



Marketing Strategies-A Common Practice in Hospitals of Kolkata

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Abstract

Many health care professionals and health managers in the past have been fascinated by the concept of commercialization when looking at health care courses. These managers and investigators look at the sale of health care in a certain way. There is further investigation into the marketing work of the medical departments at a specialized hospital in Kolkata. That is, interestingly, data from 2013 and 2014 are analyzed to try to determine whether marketing has a significant impact on the outcome of a particular process. Numerous retrospectives analyze were performed to determine the relationship between commercial activities and clinical department departments over the next two years. A marketing plan is a set of strategies to achieve specific business objectives and objectives from time to time. It is not an easy task, but it is important. The complete hospital marketing plan provides the insights and tools needed to anticipate, evaluate, prepare, build a tracking system, cover your foundations, build the necessary support systems, protect yourself in the health market, gain compliance, revitalize a successful culture and define it directly your marketing success. Marketing a healthcare organization can be a challenge-or painful if you do not approach it with the right information, tools, and guidelines.

Keywords: Health Care, Retrospectives, Marketing, Anticipate, Guideline.

Introduction

The focus of marketing is customer communication and how it can be better to support corporate growth. Marketing strategies contribute to the overall success of the company. The degree to which a company reflects the five main characteristics of a market is measured by its ability to display five other specific characteristics:

1. Customer perspective: Are customer needs and aspirations included in the organization's plans and strategies?
2. A well-integrated company will have better control over its marketing activities.
3. Are managers provided with the quality and quantity of marketing information that will help them to do a good job?
4. The organisation's strategy is to implement strategies and strategies to achieve its long-term

goals.

5. Do marketing plans come at a cost similar to industry standards?

Management as a marketing role, which can be defined as: Planning, Planning, Leadership, and Control (POLC). The four activities listed above are absolutely necessary to achieve the goals of the organization. Working in sync with each other is important as the tasks are connected. While managing important data values is very important in the hospital marketing department, decisions based on this data are very important.

Review of Literature

Until the mid-1980s, hospitals did not consider marketing as an important tool in meeting their business objectives. Marketing is seen as a process of attracting new clients, developing new services, and promoting "value" to potential customers. As an unavoidable need for management, embracing marketing ideas was essential for hospitals to gain competitive advantage in their local markets.

Naidu, Kleimenhagen, and Pillari (1992) identified five factors that reflect market trends; Naidu and Narayana (1991) used the entry of managed care as a means of marketing direction; and Raju, Lonial and Gupta (1995) identified four ways of indicating commercial status (Loubeau and Jantzen 1998). A comprehensive marketing strategy and resources are aimed at increasing the number of consumers and consumers while also enhancing customer profitability and happiness (Kotler 1994). As a result, market research and managed care may have similar processes and processes, such as conducting market research and planning, enabling communication, and performing marketing activities.

Research Methodology

It is important that a multidisciplinary hospital collects the following different data sets:

Monthly performance of different clinical departments according to the number of standard patients
Income from patients of most clinical departments

- Funds available from departmental patients at most clinics
- Monthly performance of various clinical departments according to revenue

The department's monthly income comes from a variety of health care services. In the study, two-year data sets of a special hospital in Kolkata, which provided these data sets, were used for simplification. These data sets were tested by ten departments.

Two-way analysis (ANOVA) was performed to test the following assumptions at the 5% value level:

1. The monthly review of 2013 does not reflect significant differences in all clinical departments.
2. In the monthly review of 2014, there were no significant differences in performance across all clinical departments.

3. The annual analysis does not reflect significant differences in performance in all departments.

To gain a better understanding of hospital marketing directives and how managed care procedures were integrated into hospital marketing departments in the Commonwealth of Virginia between 1993 and 1999, we examined how well regulated care procedures were performed in marketing departments. Prior to this, Virginia has faced growing demands from managed care, as evidenced by the growing number of residents seeking treatment under the program.

The number of participants in health care organizations increased from 464,479 in 1993 to 1,403,992 in 1998. 2000 (Area Resource File). In addition, all major employers in urban areas have increased their involvement in purchasing health care and are beginning to receive managed care (Hurley and Thompson 1993; Thompson, Draper, and Harley 1999), and the government's Medicaid program has changed many beneficiaries in managed care programs. In 1993, the Virginia General Assembly passed a law requiring all hospitals in the state to maintain patient admission standards, and in 1997, it approved the implementation of a comprehensive plan to produce all hospitals in the state. Due to the growing frequency of environmental changes, hospitals will continue to use marketing and management care development.

The marketing stand was an important concept in the 1980s, and it began to influence thinking in the health care industries such as research and medicine. Clarke and Kotler (1987) established the first link between marketing attitudes in healthcare companies and healthcare marketing programs. The main goal of the company is to identify the needs and requirements of the market and to address those needs and desires through production, communications, pricing, and the delivery of acceptable and competitive products and services.

Three separate studies have established a relationship between hospital marketing and hospital structure and performance measurement. McDermott, Franzak and Little (1993) examined the availability of sales space in 347 critical care hospitals covering all 50 states in the United States. Researchers found that having an ad enhances the hospital's financial performance by defining the market position in terms of market intelligence activities, inter-operational operations, and organizational accountability functions. Naidu, Kleimenhagen and Pillari (1993) evaluated the implementation of product line management systems in 154 primary care hospitals. Using a product line management strategy was associated with a good marketing scale in this study. Raju, Lonial, and Gupta (1995) have researched the relationship between hospital market regulation and performance. Their findings show that different aspects of market structure are associated with different operational measures, and customer and competitive feedback is most closely related to hospital financial performance. Kotler and Clarke (1987) developed their marketing framework from a large field of previous work in marketing intelligence, which is also within the broader concept of the advertising landscape described by Bhuian and Abdul-Gader (1997). Using a convincing and practical analysis, the researchers determined that their model was effective in demonstrating the marketing status of 237 nonprofit hospitals. Loubeau and Jantzen (1998) found that engagement with other providers was significantly higher among hospitals with strong advertising in their national study of 235 intensive care hospitals. Furthermore, the researchers found that a higher percentage of managed care entry was linked to a lower level of

marketing status. [Source: Overview of the hospital marketing environment (by Kenneth R. White, Jon M. Thompson, and Urvashi B. Patel)]

1. The monthly review of 2013 does not reflect significant differences in all departments.
2. In the monthly review of 2014, there was no significant difference in performance between departments.
3. The annual analysis does not reflect significant differences in performance in all departments.

Data Analysis and Interpretation

a. Year 2013 study

Ho: A month-by-month study reveals no discernible variation in performance between departments.

H1: Month-by-month examination reveals a considerable disparity between departments.

Table 1. Summary of the number of inpatients (in hundreds) in various departments on a monthly basis for the year 2013

Departments	Jan	Feb	Mar	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
General Surgery	1.95	1.2	1.23	3.66	3.77	3.08	1.3	1.92	2.19	3	2.37	2.34	28.01
Urology	.19	.23	.14	.16	.19	.31	.12	.19	.16	.11	.08	.26	2.14
Gynaecology	.33	.25	.39	.54	.28	.25	.25	.36	.36	.25	.19	.46	3.91
Medicine	.28	.24	.20	.20	.28	.96	.22	.22	.26	.35	.46	.41	4.08
ENT	.01	.02	.01	.02	.03	.02	.02	.06	.03	.01	.02	.03	.28
Paediatrics	.32	.32	.31	.4	.35	.36	.12	.61	.26	.31	.17	.46	3.99
CPRM	.02	.03	.01	.05	.01	.02	.01	.09	.05	.01	.01	.01	.32
Orthopedics	.03	.1	.07	.11	.07	.1	.04	.11	.16	.1	.08	.08	1.05
Plastic Surgery	.28	.22	.16	.17	.38	.27	.18	.32	.16	.18	.23	.22	2.77
Oncology	.12	.17	.12	.24	.3	.14	.09	.12	.15	.17	.18	.19	1.99
Total	3.53	2.78	2.64	5.55	5.66	5.51	2.35	4	3.78	4.49	3.79	4.46	48.54

Result obtained in two-way ANOVA

Variation	S.S.	d.f.	M.S.	Variance ratio
Between columns	227662	11	20697	11.43
Between rows	321896	9	35766	19.76
Error	179135	99	1809	
Total	728693	119		

The tabulated value of F is 2.8962 with respect to the 5% significance level and with respect to degrees of freedom, where 9 occurs between rows and 11 occurs between columns From these

observed values of F, it appears that between columns the value of F is bigger than this tabulated value of F, and we therefore must reject the Null Hypothesis and adopt the Alternative Hypothesis. Therefore, based on this information, the findings suggest that month-to-month department performance might vary considerably.

b. Year 2014 study

Ho: A month-by-month study reveals no discernible variation in performance between departments.

H1: Month-by-month examination reveals a considerable disparity between departments.

Table 2 Summary of the number of inpatients (in hundreds) in various departments on a monthly basis for the year 2014

Departments	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
General Surgery	2.35	3.01	4.26	1.57	1.63	2.6	1.6	1.27	2.44	2.38	2.64	2.33	28.08
Urology	.16	.28	.29	.92	1.19	.5	.41	1.07	1.16	.44	.59	.36	7.37
Gynaecology	.33	.41	.42	.66	.16	.48	.46	.33	.56	.39	.3	.48	4.98
Medicine	.22	.28	.53	.35	.2	.22	.12	.14	.18	.13	.1	.23	2.7
ENT	.03	.02	.04	.04	.01	.09	.03	.11	.02	.04	.01	.05	.49
Paediatrics	.3	.56	.71	.66	1.19	.49	.73	.43	.35	.4	.56	.41	6.79
CPRM	.02	.01	.04	.03	.02	.01	.05	.04	.02	.01	.02	.03	.3
Orthopaedics	.1	.17	.08	.07	.31	.18	.15	.12	.09	.16	.19	.15	1.77
Plastic Surgery	.03	.1	.02	.08	.02	.05	.06	.03	.03	.02	.04	.03	.51
Oncology	.17	.21	.14	.06	.11	.29	.03	.19	.13	.12	.1	.15	1.7
Total	3.71	5.05	6.53	4.44	4.84	4.91	3.64	3.73	4.98	4.09	4.55	4.22	54.69

Result obtained in two-way ANOVA:

Variation	S.S.	d.f.	M.S.	Variance ratio
Between columns	327462	11	29769	23.04
Between rows	411896	9	45766	35.42
Error	127936	99	1292	
Total	867294	119		

Tabulated value of F for the total sample population at the 5% significance level and for degrees of freedom (between rows and between columns) is 2.8962. The results we have observed both for rows and columns imply that F must be greater than the tabular value of F. So, in the year 2014, performance is different from month to month, which means that departments have a large variation in their total performance.

Combined analysis of 2013 and 2014 studies

Ho: In annual reports, departments report no discernible differences

H1: In annual reports, The study for departments reveals considerable disparity

**Table 3. Summary of the number of inpatients (in hundreds)
 in various departments in 2013 and 2014**

Years	Departments										
	General Surgery	Urology	Gynae	Medicine	ENT	Paediatrics	CPRM	Ortho	Plastic Surgery	Onco	Total
	(x1)	(x2)	(x3)	(x4)	(x5)	(x6)	(x7)	(x8)	(x9)	(x10)	
2013	28.01	2.14	3.91	4.08	.28	3.99	.32	1.05	2.77	1.99	48.54
2014	28.08	7.37	4.97	2.7	.49	6.79	.4	1.77	.51	1.7	54.78
Total	56.09	9.51	8.88	6.78	.77	10.78	.72	2.82	3.28	3.69	103.32

The result of the two-way ANOVA is as follows:

Variation	S.S.	d.f.	M.S.	Variance ratio
Between columns	41277890	11	3752535	3.75
Between rows	63356722	1	63356722	63.35
Error	10999999	11	999999	
Total	867294	119		

F is 4.8443, with degrees of freedom equal to 1 between rows and 11 between columns, and assuming a 5 percent threshold of significance. This can be observed for both the F between rows (years) and this tabulated value of F: the observed values of F are bigger, hence we must reject the Null Hypothesis and embrace the Alternative Hypothesis. The Department's performance from 2013 to 2014 was strongly varied in departments of equal performance in those years.

Additionally, whereas observed values of F for between columns (i.e., departments) were significantly lower than this tabular value of F, we were forced to accept the Null Hypothesis and reject the Alternative Hypothesis. Thus, the total marketing activity, or mix of marketing activities, has a similar impact on clinical performance.

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