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# Ep Journal of Business Strategy

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The aim of Journal of Business Strategy is to identify the theoretical and practical issues faced by corporations and small scale businesses all over the world this journal disseminate knowledge and information about theoretical advancement and the best practices of business. It covers all the major business disciplines (but not limited) including:

- Strategic Management
- E-commerce
- Entrepreneurship
- Ethics in Business
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- Economics of Organizations and Industries
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# A Study on the Attitude of the Respondent Towards Investment Choices in Thanjavur District, Tamil Nadu

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## **ABSTRACT**

*Investment is the employment of funds with the aim of getting return on it. It is the commitment of funds which have been saved from current consumption with the hope that some benefits will accrue in future. Thus, it is a reward for waiting for money. So the first step to investment is savings. In common usage, saving generally means putting money aside, for example, by putting money in the bank or investing in a pension plan. In a broader sense, saving is typically used to refer to economizing, cutting costs, or to rescuing someone or something. In terms of personal finance, saving refers to preserving money for future use - typically by putting it on deposit – this is distinct from investment where there is an element of risk. The study on people's choice in Investment Choices has been undertaken with the objective, to analyze the investment choice of people in Thanjavur District. Analysis of the study was undertaken with the help of survey conducted. After analysis and interpretation of data it is concluded that in Thanjavur District respondents are medium aware about various investment choices but they do not know aware about stock market, equity, bond and debentures. The study is conducted by taking a limited number of sample sizes which is stated earlier. And this study reflects the exceptions of those respondents who are residing in Thanjavur District.*

## **INTRODUCTION**

Investment is the employment of funds with the aim of getting return on it. It is the commitment of funds which have been saved from current consumption with the hope that some benefits will accrue in future. Thus, it is a reward for waiting for money. So the first step to investment is savings. In common usage, saving generally means putting money aside, for example, by putting money in the bank or investing in a pension plan. In a broader sense, saving is typically used to refer to economizing, cutting costs, or to rescuing someone or something. In terms of personal finance, saving refers to preserving money for future use - typically by putting it on deposit – this is distinct from investment where there is an element of risk.

The developing countries like India face the enormous task of finding sufficient capital in their development efforts. Most of these countries find it difficult to get out of the -vicious circle of poverty of low income, low saving, low investment, low employment etc. With high capital output ratio, India

needs very high rates of investments to make a leap forward in her efforts of attaining high levels of growth. Since the beginning of planning, the emphasis was on investment as the primary instruments of economic growth and increase in national income. In order to have production as per target, investment was considered the crucial determinant and capital formation had to be supported by appropriate volume of saving.

There are a lot of investment choices and one must select the most appropriate one. The person dealing with the planning must know all the various investment choices and how these can be chosen for the purpose of attaining the overall objectives. The details of making the investment along with the various ways in which the investment has to be maintained and managed.

### **OBJECTIVES OF THE STUDY**

- To study the factors that influence investment behaviour of the people.
- To study the attitude of the respondents towards different investment choices.
- To offer suggestions based on the findings

### **HYPOTHESIS**

- There is no significant relation between investment avenues and educational and occupational.
- There is no significant relation between investment avenues and income level and saving level.
- There is no significant relation between investment avenues and gender and age groups.

### **REVIEW LITERATURE**

Behavioural finance is a new emerging science that studies the irrational behaviour of the people. Avinash Kumar Singh (2006) The study entitled "Investment Pattern of People" has been undertaken with the objective, to analyze the investment pattern of people in Bangalore city and Bhubaneswar analysis of the study was undertaken with the help of survey conducted. After analysis and interpretation of data it is concluded that in Bangalore investors are more aware about various investment avenues & the risk associated with that. All the age groups give more important to invest in equity & except people those who are above 50 give important to insurance, fixed deposits and tax saving benefits. Generally those investors who are invested in equity, are personally follow the stock market frequently i.e. in daily basis. But those who are invested in mutual funds are watch stock market weekly or fortnightly. In Bangalore, investors are more aware about various investment avenues and the risk associated with that. But in Bhubaneswar, investors are more conservative in nature and they prefer to invest in those avenues where risk is less like bank deposits, small savings, post office savings etc.



Sudalaimuthu and senthil kumar (2008) Mutual fund is the one of investment avenues there searcher research in this area about investors perception towards mutual fund investments has been analyzed effectively taking into account the investors reference towards the mutual fund sector, scheme type, purchase of mutual fund units, level of risks undertaken by investors, source of information about the market value of the units, investors opinion on factors influenced to invest in mutual funds, the investors satisfaction level towards various motivating factors, source of awareness of mutual fund schemes, types of plan held by the investors, awareness of risk category by investors, problems faced by mutual fund investors. Running a successful mutual fund requires complete understanding of the peculiarities of the Indian Stock Market and also the awareness of the small investor. The study has made an attempt to understand the financial behaviour of mutual fund investors in connection with the scheme preference and selection. An important element in the success of a marketing strategy is the ability to fulfill investor expectation. The result of these studies through satisfactory on the investor's perception about the mutual funds and the factors determining their investment decisions and preferences. The study will be useful to the mutual fund industry to understand the investor's perception towards mutual funds investments and the study would also be informative to the investors.

Sunil Gupta (2008) the investment pattern among different groups in Shimla had revealed a clear as well as a complex picture. The complex picture means that the people are not aware about the different investment avenues and they did not respond positively, probably it was difficult for them to understand the different avenues. The study showed that the more investors in the city prefer to deposit their surplus in banks, post offices, fixed deposits, saving accounts and different UTI schemes, etc. The attitude of the investors towards the securities in general was bleak, though service and professional class is going in for investment in shares, debentures and in different mutual fund schemes. As far as the investments are concerned, people put their surplus in banks, past offices and other government agencies. Most of the horticulturists in Shimla city who belong to Apple belt though being rich have a tendency of investing then surpluses in fixed deposits of banks, provident funds, Post Office savings, real-estate, etc. for want of safety and suitability of returns.

Manish Mittal and Vyas (2008) Investors have certain cognitive and emotional weaknesses which come in the way of their investment decisions. Over the past few years, behavioural finance researchers have scientifically shown that investors do not always act rationally. They have behavioural biases that lead to systematic errors in the way they process information for investment decision. Many researchers have tried to classify the investors on the basis of their relative risk taking capacity and the type of investment they make. Empirical evidence also suggests that factors such as age, income, education and marital status affect an individual investment decision. This paper classifies Indian investors into different

personality types and explores the relationship between various demographic factors and the investment personality exhibited by the investors.

## **METHODOLOGY**

This study examined on people's choice in investment avenues of Thanjavur District. Data were collected using structured questionnaires. The sample size of area is analyzed by tools selected for this study was one hundred and ten respondents were randomly selected from the town. Data were analyzed using descriptive statistics and chi-square technique.

This part explain the methodology used in this study. The methodology includes data and sources of data, sample size, area of the study and framework of analysis. The study is based on primary and secondary data. Primary data have been collected from 110 respondents through a structure questionnaire covering different groups of peoples among Thanjavur District. . The secondary have been collected from various books, magazine, journals, newspapers and web sites. The samples sizes of 110 respondents were taken for the research work among in Thanjavur District. The sampling technique followed in this study is probability sampling. Simple random techniques are used to select the respondent from the available database. In order to analyse the collected data, the following tools were used. Simple percentage analysis: it states the frequency and percentage of the customers profile, attitude and opinion regarding peoples.

## **ANALYSIS OF INVESTMENT PATTERN**

In this analysis male and female respondents are giving most preference to insurance, NSC, PPF and bank deposit etc. All the age groups are given more preference on investing in insurance, Post Office Savings (NSC), Public Provident Fund (PPF) and Bank Deposit (BD) except those who are more than fifty years. And the second more preferable investment avenue is gold, others like SHG, equity, mutual funds and real estates. But the age group which is more than fifty one to sixty years gives more preference to invest in Life Insurance (LI).

In this survey 52 percent people respond the question is below 30 and second responds people is above 31. Above 52-60 age group are covered only 8 percent for that reasons we cannotable to analysis the senior citizen behaviour in investment. There is not significant relation between investment avenues and gender and age groups. Here null hypothesis rejected and alternative hypothesis accepted.

A critical analysis reveals that maximum earners are lying in occupational followed by Private sector Employee, Public Sector Employee, Self-Employed and Professional belonging, not employed is out

of taken sample for study. Another interesting feature was that out of the total respondent 56 percent of private- employed performance well in the investment avenues and 30 percent of self-employee and 14 percent of public sector employee lastly performance in the invest who adopted professional.

By judging the critical difference and comparing educational and qualification with each other, we find insignificant variation among the respondent from education level. Graduate level of the respondent more attention on invests at the level 30 percent, second preference given by the professional at the level of 27 and postgraduate at percentage of 24 and 19 percentage followed by others.

Preference to the investment compare to the educational and occupational level there is not significant relation between investment avenues. Here null hypothesis rejected and alternative hypothesis accepted. Comparing to higher income levels respondents and lower income levels respondents, lower income levels respondents given more preference to invest in insurance, bank deposits, PPF, NSC and some others invest in other investment avenues.

Lower income levels respondents have more awarded about investment avenues compare to high income level respondents. It implies that the lower income level groups are preferred to take more safety in investment rather than higher income level. And those who are taken more risk in investment are preferred to invest in insurance rather than any investment avenues.

The saving behaviour of the respondent on invest 48 percent of respondents saving level is less than 25,000 even though they try to invest their money in the investment avenues and high level saving of the respondent ideas and themes also nearly to same performance. There is not significant relation between investment avenues and income level and saving level. There is various factors influence to take investment decision making, Most of the respondents invest depends upon safety propose of their invest 60 per cent of respondent investment decision is depend on return and protection of investment, 23 percent and 20 percent of respondent second important factor is liquidity and risk performance and 17 per cent of respondents' investment is based on safety involved. Choice of factor is changing from respondent to respondent. There is not significant relation between investment avenues and Annual income and Annual savings. Here null hypothesis rejected and alternative hypothesis accepted.

## CONCLUSION

The study on people's choice in Investment Choices has been undertaken with the objective, to analyze the investment choice of people in Thanjavur District. Analysis of the study was undertaken with the help of survey conducted. After analysis and interpretation of data it is concluded that in Thanjavur

District respondents are medium aware about various investment choices but they do not know aware about stock market, equity, bond and debentures. The study is conducted by taking a limited number of sample sizes which is stated earlier. And this study reflects the exceptions of those respondents who are residing in Thanjavur District. There might be a chance that the perceptions of the respondents of different are varied due to diversity in social life, living pattern, income level etc. All the age groups give more important to invest in Insurance, NSC, PPF and bank deposit. Income level of a respondent is an important factor which affects portfolio of the respondent. Middle age group, Lower income level groups respondents are preferred to invest in Insurance, NSC, PPF and bank deposit rather than any other investment avenues. In Thanjavur District respondents are more aware about various investment avenues like Insurance, PPF, bank deposits, small savings like post office savings etc. For that awareness program has to be conducted by Stock Brokering firms because most of the respondents unaware about this new service and about stock market.

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# Trends in Economic Contribution of Health Tourism to Indian Economy

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## **ABSTRACT**

*Indian tourism sector is one of the most vibrating sectors of the Indian economy. It is not only a significant contributor to GDP and employment opportunities, but also provides health services to domestic and foreign tourists.*

*Now a day's people are more aware of the importance of health. They are conscious in maintaining a healthy body, mind and soul. People visit tourism destinations normally for leisure and recreation. India has competition from other health tourism countries like Thailand, Jordan, Malaysia, South Africa, USA and UK etc. The purpose of visiting a tourism destination may vary depending up on the nature and interests of tourists. Hence tourism destinations design variety of tourism products so as to cater the needs of tourists having different interests. Health tourism is a niche tourism developed by the competing tourism promoting countries in order to attract people travelling with the prime purpose of getting healthcare.*

*In this context the present study makes an attempt to analyze the economic contribution of health tourism sector in India. The analysis is based on the secondary data collected from the published sources. The results indicate that health tourism quality care, relatively cheaper services compared to the other countries, package deals and cheap services from the tourism and hospitality sectors are the biggest attraction of health tourism in India.*

**Keywords: Heath tourism, Price and Facilities**

## **INTRODUCTION**

Health tourism is also known as medical tourism. Medical tourism often refers to travelling to other countries to obtain medical, dental and surgical treatment etc. It denotes the increasing tendency among people to travel in search of more affordable health options often packaged with tourist attractions.

Medical tourism in India is the fastest growing segment of tourism industry. India ranks second for medical tourism in the world. The city of Chennai attracts around 45% of medical tourists from foreign countries. Health tourism is the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialized hotel which provides the appropriate professional know how and individual care. They require a

comprehensive service package comprising physical fitness, beauty care, healthy nutrition, diet, relaxation, meditation and mental activity and education.

Health tourism is highly promoted by big corporate hospitals in developing countries by providing high quality medical services at cheaper prices to patients from industrialized nations. Health tourism is projected as a new segment in travel and healthcare business. Globally, medical tourism is said to be US \$ 40 billion industry. The main attractions of health tourism are cost effectiveness and a chance to enjoy the tourist products of health tourism destination during recuperative period.

## **REVIEW OF LITERATURE**

Several studies have been conducted world over focusing on different aspects of service sectors. Some of these studies focusing on the medical/health tourism and economic growth of tourism industry are summarized below.

Karthik et al. (2012) examined the role of tourism industry in economic development of India. This paper attempts to evaluate the role of tourism as one of the service industries in India and its impact on the overall economic development of the country. Tourism industry in India is growing and it has potential for generating employment and earning large amount of foreign exchange besides impacting the country's overall economic and social development. This paper makes an attempt to provide an in-depth analysis of negative and positive impacts of tourism industry in India.

Suman Kumar Dawn and Swati Pal (2011) study on medical tourism in India: Issues, opportunities and designing strategies for growth and development. The paper identifies the strengths of India's medical tourism service providers and points at a number of problems that may reduce the growth opportunity of this industry. This paper focuses on the key issues and opportunities possessed by Indian medical tourism sector that enable it to overcome domestic and international barriers on upgrading its medical services. Finally, this paper analyses and concludes the main reasons why the developing country like India attracts foreign tourists for the medical treatment.

## **OBJECTIVES OF STUDY**

1. To examine the potential and growth of medical tourism in India.
2. To examine the contribution of health tourism to Indian economy.



## **METHODOLOGY**

The paper is mainly based on the secondary data. The secondary data were collected from various published sources like books, journal, Madras school of Economics, Indiatats.com and Ministry of Indian Tourism.

## **SCOPE OF HEALTH TOURISM AND PRESENT STATUS IN INDIA**

Health Tourism holds immense hope. The Indian systems of medicines, i.e. Ayurveda, Yoga, Panchakarma, Rejuvenation Therapy, etc. are among the most ancient systems of medical treatment, of the world. India can provide Medical and health care at international standard at comparatively low cost. Southern States of India, especially Kerala, has developed health tourism as one of the products for the promotion of tourism in Kerala. Most of the hotels/resorts are coming up with the Ayurveda centers as an integral part. Most of the foreign tourists are now coming to India only for Ayurveda. The leading tour operators have included Ayurveda in their Promoting health tourism worldwide.

## **CONCEPTS OF HEALTH TOURISM**

Health tourism comprises of two concepts of healthcare and tourism and it involves a combination of resources of healthcare and tourism. A health tourism destination highlights its healthcare resources that give wellness and cure and tourism attractions that give peace of mind and relaxation. Health tourism is becoming a preferred form of vacationing as its covers a broad spectrum of medical services and mixes leisure, fun and relaxation together with wellness and healthcare.

## **FACTORS DRIVING HEALTH TOURISM IN INDIA**

- Skilled physicians and specialists, many, with Indian and international experience.
- High quality nursing capability providing high or equivalent standards of medical care as in patient's home country.
- Use of modern medical technology, high-quality implants and internationally accepted medical supplies.
- Strong value proposition on cost, quality of treatment and services.
- Diverse geography with numerous tourism destinations to suit the patient's schedule and health.
- No waiting period for international patients - a key constraint for surgical procedures in home country.
- Unavailability of reliable cure or facilities for treatment in home country.
- Emergence of multi-specialty hospitals in major Indian cities.
- Favorable exchange rates and cheaper international air-travel.
- Widespread use of English Interpreter services also available.

- Use of alternative medicine, wellness and rejuvenation programmes for complete healing.
- Growing local insurance market and tie-ups with international medical/travel insurance providers.
- International banking and widespread use of plastic money.
- Modern hospital and hotel facilities, good air and surface transport, developed telecommunications network and improving tourism infrastructure.
- Abundant and easily available information on India and, hospitals and tourism industries.

### **SPECIFIC TOUR PACKAGES FOR MEDICAL TOURISTS IN INDIA**

Indian Government is launching various schemes and programmes to promote health tourism and inviting foreign and private investors to invest in hospitals and accommodation sector. According to a study 75- 80% of health care services and investments in India are now provided by the private sector. India is granting various incentives and tax rebate to various pharmaceuticals industries to provide medicines, surgical equipments, and other medical facilities. Various specific tour packages available to medical tourist are as follows.

1. Bone Marrow Transplant, Brain Surgery and Cancer Procedures (Oncology) and Cardiac Care
2. Cosmetic Surgery and Dialysis and Kidney Transplant
3. Drug Rehabilitation
4. Gynecology and Obstetrics
5. Joint Replacement Surgery
6. Nuclear Medicine, Neurosurgery and Trauma Surgery
7. Gall Bladder stones surgery and Hernia surgery
8. Hip-Knee replacement surgeries and other orthopedic surgeries
9. Heart surgery packages like Cardiac Surgery and Cardiology, Open Heart Surgery
10. Treatments of different skin problems including skin grafting etc

### **INDIA AND OTHER COUNTRIES PRICE STRUCTURES OF HEALTH TOURISM**

In health tourism quality care, relatively cheaper services compared to the other countries, package deals and cheap services from the tourism and hospitality sectors are the biggest attraction of health tourism in India. The below table summarized the some diseases and its cost conditions of various countries.



**Table: 1 Comparative Costs in Health Tourism (US\$)**

Countries	Coronary artery bypass surgery	Bypass surgery, heart valve replacement	Hip replacement	Knee replacement	Face lift
Costa Rica	24,100	30,000	11,400	10,700	4,900
France	33,100	33,137	15,000	17,000	12,300
<b>India</b>	<b>7,000</b>	<b>9,500</b>	<b>7,200</b>	<b>4,300- 7, 200</b>	<b>3,100-4,800</b>
Malaysia	12,000	13,400	7,500	12,000	6,400
Panama	10,500	13,500	5,500	7,000	2,500
Singapore	16,300	22,000	12,000	9,600	6,250-7,500
South Korea	31,750	42,000	10,600	11,800	6,650
Taiwan	27,500	30,000	8,800	10,000	8,500
Thailand	22,000	25,000	12,700	11,500	5000
UAE	40,900	50,600	46,000	40,200	-
UK	43,000	90,000	13,000	52,000	13,000
USA	70,000-133000	75,000-2000000	33,000-57,000	30,000-53,000	10,500-16,000

Sources: Indian Medical Travel Association, IMaCS Research, Medical Tourism websites

The above data indicates the medical price differentials of various countries. India is a country that can give lot of medical facilities to foreigners from all over the world. The low cost services are factors which influences the health tourism. The price differentials of various procedures for Singapore, Thailand and India with the USA reveal the economic advantage offered to interested patients by India. Here compared to the other countries Indian medical health expenditure is very low, so it could be help of more number of tourist's attraction to health tourism in India.

**Table:2 Financial assistance granted under market development assistance to various medical/ wellness tourism stakeholders in India (2011-2012 to 2014-2015 up to June 2014)**

Year	Amount Reimbursed (in Rs)
2011-12	15,26,759/-
2012-13	1,91,3018/-
2013-14	10,27,970/-
2014-15 up to 30.06.2014	70,69,535/-

Source: Indiastats.com

The data shows that the financial assistance granted to medical, wellness tourism under market development assistance scheme in India during 2011-12 was Rs 15,26,759 and it increased every year. In the year 2014-2015, Rs.70,69,535 financial assistance was granted to Indian medical/wellness tourism. This investment helped in the creation of employment in medical tourism.

## REASONS FOR VISITING THE TOURIST PLACES

In an attempt to understand how many tourists are visiting the tourist destinations exclusively for the sake of its heritage, medical, cultural and religion value and how many are combining with their other activity.

**Table: 3 Foreign Tourist Arrivals Purpose of visitations to India (2013)**

Purpose of Visitations	Percentage
Leisure, Holiday and Recreation	30.30%
Visiting Friends and Relatives	25.90%
Business and Professional	20.90%
Medical Treatment	3.40%
Education	1.90%
Others	17.60%
Total	100%

Source: Government of India Ministry of Statistics and Programme Implementation Central Statistics Office, Research & Publication Unit, New Delhi

From the data presented in table 3 it is clear that 30.3% are coming exclusively either to know the leisure, holiday and recreation, 25.9% are visiting friends and relative's home at the tourist destinations and 20.9% business and professional tourism visitors. Only 3.4% of medical treatment, 1.9% of education purpose and 17.6% other purpose of like heritage and adventure and conference and culture etc.

### STATEWISE HEALTH TOURISTS IN INDIA

In terms of attracting health tourists also some states have an advantage. The following data reveals top ten states of India in number of health tourist visitors during 2013-2014.

**Table: 4 Status of health tourists of top 10 states in India (2013-14)**

Name of the states	Percentage of health tourists
Maharashtra	28.9
Tamil Nadu	15.7
Delhi	10.6
Uttar Pradesh	9.4
Rajasthan	7.2
West Bengal	6.7
Kerala	3.7
Bihar	3.6
Himachal Pradesh	2.5
Goa	2.5
Total top 10 states	90.3
Others	9.7
Total	100

Source: Madras school of Economics

The above data shows that in the status of health tourist arrivals to Maharashtra stood first with 28.9% of the total tourists to India. The next important source of tourist arrivals is Tamil Nadu with 15.7% of the tourist arrivals. Other important states include Uttar Pradesh, Delhi, Rajasthan, West Bengal, Kerala, Bihar, Himachal Pradesh and Goa. Goa stood tenth in the list. All the ten important states represent 90.3% health tourists and the remaining states represent 9.7% of the total health tourists in India.

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## STEPS TAKEN BY MINISTRY OF TOURISM TO PROMOTE MEDICAL TOURISM

The Ministry of Tourism has taken several steps to promote India as a Medical and Health Tourism Destination, which are follows:

1. Indian Healthcare Federation, a Non-Governmental organization affiliated to the Confederation of Indian Industry, on advice by Government, has prepared a guide on select Indian hospitals of the country for health tourism 'purposes. It has been placed on the Website of the Ministry of Tourism i.e. [www.incredibleindia.org](http://www.incredibleindia.org) for wider publicity.
2. Brochure, CDs and other publicity materials to promote medical and health tourism have been produced by the Ministry of Tourism and have been widely circulated for publicity in target markets.
3. Medical and health tourism has been specifically promoted at various international platforms such as World Travel Mart, London.
4. A new category of 'Medical Visa' has been introduced, which can be given for specific purpose to foreign tourist coming to India for medical treatment
5. Guidelines for accreditation of Ayurvedic and Panchkarma Centres have been circulated to all State Governments for implementation. These have been placed on the website of Ministry of Tourism i.e. [www.incredibleindia.org](http://www.incredibleindia.org) for wider publicity.
6. Yoga, Ayurveda and Wellness has been promoted over the last two years in the print, electronic, internet and outdoor medium under the Ministry of Tourism's "Incredible India Campaign",
7. Brochures and CDs on Body, Mind and Soul covering the traditional system of medicine have been produced and circulated extensively by the Ministry of Tourism.

## CONCLUSION

Health tourism plays a significant role worldwide and brings an appreciable proportion of revenue to India in the recent decades. The further of health tourism or medical tourism in India seems promising as the industry provides enormous revenue to Indian economy. Indian government needs to give attention to the basic health needs of her own citizen and hence perhaps limit expenditure on medical tourists and focus on the health of own citizen. If health tourism industry is given clear guidance and right direction from the government and partners, then it can contribute towards the Indian economy on one side and towards the development of the life standard of local on the other side.

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# Market Potential and Brand Awareness Towards Automobile Industry

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## **ABSTRACT**

*This paper analyzes awareness level of consumer's different brands. The paper examines the consumer's perception in different attributes towards two wheelers. And also the paper explores on reasons and intentions of purchasing decisions.*

***Keywords: Awareness, Attributes, Brands, Consumer's Perception, Intentions, Purchasing Decisions***

## **INTRODUCTION**

The automotive industry is a wide range of companies and organizations involved in the design, development, manufacturing, marketing, and selling of motor vehicles. It is one of the world's most important economic sectors by revenue. The automotive industry in India is one of the largest automotive markets in the world. It was previously one of the fastest growing markets globally, but it is currently experiencing flat or negative growth rates. In 2015, India emerged as Asia's fourth largest exporter of passenger cars, behind Japan, South Korea, and Thailand, overtaking Thailand to become third in 2016.

Automobile industries are one of the fastest growing areas in both developed and developing countries where in HONDA plays a major role in development of automobile industry, as a multinational company from Japan established in 1959 and today world's largest manufacturer of internal combustion engines. In India it has well established itself as a famous moped manufacturing organization. The demand of moped vehicle is growing continuously in India.

The study is in Mysore city, the objective of this study is to analyze various factors considering by customers for opting mopeds over motor cycle. The data is collected from 100 respondents of different age groups, and occupation in Mysore city. The study focus to analyze various factors of market

potential and brand awareness towards HONDA ACTIVA in Mysore city and those factors are presented in an empirical manner with the help of table and charts.

### **STATEMENT OF PROBLEM**

HONDA ACTIVA is one of the largest selling two wheelers in India and to know the strength and weakness of these two wheelers. The study has been conducted.

### **RESEARCH METHODOLOGY**

In this research convenience sampling has used. The total sample size taken for survey is 100 respondent primary and secondary data used for data collection.

### **SCOPE OF THE STUDY**

1. Finding out the strength and weakness attributed to HONDA ACTIVA.
2. Finding the number of future purchases.
3. Finding the market potential and awareness of this vehicle
4. Finding the position of the vehicle among the competitors
5. Finding the perception of consumers about the vehicle.

### **LIMITATION OF THIS STUDY**

1. Project work and study is confined to Mysore city only.
2. The data was collected only from 100 respondents. Their feeling and views are portrayed in a statistical and graphical manner. This itself can be a limitation.

The overall sample size is 100. Hence this is not to be a truly representative picture.

### **OBJECTIVE OF THE STUDY**

1. To analyze the awareness level of the consumer's about different brands of two wheelers.
2. To determine the consumer's perception regarding different attributes of two wheelers.
3. To study the consumer's perception regarding HONDA ACTIVA in particular.
4. To describe the reasons and intentions of purchasing decisions.

### **BRAND AWARENESS**

#### **Brand**

Consumer views a brand as an important part of a product and branding can add value to a product. For

example, most consumers would perceive a bottle of white linen perfume as a high quality, expensive product. But the same perfume in an unmarked bottle would likely be viewed as lower in quality, even if the fragrance were identical.

Branding has become a major issue in product strategy. On the one hand, developing a branded product required a great deal of long marketing investment, especially for advertising promotion and packaging.

### **Branding**

Perhaps the most distinctive skill of professional marketers is their ability to create, maintain, protect and enhance brands. A brand is a name, term, sign, symbol or design or a combination of these intended to identify the products or service of one seller in-group of seller and to differentiate them from those of competitors.

A brand is a seller promise to deliver consistently a specific set of features, benefits and services to buyers. The best brands convey a warranty of quality. According to one marketing executive, a brand can deliver up to four levels of meaning: -

### **Attributes**

A brand first brings to mind certain product attributes. For e.g. Mercedes, suggests such attributes as “well engineered” well built,” “durable”, “high prestige”, ”fast”, “expensive” and “high resale value”. The company may use one or more of these attributes in its advertising for the car. For years Mercedes being advertised engineered like no other in the world. This provided a positioning platform for other attributes of the car.

## **BRAND MANAGEMENT**

Today the primary capital of many businesses is their brands. For decades the value of a company was measured in terms of its real estate, then tangible assets, plants and equipment's.

However it has recently been recognized that company's real value lies outside business itself, in the minds of potential buyers or consumers.

“A brand is both, tangible and intangible, practical and symbolic, visible and invisible under conditions that are economically viable for the company” (Kapferer, 1986).

Brands are built up by persistent difference over the long run. They cannot be reduced just to a symbol on a product or a mere graphic and cosmetic exercise. A brand is the signature on a constantly renewed, creative process which yields various products. Products are introduced, they live and disappear, but brands endure. The consistency of this creative action is what gives a brand its meaning, its content, and its characters': creating a brand requires time and identity.

## **COMPANY PROFILE**

India is the third largest producer of Two-Wheelers after Japan and China, and the second largest consumer after China, despite the poor road infrastructure and the meagre purchasing power, the two-wheeler industry in India has enjoyed a wider appeal with the masses as a means of private transportation. Two-wheelers are usually classified in 3 types Scooters, Motorcycle and Mopeds. A look at the post independence era shows the Two-wheeler industry has witnessed three distinct phases of growth.

Honda Motor Company, Japan with its headquarters in Tokyo, has manufacturing operations in 32 countries with 109 production bases. It has 3 business divisions namely 2-wheelers, 4-wheelers and Power Products. Apart from HMSI that manufactures 2-wheelers, the other Business divisions in India include Honda Siel Cars India Limited

(HSCI) and Honda Siel Power Limited (HSPL). The company principal of Honda Worldwide is dedication to supplying products of the highest quality yet at a reasonable price for worldwide customer satisfaction.

## **AN OVERVIEW OF HONDA MOTORCYCLE & SCOOTER INDIA PRIVATE LIMITED (HMSI)**

Honda is the world's largest manufacturer of 2-wheelers. Its symbol, the Wings, represents the company's unwavering dedication in achieving goals that are unique and above all, conforming to international norms. These wings are now in India as Honda Motorcycle & Scooter India Pvt. Ltd. (HMSI), a wholly owned subsidiary of Honda Motor Company Ltd., Japan. These wings are here to initiate a change and make a difference in the Indian 2-wheeler industry. Honda's dream for India is to not only manufacture 2-wheelers of global quality, but also meet and exceed the expectations of Indian customers with outstanding after sales support. They are the world leaders in Motorcycles and also pioneer in four-stroke technology. It has manufacturing operations in 32 countries with 109 production bases. They have collaborators and technical ties their own subsidiary. Before Honda came to India, they made a survey of a two-wheeler market, which was dominated by Bullet and Yezdi Motor cycles,



were old in technology, and also with an outdated, look. During time, Honda Motor Company Ltd. realized there was a huge demand for technically advanced fuel efficient, lighter machines. In addition to this, their study also revealed poor public transportation at an economical and affordable of having personal mode of transportation at an economical and affordable price was need of the hour. Hence, Honda Motor Company Ltd established its own manufacturing unit in India.

### **HONDA MOTORCYCLE & SCOOTER INDIA PVT.LTD. (HMSI)**

Official Name	Honda Motorcycle & Scooter India Pvt. Ltd.
Established	20th Oct. 1999
Place	New Delhi, India
Capital	Rs. 300 Crore
Representative	Mr. Haruo Takiguchi, President & CEO
Location	Manesar, District Gurgaon, Haryana, India
Production Capacity	200,000 units per year

#### **Product Profile**

Honda Activa is the first scooter model of HMSI for the Indian Market. It has revitalized the Indian scooter market after its launch in the year 2001. Within the 1st year of its launch it has been awarded The 'Scooter of the Year' by Overdrive magazine and 'Readers Choice Award' for the best scooter by Auto India Magazine. The Honda Activa has set a new standard for new era of scooters in India. It has been developed exclusively for the Indian market after closely examining the changing lifestyles and needs of the consumers.

#### **The Honda Activa has been designed to cater to the people who believe:**

- The conventional Indian scooter is too big and difficult to handle.
- The scooterette is too small and similar to mopeds.

The Honda Activa is equipped with a number of new functions and Mechanisms, introduced for the first time in India. It is designed to Offer greater functionality, performance, economy, and ease of Handling and maintenance to a wide cross-section of the Indian Society.

#### **Competitors:**

Active Honda has a close Competitors in Market like

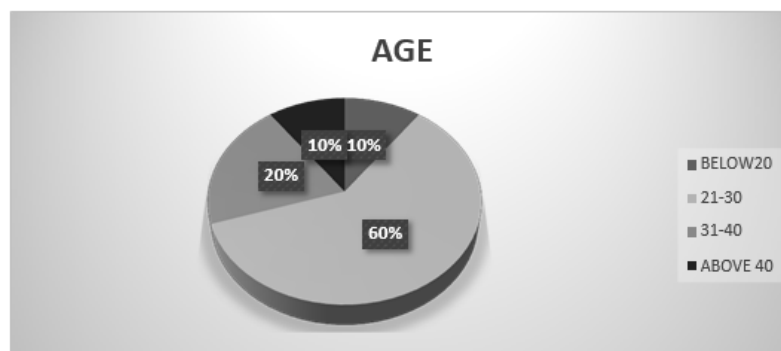
- Suzuki
- Hero
- TVS
- Piaggio

**Table 1- CLASSIFICATION OF RESPONDENTS ON THE BASIS OF AGE**

AGE		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BELOW20	10	10	10	10
	21-30	60	60	60	70
	31-40	20	20	20	90
	ABOVE 40	10	10	10	100
	Total	100	100	100	

### Analysis

Majority of the respondents belong to the age group between 21-30 (60%). The next highest number of respondents belongs to the age group of 31 and 40 (20%), 10% of the respondents are below 20 years of age. Just 10 % respondents are below 40 years of age.



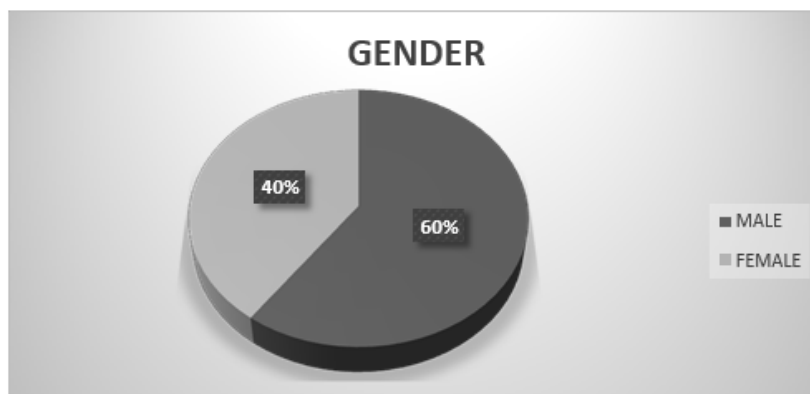
**Inference:** Hence it can be inferred that majority respondents are between age group of 21- 30 years.

**Table-2 classification of respondents on the basis of gender**

GENDER		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	60	60	60	60
	FEMALE	40	40	40	100
	Total	100	100	100	

### Analysis

Maximum 60% were male and 40% were females



## Inference

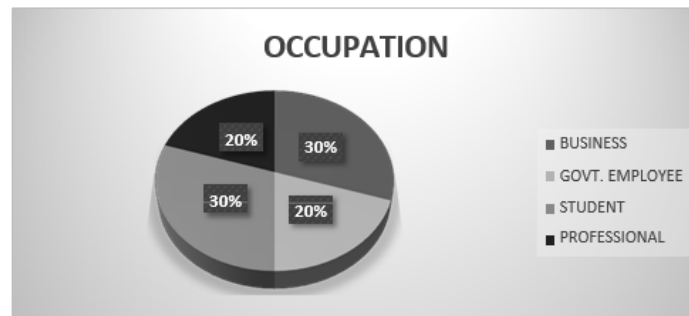
Hence it can be inferred that majority respondents are Males.

**TABLE- 3 CLASSIFICATION OF RESPONDENTS ON THE BASIS OF OCCUPATION**

OCCUPATION		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BUSINESS	30	30	30	30
	GOVT. EMPLOYEE	20	20	20	50
	STUDENT	30	30	30	80
	PROFESSIONAL	20	20	20	100
	Total	100	100	100	

## Analysis

Maximums of 30% of the respondents belong to Business category. Another 30% were Students' category. Government employees occupies 20% share of the respondents. Professionals occupy 20% of the total sample survey.



## Inference

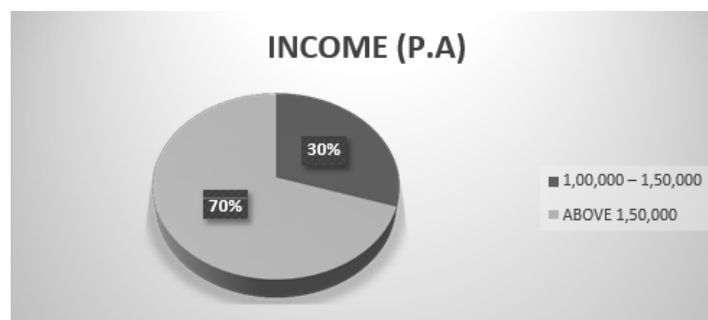
Hence it can be inferred that majority respondents were Businessmen and Students.

**TABLE –4 CLASSIFICATIONS OF RESPONDENTS ON THE BASIS OF INCOME**

INCOME(P.A)		Frequency	Percent	Valid Percent	Cumulative Percent
	1,00,000 – 1,50,000	30	30	30	30
Valid	ABOVE 1,50,000	70	70	70	100
	Total	100	100	100	

## Analysis

30% of the respondents have an annual income below Rs.1, 00,000 to 1, 50,000, and 70% earns above 1, 50,000 in a year.



### Inference

Hence it can be inferred that majority respondents belongs to an income group of above 1, 50,000.

**TABLE -5 CLASSIFICATIONS OF RESPONDENTS ON THE BASIS OF VARIOUS BRAND PREFERENCES OF TWO WHEELERS**

BRAND PREFERENCE		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	HONDA	40	40	40	40
	SUZUKI	20	20	20	60
	BAJAJ	20	20	20	80
	TVS	10	10	10	90
	HERO	10	10	10	100
	Total	100	100	100	

### Analysis

The survey depicts that 40% of respondents prefer HONDA, each 20% of respondents prefer Suzuki and Bajaj. Each 10% of respondents prepare TVS and HERO.



### Inference

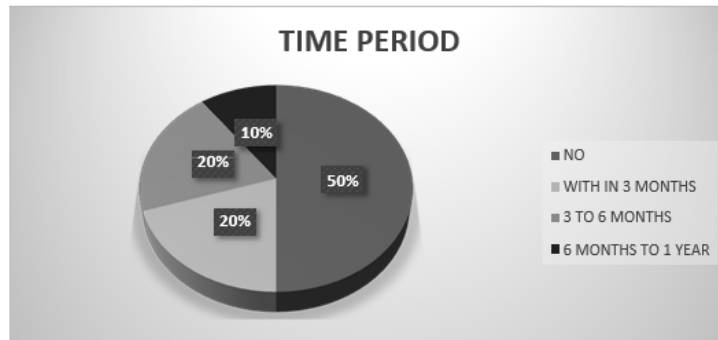
Hence it can be inferred that majority respondents prefer HONDA.

**TABLE - 6 SHOWING TIME PERIOD FOR PURCHASE**

TIME PERIOD		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	50	50	50	50
	WITH IN 3 MONTHS	20	20	20	70
	3 TO 6 MONTHS	20	20	20	90
	6 MONTHS TO 1 YEAR	10	10	10	100
	Total	100	100	100	

### Analysis

Among the respondents who wished to buy a vehicle, 20% of the respondents wanted to buy within a period of 3 months, 20% between 3 to 6 months, and 10% within 6 months to 1 year.



**Inference**

Hence it can be inferred that majority respondents need 6 months for purchasing the two wheelers.

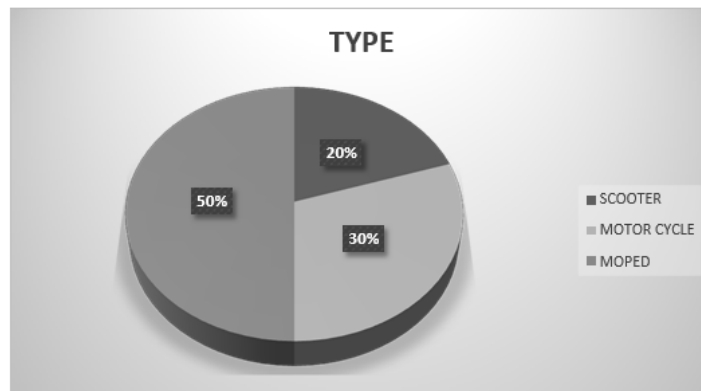
**TABLE -7 THE RESPONDENTS PREFERENCE FOR TWO WHEELER**

Thus MOPED is the most popular between all the two wheelers available in Mysore.

TYPE OF TWO WHEELERS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SCOOTER	20	20	20	20
	MOTOR CYCLE	30	30	30	50
	<b>MOPED</b>	50	50	50	100
	Total	100	100	100	

**Analysis**

Among the 100 respondents who wished to buy a two-wheeler, 50% preferred a MOPED; just 20% wished to purchase a scooter and 30% opted for motorbike cycle.



**Inference**

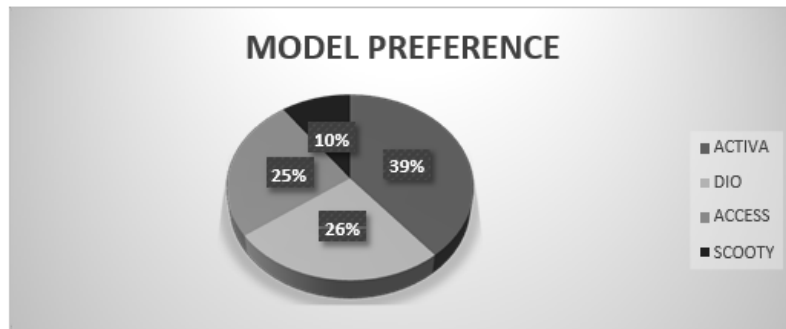
Hence it can be inferred that majority respondents prefer MOPED (ungeared)

**TABLE -8 SHOWING PREFERENCES IN CHOICE OF BRAND OF MOPED**

MODEL PREFERENCE					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ACTIVA	39	39	39	39
	DIO	26	26	26	65
	ACCESS	25	25	25	90
	SCOOTY	10	10	10	100
	Total	100	100	100	

**Analysis**

A maximum of 39% of the respondents wanted to buy ACTIVA. The other brand preferred is DIO by 26%, Access by 25% and Scooty by 10% of the respondents.



**Inference**

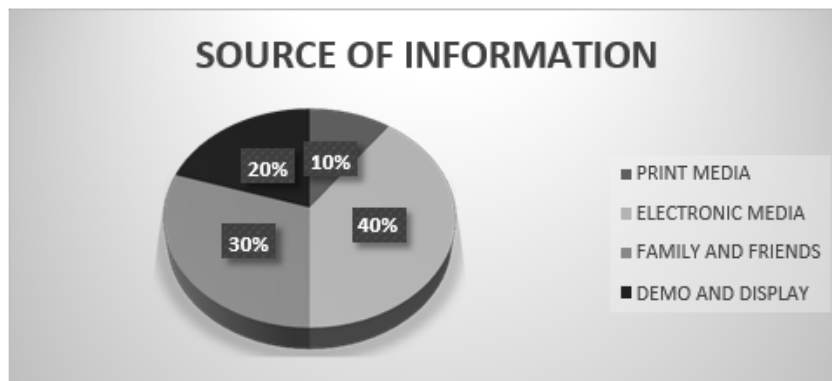
Hence it can be inferred that majority respondents prefer Honda brand and in that brand Active leads the chart.

**TABLE-9 SHOWING SOURCES OF INFORMATION ABOUT HONDA ACTIVA**

SOURCE OF INFORMATION					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PRINT MEDIA	10	10	10	10
	ELECTRONIC MEDIA	40	40	40	50
	FAMILY AND FRIENDS	30	30	30	80
	DEMO AND DISPLAY	20	20	20	100
	Total	100	100	100	

**Analysis**

The major source of information through which people got to know more about HONDA ACTIVA are electronic media 40%, family and friends 30%, demo and display give 20% of information to respondents and 10% by print media



**Inference**

Hence it can be inferred that majority respondents received the information by electronic media.

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## FINDINGS

Based on the statement of the problem and objectives of the study, observation made was as follows.

- 1) The survey reveals that all the consumers are aware of all mentioned brands of two wheelers in the market.
- 2) It is found that low cost of maintenance and pickup is the most important attributes consumer looks for before deciding to purchase a two wheeler. Technology and engineering, riding comfort; road grip and availability of spares are also given due importance.
- 3) The respondents find the mileage, technology and engineering to be the most satisfying attributes in HONDA ACTIVA. These two are the main reasons for the consumers to opt for HONDA ACTIVA. The survey also reveals that HONDA ACTIVA is one of the most preferred TWO WHEELERS among the various brands mentioned in the questionnaire.
- 4) The main reasons for purchasing HONDA ACTIVA is its better mileage, good aesthetics, technology and engineering.

### General findings

- 1) It was found that majority, 60% of the respondents belong to the age group between 21 and 30. This reveals that the scooter is mainly popular among youths than aged people.
- 2) The study reveals that majority of the respondents are male.
- 3) Majority of the respondents are students and business i.e. 30% each.
- 4) Majority of the respondent's fall in the income group of above Rs 1, 50,000. This reveals that the scooter is popular among all classes of the society.
- 5) According to survey all the respondents HONDA brands of two wheelers available in the market.
- 6) Regarding plans of purchasing two-wheeler in future 50% of the 100 respondents had intentions of buying a two-wheeler and 50% of respondents had no plans of buying a two-wheeler.
- 7) Among the respondents who wished to buy a vehicle, 20% of the respondents wanted to buy within a period of 3 months, 20% between 3 to 6 months, and 10% within 6 months to 1 year.
- 8) Among the 100 respondents who wished to buy a two-wheeler, 50% preferred a MOPED; just 20% wished to purchase a scooter and 30% opted for motorbike. Thus MOPED is the most popular between all the two wheelers available in Mysore
- 9) A maximum of 39% of the respondents wanted to buy ACTIVA. The other brand preferred is DIO by 26%, Access by 25% and Scooty by 10% of the respondents.
- 10) Among 50% of the respondents preferred MILEAGE, 20% brand loyalty, 10% for power, 10% Aesthetics and 10% preferred technology.
- 11) Among the 100 samples considered for survey 60% of them are users were users of two wheelers before HONDA ACTIVA and the remaining 40% were non-users of two wheelers.

- 12) The major source of information through which people got to know more about HONDA ACTIVA are electronic media 40%, family and friends 30%, demo and display give 20% of information to respondents and 10% by print media.
- 13) The major number of respondents purchased between 2010-2014 is 50%, 40% of respondents purchased between 2005-2009 and in 2001-2004 only 10% of respondents purchased HONDA ACTIVA.
- 14) The major number of respondents purchased HONDA ACTIVA on cash 60%, 20% of respondents purchased on installment and 20% of respondents purchased on credit.
- 15) The 70% of respondents stated that there is NO problem in HONDA ACTIVA and 30% there is a problem in HONDA ACTIVA.

## **SUGGESTIONS**

### **Technical suggestions**

1. The scooter has a four-stroke engine; it is expected to give good mileage. The scooter should give at least 55 – 60 kilometers per liter under city riding conditions as against 45 kms declared by the company.
2. Brakes and road grip of the scooter need to be improved.
3. The vehicles are expected to have lower maintenance cost in order to make the customers happy.
4. Seating arrangement of the vehicle should be changed.
5. Honda Active should be released with new attractive shades.

### **Commercial suggestions:**

- 1) The high price is one of the major barriers. The moped should be priced below Rs 40,000, (including accessories) which will increase the sales.
- 2) HONDA should advertise their new models in T.V, media to create awareness and attract some more consumers and also company should give more and more advertisements about the product in different media's like print media, electronic media so that it will reach and every one.
- 3) Youngsters prefer two wheelers to four-wheelers. So the advertisement and sales promotion should be aimed towards them.
- 4) The waiting period for the delivery of the vehicle should be reduced.
- 5) More authorized service station should be opened in city limits.



## CONCLUSION

Active Honda has emerged with its mopeds as per the needs & desires of the customer. It satisfied the need of gearless mopeds with ease handling which was looked forward to, by all class of customer in economic ranges.

With the introduction of this, ladies too turned to the mopeds due to the ease handling, style & physical appearances of the vehicle which is comfortable.

Finally to conclude, Active Honda is the first company to have introduced the gearless scooter on the Indian roads primarily targeted to urban customers. The company is performing successfully mainly due to following strengths of the company;

- Vehicles are user friendly.
- Excellent seat, road holding etc.
- Ease of use by female riders.

But the moped market is poised for some exciting developments with several international players keenly waiting to operate in Indian market. If the company caters to the raising desires of customers, customer's satisfaction & its quality, it can survive in the market for long period.

Though there are good many numbers of competitors for the Honda, the mopeds are moving fairly in the market and earning good returns to the company. The customers have good regards towards HONDA. They are well aware of the presence of the vehicle and about the features of the vehicles also.

The company is providing good many services which enhance the brand image indicating the company's efficiency.

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# Buzz Marketing: Its Role in Global Arena

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## **ABSTRACT**

*Strangely enough in this world of sophisticated communication technologies we still realize greatly upon the views heard from others rather than going by what is being promoted popularly. The demographic paradigm has witnessed a sea of change in terms of education and thereby has resulted in higher levels of awareness and value expectations.*

*In products like movies, organized retailing the above mentioned phenomenon is very evident wherein consumers rely greatly upon the feedback they receive from authentic sources for even testing the value delivery proposition. Therefore it has become imperative for a marketer to initiate value convincing promotions amongst the opinion creators.*

**Key Words:** *communication technologies, demographic paradigm, value expectations, authentic sources, value delivery proposition.*

## **INTRODUCTION**

Strangely enough in this world of sophisticated communication technologies, we still realize greatly upon the views heard from others rather than going by what is being promoted popularly. The invention of cell phones greatly enhanced the talking capacity of the people. A lot of people talk and share information peer to peer and this phenomenon made a clear path for BUZZ marketing to flourish and like a virus mutates according to its environment, the buzz created by buzz marketing also change itself in order to meet challenges imposed by new environment . BUZZ marketing is a very effective technique of conveying a message which needs no money but only word of mouth communication. The volunteers are first gathered to try a new product then they send to the world to talk about what they have experienced with the people they come across in their daily routine. More the people see that product being used in the public or more they hear about that product from others whom they know very well and trust, the greater is the possibility of buying that product by them.

Due to globalization, the competition is on hike in each and every field and when it comes to marketing, it's even more difficult. Traditional marketing techniques like radio and television advertising are grown older as they are facing ignorance of the viewers. Thus a huge amount of money spent on such advertisements is being wasted where as creating a BUZZ around your product is far easier, cost

effective and less time consuming. In such kind of marketing campaign, money doesn't play a prominent role rather it encourages a curiosity amongst people who then start talking about and finally spread it to others, all it needs is innovation and creativity.

In this hi-tech 21st century, along with the advancement of technologies, people also became advanced and smarter than before education played an important role in increasing the awareness and knowledge of people. Today people are expecting a lot from what they buy. The soul of buzz marketing is the quality of the product. If it is not good then the company may not be able to create a positive buzz around it rather a negative buzz will be created, that will destroy the overall image of the product and people will reject it altogether. Let's take an example of a new product, let it be a flavored juice, that is going to be launched by a company after few months but before that they want to create a buzz around their product for which they started giving their juice for free to people, they go to school and colleges and ask the students to try their product, they go to restaurants and motels and ask them to serve their flavored juice to their customers for free. Now two things can happen, people can either like it and a sense of curiosity will be generated among them for that juice. They will start passing the information about that extremely new drink that they have tasted just before any of their friends and will feel proud to be the first one who has the knowledge about a new thing which according to them is really very good. Though they are talking about that product but it happened just because of the taste and quality of that juice that makes them to spread positive information among others. The other possibility can be, they don't like it and started creating negative buzz that hampers the curiosity of the people and as the virus kills the host cells in the body it starts killing the prospective customers. So we can say that buzz marketing strongly depends upon the quality of the product.

We are talking about buzz marketing here, so it is necessary to talk about its major forms and these forms namely stealth marketing and viral marketing have played a major role in creating buzz around so many products all over the world. In 2002 Sony Ericsson used the technique of stealth marketing in which the marketing of a product is done in such a way that the customers don't even realize that a product is marketed to them. It makes them believe that the company is not marketing its product to them rather they came across it, discussed with their peer and made their choice. The company hired almost sixty actors in ten different cities of US in order to market their new camera phone among the people. They started approaching people walking on the streets, asking them to take their pictures

.The motive behind this was to make people engage in the benefits of their "new Sony Ericsson phone" and they succeeded to make people interact with their product by touching, feeling and using it in the natural environment. This "fake tourist" idea of Sony Ericsson was a huge success and stealth marketing gained an effective position in the marketing strategies of the company.

Other form of buzz marketing that is viral marketing is also very popular globally .it was successfully used by the burger king for promoting their tender crisp chicken sandwich .as this marketing is conducted through digital format or information and communication technologies such as e-mails ,mobile communication , web blogs etc so it is also known as word of mouse communication .the company started spreading the virus of their products through internet, television and print campaigns .though all other forms enjoyed a huge success but the ‘subservient chicken’ website created an astonishing buzz for their product that gained a huge popularity in a very short span of time .the website contained a man, who dressed up as a chicken . Under this chicken was an input box where users can put a wide range of actions that they want by the chicken to perform. It was actually an awesome burger king mantra – “get chicken as you like it” that generated curiosity among the people for their tender crisp chicken sandwich. the people under the age group of 18 to 32 were actually got stuck by this website and started word of mouth communication with their peer and finally this campaign came out as one of the biggest buzz marketing campaigns.

There are certain basic elements which are required to include in making a strategy for buzz marketing:

- 1. Product value ability** – people are easily attracted towards the word 'free' and this is the word that holds a great importance in the vocabulary of a marketing person. There is no need to do anything else when the word ‘free’ comes along with your product. The people cannot resist themselves from its attractiveness .no doubt certain cheap and inexpensive things also draws attention of the consumer but the effect that the word ‘free’ generate cannot be done by any other thing .it will not profit in the starting but once it generates interest among the people then it will generate profits for the rest of the lives.
- 2. Effortless transferability** - the medium plays a major role in spreading a particular message it should be such that no effort will required to transfer it and it will replicate smoothly among the people. E-mails, graphics website etc they can serve as a major tool because through this the instant communication occurs much easier and faster. Secondly if the medium is not very smooth then people do not show interest in passing the information to others thirdly the message that has to be transferred should be clear and simple so that people will not find any difficulty in passing it to others.
- 3. Spread like a fire** – the method of transmission should be rapidly scalable from small to very large .it should spread the message like fire from very few people to world at large It should not die before spreading to large scale thus it should be that much effective that people will love to spread it to others and from the very small scale to large scale. virus in fraction of seconds.

**4. Striking the common human motives and behaviors** - Cleverness is required on the marketer side who will exploit the common motivations of the human. The hunger of being popular and greed and lust for something always drives people this makes them to communicate messages to others that would make them happy and proud in the heart of hearts.

**5. Existing communication networks should be utilized** – if we listen to the social scientists then according to them every person in the world loves to talk and has a network of near about 8 to 12 people either in the friends family or other social groups where as it can be as broad as to hundred or thousand depending upon the position he or she has in the society for example a shopkeeper may talk to so many people in a given week. And these human networks are strong enough to create a buzz around a particular product.

**6. The advantage of other sources should also be taken** – this is very creative idea to use other sources such as placing text or graphic links on the others website to get the word out the most common example is of those authors who give away their articles for free and seek to position their articles on other's webpage.

As it is a very effective technique, it has certain advantages over conventional marketing techniques:

1. The best part of buzz marketing is that it is trustworthy as people come to know about some product or service through those people whom they really trust and can follow their recommendations without any hesitations.
2. It is quite entertaining, people like to know the new exciting things and pass it to their peers this makes the core message a stronger one as the actual motive of the company is fulfilled by the creation of buzz around their product and making people curious about it.
3. It is very cost effective; in the times where the companies spend lots of money on their marketing campaigns. Buzz marketing provides a simple way of inexpensive marketing of the product with huge success.
4. It markets the product globally with great impressions that will insist the consumers to go and buy the product. The product becomes famous in very short span of time all around the world.
5. It is the easiest way of spreading the information about the product and services that will spread like a virus in fraction of seconds.

Buzz marketing had shown a great impact on the sales and promotion of various products in the past. In 1987 a new drink called red bull was formulated in the Australian market by Dietrich masteschitz but no bar was willing to stock it initially as they found it more a medical drink rather than a mixture however it

was soon recognized by clubbers and snow boarders. Because the drink was giving them boost they started bringing it in the non alcoholic bars and pubs after that red bull adopted the technique of buzz marketing. They started distributing some goodies and their branded refrigerator to the clubs and bars so that they can start a word of mouth communication they refuse all other conventional establishments if they ask for red bull in order to retain the uniqueness and credibility of their community and clubbers and the only way to connect to this community was to attend a 2 week annual music festival which was organized by red bull. After that they started distributing it for free to all the people who need energy especially teenagers, college going guys' construction workers and athletes and finally a huge word of mouth spread through out the people and they started buying it. Coke and Pepsi created lots of energy drink and tried to capture the energy drink market with big marketing budget but still they are lagging behind to red bull which is king of the energy drink market with 65% of market share with the fraction of marketing budget spending.

This is the impact of buzz marketing that markets a product without spending huge amount of money. As Philip Kotler said the laziest way of marketing your product is advertising. But it is something to move your butts and come in to real action. However the buzz marketing is purely an engaging art of marketing. Basically, it's economical, unconventional and powerful method that captures the attention of media and consumers and makes them to talk and write about your brand who finds it entertaining, fascinating and newsworthy.

A buzz was also created by a car making company lotus around their new vehicle evora when they sent two masked faceless people in to a number of high profile events in London such as Wimbledon during summer months .all the top news channels and radio stations discussed them and this became the most interesting story to discuss, people started making guesses, whether they were celebrities who were trying to avoid paparazzi? Or was it an anonymous protest group, who are known for its attacks on scientology? This story set the whole world at fire in few minutes and finally after creating a huge buzz all around the world, the company unveiled their new car evora at British motor show .they succeeded in creating a mystery about the launch of their product and generating the curiosity around their marketing campaign without falling foul of the new marketing regulations. Lotus wanted to emphasize on the fact that their new car was more mainstream than others from the brand as they had been making cars that were targeted towards petro heads. For this they used a different kind of marketing campaign that was more clever and innovative and not high budgeted .They gave certain clues about their brand on certain blog sites which led the internet users to a website faceless people .com that featured a countdown clock and a lotus logo.



All this generates an interest among the people who then try to find something out of it. They feel clever when they get to know that they have decoded something and become more curious as the countdown suggests there is something more to come.

Even now the companies like coca-cola and Kellogg who have the strong history of traditional media use are to experiment with buzz marketing .the Kellogg brand is making its first foray in to buzz marketing by introducing UK consumers to fruitabu, a bagged fruit snacks. Consumers can sign up to be sent samples and product information, with the intention that they will pass the information and recommend this product to their friends. If we analyze the global environment then we will find that the main force that would drive the impact of buzz marketing are teen agers and this force is more prominent in Asian countries as compared to US because in the coming years Asian countries would be having 50 to 60 % population of young people as compared to US where the percentage might resist to 30 to 40%. even though it is a high tech era , traditional phone calls the social lives of teens are still indulged in face to face interactions and traditional phone calls so we can say that they are the main drivers of buzz marketing .thus it is very important for a brand to get a space in the brain of a teen but tapping their social network is not very easy but still some companies like apple, coca-cola and Disney are trying to reach them through online social networks to create a virtual word of mouth communication.The other important things about teens are they love to be initiators and volunteers and it is estimated that about \$175 billion are spend by them every year on product and services. they love to live ahead of friends on the latest trends and other newest ideas and information about the products which means a lot to a teenager like food, fashion entertainment and gaming. that is why most of the buzzing agencies prefer to recruit a teen as buzz agents because they are influential among their peers and do not afraid of doing something new and different they have a large social network of friends who believe in what they say and do .the success of using teens as buzz agents has already seen in case of various products right from the cars [Toyota matrix], cosmetics [cover girl], movies [my big fat Greek wedding] to motor oil [valvoline].

## **CONCLUSION**

Marketing the product by creating the buzz around it is not only cost effective but also has a great impact all over the world. As compared to conventional marketing techniques the products that are marketed according to this method gains more popularity that finally affects the sales of that particular product in a positive manner. Creative ideas, innovative thinking and quality of the product plays a major role in generating a buzz and due to the burden of budgets of huge marketing campaigns , the organizations are now opting this technique for marketing of their products. The fire of curiosity that is generated by this marketing method amongst the customers cannot be generated by any other marketing technique. Many



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# The Role of Management Quality and Implications for Leading A TQM Transformation

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## **ABSTRACT**

*Top down TQM programs often fail to create deep and sustained change in organizations. They become a fad soon replaced by another fad. Failure to institutionalize TQM can be attributed to a gap between top management's rhetoric about their intentions for TQM and the reality of implementation in various sub-units of the organization. The gap varies from sub-unit to sub-unit due to the quality of management in each. By quality of management is meant the capacity of senior team -*

*To develop commitment to the new TQM direction and behave and make decisions that are consistent with it, To develop the cross-functional mechanisms, leadership skills and team culture needed for TQM implementation, and To create a climate of open dialogues about progress in the TQM transformation that will enable learning and further change. TQM transformations will persist only if top management requires and ultimately institutionalizes an honest organizational wide conversation that surfaces valid data about the quality of management in each sub-unit of the firm and leads to changes in management quality or replacement of managers. The missing ingredient in unsuccessful TQM transformations is a total quality management process for assessing and developing high quality of management at every level. A set of principles for such a management and leadership improvement process is offered as well as empirical evidence & findings about efficacy of these principles in confronting and improving the quality of management needed to implement management's strategic intent.*

**Keywords: Management quality, TQM strategy, TQM transformation.**

## **1. INTRODUCTION :**

TQM as the continuous improvement of work processes to enhance the organization's ability to deliver high quality products or services in a cost-effective manner (Spector and Beer). It typically involves a number of interventions. These are explicit identification of customer requirements, cross functional teams, selection of suppliers based on quality, the use of a variety of technical (scientific) methods to enhance analysis and process management methods for enhancing team effectiveness (Hackman and Wageman). TQM also involves a multiple stakeholder philosophy that values equally community, customers and employees. Implicit in this philosophy are values of teamwork and collaboration. Total Quality Management (TQM) programs had their introduction to US based companies in the 1980s in response to the competitive onslaught of Japanese companies in the automobile and electronics

industries. Companies in many other countries quickly followed, as did a consulting industry to help companies adopt TQM. There is little question that when implemented properly, TQM can have a dramatic impact on the performance and culture of an organization (Deming;Juran;Buzzell and Gale; Hackman and Wegeman; Lawler et al). Two recent large sample studies confirm these assessments. By comparing the performance of firms who have received quality awards with a matched control group of firms who have not, Hendricks and Singhal have shown that firms receiving quality awards outperform the control group in operating income and revenues over a ten year period. In a second study Hendricks and Singhal show that the long run stock performance of firms who receive quality awards is far higher (38% to 46%) than a matched control group of companies who did not receive such an award. These stock performance improvements are found in the five-year post implementation period, not in the first five-year implementation period. The fact that improvement in the stock performance only occurred after five years of implementation, suggests that a TQM transformation is a long-term process requiring a fundamental shift in management practice and culture. This may explain why there have also been a plethora of studies questioning the value of TQM, many by consulting firms who work with their clients to implement TQM. Kelly, who presents studies done by Arthur D. Little Inc. and Rath and Strong). According to these studies, senior management in some 60 to 70% of firms feel that quality improvement efforts have not boosted their capacity to compete, have not resulted in implementation of a significant number of practices associated with TQM and have not focused TQM improvement on improved products and services.

The failures of TQM to persist are failures in implementation not TQM theory and method. Failures occur because senior management tends to motivate change through top -down programs (Beer et al; Schaffer). Failure to solicit and receive feedback about potential gaps between their TQM rhetoric and the reality of implementation (Zbaracki) prevents senior management from learning how their own actions and policies may be responsible for the gap and then making changes accordingly. Tops down programs also undermine unit leader's commitment and their capacity to lead a TQM transformation in their unit. It is the capacity of management to inquire into the inevitable gap between the TQM program they advocate (their rhetoric) and the reality of actual practice that ultimately determines the effectiveness of a TQM corporate transformation. Paradoxically, it is management's lack of capacity to explore these gaps, the very process of inquiry, analysis and action embedded in TQM that causes TQM implementation failures. Such high quality management is needed if TQM initiatives are to persist. Empirical evidence from an action research program aimed at helping senior management learn about gaps between their espoused strategy and perceptions of lower levels about implementation will be used to specify the qualities of management needed to implement a TQM strategy and a process.

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## **2. WHY TQM PROGRAMS FAIL: IT'S NOT THE SEED, IT'S THE SOIL THAT MATTERS :**

An underlying often-unstated requirement for TQM interventions to take root is a fundamental transformation of the organization's culture (Schein). Organization must unhook themselves from their functional moorings by delegating authority to lower level cross-functional teams who need decision rights to implement process changes using the technical methods of TQM (Hackman and Wageman; Spector and Beer). In almost all cases this means functional managers will lose power and process team leaders and members gain power. For these change to occur, the basis of power must shift from authority based on position to authority based on knowledge and proximity to problems and information.

For long-term success the organization may also have to consider how financial gains from improvements are going to be allocated so that employee commitment can be sustained (Hackman and Wageman). Finally, management's behavior and the organization's emergent culture must become consistent over time with the TQM philosophy or employees will become cynical. Such cynicism in turn undermines commitment. Thus a company seeking to make a fundamental TQM transformation faces significant organizational and managerial change challenges. It is highly likely the difficulty in TQM implementation reported by consultants, reflects the programmatic nature of their interventions. Consultants recommend the adoption of cross-functional teams and extensive training in TQM philosophy and methods, for example, but unless senior teams at every level of the company are committed to the ideas they will not realign their own behavior and the organization's policies and practices to support this new direction. Without that support managers experience a gap between rhetoric and reality, become cynical and under invest their time and energy in managing the transformation in their unit. As top managers come to realize that top-down programs are not working, they reduce their commitment and withdraw resources (their time and money). As a result TQM becomes a passing fad until the next program is introduced.

The proposition that TQM is often seen as a fad and not adopted with deep commitment needed for successful implementation is supported by research. Miller and Hartwick found that TQM citations in the business literature began a continuous long-term decline in 1992 after a decade of dramatic increases. During the same period there was also a marked decline in TQM consulting firms. Further supporting the conclusion that many TQM initiatives like other best practices are fads, Miller and Hartwick found that the decline in TQM citation was followed by a rise and subsequent decline in business process reengineering (BPRE) citations. Commitment to TQM appears to have been only skin deep. These findings are also supported by research about organizational change which finds that top down programs, including TQM, do not lead to fundamental and persistent corporate transformations (Beer et al; Schaffer). The superficiality that characterizes all too many top-down programs is captured by the

“The first quality circle program was very political; everybody noticed who participated and who didn't. Any problems we had in implementing it had to be swept under the rug. All management wanted to know was how many teams had been formed and how much money they had saved.” (Beer et al, pg. 33). The result in a company was cynicism by employees who saw inconsistencies between management's espoused new TQM direction and the reality of superficial change. “This too will pass,” was one of the most frequent responses to new programs, an indication of low commitment, an essential ingredient for fundamental change. Indeed, ten years later the company from which the above quote came, was no longer in existence, a casualty of competition. Spurred by GE's reported success with Six Sigma under Jack Welch, a high status CEO, we are now seeing a resurgence of total quality management initiatives in many companies under this new label. There is no reason to believe, however, that the implementation of Six Sigma programs in many companies will be any more successful than the programs in earlier years.

Innovations like TQM are typically motivated by top management's desire to improve performance. However, if top management adopts TQM because other firms have, understanding of TQM and how it can be utilized to improve performance of the firm will be low. If understanding is low, commitment will also be low and will lead to early abandonment. There is considerable evidence that many firms adopt innovations in management in the hope of rapid painless change as well as legitimacy in the eyes of investors and the business community (DiMaggio and Powell; Staw and Epstein; Westphal et al). From a change perspective, the adoption of TQM because other high status companies are is problematic. CEOs who do so are not likely to be responding to problems defined by a rigorous analysis of barriers to higher performance in their own company. As a result they are unlikely to be launching change with real conviction. This causes these CEOs to delegate the TQM change to a staff group, increasing cynicism as rhetoric and reality diverge over time. In these companies TQM is measured by the number of quality teams and people involved in them, as the quote above suggests, as opposed to an honest assessment of how widely and effectively the company and its local unit leaders' are making TQM an integral part of their organizational unit's practice and culture. Delegating change to a staff group who launches a program on behalf of the CEO leads to compliance by line managers – they respond to the political pressures described in the quote above - as opposed to being internally committed. It is not surprising, therefore, that TQM initiatives managed in this manner fail to be sustained. Once a TQM program is launched, it highly unlikely that management will hear the honest truth about gaps between their rhetoric and the actual reality of implementation. Extensive research shows the tendency of lower levels to hide painful truths from senior management (Argyris; Beer and Eisenstat; Morrison and Milliken). Zbaracki found that the reality of TQM implementation in five firms he studied diverged significantly from the rhetoric of top management. Money was being spent on various programs but managers and workers

management than difficulties in implementation or complete failures. Programs are also likely to result in compliant sub-unit managers. Because they are passive participants in the TQM program, they will not have developed real understanding and commitment to TQM, are unlikely to have the will to lead change in their unit or solicited and received honest feedback from their people about gaps between their aspirations for TQM and reality.

Given this research evidence, the failure to implement a sustained TQM transformation is a function of deficiencies in the following fundamental managerial capabilities:

- **Proposition 1:** The capacity of senior teams at the corporate and unit level to develop commitment to TQM through an effective dialogue about why the company should adopt TQM and agreement about what must be done to implement it.
- **Proposition 2:** The capacity of the senior team to follow-up their initial commitment with changes in organizational arrangements (a cross-functional team based organization) and behavior (their own and that of sub-unit leaders) needed to support their TQM intentions.
- **Proposition 3:** The capacity of the senior team to create an honest organization- wide conversation about the effectiveness of TQM implementation from which they can learn about the quality of their management and leadership in moving change along.
- **Proposition 4:** The managerial capabilities above must exist in all sub-units of the corporation for successful TQM transformation to take place.

These managerial capabilities constitute the “fertile managerial soil” essential for the “TQM seed” to take root, grow and become part of the organization's fabric. The requirement that these capabilities exist at multiple levels of the corporation is supported by research. In a seminal study, Fleishman et al found that changes in supervisory attitudes about how to manage people after training were not sustained unless the supervisor's manager possessed similar attitudes. Edmondson and Woolley found that new managerial skills introduced through corporate training programs took root in those sub-units whose leaders had the skill and will to embrace these new managerial behaviors. Research on strategy implementation, though not focused on TQM strategies per se, provides empirical support for the propositions above. These findings are reviewed next.

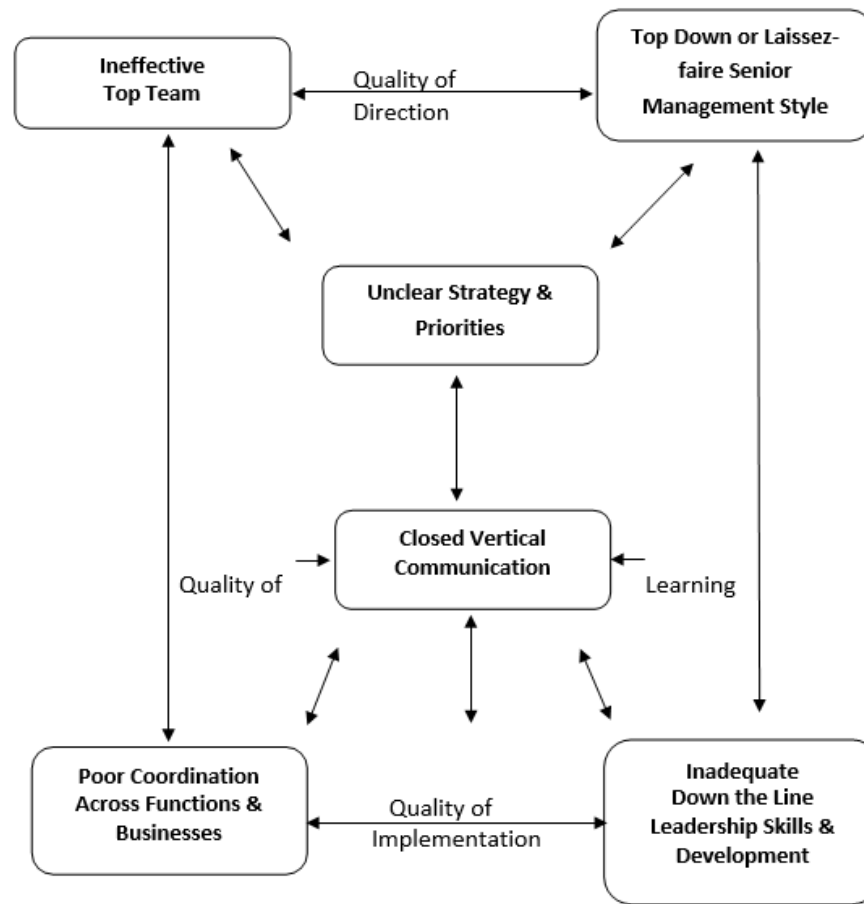


### **3. THE SILENT KILLERS: UN-DISCUSSIBLE MANAGEMENT BARRIERS TO STRATEGY IMPLEMENTATION**

For over a decade Russell Eisenstat conducted an action research program that reveals why a gap exists between senior management's stated strategy and the capacity of the organization to implement it. Using an intervention called Organizational Fitness Profiling (OFP), designed to help senior teams to inquire into the quality of their direction and the organization's capacity to implement it as perceived by lower levels. Zbaracki, who studied TQM programs, that employees perceive a gap between rhetoric and reality. Because OFP enabled lower levels to speak truthfully to senior teams about the causes of the gap, we were able to identify six core managerial barriers (Beer and Eisenstat). We call them “silent killers” because, like cholesterol and hypertension the silent causes of heart attacks, no one can talk openly about them (Morrison and Milliken).

An inquiry process like OFP will be necessary to overcome poor leadership and management that blocks a TQM transformation. The OFP process begins with the senior management team developing a one to two page statement of business and organizational direction that advocates their strategic intent –what the organization must do to succeed in achieving its objectives and what type of values and organizational capabilities they believe the organization needs to implement its strategic intent. The senior team then appoint a task force of eight of their best people to interview 100 other key people from all parts of the organization one to two levels below the top team. Task force members conduct open-ended interviews under ground rules of complete confidentiality with the understanding that the top team will hear the unvarnished truth about strengths and barriers to implementation. These interviews often turn out to be very emotional. In many organizations it is the first time lower levels have been asked to tell the truth to their leaders. Task force members also display emotions. They are very anxious about feeding back their findings to the senior team and exhilaration about the opportunity they have been given to play a role in improving the organization's effectiveness. The release of previously hidden data is made possible by the fact that management has committed itself publicly to hear the unvarnished truth and to make itself accountable to lower levels for doing something about what they learn. The “public” nature of the organizational conversation, in the context of a process that credibly enables truth to speak to power safely, is the key to breaking silence, changing norms of silence and motivating management to act.



**Figure 1 :Un-discussible Dynamics of Poor Management Quality**

A content analysis of the data from different organizations, subsequently validated through findings in many other organizations, has revealed that task forces almost always report the following six barriers as a group:

1. Unclear strategy and conflicting priorities
2. Leadership style of general manager - too top down or too laissez faire
3. An ineffective top team
4. Poor coordination
5. Inadequate down the line leadership/management skills and development
6. Closed vertical communication (top down and bottoms up)

There are few hierarchical organizations that do not display this syndrome of managerial barriers to some extent. The barriers represent the inevitable problems senior teams face in developing agreement about their strategic intent, designing the organization to achieve requisite coordination and then learning the truth about how organizational behavior and their leadership may be blocking effective implementation. Figure 1 illustrates how the six barriers contribute to poor quality of direction, poor implementation and poor learning about the gap between managerial intent and organizational action. These barriers prevented effective implementation of various strategies in the organizations studied.

➤ **How these six barriers probably interact to prevent successful implementation of a TQM strategy–**

Effective implementation of any managerial intent, including TQM, must start with quality of direction. That quality depends on an effective senior team – one that has developed real agreement about and commitment to objectives, strategy and priorities. Without that commitment a strategic change like TQM cannot succeed. Senior management would not be speaking or acting with one voice – something that is reflected in the barrier of conflicting priorities that lower levels often see. Given the tendency of corporate leaders to adopt TQM because other successful companies have, it is not hard to imagine that many TQM programs start with a lack of real understanding and emotional commitment by top management. Their lack of emotional commitment can easily lead them to rely on staff groups or consultants to drive the TQM program as suggested earlier. This in turn leads leadership teams at the subunit level to passively comply with the corporate TQM program for political reasons rather than out of conviction that TQM will improve their unit's performance. An ineffective senior team, one that cannot confront issues constructively, is also unlikely to develop empowered cross-functional TQM teams because they threaten the authority of functional managers on the senior team. It is not surprising, therefore, that the quality of strategy implementation (See Figure 1) in organizations with ineffective senior

teams was perceived to be blocked by poor coordination between key activities along the value chain. These senior teams were incapable of confronting the power issues that need to be negotiated to create a cross-functional organization. Even if these teams were to be created, they require team leaders with the authority and skill to lead them (Spector and Beer).

The inadequate number of down-the-line leaders typically perceived by employees as a core barrier to implementing strategies like TQM is also a function of an ineffective senior team. Ineffective top teams typically have not resolved their different values and assumptions about what constitutes quality management nor do they cooperate to facilitate cross- functional career moves so important for developing managers with the general management perspective and skills needed to lead cross-functional teams. The sixth barrier to strategy implementation identified in all the organizations we studied was closed vertical communication. As Figure 1 shows, poor vertical communication, caused by fear and norms of silence, reduces the organization's quality of learning. Senior managers are not confronted with managerial and organizational barriers that prevent the TQM transformation they espouse. They are, therefore, prevented from making the mid course corrections essential in leading a TQM transformation. Our findings that fear of speaking up blocked senior teams from learning about strategy implementation problems helps explain the gap between rhetoric and reality found by

Zbaracki's (1998) in organizations undertaking a TQM initiative. Without honest vertical communication the senior team cannot discover the leadership and management problems that are blocking utilization of "technical methods" like statistical process control.

The case of Sigtek, a subsidiary of Telwork, illustrates how TQM initiatives driven by corporate staff groups falter due to the six silent managerial killers (Jick and Rosegrant, 1990). To comply with Telwork's corporate mandate to implement TQM, a divided and ineffective senior team led by a laissez faire and conflict averse president at Sigtek, appointed two of its key people as site trainers and change agents. After an expensive TQM training program workers discovered that they were prevented from solving recurring quality problems due to a deep and politicized divide between the engineering and operations function (poor coordination). Workers and trainers became cynical about TQM. Due to norms of silence, they did not, however, provide honest feedback (vertical communication barrier) to the senior management team about the increasing gap between the rhetoric of the training program and reality. To do so would have exposed Sigtek's ineffective leader, senior team and organization (the six silent killers). Telwork's top management was also kept from understanding the failure at Sigtek until very late in the process because they relied on a top down staff driven training program that ignored the quality of leadership and management at Sigtek. By then loss of hope by workers and managers had eroded commitment to TQM and made implementation virtually impossible. Though Telwork eventually removed Sigtek's president, a lot of time and money had been wasted. Moreover, cynicism would make it more difficult to begin a new initiative. In launching the TQM program corporate top management at Telwork acted as if TQM was about technical methods for continuous improvement despite the fact that its rhetoric imparted a philosophy that valued employee "participation, leadership and fearlessness in approaching the job." A successful TQM transformation required the very quality of management they espoused but which did not exist in many of its newly acquired subsidiaries. To embed TQM practices in all of its subsidiaries. Telwork's top management needed a means to assess and develop that quality of management. Failed TQM programs inoculate the organization against learning and change in the future. Each successive change initiative is suspected as another "flavor of the month," explaining the finding, discussed earlier, that TQM in the 1980s was a passing fad. Employees comply but do not make an emotional commitment. Ironically, the fact that employees cannot confront senior management with the truth belies the very continuous improvement culture TQM leaders espouse as essential for improved performance.

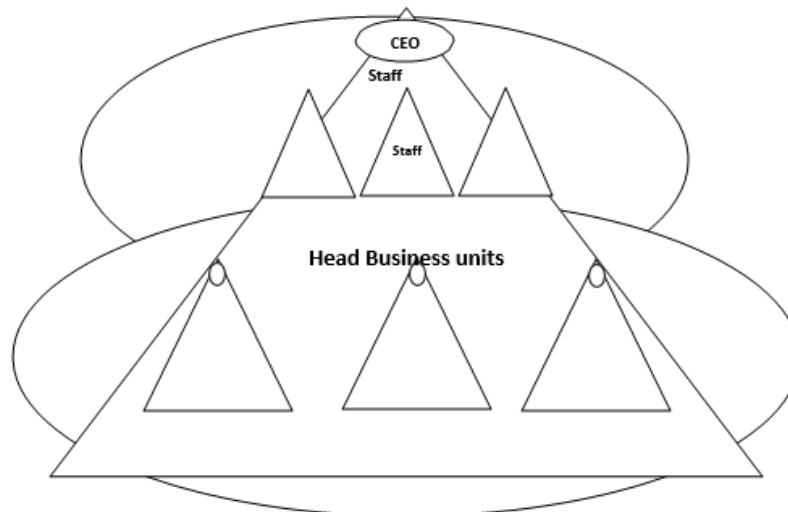
The six silent killers of strategy implementation are quite consistent with the three propositions about organizational capabilities proposed in the previous section. In only one of the cases in the sample of companies we analyzed was total quality management an explicit objective of management, however.

Therefore, more research in organizations undergoing a TQM transformation is needed to determine if these propositions apply to the implementation of a TQM strategy. Such research might compare companies who have received quality awards and outperformed in the out years to companies that have not received such an award with respect to the management capabilities embodied in the four propositions. Given the emphasis of quality awards on leadership and communication, it is likely that the four propositions would be confirmed.

#### **4. HOW TO OVERCOME SILENT MANAGERIAL BARRIERS TO TQM TRANSFORMATIONS :**

The founders of the quality movement were quite clear that quality is the responsibility of management (Hackman and Wageman). That is because, as illustrated by the Sigtek case above, scientific methods for data analysis and problem solving cannot be embedded in an ineffective organization with ineffective leadership. Only senior management can shape the managerial capabilities to fit the philosophy that underpins TQM. But how shall this be done given the gap between rhetoric and reality that can silently derail a TQM transformation without management's conscious awareness? Research that describes and validates the propositions above does not provide senior managers with a method for learning if their own leadership of the TQM transformation or that of down-the-line managers are adequate. For that, a theory and method for organizational learning is needed.

Below the outline of an iterative advocacy and inquiry process intended to help senior teams at the corporate and sub-unit levels assess and develop the managerial capabilities (the soil) needed to grow the seed -- TQM principles and methods (Argyris and Schon). The assumption underlying the discussion below is that organizations change is a unit-by-unit process (see Figure 2) as opposed to a monolithic top down programmatic process (Beer et al). Only by applying a process of action learning in every sub-unit of the corporation from top to bottom can managers at every level ensure that the TQM transformation they are advocating makes sense and that their leadership is enabling the organization to implement TQM effectively.

**Figure 2: Change as a Unit by Unit Process**

➤ **The role of top management:**

The top management team at the corporate level should start a TQM transformation with a clear understanding of why TQM is essential to its corporate objective and strategy and how TQM philosophy fits their values. A searching and open discussion of questions such as “Is TQM essential to our success as a corporation and why?” and “How does TQM fit our values and style as a senior management team?” is the only way to ensure that TQM is not a program that will fade. Unless the corporate top management team can come to agree that TQM is the core strategic capability needed to succeed, the initiative will fail.

Even if TQM is not thought to be a key success factor the first time it is contemplated, there will undoubtedly be a time in the future when the organization will be ready for TQM. Though businesses must both exploit current opportunities and explore new ones, at any one point in time, only one of these strategic tasks may be the right focus for a company (Benner and Tushman Saloner et al). In a multi business company TQM may be central to the success of some units and far less central to others, at any given point in time. If the decision is made to go forward with TQM, senior management should avoid “pushing” TQM into the organization through corporate-wide top-down training programs. Instead, they should motivate aspirations for continuous improvement in quality by establishing ambitious performance goals for sub-unit leaders and the means for measuring their attainment. Consider the directive of top management in one company that told its manufacturing plant managers that by a given date all products that did not meet a new standard of quality would be considered scrap. Of course, participation is essential to develop commitment to the goals. Goals should also ideally include all facets of a balanced score card – financial performance, operational improvements, customer satisfaction and organization and management effectiveness.

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Research suggests, however, that in the early stages of TQM implementation corporate top management is best served by focusing resources on a small number of units where TQM fits the strategy and where leaders' attitudes, skills and behavior create a fertile context for TQM. These units are the laboratories where the corporation's leaders will learn how TQM practices and philosophy can be integrated into the day-to-day process of running the business. As these sub-units succeed they become living models for the rest of the corporation. For these models to spread to the rest of the company top management must see its role as orchestrating the diffusion of these innovations. This can be done through management conferences that make leading TQM units visible, by providing political support, encouraging visits to the TQM models by managers from lagging units and by transferring managers from leading edge units to lagging units. Through leading this diffusion process top management is slowly reshaping the DNA of the company – the attitudes, skills and behavior of its leaders and people. Over time this approach will result in an ever-larger circle of organizational sub-units that have internalized TQM practices and culture. This unit-by-unit approach to change (See Figure 2) is slower than quick fix top-down programs, but research has shown that it leads to success in the long run.

The example of Asda, a UK grocery chain with 200 stores near bankruptcy when its new CEO began a corporate transformation, illustrates how quality of management at the sub-unit level is essential to the implementation of new business practices (Beer and Weber). After creating three highly successful model grocery stores in nine months (changed patterns of management and improved customer satisfaction and performance), Asda's top management, eager to capitalize on these successes, tried to quickly “push” new business practices and store layout changes into twenty stores in a top-down manner. These stores did not achieve the same results as the model stores. Asda's management quickly realized that the problem in these twenty stores was their quality of management. Their response provides insights into the means by which top management at the corporate level might assess and develop the quality of management needed for a TQM transformation. Asda's top management required its store managers to pass a “driving test” before the store could qualify for investment in its transformation (a new physical and retail proposition as well as corporate support for the transformation). The driving test was a process for assessing leadership and organizational effectiveness as perceived by employees in the store. If a store did not pass the “driving test” its management team was given an opportunity to learn the needed leadership attitudes and skills and demonstrate them. Store managers whose stores did not pass the driving test after a reasonable period of time were replaced. In six years Asda's management replaced some sixty percent of its store managers and transformed 120 stores successfully. A dramatic transformation in culture and performance occurred. The economic value of management's approach to this TQM like transformation became apparent when Asda was sold to Wal-Mart, a company known for its customer oriented culture, for eight times the market value of the firm



when the transformation began (Beer and Nohria). That Wal-Mart paid for the skillful cultural transformation led by Asda's top management, as opposed to simply cost cutting, is evident in Wal-Mart management's statement at the time of the acquisition. "Asda" they said "is more like Wal-Mart than Wal-Mart is like Wal-Mart."

➤ **The role of sub-unit managers:**

The Asda story suggests that top management serious about making a TQM transformation must find a means for assessing their sub-unit leaders' quality of management. It will need a process that can make discussible inevitable gaps that will develop between TQM rhetoric and the reality of change in every sub-unit of the corporation. It is too easy for sub-unit leaders to report successes and avoid reporting difficulties and failures to top management, thereby making it impossible for management to assess and develop each sub-unit's management quality or to learn how their behavior and policies may be contributing to failure. By avoiding the truth sub-unit leaders also preclude learning. Therefore, leaders at the sub-unit level should be engaged in a transparent learning process that provides data about the quality of their leadership in implementing changes in their unit. The central question of such an action learning process would be "how well is the TQM strategy we have articulated being enacted in our organization?" It would uncover and make discussible the six un-discussible silent barriers to management and organizational effectiveness (the soil) discussed above, if they exist. And, if institutionalized, such a process would become the total quality process for the quality of management needed to achieve a sustainable TQM transformation.

In over a decade of applying and researching Organizational Fitness Profiling (OFP), described earlier in connection with the discovery of the silent killers, we have extracted five principles for an honest organizational wide organizational conversation. These principles can guide the development of an institutionalized process by which a firm's top management might encourage, even require, unit leadership teams to examine and close the gap between their TQM rhetoric and reality, much as Asda did with its "Driving Test." We offer the following testable proposition:

- **Proposition 5:** An institutionalized organizational learning process that follows the principles below will enable leaders to examine and improve their organization's capacity to implement TQM effectively over time.
- ❖ Five principles which might be applied in a TQM transformation :

**I. Insist that leadership teams discuss the appropriateness of TQM to the their sub- unit's business model and problems.**

Is TQM, as articulated by top management, central to our sub-unit's success? That is the question that a

senior team at the sub-unit level must discuss to develop its own understanding of TQM and then make a choice. Unless, they do, they are likely to be motivated by compliance rather than commitment. If the answer is no, a dialogue with top management must take place about the nature of the business challenge for that sub-unit and how it plans to deal with it. Such a dialogue, if conducted properly, will cause unit leaders to come to a better understanding of how TQM may help them achieve ambitious business and customer satisfaction goals or inform top management about unique circumstances that make TQM unadvisable at that point in time. Both parties have an interest in having a fact-based discussion about this matter. Without it the business unit leaders may miss an opportunity to become committed to the tools and philosophy for continuous improvement they may need and top management may miss the opportunity to learn why TQM may not make sense now given the sub-unit's stage of business and organization development.

More importantly the dialogue between top management and sub-unit management can lead to great understanding of TQM by both parties, increasing commitment and making TQM less programmatic. This testing for the appropriateness of TQM is essential in multi- business corporations where strategic capabilities needed for high performance are different for each business. Even in single business corporation, where all sub-units (for example stores, restaurant's manufacturing plants, customer service centers) are engaged in the same strategic task and must develop the same strategic capabilities, it is important for the local leadership team to discover for themselves why TQM is important. It enables them to invest the general TQM vision with meaning and make it relevant to their circumstance.

## **II. Insist that the leadership team engage a task force of its best managers as partners in a data collection and dialogue process about barriers to TQM implementation.**

Involvement of employees as key partners in the inquiry sends a powerful message that management is serious about change. One general manager who followed this principle noted that "...by asking for their unvarnished opinions, the employees realized just how serious we were about improving our effectiveness." By committing themselves to hearing the unvarnished truth (valid data), dialoging about root causes of the problems identified and making their plans for change known to all in the organization, a senior team is signaling that TQM applies not only to "hard" technical processes but to "softer" processes such as leadership and teamwork. It increases the likelihood that the social system will adapt to the rigors the technical system imposes and vice versa (Trist et al). Management would be acting on the central tenet of TQM founders, namely, that continuous improvement in quality can only be achieved by focusing on and shaping the system.



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**III. Insist that the data collection and discussion process allow important often threatening issues to get raised and “publicly” discussed.**

An inquiry into the effectiveness of the organization as a system will undoubtedly raise many difficult leadership, human, political and cultural issues that may block TQM. Research suggests that the six silent killers will certainly be put on the table if they are present because they represent core capabilities an effective task driven organization must develop.

The central problem for a senior team is to create a credible process; one that is visible to everyone in the organization and that employees will come to believe leads to an honest inquiry into gaps between management’s rhetoric and reality. Only by making the nature of the dialogue process that will take place “public” (everyone knows its specifications and understands how decisions will be made) can senior management make it clear that they care about continuous improvement in management quality, not just process and product improvement. This is essential for employees to sustain hope that management’s rhetoric will ultimately be translated into reality. Without that hope commitment to learning and improvement needed for TQM erodes. For rich potentially threatening data to be reported by a task force charged with data collection, research suggests that the leader must ensure members’ psychological safety to speak the truth (Edmondson).

Creating safety in dialogue about management and organizational problems will not only identify social system problems blocking TQM, it will reinforce the organizational wide climate essential for solving technical process problems in day-to-day operations. For example, psychological safety in medical surgery teams was associated with more open identification of technical problems and team learning (Edmondson). We have found that one way to ensure safety for the data gathering task force suggested in principle 2 above is to make its members reporters about what they learned in interviews as opposed to asking them to speak for themselves. Making their feedback a group report also provides them psychological safety. It is equally important that the process of dialogue be guided by ground rules that minimize the defensiveness of senior management and engage them in a productive conversation. Various social technologies and facilitating roles for consultants have been developed to do this. (Beer; Schein). Of course, there is no substitute for the leader’s commitment to a dialogue process that balances advocacy and inquiry. That commitment is undoubtedly related to the leader’s willingness to be open to learning. The following quote by a general manager who led such a process captures the value of promoting a dialogue about unvarnished truth.

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## **5. INSIST THAT THE SENIOR TEAM CONDUCT A DIAGNOSE OF ORGANIZATIONAL AND MANAGEMENT BARRIERS TO TQM AND DEVELOP A COMPREHENSIVE ACTION PLAN FOR CHANGE.**

Managers are action oriented to a fault. They are apt to craft an action for every problem that comes to their attention. This tendency may prevent leaders from conducting a deeper diagnosis of the organization as a system. The reasons for gaps between the rhetoric of TQM and reality are often complex and involve multiple layers, constituencies and causes including the senior team. That is why the senior team needs to have time to discuss and reflect before an action plan is developed. A company can ensure this in several ways. A well-defined “safe” container – a structure and process - for dialogue and diagnosis is essential. It is too easy for managers to allow the urgent problems to delay engaging important ones. The reasons are time pressures, lack of skill and avoidance of potentially painful issues. Tools and heuristics that prompt senior teams to discuss important and sometimes difficult questions can help overcome some of these problems.

IV. Insist that change plans be stress tested by the senior team with those who must implement them to determine their validity and the organization’s willingness and capacity to implement them.

There is an overwhelming tendency by confident and knowledgeable senior managers to direct change from the top. It is justified by the need for speed and their belief that lower level managers will resist change. It is also fed by over optimism about potential success (Taylor and Brown, 1988). We have learned that before a senior management team makes organizational and management changes, it is important that they obtain feedback about the quality of their change plan from the same task force that provided the feedback about problems in the first place. This will be an opportunity for them to acknowledge that they heard and understood the gap between TQM rhetoric and reality. By doing this they increase trust in the inquiry process. It is also an opportunity for them to test their diagnosis and action plan to ensure its validity and viability. It is a way to publicly reinforce the value they place on open inquiry and dialogue so essential in a continuous improvement culture.

## **6. EMPIRICAL EVIDENCE FOR THE EFFICACY OF THE FIVE PRINCIPLES :**

Research that evaluated the efficacy of Organizational Fitness Profiling sheds light on proposition four (Beer and Eisenstat). The research involved the application of Organizational Fitness Profiling in ten subunits of one company (one of these ten subunits was involved in a quality strategy) and twelve applications in a diverse set of businesses with diverse strategies. Because the principles above were derived from years of experience with OFP the evaluation of this method is in effect an evaluation of how well the principles might help leaders identify and close the gap between their TQM rhetoric and

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An analysis of these OFP applications and their effects was performed through ratings by independent researchers of a variety of dimensions. These ranged from the quality of management and business performance before and after the implementation of OFP, various situational factors hypothesized to moderate the efficacy of OFP as well as the extent to which the process adhered to the five principles outlined above.

❖ **Brief overview of findings :**

- OFP is an extremely robust process. It always enabled hidden but vital data about leadership and organizational barriers to strategy implementation to be surfaced as well as discussed and analyzed honestly by the senior team.
- OFP enabled the leadership team to confront sensitive people and political barriers to strategy implementation.
- In all cases the senior team developed a plan to change the organization and alter their leadership behavior consistent with diagnosis and it implemented this plan.
- In the first year after OFP improvements in the silent barriers to strategy implementation occurred in approximately 80% of the organizations.
- These changes were sustained in all but 20% of the organizations beyond the first year. Sustained change was a function of whether OFP was repeated and became part of the organization's strategic management process.
- In all cases the OFP process had important second order effects on trust, openness of communication, perceptions that leaders were listening and changing, as well on the management development of key managers involved in the process.
- A number of situational factors were associated with the leadership team's decision to institutionalize OFP. These included the extent to which the organization faced challenging performance problems and the extent to which the leader's values and the organization's culture were consistent with the values of participation and learning embedded in the OFP process.

These empirical findings are generally supportive of proposition 4. Institutionalizing a process of organizational learning will help senior teams improve the quality of their management and the organization's capability to implement strategy. Because the findings above involved only one organization where TQM was used, a similar action research program needs to be conducted in organizations engaged in a TQM transformation.

## 7. CONCLUSION:

It was concluded that the implementation of the technical methods and principles of TQM requires a quality of management – managerial values, attitudes, skills and behavior - that enable TQM to flourish over time. In addition to the immediate problems of closing the gap between rhetoric and reality, TQM will only persist and become a way of life if management deals with a number of fundamental dilemmas that are likely to unfold if the TQM transformation succeeds. To achieve reliable quality outcomes TQM requires that employees follow standardized methods. As a result, employees undoubtedly experience as a loss of freedom and increased control.

Moreover, if TQM succeeds in improving performance, the organization's customers may gain through lowered prices or improved satisfaction; its shareholders gain through improved returns on investment and management gains through higher compensation. Yet, in order to achieve its promise, TQM depends on employees taking more responsibility for continuous improvement decisions. Thus, a successful TQM transformation can produce an inequality in outcomes that over time may be seen as unfair to employees. Their commitment to TQM will not be maintained unless tensions between higher control imposed by TQM and high commitment and motivation needed to ensure continuous learning is addressed.

Only an honest and open inquiry process into emerging gaps between senior management's intentions in launching the TQM initiative and implementation quality as perceived by employees is likely to surface and make these difficult issues discussible and negotiable. If corporate leaders want to ensure that TQM practices are sustained over time, they will have to consider requiring all subunit managers to lead a regular process of organizational learning from which they also can learn. This will of course place demands on them to engage in a similar process at the top of the company. It will be the loudest and most believable signal that senior management is serious about creating a total quality culture.

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## An Analysis on Marketing Mix in Hospitals

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### **ABSTRACT**

*Hospital marketing is becoming increasingly competitive all over the world and India is no exception. The gradual shift from the selling to marketing vis-a-vis the customer orientation is quiet evident in present day hospital services. Hospitals become consumer centered and are expecting high medical care and demanding quality services at reasonable prices. Under these circumstances, age-old methods may not give us long run results. The application of modern marketing principles would pave avenues for rationalizing and standardizing the services. Thus marketing has become a new 'mantra' for the service providers in a hospital setting. Article evaluates the innovative marketing strategies adopted by corporate hospitals to sell their services and tries to explore the Marketing process explained with the help of 7P's i.e. Product, Price, Place, Promotion, People, Physical evidence and Process in sample hospitals which run under different corporate managements. For this purpose it is proposed to elicit the perceptions from the doctors, nursing staff and administrative staff on marketing mix of hospitals. The data was analyzed by applying different statistical tools to know whether the perceptions of respondents are indistinguishable or not.*

**Keywords: Hospital marketing; Product, Price, Place, Promotion, People, Physical Evidence and Process**

### **INTRODUCTION**

The health care market has become consumer centered and expecting high quality care at a reasonable price. The mushroomed development of corporate hospitals in India, competition is also bringing massive changes in industry structure. In this context, hospital services marketing is slowly and surely coming of age and is being woven into the fabric of hospitals planning and public relations programmes. Earlier, there was an in built tendency that services will be sold out automatically; hospitals will overflow if a doctor has a degree. But now many of the corporate hospitals over the last two decades, have developed marketing culture in their set – up which has enabled them to scale new heights in their ventures. As we are moving to service economy, the customers are more critical and keen towards quality services and high standards. As every one of us know patient is the important person in this

changed environment, the hospitals must strive for maximum patient satisfaction. In deriving patient satisfaction, hospital marketing is playing crucial role. The marketing process involves marketing planning, marketing decision making and formulation of marketing mix strategies. All these can be conventionally classified into seven major strategies namely product/service, price, place promotion, people, physical evidence and process. The product element of the hospitals includes diagnosis, treatment provided, the education training provided to nursing and medical students and research. Services like facilities for attendants, ambulance, and pharmacy services etc., augment the core service. The pricing of services should take into consideration the operational costs and the paying ability of the patient, apart from the value provide to the customer. People play a very important role in marketing of hospital services. Processes add value to customer and also improve the efficiency of the operations of the hospitals. Physical evidence can be provided using a good layout and maintain hygiene. Supplementary services also help in providing physical evidence to customers. The future healthcare environment is likely to be characterized by more competition; tighter margins; more diverse, better informed, and more demanding consumers; demands for accountability; and growing labor shortages. Marketing may not be a panacea for this laundry list of challenges, but the judicious use of marketing resources can certainly contribute to their amelioration.

### **OBJECTIVES OF THE STUDY**

Specific objectives of this research are to analyze and compare the Marketing process (Product, Price, Place, Promotion, People, Physical Evidence and Process) in two selected corporate hospitals and to study and compare the perceptions of Administrative staff, Doctors and Nursing staff towards marketing process. This study also makes an attempt to suggest suitable measures for effective marketing of hospital Services in general and the selected hospitals in particular.

### **HYPOTHESES**

1. The marketing processes of two select hospitals are indistinguishable.
2. The perceptions of the Doctors, Nursing and Administrative Personnel in both the hospitals are indistinguishable with respect to the (Product/Service, Price, Place, Promotion, People, Physical Evidence and Process) marketing of their services.

### **METHODOLOGY FOR DATA COLLECTION AND ANALYSIS**

The researchers have selected two corporate hospitals in Hyderabad, Andhra Pradesh. They are APOLLO Hospital, Jubleehills and CARE Hospital, Banjarahills which are having similar and almost identical facilities. The select two hospitals under study are providing tertiary care and they are high-tech hospitals. The two hospitals have almost similar physical area, comprehensive equipment, skilled



medical specialists and nursing staff with common set of policies and proposals. Two hospitals run on modern scientific and high tech lines, under the control of private management. Following table shows the population of two selected super specialty hospitals and sample size of selected hospitals.

**Table 1: Population and Sample size in Selected Hospitals**

Particulars	APOLLO		CARE		Total	
	Population	Sample	Population	Sample	Population	Sample
Doctors	156	75	127	75	283	150
Nursing Staff	340	150	320	150	660	300
Administrative Personnel	45	35	40	35	85	70

For collection of data efforts were made to elicit the opinions through personal interviews and by distributing questionnaires. The instrument was tested for its reliability and validity. A five degree scale (Summated Scale) was used. It contains the columns of strongly agree, agree, can't say, disagree and strongly disagree of the respondents with the given statement. In this aspect researchers have taken help from the different eminent people in the concern area. Observation method is also used while collecting the data. The data is analyzed with statistical tools like percentages, Mean, Standard Deviation, ANOVA to know whether the perceptions of respondents are indistinguishable or not with reference to Marketing Process of sample hospitals.

## REVIEW OF RELATED LITERATURE

An article by Smith(2007)[1] argues that a panoramic, or holistic, approach to new service development and a high level of precision at the micro level, will combine to provide a more successful service design and new service development process. Michael R. Bowers (1987)[2] proposes that hospitals should facilitate market-driven service development. G.M. Naidu et.al (1993)[3] and Burger(1991)[4] examines the result of the study on product-line management (PLM) as management tool on health care industry. Farley (1990)[5] opine that Hospitals may be able to reduce their costs by limiting the breadth of services they provide. Ronald (1993)[6] discussed relationship between quality and profitability. The authors studied each hospital to determine the relationship between quality and profit levels on one hand and price, occupancy levels, and costs per patient on the other. Stanton (1982)[7] applied a two stage methodology for identifying healthcare market segments. The paper by Richard (2005)[8] examines the role of Internet atmospheric cues on the behavior of pre-purchase and purchase intentions. Berry(2007)[9] explains the services branding model by showing how one organization has created, extended, and protected a powerful brand through an unwavering commitment to the well being of its customers. Kyung et. al. (2007)[10] identifies factors that influence the creation of Brand equity through successful customer relationships. Menon et.al. (2006)[11] has designed a methodology to measure advertising content. Tudor and Kanth(1994)[12] discuss the perceptions of consumers concerning hospital advertising.

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Altan and Walker (2006)[13] explain the importance of Internet in building physician-patient relationship. Lee and Chung (2007)[14] explain the application of neural network in classifying consumer behavior in choosing hospitals. Christopher et.al. (2001)[15] said that the Patients are becoming increasingly involved in making healthcare choices. Weng(2006) [16] presents a study that investigates the behavior and a patient's choice of hospitals. Chen(2004)[17] proposes value attributes perceived by customers. Akinicet.al.(2004)[18] examines the factors affecting hospital choice decisions of 869 patients in three public and one private hospital polyclinics in Turkey. Study findings highlight the importance of accessibility of hospital services to consumers in hospital choice as well as the role of hospitals image its physical appearance, and technological capabilities in informing such choices. Laing et. al. (2000)[19] examines the organizational solutions adopted by self- governing hospitals in managing the marketing function. Sreenivas (2002)[20] discussed the factors influence the satisfaction of the patients in Government owned, semi-Government owned and tertiary care hospitals. The next part of the paper examines how the select hospitals are implementing the marketing programme and it is discussed under the heading of 7Ps. They include – product, price, place, promotion, people, physical evidence and process.

## **ANALYSIS ON MARKETING MIX IN SAMPLE HOSPITALS**

**Product:** The product mix in hospitals in terms of its length consists of three product lines – Inpatient services, Ambulatory services, and Health promotion. Each product line will have certain width – the patient services include medical/ surgical, pediatric, obstetric and cardiac intensive care and each product item will have certain depth – for example, a hospital may contain fifteen pediatric beds. Various services in service mix are different in their relative contribution to the organization. Some constitute the core service of the hospital and others are ancillary services. The core product answers the questions like what for consumer's really looking? What service is really satisfying? The core service stands at the center of the total service. At second level the product consists of the features, quality, styling of the core service. The third level of service include augmented product. If the hospital offers additional services or benefits beyond the tangible service is an augmented service. In both the selected hospitals services are divided into core, tangible, augmented services. The product – mix in APOLLO include medical and surgical services, ICU services, pain relief services, emergency services, supporting services and special services like health check up services, diagnostic services etc. APOLLO corporate services and blood bank services are the augmented services. On the other hand the product – mix in CARE include medical, surgical, laboratory, online, blood bank, and emergency services. When researches look into the services of both the hospitals it is observed that APOLLO is concentrating on generating the core and tangible services, and the CARE is concentrating on core and augmented services. After observing the

length, width and depth of both the hospitals it can be concluded that both the hospitals are striving for quality health care.

**Pricing:** Pricing is the most often used to describe the actual charge made by an organization. Pricing in hospital services is generally done by keeping in view the cost of running the hospital, the overheads, salaries of the doctors, nursing staff and administrative staff, cost of infrastructure, bed occupancy, quality of service etc. In APOLLO hospital the pricing is described in three heads: 1.Fees 2.Inpatient charges 3.Third party reimbursement. These three heads are based on the costs of producing different services. In addition in APOLLO the prices includes subsidiary elements, and the price may be greater or smaller, depending up on the discounts. The discounts are offering to the special groups such as employer groups and senior citizens etc. While fixing the prices of the services, the management of APOLLO considering the actual charges made by the hospital. While finalizing pricing it is observed that in APOLLO hospital, there are heavy fixed costs. APOLLO is providing different categories of rooms for patients depending up on their paying capacity. On the other hand, Pricing in CARE hospital largely based on costs, which are broadly divided in to direct and indirect costs. Before finalizing pricing for services CARE hospital is trying to know the cost for providing those services. Before fixing prices, CARE hospital is considering all the related components for calculating total cost of service. It is taking fixed and variable costs to determine final price.

**Place or Distribution Channels:** Place is one of the key elements for hospital. Hospital should be easily accessible to the patients and it should be adequately protected from pollution. Every hospital will try to make services available and accessible to its target consumers. Thus hospitals in general will have three major distribution decisions. They include physical access (channels, location, and facilities), time access and promotional access. APOLLO and CARE hospitals are having place convenience as they are located at central location it is accessible with different transportation systems. It is observed that outpatient department timings are not convenient in CARE and patients are feeling comfortable with the OP timings of APOLLO. In conclusion it may be stated that the two hospitals are enjoying satisfactory distribution network of their services.

**Sales Promotion activities:** Promotion is the hot topic in marketing of hospital services. In broader sense, five tools of the marketing mix – service, price, place, promotion, and people are communication tools. Promotion function of any service organization involves the transmission of message to past, present, and potential customers. Customers need to be made aware of the existence of the service provided. Promotion includes advertising, sales promotion, personal and publicity. Hospitals do not normally undertake aggressive promotion; they rely a lot on a favorable word of mouth. To increase the

cliental, the sample hospitals are continuously introducing different health services a like the acupressure clinic, master health programmes, and diabetic health checkups apart from annual health checkups. Two hospitals are conducting camps in rural areas to give medical checkups at a reasonable price. They are sponsoring frequent visits to the spastic society, old age homes etc. These hospitals are advertising in health and fitness magazines. The promotional activities of APOLLO are gaining attention of the patients. CARE is also giving different campaigns like heart checkups, dental checkups at concessional rates. CARE is using audio visual aids for advertising. On the whole one can say that APOLLO is paying attention towards the services at concessional rates and CARE is advertising through Media.

**People Mix:** Being knowledge based industry, people play key role in hospitals. Here the people include patients and the staff. In order to provide quality treatment many hospitals running their own medical and nursing schools to train the staff according to their requirements. Patients also play a key role in hospital service delivery. Apart from maintaining quality staff hospitals also conducting Customer Education Programmes to enable patients and attendants to appreciate the value and quality of services, to build a patient oriented, service minded workforce. The hospital must hire the right people, develop service quality, provide the needed support systems. The people mix of APOLLO consists of Doctors, nursing staff, paramedical staff, supporting staff and front office executives. APOLLO is managing personnel, by developing and enhancing a systematic service culture. Hospital is having a human resource department with eminent people in the concern field. This department is attending different functions like man power planning, training, and motivation, evaluating, and rewarding etc, for building competent personnel. In order to get the right people, APOLLO is following traditional recruitment methods like advertising for posts, calling applications and other recruitment methods such as conducting campus interviews at reputed institutions. The people in CARE hospital classified as high contact people and low contact people. High contact service people include doctors and nursing staff who are engaged in providing the services to the patients round the clock. The administrative people, supportive service people come under low contact service people. CARE hospital is trying to attract and retain doctors with knowledge and skills. CARE is giving importance to the attitude of the employees. In this regard CARE hospital has adopted certain strategies to retain the competent people for the organization. CARE hospital is maintaining a team of Cardiologists and Cardiac Surgeons, neurologists, critical care specialists etc,

**Physical Evidence:** Physical evidence is the environment in which the service is delivered with physical or tangible commodities and where the firm and the customer interact. Modern hospitals need to create good ambience. Write from the reception ambience plays very important role because when a

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walks into the hospital he forms an opinion about the hospital. It is considered to be important as the patients and their relatives will already in depressed or traumatized state. It is observed that in two sample hospitals from reception onwards they are maintain right ambience that is creating a positive feeling in the minds of patients and attendants. The interior decoration in APOLLO is better compare to the CARE. Ventilation, drinking water and sewerage facilities are good in both select hospitals. For uninterrupted power supply, sample hospitals are maintaining latest power generators and maintenance is good. APOLLO and CARE hospitals are rightly placing the awards and certificates won by the doctors and hospitals for building confidence in the minds of the patients.

**Process:** 'Process' is termed as 'Interactive Marketing' in services marketing. It is one of the important seven components of services marketing. Interactive marketing may be defined as the 'managerial process through which a series of interactions between service provider and consumer are organized to facilitate efficient participation in service production and consumption that satisfies the needs and wants of the consumers and create positive perceived quality'. Process is an essential ingredient in the production and delivery of service. Since the inseparable nature of services does not allow any differences in the production and delivery of a service, process becomes an all-inclusive 'P' for service marketers. Hospitals must pay as much attention to proper planning, designing, organizing and functioning of the various departments (specialties). The patient is examined and given treatment in the out-patient department up to the time he/she is hospitalized. He/she is then admitted and treated as an inpatient until he/she is discharged and the patient getstreated again in the out-patient department. Besides these the other services like investigative procedures and counseling services are to be done in the out-patient department. Two sample hospitals are not creating any complications when the patient is discharging on emergency situations. Further it is observed that the patients are waiting more time at service counters in CARE hospital. In the case of patient waiting time at doctors, APOLLO is better than the CARE hospital. The process for discharging the patient is feeling comfortable at APOLLO than CARE hospital. In emergency conditions patients are feeling difficult for their procedure in CARE hospital. But in CARE majority of respondents are not satisfied with the number of service counters. In APOLLO patients and their relatives feeling comfortable for the procedure to discharge the patients in emergency situations. But in normal conditions the process to discharge the patients is good in the two hospitals. It is observed that two hospitals having simple bill payment procedures. On overall two hospitals are having good process element. So far the researchers tried to give blue print about the working of 7Ps in practice. Now, it is proposed to relate above observations with the data given by hospital staff through their perceptions on marketing process. Following tables indicating the Grand Mean and S.D of perceptions of Doctors, Nursing staff and Administrative Personnel on marketing mix of sample hospitals.

**Table: 2 Perceptions of Doctors, Nursing staff and Administrators on the Marketing Process of Sample Hospitals (Grand Mean and S.D)**

Statement	Doctors (N=75)				Nursing staff (N=150)				Administrative staff (N=35)			
	APOLLO		CARE		APOLLO		CARE		APOLLO		CARE	
	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Product	2.34	0.28	2.42	0.2	2.13	0.33	1.94	0.21	1.94	0.29	2.01	0.28
Price	3.1	0.42	3.32	0.31	3.08	0.51	3.02	0.48	2.19	0.59	2.73	0.53
Place	2.79	0.48	3.01	0.34	2.76	0.47	2.76	0.32	2.55	0.38	2.52	0.36
Promotion	2.66	0.61	2.73	0.48	2.39	0.54	2.25	0.46	1.92	0.42	1.88	0.44
People	2.24	0.33	2.13	0.25	2.17	0.41	2.02	0.36	2.06	0.4	1.87	0.3
Physical Evidence	2.25	0.37	2.12	0.26	2.26	0.47	2.06	0.39	2.03	0.45	1.81	0.33
Process	2.5	0.36	2.61	0.47	2.66	0.61	2.67	0.36	2.34	0.59	2.42	0.37

5 Point Scale: 1-strongly agree.....5-strongly disagree

Table 10 shows the perceptions of doctors on marketing process, are positively opinioned in two sample hospitals. The mean scores are in the range of 2.34 to 3.10 and 2.12 to 3.01 in APOLLO and CARE hospitals respectively; on a 5 point scale indicating marketing mix of the sample hospitals is agreeable to the respondents. The perceptions of nursing staff on marketing process, are positively opinioned in two sample hospitals. The mean scores are in the range of 2.13 to 3.08 and 1.94 to 3.02 in APOLLO and CARE hospitals respectively. The perceptions of administrative personnel on marketing process, are positively opinioned in two sample hospitals. The mean scores are in the range of 1.92 to 2.55 and 1.81 to 2.73 in APOLLO and CARE hospitals respectively.

Following tables present the statistical analysis of data collected from doctors, nursing staff, administrative personnel of APOLLO and CARE hospitals.

**Table 3: Mean Values of Doctors, Nursing staff, Administrative staff Opinions on 7P's in APOLLO Hospital**

7P's '→	Product	Price	Place	Promotion	People	Physical- Evidence	Process
Questions	Doctors						
Q1	1.9733	2.7333	2.627	2.5333	1.6	2.2666	3.8
Q2	2.2	3.2666	3.373	2.8266	2.1866	2	2.08
Q3	2.6	2.92	2.667	2.9466	2.4	2.6666	2.2666
Q4	2.2	3.1466	2.8	2.9466	3.1466	1.92	2.8533
Q5	2.4666	3.6	2.56	2.5333	1.9333	2.3333	1.8666
Q6	2.3333	3	2.787	2.2	2.2666	1.7066	2.2
Q7	2.4	-	2.787	-	2.56	2.4666	-
Q8	2.7333	-	-	-	2.2266	2.6933	-
Q9	2.4	-	-	-	1.9466	2.0133	-



Nursing staff							
Q1	1.9333	2.7333	2.333	2.7333	2.6066	2.2	4.0666
Q2	2.4666	3.4666	3.667	2.2666	2.5266	2.2666	2.46
Q3	2.3466	3.4666	2.2	2.2	2.2666	1.9933	1.8
Q4	1.6066	3.6666	4.453	2.2	2.7333	2.1933	3.6666
Q5	2.4	2.5266	2.2	2.5266	1.62	2.5933	1.9933
Q6	1.9933	2.66	2.267	2.46	1.66	2.3333	1.9333
Q7	1.8666	-	2.267	-	2.3266	2.2666	-
Q8	2.2666	-	-	-	2.1933	2.14	-
Q9	1.68	-	-	-	1.68	1.9933	-
Administrative staff							
Q1	2.08571	2.4	1.829	2.0857	2.1142	1.6857	3.4571
Q2	2.8285	2.2285	4.171	1.8	2.0857	1.7142	2.1142
Q3	2.6285	2.3714	1.771	1.9142	2.2285	2.1428	1.6285
Q4	2.0571	2.4	4.514	1.9142	2.2571	2.1714	2.2
Q5	2.3714	1.7714	1.943	1.9428	1.5714	2.1142	2.1428
Q6	1.8	2	1.829	1.8857	1.5714	2.0285	2.5714
Q7	1.6857	-	1.829	-	1.9714	2.1714	-
Q8	1.8857	-	-	-	2.2285	2.2	-
Q9	1.9428	-	-	-	2.5714	2.0857	-

In order to find whether the perceptions of the doctors, Nursing staff and Administrators are indistinguishable the null hypothesis is framed as-

“The perceptions of the doctors, Nursing staff and Administrators are indistinguishable with respect to the P's of APOLLO hospital”

**Table 4: ANOVA of Doctors, Nursing staff, Administrative staff opinion on Ps in APOLLO Hospital**

Groups	Sum of Squares	df	Mean Square	F	Sig.
Doctors					
Between	4.615	6	0.769	5.36	0
Within	8.179	57	0.143	-	-
Total	12.794	63	-	-	-
Nursing Staff					
Between	6.228	6	1.038	3.73	0.003
Within	15.863	57	0.278	-	-
Total	22.09	63	-	-	-
Administrative Staff					
Between	2.356	6	0.393	1.538	0.183
Within	14.554	57	0.255	-	-
Total	16.91	63	-	-	-

Table representing ANOVA of opinions of Doctors and Nursing staff on 7P's in APOLLO hospital showing the level of significance or risk probability is less than .05 so in these twocases, hypothesis is rejected. Therefore it can be said that, the perception of doctors and nursing staff are distinguishable i.e. the perception of the doctors are differ from one another. But in case of opinions of administrative personnel on 7P's is showing the level of significance or risk probability is greater than the .05 so the hypothesis is accepted. Therefore it can be said that, the perceptions of administrative personnel are indistinguishable i.e. the perceptions of the administrative personnel are not differing much one another in the 7P's.

**Table 5: Mean Values of Doctors, Nursing staff, Administrative staff Opinions on 7P's in CARE Hospital**

7P's'→ Questions	Product	Price	Place	Promotion	People	Physical- Evidence	Process
<b>Doctors</b>							
Q1	1.6666	3	3.1333	2.7333	2	2.2666	3.6666
Q2	2.5333	3.2266	2.8666	2.5333	2	2.1333	2.0666
Q3	3.2	2.8	2.2666	2.9333	2.2666	2.4666	2.4
Q4	2.3333	3.5333	4.3866	2.9333	2.9066	1.7333	3.2133
Q5	3	3.7333	2.6	2.8666	1.7733	1.52	2
Q6	2.4	3.6666	2.9333	2.4	1.9466	1.6	2.3333
Q7	2.4133	-	2.9333	-	2.56	2	-
Q8	2.3866	-	-	-	2	2.9333	-
Q9	2.36	-	-	-	1.8666	2.1333	-
<b>Nursing staff</b>							
Q1	1.66	2.6	1.9933	2.1933	2.1266	2.26	4
Q2	2.0666	3.7333	3.9866	2.2666	2.0666	2.2666	2.5333
Q3	2.1333	3	2.3266	2.3333	2.48	1.9933	1.8666
Q4	1.66	3.6	4.8	2.3333	2.4333	1.9333	3.4666
Q5	2.3266	2.4733	1.6133	2.5933	1.62	1.9266	2.2
Q6	1.68	2.72	2.34	1.8133	1.5466	2.3266	2
Q7	1.86	-	2.34	-	2	2.0666	-
Q8	2.2	-	-	-	2.26	2.1333	-
Q9	2.2666	-	-	-	1.6733	1.68	-
<b>Administrative staff</b>							
Q1	2	1.8571	2	1.7714	2.7142	2	4.1142
Q2	1.4285	3.9142	4	1.8	1.6857	1.8571	1.9714
Q3	2.4857	2.3428	1.9142	1.8285	2	1.7428	1.7142
Q4	2.7142	4.1142	4.2571	1.8285	2.0857	1.6857	2.7428
Q5	2.1428	2.0857	1.7428	2.1714	1.5428	1.6857	2.1142
Q6	1.7714	2.1142	1.8857	1.9428	1.5142	1.9142	1.8857
Q7	2.6285	-	1.8857	-	1.8571	1.7428	-
Q8	1.9428	-	-	-	1.8857	2.0857	-
Q9	2.7142	-	-	-	1.6571	1.5428	-



In order to find whether the perceptions of the doctors, Nursing staff, Administrators are indistinguishable, the null hypothesis is framed as-

“The perceptions of the doctors, Nursing staff and Administrators are indistinguishable with respect to the P's of CARE hospital”

**Table 6: ANOVA of Doctors, Nursing staff, Administrative staff opinion on Ps in CARE Hospital**

Groups	Sum of Squares	df	Mean Square	F	Sig.
<b>Doctors</b>					
Between	8.922	6	1.487	7.426	0
Within	11.413	57	0.2		
Total	20.335	63			
<b>Nursing Staff</b>					
Between	8.923	6	1.487	5.012	0
Within	16.913	57	0.297		
Total	25.836	63			
<b>Administrative Staff</b>					
Between	5.932	6	0.989	2.781	0.019
Within	20.266	57	0.356		
Total	26.198	63			

Table representing ANOVA of opinions of Doctors and Nursing staff and Administrative staff on 7P's in CARE hospital showing the level of significance or risk probability is less than .05 so in these two cases, hypothesis is rejected. Therefore it can be said that, the perception of doctors, nursing staff and Administrative staff are distinguishable i.e. the perception of the doctors are differ from one another.

**Table 7: Consolidated Statistical Result**

Category →	APOLLO			CARE		
	* Doctors (1)	* Nursingstaff (2)	Administrative Personnel (3)	* Doctors (4)	* Nursing staff (5)	*Administrative Personnel (6)
<b>Product</b>	2.3479 (3)	2.1366 (1)	1.9871(2)	2.4286 (3)	1.9493 (1)	2.0228 (4)
<b>Price</b>	3.1110 (7)	3.0866 (7)	2.1952(5)	3.3266 (7)	3.0211 (7)	2.7380 (7)
<b>Place</b>	2.7999 (6)	2.7694 (6)	2.5550(7)	3.0171 (6)	2.7714 (6)	2.5265 (6)
<b>Promotion</b>	2.6644 (5)	2.3977 (4)	1.9237(1)	2.7333 (5)	2.2555 (4)	1.8904 (3)
<b>People</b>	2.2518 (1)	2.1792 (2)	2.0666(4)	2.1466 (2)	2.0229 (2)	1.8729 (2)
<b>Physical evidence</b>	2.2599 (2)	2.2646 (3)	2.0399(3)	2.1253 (1)	2.0706 (3)	1.8171 (1)
<b>Process</b>	2.5110 (4)	2.6533 (5)	2.3523(6)	2.6133 (4)	2.6777 (5)	2.4237 (5)

\*The ANOVA gave significant difference between the means of the 7P's.

In the above table the 7P's differ significantly among themselves with respect to the average scores of the responses provided by the staff.

- The ANOVA gave significant difference between the means of the 7P's (Product, Price, Place, Promotion, People, Physical Evidence and Process).
- The figures in the brackets parenthesis indicate the rank of the corresponding mean in the ascending order.
- The column with no-star represents, the average respondents of administrative personnel in APOLLO hospital are not differing much in the 7P's i.e. the respondents have rated them as equally strong with out much distinction of one from the remaining. As none of them is more than 3, there is no evidence of any disagreement. At the same time no neutrality also.
- The average P (People) with rank 1 is strongly agreeable from the respondents point of view namely doctors of the APOLLO hospital followed by rank 2,3,4,5,6 and 7 respectively.
- The average P (product) with rank 1 is strongly agreeable from the respondents point of view namely nursing staff of the APOLLO hospital followed by rank 2,3,4,5,6 and 7 respectively.
- The average P (physical evidence) with rank 1 is strongly agreeable from the respondents point of view namely doctors of the CARE hospital followed by rank 2,3,4,5,6 and 7 respectively.
- The average P (product) with rank 1 is strongly agreeable from the respondents point of view namely nursing staff of the CARE hospital followed by rank 2,3,4,5,6 and 7 respectively.
- The average P (physical evidence) with rank 1 is strongly agreeable from the respondents' point of view namely administrative personnel followed by rank 2, 3,4,5,6 and 7 respectively.

## DISCUSSION:

### **Product, Price, Place, Promotion, People, Physical Evidence, Process (7P's)**

The perceptions of doctors on the process, the 7P's entire are positively opinioned by the respondents in two sample hospitals. The mean scores are in the range of 2.34 to 3.10 and 2.12 to 3.01 in APOLLO and CARE hospitals respectively; on a 5 point scale indicating marketing mix (7P's) of the sample hospitals is agreeable to the respondents.

The perceptions of nursing staff on marketing mix, the 7P's entire are positively opinioned by the respondents in two sample hospitals. The mean scores are in the range of 2.13 to 3.08 and 1.94 to 3.02 in APOLLO and CARE hospitals respectively; on a 5 point scale indicating marketing mix (7P's) of the sample hospitals is agreeable to the respondents.

The perceptions of administrative personnel on marketing mix, the 7P's entire are positively opinioned by the respondents in two sample hospitals. The mean scores are in the range of 1.92 to 2.55 and 1.81 to 2.73 in APOLLO and Care hospitals respectively; on a 5 point scale indicating marketing mix (7P's) of the sample hospitals is agreeable to the respondents.

The statistical analysis (ANOVA) and the conclusions revealed that the 7P's from the hospitals people side, the responses have given a relative rating of the 7P's in five out of six cases leading to a particular 'P' being strongly agreeable, a particular 'P' is just agreeable. Therefore respondents with a long term attachment with an organization can better distinguish the organization aspects than those who just stay for short while and leave.

**Inference:** The statistical analysis and the conclusions revealed that the 7P's from the hospitals people side, the responses have given a relative rating of the 7P's in five out of six cases leading to a particular 'P' being strongly agreeable, a particular 'P' is just agreeable.

Therefore respondents with a long term attachment with an organization can better distinguish the organization aspects than those who just stay for short while and leave.

### **SUGGESTIONS FOR BETTER MARKETING OF HOSPITAL SERVICES**

The following are some of the suggestions made to the marketing managers and policy makers of hospitals. If they are implemented, the present problems in the hospitals may be overcome to a great extent.

**Marketing Plan:** Hospitals should prepare annual Marketing plans to prepare in advance for facing the future. While preparing marketing plan, mission statement of the organization and objectives are to be considered and workable plan is to be prepared. Hospitals have to understand what they want to communicate or what it is or what it is want their target audience to know or remember, or what the hospital stands. This is the most important part of the marketing plan. It provides the necessary directions to marketing efforts and has far reaching consequences.

**Customer in Hospital is Different:** Hospital should realize that there is a big difference in waiting on a customer in a hospital and in any other organization. In the hospital the consumer is a sick person. In unfamiliar surroundings, many of them are in confused, tense, frightened and anxious state. The patient will immediately place his trust in the caring hands of hospital staff and assuredly feel that there is no need to be afraid. If he receives warmth and welcome feeling all the way, the patient will become the hospital's public relation agent.

Hospitals should not be out of touch With Society: Hospital managements convert hospitals into consumer-oriented marketing enterprises. Hospitals will have to adopt the marketing concept with a philosophy that all planning is to be done with the patient needs considered first and foremost.

**Marketing through Public Relations:** There are alternate marketing programmes that maintain image and not require advertising while still reaching large number of people. These programmes are a blend of public relations and guest relations activities implemented by well trained, motivated and dedicated staff that provides friendly, courteous service to patients. In almost every area of the hospital where staff comes into direct contact with the patients, the human relations and patient relations are of utmost importance. This is where public relations and marketing work at their best. Depending on how the staff practices public relations will make or mar the hospital. All other outside marketing activities are secondary, even superfluous and irrelevant. Hospitals have failed to pay attention to this fact which is a key to their success.

**Service Costs are to be Regulated:** Medicine is not mere business. It is an honorable profession with its code of ethics and a statutory body called medical council of India to uphold the dignity of the medical profession. But unfortunately these bodies are inactive and ineffective in curbing irrational practices and malpractices. Somehow, the prevailing high treatment costs are to be brought under control. For this reason, common man is not in a position to go to these corporate hospitals. Some of the strategies to curb the high treatment costs include.

**Establishment of Media Relations Policy:** Every hospital, regardless of its size, location must develop and enforce an official policy for dealing with the press and the kinds of information that may be released. The policy should specifically state who should speak for the hospital. All those who are required to make statements to the media should be familiar with the official policy and the procedure lay down therein.

**Customer Relationship Marketing:** Some of the more common goals and objectives for developing and implementing technology-driven customer relationship programs include

- Improving customer service and satisfaction;
- Increasing profitability;
- Reducing the number of negative customer experience;
- Allocating resources more efficiently'
- Reducing the cost of managing customer interactions;
- Attracting and retaining customers and prospects;

- Staying in front of customers and building stronger relationships over time; and
- Improving clinical outcomes.

## CONCLUSION

Of late, the hospital management has gained prominence the world over. The management of a hospital is found significant to deliver services to the society. For a successful marketing of services, it is essential that the concerned organization is professionally sound. This helps the hospital in many ways, such as an increase in the organizational potentials to show excellence, a strong base for serving the poorer sections and a favorable nexus for making it an on-going process. The first and foremost task before a marketer is to satisfy the users by making available to them the quality services. We cannot deny the fact that in the Medicare services in addition to the medical aid, a number of other factors also play a significant role. If the doctors and nursing staff are found soft, sympathetic, and decent to the patients, the time-lag for curing a patient is minimized fantastically. Of course the medical aid play a pivotal role but the supportive services also play an incremental role without which the duration of treatment is increased considerably. In the Indian perspective, the core medical personnel lack this dimension. By marketing Medicare services, we engineer a strong foundation for both i.e. the best possible medical aid and a personal touch-in-service. By marketing medical services we mean making available the Medicare services to the users in such a way that they get quality services at the reasonable fee structure. The marketing principles focus on making available the services even to those segments of the society who are not in a position to pay for the services.

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## Annexure

### Statements used for data collection from

#### DOCTORS/NURSING STAFF/ADMINISTRATIVE PERSONNEL

(1) Strongly agree (2) Agree (3) can't say (4) Disagree (5) strongly disagree

#### Product:

1	The services are attracting the patients.
2	The package services at your hospital are helpful.
3	Same day surgery services increasing hospital image.
4	Telemedicine services and they are useful for better treatment.
5	Housekeeping department is doing well.
6	Hospital is having good patient care.
7	Hospital transportation services are satisfactory.
8	Hospital reception services are good.
9	Hospital is more capable in developing and launching new services.

#### Price:

1	Hospital is offering services at affordable prices.
2	The quality of treatment depends on price.
3	Patients are from higher income level.
4	Hospital follows charges, what the other hospitals follows.
5	Cost of Laboratory tests is reasonable.
6	Hospital follows stable pricing policies.





**Place:**

1	Hospital attracting patients from all the places.
2	The hospital still to extend its services to some other areas.
3	Hospital is adequately protected from pollution.
4	You are a visiting or consulting doctor in some other hospital.
5	Hospital is well noted to other hospitals to refer their patients for better treatment.
6	Hospital is having time and place convenience to the patients.
7	Hospital is located at a right place.

**Promotion:**

1	Hospital is able to propagate its services to patients and their relatives.
2	You are a direct promoter of your hospital services.
3	Hospital special promotional campaigns are gaining the attention.
4	There is good response to special campaigns.
5	Talk by doctors in T.V programs is increasing the reputation of hospital.
6	This hospital have strong brand image in the patients.

**People:**

1	This hospital is having doctors with Excellent knowledge,
2	Skills,
3	Right attitude.
4	Doctors deal with all the patients alike.
5	Supporting staff play an important role in better recovery.
6	Supporting staff and nursing staff are well qualified.
7	The house keeping personnel are well mannered, gentle.
8	There is value addition to customer awareness programs.
9	The staff are sympathetic towards patient problems .

**Physical evidence:**

1	Hospital is making a positive impression on patients and their attendants.
2	The interior decoration in this hospital is very good.
3	Lighting and ventilation in this hospital is good. Especially in patient wards.
	This hospital is good in the aspects of:
4	Electricity,
5	Drinking Water,
6	Transportation,
7	Security.
8	Hospital is able to build up confidence in the patients by displaying awards won by doctors and the service certificates won by the hospital.

**Process:**

1	Treatment the process is very lengthy and time consuming.
2	Bill settlement process is simple.
3	The process to discharge the patient is simple in this hospital.
4	The process for emergency discharge is complicated in this hospital.
5	Service counters provided in this hospital are sufficient.
6	The length of waiting time of patients in this hospital is reasonable.



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