

A Study on Distribution Channels in Corporate Hospitals

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Abstract

Place is one of the key element for effective distribution of hospital services. It means the hospital should be easily accessible to the patients, at the same time should be adequately protected from pollution. The objective of the study is to investigate and compare the place mix (distribution) in selected super-specialty hospitals and making suitable suggestions on the basis of statistical analysis of perceptions collected from Doctors, Nurses and Administrative Personnel on place mix of sample hospitals. The collected data is analyzed by applying descriptive and inferential statistical techniques such as mean, standard deviation. It is concluded that the perceptions of respondents on place mix are positively opinioned in two sample hospitals. The Grand Mean and S.D. scores are in the range of 2.55 to 2.79 (Grand Mean) 0.38 to 0.48 (S.D) in APOLLO and 2.52 to 3.01 (Grand Mean) 0.32 to 0.36 (S.D) in CARE respectively, on a 5 point scale indicating place mix of the sample hospitals is agreeable to the respondents.

Key Words: Place Mix (Distribution); Corporate Hospitals; Marketing Mix

Introduction

Hospitals whose primary products are services have three major distribution decisions. These involve Physical access (channels, location and facilities), Time access and Promotional access (including referrals) Physical access decisions raise considerations of location. The majority of hospitals operate out of one facility. Those which do not encounter all the classic distribution problems faced by retail business firms: how many branches or outlets to operate, of what size, where located, and what specialization at each branch. The location of hospitals often such a dominant factor that it dictates what the rest of the marketing mix looks like. Location decisions are made all the time in hospitals. Choice of location is an important marketing decision because the patient market often segments itself according to proximity to the source of medical care. Designing of the facilities is third physical access consideration. Hospitals that operate inpatient or ambulatory facilities or whose consumers use the facility in some other way have to make decisions on the 'look' of their facilities, because the look can affect consumer attitudes and behavior. Hospital facilities designing face at least four major design decisions. What should be the functional and flow characteristics of the facility? What should the facility feel like on the inside? What materials furnishings, and so on, would best support the desired feeling of the facility? So, every hospital should consider how it will make its services available and accessible to its target consumers.

Need for the Study

The available literature emphasized various marketing and other aspects of hospitals in India and advanced countries. It is unfortunate that much discussion have not taken place on distribution of services in hospitals. Due to the changes of consumer perceptions in India, there is a need to study the distribution activities in Indian hospital industry.

Objectives of the Study

The broad objective for which the research has been undertaken is

1. To investigate and compare the distribution activities in the selected two super-specialty hospitals.
2. To elicit the perceptions of Doctors, Nurses and Administrative personnel on distribution mix of two sample hospitals and comparing.
3. To make suitable suggestion for better distribution of hospital services.

Selection of Sample Hospitals

Two corporate hospitals namely APOLLO (Jublee Hills) and CARE (Banjara Hills) in Hyderabad, Andhra Pradesh have been selected which are running on similar and almost identical facilities.

Selection of Sample Size and its Justification

The sample is taken from three categories after giving adequate representation to all classes. The three classes include doctors, nurses and administrative Personnel. Following table showing the population and sample size of two selected super specialty hospitals.

Table No: 1 Population and Sample size in Selected Hospitals

S.No	Particulars	APOLLO		CARE		Total	
		Population	Sample	Population	Sample	Population	Sample
1	Doctors	156	75	127	75	283	150
2	Nursing Staff	340	150	320	150	660	300
3	Administrative Personnel	45	35	40	35	85	70

Discussion and Inference

Pertaining to the questionnaire to doctors in APOLLO, out of 156 doctors, the questionnaire was distributed to 85 and only 75 response sheets were taken for final analysis. Out of 127 doctors in CARE, the questionnaire was distributed to 90 and 75 response sheets were selected for final analysis. In the case of questionnaire relating to nursing staff, in APOLLO, out of 560 nurses, 340 nurses are working on permanent basis and 220 are working on contract basis. The questionnaires were distributed to 170 nurses who are working on permanent basis and finally 150 questionnaires were selected for analysis. In the case of CARE hospital, out of 510 nurses, 320 nurses are working on permanent basis and remaining 190 are working on temporary basis. The questionnaires were distributed to 180 respondents who are working on permanent basis and 150 response sheets were taken for final analysis. The questionnaires developed for administrative personnel was distributed to

45 numbers in APOLLO, and 35 were selected as sample for final analysis. Out of 40 administrative personnel in CARE hospital, 35 persons are selected for final analysis.

Methodology for Data Analysis

The questionnaire, which was intended to diagnose the opinions of respondents (Doctors, Nurses and Administrative Personnel) on people mix in two sample hospitals, contains twenty statements in total. The count of responses is considered and for each type of response (Strongly Agree, Agree, Can't Say, Disagree and Strongly Disagree) and for each type of respondents in two hospitals, the Mean and S.D is calculated separately. Finally conclusions are derived by calculating Grand Mean and S.D.

Literature survey

“Identifying market Segments within A health care delivery System: A two stage Methodology” by Wilbur W. Stanton, Jame8 M. Daley¹ This study extends hospital marketing research by developing and applying a two state methodology for identifying healthcare market segments. “The development of a district-based psychiatric service for difficult and offender patients” by Patric L.G.² discussed about a local plan for a district-based inpatient services for both difficult and offender patients within the framework of existing local psychiatric facilities. “The use of bed distribution and service population indexes for hospital bed allocation” by K.S Bay and LJ Nestman³ discussed the number of beds allocated to each district, or the number of persons served by each hospital, was estimated by applying the hospital service population model. “A hospital service population model and its application” by Bay KS, Nestman LJ⁴ emphasized on the concept of hospital service population and its estimation techniques is refined and generalized from a model building point of view, and the generalized model is applied to the Alberta, Canada hospital system. “Use and distribution of rehabilitation services:a register linkage study in one hospital district area in Finland” by Pukki JM, Rissanen P, Raitanen JA, Viitamen EA⁵ focused on a large set of rehabilitation services used between 2004 and 2005 in one hospital district area in Finland. This study cannot rule out the possibility that differences indicated inequitable distribution of services or whether they are explained by different needs. “Distribution of hospital nursing services” by Helen G. Tibbitts, M.A⁶ reveals that the ratio of nursing personnel to patients in the entire group of non-governmental general hospitals in the country is sufficient to provide an average of 3.6 hours of care, 1.6 hours of their being professional. “ Women’s secure hospital services: national bed numbers and distribution” by Mari Harty, Nadia Somers and Annie

Bartlett⁷ concluded that medium secure provision for women has grown over the past decade, but comparative data for low secure provision are not available. ‘Simulation of Robotic Courier Deliveries in Hospital Distribution Services’ by Manuel D. Rossetti, Robin A. Felder, Amit Kumar, Journal of Epidemiology and Community Health discussed flexible automation in the form of robotic couriers holds the potential for decreasing operating costs while improving delivery performance in hospital delivery systems. This paper discusses the use of simulation modeling to analyze the costs, benefits, and performance tradeoffs related to the installation and use of a fleet of robotic couriers within hospital facilities.

Distribution of services in Apollo Hospital

Place or distribution mix in Apollo hospital can be described in terms of physical access of the Apollo hospital, time access, informational and promotional access of the hospital. In Apollo physical access comprises the channels which the hospital using for distributing the health services. Location of the Apollo hospital includes the branches or outlets to operate, size, where located and what are the specialization at each branch they are offering etc, and designing of the facilities. Apollo is utilizing different channels for delivery of health services to the needy. In Apollo the patients now can get the surgery on an inpatient or out-patient basis or in free- standing one-day surgery centers. Apollo offering house visits in some areas where an oversupply of physicians motivates a higher level of service to the patients. Apollo changing channels in obstetrics, some which are not clinically accepted, have moved the birth process out of traditional labor and delivery rooms in to hospital-based alternative birth centers and on occasion in to the home. The channels using by the Apollo for health services promotion and early disease The channels using by the Apollo for health services promotion and early disease detection have also expanding rapidly. For this Apollo displaying food charts that used to hang in every elementary school class rooms in the Hyderabad city, computerized health information in public libraries, health education CDs sold to the patients and tele- medicine services covering every conceivable aspect of the health care including suicide hotlines, elder hotlines and sexplanations etc. Following table shows the Tele-medicines service of the Apollo hospital.

Table No: 2 Apollo Telemedicine Services

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Sl.No	Name	Description
1	Tele-Radiology	Transferring digitized images like X-Rays, MRIs and CT scans From one location to another for diagnostic reports.
2	Tele-Dermatology	Exchanging digital images of skin for interpretation.
3	Tele-Pathology	Sharing microscopic images with pathologists sitting in diverse location for instant report.
4	Tele-Cardiology	Transferring data from modalities such as ECG, Echo cardiogram expert opinion.
5	Remote-ICU Monitoring	An excellent solution for providing critical care to patients located in remote areas with basic health care facilities.
6	Ambulance Monitoring	A life saving solution in cases where patients need to be transferred overlong distances to reach the nearest hospital. The vital signs of the patient can be monitored by a team of specialists and valuable as well as timely health care can be provided even before the patient reaches the hospital.
7	Mobile Tele Medicine Unit	A solution aimed at providing healthcare where hospitals are unavailable. Using a telemedicine van, video conferencing and satellite communication, medical care is provided to people in remote areas. It also acts as a life saver providing timely health aid in times of large scale disaster or natural calamities.
8	Electronic Health Card	A web based solution enabling health care professionals to access a patient's medical information any where and any time.

One important trend noticed by researcher in Apollo hospital, in the use of new channels to bring health services to the consumer, rather than forcing the consumer to come to the hospital. For this Apollo arranging mobile vans for delivering medical care and health screening tests at shopping malls, schools and worksites. On the aspect of location of the Apollo hospital, Jublihills, Hyderabad located at film nager, heart of the city spread over a

campus area of 35 acres, the hospital has a built-up area of 190,000 sft with a patient serving capacity of 1, 00,000 per year.

Table No: 3 Other Outlets of Apollo Hospital

Sl.No	Location	Area (Acres)	No.of.Beds	Patients Serving Per year
1	Ahmedabad	10	400	10,000
2	Banglore	8	250	98,000
3	Bilaspur	17	290	2,78,000
4	Chennai	25	455	1,20,000
5	Bhubaneswar	7.5	350	82,000
6	Delhi	12	550	1,32,000
7	Kakinada	5	60	11,000
8	Kolkata	12	425	1,12,000
9	Madurai	10	200	15,000
10	Vishakapatnam	13	250	20,000
11	Republic of Mauritius	18	200	15,000
12	Dhaka	11	450	29,000
13	Ludhiyana	6	65	18,000
14	Indore	8	140	23,000
15	Ranchi	5	130	24,000
16	Pune	13	305	70,000
17	Raichur	9	422	28,800
18	Mysore	16	170	62,000
19	Ranipet	10	100	23,000

It is observed in Apollo hospital, they are considering some important factors before starting the new branch in some other locations, the factors are competition, medical facilities availability, population, transportation, parking facilities etc.,. While selecting location of the hospital, Apollo giving importance to the proximity to residential areas. On this issue when the researcher asked the hospital people, they responded as proximity is important in the case of emergency situation. Researcher has observed that the Apollo Jublihill was located at www.ijellh.com

highly populated area and the hospital can be reached within 10 minutes to half an hour. There are different transportation modes available to reach the hospital within short time. For the parking place Apollo has arranged 5 acres of place at two different locations in the hospital.

Apollo is providing better time access, but the timing of different services varies from one to another. Services in Apollo like ambulatory services, dental, mental health etc. are available from 8 A.M to 5 P.M. on week days with an occasional evening section that runs until 8 P.M. depending on the need. To receive the important services, patients have to take appointment from the concerned doctor at least before one week. Patients can take appointments from various appointment centers which are located at various cities, towns and other areas in the state. Through appointments, patients can get the appointment date and timing letter, with it they can directly approach the doctor on that date at Hyderabad Apollo health city. However the researcher observed that the Apollo hospital had limited time access for surgical and diagnostic procedures which were generally limited to week days.

Distribution of Services in Care Hospital

The place or distribution mix of Care hospital can be explained in terms of two aspects. The first one is location of the hospital and its channels used for distribution of services and the second aspect includes the facilities, branches located in the same city and over the country with its bed capacity and specializations, community outreach programmes, satellite clinics which deliver health services at the people's doorsteps and hospital's industrial, corporate or occupational medicine at the work place. Care hospital located at Banjara Hills Road No: 10 Hyderabad, which is the heart of the city, spread over 10 acres with 55,000 Sft. of built up area. At present Care hospital having 430 beds, including 120 critical care beds with annual inflow of 1, 80,000 patients for consultations and 16,000 patients for admission. The hospital is having good transportation facility from all the corners of the city; usually it will take 15 to 45 minutes to reach the hospital. But it is noticed that, the hospital is not concentrated for arranging parking place for the visitors and others.

In order to provide better services and to reach nearer to the needy, Care hospital started its outlets at different places in the city includes, Nampally, Secunderabad, Musheerabad and outside the city includes Visakhapatnam, Vijayawada, Nagpur, Pune, Raipur, Bhubaneswar, and Surat with different bed capacities. Following table depicts this information.

Table No: 4 Other Outlets of Care Hospital

Sr.	Place of Business Unit	State	Year of Starting	No. of Beds
1	CARE Heart Institute Nampally	Andhra Pradesh	1997	310
2	CARE Hospitals Secunderabad	Andhra Pradesh	1998	40
3	CARE Hospitals Visakhapatnam (Two units)	Andhra Pradesh	1999	230
4	Care Hospitals, Banjara hills , Hyderabad	Andhra Pradesh	2002	460
5	CARE Hospitals, Vijayawada	Andhra Pradesh	2004	150
6	CARE Hospitals, Nagpur	Maharastra	2006	105
7	CARE Hospitals, Musheerabad	Andhra Pradesh	2007	130
8	CARE Hospitals, Pune (Two units)	Maharastra	2007	170
9	CARE Hospitals, Raipur	Chattisgarh	2007	125
10	CARE Hospitals, Bhubaneswar	Orissa	2007	105
11	CARE Hospitals, Surat	Gujarat	2008	110

As a part of services distribution, Care hospital providing Care clinics. These clinics are unique offering from care hospital. Through these low cost models, care hospital aims to spell convenience to patient through easy accessibility of a health services just around the corner. Each care clinic is equipped with diagnostic centre, operational with state of art facilities, pharmacy, out-patient departments, apart from the advanced wellness-centers. In addition to the routine checks, care clinics offers disease management programs, wellness programs and allows the patients to choose from more than one thousand health checks. Along with these, care clinics also offering the exceptional concept of home healthcare for patients who are unable to come to the hospital for a variety of reasons. The home healthcare covers post hospitalization, home monitoring by nurses, and home visiting by doctors etc.

From the above discussion it is observed that the two hospital attracting the patients from all the places. Still Apollo has to extend its services to some other places but in Care there is no need. Two hospitals are adequately protected from the pollution. But no people in two hospital working as consultants at some other places. Care hospital is well noted to other hospital for refer their patients comparatively with the Apollo. Apollo hospital is treated as place time convenient hospital but Care is having some inconveniences. But two hospitals are treated that they are located at right place. On the whole, it can be stated that the two hospitals are good in their services distribution. Now let us move on to the Mean and S.D values of doctor's perceptions on the services distribution of the sample hospitals. Following table representing mean and standard deviation values of perceptions of doctors about distribution activities of the sample hospitals.

Table No: 5

Mean and S.D of Doctors Perceptions on the Place Mix of the Sample Hospitals

(N=75)

Sl.No	Statement	Apollo		Care	
		Mean	S.D	Mean	S.D
1	Your hospital attracting patients from all the places.	2.62	1.08	3.13	1.09
2	The hospital still to extend its services to some other areas.	3.37	1.08	2.86	1.09
3	Your hospital is adequately protected from pollution.	2.66	1.30	2.26	0.77
4	You are a visiting or consulting employee in some other place.	2.80	1.47	4.38	0.61
5	Your hospital is well noted to other hospitals to refer their patients for better treatment.	2.56	1.35	2.60	1.09
6	Your hospital is having time and place convenience to the patients.	2.78	1.26	2.93	1.00
7	Your hospital is located at a right place.	2.78	1.26	2.93	1.00

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

Above table shows that ‘receiving patients from the all places’ (2.62), ‘need to extend services some other places’ (3.37), ‘hospital adequately protected from pollution’ (2.66), ‘visiting/consulting employee at some other hospital’ (2.80), ‘hospital well noted to other hospitals’ (2.56), ‘time and place convenience to the patients’ (2.78), ‘right location of hospital’ (2.78) As such, it can be said that the services distribution of Apollo hospital perceived good by the respondents.

In care hospital; ‘receiving patients from the all places’ (2.62), ‘need to extend services some other places’ (3.37), ‘hospital adequately protected from pollution’ (2.66), ‘visiting/consulting employee at some other hospital’ (2.80), ‘hospital well noted to other hospitals’ (2.56), ‘time and place convenience to the patients’ (2.78), ‘right location of hospital’ (2.78) Therefore it can be concluded that the services distribution is having positive response by the respondents. Next see the Mean S.D values of nurse’s perceptions on the services distribution of the sample hospitals. Following table representing mean and standard deviation values of perceptions of nurses about the distribution activities of the sample hospitals.

Table No: 6

Mean and S.D of Nurses Perceptions on the Services Distribution of Sample Hospitals (N=150)

Sl.No	Statement	Apollo		Care	
		Mean	S.D	Mean	S.D
1	Your hospital attracting patients from all the places.	2.33	1.13	1.99	0.80
2	The hospital still to extend its services to some other areas.	3.66	1.13	3.98	0.84
3	Your hospital is adequately protected from pollution.	2.20	1.42	2.32	1.13
4	You are a visiting or consulting employee in some other place.	4.45	0.49	4.80	0.40
5	Your hospital is well noted to other hospitals to refer their patients for better treatment.	2.20	1.11	1.61	0.72
6	Your hospital is having time and place convenience to the patients.	2.26	1.12	2.34	0.88

7	Your hospital is located at a right place.	2.26	1.12	2.34	0.88
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5 Point Scale: 1-strongly agree.....5-strongly disagree

Above table shows that ‘receiving patients from the all places’ (2.33), ‘need to extend services some other places’ (3.66), ‘hospital adequately protected from pollution’ (2.20), ‘visiting/consulting employee at some other hospital’ (4.45), ‘hospital well noted to other hospitals’ (2.20), ‘time and place convenience to the patients’ (2.26), ‘right location of hospital’ (2.26) As such, it can be said that the place mix of Apollo hospital perceived good by the respondents.

In care hospital; ‘receiving patients from the all places’ (1.99), ‘need to extend services some other places’ (3.98), ‘hospital adequately protected from pollution’ (2.32), ‘visiting/consulting employee at some other hospital’ (4.80), ‘hospital well noted to other hospitals’ (1.61), ‘time and place convenience to the patients’ (2.34), ‘right location of hospital’ (2.34) Therefore it can be concluded that the services distribution is having positive response by the respondents. Now we will see the Mean and S.D values of the administrative personnel’s perceptions on the services distribution of the sample hospitals. Following table representing mean and standard deviation values of perceptions of Administrative .Personnel about distribution activities of sample hospitals.

Table No: 7

Mean and S.D of Administrative personnel Perceptions on Services Distribution of Sample Hospitals

(N=35)

Sl.No	Statement	Apollo		Care	
		Mean	S.D	Mean	S.D
1	Your hospital attracting patients from all the places.	1.82	0.89	2.00	1.08
2	The hospital still to extend its services to some other areas.	4.17	0.89	4.00	1.08
3	Your hospital is adequately protected from pollution.	1.77	1.00	1.91	1.12
4	You are a visiting or consulting employee in some	4.51	0.5	4.25	0.7

	other place.		0		0
5	Your hospital is well noted to other hospitals to refer their patients for better treatment.	1.94	1.16	1.74	0.91
6	Your hospital is having time and place convenience to the patients.	1.82	0.92	1.88	0.90
7	Your hospital is located at a right place.	1.82	0.92	1.88	0.90

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

Above table shows that ‘receiving patients from the all places’ (1.82), ‘need to extend services some other places’ (4.17), ‘hospital adequately protected from pollution’ (1.77), ‘visiting/consulting employee at some other hospital’ (4.51), ‘hospital well noted to other hospitals’ (1.94), ‘time and place convenience to the patients’ (1.82), ‘right location of hospital’ (1.82) As such, it can be said that the place mix of Apollo hospital perceived good by the respondents.

In care hospital; ‘receiving patients from the all places’ (2.00), ‘need to extend services some other places’ (4.00), ‘hospital adequately protected from pollution’ (1.91), ‘visiting/consulting employee at some other hospital’ (4.25), ‘hospital well noted to other hospitals’ (1.74), ‘time and place convenience to the patients’ (1.88), ‘right location of hospital’ (1.88) Therefore it can be concluded that the services distribution is having positive response by the respondents. Following table representing Grand Mean and Standard Deviation values of perceptions of respondents about the services distribution of the sample hospitals.

Table No: 8 Grand Mean and S.D. of Respondent’s Opinion on Services Distribution of Sample Hospitals

Sl.No	Respondents	Apollo		Care	
		Mean	S.D	Mean	S.D
1	Doctors	2.79	0.48	3.01	0.34
2	Nurses	2.76	0.47	2.76	0.32
3	Administrative Personnel	2.55	0.38	2.52	0.36

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

Rating on the Basis of Responses of Sample Hospitals on Services Distribution

Above table shows that the perceptions of doctors, nurses and administrative personnel on services distribution, entire are positively opinioned in two sample hospitals. The Grand Mean and S.D. scores are in the range of 2.55 to 2.79 (Grand Mean) 0.38 to 0.48 (S.D) in APOLLO and 2.52 to 3.01 (Grand Mean) 0.32 to 0.36 (SD) in CARE respectively, on a 5 point scale indicating perceptions of the sample hospitals is agreeable. Finally it is concluded as the respondents (Doctors, Nurses and Administrative Personnel) perceptions are agreeable to the services distribution activities of two sample hospitals.

Suggestions for Better Distribution of Hospital Services

Value Based Practice

What the hospitals really concerned with is healthy marketing or the positive aspect of marketing which is result of market research which begins with analyzing the community health needs. It means value based practice is very important. Therefore hospitals then develop services to meet these needs and tell the people what they can offer. Marketing also lays increased emphasis on health care education and wellness programmes

Strategic Planning

Planning is concerned with the long term and with how a hospital should respond to changes in its external environment in the long term, say, in the next five or ten years. In the context of uncertainties that existed in a rapidly changing market environment, planning had to be complemented by marketing which is concerned with a much shorter frame, one-to five-years period. This helps for distribution of services.

Consumer Research

Hospitals frequently conduct the consumer research; it is the most powerful tool which can be used for successful marketing of hospital services. Before a product or service is planned and introduces, a careful research has to be conducted to identify the needs of the people. One does not just sell something, one sells something to people.

Hospitals Should Not be out of Touch With Society

Society and the hospitals are out of touch with each other and are not communicating. There is a lot of confrontation and not much communication. 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.

Diversification Strategy

There are relative merits of diversification strategy within the hospital industry. Diversification in a hospital includes home healthcare, ambulatory surgery, outpatient diagnostic service clinics, so that they are able to accomplish this with lower costs.

Utilization of Services of Specialized People

According to the charts, the corporate hospitals are having well knit groups of people to look after all works. But, there are separate managers for finance, personnel and marketing, final decisions are being taken by managing directors alone. It should be stopped immediately. The hospitals have to utilize the services of specialized people for the development of the hospital to the fullest extent.

Internet Support

Healthcare website has generally moved beyond static marketing information and corporate descriptions and has introduced a deeper level of service information, health content, and interactive features. Most, however, are not truly integrated with their other marketing efforts or other IT applications in the hospital. A small number of health systems are pushing customized health information and medical records out to consumers, allowing e-mail communication with physicians, and performing actual disease management online.

Conclusion

Place refers to the contact point between the service provider and the customer, who gets the benefit of the service. This element in the marketing mix leads to the identification of a suitable location. The two main issues considered regarding the decision of a place are accessibility and availability of the service to customers. Accessibility refers to the ease and convenience with which a service can be purchased, used or received. Availability refers to the extent to which a service is obtainable or capable of being purchased, used and received. Factors influencing the placing decision are market size and structure by geographical regions, number and types of competitors in the region, location of potentially attractive consumer segments, local infrastructure, good road access facilities and public transportation network. A hospital must be ideally located and must be easily accessible to all.

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