# CHAPTER I

# INTRODUCTION

## 1.1 Background of the Study

Services play vital role in the economic development of country. The role and importance of service sectors were highly realized since 1970s. Many organizations provide services to satisfy their costumers. In order to compete in competitive world, they produce goods as well as services for customers. The role and scope of services has been growing rapidly in recent year. Service is an identifiable, intangible activity that is the main object of transaction designed to provide want satisfaction to customer (Stanton, 1994, pp.252-60). A service is an act or performance that one party can offer to another that is essentially intangible and does not result in the ownership of any thing. (Kolter, 2000, p.467).

There are two major issues on service named as business service or internal service. Business services are the management of organization whose basic objectives are to interact with customers to render services. Private hospitals are the example of this kind. It may be facility based or field based. Facility based service refers to the business where the customers must visit the service facility to get service from organization where as the field based service is concerned with providing services to other departments of the same organization. It is concerned with providing services to other departments. Services can be of various types; health services is an identifiable intangible in nature activity to provide want satisfaction to customers. Heath services are directed to understand and anticipate costumers need, to provide benefits and satisfaction to meet those needs and attract new ones and to achieve organizational objectives. (WHO (T.R.S.) NO. 744, 1978, P.32)

Since 1950, the health care of people has become the responsibility of the government. Though there are some health services provided by NGOs and the private sector, health care delivery is by and large a government affair. Whilst the health services are said to be free. The fact is that it is only for the doctor's services and lodging. Most of the time, the patients have to pay for the medication or procure them before they are used as treatment.

Nepal being a small country, health services were limited within small area of traditional composition in the past. Few hospitals were in service. People were getting their health services by traditional faith healers. Home treatment is in practice in Nepal during the initial period of sickness even today. When there is no improvement and home treatment is not found effective then only the family seeks for outside assistance. It has been observed that the villagers' first seek faith healers for curing the sick babies, if they are failed to cure then sick people are taken to the government health post or hospital to seek assistance. Though this tendency is gradually waning due to urbanization, the traditional system is being followed in the rural areas even today (Shrestha, and Lediard, 1980, p.67).

The above statement shows that people's tendency going towards hospitals for treatment of various health problems is in shadow because of ignorance and traditional service practice. However, increasing urbanization is making people aware of home treatment. In traditional Nepalese society, the faith healing still pays a major role in the health care system. Super natural entities are considered responsible for illness. Since the relationship between illness and spirits are considered to be interrelated, most illnesses are brought to the attention of shamans, Janne Manchhe, Jhankries and others rather then the doctors in hospitals. (Stone, 1977, Hitchock and Jones, 1976).

Up to the mid 50s, the hospitals that were in existence were those under the government. Most of these were under the ministry of health, with the

Trichandra Miliary Hospital under the defense ministry being the exception. With the opening of hospital and health post by the missionaries, other types of hospitals came in to being viz the NGOs semi private hospital. This has led on the forming the nursing homes also.

Hospital is an institution for the care of sick and injured. It is a community health agency; a person comes to hospital from his/her sector of community and returns to it after the required hospital services. The major functions of hospital should be directed towards investigation, diagnosis and care of sick and injured. It should involve in health supervision and prevention of diseases, education to medical workers, in medical research and in rehabilitation. (K. Park, 2002).

In the contest of Nepal, poverty is a burning problem. Lack of adequate knowledge about health care, people yet today do not take hospital services for treatment. Only eighty-three hospitals are conducting their services round the kingdom. Less number of hospital and health workers in comparison to increasing number of new diseases and number of patients is one of the major problems. The ratio of doctors to patients is 1:10,000 while it is 1:200 yearly in America(Annual Report DOHS:2003). The other health centers like primary health centers (180), health centers (13), health post (700) and sub-health posts (3148), Ayurvedic services centers (287) are distributing randomly within the kingdom (Source: CBS: 2057-2058BS). Nepal is divided in to three regions ecologically. The Himalayan, (15%), Mountainous (68%) and Terai (17%). This data shows that most of the people are living in mountainous region (Population census-2058). Because of this geographical disparity, it has been difficult to spread the light of development in health sector in every nook and corner. Health condition is in pathetic plight. The total fertility rate was 4.1% in fiscal year 2058/2059 and targeted rate for tenth plan is 3.5%. The crude birth rate was 33.58% and targeted for tenth plan is 30.1%. While the crude death rate was 9.96% on account this figures,

total population of Nepal is growing up rapidly such that government can not provide health services to all (Annual report DoHS-2059-60). In order to provide technically competent and socially responsible health personal in appropriate numbers for quality health care through the country, particularly in under served area, the ministry of health should co ordinate activities with private sectors and these sectors should be encouraged (DoHS-2059/60)

Pokhara being as one of the business attraction of out kingdom is also regarded as the second capital of our nation of trade, tourism and industrial development which is increasing day by day. It lies on the lap of machhapuchre in kaski district. Pokhara is the headquarter of Western Region. The total population of this district is 404561. There is one governmental hospital and it is unable to provide health service to this huge population (DoHS-2004). Meanwhile, for increasing demand of high care health, private hospitals are in service. These private hospitals are acute general hospitals operated by groups of persons including some reputed doctors and personnel on shareholders basis. The mission statement of these hospital states that these hospitals will provide quick, reliable and high quality health service to the concerning peoples. The mission statement of these hospitals also states that these hospitals will provide high quality medical care that is affordable, effective, efficient and accessible to all who come here within the limitation of available sources. Whatever may be missions, the targeted achievement cannot be obtained with out effective planning. Planning results in the formulation of a plan. A plain is a blue print for taking action health service planning is a concept of recent origin. It is a part of national development planning. Health planning is necessary for economic utilization of material, manpower and financial resources. The purpose is to improve the health services for profit seeking origination like private hospital service planning is an essential matter. Service planning and development indicates to the function of marketing management to search and select right

product and services to develop or produce them and distribute in the market for consumer satisfaction. (K. Park, 2002).

For an organization to be an efficient and successful one, the various stages of product planning have to be made. However, before making the plan, an organization that provides services, has to consider the following aspects of marketing. What services to offers? What Product mix strategies to adopt? What support service to provide? (Woodruffe, 1999, pp. 84-90).

This research study is concerned with service planning and development practice in private hospitals in Pokhara. Reviewing the above mentioned considerations the study tries to explore how these hospitals are carrying planning practice indeed.

## 1.2 Statement of the Problems

Planning is the broad foundation on which much of management is based. Planning may be defined as a process of analyzing a system or defining a problem, assessing extent to which the problem exits as a need, formulating goals and objectives to alleviate or ameliorate those identified needs, examining and choosing from among alternative intervention strategies, initiating the necessary action for its implementation of the plan and evaluating the results of intervention in the light of stated objectives. Product planning in public and services sectors enterprises of Nepal is primarily based on the traditional practices. Many service providers are small and specialized. In the past, they courted exclusively for small market and for local demand. Marketing specialists were not employed due to size of operation and due to limited competition. Health service was also affected by traditional faith and practices. People believed that diseases were caused by unseen spirit. No regular service would be obtained. They had have delay in hospitalization of sick persons. They had pluralist system of health care. This system is existing till date.

Public hospital under study area, due to increasing pressure of patients, hospital cannot provide services as per requirement. Sometimes fallacious diagnosis occurs. In pharmaticies, the pharmacists cannot diagnose all types of diseases. Not all pharmacists are qualified for treating all types of diseases. In the health posts, there is lack of manpower, materials and supplies. It is difficult to detect complicated cases. The referral system is also poor. There are extraneous problems. Baidyas become less effective when clinical analysis or sophisticated treatments are required. Incase of private clinics, it depends on a doctor. If people can choose right doctor then it is all right. But some times it become difficult to find the doctor on job. There are cases where sick people were brought to hospital late in serious condition as they were not examined adequately or treated properly at a clinic. Traditional faith healers can not treat the diseases of all types. There are the case of high mortality and disability.

Planning ideas and technique have grown along side the growth of services economy. The design of service product or offering has shifted from a product based focus to a consumer focus. The organization provides what the market needs not what the organization thinks or market thinks or market wants. Planning is the key of service marketing since it enhances service quality and costumers perception of quality on total service experiences have addressed specific quality issues in service marketing.

Technological developments have also had an impact on service marketing management task. Information technology, electronic funds transfer and use of data bases revolutionaries' service marketing management. Many new technological developments have been made. Specially, around services, billing through computer, service through telephone, use of internet, email have carried dramatically changes is health services. Recently the concept of telemedicine has been introduced. Even though doctor is located overseas, health care can be obtained. In general, it can be seen that new technology increase demand for services overall. These create market opportunities. The

need for the services is ever there and demand for the same is increasing. It is the never ending spiral. Today, we are living in the world of specialization, so we need expert in solving health care problems.

These above observations indicate that health services can be made effective, less troublesome, less time consuming by the use of effective planning and its development. If we look to private hospitals, service planning and development is managed; however, these are not found satisfactory and encouraging from the view point service users. The number of private hospitals are increasing in Pokhara but, the services are not found as per the needs and requirements of patients due to lack of effective planning and development. The periodic planning is in shadow. Therefore, the study attempts to have specific insight over the following questions.

i. What are the services being provided by the private hospitals?
ii. How the hospitals are planning and developing their services?
iii. What is the competitive situation of services provided by the hospitals?
iv. How the service are diffused in the market?
v. What problems are being faced by the hospitals for providing better services?

## 1.3 Objective of the Study

The basic objective of the study is to analyze the effectiveness of service planning and development practices of private hospitals in Pokhara. The specific objectives of the study are as follows.

i. To present the existing services provided.
ii. To analyze the existing services planning and development process.
iii. To assess the competitive situation of services provided by the hospitals.
iv. To analyze the service diffusion practice by focusing to the market.
v. To explore the existing problems being faced by the hospitals.
vi. To suggest effective service planning and development process.

## 1.4 Significance of the Study

Nepalese health condition is suffering from various problems viz communicable disease problems, nutritional problems, environmental sanitation, medical cure problems, population problems and transportation problems. A plan should address these problems.

A hospital differs from other types of health centers in various aspects. A hospital service provided is mostly curative. It has no catchments area that is it has no definite area of responsibility. In a hospital, the team mainly consists of only definite area of responsibility. In a hospital the team mainly consists of only the curative staff. The current opinion is that hospital should not remain an ivory tower of diseases in the community but should take an action part in providing health services to community. Experiences have shown that health of the community can not be improved by multiplying hospitals alone. (K. Park, 2002, p.661). The next important thing to be introduced is resources. Resources are needed to meet the vast health needs of a community. No nation, however rich, has enough resources to meet all the needs for all health services. Therefore, an assessment of the available resources, their proper allocation and efficient utilizations are important considerations for providing effective health care services.

Planning and development is a periodic task for such big organizations. Proper planning considerably contributes to improve the overall working performance and leads the organization toward success. An organization can not achieve goals unless good planning is made. In this study an attempt will be made for drawing the overall picture of private hospitals service providing mechanism. Being the first study of this kind, it deserves specific significances in its field. It will add new literature in hospital service planning. It will also helpful for management of private hospitals to make sound strategy in future. It will also provide knowledgeable study of the hospitals.

## 1.5 Delimitation of the Study

This study is related only with private hospitals with special reference to the service planning and development in detailed form. It may not prove its reliability and validity for other sectors. The following points will determine the certain limitations for this study.

i. The research work is focused on service planning and development of private hospitals in Pokhara.
ii. Only five private hospitals have been chosen for study purpose.
iii. The study is primarily based on primary data.
iv. The required secondary data were collected from hospitals record and study was analyzed the data of fiscal year 2057 to 2061.

## 1.6 Organization of the Study

The study is divided into five main chapters. The first chapter contains introduction. It includes background of the study, statement of the problem, objective of the study, significance of the study, delimitation of the study and organization of the study. Chapter second is review of literature. It is conceptual or theoretical review. Chapter third is research methodology, which includes research design, population and sample, nature and sources of data, data collection procedure, data processing and analysis procedures and statistical tools used. The fourth chapter is data presentation and analysis. Under this, data were presented and analyzed and major findings were drawn. The last chapter includes summary, conclusion and recommendations.

# CHAPTER II

# LITERATURE REVIEW

## 2.1 Introduction of Product/Service

Product is an important element of the marketing mix. A product is any offering that satisfies a need or want. A product is anything that can be offered to a market to satisfy wants or needs. A product is a set of tangible and intangible attributes including packaging, color, price, quality and brand plus the seller's services and reputations ( Stanton,2001,p.235 ).

Thus, product means the need satisfying offering of a firm. In the broadest sense, a product is anything offered to satisfy customer needs. It includes a mix of design quality, variety, features, branding, packaging, services and warranties. Products can be goods, services, ideas, experiences, events, persons, properties, Organization & information. All products have features, advantages & benefits. Every product has five levels as potential products, core product, expected product and augmented product (Agrawal, 2001, p.246).

Under the total product concept, two elements are taken into account i.e. Product component and service component. When Marketers talk about a product, they are not referring just to physical goods or service, but they have in mind the physical product plus accompanying services plus the expected benefits or satisfaction. It is said that product is really a bundle of expectation. Thus, under total product concept, both goods & services are considered (Diwan,1997, pp.80-84).

A product, therefore, may be a service that offers satisfaction for the customer as well as tangible objects to be sold at a profit. Both physical object as well as the service to be sold must fill in customer needs & desires. Both have ultimate goals viz consumer Satisfaction. Both have similar ingredients in the marketing mix (Sherlekar, 1994, pp.195-200).

**For Marketing,** Service is any act or performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything (Kotler, 2001, p. 434).

**'The American Marketing Association 1991'** defines services as (i) activities, benefits or satisfaction which are offered for sale or (ii) are provided in connection with the sale of goods, Such activities benefits or satisfaction offered for sale are intangible in nature i.e. They are not concrete objects which can be seen tested, felt, moved & so on.

A service is the result of applying human or mechanical efforts to people or objects. Services are intangible projects involving a deed performance, or an effort that can not be physically possessed (Berry, 1980, pp. 24-29).

A service may be defined as any task performed by the company to another as the provision of any facility or as a product; service may or may not be attached with the physical product. There is a vast range of consideration over a wide range of services; it can be classified in to four categories.

- **A pure good** – In this category, the offer consists of a tangible good such as medicine. No explicit services are accompanied along with the product. However, the products themselves provide service to the users such as Medicine, Care health problems.
- **A core good with associated services**. In this category, the offer consists of primarily a core good along with facilities or provisions that enhance its utility.

- **A core service with adjunct goods** or services in this category, the offer consists of a core service along with some additional services.
- **A pure service :** In this category, the offer consists of a core services & possibly some adjunct service. (Shrestha: 1999, pp.178-180)

According to consumer protection Act 2054 point 2 (Gha), a service is consultation or labor facility provided for any work with service change or return. According to this act, consumer is that person or organization that consumes or uses service or consumer able goods. Services are difficult to define, if not impossible, services can be defined as intangible tasks that satisfy consumer needs when efficiently developed & distributed to chosen consumer segments. (Sadhana, 2060, Falgun p.34)

## 2.2 Nature & Importance of Service

The Problems of service marketing are not the same as those of goods marketing. To understand these unique problems, it is first necessary to understand the distinguishing characteristics of services.

**Service are Intangible:** It is difficult and mostly impossible to see, feel, taste, and smell services before they are brought. A service by nature is an abstract phenomenon. Customers receive and consume the service at the production site. Intangibility also relates to the difficulty that consumer may have understanding service offering. (Ferrell. et. al; 1979, pp.131-146)

Services have few tangible attributes, called search qualities that can be viewed prior to purchase. When consumer can not view a product in advance and examine its properties, they may not understand exactly what is being offered. And even when the consumers gain sufficient knowledge about service offerings, they may not be able to evaluate the possible alternatives. On the other hand-services are rich in experience and credence qualities ( Pride et.al 1989. Pp.745). Experience qualities are those qualities that can be assessed only after purchase & consumption. Credence qualities are those

qualities that be assessed even after purchase & consumption. (Donnelly, 1981, pp. 186-190)

- **Inseparability:** Service are normally produced at the same time they are consumed. Services are inseparable from the supplier or provider of services (. pride et. al., 1989, p.745).. A service's inseparability means that services provider are involved concurrently in the production and the marketing efforts ( Woodruff, 1999, p 291) services are not transferable to another party through the channels of distribution like tangible goods. (Shresthsa, 1999,p.180). If a person renders the service, then the provider is the part of the service. Because the client is also present as the service is produced, provider-client interaction is a special feature of service marketing (kotler,1999, p.428)
- **Heterogeneity:** Most services are labor intensive. They are heterogeneous. People typically perform services and people do not always perform consistently. There may be variation from one service to another within the same organization or variation in the service, a single individual provides from day to day & from customer to customer. Thus, the quality of services offered by the competing firms can not be standardized. Even the quality of the output of service sold by one seller can not be uniform or standardized. (Shrestha, 1999, p- 180)**.**
- **Pricing of Services:** Perishability, fluctuations in demand and inseparability in services involve significant implications in pricing, Consumer may postpone purchase some services. Competition plays a secondary role in many services. Quality of services can not be fully standardized. There are many difficulties in pricing of services. Usually prices of services are determined on the basis of demand and competition. Sometimes, discounts are also offered in many service (Sherlekar,1999. P. 179).

These days, service sector is growing at a faster pace especially in developed countries. Developing countries are also giving more priorities on developing

service sector. Thus the importance of services has been increasing day to day in marketing. (Shrestha, 1999,pp.181-184)

The importance of service marketing can be drawn from two angles-changes in income level and business being increasingly complex specialized and competitive change in income level affects the demand pattern of customer. As level of income increases, customers demand more service oriented products or services because they can not be satisfied through the physical product. To get these services, they will be ready to pay more. Another angle, with the increases in complexity, specialization and competition in business, companies are forced to provide more services as per requirement of desires by the customer service marketing has several important contribution to the country.(Amarchand,1979,pp. 189-194).

## 2.3 Developing the Marketing Strategy for Service.

Till recently, many organization selling products and services were products and sales oriented. The focus was internal let us produce what we think the market wants and the sales department will manage to sell the output, However, since 1960, service organization are developing the marketing organization which is both externally & internally oriented. Under the marketing concept, a marketer adopts consumer oriented attitude viz the creation of customer satisfaction through the provision of goods and service, carefully developed in response to the customer needs and wants. Profit is now regarded as a reward for creating a satisfied customer. (Sherlekar, 1994, p. 503)

A business that applies the marketing concept or consumer-oriented marketing approach, centers all plans, policies, programme and operation on consumer needs. Market segmentation and market demand identification receive great emphasis. Management knows that its primary function is marketing rather then production. (Diwan ,1997, pp. 92-95)

Marketing is the function by which a marketer plans, promotes and delivers goods and service for customers and clients. In the context of marketing of service, marketing is the creation and delivery of customer-satisfying services at a profit to the supplier or provider of service. When marketing is defined as the creation and delivery of standards of living to the society, the role of customer-satisfying services assumes unique importance in the customer oriented marketing approach. In the sole of service to customer, what is important is that, customers should be satisfied that their needs and wants should be fulfilled by the providers of services (Woodsruff, 1999, pp 39-43).

Since 1950, services of infinite variety have grown up in importance. In a buyer's market, no organization can survive long if it fails to recognize the significance of customer service and satisfaction. Business exists to serve customers and it can cash profits only through customer service and satisfaction. This is equally true even in case of marketing of services (Sherleker,1994, pp. 503-504).

Marketing is not only concerned with the development and implementation of successful programs and strategies. For marketing to be successful, there needs to be a marketing orientation through out the organization which fosters the marketing concept and demonstrates a marketing approach to all internal & external activities. Marketing can be described by means of all the practical aspects within the marketing program, product development and management, advertising, promotion strategic planning, market analysis and segmentation ( Woodruff ,1999, p.39)

Approaches to consumer satisfaction for markets of service can be show as below.

- Marketing should occur at all levels, from the marketing department to the point where the service is provided.

- Allow flexibility in providing the service when there is direct interaction with the customers customize the service to their wants & needs.
- Hire and maintain high-quality personnel and market your organization or service to them, often it is the people in a service organization who differentiate one organization from another.
- Consider marketing to existing customers to increase their uses of the service or create loyalty to the service provider.
- Quickly resolve any problem in providing the service, to avoid damaging a business's quality reputation.
- Think high technology to provide improved services at a lower cost. Continually evaluate how to customize the service to the consumer's unique needs.
- Brand your service to distinguish it from that of the competition. (Berry,1987,pp.5-9).

The marketing mix requirements for finalizing a services marketing strategy are as follows.

**Product:** Goods can be defined in terms of their physical attributes, but services can not be, because they can intangible, however there may be tangible such as facilities, employees or communications associated with a service. These tangible elements help form a part the product and are often the only aspects of a service that can be viewed prior to purchase, which is why marketers must pay close attention to associated tangibles & make sure that they are constituent with the selected image of the service product (Lynm,1977, pp 73-80).

The service product is often equated with the service provider because consumers tend to view services in terms of the service personal and because personnel are inconsistent in their behaviors. It is imperative that marketers effectively select, train, motivate and control contact people. Service

marketers are selling long term relationships, as well as performance. (Pride & O.C. Ferrol, 1989, p.751)

**Promotion:** As intangible dominant products, services are not easily advertised. The intangible is difficult to depict in advertising, whether the medium is print, television or radio. Service advertising should thus emphasize tangible cues that will help consumers understand and evaluate the service. The cues may be the physical facilities in which the service is performed or some relevant tangible object that symbolizes the service itself (Berry, 1981, pp.52-56)

Employees in a service organization are an important secondary audience for service advertising, we have seen that variability in service quality, which arises from the labor intensive nature of many services, is a problem for service marketers and that consumers often associate the service provider. Advertising can have a positive effect on customer contact personnel, it can shape employee's perceptions of the company, their jobs, and how management expects them to perform and it can be a tool for motivating, educating and communicating with employees (Stanton, 1994, pp.55-70).

Personal selling is potentially powerful in services because this form of promotion lets consumers and sales people interact. When consumers either in to a service transaction, they must, as a general rule, interact with service firm employees. Customer contract personnel can be trained to use this opportunity to reduce customer uncertainty, give reassurance, reduce dissonance & promote the reputation of the organization (George & Kelly, 1983, pp. 14-20)

Although consumer service firms have the opportunity to interact with actual customers and those potential customers who contract them, they have little opportunity to go out into the field and solicit business from al potential consumers. Sales promotions such as contest are feasible for service firms, but other types of promotions are more difficult to implement. How do you

display a service? How do you give a free sample without giving away the whole service? (Pride & Ferrell, 1989, p. 755)

Although the role of publicity and the implementation of publicity campaign do not differ significantly in the goods and services sectors, service marketers appear to rely on publicity much move than goods marketers do. ( Rathemell, 1974, p. 100)

Consumers tend to value world- of- mouth Communications more than company sponsored communications. This preference is probably true for all products but especially for services, because they are experiential in nature. For this reason, service firms should attempt to stimulate world of mouth communications .World of mouth can be stimulated by encouraging consumers to tell their friends about satisfactory performance. The promotional activities of most professional service providers can be as follow (George & Kelly,1981, p.14-20).

**Price :** Price plays both an economic and a psychological role in the service sector, just as it does with physical goods, However, the psychological role of price in respect to services is magnified somewhat because consumers must rely on price as the sole indicator of service quality when other quality indicators are absent. In its economic role, price determines revenue and influences profits. Knowing the real costs of each service provided is vital to sound pricing decisions. (Ayers , 1987, p.53)

Service intangibility may complicate the setting of prices, It is often difficult, however, to determine the cost of service provision and thus identify a minimum price. Price competition is severe in many service areas characterized by standardization; usually price is not a key variable when marketing is first implemented in an organization. Once market segmentation and specialized services are directed to specific markets, specialized prices are set (Stephen, 1985, p.2).

Many services, especially professional services, are very situation specific. Thus, neither the service firm nor the consumer knows the extent of the service prior to production and consumption. Once again, because cost is not known beforehand, price is difficult to set. Despite the difficulties in determining cost, many service firms use cost plus pricing. Others set prices according to the competition or market demand (Peters,1986, p -54)

**Distribution:** Many services are produced and consumed simultaneously. For high contact service in particular, service providers and consumers can not be separated. with low contact service, however, service facilities and service providers may be separated from retail outlets (Chase,1978,pp.137-142). Distribution or the place element of the marketing mix is concerned chiefly with two main issues, accessibility and availability (woodruff,1990 p.166).

The inseparable nature of services means that services must be accessible to customers and potential customers in order for exchanges to take place. Accessibility must be a component of the actual service offering for it to have value. Additionally, the perishable nature of services means, it is essential for the service to be available to customers in the right place at the right time. The service can not be stored until a later date; it must be availed for consumption at the point of production. In the service context, distribution is making service available to prospective users. Marketing intermediaries are the entities between the actual service provider & the consumer that make the service more available and more convenient to use. The distribution of services is very closely related to product development. Indirect distribution of services may be made possible by a tangible representation or a facilitating good (Donnelly,1976,pp.55-70).

## 2.4 Hospital Service & Role of Marketing in Service Organization

A hospital is a place where the sick, injured or wounded people are cared by providing the most appropriate service according to conditional needs. It also provides preventive measures to the clients & community. (Kaini,2005, p.7)
Earlier the hospital's primary purpose was to serve the sick. At the time of Florence Nightingale, hospital were managed to provide adequate care for the sick. Later, scientific advances and modern technology in the hospitals played a major role in the advancement of nursing and with these advances began the reform of medical and surgical practices. ( Lawson, 1992, pp. 43-50)

Now a day, the most important role of the hospital is still to care for the sick and the injured. Modern hospitals also provide facilities for the education of doctors., nurses & other health personnel. It also promotes research in the practice of medical practice through proper qualification of workers committed to promoting the health of community. The hospitals of today, with their modern facility for the prevention and treatment of diseases, are available in most community agencies. The hospital has developed its services according to the health needs of the community. Nowadays most of the hospital have become community health care oriented where the patients may receive medical and nursing care during his illness & further care is continued even after the patient goes home from hospital. Today, hospitals also provide facility for people outside the hospital. Specialized service for the mothers & children, health education on nutrition, personal hygienic, mental health services & rehabilitation are the services provided by the hospitals. ( Verghese, et. al; 2004, p.30)

Hospitals may be general or specialized. In general hospital, most medical & surgical patients are treated. A general hospital also provides preventive measures to the public. It has two departments i.e. the inpatient department and the out patient department. The other sections are admission department, record section establishment and office section, pharmacy & drug stores, social services, housekeeping and maintenance, laundry, purchasing and

stores. Development of hospitals takes place according to the health needs of the community. Every individual is an important fragment of a community. He comes to the hospital to meet his health needs. Modern hospitals serve as centers for meeting all health services of the members of the community; they are centers for health teaching also (Theresymma,2002, pp. 29-30).

In olden days, hospitals were rendering curative care of sick only, Now this trend has been changed. Hospitals provide all kinds of health services with various specialized branches and the rapies as dental care, health education, community health services etc .People get continuous health service even he is discharged form the hospital (Rowland, et. al; 1984, p.19).

Marketing is not only concerned with the development and the implementation of successful programs & strategies. For marketing to be successful there needs to be a marketing orientation through out the organization, this fosters the marketing concept and demonstrates a marketing approaches to all internal & external activities (Hosking, 1987, pp. 47-51).

The inseparable nature of services means that the importance of the roles played by the service provider and the customer is often for greater then in the marketing of goods. Every interaction between the organization and its customer can affect the quality of the service and the benefits provided (Woodruff, 1999, p.39)

**Function of Marketing**

There are essentially two ways of looking at the functions of marketing. One way as to set down the tasks which are involved in the marketing process, identify them individually. Another way to examine why marketing is needed and what is its aims are. The second method underpins a marketing orientation more fully. The aims of marketing should focus to understand and anticipate customer needs. It should provide benefits and satisfaction to meet those needs. It should ensure consistent quality and customer satisfaction. It

has to retain existing customers and attract new ones. It should target to achieve organizational objectives. The marketing department's task is to develop the theory, idea and plans (woodruff, 1999, p, 40).

**Marketing & Customer Orientation**

A customer orientation places the customer at the centre of the organizations' activities, being close to the customer is at the heart of marketing concept. All personnel need to be aware of the way in which they can contribute to customer satisfaction even where they do not have personal direct contact. Internal marketing can play a key role. Positive feedback from customers can be relayed to everyone in the organization through internal bulletins. Similarly, any quality problems or customer complaints should also be discussed at all levels to see if systems of processes within the organization can be improved. With service organization customer contact takes a number of forms. (Woodruff, 1999, pp.40-42) suggests the following points.

- Direct interaction between the customer and the service providers, agents or representatives.
- Interaction between the customers & other customers.
- Interaction between the service provider and the customer.
- Interaction between customer & the service facilities.

**Inter-functional Relationships**

In service organizations, production and consumption are often inextricably linked. Each branch of a service provider will engage in production of the service at customer point of contact. Each member of personnel will influence to a lesser or greater degree, the actual consumption of the service and the resulting level of quality and satisfaction. Service organizations need to embrace a far more flexible, integrated management structure. (cundiff, et al;1980, pp.10-17)

This does not mean that there is no need for a specialist marketing function, the marketing organization requires the full support of marketing in the areas

analysis selection of target market segmentation, design of suitable marketing mix(es) to serve markets and promotional campaigns. There are three main management function in service organization which together help to create and deliver service satisfactions to consumers:

- Operation management plays a vital role in most service organization as it. Oversees all the activities which go together to make up the service offering.
- Human resource management plays a key role which underpins the success of the operations task in selecting, training and motivation the right kind of personnel for the organization.
- Marketing management is not only concerned with undertaking the specific marketing responsibilities, it also needs to facilitate the integrations of marketing with the other functional areas identified.

(Woodruff,1999,pp.10-17)

## 2.5 Types of Services Provided By Hospitals

A hospital is an institution where sick and injured persons are cured. Any institution consists of an established society or a group of people working together in building a group of buildings for a common goal meeting one of the basic needs of the man. Likewise, hospital is composed of patients, doctors, nurse & other members of the health team functioning in a building or group or buildings known as hospital & most the need of sick & injured.

The facilities provided by the hospitals may very from hospitals to hospitals. Also facilities a services provided by these hospitals depend upon the need of the community. Before knowing the services provided by the hospitals, it will be better to know the types of hospitals scattered throughout the country. Hospitals are classified in two ways.

1. According to type of patients or service offered.
2. According to the ownership or control.

According to the service offered, there are two groups.

1. General Hospital
2. Special Hospital

In general hospital care is given to many kinds of conditions such as medical, surgical, pediatrics & obstetrics. Nowadays in many general hospital, there are section for psychiatry and communicable diseases. A special hospital limits its services to a particular condition or sex or age such as tuberculosis, maternity & pediatric hospital respectively. In general hospital, most medical & surgical patients are cured. A general hospital also provides preventive measures to the public. A general hospital has the following departments.

- The inpatient department.
- The outpatient department.

Inpatient department includes the following units.

- Medical Unit:
  ICU and CCU (Intensive Care Unit & Coronary Care Unit)
  Infections diseases Unit
  Pediatrics Medicine
- Surgical Unit
  Neurosurgery
  Post Operative Unit
  Operation Room
  Pediatric surgery
  Bum Unit
- Gynaecology & Obstetric Unit
  Maternity Unit
  Labor Room
  Gynecology Ward
  Psychiatric Unit or Ward
  Geriatric Ward
  Long Term care unit
  Eye & ENT Unit (Varghese et. al 2004 pp. 30-32)

**Outpatient Department (OPD)**

This is the department in which patients who do not need hospitalization are treated. This department covers all the sources offered by the inpatient department but is also includes.

- Family ware fare, family planning services & MCH care which includes.
  - Antenatal
  - Postnatal
  - Immunization
  - Well baby clinic
- Acupuncture clinic
  - X-ray Unit
  - Electrocardiogram & electrode encephalogram
  - Laboratories
  - Hypertension & diabetes clinic
  - Casualty department.

Casualty department known as emergency, is one of the most important units. It gives a 24 hour service to people who have had accidents or to sick people who need treatment urgently. It provides the service irrespective of the other outpatient department. (Kaini, 2005, p. 4)

The hospitals of today, with their modern facilities for the prevention and treatment of diseases are available in most community agencies. The hospital has developed its services according to the health needs of the community agencies. The hospital has developed its services according to the health needs of the community. Now a days the most important role of the hospital is still to care for the sick & injured but modern hospitals also provide facilities for the education of doctors, nurses & other health personnel. They promote research in the practice of medicine, nursing & maintain a high standard of nursing care & medical practice through proper qualification of workers committed to promote the health of the community. (Shrestha, 2004 pp. 29-30).

**Hospital Functions**

- **Investigation, Diagnosis and care of sick and injured.**

  In modern times, the chief functions of the hospital are doing the investigations, marking diagnosis & given care to the sick & injured persons according to the condition of patients, patients are given care according to the age or type of diseases or income & preference.

- **Health supervision & prevention of Disease**

  Hospitals prevent the spread of diseases, Hospital staff & other medical social workers render great services in dealing with the social problem & recurrence of psychiatric conditions & the adjustments of such persons in the community. Modern hospitals extend their services in the community by arranging camps & clinics by specialized doctors and other health supervisors.

- **Education of Medical Workers**

  Doctors, Nurses, dietitians, social workers, physical therapists, technicians, hospital administrators and other medical and paramedical people are taught within the hospital to enhance their professions.

- **Medical Research**

  Hospitals offer medical workers opportunities for investigations by laboratory facility, trained personnel, patients and accumulation of records which are not available elsewhere to provide efficient service, hospital should foster all kinds of medical research.

- **Rehabilitation**

  Special units have been established in hospitals to help persons with physical disabilities that keep them moving freely in their environment. Varieties of works are done in the hospital & they are carried out through different department by trained & untrained people. If the work has to be carried out efficiently & harmoniously, all the

departments have to be organized & managed well. (Thresyauma, 2002, pp. 27-28).

The highest quality of service is achieved only through the co-ordinate work of all the departments in the hospital. Whole hearted co-operation of all groups is necessary for co-ordinal relationship among the various personnel. The best results will be obtained when each person realizes his or her position in relation to the whole organization & contributes his best to a harmonious & efficient functioning of the hospital. (Lawson, 1984, p. 39)

**Levels of Health Care Service**

It is customary to describe health service at 3 levels viz primary secondary & tertiary. These levels represent different types of care involving varying degrees of complexity.

- **Primary Care Level :** It is the first level of contact of individuals, the family and community with the national health system where primary health care is provided. As a level of care, it is close to the people, where most of their health problems can be dealt with & resolved. It is at this level that health care will be most effective within the context of the area's needs & limitation
- **Secondary Care Level Service:** The next higher level of care is the secondary or intermediate health care level. At this level more complex problems are dealt with.
- **Tertiary Care Level Service:** The tertiary level is a more specialized level than secondary care level & requires facilities and attention of highly specialized health workers.

  A fundamental and necessary function of health care system is to provide a sound referral system. It must be a two way exchange of information & returning patients to those who referred then for follow up care. (WHO, 1987, p-53)

- According to (www.tu.teachinghospital.com), the hospital has at present a total of 444 beds. This includes.
  - Free beds
  - General beds
  - 4 bed cabin
  - Double bed cabin
  - Single bed cabin
  - Medical & surgical wards with
    - General beds
    - Double bed cabins
    - Single bed cabins
    - Deluxe rooms

The price of bed as well as the operations increases with better cabin bed. In free bed, even operation & medicine provided by hospital is free. There are also, special beds, intensive care unit, cardiac care unit, SICU.

- (www.omhospitalnepal.com) The mission statement states that "We provide specialized medical and surgical services by qualified & experienced consultant doctors, the compassion, devotion & commitment of the medical persons given patients the confidence & belief that they are receiving the best medical services".
  - OPD-OPD is taken care of by approximately 40 consultant doctors who have specialized in several medical fields. The OPD opens from 8:00 AM to 8:00 PM. The registration & booking for the outpatients in done at the main reception in the lobby area.
  - In door: 150 beds with suite/deluxe/general beds.

Admitted cases are taken care of very effectively for the proper diagnostic treatment. There are 3 suites in the hospital each of them has a visitor’s room, a patient's room & a small attached bath room, kitchenette. Each room is air

conditioned, with cable TV & telephone. Each room is clean, tidy with the focus on patients comfort.

**Diagnostic Service:** OM hospital has a large range of diagnostic service for the patients. This ensures that the patients do not have to leave the premises for an investigation.

- Emergency Unit:
  - Emergency services are available round the clock by experienced and qualified duty doctors, sisters & nurses.
- ICU
  - For those who need special care.
  - Equipped with ventilator & other infrastructure.
  - Neonatal Intensive Care Unit (NICU) equipped with ventilator -3 incubator and overhead heater intermediate prematurely born babies are kept.
- OT (Operation Theatre)
  - I fully equipped & technically sound operation theatre. Out of them 5 are major operation theatres.
- OM Cancer Cure Centre – Established under the management of the OM hospital & Research centre (P) Ltd., provides comprehensive service to the patients, will cover all the aspect of preventive, promotional, curative & rehabilitation aspect of centre management.
- International cline
- Ambulance provided round the clock
- Vaccination
  - Hepatitis B&C
  - Meningitis
  - Encephalitis
- MMR
- BCG
- DPT

- DT
- Oral Polio
- Modern Equipment in Hospital
  - Color Doppler
  - CT scan
  - $CO_2$ Laser
  - CT Ctrl Room
  - Special X-ray
  - General X-ray

- **Functional Areas of Hospital**

The functional areas of hospital can be categorized as below.

- Clinical services: clinical services are those which are primarily for the diagnosis and treatment of a patient. These are comprised of following.

- Medical/Nursing
- OPD
- Indoor Wards
- ICU
- Nursery
- OT
- Labor Room

**Diagnostic Services**

- X-ray
- Ultrasound
- CT-Scan
- MRI

**Investigation/Laboratory Services**

- Biochemistry
- Pathology
- Microbiology

- Histopathology
- Hematology
- Immunology
- Endoscopy
- Cardiac Investigation

**Utility Services**

- House Keeping
- Laundry
- Front Office
- Transport
- Fire safety

**Administrative Services**

- Personal Section
- Purchase Section
- Stores
- Account
- Finance
- Billing
- Security

**Medical Services**

- Medicine
- Surgery
- OBGYN
- Pediatrics
- Orthopedics
- Anesthesiology
- ENT
- Dermatology and STD
- Physical medicine and Rehabilitation

**Engineering and Maintenance Service**

- Water
- Electricity
- Generator/UPS
- Air conditioner
- Lifts
- Autoclave (Kaini,2005,pp.34-35)

## 2.6 Service Planning and Development Process

Planning is predetermining future. It is the process of setting goals. It is looking a head in attempt to define the future path of organization. Planning as a process, consists a series of steps.

1. Generation of ideas
2. Screening
3. Testing the concept
4. Business Analysis/ Evaluation.
5. Practical Development
6. Market Testing
7. Commercialization or Launch **(Shrestha, 2005, p. 203)**

**Product/ Service Planning**

The planning and development of goods has its counterpart in the marketing or services by both business & non-business organization. Intangibility, inseparability and high perish ability present significant product planning challenges in service marketing, in terms of service planning, a marketer of services must make strategic decisions concerning.

- What services to offer?
- What product mix strategies to adopt?
- What features, such as branding & support service to provide? (Etzel et.al;2004, pp.293-295)

Many service firms have become successful by identifying and then satisfying a previously unrecognized or unsatisfied consumer want. Like goods, marketers, service firms seek ways to differentiate their offerings. This is particularly important for services because of the intangibility characteristic. In the absence of physical difference, competing services may appear very similar to the customer. One option is to expand the product preferably by adding attractive promotional features. So, the service provider should clear the services offering to the customers or clients. (Kolter,1982, p.431).

Like product, service mix also exists; product mix is the set of all product likes & items that a particular seller offers for sale. Product likes includes closely related products. Product item is distinct unit in the product life. (Koirala, 2000, pp.85-87).

Product mix strategies involve decisions regarding a product's length depth & consistency. Product width refers to the number of product lines of the organization product width can be modified by adding or deleting (contraction) a product line. Product depth refers to the number of product items in a product line (Size, design, brand). Product depth can be modified by adding or deleting product/service items in a product line Product length refers to the total number of items in the product mix. It can be modified by adding or deleting product items. Production requirements & distribution channels, consistency can be increased by adding closely related product lines. It can be decreased by adding unrelated product lines (Agrawal, 2001, pp.283-286).

Managing the life cycle of a service is another strategy. Product and services are often said to have “Life Cycles”. This idea is based on an analogy with natural life cycles birth, growth, maturity & so on. (Woodruff,2002, p. 128).
The product life cycle is frequently illustrated as being comprised of four stages.

- Launch or introduction

- Growth
- Maturity
- Decline (K.C,2058 B.S,p-221)

The product life cycle is typically represented graphically in terms of sales over time. Plotting the level of sales over a period will result in a life cycle curve which may look like below (Woodruff-2002 p128).

**Product/ Service Life Cycle Stages**

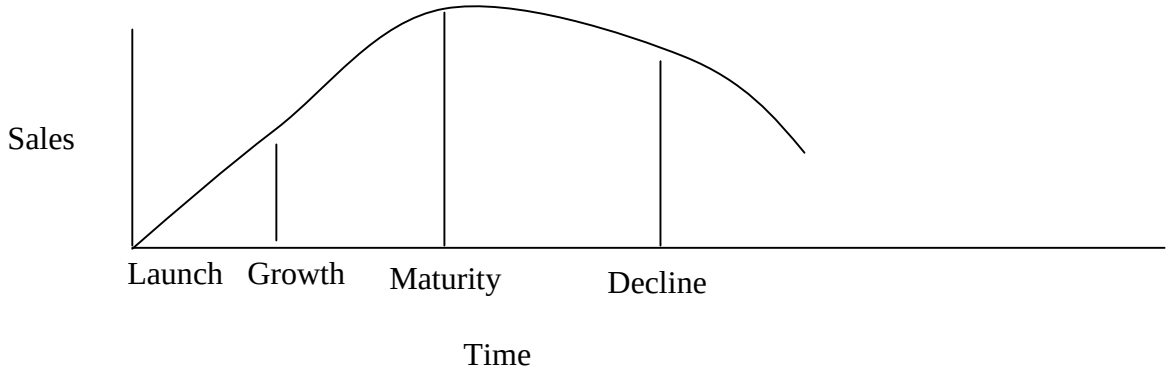



**Fig. 2.1**

Sales or even usage rates of service can be plotted in the same way as sales of physical products and monitored over a period. This can be useful in managing the organizations range of products or services, and in making decisions about promotion or with drawl of a service which have become outdated (Woodruff-2002 p.128)

Impact of product life cycle on firms marketing effect differs from company to company and from product to product. It is very difficult to predict different stages of product life cycle. The pattern & process of each stage determines the resource needed for producing the product. Production & operation manager is concerned with deciding the following decisions.

- When various stages of product life cycle occur?
- What management, facilities & resources are needed?

- What should be done the existing facilities & process in various stage of life cycle?
- What new product should be introduced to sustain the existing system? ( Fago et. al; 2003, pp- 17-18)

At the introduction stage the product or service is very new. Promotion will be intense & costly and may need to be boosted if the service fails to meet initial targets. It will be aimed at getting users to try the service & create interest. At this stage sales growth is slower, low profit, high price & low competition occurs. (Jain, 2001, p. 243)

At the growth stage, uptake of service starts to grow, revenue will increase & profitability may be even achieved. The longer term success of the service can be more easily assessed at this stage as market penetration increases. However if the product/service appears to be doing well, it is likely at this stage that competitors will bring out rival offerings. (Woodruff 2002 p129). At this stage quality is improved, prices is slightly lowered & promotion expenses are increased with intensive distribution. At the growth stage, companies try to sustain rising sales & strength competitive position (Agrawal, 1991, p.73)
At maturity stage, the rate of sales growth slows down profit stabilize & gradually decline (Agrawal, 1991, p. 274). The overall volume of sales may reach a fairly steady plateau, which continues over time. Competition will probably be well established, and promotion efforts reflect the battles between leading brands. Emergence of dominant design takes place under product variety (Joshi, 2002, p. 78).

At decline stage, sales, profits decline or disappear. Competitors withdraw from the market, loyal customers are willing to pay higher price. The popularity of a product or service will begin to die. This may be due to a number of reasons, as when services have been superseded by new technologies or when consumer tastes have changed (Woodruff, 2002, p. 137). Old product may need to be phased (Shrestha, et. al; p.60).

Analyzing these stages, the marketer should aim to follow appropriate marketing strategies at each stage of service life cycle. The marketers should carefully manage the service life cycle introduction, modification & termination of services should be timed properly (Woodruff, 2002, p. 128).

A full understanding of product life cycle is an essential concept. It not only allows him to monitor the progression of his products through their various stages of development, but also enables him to plan for a rapid investment recovery effect. (Jain,2004, p. 417)

**Product Features**: The emphasis in product planning is different for services than for goods. Packaging is non existent in services marketing. However, other features branding & quality management ,for instance, present greater challenges for services industries. A service marketer's goal should be to create an effective brand image. The strategy to reach this goal is to develop a total theme that includes more than just a good brand name. To implement this strategy, the following tactics frequently are employed.

- Use a *tangible object* to communicate the brand image or difference.,
- Develop a *memorable slogan* to accompany the brand.
- Use a *distinctive color* Scheme. ( Pride & Ferrel ,1989, p.295)

## 2.7 Environmental Analysis

It is a process by which strategists monitor the economic, legal competitive, geographic, technical and social settings to determine opportunities and threats to their firms. It involves identifying the present and future opportunities and threats to and from the firm's principle constituents along the dimensions of the firms' economic, political, legal, technological and social environment (Pant,2000, pp.11-20).

The external environment will affect all organizations within a sector to a greater or lesser degree where as the internal environment relates to a

particular organization & its publics. The external environment consists of macro-environment & micro environment (Aswathappak, 1999, p.18).

The micro environment of a business firm consists of the larger economic, social, political & technological factors. The microenvironment, on the other hand, comprises the forces closer to the business firm. The stake holders of firm such as the suppliers, consumers, government, trade union dealers etc. constitute its microenvironment. In, considering the effect of environment upon the behavior of the business system, it is essential to note that the effect of the total environment-economic & non economic is not necessarily predictable from the separate effects of a single variable. In many instances interaction effects are such that decrement resulting from simultaneous environmental stresses are a good deal in access of the sum of incremental value. Yet, thoughtful & effective managers must be cognizant of the probable effects of the environment on their business. (Amarchand & Varadarajan, Smahajan, 1979, p.42)

In trying to understand the environment, managers face difficult problems, First, the environment encapsulates many different influences; the difficulty in making sense of this diversity in a way which can contribute to strategic decision making. The second difficulty is that of uncertainty. Manager typically claim that the pace of technological charge & the speed of global communication means more & faster change now then ever before. Third, it must be realized that managers are no different from other individuals in the way they cope with complexity. They tend to simplify such complexity by focusing on aspects of the environment which perhaps have been historically important or confirm prior views (Mintzberg, 1994, p.4).

Johson & Scholes have suggested the following steps in environmental analysis.

**Steps in Environmental Analysis**

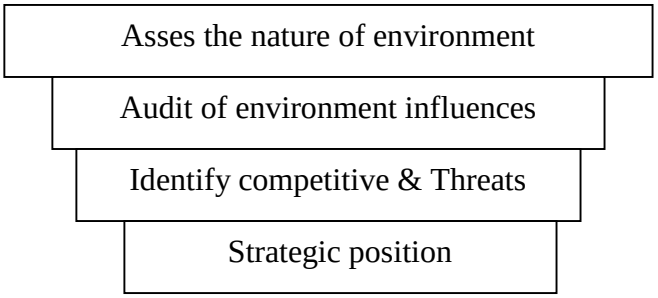
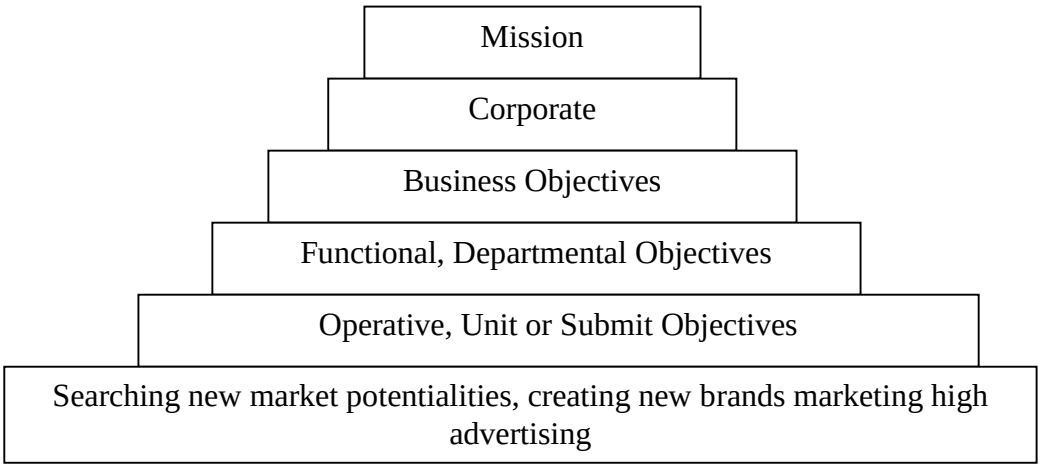



**Fig. 2.2**

Planning stage defines the requirement of the plan. It includes objective setting & strategic outline. Objective is the starting point of strategic management process and end result of organization, which can be presented in the firm if the hierarchy of strategic intent, vision mission, goal & objectives are the parameters in the hierarchy of strategic intent. Objectives represent the operational definitions of goals or explanation of abstract concepts that are concepts that are concrete enough to suggest specific actions (Shrestha, 2059, p.22).

Objectives are statements of end results or the end state which are time limited, measurable and quantifiable; Goals are aimed at broad purpose and mission of the organization where objectives guides the activities of groups and members toward the overall goals. Desired states or outcome are objective Objectives should be precise and measurable. Objectives are laid down for each position in the organizational structure.(cravens, 1982,p.201).
They are hierarchy from top level to lowest level as shown below.

**Hierarchy of Objectives**




(Source: Gautam, 2002, p.28)

**Fig. 2.3**

Objectives have to be formulated in all those performance area which are of strategic importance to organization. Clearly defined objectives govern the behavior of organizational members Keeping organizational goal in mind, formulation of objectiv3es at different level should be contracted to complete the work performance. The manager should well know the factors that affect the formulation of objectives. (Shrestha, 2059, p.26)

Unless objectives are established, there is likely to be haphazard activity, uneconomical use of funds & poor performance. Objectives are not only a guide to action but also a yard stick to measure work after it is done. Strategy is based on the idea of a game plan. Marketing strategy sets down the game plan by which the objectives are to be achieved. Strategic options should be carefully evaluated for each objective. (Woodruuf, 2002, p.73).

Strategic planning is the process of deciding on objectives of the organization, on changes in these objectives, on the resources used and disposition of resources. Strategic planning those is the careful, deliberate systematic taking of decision which affects or is intended to affect the organization as whole over long period of time. (Anthory ,1988, p.15).

It is the formulation of future direction aimed at relating the strategic advantages of company to copy up with its environment. It is concerned with appraising the environment in relation to the company, identifying the strategies to obtain sanction for one of the alternatives. Therefore it is the frame work within which future activities of the organization are explained to be carried out.

Gaytan (2002) has suggests the following points as the features of strategic planning.

- Strategic planning is concerned with appraisal of environments to identify opportunities & threats of company.
- Strategic planning is also concerned with the appraisal of company strength & weakness.
- Strategic planning guides the choice.
- Is helpful to identify strategic alternatives.
- Precedes the operational planning.
- Prepared by the top management & other expertise staff.

The management of the strategy can also be thought of as a process of crafting. The management planning process consists of the following stages

**Implementation Stage:** Implementation stage is concerned with the operation of marketing strategy. The strategy defines the broad areas of marketing activity which must be undertaken to enable the organization to meet its marketing objectives. During implementation stage, the questions to be addressed are what need to be done? When it be done, who will do it. How much will it cost? (Woodruff, 2002, p.78).

The implementation of policies & strategies is concerned with the design and management systems to achieve the best integration of people, structure,

processes and resources in searching organizational purpose. (George, & Miner 1977, p.607).

It is the sum total of the activities and choice required for the execution of strategic plan. It is the process by which strategic and policies are put in to action through the development of programs (Hunger & wheelen,1999).

The basic steps of strategy implementation can be shown as below.

A. Structuring an organization
B. Resource Allocation.
C. Strategy Evaluation & Control (pride and Ferrell, 1985, pp.305-311).

The organizational structure must incorporate well defined procedures to be followed and sufficient delegation of authority to and fixation of responsibility of different workers for achieving the predetermined objectives during the period prescribed (K-Park, 2002, p.2633)

Many well considered plants have fallen down because of delays in critical supplies, inappropriate use of staff and similar factors. The main considerations at the implementation stage include definition of roles and tasks, the selection, training, motivation and supervision of the man power involved in organization & communication and the efficiency of individual institutions (WHO-1986. Tech. Seminar Paper No. 215).

**Monitoring Stage**

Monitoring state is the day to day follow up of activities during their implementation to ensure that they are proceeding as planned and are on schedule. It is the continuous process of observing recording and reporting or the activities of organization. Monitoring consists of keeping track of the course of activities and identifying deviation and taking responsible for implementation of all elements of the action program should be involved in the monitoring process. Making control mechanisms should be in placed based on the components identified above:

- Establishing required performance targets.
- Monitoring performance against targets-customer.
- Designing corrective courses of action where required &
- Contingency planning. (Woodruff,2002, p.78)

**Effectiveness & Efficiency**

Evaluation measures the degree to which objectives and targets are fulfilled and the quality of the result obtained. It measures the productivity of available resources in achieving clearly-defined objectives. It measures how much output or cost effectiveness is achieved. (WHO,1967 Techn-Rep. Set. No.350).

Good planning will have a build in evaluation to measure the performance and effectiveness and for feedback to correct deficiencies or fill up gaps discovered during implementation (Cochrane, 1972. P.603)

The components of the evaluation process are:

- Relevance-relates to the appropriateness of the service.
- Adequacy- Implies that sufficient alternation to previously determined course of action.
- Accessibility- Is the proportion of the given population that can be expected to use a specified facility, service.
- Acceptability- The service provided may be accessible, but not acceptable to all.
- Effectiveness- Measures the degree of attainment of the predetermined objectives and target's of the program, service or institution expressed.
- Efficiency- Determines how ell resources money, man, material & time are utilized to achieve give effectiveness.
- Impact: It is expression of the overall of a program. (K-Park, 2005, pp. 643-644).

**SWOT Analysis:** it stands for strength, Weakness opportunities & threats. SWOT analysis can be a very useful way to summarize the relationship between key environmental influence, strategic capability of the organization and hence the agenda for developing new strategies. (Johnson & Scholes-2001, pp 173-175).

The SWOT analysis identifies the main issues to be addressed in formulating the marketing plan. SWOT analysis is not only used to identify the capabilities and resources that a firm possesses and the superior way in which they are used but also used in the identification of opportunities that the firm is no currently able to take advantages due to lack of appropriate resource. Therefore, the objective of SWOT analysis is to provide a framework to reflect organizational capabilities to avail opportunities or to overcome threats presented by the environment (Gautam, 2002, p.104).

SWOT is an acronym for the internal strength & weakness of a business and environmental opportunities and threats facing that business. SWOT analysis, in particular, provides a foundation for the next stage in the process. The SWOT analysis illustrates how the external opportunities and threats faced by a particular firm can be matched with the company's internal strength and weakness.(K.C.,2058 B.S.pp.163-170)

## 2.8 Understanding of Service Convenience

Service convenience is consumer's time and effort perception related to buying or using a service. The demand for convenience has become so strong; marketers must develop a more precise and complete understanding of the concept. Convenience is integral to the marketing of both goods and services. Service organizations create value for consumers through performances. All business are service business to some degree. Some organizations create consumer value largely through services. Service convenience facilitates the sale of goods as well as services. (Bonard, et. al; 2002 p. 1)

The continuous rise in consumer demand for convenience has been attributed to socio-economic change, the technological process, more competitive business environment & opportunity costs that have risen with incomes. Service convenience is a pervasive construct and an important issue. It is pervasive because all marketing performances that require consumer time and effort fall within its domain. It is important because time and effort are resources; people must file up to become consumers. Time is nonrenewable and effort depletable. Services performed directly for consumers require their presence. (Berry, 1979, p.5)

Although waiting for service delivery traditionally has been treated as an economic cost. The psychological cost of waiting also has been documented by consumer researchers. The stress, boredom, anxiety and annoyance other triggered by waiting influence consumer's service evaluation and satisfaction with the firm (Taylor, 1994, pp.27-31).

Aspects of a service that are believed to affect consumer include its value and importance and whether it can be obtained elsewhere or at another time. In necessary services, consumers have limited control and can not balk. The stage of a service encounter during which delay occurs also can influence effective response. Service stage is argued to be influential relative to its distance to the consumer's goal for the service encounter. (Gill, 1998, pp.63-65).

Consumer's individual difference also influences waiting perceptions. Consumer's willingness to accept the wait. Expectations vary according to a person's prior experiences with the service firm & competitors. Other individual difference factors that influence perceptions of waiting include consumer time orientation and sense of time urgency. The perceived fairness of a wait is believed to be a major influence on consumer's satisfaction. Fairness perceptions are influenced by attributions of controllability when consumers believe that a service provider had control over a delay, affect and

judgments of fairness & service quality are adversely affected (Seiders & Berry, 1998, pp.78).

## 2.9 Managing Service Quality

Organizations are becoming increasingly aware of the importance of quality in gaining & maintaining competitive advantages. Service quality can only be measured against the needs & expectation of consumers. A user based approach can be used which equates quality with the maximum level of satisfaction. After receiving the service, customers compare the perceived service with the expected service. If the perceived service falls below the expected service, customer lose interest in the provider if the perceived service meets or exceeds their expectations, they are apt to use the provider again (Kotler,1999, pp. 438-439).

For delivering high service quality, the points as shown below identify five gaps that cause unsuccessful delivery.

- Gap between consumer expectation and management perception.
- Gap between management perception and service quality specification.
- Gap between service quality specification and service delivery
- Gap between service delivery and external communications.
- Gap between perceived service & expected. Service. (Berry, 1985, pp.41-40).

Determinants of service quality can be,

- **Reliability:** The ability to perform the promised service dependably & accurately.
- **Responsiveness:** The willingness to help customers and to provide prompt service.
- **Assurance:** The knowledge and courtesy of employees and their ability to convey trust and confidence.
- **Empathy:** The provision of caring, individualized attention to customers.( Gracia,1984,pp.172-175)

Communication and education are interwoven. Communication strategies can enhance learning. The ultimate goal of all communication is to bring about a change in the derived direction of the person of behavior and attitudes. It may be affective in terms of changing existing patterns of behavior and attitudes. It may be psychomotor in terms of acquiring new skills. (Libert, 1977, pp.67-68).

The developing countries are now beginning to exploit the current communication revolution to put today's health's information at the disposal of families. It is said that without communication, an individual could never become a human being and without mass communication, an individual could never become a part of modern society. Effective communications are needed to inform customers about their role in the service delivery process. (Kumar, 1987,p.165).

## 2.10 Service Diffusion and Competition

Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system (Rogers-1983, p.5). The diffusion process looks at what is happening in the market. The life cycle concept derives its logical base from the diffusion process. The diffusion process can be described in the form of the normal distribution curve. It refers to how a new product captures a target markets, emphasizes the aggregate of individual decisions to adopt a new product (Jain-1997, p.437).

Communication can be regarded as a low way process of exchanging or shaping ideas, feelings and information. It refers to the countless ways that humans have of keeping in touch with one another. Communication is more than mere exchange of information. It is a process necessary to pave way for desired changes in human behavior and information to communicate effectively. An understanding of the elements of the communication system is

essential. Such system consists of six elements sender, encoding, message channel Decoding, Receiver and feedback as shown in the fig. (Agrawal:2001, p.383).

**Process of Communications**

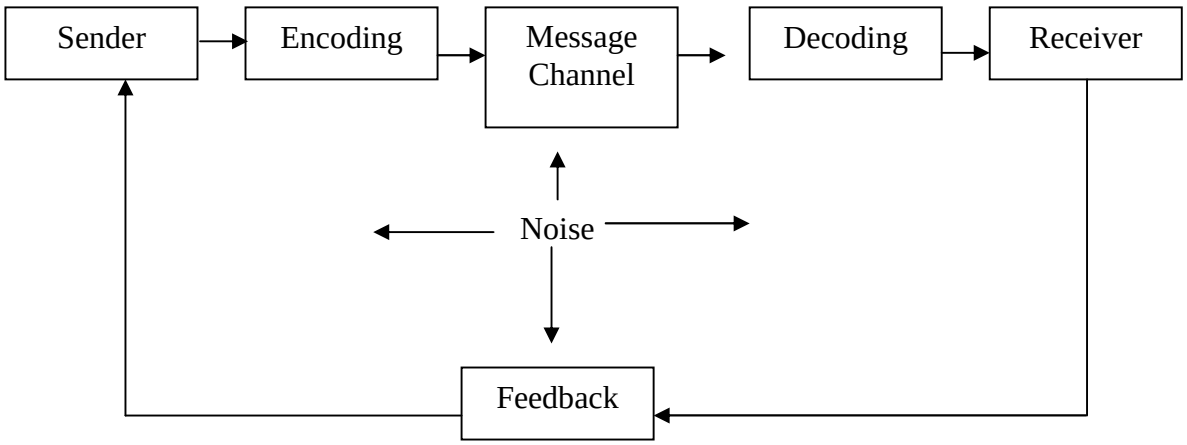



**Fig. 2.4**

The sender or communicator is the originator of the message. The communicator must know his/her objectives, audience, message channels of distributions & professional ability and limitation (K-Park, 2002, pp. 618-619).

In marketing the marketer is the sender . In encoding process, message is encoded in to symbols line words, sounds pictures & gestures . Message is sent through the channel of communication channels are means of conveying the messages through the visual, auditory a tactile senses. (verghese et.el:2002, pp.25-30).

By channel is implied the physical bridges or media of communication between the sender and receiver. The channels may be:

- Newspapers
- Television
- Direct mail
- Radio
- Magazines

- Outdoor
- Yellow pages
- Brochures
- Telephone
- Internet(Kotler,1999,p.588)

In decoding process, symbols are decoded the receiver gives meaning to the message transmitted. The recover is the target audience of communication. In marketing customer is the receiver ( Shrestha, 2005, p.283). Feedback is the flow of information from of information from the audience to the sender it provides an opportunity to the sender to modify massage and reader it acceptable (K. Park, 2002, p.618)

Promotion is a persuasive communication. Promotion consists of activities that facilitate exchanges with target customers through persuasive communication to stimulate demand. Promotion plays in important role in informing educating, persuading and reminding customers. (Agrawal: 2001, pp.381-386)

Advertising is any paid form of non personal presentation and promotion of ideas goods or services by an identified sponsor in developing advertising program.

**Public Relation:** To promote or protect a company's image and product, an unpaid form of presentation is designed, especially to promote favorable relationship with press government, community employees and customers (Agrawal, 2001, p.399).

Every organization contains a public relation department to distribute information and communications to build goodwill. When negative publicity happens the PR department acts as a trouble shooter. The best PR departments

try to perform the tasks press relations, product publicity, corporate communication, lobbying & counseling. ( Shrestha, 2005, p.258).

The major tools used to set public relation can be summarized as below.

- Publications-annual reports, brochures, articles company newsletters and magazines, audio visual materials.
- Events-news conference, seminars, outing exhibits, contests & competition, anniversaries cultural sponsorships.
- News-Getting media to accept press releases and attend press conferences calls for marketing and interpersonal skills.
- Speeches.
- Public service Activities: Cause related marketing providing money & time can be done.
- Identify Media: Company logos, stationary, brochures, signs, uniforms, business cards. (Kotler: 1999, p.608).
- Sales promotion: Consists of diverse collection of incentives tools, mostly short term, designed to stimulate quicker and greater purchase of particular products or services by consumers or the trade . It refers to demand stimulating devices designed to supplement advertising and facilitate personal selling. (Stanton, 1994, p.415).

Sales promotion is difficult because services are intangible, sampling, demonstrations and physical are severely restricted, but service firms often do use premiums contests. Sponsorship of public events and similar activities are publicized to influence the public's opinion of the service firm. The service provider must consider service demand, production, marketing & administrative costs and influence of competition when developing pricing strategies. Pricing has been used by many ‘firms to overcome the problems associated with the perishable nature of services Temporary discount from the list price can be provided as buying allowance (Agrawal, 1999, p.407).

**Personal Selling:** Is face to face interaction with one or more perspective purchasers for the purpose of making presentations, answering questions and procuring orders. (Kotler:2000, p.606). It is the personal communication of information to persuade somebody to buy something. Being a process, personal selling involves the following seven steps (Agrawal, 2001, p.410).

The desire of many service buyer for a personal relationship with a service seller increases the importance of personal selling. Unless a very simple or highly standardized service is sold, personal selling is usually the backbone of service marketing (Diwan:1997, p.100).

Service encounter is used to describe a customer's interaction with any service employees or with any tangible element such as a service's physical surroundings. Service encounter is the dyadic interaction between a customer and service provider (Solomon:1987, p.86). It is a period of time during which a consumer directly interacts with a service. Empirical research in both service quality and service satisfaction affirms the importance of the quality, customer, employee interactions in the assess of the overall quality and/ or satisfaction with service (Bither et.al; 1990, p.72). Service quality is the overall evaluation of a firm's specific service that results from the performance of firm with the customer's general expectation.

**Direct Marketing:** is direct persecution by manufacturer to specific customers face to face selling, mail catalogue marketing, telemarketing, on line marketing or E-commerce are included as tools in direct marketing (Agrawal: 2001, p.387). Direct mail & telephone solicitation can be especially effective in reaching particular donor market segments. Telephone contact is coming under fire under the broad heading of telemarketing (Bajracharya: 1983, pp.89-93).

**Competition:** is a key to survival in any market driven economy where markets operate freely and effectively. The competition can be expected to

bring benefits. (i.e. encouraging firms to improve productivity, reduces prices and to innovate, competition policy and law are the tools used to bring about the efficient working of markets & alleviate market fainters. (Agrawal,2001, p.252).

Five competitive forces are new entry, threats of substitute, bargaining power of buyers bargaining power of suppliers & rivalry among current competitors. This model provides a comprehensive framework for industrial analysis to develop competitive strategies.

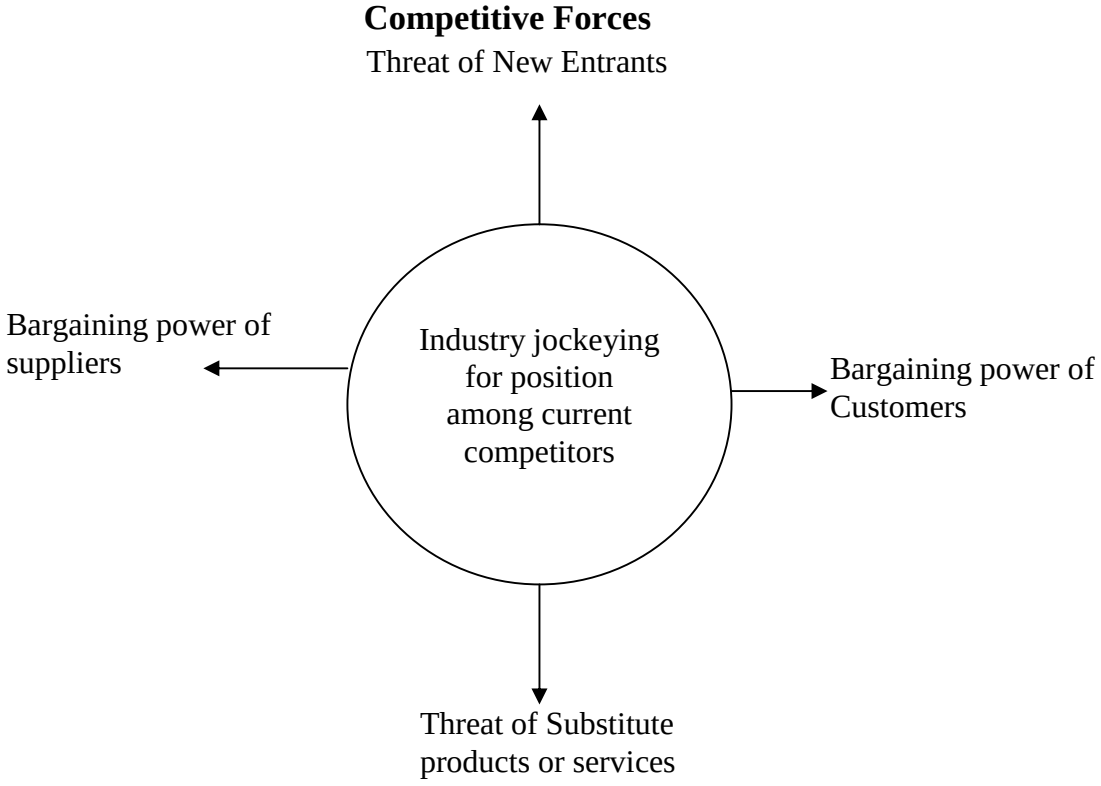



**Fig. 2.5**

*Source:*Michael E. Proter, 1980, p.4.

Market competition refers to many firms engaged in satisfying the same customer need to analyze competitor the factor like strategies, objectives, strengths & weakness and Reaction patterns. (Agrawal, 2001, p.193).

**Factors Affecting Analysis of Competition:**

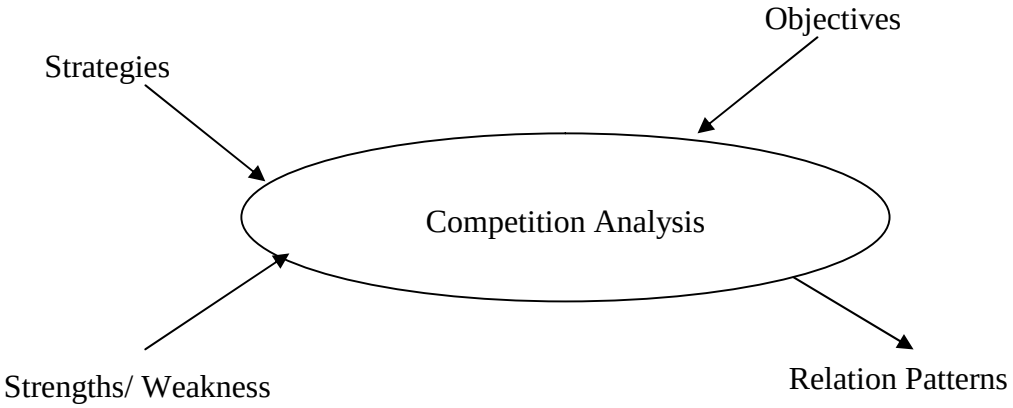



**Fig. 2.6**

*Source:* Agrawal, 2001, p.194

Competitors marketing strategies should continuously be monitored. The members of a strategic group represent key competitors, Strategic group is a group of firms following the same strategy in a given target market. (Agrawal, 2001, p.194).

The objectives pursued by each competitor should be identified the objectives may be profit, market share, leadership & mix of objectives. The strengths and weaknesses of each competitor should be assessed. It should be based on resources of the competitor, capabilities of the competitor, share of target market of the competitor share of mind & share of least (Kotler, 1990, p.220).

The company should bench mark or learn from the best practices of the organization against 'best in class' wherever that is to be found.

Knowledge and experiences regarding best practice can be shared, and this is likely to be more reliable and open than information sought concerning the competition's best practice the bench mark standards will be adjusted overtime to reflect the achievement of increasingly higher standards through enhanced process quality and in response to new customer expectation levels.

This will enable service providers to measure performance and quality between different sized branches. (Woodruff: 2001, p.112).

## 2.11 Problems of hospital services

Though out the world, governments are reassessing their role in health service delivery. They are being forced to do so by growing pressures including cost escalation and increasing user dissatisfaction with services. In public hospital systems, problems are typical problems associated with publicly run services, inefficiency, both technical and allocative, low productivity unresponsiveness to users, waste and sometimes, fraud and corruption. Excessive influence or even domination of health services by provider organization and health workers is often recognized as an important part of the problem. ( Harding & Preker ,1997, p.23).

Publicly derived health services, like other public services are plagued by critical problems, among them technical in efficiency. Resources within facilities are used poorly, often very poorly. At the systemic level, allocate efficiency is a severe problem with resources often flowing disproportionately to urban, curative and hospital based care ( Bennett,1992, pp. 97-110).

The public sector is often lax in tracking the cost of services. In the health sector, such attention to costs reduces ability to identify and deliver cost effective services (Wiley,2002, p.37).

Although equity is a key rationale for public delivery, distribution of resources in public system is rarely targeted toward the people who need them most. Social services delivered by public providers are notoriously unresponsive and unaccountable to users. Stories abound of poor staff treatment of patients in government health facilities. Quality is often questionable both clinical and consumer quality. Equipment is often faulty or broken (Preker,1997, p.39).

In developing countries, overextended governments try to do too much with too few resources and little capability. Concurrently, they often fail to ensure

provision of the most fundamental social goods such as basic health and education, property rights and roads. The growing consensus is that the path to greater state effectiveness and rapid development lies in matching the government's role to its capabilities while making better use of the private sector in areas where the state has no comparative advantage (WDR,1997, pp.41-60).

**Problems of Good Governance**

Governance is the relationship between an organization and its owners. Good governance is said to exist when managers closely pursue he owner's objectives or when principle agent problems have been minimized. The key ingredients for good governance are;

- Objectives - Narrow, clear, no conflicting
- Supervisory structure - Responsibility for supervising Management
- Competitive environment - Competition in the product market allows owners to compare performance of the firm with other firms.

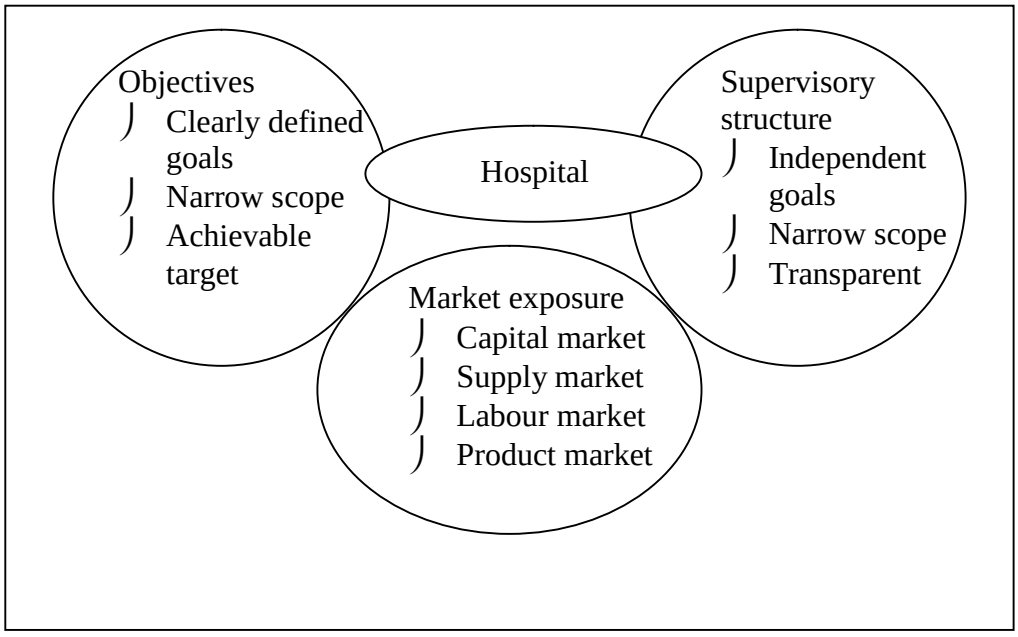



**Fig. 2.7**

public hospitals have bad governance because of following reasons

**Fuzzy or conflicting objectives -** Hospital goals are not well defined and may conflict. Hospital goals are not differentiated from sectoral goals which may include delivery of quality health services, efficient use of governance resources, poverty alleviation and delivery of social goods. (WDR,1997, p. 41).

**Week supervisory structure -** Accountability mechanisms are weak and input control focused. Often there is no effective structure for monitoring managerial performance.

**Poor information environment-** Even with managerial performance criteria, monitoring may be impeded by lack of competition or other institutions that generate information about relative performance.

**Problems of political debate Role of the state -** Changes in the economy have been instrumental in shifting the terms of political debate. The world war 2nd consensus on the expansion of the welfare state has broken down as politicians of the centre right have questioned the size of the public sector and the balance between collective and individual responsibility in the face of increasing evidence of government failure. (Christham and Hakwins, 1998, pp. 84-90).

Yet, political debate has fluctuated as enthusiasm for private financing and service provision has been superseded by recognition of the weakness in health care markets, including managed or quasi markets. As a consequence, the state continues to fund around three quarters of total health care expenditures in industrial countries and there has been no significant retreat from the commitment to basic social goals like ensuring access to necessary medical care and pursuing equity through governments regulation of the health sector (Moore,1995, p.21).

**Problems of Policy Implementation**

Many different actors can influence policy implementation politician and bureaucrats managers and health care professionals. The politician and bureaucrats hold position of power within government. By definition many

policies originate among these actors and their determination and consistency of purpose (the 'political will' to produce change) are likely to be crucial in ensuring effective implementations. In this context government is plural and not singular & differences between these actors can make policy implementation difficult changes in the party or parties in power will also have a bearing on implementation (Klein ,1995,pp.216-218).

Managers and health care professionals responsible for implementation of policies at a lower level also exert influence. Managers and professionals express their influence party through their representative bodies and partly in their day to day work as street level bureaucrats in the health care system. The way lower level managers and professionals interpret policymakers intentions can have a significant bearing on what happens in practice whenever loose policy definitions leave room for interpretation (Hawkins-1998 p 87).

This helps to explain to anticipating potential resistance from managers and professionals including the adoption of "divide and rule" strategies. Implementation problems may arise in case of mismatch between authorizing environment, the endorsement provided by politician and the capacity of institution to deliver change (Moorie, 1995, p. 26)

**Problems of Accountability**

As hospital owners municipalities lack the incentives instruments and capacity to hold their hospitals accountable for their performance. This is the case both in terms of financial performance and service quality. This problems lies with the inability of local governments to hold hospitals accountable for their performance. Their response to the complaints of their local electorate consist of putting the blame for unsatisfactory services (Melitta et. al; 1995, p. 225).

**Problems of Quality and cost escalation**

Questions about quality can arise from the principle agent structure of the doctor patient relationship. Patients most rely on doctors to make clinical and therapeutic decisions on their behalf. However the doctors to may have different objectives from the patients. Doctors may prescribe one treatment over another because they can earn more money from it even if it costs the patient more or may not be the most effective method of treating the patients condition. Profit maximization is a strong motivating force for bad as well as good. It can encourage service provider to behave opportunistically to take advantage of their information asymmetry vis-à-vis patients and purchase and to skimp on unobservable quality features of care (Robison,1997,pp.21-23).

Effective mechanism to enable monitoring of quality is required to ensure that the providers are motivated to supply high quality and clinically effective services. Market forces can put pressure on profit maximizing providers to give quality care and keep prices down.(Over and Watanabe,1997, pp.105-110).

**Problems regarding hospital services in Nepal.**

Failure and problem are common part of human experience. Failure is only the opportunity to begin again more intelligently. If a managers says S/he has no problems, it is really a serious problem. The situation is too ideal. An ideal situation is rare and dangerous. Problem and failure create challenges. Problem should be identified is right time and should start to treat immediately before it spreads and damages the root.

Main and common problems faced by most of the hospitals in Nepal are given below:

1. Problems of Bio-medical waste management
2. Motivation and training of staff
3. Problems of environmental external pollution
4. Problems of physical facilities to patients & worker.
5. Weakness in implementation of plans & programs.

6. Problems of decision on dispute
7. Problems of resources mobilization
8. Problems of legal requirements
9. Problems of act, rules & regulations.
10. Problems of tax structure for purchasing materials.

(Kaini,2005,pp.13-14)

## 2.12 Hospital service in Nepal

Most importantly, a hospital is an independent legal entity. The legal basis of the hospital establishes the institution and determines the type and nature of the hospital. Hospitals can be categorized in to various types of business organizations. These health case facilities derive their specific powers, restricted duties, governance structure and therefore their discerning characteristics from their legal basis. (Sakharkar, 1999, p.37).

In Nepal, there are three main different types of legal status of hospitals- public Hospital, NGO Run Hospitals, Private hospitals. Hospitals in Nepal have been existed for a long time from eighteenth century. To have an overview of the hospital system in Nepal, we should go back to the sixth century BC during the time of Buddha. There were a number of hospitals to care for the crippled and the poor during that period. There is not such evidence of having hospital in Kirat and Lichhivi period. (Kaini,2005, p.5).

**Modern Hospital**

The hospital of today is the evolutionary product of the long arduous struggle. It is the expression of man's right to be well and is the formal recognition by the community or the social structure of country, of its responsibility for providing the means of keeping him or her well or of restoring lost health. The task of hospital is to restore health and not merely to cure disease entirely one can imagine the responsibilities and function of the hospital. The hospital is an integral part of a social and medical organization, the function of which is to provide for the population complete healthcare both curative and

preventive and whose out patient services reach out to the family in its home environment; the hospital is also a center for the training of health worker and bio-social research (WHO 1951-June p21)

**Emerging need of 21st century:**

The 21st century brings many new and emerging issues. The most important being the epidemiological transition from a disease profile in which communicable disease and nutrition profile predominate to one where non-communicable and life style related disease, accidents and injuries would be the major center of morbidity and mortality. The alarming increasing in population and the economic situation in Nepal coupled with new emerging issues, which requires health policies to be reoriented one again to be able respond to these changes effectively. The role of the hospital is therefore changing with the emphasis shifting from,

- Acute to chronic illness.
- Curative to preventive medicine
- Restorative to comprehensive medicine
- Inpatient to home care
- Individual care to community cares
- Isolated function to regional and co-operative function.

(Kaini, 2005, pp.210)

**Issues and challenges**

Hospital is a complex and multifaceted organization. It is a human service organization, though it becomes an industry legally and practically. Hospitals are viewed as industry and are being registered under the company Act. Over the years, the need for professional management in hospitals has been stressed. Professional Management has been accepted, adopted and implied by most of the non-government hospitals. (Lawson, 1992,pp.15-22).

The major task before the hospital management is to provide better patient care and to obtain maximum output from minimum input of resources.

The challenges faced0 by the hospital management today are:

- Quality services
- Management by clinicians and in a bureaucrats manner
- Awareness about the right and obligations.
- Increasing utilization
- Broadening of scope.
- Increase in cost
- Trained and professional manpower.
- Utilization of scarce resources. (Kaini-2005pp10-11)

# CHAPTER III

# RESEARCH METHODOLOGY

This chapter includes research design, population and sample, nature and sources of data, data collection procedures, data processing and analysis procedures and statistical tools used

## 3.1 Research Design

To achieve the objectives of the study, descriptive research design based on survey method has been selected. Attempt is made to explore the current situation of service planning and development practices in sampled private hospitals of Pokhara. Information and data are collected from managers/ administrators of the hospitals. Opinions of patients and other involved human resources are complied for the analysis of data to search results.

## 3.2 Population and Sample

Inside Pokhara, there are all together 11 private hospitals .Due to various reasons, two hospitals are being closed. Two hospitals are under construction .At present, nine hospitals are providing health services. Hence, these nine hospitals are the population for study.Because of time and resource constraints, this study has been done by taking five hospitals of various importance and services as sample (Appendix-IV).

## 3.3 Nature and Sources of Data

Major sources of data used in the study are primary in nature as per the requirement of the study. Responses are gathered from different categories of respondents as the first category of respondents are managers/administrators

of sampled hospitals, Second category of respondents are patients of these hospitals and the third category include the human resources involved in these hospitals. Some secondary data are also used which are taken from hospital records, published materials, electronic media and other related books as well as articles.

## 3.4 Data collection procedure

Three distinct set of questionnaire were prepared to present to respective respondents as managers/ administrators, patients and human resources, with brief introduction of the nature of the study .Questionnaire were self administered. Field survey was the major method to collect data from corresponding respondents.

## 3.5 Data Processing and Analysis Procedures

After collecting the questionnaire sets, the responses were edited, coded, categorized, tabulated and analyzed. Primary as well as secondary data were processed to analyze.

## 3.6 Statistical Tools Used

Collected and processed data have been analyzed by using statistical techniques such as percentages, weighted mean, value etc. The responses, in the form of numbers have been changed into percentage form in order to show in diagrams. Weighted mean value has been used to find the rank wise services of hospitals offered to the patients. Formula used to show the weighted mean value is as follows:

$$\text{Weighted mean} = \frac{Wx}{x}$$

Where,

W = weighted

X = No. of observations.

# CHAPTER IV

# PRESENTATION AND ANALYSIS OF DATA

This chapter contains presentation and analysis of data collected from sampled private hospitals, patients and human resources by using the self administrated questionnaire set. Data are presented on tables and graphical forms such as bar chart, pie diagram, Line graphs, and scatter diagram. This chapter includes existing services provided by the sampled private hospitals in Pokhara, service planning and development process, competition among hospitals, service diffusion practices and current problems of hospital services.

The analysis of manager’s view, patient's view and human resource's view regarding the service planning and development process, competitive situation of hospitals, service diffusion practices, current problems being faced and suggestions of human resources and patients for hospital service promotion are presented in order.

## 4.1 Hospital Services to the Patients

**Table 4.1**

**Existing Clinical Services**

| Unit/Department | | No. of hospitals | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Medical/Nursing | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| OPD | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Indoor Wards | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| ICU | R | 1 | 4 | 5 |
| | % | 20 | 80 | 100 |
| Nursery | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| OT | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Labor Room | R | 2 | 3 | 5 |
| | % | 40 | 60 | 100 |
| RTU | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |

*Source*: Field Survey.

According to above table 4.1, Medical/Nursing, OPD, Indoor wards and OT services are available in all sampled units. The ICU service is not available in 4(80%) units. There is labor room in only two units. The nursery and RTU services are not available in all sampled units.

**Table 4.2**

**Existing Diagnostic Services**

| Imaging Services | No. of hospitals | | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| X-ray | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Ultrasound | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| CT-Scan | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| MRI | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |

*Source*: Field Survey.

The table 4.2 reveals that X-ray and ultrasound services are available in all sample imaging services. There are no CT scan and MRI services available in all sampled imaging services.

**Table 4.3**

**Existing Investigation/Laboratory Services**

| Investigation/Laboratory Services | No. of hospitals | | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| Biochemistry | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Pathology | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Microbiology | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Histopathology | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Hematology | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Immunology | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Endoscope | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Cardiac Investigation | R | 1 | 4 | 5 |
| | % | 20 | 80 | 100 |

*Source*: Field Survey.

Table 4.3 shows that bio-chemistry, pathology, microbiology, histopathology, hematology, immunology and endoscope services are available in all sampled hospitals. The cardiac investigation service is not available in 4 (80%) out of 5 hospitals, but it is available in 1 (20%) hospital.

**Table 4.4**

**Existing Clinical Support Services**

| Services | No. of hospitals | | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Blood Bank | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| Dietary | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| Medical Record | R | 3 | 2 | 5 |
| | % | 60 | 40 | 100 |
| Pharmacy | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |

*Source*: Field Survey.

According to above table 4.4, Blood Bank and Dietary services are not available in all sample hospitals. The Medical Record service is available only in 3(60%) hospitals Out of 5.Where as the above service is not available in 2 (40%) hospitals, The pharmacy service is available in all sampled hospitals.

**Table 4.5**

**Existing Utility Services**

| Services | No. of hospitals | | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| House Keeping | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Laundry | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Front Office | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Transport | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Fire Safety | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |

*Source*: Field Survey.

The above table 4.5 shows that none of the respondents, out of 5, reported negatively regarding the availability of utility services. The house keeping, laundry, front office, transport and fire safety services are available in all hospitals under study.

**Table 4.6**

**Administrative Services**

| Services | | No. of hospitals | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Personal Section | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Purchase Section | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Stores | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Account | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Finance | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Billing | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Sectary | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |

*Source*: Field Survey.

The above table 4.6 shows that none of the respondents replied negatively regarding the availability of administrative services. The personal section, purchase section, stores, account, finance, billing and security services are available in all hospitals.

**Table 4.7**

**Existing Medical Services**

| Services | | No. of hospitals | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Medicine | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Surgery | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| OBGYN | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Pediatrics | R | 3 | 2 | 5 |
| | % | 60 | 40 | 100 |
| Orthopedics | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Anesthesiology | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| ENT | R | 3 | 2 | 5 |
| | % | 60 | 40 | 100 |
| Dermatology & STD | R | 2 | 3 | 5 |
| | % | 40 | 60 | 100 |
| Physical Medicine and Rehabilitation | R | 3 | 2 | 5 |
| | % | 60 | 40 | 100 |

*Source*: Field Survey.

According the above table 4.7, the medicine, surgery, OBGYN, orthopedics, anesthesiology services are available in all hospitals. Pediatrics, Dermatology and STD and Physical medicine and rehabilitation services are available only in 3 (60%) hospitals whereas these services are not available in 2 (40%) hospitals.

**Table 4.8**

**Engineering and Maintenance Services**

| Services | | No. of hospitals | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Water | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Electricity | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Generator / UPS | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Air Conditioner | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Lifts | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| Autoclave | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |

*Source*: Field Survey.

The above table 4.8 shows that, facilities of water, electricity, generator/UPS, Air conditioner, and autoclave are available in all hospitals. There is no facility of lifts in all sampled hospitals.

**Table 4.9**

**Modern Equipment Services**

| Equipment | | No. of hospitals | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Color Doppler | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| CT Scan | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| Co2 Laser | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| Special X-ray | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |

*Source*: Field Survey.

According to above table 4.9, color Doppler, CT scan, Co2 laser, Special X-Ray services are not available in all hospitals.

**Table 4.10**

**Types of Bed Services Provided by Hospitals**

| Types of Bed | | No. of hospitals | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Free Beds | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| General Beds | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| 4 bed Cabin | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |
| Double Bed Cabin | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Single Bed Cabin | R | 5 | 0 | 5 |
| | % | 100 | 0 | 100 |
| Deluxe Room | R | 0 | 5 | 5 |
| | % | 0 | 100 | 100 |

*Source*: Field Survey.

Above table shows the types of bed services provided by hospitals. According to table 4.10, all hospitals are provided with free beds, general beds, double cabin beds and single bed cabin services except the 4 bed cabin and deluxe room.

**Table 4.11**

**Number of Beds in Hospitals**

| Name of Hospital | Total Beds | % in Total |
|---|---|---|
| Padma Nursing Home | 25 | 15.3 |
| Fewacity Hospital | 48 | 29.5 |
| Pokhara Hospital | 15 | 9.2 |
| OM Hospital | 25 | 15.3 |
| Fishtail Hospital | 50 | 30.7 |
| Total | 163 | 100 |

*Source*: Field Survey.

From the table 4.11, it is found that, fishtail hospital is provided with large number of beds capacity i.e. 50 or 30.7% of total 163 beds. The second larger number of bed capacity is found in Fewacity hospital with 48 or 29.5% beds similarly, Padma nursing home and OM hospitals are provided with equal number of beds i.e. 25 or 15.3 % each. Likewise, Pokhara hospital is provided with the less number of bed capacity i.e. 15 or 9.2%. The situations of beds in hospital are shown in the following diagram.

**Fig. 4.1**

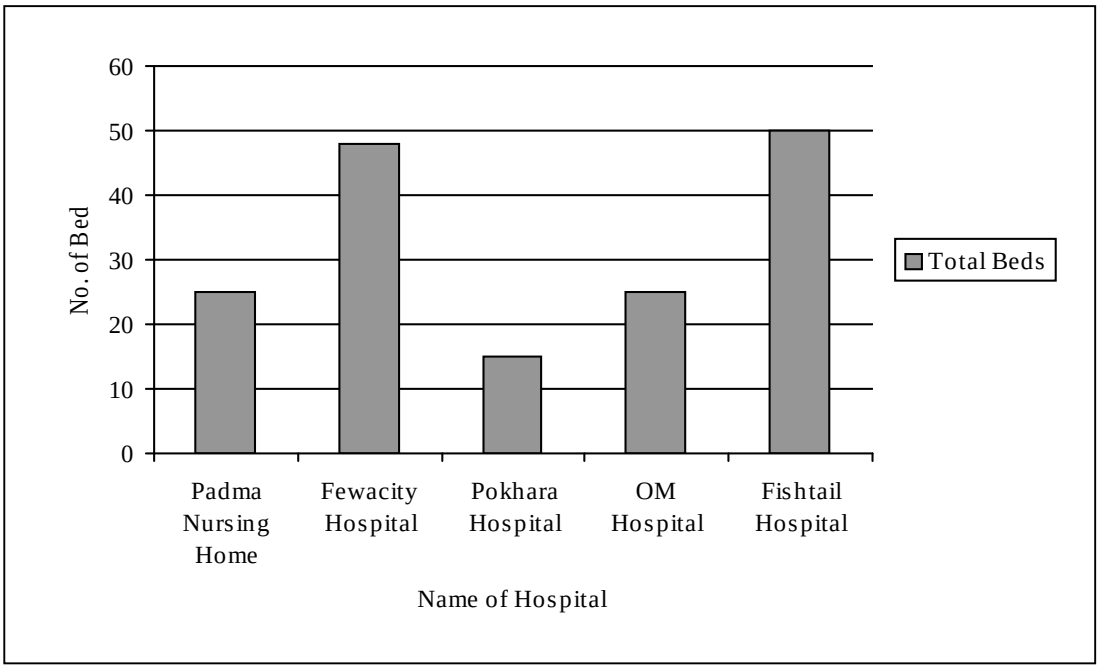



**Table 4.12**

**Daily Average Visit of Patients in Hospitals.**

| Average visit in Number | Number of Hospital | Percentage |
|---|---|---|
| 1-50 | 1 | 20 |
| 51-100 | 3 | 60 |
| 101-150 | 1 | 20 |
| 151-200 | 0 | 0 |
| 201-250 | 0 | 0 |
| >250 | 0 | 0 |
| Total | 5 | 100 |

*Source*: Field Survey.

According to above table 4.12, in 1(20%) out of 5 hospitals, range of patient visit is only 1-50 number. In 3(60%) of hospitals, the range of patient visits 51-100 numbers likewise, In 1(20%) of hospitals, range of patient visit is recorded to be 101-150 numbers. Thus, the maximum visit to majority hospitals, the range lies between 51-100 numbers daily.

The daily average visit of patients in hospitals can be presented in following diagram as below.

**Fig. 4.2**

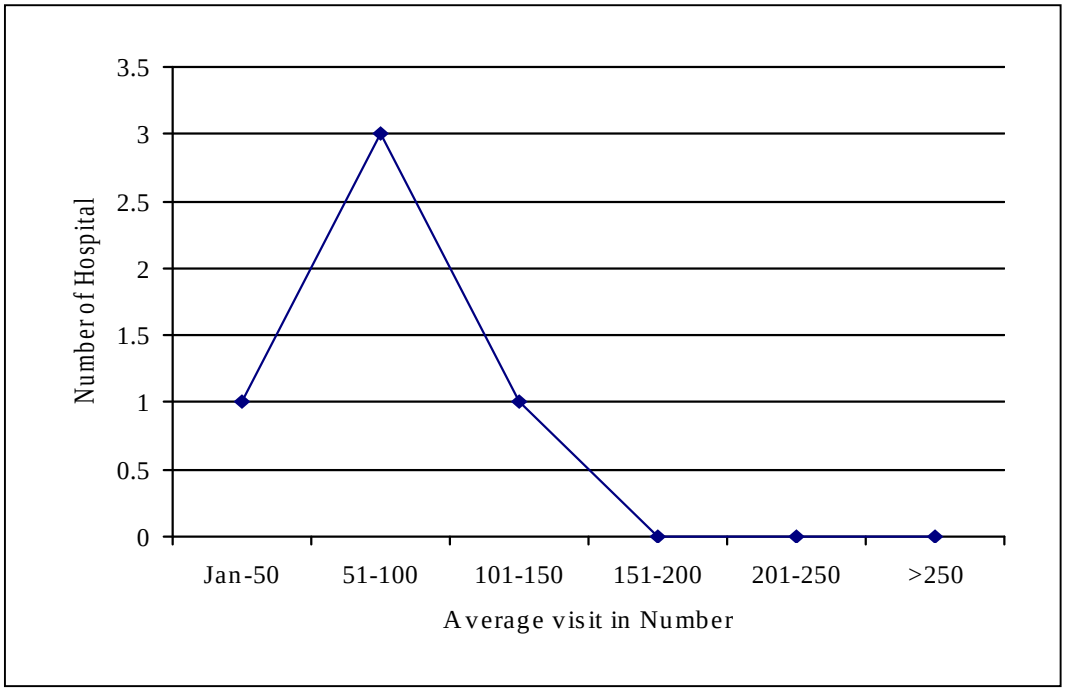


**Table 4.13**

**Service wise Daily Visit of Patients in the Hospital for Different Services**

| Services | Number of Visits | | | | | Total Visit |
|---|---|---|---|---|---|---|
| | Padma | Fewacity | OM | Pokhara | Fishtail | |
| OPD | 77 (23.05) | 80 (23.95) | 55 (16.47) | 42 (12.58) | 80 (23.95) | 334 (100) |
| Maternity | 6 (24) | 2 (8) | 9 (36) | 3 (12) | 5 (20) | 25 (100) |
| Dermatology | 3 (42.86) | 1 (14.28) | - | - | 3 (42.86) | 7 (100) |
| ENT | 4 (18.18) | 6 (27.28) | 3 (13.64) | 2 (9.09) | 7 (31.81) | 22 (100) |
| Surgery | 7 (17.07) | 12 (29.26) | 9 (21.95) | 5 (12.20) | 8 (19.52) | 41 (100) |
| Burn | - | 1 (33.33) | - | - | 2 (66.67) | 3 (100) |
| Paediatrics | 18 (54.54) | 6 (18.18) | 4 (12.12) | 2 (6.06) | 3 (9.10) | 33 (100) |
| Orthopaedics | 12 (38.70) | 9 (29.04) | - | - | 10 (32.26) | 31 (100) |
| ICU | - | - | - | - | - | - |
| CCU | - | - | - | - | - | - |
| Neurology / Psychiatry | 3 (27.27) | 6 (54.54) | - | 2 (18.19) | - | 11 (100) |
| Physiotherapy | 4 (18.18) | 5 (22.73) | 3 (13.65) | 2 (9.09) | 8 (36.38) | 22 (100) |

*Source*: Field Survey.

*Figure in Parenthesis indicate percentage.*

The table shows the daily visit of patients in hospitals under study for different services. According to table 4.13, majority 80 (23.95%) out of 334 patients, visit Fishtail and Fewacity hospital for OPD services. 9 (36%) out of 25 patients take maternity service from OM hospital. 3 (42.86%) out of 7 patients take dermatology service from Padma and fishtail hospitals. The number of visit of patients is maximum in fishtail hospital for ENT service i.e. 7 (31.81%) out of 22 patients. The most visited hospital by patients is Fewacity for surgery service i.e. 12 (29.26%) out of 41 patients. A few number of patients visit hospital for burn care service. It is only 2(66.6%) in

Fishtail hospital out of 3 patients. The table shows no visit by patients for burn care service in Padma, OM and Pokhara.

Pediatrics service is mostly taken from Padma nursing home by 18 (54.54%) out of 33 patients. Majority of patients, 12 (38.70%) out of 31, take orthopedics service form Padma nursing home. While this service is not taken from Om and Pokhara hospital. The ICU and CCU services are not recorded to visit by patients in none of the hospitals.

Majority of patients, 6 (54.54%) out of 11, visit Fewacity for neurology/psychiatric services. The table above shows no visit in OM and fishtails for neurology/psychiatric services. Similarly, fishtail is among the largely visited hospital by 8 (36.38%) out of 22 patients for Physiotherapy.

## 4.2 Service planning and Development Practices in Hospitals

**Table 4.14**

**Planning and Development Unit in Hospital**

| Response | No of Hospitals | Percentage |
|---|---|---|
| Yes | 2 | 40 |
| No | 3 | 60 |
| Total | 5 | 100 |

*Source*: Field Survey.

Majority of hospitals are running with out planning and development unit. There is planning and development unit only in 2 (400%) hospitals. these data are presented as follows,

**Fig. 4.3**

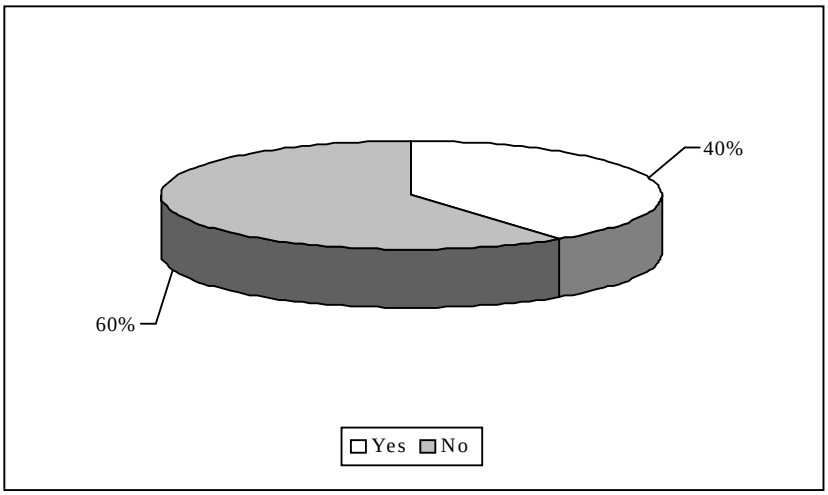


**Table 4.15**

**Perception of Importance of Planning for Delivering Services**

| Response | No of Hospitals | Percentage |
|---|---|---|
| Yes | 5 | 100 |
| No | 0 | 0 |
| Total | 5 | 100 |

*Source*: Field Survey.

From the table 4.15, it is clear that managers of all hospitals have given importance on planning for delivering services properly.

**Table 4.16**

**Formalized Service Planning System in Hospitals**

| Response | No of Hospitals | Percentage |
|---|---|---|
| Yes | 3 | 60 |
| No | 2 | 40 |
| Total | 5 | 100 |

*Source*: Field Survey.

Majority of hospitals, have a formalized service planning system in hospital. There is no formalized service planning system in 2 (40%) hospitals.

**Table 4.17**

**Top level personnel Involved in Planning System**

| S.N. | Level | No of hospitals | Percentage |
|---|---|---|---|
| 1 | Chairman | 1 | 20 |
| 2 | MD | 1 | 20 |
| 3 | Managerial staff | 3 | 60 |
| 4 | Only technical staffs | - | - |
| 5 | Managerial plus technical staffs | - | - |
| 6 | External agency | - | - |
| 7 | Others | - | - |
| | Total | 5 | 100 |

*Source*: Field Survey.

Above table shows that none of the managers replied, only technical staffs, managerial plus technical staffs and External agency are involved in planning system. Managerial staffs were seen mostly involved in planning system. i.e. 3(60%) followed by 1 (20%) chairman and MD.

**Fig. 4.4**

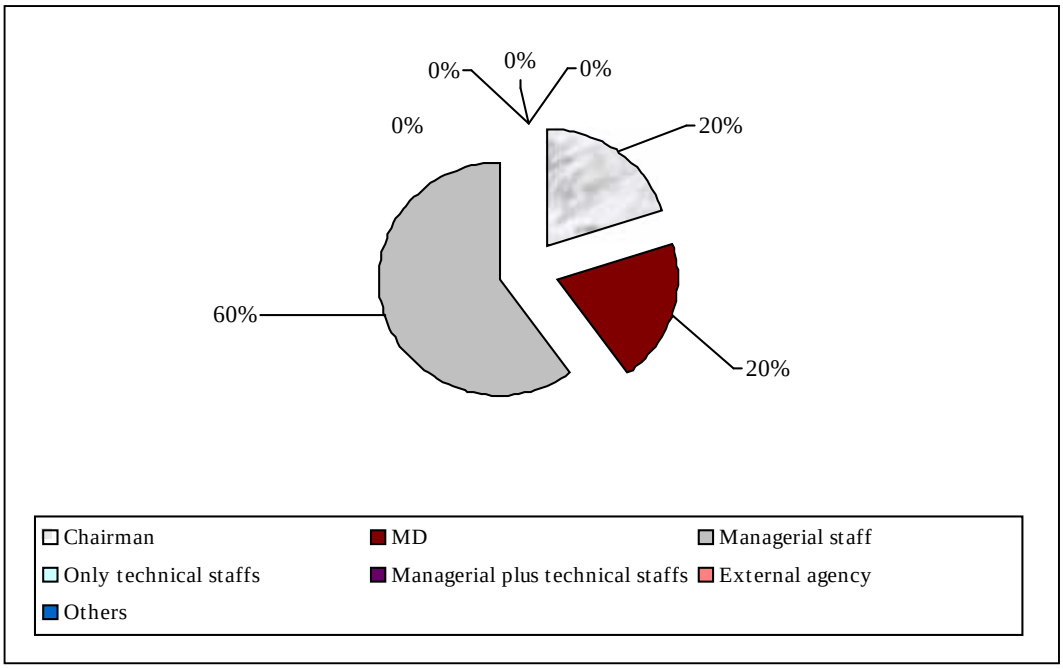



**Table 4.18**

**Health personnel Involved in Planning System**

| Response | No of Health personnel | Percentage |
|---|---|---|
| Yes | 10 | 40 |
| No | 15 | 60 |
| Total | 25 | 100 |

*Source*: Field Survey.

From the table 4.18, Majority of health personnel are not involved in planning system. Only 10(40%) have reported their involvement in planning system.

**Table 4.19**

**Knowledge About Service Life Cycle Stages**

| Response | No of hospital | Percentage |
|---|---|---|
| Strongly agree | 1 | 20 |
| Agree | 4 | 80 |
| Disagree | - | - |
| Strongly disagree | - | - |
| Total | 5 | 100 |

*Source*: Field Survey.

Above table shows that none of the respondents disagreed and strongly disagreed regarding the importance of understanding of knowledge about service life cycle stages.4(80%)of total respondents agreed and 1 (20%) strongly agreed to have the knowledge about lifecycle stages.

**Table 4.20**

**Stage Wise Development of New Services**

| Stage ⇩ Rank | Rank wise no of responses | | | | TR | WV | MV | OR |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | | | |
| Introduction | 2 | 2 | - | 1 | 5 | 10 | 2.0 | 3 |
| Growth stage | 1 | - | 4 | - | 5 | 13 | 2.6 | 1 |
| Boom | 1 | - | 3 | - | 5 | 11 | 2.2 | 2 |
| Decline | 3 | 2 | - | - | 5 | 7 | 1.4 | 4 |

*Source*: Field Survey.

Where,

TR=Total Response WV=Weighted Value MV= Mean Value

OR=Overall Rank

Above table, 4.20 shows the rank wise development of new services. In the overall rank, Growth Stage has been given top priority while developing new services. Similarly in the overall rank, second priority is given to boom stage, third priority to introduction stage and fourth to decline stage.

**Table 4.21**

**Considerations During Growth Stage of Service Life Cycle**

| Elements | VL | L | M | H | V.H. | ∑ (E x R) | Mean (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| Extent | 1 | 2 | 3 | 4 | 5 | | | |
| Service Quality | | 1 | 2 | 2 | - | 16 | 3.2 | 2 |
| Price | 3 | 1 | 1 | - | - | 8 | 1.6 | 4 |
| Promotion | | | 1 | 3 | 1 | 20 | 4 | 1 |
| Distribution | 1 | 2 | 2 | - | - | 11 | 2.2 | 3 |

*Source*: Field Survey.

*Where,*

*VL= Very Low, L= Low, M= Medium, H= High,, VH= Very High.*

According to above table 4.21, majority of respondents have given priority to promotion in growth stage of service life cycle. So, the respondents have given promotion to first rank, service quality to second, distribution to third and price to fourth rank.

**Fig. 4.5**

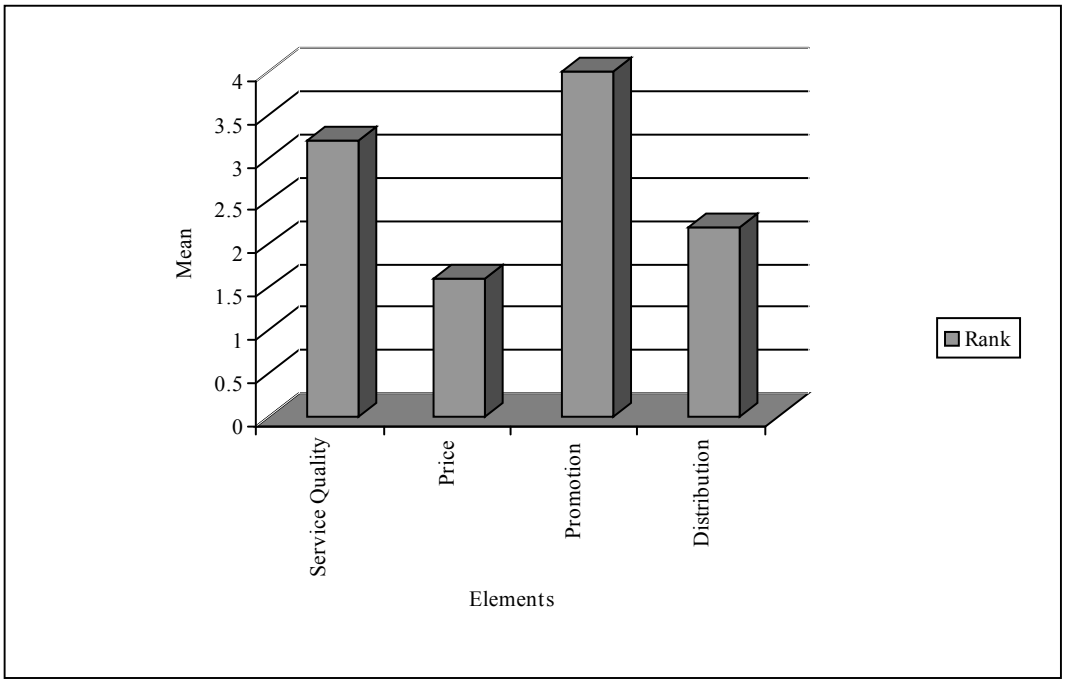


**Table 4.22**

**New Service Development Stage**

| Elements | VL | L | M | H | V.H. | ∑ (E x R) | Mean (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| Extent | 1 | 2 | 3 | 4 | 5 | | | |
| Generation of ideas | 2 | - | 2 | 1 | - | 12 | 2.4 | 7 |
| Screening | - | 2 | 1 | 2 | - | 15 | 3 | 5 |
| Testing the concept | - | 1 | 2 | 2 | - | 16 | 3.2 | 4 |
| Business analysis | 1 | - | 2 | 2 | - | 17 | 3.4 | 3 |
| Evaluation | 2 | 2 | 1 | - | - | 7 | 1.4 | 8 |
| Practical development | - | 1 | 1 | 2 | 1 | 18 | 3.6 | 2 |
| Marketing testing | - | - | 1 | 3 | 1 | 20 | 4 | 1 |
| Commercialization | 2 | - | 1 | 2 | - | 13 | 2.6 | 6 |

*Source*: Field Survey.

*Where,*

*VL= Very Low, L= Low, M= Medium, H= High, VH= Very High.*

The respondents view shows that market testing is important while developing of new services. So, all the managers have given the first rank to market testing, second to practical development, third to business analysis, fourth to testing of the concept Similarly fifth rank to screening sixth to commercialization, seventh to generalization of ideas and eighth to evaluation

**Fig. 4.6**

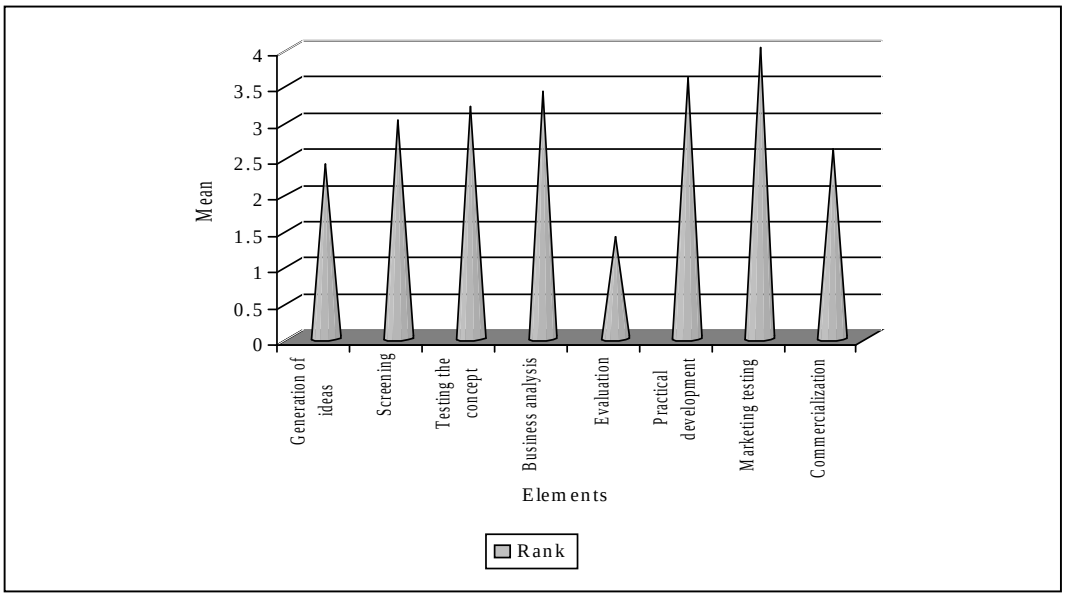


**Table 4.23**

**Marketer's Goal to Build a Sound Image**

| Response | No of respondents | Percentage |
|---|---|---|
| Strongly agree | 3 | 60 |
| Agree | 2 | 40 |
| Disagree | - | - |
| Strongly disagree | - | - |
| Total | 5 | 100 |

*Source*: Field Survey.

Table 4.23 shows most of the respondents strongly agreed regarding marketer's goal to build a sound image. 2(40%) respondents, out of 5 agreed but not strongly. Thus, none of the respondents disagreed and strongly disagreed to build a sound image.

**Table 4.24**

**Use of a Tangible Object**

| Response | No of respondents | Percentage |
|---|---|---|
| Yes | 3 | 60 |
| No | 2 | 40 |
| Total | 5 | 100 |

*Source*: Field Survey.

Table 4.24 shows, maximum number of organizations have used a tangible object to communicate the brand image or difference. Only 2(40%) Organizations have not used a tangible object.

**Table 4.25**

**Use of a Distinctive Color Scheme**

| Response | No of respondents | Percentage |
|---|---|---|
| Yes | 3 | 60 |
| No | 2 | 40 |
| Total | 5 | 100 |

*Source*: Field Survey.

From table 4.25, it is clear that 3 (60%) respondents, out of 5, responded that the organization has used a distinctive color scheme. Other 2(40%) respondents replied no use of color scheme in organization.

**Table 4.26**

**Environmental Analysis Practice Affecting to Service Planning**

| Steps | Yes | No | Partial | Total |
|---|---|---|---|---|
| Assess the nature of environment | 3 (60) | - | 2 (40) | 5 (100) |
| Audit of environment influences | 2 (40) | 1 (20) | 2 (40) | 5 (100) |
| Identify competitive position | 5 (100) | - | - | 5 (100) |
| Identify key opportunities & threats | 1 (20) | 3 (60) | 1 (20) | 5 (100) |
| Identify strategic position | 1 (20) | - | 4 (80) | 5 (100) |

*Source*: Field Survey.

*Figure parenthesis indicate at percentage*

It is useful to take an initial view of the nature of the organization's environment in terms of how uncertain it is. Is it relatively static or does it show sign of change? The table shows 5 (100%) hospitals have focused towards competitive position while analyzing environment. Similarly 3 (60%) respondents out of 5, replied that the organization has assessed the nature of the environment while 2(40%) replied partially. Likewise, 4(80%) hospitals have identified their strategic position partially. 3(60%) hospital have not identified key opportunities and threats while 1(20%) each has identified key opportunities & threats. Similarly, 2(40%) each hospital has audited the environmental influences followed by 2 (40%) hospitals partially have audited.

**Table 4.27**

**Rank Wise Response Towards the Objectives by Managers**

| Objectives / Extent | Rank wise no of responses | | | | | | ∑ (E x R) | Mean ∑ (E x R)/5 | Rank |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| Mission | - | 1 | 1 | 2 | 1 | - | 18 | 3.6 | 4 |
| Corporate | - | - | 1 | 1 | 3 | - | 22 | 4.4 | 1 |
| Business objectives | - | - | 1 | 2 | 2 | - | 21 | 4.2 | 2 |
| Functional and departmental | - | 1 | 1 | 1 | 2 | - | 19 | 3.8 | 3 |
| Operative unit or subunit objectives | 1 | 1 | 1 | 2 | - | - | 14 | 2.8 | 5 |
| Searching new marketing potentialities, erecting new brand marketing & high advertising | 1 | 1 | 2 | 1 | - | - | 13 | 2.6 | 6 |

*Source*: Field Survey.

Where, E=extent R= response

In the overall rank, for corporate objectives is thought most important during planning stage. The majority of respondents gave the first priority to corporate objective , second priority to business objectives likewise third priority to functional and departmental objectives fourth to mission, fifth to operative unit or subunit objectives and sixth to searching new market potentialities, erecting new brand marketing & high advertising. The above responses are shown in diagram as follows.

**Fig. 4.7**

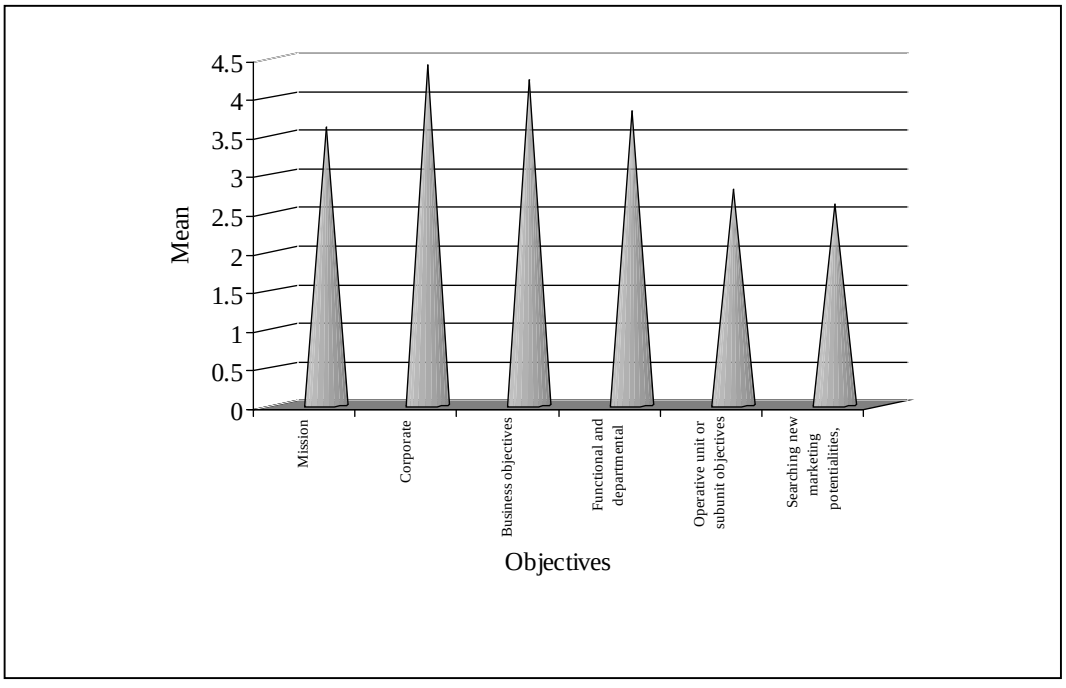


**Table 4.28**

**Response on Monitoring the Service Planning Strategy**

| Response | No of respondents | Percentage |
|---|---|---|
| Yes | 3 | 60 |
| No | 1 | 20 |
| Partial | 1 | 20 |
| Total | - | - |

*Source*: Field Survey.

According to the above table,3 (60%), out of 5 of respondents, there is a system to monitor the service planning strategy offered by competitors. 1(20%) respondent replied the above system partially into action. While 1(20%) did not response towards service planning strategy.

**Table 4.29**

**SWOT analysis Practice by Hospitals**

| Period | Monthly | Quarterly | Half yearly | Yearly | Never | Total |
|---|---|---|---|---|---|---|
| No of respondents | - | - | 1 | 2 | 2 | 5 |
| Total % | - | - | 20 | 40 | 40 | 100 |

*Source*: Field Survey.

Most of the respondents have not chosen SWOT analysis practice in terms of monthly and quarterly basis. 1 (20%) respondents have focused on half yearly basis and 2 (40%) have reported on yearly basis. Remaining respondents have no any planning of SWOT analysis practice in hospitals.

**Table 4.30**

**Budget Allocation Practice in Hospitals**

| Response | Yes | No |
|---|---|---|
| No of respondents | 2 | 3 |
| Percentage | 40 | 60 |

*Source*: Field Survey.

Majority of respondents, 3(60%) Out of 5 have replied negatively regarding budget allocation practice for service planning and development. Only 2 (40%) respondents have reported in favors of budget allocation.

**Table 4.31**

**Budget Allocation for Service Planning**

| Name of hospital | Allocated budget in % (of total budget) |
|---|---|
| Padma nursing home | 25% |
| Fewacity hospital | 17% |
| Pokhara hospital | 10% |
| Om hospital | 25% |
| Fishtail hospital | 15% |

*Source*: Field Survey.

The above table shows 25 % budget in recorded maximum in Padma nursing home and Om hospital while only 10 % of total budget is allocated in Pokhara hospital for service planning.

The above data can be shown in following diagram

**Fig. 4.8**

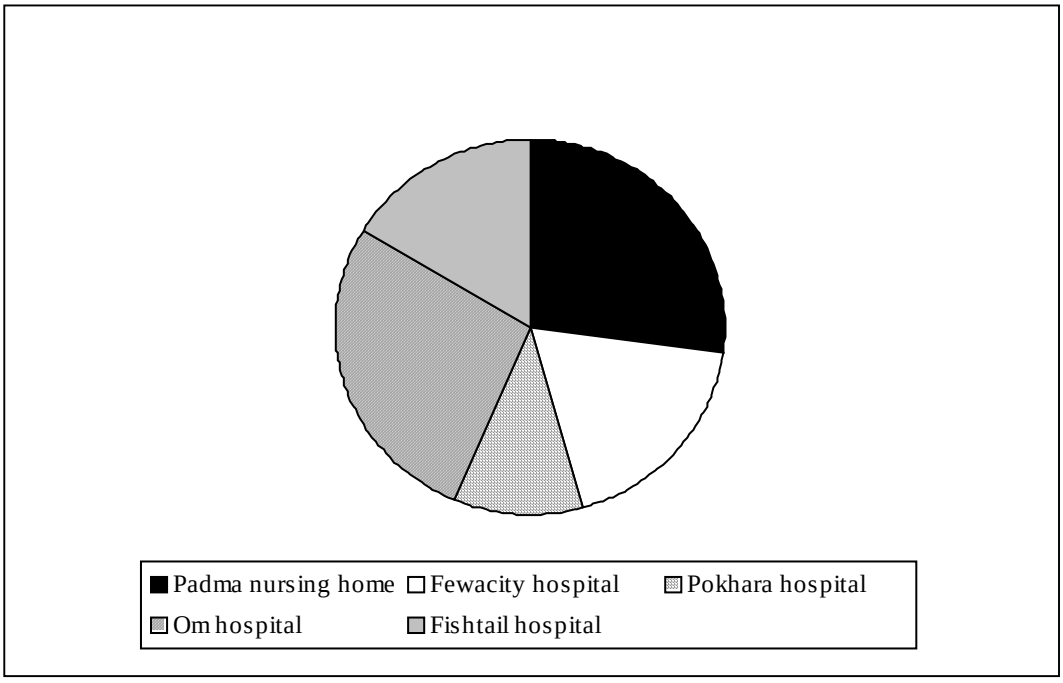


**Table 4.32**

**Psychological Behavior Recording Practice**

| Response | No of respondents | Percentage |
|---|---|---|
| Yes | 3 | 60 |
| No | 2 | 40 |
| Total | 5 | 100 |

*Source*: Field Survey.

Majority hospitals, i.e. 3 (60%) have recorded the psychological behavior of customers while 2 (40%) have not used above practice.

**Table 4.33**

**Views Regarding Attitude/Interest/Response**

| Parameter of rating | Very good | Good | Bad | Very bad |
|---|---|---|---|---|
| Client's attitude towards the hospital | 1(20) | 4(80) | - | - |
| Clients interest to come to hospital | - | 5(100) | - | - |
| Client's response after services | 2(40) | 3(60) | - | - |

*Source*: Field Survey.

The table 4.33 gives the rating by the managers regarding attitude, interest of clients along with their response after getting services. None of the respondents have rated client’s views regarding attitude, interest and response after service as bad and very bad. 100 % respondents rated client’s interest to come hospitals as good. Similarly 4 (80%) Out of 5 respondents rated client's attitude towards the hospital as good. While 1(25%) rated as Very good. Likewise 2(40%) respondents have reported clients response after service as very good where 3 (60%) rated as good.

**Table 4.34**

**Information Collection Practice Regarding Service Quality and Standards**

| Response | No of respondents | Percentage |
|---|---|---|
| Yes | 4 | 80 |
| No | 1 | 20 |
| Total | 5 | 100 |

*Source*: Field Survey.

From table 4.34 it is clear that 4 (80%) of respondents responded that there is provision in hospital to collect information about the quality and standard of services. While other 1(20%) respondents told that there is not any provision. The above data are presented in a pie chart as follows.

**Fig. 4.9**

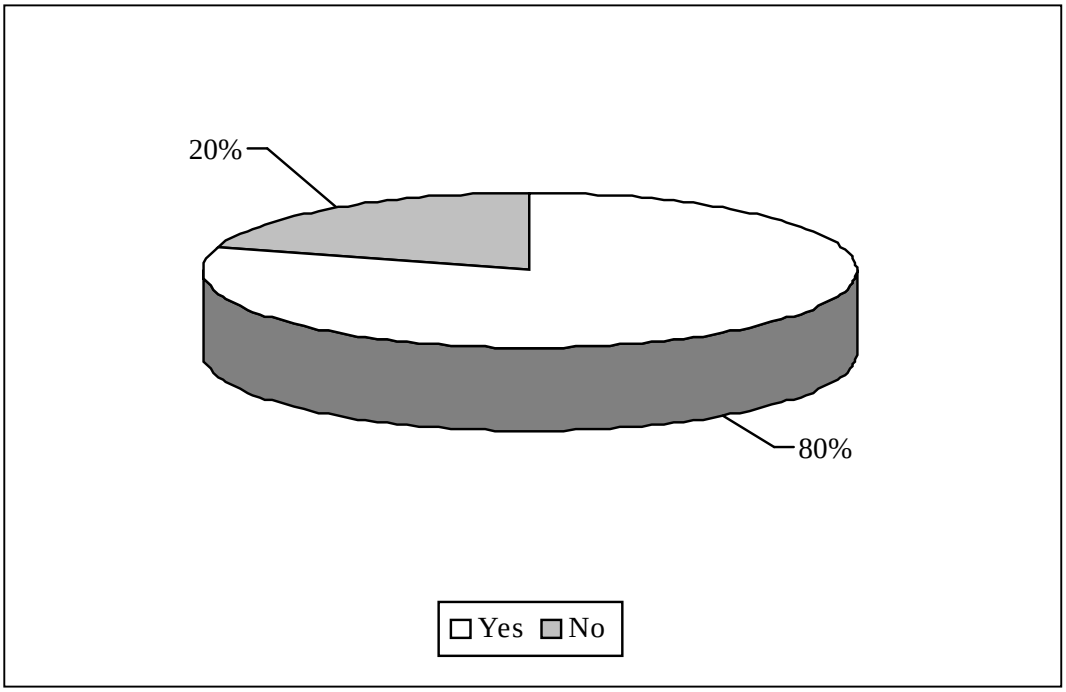


**Table 4.35**

**Information Tools Used by Hospitals**

| Tools | Rank | Position |
|---|---|---|
| Suggestion box | 4 | Second |
| Periodic interaction with customers | 5 | First |
| Computer e-mail | 2 | Fourth |
| Discussion | 3 | Third |
| Others [Oral communication(Q/A)] | 1 | Fifth |

*Source*: Field Survey.

Where,

$$\frac{Q}{A} X \frac{Questions}{Answer}$$

The above table 4.35 illustrates the tools used by hospitals to collect information for quality and standard of services being provided. According to managers, they gave periodic interaction with the customers as primary information collection tools, similarly second to suggestion box, third to discussion, fourth to e-mail & fifth to other sources like question and answer, oral communication. These data are presented in following diagram.

**Fig. 4.10**

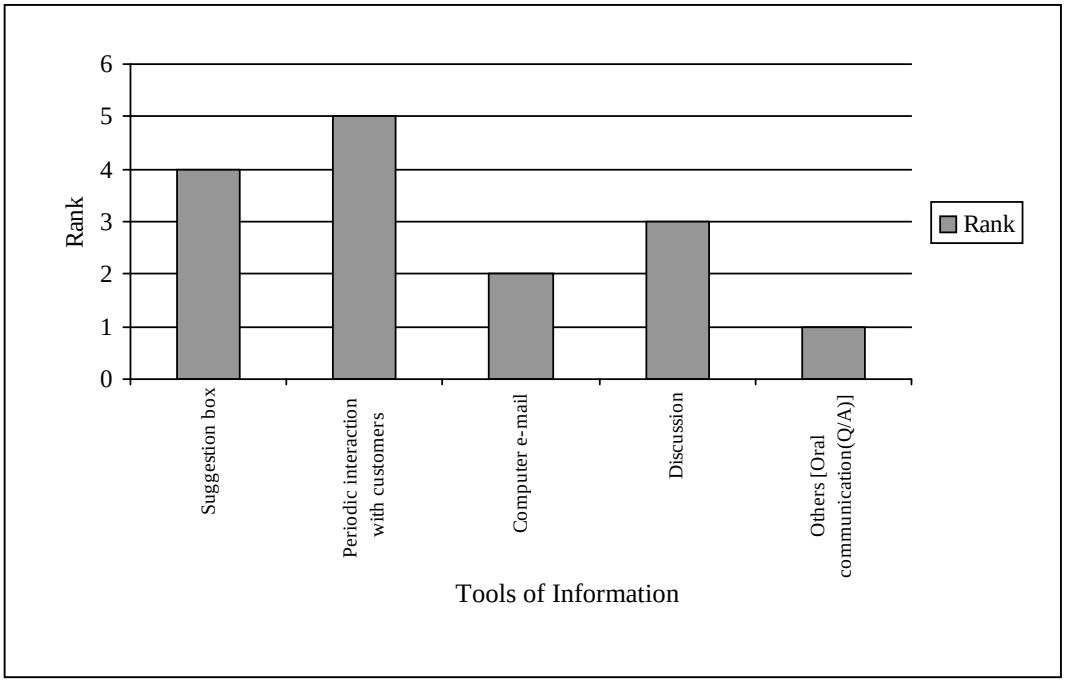


**Table 4.36**

**Considerations Regarding Determinants of Service Quality**

| Determinants | VL | L | M | H | V.H. | ∑ (E x R) | Mean (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| Extent | 1 | 2 | 3 | 4 | 5 | | | |
| Reliability | - | - | 2 | 2 | 1 | 19 | 3.8 | 2 |
| Responsiveness | - | - | 2 | 1 | 2 | 20 | 4 | 1 |
| Assurance | 1 | 1 | 2 | 1 | - | 13 | 2.6 | 4 |
| Empathy | - | 1 | 2 | 1 | 1 | 17 | 3.4 | 3 |

*Source*: Field Survey.

*Where,*

*VL= Very Low, L= Low, M= Medium, H= High,, VH= Very High*

The above table 4.36 clears that responsiveness was given more preference while considering determinants of service quality. Reliability was given second preference empathy to third and less preference to assurance.

**Table 4.37**

**Perception of Services as Perceived by Patients**

| Parameters | | No of respondents | | |
|---|---|---|---|---|
| | | Satisfactory | Dissatisfactory | Total |
| Attention paid to customer | R | 49 | 1 | 50 |
| | % | (98) | (2) | (100) |
| Truly out of ordinary behavior | R | 48 | 2 | 50 |
| | % | (96) | (4) | (100) |
| Service slowness or quickness | R | 48 | 2 | 50 |
| | % | (96) | (4) | (100) |
| Availability of service | R | 50 | - | 50 |
| | % | (100) | - | (100) |
| Potentially disruptive others | R | 50 | - | 50 |
| | % | (100) | - | (100) |
| Admission process | R | 50 | - | 50 |
| | % | (100) | | (100) |
| Price charged by hospital | R | 24 | 26 | 50 |
| | % | (48) | (52) | (100) |
| Performance under adverse circumstances | R | 46 | 4 | 50 |
| | % | (92) | (8) | (100) |
| Promoted and solicited employee action | R | 50 | - | 50 |
| | % | (100) | - | (100) |

*Source*: Field Survey.

The table above shows that availability of service; potentially disruptive other, admission process and prompted and solicited employee action are perceived satisfactory by 50 or 100 % patients. 26(52%) of patients dissatisfied on price charged for services followed by 24(48) rated satisfactory. Likewise attention paid to customer was perceived satisfactory by 49(98%) while 48 (96%) perceived satisfaction on truly out of ordinary behavior followed by 2(4%) perceived dissatisfaction. Perceived dissatisfaction, similarly 46(92%) respondents perceived satisfactory on performance under adverse circumstances where as 4(8%) perceived dissatisfaction.

**Table 4.38**

**Rank Wise Perception of Incidents as Perceived by Patients**

| Incidents | VL | L | M | H | V.H. | ∑ (ExR) | Mean ∑ (ExR)/5 | Rank |
|---|---|---|---|---|---|---|---|---|
| Extent | 1 | 2 | 3 | 4 | 5 | | | |
| Time to be waited | - | 1 | 1 | 1 | 2 | 19 | 3.8 | 3 |
| Service delivery on time | - | - | 2 | 1 | 2 | 20 | 4 | 2 |
| Service environment | - | 1 | 1 | 2 | 1 | 18 | 3.6 | 4 |
| Service system design | 1 | 2 | 1 | 1 | - | 12 | 2.4 | 6 |
| Customer information | 2 | 1 | 1 | 1 | - | 11 | 2.2 | 7 |
| Service quality | - | - | 1 | 2 | 2 | 21 | 4.2 | 1 |
| Fairness | - | 2 | 1 | 1 | 1 | 16 | 3.2 | 5 |

*Source*: Field Survey.

*Where,*

*VL= Very Low, L= Low, M= Medium, H= High, VH= Very High*

The table 4.38 shows the rank wise perception of incidents perceived by patients. According to patients, service quality in private hospitals has been given first rank, similarly service delivery on time in second, time to be waited laid on third rank. Likewise service environment to fourth, Fairness to sixth and consumer information has been given to seventh rank.

**Table 4.39**

**Motivational Factors to the Patients**

| Motivating factors | No of respondents | Percentage |
|---|---|---|
| Quality service | 33 | 66 |
| Other make go to hospital | 12 | 24 |
| Nearness of hospital | 5 | 10 |
| Reasonable price | - | - |
| Total | 50 | 100 |

*Source*: Field Survey.

Quality service of private hospitals motivates the patients. The table above shows 33(66%) out of 50 respondents favored quality service as top motivating factor. None of the respondents favored "reasonable price". Similarly, 12(24%) patient responded, other people make them go to hospital where as only 5 (10%) replied nearness of hospital as motivating factor.

The above responses can be shown in a pie chart as follows

**Fig. 4.11**

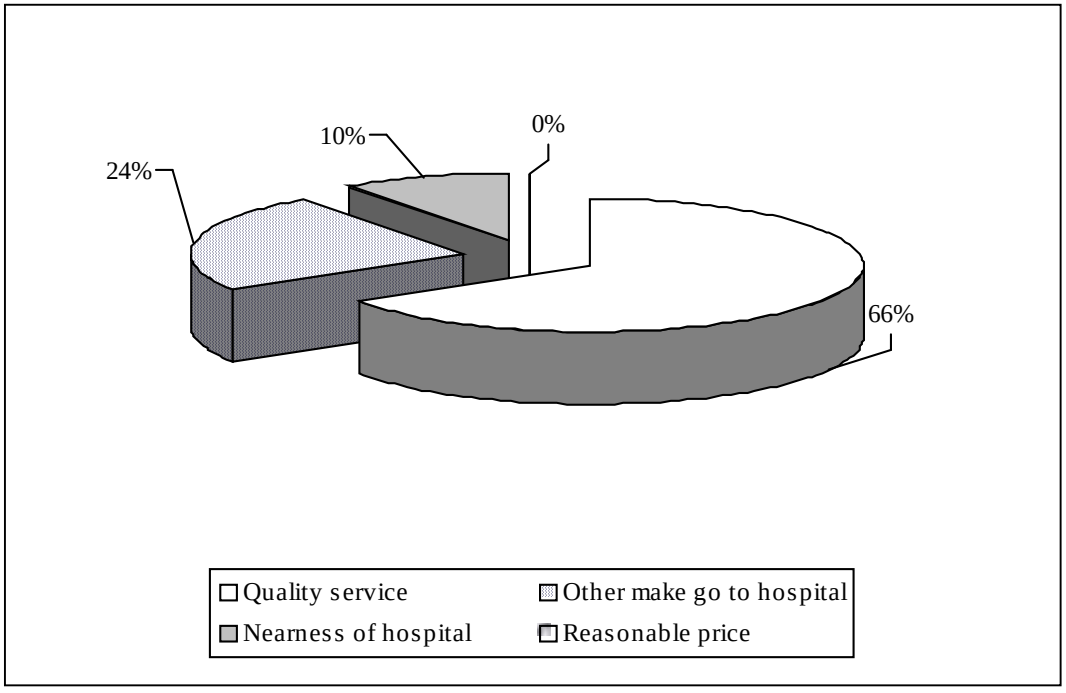


**Table 4.40**

**Educational History of Human Resources Involved**

| Education class of manpower | No of manpower | Percentage |
|---|---|---|
| S.L.C. | 4 | 16 |
| Intermediate | 11 | 48 |
| Bachelors | 3 | 20 |
| Masters | 4 | 16 |
| Total | 25 | 100 |

*Source*: Field Survey.

Among the human resources involved, intermediate persons are highest responded, i.e. 48% out of 25 followed by20% from bachelor, 16% each from S.L.C. and masters.

**Fig. 4.12**

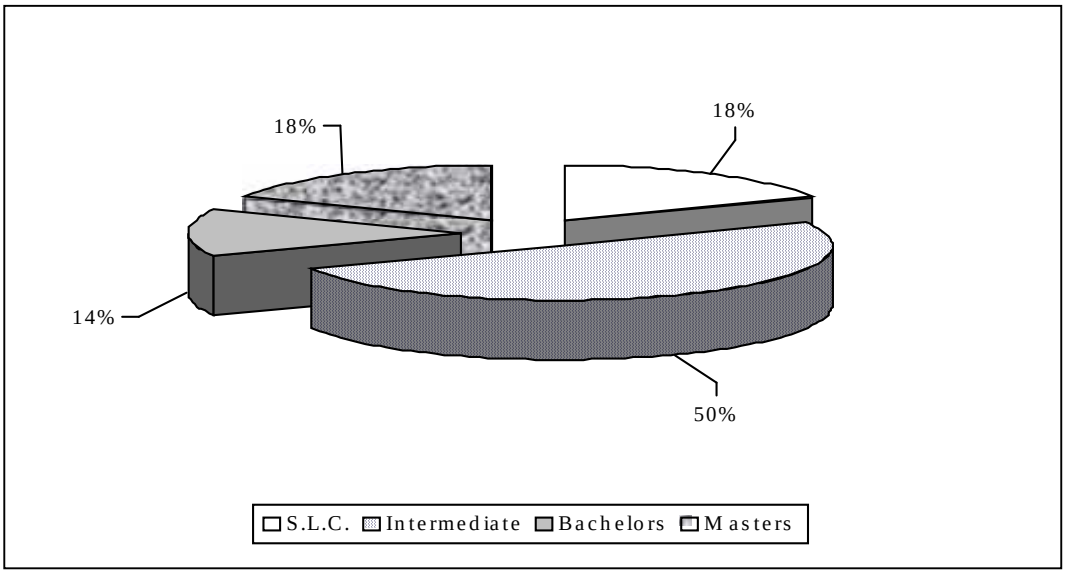



**Table 4.41**

**Response regarding use of training on the job**

| Relevancy | No of health manpower | Percentage |
|---|---|---|
| Extremely relevant | 14 | 56 |
| Generally relevant | 11 | 44 |
| Not very relevant | - | - |
| Not at all relevant | - | - |
| Total | 25 | 100 |

*Source*: Field Survey.

The table 4.41, shows 14(56%) out of 25 reported medical training as most relevant while 11(44%) reported generally relevant. None of the human resources reported use of training as not very relevant and not relevant at all.

**Table 4.42**

**Utilization of Human Resource's Skill**

| Response on skill utilization | No of respondents | Percentage |
|---|---|---|
| Well utilized | 25 | 100 |
| Under utilized | - | - |
| Not utilized at all | - | - |
| Total | 25 | 100 |

*Source*: Field Survey.

According to table 4.42, 25 or 100% of human resources reported that they have well utilized their skill in hospitals in rendering the services. None of them has reported under utilized and not utilized at all.

**Table 4.43**

**Salary and facilities Provided to Human Resource**

| Response | No of health manpower | Percentage |
|---|---|---|
| Yes | 12 | 48 |
| No | 13 | 52 |
| Total | 25 | 100 |

*Source*: Field Survey.

As mentioned in above table 4.43, majority of respondents i.e. 13(52%) out of 25, are not satisfied with present salary and facilities, while remaining 12(48%) have responded satisfaction. According to view of human resources the reasons behind the dissatisfaction are summarized below.

- Low salary, heavy work load.
- Lack of frequent training related to services.
- Lack of co-ordination among health workers.
- Lack of Permanent letter, terms and conditions.

**Table 4.44**

**Present Ratio of Doctors to Patients as Viewed by Human Resource**

| Response | No of health manpower | % |
|---|---|---|
| Yes | - | - |
| No | 25 | 100 |
| Total | 25 | 100 |

*Source*: Field Survey.

The table 4.44 presents that none of the respondents replied positively towards the present ratio of doctors to patients. 25 or 100 %respondents reported present ratio of doctors to patients is insufficient.

**Table 4.45**

**Response regarding the suggestion followed by management**

| Response | No of health manpower | Percentage |
|---|---|---|
| Yes | 21 | 84 |
| No | 4 | 16 |
| Total | 25 | 100 |

*Source*: Field Survey.

Majority of respondents, 21(84%) out of 25, reported running of hospital strictly under the suggestion while remaining 4(16%) reported negatively.

**Table 4.46**

**Component of evaluation practice for delivering services**

| Components ⇩ Extent | VL | L | M | H | V.H. | ∑ (E x R) | Mean ∑ (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | | | |
| Relevance | - | 1 | 1 | 1 | 2 | 19 | 3.8 | 3 |
| Adequacy | - | 1 | 1 | 2 | 1 | 18 | 3.6 | 4 |
| Accessibility | 1 | 1 | 1 | 2 | - | 14 | 2.8 | 5 |
| Effectiveness | - | 1 | 1 | 1 | 2 | 19 | 3.8 | 3 |
| Efficiency | - | - | 1 | 2 | 2 | 21 | 4.2 | 1 |
| Impact | - | - | 2 | 1 | 2 | 20 | 4 | 2 |

*Source*: Field Survey.

The table 4.46 shows that efficiency has been considered as the important component of evaluation for delivering services. So, managers have given first rank to efficiency, second to impact, third to effectiveness similarly, forth to adequacy, fifth to accessibility sixth to relevance.

**Table 4.47**

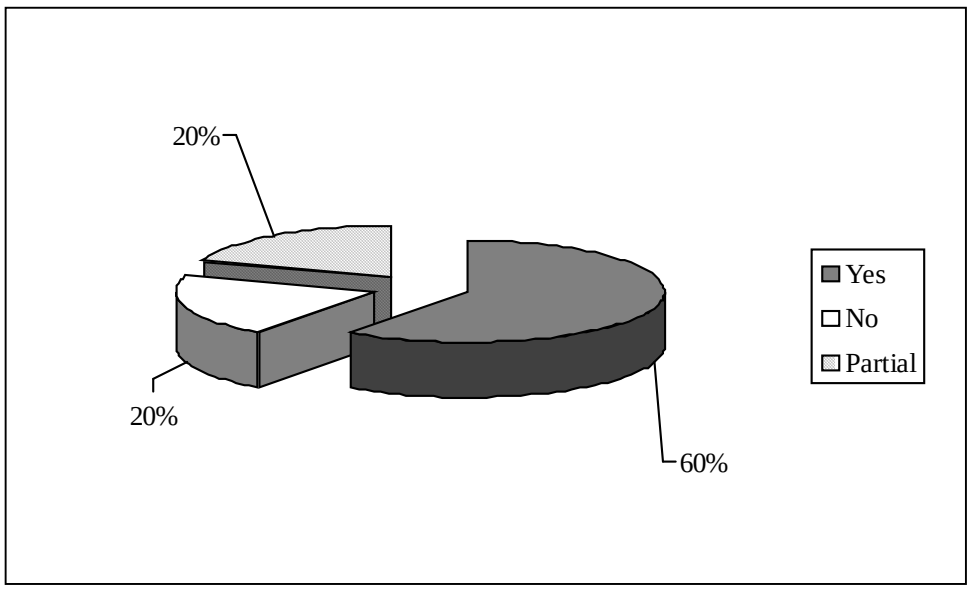
**Monitoring Unit in Hospitals**

| Response | No of health manpower | Percentage |
|---|---|---|
| Yes | 3 | 60 |
| No | 1 | 20 |
| Partial | 1 | 20 |
| Total | 5 | 100 |

*Source*: Field Survey.

Majority of respondents responded availability of monitoring unit within hospitals. 1 (20%) out of 5 responded partially while remaining 1 (20%) responded negatively. The data are presented as follows,

**Fig. 4.13**



## 4.3 Service Competition Among the Hospitals

**Table 4.48**

**Types of Hospital Market**

| Type | No of hospitals | Percentage |
|---|---|---|
| Monopoly market | - | - |
| Competitive market | 5 | 100 |
| Monopolistic market | - | - |
| Oligopoly market | - | - |
| Total | 5 | 100 |

*Source*: Field Survey.

According to table 4.48, hospital services have been regarded as a competitive market. None of the respondents replied hospital services as monopoly, monopolistic and oligopoly market.

**Table 4.49**

**Competitive Forces as Viewed by Managers**

| Components ⇩ Extent | VL | L | M | H | V.H. | ∑ (E x R) | Mean ∑ (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | | | |
| Bargaining power of suppliers | 2 | 2 | 1 | 0 | 0 | 9 | 1.8 | 3 |
| Bargaining power of customers | 0 | 2 | 2 | 1 | 0 | 14 | 2.8 | 2 |
| Threats of new entrants | 0 | 0 | 2 | 2 | 1 | 19 | 3.8 | 1 |
| Threats of substitute services | 3 | 1 | 1 | 0 | 0 | 8 | 1.6 | 4 |

According to table 4.49, managers of hospitals under study thought threats of new entrants as first position i.e. most competitive force. Second rank was given to bargaining power of customers. Bargaining power of suppliers was given third position and fourth to threats of substitute services.

**Table 4.50**

**Criteria Fixed to Identify Position of Nearest Competitors**

| Response | No of respondents | Percentage |
|---|---|---|
| Yes | 2 | 40 |
| No | 3 | 60 |
| Total | 5 | 100 |

*Source*: Field Survey.

The table 4.50 shows that majority of respondents replied there is fixed criteria to identify the position of nearest competitors. 2(40%) respondents reported that there are no criteria fixed.

**Table 4.51**

**Service Demand Met by Hospitals**

| Response | No of respondents | % |
|---|---|---|
| Strongly agree | 2 | 40 |
| Agree | 2 | 40 |
| Disagree | 1 | 20 |
| Strongly disagree | - | - |
| | 5 | 100 |

*Source*: Field Survey.

According to above table 4.51, 2(40%) of total respondents strongly agreed and 2(40%) agreed but not strongly that organization is successful in meeting the market demand. While 1(20%) have disagreed.

**Table 4.52**

**Sharing of Mind and Knowledge Among the Hospitals**

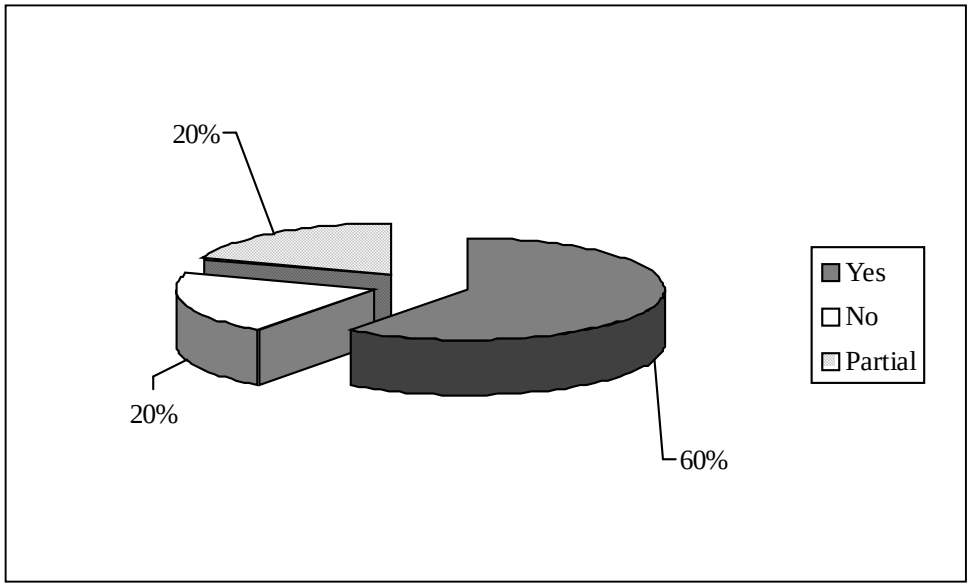
| | Response | | | Total |
|---|---|---|---|---|
| | Yes | No | Partial | |
| No of respondents | 3 | 1 | 1 | 5 |
| Percentage | 60 | 20 | 20 | 100 |

*Source*: Field Survey.

The table 4.52 reveals response regarding sharing of mind and knowledge among the hospitals to improve the services provided. In 3 (60%) hospitals, out of 5, there is sharing of mind and knowledge in practice and in 1(20%) it is partially. Only 1(20%) hospital has no above practice.

Above data can be shown in the following diagram.

**Fig. 4.14**




## 4.4 Service Diffusion Practice in Hospitals

**Table 4.53**

**Usefulness of Communication in Hospital Service**

| Response | No of respondents | % |
|---|---|---|
| Greatly useful | 3 | 60 |
| Considerably useful | 2 | 40 |
| Somewhat useful | - | - |
| Little useful | - | - |
| Total | 5 | 100 |

*Source: - field survey*

The above table shows usefulness of communication in hospital service. 3(60%) respondents Out of 5, rated the communication as greatly useful while only 2(40%) rated as considerably useful. None of the respondents rated as somewhat useful and little useful.

**Table 4.54**

**Media of Communication Used by Hospitals**

| Tools | Response | | | Total |
|---|---|---|---|---|
| | Used | Not used | Partially used | |
| News paper | 3(60) | 1(20) | 1(20) | 5(100) |
| Television | 3(60) | - | 2(40) | 5(100) |
| Direct mail | 1(20) | 2(40) | 2(40) | 5(100) |
| Radio | 2(40) | 1(20) | 2(40) | 5(100) |
| Magazines | 3(60) | 2(40) | - | 5(100) |
| Outdoor | 4(80) | - | 1(20) | 5(100) |
| Yellow pages | 2(40) | 2(40) | 1(20) | 5(100) |
| New letters | 2(40) | 2(40) | 1(20) | 5(100) |
| Brochures | 1(20) | 2(40) | 2(40) | 5(100) |
| Telephone | 5(100) | - | - | 5(100) |
| Internet | 3(60) | 2(40) | - | 5(100) |
| Others (website) | 2(40) | 3(60) | - | 5(100) |

*Source:* - Field Survey.

*Figure parenthesis shown at percentage*

The above table shows, telephone is mostly used media of communication. The second mostly used tool of communication is outdoor which is used by 4(80%) of hospitals out of 5, 3(60%) hospitals prefer news papers, television magazines and internet as means of communication to promote services. 2 (40%) hospitals out of total use radio, yellow pages and news letters. The least used tools are direct mail and brochures which are used by 1(20%) hospitals of total.

**Table 4.55**

**Public Relation Department in Hospitals**

| Response | No of respondents | % |
|---|---|---|
| Yes | - | - |
| No | 5 | 100 |
| Total | 5 | 100 |

The table 4.55 shows there is no public relation department in all sampled hospitals.

**Table 4.56**

**Major Promotional Tools Used to Set Public Relation**

| Tools | Response | | Total |
|---|---|---|---|
| | Used | Not used | |
| Publication | 4(80) | 1(20) | 5(100) |
| Events | 3(60) | 2(40) | 5(100) |
| News | 3(60) | 2(40) | 5(100) |
| Speeches | 2(40) | 3(60) | 5(100) |
| Public service activities | 5(100) | - | 5(100) |
| Identify media | 4(80) | 1(20) | 5(100) |

*Source:* - Field Survey.

*Figure in parenthesis shown at percentage*

Among the tools, public service activities are largely used by all sampled hospitals to set public relation. The second favored tools are publication and identify media which were rated by 4(80%) hospitals, out of 5. 3 (60%) hospitals use events and news while 2(40%) do not use these tools. Majority of hospitals i.e. 3(60%) do not use speeches whereas only 2 (40%) use speeches.

**Table 4.57**

**Rank wise Promotional Tools used**

| Tools / Extent | VL | L | M | H | V.H. | ∑ (E x R) | Mean ∑ (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | | | |
| Words of mouth | 0 | 2 | 1 | 2 | 0 | 15 | 3 | 2 |
| Personal selling | 1 | 2 | 2 | 0 | 0 | 11 | 2.2 | 4 |
| Public relation | 0 | 0 | 3 | 1 | 1 | 18 | 3.6 | 1 |
| Media through | 1 | 1 | 1 | 2 | 0 | 14 | 2.8 | 3 |
| Others (banners, hoarding boards...) | 3 | 1 | 1 | 0 | 0 | 9 | 1.8 | 5 |

*Source:* - Field Survey.

The manager's view shows that public relation is the first convenient & effective promotional tool for service marketing. So, all the managers have given the first rank to public relation, second to words of mouth, third to media through, fourth to personal selling and fifth to others(hoarding boards, banners etc..).

**Table 4.58**

**Response Regarding the Promotional Activities**

| Response | No of health manpower | % |
|---|---|---|
| Yes | 20 | 80 |
| No | 5 | 20 |
| Total | 25 | 100 |

*Source:* - Field Survey.

According to table 4.58, 20(80%), out of 25, it reveals that the hospitals should involve in further promotional activities, while 5(20%) replied negatively.

## 4.5 Current Problems in Hospital Services

**Table 4.59**

**Problems Faced Due to Political Instability**

| | Response | | | Total |
|---|---|---|---|---|
| | Yes | No | Partial | |
| No of respondents | 4 | 0 | 1 | 5 |
| Percentage | 80 | 0 | 20 | 100 |

*Source*: Field Survey.

According to table 4.59, hospital services are affected due to political instability. Majority of managers i.e. 4 (80%) out of 5, replied problems due to political instability. Whereas 1 (20%) replied partial effect.

**Table 4.60**

**Problems of Hospitals Currently Being Faced**

| Particulars | Response regarding problems | | |
|---|---|---|---|
| | Yes | No | Total |
| Bio medical waste management | 5(100) | - | 5 (100) |
| Access road | 3(60) | 2(40) | 5 (100) |
| Waiting room | 2(40) | 3(60) | 5 (100) |
| Medical availability in time | 3(60) | 2(40) | 5 (100) |
| Parking facility | 3(60) | 2(40) | 5 (100) |
| Staff training | 5(100) | - | 5 (100) |
| Selection | 1(20) | 4(80) | 5 (100) |
| Motivation | 4(80) | 1(20) | 5 (100) |
| Punishments | 4(80) | 1(20) | 5 (100) |
| Decision on dispute | - | 5(100) | 5 (100) |
| Absence of staff without information | 3(60) | 2(40) | 5 (100) |
| Environmental external pollution | 2(40) | 3(60) | 5 (100) |

*Source*: Field Survey.

*Figure in parenthesis shown at percentage*

The table 4.60 shows problems of hospitals being faced currently. It is clearly shown that waste management and staff training are the main problems in hospitals which count 100% of all. Similarly motivation and punishments are other major problems which count 80% of total followed by 60% access road, medicine availability in time, staff training and absence of staff without information. Likewise, there are problems of waiting room and environmental external pollution which count 2 (40%) of total followed by 1(20%) selection of staffs. There is no problem of decision making on dispute in all hospitals.

**Table 4.61**

**Problems of Premises to Extend Services**

| Response | No of respondents | % |
|---|---|---|
| Yes | 4 | 80 |
| No | 1 | 20 |
| Total | 5 | 100 |

*Source*: Field Survey.

The table 4.61 shows that majority of hospitals are facing problems premises to extend services which counts 80% of total. Only 1 (20%) managers, out of 5, replied that there is no problem of premises.

**Table 4.62**

**Problems Faced Due to Act/Rules/Regulation**

| | Response | | | Total |
|---|---|---|---|---|
| | Yes | No | Partial | |
| No of respondents | 2 | 2 | 1 | 5 |
| Percentage | 40 | 40 | 20 | 100 |

*Source:* - Field Survey.

The table 4.62 exposes 2 (40%) hospitals, out of 5, are facing problems due to act, rules and regulations while in 1(20%), problems exist partially. There is no problem of act/ rule and regulation only in 2 (40%) hospitals.

The above response can be shown in a diagram as given below..

**Fig. 4.15**

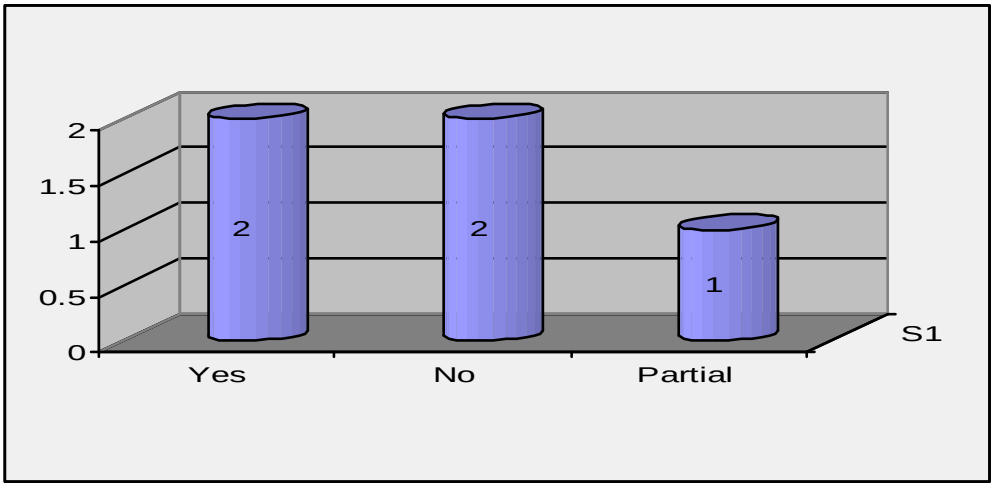


**Table 4.63**

**Problems of Legal Requirements to be Completed by Hospitals**

| Particulars | Response | | Total |
|---|---|---|---|
| | Completed | Not completed | |
| Registration under Company act | 5(100) | - | 5 (100) |
| Regular payment of tax | 5(100) | - | 5 (100) |
| Approval from health department | 5(100) | - | 5 (100) |
| Local government policy | 5(100) | - | 5 (100) |
| Consumer pressure group | 5(100) | - | 5 (100) |
| Others | - | - | 5 (100) |

*Source:* - Field Survey.

*Figure in parenthesis show percentage*

The table 4.63 above shows the legal requirements completed by hospitals. According to managers 5 or 100% hospitals have completed legal requirements like registration, approval from health department, regular payment of tax none of the respondents replied not being completed the legal requirements.

**Table 4.64**

**Problems of Good Governance**

| Elements ⇩ Extent | VL | L | M | H | V.H. | ∑ (E x R) | Mean ∑ (E x R) / 5 | Rank |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | | | |
| Hospital goals | 2 | 1 | 2 | 0 | 0 | 10 | 2 | 4 |
| Supervisory structure | 0 | 2 | 2 | 1 | 0 | 14 | 2.8 | 2 |
| Information environment | 0 | 2 | 3 | 0 | 0 | 13 | 2.6 | 3 |
| Co-ordination among the departments | 0 | 0 | 2 | 2 | 1 | 19 | 3.8 | 1 |
| Free camping | 2 | 3 | 0 | 0 | 0 | 8 | 1.6 | 5 |
| Conference | 4 | 0 | 1 | 0 | 0 | 7 | 1.4 | 6 |

*Source:* - Field Survey.

The table shows problems of good governance that the hospitals are facing. Co-ordination among the departments is the top most problem being faced. So, first rank was given to co-ordination among the departments, second to supervisory structure, third to information environment, fourth to hospital goals, fifth to free camping & sixth to conference.

Hospital services are most sensitive & challenging tasks. Some of the significant suggestions made by health man powers are given below:

- Needs effort from all sides to maintain peace and security in the country. This should be complimented by whole political parties & the state as a whole.
- Sound relationship among the health workers. The question of seniority should be strictly minimized.
- Implementation of more clear & fixed policy as it could be seen flu actual & frequently changing as per the favor of management.
- Focus on equal importance. So increase the facility and salary.
- Involve the health workers in planning and management process not once but regularly.
- Increase the ratio of doctor's to patients

Competition is a state of being rivalry among the firms for the achievement of same objectives. Competition makes an organization to be more careful thought. Competition is helpful for hospital enhancement. An organization needs to be concerned with the extent of direct rivalry between themselves & competitors. In this part questions were asked regarding the competitive services. Some sorts of services being provided by the hospitals are facing competition. Respondents were asked a question regarding the services under more competition. 3(60%) of respondents replied that service like surgery is the most competitive service. 1(20%) replied that service like lab service is facing more competition. Thirdly, 1(20%) of respondents, among the hospitals available dental service is under competition.

According to patients, the weaknesses perceived by the patients during course of treatment at the time of research are summarized below:

- 24(48%) respondents reported no weakness during course of treatment. 5 (10%) replied that there is no doctor service at night. 7(14%) reported that often nurses at night duty do not show amicable behavior. 5 (10%) respondents told that doctor made patients stay in the hospital for longer time unnecessarily and 9(18%) reported that doctors do not allow sufficient time while treating patients.

## 4.6 Major Findings of the study

Major findings as following are extracted from the above analysis of data

1. Medical/Nursing, OPD, Indoor wards and OT services are available in all sampled private hospitals but the ICU service is not available in 4(80%) hospitals. The nursery and RTU services are not available in almost all the hospitals.
2. There are X-ray and ultrasound services in all sampled units except CT-scan and MRI services.
3. Almost all hospitals provide investigation/ laboratory services like bio-chemistry. Pathology, micro biology, histopathology, hematology, immunology, and endoscopy services. The cardiac investigation service is not available in majority of hospitals.
4. Almost all the hospitals provide pharmacy service. . Blood bank and dietary services are not available in almost all the hospitals.
5. The house keeping, laundry, front office, transport and fire safety services are available in almost all the hospitals.
6. The administrative services like personal section, purchase section stores, account, finance, billing, security are available in all sampled hospitals.
7. Medicine, surgery, OBGYN, orthopedics, anesthesiology, and services have been found available in almost all the hospitals. Pediatrics,

dermatology and STD, physical medicine rehabilitation services are available only in 60% hospitals.

8. Facilities of water, electricity, generator/ ups, air conditioner and autoclaves have been provided by all the sampled hospitals except lifts service and modern equipment services.
9. Almost all hospitals have been provided with free beds, general beds, double bed cabin and single bed cabin except the four bed cabin and deluxe room.
10. Fishtail hospital is providing largest number of bed service to the patients.
11. The maximum visit to majority hospitals has been found between 51-100 numbers of patients daily.
12. Majority of patients visit fishtail hospital for OPD, maternity, ENT, Burn and physiotherapy services. None of the patients visit any private hospitals for ICU and CCU services.
13. Majority of hospitals are running without planning and development unit.
14. Almost all the managers have given importance on planning for delivering services properly .majority of hospitals have a formalized service planning system.
15. Managerial staffs do involve in planning the system only. Technical staffs, managerial plus technical staffs, external agency do not involve in planning.
16. More than half of the human resources do not involve in planning system. Only 40%of them are found involved in planning system.
17. Most of the respondents have agreed regarding the importance of knowledge about service life cycle stages that the managers should have.
18. Majority of respondents have given top priority to growth stage while developing new services and the decline stage has been given less priority.

19. Majority of managers have given priority to promotion in growth stage of service life cycle. The least priority has been given to price.
20. The highest ranked stage of new service development is market testing the least ranked state is evaluation.
21. More than half of the respondents have strongly agreed on marketer's goal to build a sound image.
22. Maximum number of organizations has used tangible objects and distinct color scheme to communicate brand image.
23. Almost all the respondents have focused towards competitive position while analyzing environment for service planning. Majority of hospitals have attempted to identify key opportunity and threats.
24. Corporate objective is ranked highest and searching new marketing opportunities, erecting new brand marketeering and high advertising are ranked least.
25. Majority of respondents favor on a system to monitor the service planning strategy offered by competitors.
26. Only 40% hospitals have carried out SWOT analysis practice on yearly basis. 40% have not carried the above practice while 20% hospitals have carried the above practice on half yearly basis.
27. More than half hospitals have no budget allocation practice for service planning development.
28. Among the sampled hospitals, 25% of total budget has been allocated by Padma Nursing Home for service planning. Pokhara hospital has allocated only 10% of total budget.
29. More than half of the hospitals have psychological factor recording practice of customers.
30. Almost all the respondents have reported client's interest to come to hospitals. None of the clients have reported attitude/interest/ response after getting service as bad and very bad.
31. Majority of hospitals have practiced on information collection regarding service quality and standards.

32. Periodic interaction with customers is ranked as main tool to collect information for quality and standard of services. Suggestion box is at second rank, discussion is at third, computer e-mail is at fourth and others (oral communication, Q/A) at fifth.
33. Responsiveness is ranked at first while considering determinants of service quality. Reliability is at second rank, empathy at third and assurance at last.
34. Almost all the respondents have voted satisfactory towards availability of services, potentially disruptive others, admission process and prompted and solicited employee action in hospitals.
35. More than half of the respondents have shown dissatisfaction on price charged by hospitals.
36. Service quality in private hospital is the highest ranked and customer information is the least ranked.
37. Two third of respondents have considered service quality as the motivation factor to come to hospitals.
38. Majority of human resources are intermediate passed.
39. More than half of respondents have cited use of training on the job as extremely relevant. Few of them have cited it as generally relevant.
40. Almost all the human resources have well utilized there skill in the organization.
41. More than half of the human resources have felt dissatisfaction by the salary and facilities provided.
42. Almost all the respondents have pointed out insufficient ratio of doctor to patients in sampled hospitals.
43. Majority of respondents have reported that the management has followed their suggestion during planning the services.
44. Effectiveness is ranked as the most important component of evaluation for delivering services.
45. Majority of respondents have reported availability of monitoring units in hospitals.

46. Almost all the respondents have chosen hospital services as the competitive market.
47. Threats of new entrants are the top ranked competitive force.
48. Majority of respondents have agreed that hospitals have met the present service demand of patients.
49. Majority of respondents have denied about the fixed criteria set up by hospitals to identify position of the nearest competitors.
50. More than half of the hospitals have practiced on sharing of mind and knowledge among the competitors.
51. More than half of respondents have voted communication in hospital services as greatly useful.
52. Telephone, news paper, television, out door and internet are practiced by hospitals to communicate clients.
53. There is no public relation department in all sampled hospitals.
54. Public service activities are the major promotional tool used to set public relation in hospitals. Publication, identify media are also used by majority of hospitals.
55. Public relation is the top most ranked promotional tool used by hospitals. Words of mouth is ranked at second. Others (banners, hoarding boards) are ranked at last.
56. Majority of human resources focus on further promotional activity to be involved by hospitals.
57. Political instability is regarded as the problem being faced by the hospital presently.
58. Bio-medical waste management and staff training are reported as current problems being faced by hospitals. More than half of the respondents have reported no problems on waiting room, motivation and environmental external factor. Almost all the respondents have reported no problem on decision upon dispute.
59. Majority of respondents have viewed the problem of premises to extend services.

60. 40% of respondents have reported act/rules/regulations as existing problem. 20% of respondents reported partially.
61. Almost all the hospital has completed the legal requirements.
62. Co-ordination among departments is the highest ranked problem of good governance.
63. Majority of patients have claimed dissatisfaction during treatment.
64. Health personnel have felt dissatisfaction regarding facilities, salary and coordination among the colleagues.

# CHAPTER V

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter contains three sections, summary, conclusions and recommendations. The summary section briefly reviews the intent and background of the study. Conclusion section follows up to the interpretation of data and explanations are made on how well the purpose of the study was accomplished. Recommendation to the private hospitals, the authorities and future researchers are presented in the third section.

## 5.1 Summary

Hospital is a part of social system. It is one of the most important institutions, which provides healthcare services to the sick people. It is a complex and multifaceted organization humming with activities of heterogeneous groups of people such as doctors, nurses' paramedical and administrative staffs, all working with a common goal of providing medical care to the patients. The volume of patients is gradually increasing along with their expectations of quality healthcare facilities. The cost of medical services is rising with no rising corresponding increase in the hospital budget. As a result modern hospitals are confronted with the number of challenges. Without having proper knowledge of hospitals service planning, it is difficult to manage and operate hospitals. It is obvious that every person visits hospital at least once in a lifetime.

The goal of a hospital is to provide best possible patients care. In order to achieve this goal, hospital broadly performs three functions management, support and output. The management refers to basic functions of scientific management such as planning and development controlling, coordinating and

directing. The support functions enable hospitals to carry out target goals and the output functions comprise all the activities involved in personal care within the available facilities.

The chapter of literature review involves the conceptual review. The conceptual review involves introduction of product/service, nature and importance of service, developing marketing strategy for services, hospital and role of marketing in service organization, types of services provided by hospitals, service planning and development process, environmental analysis, understanding of service convenience, managing service quality, service diffusion and competition and problems of hospital services. The chapter of presentation and analysis of data comprises hospital services to the patients, service planning and development practices, service competition among the hospitals, service diffusion practices in hospitals and current problems in hospital services

The research is conducted about service planning and development process in private hospitals of Pokhara. The major objectives of the study are to present the existing services provided, analyze the existing service planning and development practices, competitive situation of services provided by the hospitals, , service diffusion practice ,existing problems being faced and to suggest effective planning and development process. While conducted a research, the population is defined in terms of private hospitals in Pokhara valley. The sample size is taken only 5 private hospitals located in different area of Pokhara. Both primary and secondary data are used but the analysis primarily based on primary data. Primary sources include questionnaire survey to management/administration, patients and other invloved human resources of the hospitals. The descriptive statistical tools have been used e.g., weighted mean, value & percentage.

Majority of hospitals are not providing ICU, CCU, RTU, CT-scan and MRI services .The hospitals lack of modern equipments like color Doppler,co2 laser and special X-ray some of the private hospitals are running without

planning and development unit, SWOT analysis practice environmental analysis practice. The price charged by private hospitals is the main problem to the patients. Service quality provided by private hospitals attracts the majority of patients. Sometimes, human resources show rudeness behavior towards patients. Bio- medical waste management, lacks of premises, staff training, motivation, punishments have been considered as currently faced problems. Periodic interactions with customers, public relation are major tools used by hospitals for information collection and promotional activities respectively. There is dissatisfaction regarding salary and facilities provided by private hospitals to human resources.

In service organization like private hospitals, production and consumption are often inextricably linked. Each branch of a service provider will engage in production of service at the customer point of contact. Each member of personnel will influence to a lesser or greater degree, the actual consumption of the service and resulting level quality and satisfaction. So, service organizations need to embrace a far more flexible, integrated service planning and development structure.

## 5.2 Conclusions

Based on the finding of the study, following conclusions have been drawn. The clinical services, diagnostic services investigation/laboratory services, clinical support services, utility services, Administrative services, medical services, Engineering & maintenance services are common services provided by the hospitals. The ICU, CCU, RTU, CT scan and MRI services are not available all private hospitals in Pokhara. The modern equipment services like color Doppler, CO2 laser, and special X-ray are also found absent. Planning and development unit reinforces the hospitals to be more competitive and energetic. Some private hospitals are running without planning and development unit even the managers of these hospitals agreed importance of planning for delivering services. Planning includes top level management. However, role of technical staffs can not be ignored. The allocated budget for

service planning is found insufficient. Few hospitals in Pokhara are found to have psychological factor recording practice .,new service development practice, environmental analysis practice, monitoring the service strategy practice, SWOT analysis practice, information collection practice, evaluation practice. Periodic interaction with customers, suggestion box, use of computer e-mail are being used by hospitals to collect information for quality and standard of services .Availability of service in time, potentially disruptive others, admission process prompted and solicited employee action, service quickness attention paid to customers are felt satisfactory. Service quality has been considered the most important ingredient as it is one of the crucial matter to motivate the patients. Pokhara based private hospitals are found providing quality service in these regard, but it is not sufficient. Co-ordination among the hospital departments is felt fall into shadow. The facilities and salary provided to the human resource is found less and insufficient. However the human resources have felt their skill, training well utilized in hospitals. The present ratio of doctor to patients has been considered in sufficient. The hospitals are not entirely operating to their intra and extra activities as per suggestion of staff. Hospital service has been regarded as a competitive market since there is a threat of new entrants.

Private hospitals are able to meet service demand required by patients and their expectations. There is no unhealthy competition among the hospitals rather practice of sharing of mind and knowledge has been brought into existence. Words of mouth, personal selling public relation, media through, banners, hoarding boards are being used as promotional tools about the services, their qualities and standards to the public.

Problems of bio-medical waste management, staff training, motivation, punishment, staff absenteeism are currently being faced by private hospitals. There lacks public relation department in hospitals. Public service activities boost up public relation. The dissatisfaction perceived by patients and human resources are to be addressed.

## 5.3 Recommendations

Basically, the study has focused on service planning and development process in private hospitals of Pokhara. By considering the analysis of data and major findings of this research, the following recommendations are prescribed.

1. The ICU should be organized as a physically and functionally distinct entity within the hospitals. Radiology services are to be available for inpatients and out patients on an hourly and daily basis as required for good patient care. Good food service is not only necessary for physiological and therapeutic needs of the patients but also one of the most important public relation measures. So, hospitals are recommended to consider towards good physical layout assuring easy flow of work, availability of adequate equipment &labor serving devices, efficient menu planning, scientific technique and procedure in preparing each category of food, good management &trained personnel &dietician.
2. Detail policy &procedures should be prepared by the department chiefs and by the management authority of the hospitals regarding the exiting services such as outpatient service, inpatient service, Nursing service, emergency service, laboratory service, pharmacy service medical records and laundry service.
3. For effective service planning, strategy planning ,environmental analysis, budget allocation , there should be formulation of a team consisting from various disciplines ,e.g. medical ,paramedical ,nursing ,administration, finance ,engineering. Technical and administrative support to the team is highly recommended. There should be provision of adequate and appropriate facilities including equipment, physical infrastructure; Cleary defined role and responsibility to the team &staff members.
4. Implementation of an effective quality system reduces the operation cost there by improving productivity and the overall image of the hospitals. In order to identify requirements of quality of services provided, there should be effective and speedy diagnostic facilities. A two way communication is better to setup between patients and doctors to develop mutual confidence.

The other requirements such as convenience and accessibility of hospitals, ratio of doctors to patients, clinical skills of medical and Para medical staff, state of the art technology and support facilities, cost of treatment, psychological needs and emotional well being like feeling safe, comforted and cared for, empathy, and understanding along with physical needs are to be re considered.

5. HRM is management but management is more than HRM this involves insuring that the firms have enough of the right kind of people at the right kind. Effectiveness of any hospital is directly proportional to the cumulative efficiency and effectiveness of its workers. Hospitals are suggested to play more emphasis on paying standardization in service training and education, planning the necessary programs of recruitment, selection training, motivation, proactive orientation and action learning to promote creativity, permanency letter to workers, facilities, a shift from competition to co-operation, autonomy, openness and value generation.
6. A computerized information system is referred for the hospital management to monitor progress, measure performance, detect trends, evaluate alternatives and make decision to take corrective action well in time. Well established procedures are to be implemented by which correct information practices are reviewed and new or modified system requirement can be established.
7. The management should do every thing possible to avoid complaints by anticipating problems. Complaints do arise and the patients or human resources should be informed of the complaints procedure that should be laid down and reviewed periodically. Suggestions from patients and human resources, visitors should be welcomed as it not only helps in hospital services but also improves morale of patients and employees.
8. It is well to keep in mind that what is personally important to the patients may not have much to do with quality of clinical care. People look for quality as they perceive it, which may not be the same as how providers perceive it. Patients can only judge as consumer, the cleanness of the

room, the friendless of the staffs, the quality of wards and the intangible atmosphere that says whether or not the hospital care about patients in the time of trouble. A lot of value able information can be given to patient prior to their admission.

9. Oral communication is really effective medium of communication for internal well as external public. It provides opportunity for discussion classification and feedback to improve hospital services. Conferences, public meeting, interviews, radiobroadcast, can be made use for such communication. Written communication can be used for mass communication. The material should be interesting and informative. News paper, magazines, hospital bulletins and annual reports can be used for this method. The hospital should prepare patient information booklet which should be given to patients or relatives. The booklet should contain at least the minimum information like, a welcome note form the hospital management, information regarding admission procedure, bill paying procedure, hospital charges, visiting time, blood donation, overnight stay of visitor etc. Television, lantern slides, motion picture, and exhibitions, posters, sound motion pictures like audiovisual methods are to be used for better promotion of services.
10. Fast growing population, rapid urbanization, lack of resources and inefficient management of waste are responsible for deteriorating environmental sanitation. Hospital waste poses specific problems due to presence of sharp, infectious and hazardous and ratio active material in it. The management of hospital waste and biomedical waste should be viewed in the contest of the poor status of urban solid waste management. Awareness must be created among the hospital managers as well as workers regarding the hazards associated with indiscriminate disposable of bio medical wastes.

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# APPENDIX -I

Namaste, my name is Bishnu Prasad Timilsina studying in department of Management, PNC Pokhara. This Survey is part of my thesis to fulfill the requirement of master degree. You are invited to participate voluntarily in this research entitled service planning to the following questionnaires. The main objective of this research is to study the planning and development practice in private hospitals.

You are asked some of the questions on the planning and development process, competition among hospitals, existing services being provided, diffusion practice etc. The questionnaires are anonymous and you will not be identified as a respondent. If you complete the questionnaires are anonymous and you will be identified as respondent. If you participate in the research and consent to publication of the results of the research with the understanding that anonymity will be preserved. The questionnaires for research has been reviewed and approved by PNC, Management Research Committee.

Your help in this project is highly appreciable.

# Questionnaire Administration/ Management

## I. General Information

1. Name ..... Gender: .....Age: .....
2. Nationality: .....
3. Name of hospital: .....
4. Status: .....

## II. Existing Services being provided by the hospital.

1. Would you please specify the department or unit that the hospital has set up?

| | | |
|---|---|---|
| i. | Medical and Nursing Services unit | [.....] |
| ii. | Out patient or ambulatory department | [.....] |
| iii. | Indoor/ Wards | [.....] |
| iv. | Intensive care unit | [.....] |
| v. | Nursery | [.....] |
| vi. | Operation theater | [.....] |
| vii. | Labor Room | [.....] |
| viii. | Radiation Therapy Unit | [.....] |

2. Would you please, specify the type(s) of diagnostic services, the hospital is delivering?

i. Imaging Service

| | | | |
|---|---|---|---|
| a. | X-ray [.....] | b. | Ultra-sound [.....] |
| c. | CT-Scan [.....] | d. | MRI [.....] |

ii. Investigation/ Laboratory Services

| | | | |
|---|---|---|---|
| a. | Bio chemistry [.....] | b. | Pathology [.....] |
| c. | Microbiology[.....] | d. | Histopathology[.....] |
| e. | Hematology [.....] | f. | Immunology[.....] |
| g. | Endoscope [.....] | h. | Cardiac Investigation[.....] |

i. Blood Bank [.....] j. Dietary Services[.....]

k. Medical Records Department[.....] l. Pharmacy[.....]

iii. Would you please specify the type (s) of medical services.

a. Medicines[.....] b. Surgery [.....]

c. OBGYN [.....] c. Pediatrics [.....]

e. Orthopedies [.....] f. Anesthesiology [.....]

g. ENT [.....]

h. Dematology and STD [.....]

h. Physical Medicine and Rehabilitation [.....]

iv. Would you please specify the utility services being provided by the hospital?

a. House keeping [.....]

b. Laundry [.....]

c. Front office (Reception, Admission, communication like telephone paging) [.....]

d. Transport- ambulance [.....]

e. PR [.....]

f. Fire Safety [.....]

v. Administrative services

a. Personnel section [.....] b. Purchase section [.....]

c. Stores [.....] d. Account [.....]

e. Finance [.....] f. Billing [.....]

f. Security [.....]

vi. Engineering & Maintenances

i. Water [.....] ii. Electricity [.....]

iii. Generator-UPS [.....] iv. Air Conditioner [.....]

v. Lifts [.....] vi. Autoclave [.....]

3. Please, specify the modern equipments that the hospitals has

| | | | |
|---|---|---|---|
| a. | colour Doppler [.....] | b. | ST- Scan [.....] |
| c. | CO2- laser [.....] | d. | CT ctrl. room [.....] |
| e. | Special X-ray [.....] | f. | General X-ray [.....] |

4. Please, specify the beds

| | | | |
|---|---|---|---|
| a. | Free beds [.....] | b. | General beds [.....] |
| c. | 4bed cabin [.....] | d. | Double bed cabin [.....] |
| e. | Single bed cabin [.....] | f. | Deluxe rooms [.....] |

5. How much is the number of beds, that the hospital contain.....

6. How many patients in average visit the hospital daily?

a) 1-50 [.....] b) 51-100 [.....] c) 101-150 [.....]

d) 151-200 [.....] e) 201-250 [.....] f) above 251 [.....]

7. Please, indicate the no. of patients daily visiting for different sampled services.

| | | | |
|---|---|---|---|
| a. | Out patient department [.....] | b. | Maternity [.....] |
| c. | Dermatology [.....] | d. | ENT [.....] |
| e. | Surgery[.....] | f. | Burn [.....] |
| g. | Pediatrics [.....] | h. | Orthopedics [.....] |
| i. | ICU [.....] | j. | CCU [.....] |
| k. | Neurology/ Psychiatry[.....] | l. | Physiotherapy [.....] |

**III. Planning and Development Process**

8. Do you have separate service planning and development unit in your hospital?

a) Yes [.....] b) No [.....]

9. Do you think planning is a must for overall development of organization?

a) Yes [.....] b) No [.....]

10. Is there a formalized service planning system?

a) Yes [.....] b) No [.....]

11. Who do involve in planning system?

a) Chairman [.....] b) MD[.....]

c) Managerial Staff [.....] d) Only technical staff[.....]

e) Managerial plus technical staff [.....] f) Other external agency[.....]

12. Do you agree, understanding of service life cycle stage is must for planning and development of service?

a) Strongly agree[.....] b) Agree [.....]

c) Disagree [.....] d) Strongly disagree [.....]

13. In your opinion, at what stage of service life cycle, the new service should be developed?

a) Introduction Stage[.....] b) Growth Stage [.....]

c) Boom[.....] d) Decline [.....]

14. To what extent, will you consider the following elements during growth stage of service life cycle?

| Elements | Minimum 1 | 2 | 3 | 4 | Maximum 5 |
|---|---|---|---|---|---|
| Service Quality | | | | | |
| Price | | | | | |
| Promotion | | | | | |
| Distribution | | | | | |

15. “A service marketer’s goal should aim to build a sound image.”

a. Strongly agree [.....] b. Agree[.....]

c. Disagree[.....] d. Strongly disagree[.....]

16. Has the organization used a tangible object to communicate the brand image or difference?

Yes [.....] No[.....]

17. Has the organization used a distinctive colour or symbol scheme for identification?

a. Yes [.....] b. No[.....]

18. To what extent you consider the following while developing new services?

| Steps | Minimum 1 | 2 | 3 | 4 | Maximum 5 |
|---|---|---|---|---|---|
| Generation of ideas | | | | | |
| Screening | | | | | |
| testing the concept | | | | | |
| Business Analysis/ Evaluation | | | | | |
| Practical Development | | | | | |
| Marketing testing | | | | | |
| Commercialization | | | | | |
| Any other please specify | | | | | |

19. Is the organization using the following steps to analyze the environment affecting to service planning?

a) Assess the nature of environment Yes/ No partial

b) Audit of environment influences Yes/ No partial

c) Identify Competitive position Yes/ No partial

d) Identify key opportunities & threats Yes/ No partial

e) Identify strategic position Yes/ No partial

20. Among the following which one will you think the most important during planning stage? (Rank in order of relative importance 1 to6)

i) Mission [.....]

ii) Corporate [.....]

iii) Business Objectives [.....]

iv) Functional and Departmental Objectives [.....]

v) Operative, unit or submit objectives [.....]

vi) Searching new market potential ties, erecting new brand marketing & high advertising [.....]

21. Is there any system to monitor the service planning strategy offered by competitors?

Yes[.....] No [.....] Partial [.....]

22. How often does the organization carry SWOT (S = Strength, W = Weakness, O = Opportunity, T = Threat) analysis:

[.....] Monthly [.....] Quarterly [.....] Half Yearly

[.....] Yearly [.....] Never

23. Do you have budget allocation practice for service planning and development?

Yes [.....] No [.....]

24. If yes, how much percent of total budget is allocated for service planning? [....%]

25. Have you recorded the psychological behavior of customers?

Yes [.....] No [.....]

26. If yes, please, check the following list to express you opinion.

a. Client's attitude towards hosptial.

[.....] very good [.....] good [.....] bad [.....]very bad

b. Client's interest to come to hospital.

[.....] very good [.....] good [.....] bad [.....] very bad

c. Client's response after getting services.

[.....] very good [.....] good [.....] bad [.....] very bad

27. Is there any provision to collect information about the quality and standard of services?

Yes [.....] No [.....]

28. Among the following, which one will you consider, more important to collect information about quality and standard of service provided? (Rank 1-5 in order of importance)

a. Suggestion box [.....]

b. Periodic interaction with the customers [.....]

c. Computer-email [.....]

d. Discussion [.....]

e. Any other, please mention [.....]

29. To what extent, you consider the following determinants of service quality?

| Determinants | Minimum 1 | 2 | 3 | 4 | Maximum 5 |
|---|---|---|---|---|---|
| Reliability | | | | | |
| Responsiveness | | | | | |
| Assurance | | | | | |
| Empathy | | | | | |
| Any other, please Mention | | | | | |

30. To what extent the following component of evaluation process are considered while delivery the service?

| Components | Minimum 1 | 2 | 3 | 4 | Maximum 5 |
|---|---|---|---|---|---|
| Relevance | | | | | |
| Adequacy | | | | | |
| Accessibility | | | | | |
| Effectiveness | | | | | |
| Efficiency | | | | | |
| Impact | | | | | |

## IV. Competitive Situation of Services

31. What type of market amount the following relating to service, would you consider, being provided by the hospital?

    a. Monopoly Market [.....]

    b. Competitive Market [.....]

    c. Monopolistic Market [.....]

    d. Oligopoly Market [.....]

32. To what extent, the following competitive forces are considered by the hospital to develop competitive strategies.

| Competitive Forces | Minimum 1 | 2 | 3 | 4 | Maximum 5 |
|---|---|---|---|---|---|
| Bargaining Power Supplies | | | | | |
| Bargaining Power of Customers | | | | | |
| Threat of New Entrants | | | | | |
| Threat of Substitute Services | | | | | |

33. Is there any criteria fixed to identify the actual position of the nearest competitors in the market?

    [.....] Yes [.....] No

34. Do you agree the organization is successful in meeting market demand?

    [.....] Strongly Agree [.....] Agree

    [.....] Disagree [.....] Strongly Disagree

35. Has the organization shared mind and knowledge among the competitors to improve services provided?

    [.....] Yes [.....] No [.....] Partially

36. What sort of services are facing more competition?

    a) ..... b) .....

    c) ..... d) .....

**V. Diffusion Practice**

37. On the basis of your experience, how useful is communication is service marketing?

a. Greatly useful [.....]

b. Considerably useful [.....]

c. Somewhat useful [.....]

d. Little useful [.....]

38. Which channels of communication are in practice to promote the service?

| | | |
|---|---|---|
| i. | Newspapers | Yes/ No/ Partial |
| ii. | Television | Yes/ No/ Partial |
| iii. | Direct Mail | Yes/ No/ Partial |
| iv. | Radio | Yes/ No/ Partial |
| v. | Magazines | Yes/ No/ Partial |
| vi. | Outdoor | Yes/ No/ Partial |
| vii. | Yellow pages | Yes/ No/ Partial |
| viii. | New letters | Yes/ No/ Partial |
| ix. | Brochures | Yes/ No/ Partial |
| x. | Telephone | Yes/ No/ Partial |
| xi. | Internet | Yes/ No/ Partial |
| xii. | Any other, please Mention | Yes/ No/ Partial |

39. Is there a public relation department within the organization?

[.....] Yes [.....] No

40. Which promotional tools, you feel, is convenient & effective for service marketing?

Rank them in order of importance.

a) Word of mouth [.....]

b) Public relation [.....]

c) Media through [.....]

d) If others please mention [.....]

41. Is there a system of counseling to avoid negative publicity?

    Yes [.....] No [.....]

42. What major tools are used to set public relation?

    [.....] Publication [.....] Events

    [.....] New [.....] Speeches

    [.....] Public Service Activities [.....] Identify Media

43. Is there a system of service encounter?

    Yes [.....] No [.....]

## VI. Problems

44. Is the hospital being faced problems due to political instability?

    Yes [.....] No [.....] Partial [.....]

45. What legal requirements the company has completed to render the service from hospital?

    a. Registration under Company Act [.....]

    b. Regular payment of tax as per rule [.....]

    c. Approval from health department [.....]

    d. Local government's policy [.....]

    e. Consumer pressure group [.....]

    f. If others please mention [.....]

46. To what extent, the hospital in conscious about the good governance towards the following element?

| | Minimum | | | | Maximum |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Hospital Goals | | | | | |
| Supervisory Structure | | | | | |
| Information environment | | | | | |
| Co-ordination among the departments free- | | | | | |
| Camping Conference | | | | | |

47.f What are the problems you hospital presently facing?

| | | |
|---|---|---|
| a. | Bio-medical waste management | [.....] |
| b. | Access road | [.....] |
| c. | Waiting room | [.....] |
| d. | Medicine availability in time | [.....] |
| e. | Parking facility | [.....] |
| f. | Staff-tranning | [.....] |
| g. | recruitment/ Selection | [.....] |
| h. | Motivation | [.....] |
| i. | Punishment & reward | [.....] |
| j. | Decision marking on dispute | [.....] |
| k. | Absenteeism of staff without Prior information | [.....] |
| l. | Blood Bank | [.....] |
| m. | Environmental External Pollution | [.....] |

48 Is the hospital facing problem of premises to extend services?

Yes [.....] No [.....]

49. Do you think the hospital is facing problems due to act, rules, regulations to hospital services?

Yes [.....] No [.....] Partially [.....]

50. Any comments please,

.....

.....

**Thank you**

# APPENDIX -II

**Questionnaire For Patients**
**Name:** **Sex:**
**Age:**

Nationality:.....

1. Attention paid to customer
   Satisfactory Dissatisfactory
2. Truly out of the ordinary employee behavior.
   Satisfactory Dissatisfactory
3. Service slowness or quickness
   Satisfactory Dissatisfactory
4. Availability of service
   Satisfactory Dissatisfactory
5. Admission process
   Satisfactory Dissatisfactory
6. Potentially disruptive others
   Satisfactory Dissatisfactory
7. Price charged by hospital
   Satisfactory Dissatisfactory
8. Performance under Adverse Circumstances
   Satisfactory Dissatisfactory
9. Prompted and solicited employee action
   Satisfactory Dissatisfactory
10. What weakness do you perceive during course of treatment?
    ……..
    ……..
11. What motivated to you to come to this hospital?
    a. because of quality service
    b. because of reasonable price
    c. because, the hospital is nearer from the place of residence.
    d. because, other people make you go to hospital.

12. To what extent the following factor are recorded by you?

| | Min. | | | | Max. |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |

- Time to be waited
- Service delivery on time
- Satisfaction perceived by customer
- Service environment
- Consumer information
- Service system design
- service quality
- Fairness

13. What you are expecting from the hospital?

……..

……..

| | Good | Better | Worse |
|---|---|---|---|
| a. E.C.G. | | | |
| b. Echo | | | |
| c. CT Scan | | | |
| d. Ambulance | | | |
| e. Billing System | | | |
| f. Canteen | | | |
| g. Toilet, bathroom | | | |
| h. Video-X-ray | | | |
| i. Laboratory Service | | | |
| j. Pharmacy | | | |
| k. Any, other please Specify | | | |

……..

……..

14. What are the suggestions from your side for improvement of services?

……..

……..

……..

……..

**Thank You**

# APPENDIX -III

## HUMAN RESOURCE QUESTIONNAIRE

**I. General Information**

1. Name: …… Gender: ……. Age:……
2. Adress: ……..
3. Marital Status:……..

**II. Education History**

1. Indicate the highest academic level you completed prior to undertaking medical training .....……..
2. Indicate any academic certificate/degrees obtained since undertaking Medical …….

**III. Training**

1. How relevant to the requirement of your present job was your Medical training?

- Extremely relevant
- Generally relevant
- Not very relevant
- Not at all relevant

2. Generally speaking, how will do you feel that your Medical skills are being utilized in your present position!

- Well utilized
- Under utilized
- Not utilized

**IV. Salary and Facilities,**

3. Are you satisfied by salary and other facilities provided by your industry?

i) Yes ii) No

If not why? Write reason……

**V. Opportunities**

What do you think of your employing agency's promotion policy?

- It is a reasonable policy
- It is not a reasonable policy
- No policy as such exists

VI. Should the hospital involve in further promotional activities

Yes ☐ No ☐

VII. Do you get opportunity to involve in service planning?

Yes No

VIII. What level of satisfaction do you feel with present Management?

IX. Please Mention your suggestions to boost up the service planning & delivery.

i. ……

ii. ……

iii. ……

iv. ……

X. Does the management provide opportunity to you in planning and development practice?

Yes No

XI. Would you think, the present ratio of doctors to patients, maintained by Management of hospital is sufficient?

Yes ☐ No ☐

XII. Would you think, the hospital is running strictly under your suggestion While Making decision of planning and development?

Yes ☐ No ☐

# APPENDIX- IV

## Sampled Hospitals

| S.N. | Name of Hospitals | Address |
|---|---|---|
| 1. | OM Hospital & Research Center | Mahendrapul, Pokhara |
| 2. | Fewa City Hospital & Research Center | Nagh Dhunga, Pokhara |
| 3. | Pokhara Hospital & Research Center | Sabha Griha Chowk, Pokhara |
| 4. | Fishtail Hospital & Research Center | Gaira Patan, Pokhara |
| 5. | Padma Nursing Home P (Ltd.) | New Road, Pokhara |

# APPENDIX VI

## BIO-DATA

**Personal Details**

| | | |
|---|---|---|
| Name | : | Bishnu Prasad Timilsina |
| Date of Birth | : | Devil Lal Timilsina |
| Nationality | : | Nepali |
| Sex | : | Male |
| Place of Birth | : | Hemja VDC-4, Kaski |
| Marital Staus | : | Married |
| Telephone No. | : | 061-534551 |
| Occupation | : | Teaching |

1. Academic Qualification:

| S.N. | Level | Institue/Board | Passed Year | Division |
|---|---|---|---|---|
| 1. | S.L.C. | Nepal | 2045 | First |
| 2. | I.Sc | T.U. | 2047 | Second |
| 3. | B.Sc | T.U. | 2050 | First |
| 4. | B.Ed | T.U. | 2054 | First |
| 5. | M.B.S. | T.U. | Running | |

3. Trainnning

| S.N. | Level | Institue | Year | Place |
|---|---|---|---|---|
| 1. | Teachers' Training | SEDU | 1999 | Amarsingh School, Pokhara |
| 2. | Environment Ed. Cum Science | Forstry Campus/SEDU | 1999 | SEDU |
| 3. | Delton Training | G.B.S. | 2002 | GBS |
| 4. | Delton Training | G.B.S. | 2002 | GBS |
| 5. | Training on | GCS | 2005 | GCS |

4. Honor:

| | | | |
|---|---|---|---|
| 1. | Letter of Appreciation | Urban Level Ed. Committee, Lekhnath, Kaski | 1998 |
| 2. | Letter of Appreciation | Amar Sidhna Namuna Ma. V., Kaski | 1998 |
| 3. | Letter of Appreciation | Bharati Bhawan Ma.V., Kaski | 2002 |

5. Experience

| S.N. | School | Role | Address |
|---|---|---|---|
| 1. | Shree AmarSiddha Na. Ma. Vi | Teacher | Pachavaiya-12 |
| 2. | Shree Bharati Bawan H.S.S. | V. Principal | Puranchour-6 |
| 3. | Shree Bidhybasini H.S.S | Teacher (At Present) | Barpatan-2 |