

A Study of Quality Management, Patient Satisfaction and Factors Attracting Corporate to Healthcare Sector

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Abstract – Economic and social growth is mutually complimentary. Empirical research shows that merely focus on economic prosperity and social development lead to slower growth and eventually slower growth. Economic sector priority and marginal policy commitment to social sectors such as schooling and health lead to economic growth and social poverty. Social disadvantage, particularly in areas such as education and health, eventually overshadows economic growth and quality of life. In this study we have discussed about the quality management and patient satisfaction, behavioral conflicts in corporate hospitals, concept of services, health care in India, factors attracting corporate to healthcare sector which is concluded that hospitals should focus on the suitable marketing approaches and practices. In order to make patients more patient-friendly, supporting personnel and technicians should be provided with general education in therapeutic areas, such as courtesy and sympathetic treatment.

Keywords – Quality Management, Corporate, Healthcare Sector, Patient Satisfaction

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INTRODUCTION

There will be explosion in Indian healthcare. At Rs.15,000 Crore a year, the sector is now worth Rs.100 billion. The mechanism of socio-economic change is always spoken about, but there is not so much for the development of human resources. The saying "health is above wealth" is important even in a high-tech era. Both health-related organizations are responsible for providing humanity with medical services. At the moment, corporate hospitals are the focus of the provision of health facilities.

The medical industry has expanded its global horizon and India is no different. In the Indian healthcare sector, corporate hospitals are evolving as modern races. Due to their super specialties, these hospitals draw a lot of patients. There is a strong rivalry for market share amongst these hospitals. The emphasis is not only more reliable and productive provision of specialist facilities, but also the maintenance of standard of services as a whole.

Patient loyalty is the main priority in company hospitals. It is clear in-service markets that not only products, prices, locations and promotions play a crucial role, they also play an important role in the satisfaction of the customer, but also other Ps, such as people, physical data and processes.

Customer loyalty today is an increasing area of science and education. The assessment of customer segments with unsatisfied wants and wishes is an essential reason to research consumer

satisfaction. The core of the new marketing philosophy is that all corporate aspects are targeted to customer satisfaction.

QUALITY MANAGEMENT AND PATIENT SATISFACTION

In a dramatic change towards consumer concentration in the medical sector, one hospital reported recently that it would no longer compensate doctors for monitoring medical expenses (a conventional manufacturing approach) and instead link medical bonus benefits to the happiness of the patient. The public debate of this proposal is fascinating because of the near-universal uncertainty over what comprises 'patient satisfaction.' or "Patient satisfaction," far more disturbing.

Again, in a market that has not differentiated itself from its consumer focus in recent years, this uncertainty might not be unexpected. Although there are client-driven healthcare enclaves, the growth of our existing health care institutions has scarcely affected and wants the attention of patient needs. The financial targets of companies, instead, have led to "crowding." As a consequence, patients as well as physicians are constantly unsatisfied, as is now stated in the newspapers.

Much of what it entails in the healthcare sector is yet to be known. Ask every community of doctors "How do they describe health care quality?" and they will get the following answers.

Care offered to the most patients at a fair cost by a current, up-to-date, on-time provider. Quality in healthcare is a reflection of the desires and experiences of clients. Quality satisfaction of our customers comprising of health care and education.

Quality in health care

Proceedings which contribute to the organism's task of providing prompt, kind and compassionate treatment, either directly or indirectly. Good medical attention in all its aspects. Price is a different matter. Providing patients in what is recognized as quality technique. True qualities cannot be accomplished without the patient's need for "quality treatment"— the patient actually defines the benchmark for "quality of care".

Quality³ = service provided – expectations

Quality is measured by the way the facilities offered meet the patient's needs. The healthcare patient experience results in a benefit perception for seeking evidence-based medication for a particular illness to improve, eradicate or avoid a disorder.

What is perceived as being quality: Quality is

1. Warranted for the specific and general conditions
2. Cost efficient and
3. Patient/Payers expectations.

Quality refers to an actual results closeness, as described or decided by the observer, to the results predicted of the observer.

Meet or surpass standards by cost-effective and timely provision of proper treatment. Quality – the highest expected result for medicinal or surgical management of a disease phase. Present specialist experience and the appetite of well-informed customers for dealing with the trade

between the health outcomes and reducing their alternatives in consumption reflects the quality of treatment provided for individuals and communities.

Two simple concepts of consistency are presented in the above answers. Which focuses on therapeutic quality as determined by results and the other concentrates on the quality of services. But a few years earlier the bulk of doctors may have been interested in "what is quality?" After all, the emphasis and the teaching in medical schools is on clinical excellence. However, some answers to the above (probably limited and partial) sample represent the interpretation of the level of service with simple consumer preferences and performance assessments.

Many surveys indicate that healthcare clients want to "assume" suppliers of clinical quality types. That's to say, they have a certificate hanging on the wall. This makes sense because very few users are willing to evaluate the clinical efficiency of their products. Medical practitioners constantly argue with each other. However, how many times the telephone was called before they reached the workplace, how they were handled at the front Desk and whether or not someone seemingly involved in their dilemma are items health clients like consumers with any other good and service who understand and focus their satisfaction assessments on. There are problems with consumer loyalty and standard of operation. They are the foundations of customer success.

Management of Behavior Hospital

It is important to consider the understanding of conduct before we move into appropriate criteria in hospitals. We know that an idea is still founded on critical thinking. There are certain aspects that stand for fundamental truths. As we are aware of hospital management's conduct, it is right to use the actions of people working in company hospitals as a systemic enforcement to consider them. There is a need to more consider patient, corporate hospital consumer behavior.

This makes it necessary to consider the staff who serve the corporate hospitals and to understand the patients who nurture the hospital. Although we consider the course of action to be a mixture of major variables, the psychological profile is significantly affected by the social, sociological, political, and economic factors. Patients are encouraged, in the corporate hospitals, to use the medical service depending on their profile of doctors and their prestige. Corporate Hospital today also draws financial benefits to use a hospital's facilities.

Psychological Influences

The psychological factors on the behavioral makeup of patients, staff, hospitals and doctors cannot be readily comprehended. Because we have behavioral influences, it is vital to clarify that hospital staff must deal with interpersonal issues and they must satisfy patients and staff. Hospital staff, on the other side, will deal with the issue of departmental disputes if they know better enough to influence the social causes and to shape perceptions. This focuses on motivation and attitudes.

Attitudes

There are a host of reasons influence the attitude of patients and staff in the hospital services. Another mindset is the trained segment of patients and staff. Wealth levels and families also relevant internal and external. Due to connectivity facilities, regional aspects become essential. Both of these things affect perceptions. More specifically, recent advances in communications technology and superhighway knowledge technologies play an important role in the levels of standards. If patients and assistants are conscious of recent advances in medical studies and of the advanced treatments available in some of the hospitals, patients demand services from other

hospitals of the same standard. The administrators of hospitals have a duty to satisfy the patients and the staff, but they should understand what psychological variables affect. It is also essential for managers to hold the comfort and convenience of hospital staff in mind to allow them to carry out their practical responsibilities in line with patients and attendants' expectations. In this sense, we see the tool to meet the needs of staff for providing world class facilities hospital management.

Hospital personnel – Patients Relationship

The interaction between hospital workers and the patients can be divided into two parts: the relationship between doctor and patient and nursing- patient.

Doctor- Patient Relationship

Since the principle of good-patient treatment remains the same, due weighting is provided by the doctor-patient partnership within hospital administration. The dilemma is a little complex because of the contradictory interpretation of both minds. The physicians have experience or expertise in a certain region.

They have professional excellence and must still have individual and ethical standards. In contrast, patients have strong hopes due to the fact that they see doctors as thinking and wet, who are dedicated to doing everything in their power to protect patients. This raises a doctor's obligation. Professional competence, intimate contact, humanitarian attitude and ethical principles are all key to patients' satisfaction.

Nurse-Patient Relationship

The bond between nurses and patients is often a key facet of the relationship between medical staff. Obviously, the understanding of connections in the area of Medicare service has been deteriorated. It is well-known that the nurses play an increasing part in the recovery phase and even a mild degeneration in their attitudes leads to a significant decline in patients. Support slogan is for nurses and sisters to serve. They need financial benefits to comply, of course, but we do not forget that patients have high standards of themselves. They must not feel frustrated with their actions and attitudes. They are skilled, they are also personal, but the current scenario and the deterioration at work in the world will threaten them and they have to be sufficient to deal with the multidimensional difficulties in order to face them.

BEHAVIORAL CONFLICTS IN CORPORATE HOSPITALS

The hospital facilities are team-based. The collaboration in nearly all agencies is immense. The general objective of patient care is to include medical facilities, nursing services, food, pharmacist services, radiology, ward services, engineering services, outpatient services as well as other departmental services. Cooperation and coordination are also vital to the effective management of hospitals. There are many kinds of programmers, but we have separate heads of different organizations so they can strive towards a shared purpose. The growing inefficiency of public hospitals attracts our attention to tensions in various divisions. The ego-conflict, conflict of interest, priority dispute occurs, which has degenerated the standard of healthcare care and makes the quality of the atmosphere on the job uncomfortable. In this context, the issue of interpersonal conflicts needs to be tackled. Although hospital managers have a duty to create and create workplaces, it is relevant that they face the challenges that hinder the process.

CONCEPT OF SERVICES

'Services' are deepening, processing and output in a simplified sense. Services that may be affected, heard, and seen are not visible, but are more immaterial. Therefore, it is very critical in corporate hospitals for intangibles, such as the ambience of the facility, the nurturing aspect of nurses and caregivers, and for doctors to be diagnosed properly to draw further patients. The facilities of company hospitals are distinctive:

- A) Intangibility
- B) Heterogeneity
- C) Simultaneous production and consumption (timely)
- D) Perish ability

HEALTH CARE IN INDIA

The Indian health sector is a developing sector, as the health sector has now become extremely important for all citizens. The Indians are increasingly aware of their welfare. The following helps the industry develop.

In the mid and upper middle-income groups, the national average household share has risen from 14% in 1990 to 20% in 1996 and from 48% in 2010.

Health care revenues are driven by private insurers. Give us an estimated conservative forecast of 200 million lifetimes with growing mid- and mid-income groups.

In India, the population per bed is 1 per 1000, compared to the WHO norm, of one bed for every 300 people. There are 75000-100000 hospital beds available in India. Today the Indian health sector is Rs.100 billion and is projected to increase from about 13% to 15% a year.

Instead of the insulation and the lack of a wider phenomenon, Corporate Hospital collapsed a decade back. But now the insurance firms, medical hardware and tech companies are joining together to construct the boom.

The major thrust areas in Health Care Industry are as follows:

Factors attracting corporate to the Healthcare sector

- ▶ Locational Factors
- ▶ Marketing Strategies
- ▶ Sources of revenue
- ▶ The Future
- ▶ Role of technology
- ▶ Major corporate players
- ▶ Demographic details

- ▶ Number of hospitals

FACTORS ATTRACTING CORPORATE TO HEALTHCARE SECTOR

Recognition as an industry

The healthcare business was recognized as an industry in the mid-1980s. This made it easier for financial companies to obtain long-term financing. In addition, the government reduces import duties on medical appliances and technology so that the market is opened up.

Since 1983 adopted the National Health Policy ('Health for Everyone" the key goal of the Policy) nothing has been done to reform or alter this policy in light of improvements in the country's epidemiological profile, with ecological depletion causing new health problems. The priority was not on complete healthcare but on medical attention.

Socio-Economic Changes:

The growth in education rates, higher incomes and increased visibility from the deep penetration of television outlets helped to pay greater attention to health by increasing the nuclear family structure. Daily health checks and healthcare costs for the family bread-creator were required.

Brand Development

Many households have charitable hospitals in place. By naming the hospital, they create a strong consumer presence and further strengthens the brand image of their other company goods.

Extension to related business

Some pharmaceutical firms, such as Wockhadt and Max India, have been expanding their market in this industry directly.

Opening of the insurance sector

Around 60 percent of the overall health spending in India comes from an individually paying category, as compared to a 25-30 percent government allocation. For a typical middle-class household, a majority of private hospitals are costly. It is anticipated that the insurance market would open up to private stakeholders in the field of medical services.

A vast percentage of individuals would be affordable through health benefits. Currently, only 2 million in India (0.2% of the total 1 billion) are insured by medical claims, while about 75% of the total population of developing countries like the USA is covered by such insurance schemes. The general insurers never sold medical policies vigorously. In addition, GIC requires up to 6 months to approve a lawsuit and reimburses clients with their own handling.

Private players including CIGNA, ICICI, SUNDARAM etc. expect to introduce smart cards that can be used in clinics, patient counselling and travel insurance etc. Which would offer them a huge benefit.

This boom is to help the consultancies, financiers and insurance agencies. In order to take insurance risks for customers, the insurers will become PPOs that are transformed into HMOs. The largest boom will be medical devices, medical equipment and hospitals.

Marketing Strategies

The clinics are handicapped and cannot be advertised under federal legislation. Because hospitals use technologies and infrastructure for millions of rubies, patients must be attracted and funds generated. The hospital follows a number of promotion and logo construction activities to achieve the same. Some are mentioned in the following:

- In their stewards' boards, several hospitals have distinguished business figures. In this case, the inflow of patients in the companies of these trustees is increasing indirectly. Apart from the inclusion of eminent figures, it gives citizens a feeling of trust.
- By giving concessions, private hospitals will appeal to their customers. For eg, all owners of Apollo Hospitals Enterprise Limited can get a special 20 percent discount on all preventive health checks.
- Hospitals have long-term understanding with PPOs, who have further understanding with private companies. Any case of illness among these companies' workforce refers to the PPO's, which furthermore transfers them for control and care to hospitals.
- The performance rate of vital procedures and operations reflects hospitals' technical and knowledge-based edge over competition. These achievements are discussed in wellness magazines and journals, which are a natural benefit for the hospital.
- Some hospitals have developed a niche market for themselves from their past record. For instance, Hinduja Hospital is famous for its reasonably priced high quality health care, while Limavady Hospital is famous for its Five-Star service.
- Hospitals organize lectures and workshops on various illnesses, inviting physicians around the world to study them in depth. This makes the hospital well-known by physicians, who will refer to hospitals in the future for difficult cases.
- Medical colleges can often be supported by hospitals. This lets them raise additional resources in the form of payments, using the same strong human resources infrastructure.

Sources of Revenue

It is misleading to see why major hospitals are lucrative and have a high number of beds. Global experience reveals that more than 250 beds in hospitals are not doing well. Many Indian hospitals support the US healthcare sector, reducing the total treatment length and rising the turnover of staff. US data indicates that in the first 72 hours of diagnosis, 80 percent of a patient's income arrives. The General Inspection provides hospitals with large profits when the number of patients is quite huge.

Special facilities like procedures and procedures account for a significant percentage of the sales. Because of this, several companies are planning specialist hospitals with a limited 100 beds which deal with unique conditions like cardiac, cosmetic, neurology and other diseases. There is a lot of capacity available for super-specialized hospitals of 100-150 sleeping accommodations, which produce income for massive 500-bed general clinics. In general, large hospitals with a size of about 500 beds are 9-10 meters, even if overcrowded hospitals with about 100 beds require 6-7 years to stop.

Unlike intensive care facilities, general room costs don't directly add to hospital profits (ICU). The ICU/ICCU room ratio of general room varies according to the hospital form. The ratio in

general hospitals is approximately 8:2, compared to approximately 6:4 in a specialist hospital. In-house physicians and visiting specialists are available in hospitals. A certain amount (approx. 15 percent) of the hospital income is contributed by the visiting physicians.

In the event that they sell them internally, hospitals may even produce sales from drugs¹⁹ 19. Any hospitals are obliged to purchase drugs from the chemist's store in hospitals. For these medical products, a margin of 15-20 percent may be paid. While many hospitals owned by trusts do not benefit this way, it may provide strong returns from medication provision for newcomers or corporations for whom private care sector directly extends their line of business (e.g., pharmaceutical companies). Medical studies hospitals raise additional resources, utilizing the same facilities, by means of charges. For example, the fee for international students is US\$20,000 per year at Manipal Hospital.

More and more Indians from abroad travel home to meet their doctors in whom they trust. They receive world-class care at a fraction of their foreign expense, as democratization has accelerated the entry of the most advanced technological devices. Indian physicians are also among the world's brightest. You prefer to see these physicians for the chronic conditions like hypertension, asthma, neurology and dentistry.

In India, medical charges range from 1/10th to 30th those of the US. For instance, a US \$3,000 bypass operation only costs Rs 35,000 to 400,000 in India, using the same technology and facilities.

Sets of health plans will be supplied from families and companies in clinics. For e.g., Apollo Hospitals has a Family Health Plan (FHP), a subsidiary of its clients' staff. FHP provides its employers and employees a variety of facilities, from preventative treatment and corporate consultation, to healthcare programmers, to claims administration, to patient care coordination, to an extensive network of hospitals and healthcare professionals in India as well as a network of general insurance corporation in all countries. The medical packages of FHP thus maximize the advantages thus controlling costs.

In addition to health prevention, tension control services should be offered. For e.g., Videsh sanchar nigan Hospital offers "Effective Stress Management Scheme." A patient tension perspective is provided by this software and carried out by a medical specialist. The course comprises a number of one-to-one consultations where a clinical psychologist underlines the reasons responsible for stress induction and the methodologies that are practical for handling this phenomenon.

CONCLUSION

In times of hyper competitiveness, now a day, both companies compete in building decent and fair infrastructure facilities and qualified employees. The hospitals should concentrate on appropriate business practices and tactics. In order to become more patient-friendly, support personnel and technicians can be trained in the field of comfortability, for instance courtesy, and empathy in patient handling.

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