



## **TO STUDY ABOUT THE COMPARISON OF PATIENTS CARE SERVICES BETWEEN TWO HOSPITALS APPOLLO AND YASHODA**

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### **ABSTRACT**

A writing audit is a fundamental part of each examination project. An audit of past investigations uncovers the work and investigations of specific analysts and foundations, aiding the assurance of the review's prerequisite. The consequences of studies led by the public authority and non-government associations are very significant in the examination interaction. Different miniature and full-scale studies identifying with the job and working of medical services have been attempted in India and abroad by different social researchers. While there is an abundance of examination on medical care administrations and organization, the review *The Relationship Between Service Quality and Patient Satisfaction in Private Hospital* and building associations with patients and offering types of assistance to them is especially essential. Overseeing specialist organizations, clinical staff, and the value climate of clinics is basic for the board and care, similar to the nature of administration and administration channel. The authors arrived at the resolution that all patients, inpatients and outpatients, are equivalent and ought to be treated accordingly. Essential consideration doctors, subject matter experts, and specialist co-ops give significant and top-notch clinical treatment to an assorted scope of individuals.

***Keywords: Hospital, Specialist Organizations, Clinical Staff, Patients, Inpatients and Outpatients.***

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## **1. INTRODUCTION**

### **HOSPITAL'S MEANING**

The word emergency clinic is gotten from the Latin word 'trusts,' which can allude to a guest or the host who invites them. The Latin 'Hospitalia' a loft for outsiders or visitors, just as the archaic Latin 'Hospitale,' and the old French 'emergency clinic,' all started from 'Hospes.' In England all through the fifteenth century, it came to mean a house for the old or decrepit, just as a permanent place to stay for poor people. Hospice, neighbourliness, cordial, host, inn, and lodging were all terms utilized in the sixteenth century to depict medical clinics.

The current meaning of an emergency clinic is an establishment that gives clinical or careful consideration to the debilitated or harmed.

As such, a medical clinic is a design where the wiped out, harmed, or sick are invited and treated, just as an administrative or private organization set up for the gathering, fix, or sanctuary of individuals who are sick in body or psyche. Therefore, the essential and most significant occupation of an emergency clinic is to give skilled clinical consideration to the debilitated and harmed without respect for their social, monetary, or racial status.

### **DIFFERENT TYPES OF HOSPITALS**

Various kinds of emergency clinics have arisen in the clinic business.

**Based On Geographic Levels-** In India, the medical services framework is coordinated in a three-layered structure. The essential wellbeing place (PHC), people group wellbeing focus (CHC), and locale medical clinic are all important for this framework. These three levels intently compare to the three managerial degrees of administration, the Grampanchayat (GP). Since the PHC is populace based, it may not compare to each town level. Different levels, then again, would be in a state of harmony. The essential, auxiliary, and tertiary degrees of care presented at these three levels are alluded to as essential, optional, and tertiary, separately.



**Habitats For Essential Medical Care** - At the town level, essential medical care places give fundamental clinical and essential medical care.

The essential wellbeing place fills in as a center from which wellbeing administrations are spread across the country local area. It is the sign of the new idea of preventive and corrective consideration reconciliation. The middle was shaped on the conviction that keeping up with one's wellbeing is similarly pretty much as significant as treating illness, and that to accomplish both, everybody in question should cooperate. It is the littlest association that conveys coordinated safeguard and remedial wellbeing administrations, including family arranging, to the rustic populace. The Bhore advisory group presented the suggestion of building essential wellbeing centers to give total medical services in India's provincial regions without precedent for 1946.

**Inclusion** – Each essential medical services place is answerable for conveying crude, precaution, corrective, and rehabilitative therapy to a local area of around 25,000 individuals. This involves giving a wide scope of administrations, including wellbeing schooling, nourishment advancement, essential sterilization, mother and youngster family government assistance administrations, inoculation, infectious prevention, and proper sickness and injury therapy. Helper nurture birthing specialists run the PHC center points, which have 5 to 6 sub focuses and cover 3-4 towns (ANM). The three-layered medical care framework incorporates a few offices. At the taluk and region levels, these PHCs fill in as reference places for local area wellbeing focuses (CHCs) with 30-bed clinics or more.

**Purposes Behind Fair Outcomes** - Basic medical care administrations fundamentally affect a populace's general wellbeing, yet various issues in agricultural countries prevent the amount and productivity of essential medical care administrations. There are various explanations behind poor PHC execution in India. Absence of political responsibility, inadequate monetary assets designated to PHCs, stagnation of between area methodologies and local area cooperation, regulatory way to deal with medical services conveyance, absence of responsibility and responsiveness to the overall population, and irregularity among financing and responsibilities are a portion of the reasons. The current design is very unbending, keeping it from appropriately reacting to neighbourhood real factors and requests. The position of wellbeing offices is habitually affected by legislative issues,



bringing about a silly conveyance of PHCs and sub-focuses. Maybe than observing wellbeing framework adequacy and wellbeing results, local area inclusion, etc, government wellbeing offices have zeroed in on executing government rules, paying compensations, and keeping up with the absolute minimum of foundation.

### **RESEARCH METHODOLOGY**

In this research selection of the Two hospitals – Yashoda and Apollo Hospitals.

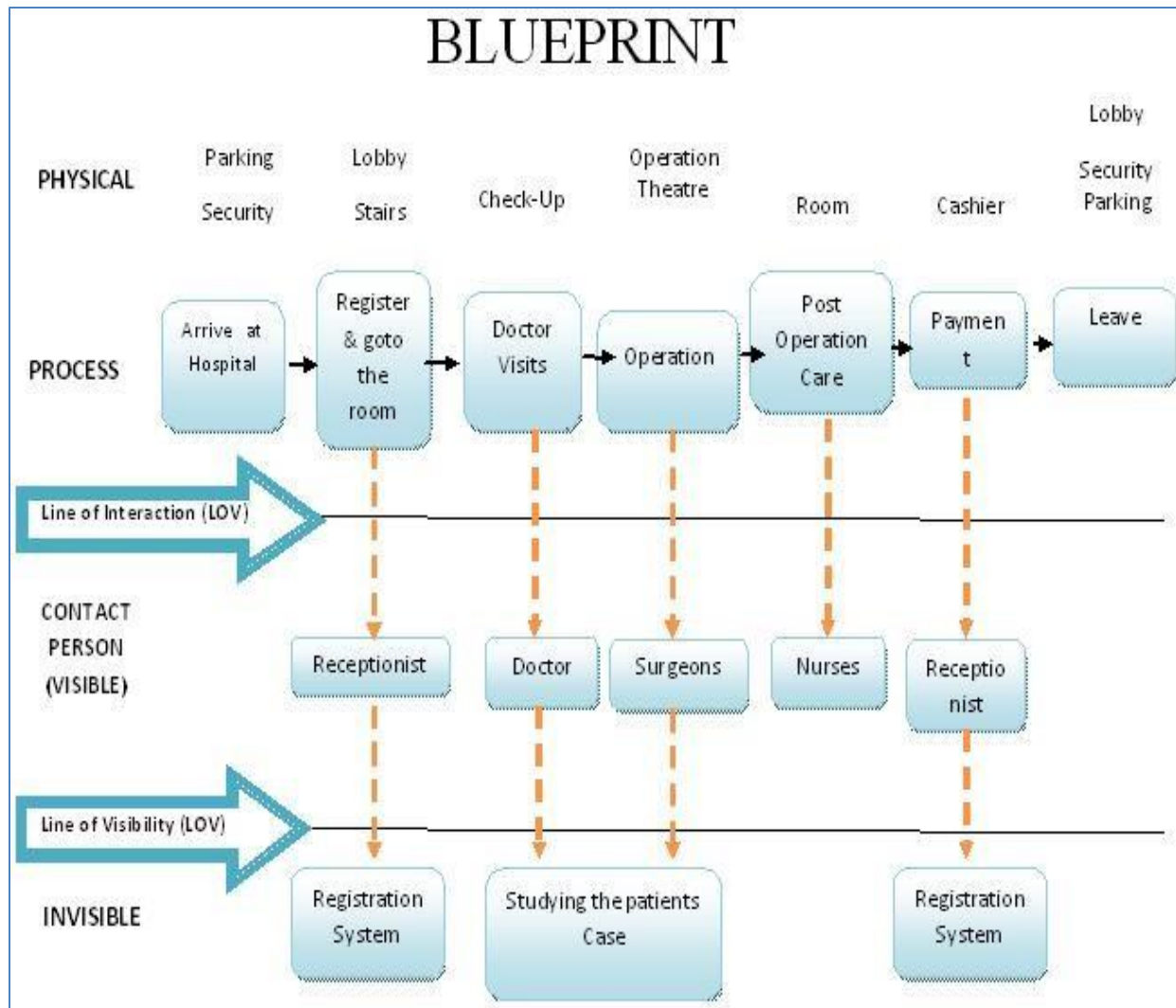
Optional medical services places give clinical consideration from experts at the Manual (taluk), sub divisional, and local area wellbeing focus levels. Local area clinics are the clinical offices accessible around here. The effect of the idea of medical care regionalization may be felt here. There ought to be sufficient work force and gear available to give ensuing treatment to the patient. On the off chance that this middle or emergency clinic is exceptional and staffed, it will assuage the region medical clinic of a portion of its obligations. Because of an absence of staff and gear, patients are much of the time sent straightforwardly from the PHC to the area emergency clinic.

### **COMPARISON BETWEEN YASHODA AND APOLLO HOSPITALS**

In terms of marketing mix, how do the two hospitals compare? A comparison is shown in Table. Exhibit shows a flowchart of process aspects that are common to both hospitals.

**Table 1: Yashoda and Apollo's Marketing Mix**

<b>Element</b>	<b>Yahoda</b>	<b>Apollo</b>
Segmentation	Poor (who seek treatment on subsidies or free), salaried people with employer reimbursement facility, patients with insurance, patients who can afford and international patients	Same
Positioning	Quality, innovation, expert care and service with smile	Similar
Product	Wide range of services. Quality and innovation are major focus	Same
Price	Differential pricing. States chemesto help poor in obtaining treatment are utilized. Insurance helps other patients.	Same
Place	Expanding to different locations including tier-2 cities	Expanding to a wide number of places
Promotion	Advertisements, use of internet, print, and TV channels.	Same
People	Well trained doctors, nurses and other staff	Same
Process	Registration (through phone, mail and reference). Facilities like pickup and drop. In patient and out-patient services.	Same. Includes reception-registration-waiting-consultation-diagnosis-treatment-Payment of bills and discharge.



**Exhibit 1: Service Process Blueprint**

## RESULTS AND DISCUSSION

### PATIENT CHOICE AND EXPERIENCE

What variables influenced the patients' decision to go to a specific hospital? Respondents are given a list of criteria and are asked to mark which ones impacted their decision.

According to more than half of the respondents, the following are the most important factors:

- There is a specialist available (67.6 percent in Apollo and 70.5 percent in Yashoda)
- Special medical attention was required at the hospital (52.9 per cent in Apollo and 54.5 per cent in Yashoda)
- Their physician is a hospital employee (50.5 per cent in Apollo and 52.3 per cent in Yashoda).

**Table -2: Distribution on The Basis of Factors Influencing Hospital Selection**

S. No	Factors	Apollo (N=210)		Yashoda (N=220)	
		f	%	f	%
1	A specialist was available	142	67.6	155	70.5
2	Special hospital care was required That was not available in the local hospital	111	52.9	120	54.5
3	My physician is practicing here	106	50.5	115	52.3
4	More familiar with the hospital	99	47.1	108	49.1
5	Wanted a second opinion from another physician	81	38.6	90	40.9
6	Cost of treatment will be reasonable	84	40.0	103	46.8
7	The public image of hospital is very good	88	41.9	89	40.5
8	Recommendation of my family doctor	80	38.1	97	44.1
9	Suggested by my friends and relatives	78	37.1	95	43.2
10	Impressed by advertisements	60	28.6	74	33.6
11	Insurance coverage is available for treatment in corporate hospitals	65	31.0	66	30.0
12	My employer (company /organization) reimburses expenditure	64	30.5	76	34.5
13	Form y status, I prefer treatment in corporate hospitals only.	56	26.7	64	29.1

Who has affected the parents' hospital choice? For around one-third of the respondents, family members, friends, and relatives are the main influencers.

**Table- 3: Distribution on The Basis of Hospital Decision-Making**

Person	Apollo (N=150)		Yashoda (N=170)	
	f	%	f	%
Spouse	45	30	45	26.47
Children	55	36.66	55	32.35
Friends and relatives	50	33.33	70	41.17

What are the information sources? The sources of information that are relevant to the responder patients are listed in Table. The following are the three primary sources:

- Family and friends (for 63.8 percent of Apollo and 64.1 per cent of Yashoda patients)
- Visits by individuals (for 53.8 percent of Apollo and 55.9 per cent of Yashoda patients)
- Newspapers and periodicals (for 57.1 percent of Apollo and 58.6 per cent of Yashoda patients)

Insurance agents, hospital doctors, and television advertisements are small sources. They have a 35-40% influence on people. Only 20% of respondents from both hospitals were affected by promotional campaigns and sponsored programs. Nurses play a minimal part in deciding which hospital to go to.



**Table 4: Distribution on The Basis of Sources of Information**

Sources	Apollo (N=150)		Yashoda (N=170)	
	f	%	f	%
My personal visits	113	53.8	123	55.9
My friends and relatives	134	63.8	141	64.1
Newspapers and magazines	120	57.1	129	58.6
Insurance agents	87	41.4	85	38.6
Doctors working in the hospital	90	42.9	83	37.7
TV ads	91	43.3	99	45.0
Promotional campaigns of the hospital	48	22.9	57	25.9
Sponsored programs of the hospitals (TV or sports or cultural)	40	19.0	50	22.7
Nursing and other staff in the hospital	58	27.6	61	27.7

Information is the essential to developing faith in therapy and the care that the hospital promises to deliver. Respondents are given a variety of statements about information sharing to rate on a 5-point agreement scale, with 5 representing strongly agree.

- **Treatment Information** - the doctor revealed the nature of the health problem, the expected length of stay, and the cost estimate.
- involving the patient in treatment and care decisions.
- **Listening** — doctors and nurses listened to issues, described what was wrong, and prescribed the appropriate treatment.

The statement "during treatment, I had difficulty acquiring information from the doctor" was rejected by both hospitals' responders.

As a result, it is reasonable to conclude that information exchange in hospitals is beneficial.

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

**Table 5: During Treatment, Information Is Shared**

S. No	Statement	Apollo (N=150)		Yashoda (N=170)		t-value
		Mean	SD	Mean	SD	
1	Consulting doctor in the hospital explained me what my health problem and the treatment that will be given	3.17	1.005	4.20	1.057	0.18
2	I am involved as much as I wanted to be in decisions made about my care and treatment	3.75	0.973	3.87	0.971	1.15
3	I am also informed about the number of days of stay by my doctor.	3.91	0.984	3.95	1.037	0.07
4	I am also given an estimate of expenditure involved.	3.64	1.045	3.63	1.066	0.53
5	During treatment doctors listened to my problems carefully.	3.65	1.10	3.58	1.12	1.45
6	Nurses listened to me carefully	3.72	1.01	3.57	1.06	0.07
7	Nurses explained things in a way I could understand	3.61	1.08	3.61	1.06	0.36
8	Doctors explained things in a way I could understand.	3.72	1.03	3.67	1.08	0.25
9	Nurse/doctor explained the purpose of the	3.57	1.08	3.54	1.10	0.16

5 = Strongly agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly disagree ( All the t- values are not significant at 0.05 kevel).

### Experience

Patients arrive to the hospital full of optimism, which is bolstered by confidence and, on occasion, concern. What were the patients' feelings at the moment of combining the two hospitals? The perspectives are shown in Table.

- About 63.3 percent of Apollo respondents and 62.3 percent of Yashoda respondents are optimistic that the health issue would be remedied. Only around a quarter of the respondents (approximately 25%) are concerned about the expected level of treatment.

- Approximately 45 percent of responders are concerned about the cost.
- Around 37% to 40% of Apollo and Yashoda respondents are concerned about their attendant and their care.

**Table 6: Distribution on The Basis of Patient Perspectives on Hospital Services**

S. No	Statement	Apollo (N150)		Yashoda (N=170)		t-value
		Mean	SD	Mean	SD	
1	The hospital has got good name.	3.25	0.97	4.26	0.96	0.00
2	The hospital location is not good it is difficult for students to reach.	2.68	1.03	2.70	1.01	0.18
3	The hospital has good doctors.	3.90	1.04	3.89	1.03	0.17
4	Nursing care is good in the hospital	3.73	0.94	3.63	0.89	1.00
5	The hospital has good equipment for treatment of patients.	3.91	0.86	3.89	0.87	0.20
6	The hospital has good diagnostics services.	3.80	0.90	3.76	0.92	0.43
7	The hospital offers treatment to a wide variety of patients.	3.68	1.07	3.69	0.95	0.97
8	The hospital sufficient space for comfortable stay of in –patients.	3.70	1.02	3.64	0.96	0.59
9	Post operative care is not good in the hospital	1.60	1.04	1.63	0.95	0.18
10	It takes very long time to get admission into the hospital	2.91	1.03	2.55	0.96	0.38
11	Patients go to the hospital with a confidence of Recovery	3.55	1.05	3.60	1.09	0.45
12	The hospital offers treatment at affordable prices	3.59	1.06	3.54	1.03	0.46
13	For those who do not have insurance coverage and employer reimbursement, treatment charges are difficult to bear	3.48	1.18	3.53	1.20	0.41

- 5 = Strongly agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly disagree (All the t-values are not significant at 0.05 level).

## PHYSICIAN SERVICES

In the entire health-care system, the physician is the most important person. What are the respondents' thoughts on doctors? The doctor who is involved in the patient's care is highlighted. The doctor is rated very well in Apollo, with descriptions such as duty focused (60.2%) and capable (53.1 per cent). Few respondents painted an unfavourable picture of doctors by claiming that they have lengthy conversations with them and that their visits are delayed (29 per cent). Only 35.5 percent of doctors' visits are said to be regular. A similar view of the doctor arose in Yashoda. Patients prefer to see the doctor and discuss their concerns with him in the majority of cases, however his assistants and house surgeons will be seen more frequently. Physician services are considered satisfactory by the respondents of both hospitals. On a five-point satisfaction scale, the evaluations vary from 3.68 to 3.11 for Apollo hospitals and 3.56 to 3.19 for Yashoda hospitals, with 5 representing perfect satisfaction. At the 0.05 level, the variations in mean ratings between Apollo and Yashoda are not significant. All of the computed numbers are less than the 1.96 in the table.

**Table 7: Distribution on The Basis of Physician Behaviour Points of View**

View	Apollo(N=150)			Yashoda(N=170)		
	Yes	Sometimes/what	No	Yes	Sometimes/what	No
Doctor duty minded	60.2	19.3	17.1	56.5	25.2	14.7
Doctor is capable	52.1	25.1	19.3	55.6	23.3	17.4
Doctor chats and delays	28.0	33.1	35.4	32.1	29.2	36.2
Doctor visits regular	35.5	23.1	38.0	34.6	22.1	39.7

**Table 8: Distribution on The Basis of Physician Service Ratings**

S. No	Aspect	Apollo (N=150)		Yashoda (N=170)		t-value
		Mean	SD	Mean	SD	
1	Professional approach of doctor	3.11	1.01	4.19	0.96	0.80
2	Doctor's attention and responsiveness to Questions	3.83	1.02	3.88	0.89	0.50
3	Regular visits and check up	3.91	0.97	3.91	1.032	0.08
4	Explanation of procedures, tests, and treatments	3.78	1.02	3.72	1.08	0.46
5	Consideration for family and visitors	3.85	0.95	3.84	0.95	0.09
6	Courtesy in giving instructions	3.77	0.87	3.77	0.78	0.10
7	Concern for hygienic conditions	3.74	1.05	3.68	0.96	0.58
8	Before discharge instructions	3.68	1.16	3.56	1.16	1.12

On a scale of 1 to 5, Completely Satisfactory is the highest rating. 4 – Reasonably satisfactory 3- Unsatisfactory 2- Unsatisfactory 1- Extremely unsatisfactory (All the t- values are not significant at 0.05 levels).

## CONCLUSION

In conclusion, the findings revealed that the private sector had a higher position solely in a tangible domain of health-care quality. Because the issue of health service quality is essential to consumers, the findings are significant in that they allow us to focus more on deficiencies and enhance the public sector by implementing appropriate facilities and equipment and paying more attention to customer amenities. It is suggested that the quality of public services be improved by updating medical equipment and paying more attention to amenities, competence, and experience of health care workers, particularly in teaching hospitals (due to the use of students), as well as reducing wait times for services, rapid reception, and easy access to a doctor.



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