- **Increased Health-Care Spending**

The Indian economy's fast development has brought about more dispensable livelihoods, which are reflected in expanding medical care spending. India's all out wellbeing use per capita expanded from \$19 in 2000 to \$36 in 2005 (at current trade rates). Private use, as opposed to public (government) spending, represented most of the ascent in per capita spending (government spending expanded from \$ 4 to \$ 7 during a similar period). It's obviously true that, among the BRIC nations, India has the best private wellbeing use as a level of absolute wellbeing consumption, with most of this as of now being cash-based use.



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- **Medical Tourism Is on The Rise**

Around 1,80,000 people from everywhere the world made a trip to India for clinical treatment in 2004. By 2012, clinical the travel industry is relied upon to have developed to a \$2 billion dollar industry. India is acquiring foothold as a minimal expense, great medical care objective, catching piece of the pie from set up clinical the travel industry objections like Singapore and Thailand. Patients from around 55 countries are presently being treated in Indian offices. Most of the patients are from encompassing nations (Sri Lanka, Nepal, Bangladesh, Afghanistan, and Pakistan), yet there are additionally numerous from the United Kingdom, the United States, and the Middle East. This is because of the significant expense contrasts in tertiary consideration administrations and the straightforwardness with which corporate emergency clinics might offer these types of assistance.

- **Pharma Industry Support**

The presence of a grounded drug industry, which is notable around the world for its minimal expense and excellent drugs, is advantageous to the medical care area. As per a few reports, the Indian medical care area is near \$ 35 billion and is relied upon to increment to more than \$ 75 billion by 2012. During this time, private medical care suppliers will assume a significant part in working with this development.

- **Pathology Is a Growing Sector**

The Indian pathology area has developed at a build yearly development pace of 20% every year in the course of the most recent five years. Most trustworthy way labs are extending abroad and entering the global market by building up pathology re-evaluating contracts with European medical clinics. As a result of the tremendous expense differential in India, worldwide medical clinic chains are progressively re-evaluating pathology and lab administrations. For instance, a thyroid profile blood test in the United States costs generally \$30-\$50, yet it very well might be assessed by Indian organizations for under \$5 per patient.



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- **The Medical Equipment Market Is Expanding**

The clinical hardware market is quickly extending; it is anticipated to develop by US\$ 1.7 billion by 2010 from its current degree of US\$ 1.2 billion. In India, the interest for super advanced things represents more than 80% of the complete market. Low-tech gadgets rule the homegrown market. Major unfamiliar clinical gear organizations are wanting to put resources into India to set up a neighbourhood presence.

- **IT Aided Expansion**

Telemedicine is an answer for patients who live in blocked off spaces of India with minimal clinical assets. India is exceptionally aggressive in Telemedicine on the grounds that to its dramatic development in the ICT (data and correspondence advances) industry and lower telecom costs. Around 120 Telemedicine bases can be found on the country.

- **Teleradiology**

Teleradiology' is a method for electronic transmission of radiological pictures, for example, X-beams, CTs and MRIs starting with one area then onto the next for the reasons for translation and additionally meeting.

The requirement for radiology administrations is ceaselessly expanding, however there is a worldwide absence of radiologists. There are a ton of radiologists in India. Abroad medical clinics can be guaranteed of qualified and prepared subject matter experts, time region conformance to HIPAA (Health Insurance Portability and Accountability Act) principles, and nonstop administrations by re-appropriating Teleradiology to India. As per one gauge, about portion of the 6,000 or more emergency clinics in the United States right now need Teleradiology hardware, which addresses a huge undiscovered chance. By 2010, the Indian wellbeing imaging market is anticipated to twofold from its present worth of US\$ 350 million. X-beams, ultrasounds, CT outputs, and MRIs are assessed to represent 68.6% of the general wellbeing imaging market.



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- **BPO in The Healthcare Industry**

Worldwide medical care re-evaluating in India has expanded as of late, attributable to expanding customer interest for new items and administrations, expanded competition, and an ongoing business climate, making BPOs a critical instrument for medical services majors to make progress. The United States of America, trailed by the United Kingdom, is probably the biggest market for medical care re-appropriating from India. In India, medical care BPOs give information catch, documentation, business, authoritative, human asset, and client assistance administrations. The worldwide market for re-appropriated medical care administrations in India was assessed to be US\$ 3.6 billion out of 2004 and is relied upon to develop to US\$ 24 billion by 2008, giving positions to around 200,000 people.

RESEARCH METHODOLOGY

MARKETING OF HOSPITAL SERVICES

The purpose of this chapter is to discuss the marketing activities of the hospitals that were chosen for the study.

Mission Statement

"Our objective is to make international-standard healthcare accessible to everyone. For the benefit of humanity, we are devoted to achieving and maintaining excellence in education, research, and healthcare."

Vision

'Touch a Billion Lives' is Apollo's ambition for the next phase of development.

HYPOTHESIS-1 INTEGRATED COMMUNICATION

To promote services, corporate hospitals use an integrated communication approach.



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Previous research has demonstrated that marketing professionals in the healthcare sector use technology to reach out to patients in unique ways. Patients may use websites to find doctors and sign up for health screenings, therefore internet marketing is popular. Promotion is highly communication-based in both hospitals, manifesting the service philosophy through numerous service programs.

Table1: Hospital Promotion Mix

Promotion Mix	Yashoda	Apollo
Ads–TV ads and shows, ads in newspapers, magazines, and journals, Hoardings (stationary and mobile), brochures, pamphlets, posters, calendars, cards, catalogs, directories, etc,	Yes	Yes
Social networking	Yes	Yes
Telemedicine	Yes	Yes
Internet based communication	Yes	Yes
Employees (physicians and nurses) as marketers	Yes	Yes
Feedback from patients	Yes.	Yes
Employee feedback	Yes. Periodical meetings	Yes. Periodical meetings
Suggestion and complaint boxes	Yes	Yes
Relations manager	Yes	Yes
Community service programs	Yes	Yes
Medical camps	Yes	Yes
Medical tourism	Yes	Yes
Conferences and workshops	Yes	Yes

RESULTS AND DISCUSSION

The data collected from patients at both Apollo and Yashoda hospitals is analyzed and interpreted in this chapter. Percentages, mean, and standard deviations are calculated from the data. The t-test for big samples is used for comparison purposes.



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RESPONDENT PROFILE

The age distribution of responders is shown in Table 2. A vast majority of the 150 Apollo respondents that answered to the survey are under the age of 35. They account for roughly 70% of the total. In the case of Yashoda, a similar percentage is discovered (64.70 per cent). Despite the fact that the respondents are of all ages, the younger generation — those under the age of 35 - dominates. At the 0.05 level, the age difference between Apollo and Yashoda respondents is not significant. The computed value is smaller than the table value of 7.815.

Table 2: Distribution on The Basis of Respondents' Ages

Categories	Apollo		Yashoda	
	f	%	f	%
<35	105	70	110	64.70
35-45	25	16.66	30	17.65
45-55	15	10	22	12.94
>55	5	3.33	8	4.70
Total	150	100.0	170	100.0
Degrees of freedom=3	Chi-square value=0.802		NotSignificantat0.05level	

The gender categories of patients are shown in Table 3. Respondents are more female in both hospitals, with roughly 70.66% of the sample being female. The gender difference between Apollo and Yashoda respondents is not significant at the 0.05 level. The computed result is smaller than the table value of 3.841.

Table 3: Distribution on The Basis of Respondents' Gender

Categories	Apollo		Yashoda	
	f	%	f	%
Male	106	70.66	100	58.82
Female	44	29.33	70	41.17
Total	150	100.0	170	100.0
Degrees of freedom=1	Chi-square value=0.037		Notsignificantat0.05level	



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The marital status of the respondents. In the Apollo and Yashoda hospitals, the percentage of married respondents is 36.66 and 38.23, respectively, compared to the unmarried. The difference in marital status between Apollo and Yashoda respondents is not significant at the 0.05 level. The computed result is smaller than the table value of 3.841.

PATIENT SATISFACTION

Table 4 displays the importance ratings given by respondents on a five-point scale, with five being highly important. The following hypothesis will be put to the test. H-2 Both Apollo and Yashoda hospitals have the same level of patient satisfaction. All of the services are satisfactory to the patients, according to the data provided in Table 4-38. For Apollo, the mean values vary from 3.50 to 3.14, while for Yashoda, the mean values range from 3.52 to 4.23.

At the 0.05 level, the variations in mean ratings between Apollo and Yashoda are not significant. All of the computed numbers are less than the 1.96 in the table. As a result, the hypothesis has been accepted.

Table 4.: Distribution on The Basis of Patient Satisfaction with Hospital Services

S. No	Statement	Apollo (N=150)		Yashoda (N=170)		t-values
		Mean	SD	Mean	SD	
1	Reception services	3.14	1.01	4.23	1.01	0.89
2	Admission services	3.81	0.95	3.83	0.86	0.10
3	Emergency services	3.95	1.00	3.95	0.97	0.08
4	Diagnostic services	3.71	1.00	3.72	0.96	0.00
5	Doctor services	3.75	1.13	3.82	1.09	0.21
6	Nursing staff services	3.72	1.00	3.56	1.01	1.49
7	Services of ward boys	3.50	1.00	3.52	0.97	0.19
8	Hygiene and sanitation	3.64	1.03	3.69	0.95	0.59
9	Ward /room accommodation comfort	3.58	0.92	3.65	0.85	0.78
10	Food and drinks services	3.67	1.01	3.64	1.01	0.28
11	Dispensary services	3.707	0.97	3.78	0.95	0.71
12	Billing services	3.63	1.08	3.60	1.03	0.27
13	Services relating to discharge and leaving	3.66	1.01	3.63	1.05	0.36



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On a scale of 1 to 5, this is extremely significant. 4 – Critical 3- Insignificant 2- Neutral 1- It is of no consequence (All the t- values are not significant at 0.05 level)

Patients are asked to score statements on a scale of agreement from 1 to 5, with 5 indicating high agreement.

- **Image-** the hospital is well-known and has a nice location. It boasts excellent medical and nursing services. It has excellent diagnostic capabilities and equipment.
- **Treatment** - It caters to a wide range of patients and provides a comfortable environment in which to get treatment. The notion that post-operative care is ineffective is debunked.
- **Admission** — it takes a long time to get admitted and then it is denied.
- **Confidence** - It is agreed that patients enter the hospital with confidence.
- **Affordability** – Respondents believed that hospital treatment is affordable, but that having insurance or a reimbursement facility will make it easier.

The foregoing accords are represented by a range of mean values: 3.48 to 4.25, with disagreements indicated by 1.60 to 2.91 in the case of Apollo, and 3.53 to 4.26, with disagreements shown by 1.63 to 2.55 in the case of Neptune.

At the 0.05 level, the variations in mean ratings between Apollo and Yashoda are not significant. All of the computed numbers are less than the 1.96 in the table.

CONCLUSION

Hospital marketing is supported by the mix of personnel in its main services. In the context of services and capacity, team work and character in mixing individuals, the emphasis was on innovation, qualities and technology. The answers from the participating patients confirmed that the attitude of doctors and nurses is capable and professional.

- Competitive pricing mixes. The medical expenses are justified by the interviewees. However, respondents noted that the costs are better met by those who have a reimbursement facility or insurance.



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- The mix of promotions is broad. The advertising can be successfully evaluated if respondents report being aware of hospitals through several means - ads, friends and families, the internet and so on.
- The choice of the hospital depends mainly on the doctor and the hospital's specialty.
- Process mix - The treatment and range of services are satisfactory to the patients – from reception to discharge.
- Physical proof – The structure is successful in fostering patient credibility with a spacey entrance and well-developed operating theatres.
- Word of mouth and recommendation - Word of mouth is positive and most responders say they are going to take care of other hospitals.

The majority's opinion is in favour of both hospitals as mentioned above. Nevertheless, a marketer is interested in the view of a minority, which suggests that services are weak.

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(ICARTESHBM – 2020)

15TH MARCH, VIJAYAWADA, ANDHRA PRADESH, INDIA

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