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**CUSTOMER RELATIONSHIP MANAGEMENT PRACTICES: IN HEALTH CARE SECTORS IN KARNATAKA
(SELECTED HEALTHCARE UNIT)**

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ABSTRACT

The main purpose of this Research study aims at presenting some of the CRM concepts and elements –formulate CRM strategy to take proactive measures towards customer to Health provider to improve customer satisfaction, loyalty build good relationship with patients and increase revenue. Patients' care, needs and making relationship with patients is daily routine activity in a health provider. CRM is essential in this background customer satisfaction, customer perceived value and customer relationship management enhance the relationship of customer with the strongly boost up the overall performance of the Hospital. The research design is based on quantitative research thus the data was collected through A structured questionnaire, five Likert-scales, Spss, regression and SEM Model was used to compute results. This reviews and identifies essential service quality, infrastructure, management and communication is related with the customer satisfaction and loyalty in the private hospitals in Karnataka. This study highlights the extent of service quality of the hospital services by the selected sample respondents. This paper is an attempt to find out inter-relationships between Patients perception in customer satisfaction and customer loyalty and to offer suggestions to have better CRM practices.

KEYWORDS

CRM, healthcare, customer loyalty, service quality.

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INTRODUCTION

Indian healthcare delivery system is categorised into two major components - public and private. The Government, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in Urban and rural areas. The private sector provides majority of secondary, the increasing involvement of the private sector in the healthcare has significantly reduced the pressure on the government's health infrastructure and the private sector has become a major component in the Country's tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities.

The published report clearly state that the health care in the public sector is not only weak but also less useful but private sector is growing fast in the industry. 76% of the total investment in health care industry comes from private sector and this inadequate public investment in health care infrastructure as given big opportunity to private hospitals in huge health care market of India. Indian health care sector currently provided employment to 5 million people directly and indirectly. It is in the field of sales, marketing, HR and IT etc.

In this country health care services also provided by some charitable trust and social societies free of cost. Dynamic enterprises in the private industry delivering quality medical services have succeeded attracting people from neighboring country like Middle east, Britain and Europe etc.

Super specialty tertiary care hospitals typically have all the medical specialties under one roof and usually treat multi organ failure, high risk and trauma cases. Super specialty hospital in the country are the steps for strengthening health care industry in the country. Improvement of present hospital facility, advance equipment, installation, up gradation of technology, development of skills contributed to further growth increase income, health awareness, life style disease and medical insurance and also the reasons for success there is an indication that Indian health industry will be engine for economy in future.

One of the characteristics of India is the high growth of population (1.21 billion as per 2011 Indian censuses) and increasing at 1.8 per cent annual rate. By 2030, India's population is expected to surpass China as the world's most populous nation. It is the responsibility of government to provide an efficient and effective health care services. But, in India it is highly impossible to provide health care services at free of cost to all. The heavy costs involved in obtaining sophisticated infrastructure and the needs to maintain quality of services compelled the government to invite private sector participation.

Hospitals in India are running at 80%-90% occupancy. Major corporation like the Tata's, Apollo Group, Fortis, Max, Wockhardt, Piramal, Duncan, Ispat, Escorts etc., have made significant investments in setting up state offer private hospitals in cities like Mumbai, New Delhi, Chennai, Hyderabad and Bangalore.

The CRM is help to exchanging healthcare information to center care delivery around the patient with connected health facilitates improved care coordination, disease management, and the use of clinical practice guidance to help reduce errors and improve care.

REVIEW OF EARLIER WORKS

Biju, Naeema, Faisal (2011) 'Application of Queuing Theory in Human Management in Health Care. ICOQM' has conducted a study in Kerala that is designed to help the management of Sevana hospital and Research Centre about the employee adequacy. The purpose of study was to measure the institutional progress in operations with a focus on the organizations administration issues. It indicates that the service rate is too low from what is expected. Arrival rate is also too high than the service rate. It implies that the existing staff strength is not enough to serve the patients visiting the hospital. Hence the queue size increases leading to

increased waiting time and service time. As there is a significant between the expected service rate and actual service rate, it implies that the current service time is high leading to an increase in the queue size. This queue cannot be managed if the arrival rate keeps on increasing. As the waiting time increases patients are dissatisfied. This shows that the staff strength is inadequate.

Charkraborty and Majumdar (2011) in his study "Measuring Consumer Satisfaction in Health Care Sector" focused on the measurement of patient satisfaction in the light of service quality provided by hospitals. In this regard, a review of literature on the application of SERVQUAL model has been considered to investigate the relevance of the same in measuring patient satisfaction in health care sector in today's competitive environment. Although many limitations of SERVQUAL approach have been identified by different researchers, the same instrument is applied in different health care organization for measuring service quality and patient satisfaction. Therefore, it is required to go deeper into the subject matter of the applicability of SERVQUAL model in Indian Context.

Dayashankar Trikanji Dave committee (2011) recommended that two councils should be created similar to the Indian medical council which will have control over the maintenance of uniform teaching standards in all institutes one for ayurvedic and unani system of medicine and other for homeopathic system. Further the committee viewed that all the teaching institutions should have indoor hospital beds and the ratio of students to beds should be 1.5 and refresher courses should be organized in teaching institution.

Das and Reddy (2012) has presented a research work entitled "HRM Practices in NRI Medical Science and General Hospital in Guntur District of Andhra Pradesh" was undertaken. The HR practices at NRI Medical Science and General Hospital yielding positive results and make the organizations as the well result oriented.

Ganl, Saeed, Minhas (2011) has intended to measure patient satisfaction in a tertiary care hospital in order to know the patient's perspective and expectation of the services and make appropriate improvements accordingly. The results say that majority of the patients were satisfied with the psychiatric service. The younger people were more satisfied. Gender and economic status has no influence on patient satisfaction.

NEED FOR THE STUDY

The review research studies and the literature on the service quality Healthcare Sector in India, particularly in Karnataka state and the related aspects reveals that the extent of research carried out on CRM in health care sectors is inadequate. Even though many attempts have been undertaken on Health care public and private sectors services earlier, no comprehensive work has been undertaken covering the CRM practices in private sectors in Karnataka. Hence, the proposed study intends to study the customer relationship management practices in health care sectors in Karnataka state.

OBJECTIVES OF THE STUDY

1. To identify and analyze the factors influencing the Customer Relationship Management (CRM) and study the user's perception about the factors influencing CRM in selected health care units in Karnataka.
2. To critical analyze and evaluate customer relationship practices in health care unit based on the perception selected hospital management personal under the study.
3. To offer suitable suggestions for improvement of CRM in the health care sectors.

SCOPE OF THE STUDY

The present study, in fact is an exploratory investigation about the ongoing CRM efforts of the health care sector in the Karnataka. Its geographical area extends to the boundaries of Karnataka state.

HYPOTHESIS

H₁: Customer Relationship Management (CRM) has a significant (statistically) influence/impact on Customer Loyalty.

H₂: Customer Relationship Management (CRM) has a significant (statistically) influence/impact on Customer Satisfaction.

H₃: Customer Loyalty has a significant (statistically) and positive influence or impact on Customer Satisfaction.

RESEARCH METHODOLOGY

METHODS OF DATA COLLECTION

In order to reach above stated objectives the primary data is collected through A structured questionnaire, five Likert-scales method and interaction with the respondents. Secondary data is collected through published sources like Journals, Books and e-sources.

PERIOD OF THE STUDY

The data related to present work has been collected Primary data from the sources available and the period of study covers four years 2014 to 2017.

STATISTICAL TOOLS AND TECHNIQUES

The present study used different statistical tools and techniques for the analysis and interpretation of data such as factor analysis and multiple regression analysis using SPSS.

SAMPLE SIZE

Sample selected for the study is intended to covers in different selected private hospital units in Karnataka. Totally 556 respondents are selected on simple randomly. Out of sampling, only 456 questionnaires are filled by patients and remaining 100 filled by hospitals Doctors and Management.

TABLE A

Division	Tire Cities	List of selected Healthcare units (Multispecialty)	No of Patient in interviewed	Doctors'/Management Sample size			
Bengaluru	Bengaluru	Aster CMI Hospital in Sahakara Nagar, Bangalore	18	31			
		Fortis Hospitals in Bannerghatta Road, Bangalore	20				
		Manipal Hospital in Old Airport Road, Bangalore	15				
		M S Ramaiah Memorial Hospital in Mathikere, Bangalore	15				
		Mallya hospital, Bengaluru	12				
	Davangere	Sparsh Hospital in Nh 4, Bypass Road, Jnanashankara, Davangere	12				
		Sunshine Puranthra Hospital in Davangere City, Davangere	15				
	Shimoga	Sahyadri Narayana Multispeciality hospital	15				
		Nanjappa Life Care	16				
Mysuru	Mysuru	Vikram Hospital in Yadavagiri, Mysore	14	24			
		Agasthya Multi Speciality Hospital in Saraswathipuram, Mysore	16				
		Narayana Multispeciality Hospital, Mysore	17				
		BGS Apollo Hospitals, Mysore	12				
		Columbia Asia hospitals	10				
	Mangaluru	Highland Hospital Research & Diagnostic Centre in Falnir Road, Mangalore	18				
		KMC Hospital in Dr Br Ambedkar Circle, Balmatta Road, Mangalore	17				
		A J Hospital And Research Centre in Kuntikana, Mangalore	16				
		Global Multispeciality Hospital in Urwa, Mangalore	18				
		Belagavi	Belagavi		KLES Dr. Prabhakar Kore Hospital & Medical Research Centre	12	25
Spandan Multispeciality Hospital in Shivbasav Nagar, Sector 2, Belgaum	18						
Dr. B M Patil Multispeciality Hospital in College Road, Belgaum	17						
Hubli-Dharwad	Sushruta Multispecialty hospital Research Centre Pvt. Ltd		15				
	Banashankari Hospital, Bilagi Hospital and Research Centre		14				
	Shreeya Multispeciality Hospital in P B Road, Dharwad		15				
	Kalaburgi		Kalaburgi	Ganga Multispeciality Hospital in College Road, Gulbarga	16	20	
				Medicare Multispeciality Hospital in Darga Road, Gulbarga	14		
			Bellary	S R Multispeciality Hospital in Bellary Cantonment, Bellary	12		
C S Multi Speciality Hospital in Gandhinagar, Bellary	15						
Vijayapura	The Sanjeevini Superspeciality Hospital in Solapur Road Bijapur, Bijapur-karnataka	17					
	Hussain Multi Speciality Hospital in Solapur Road Bijapur, Bijapur-karnataka	15					
Total			456	100			

RESULTS AND DISCUSSION

SOCIO-ECONOMIC PROFILE OF PATIENTS

TABLE 1: SOCIO-ECONOMIC PROFILE OF PATIENTS (RESPONDENTS)

Particulars	Description	No. of Respondents	Percentage (%)
Gender	Male	251	55
	Female	205	45
	Total	456	100
Age	Below 20	55	12
	20-40	110	24
	40-60	150	33
	Above 60	141	31
	Total	456	100
Marital Status	Married	325	71
	Un Married	131	29
	Total	456	100
Educational Qualification	No formal Education	Nil	Nil
	SSLC	45	10
	PUC	68	15
	Graduation	150	33
	Post Graduation	120	26
	Professional Course	73	16
	Total	456	100
Occupation	Student	40	09
	Home Maker	82	18
	Self-employed	150	33
	Employed	110	24
	Retired	46	10
	Agriculture	28	06
	Total	456	100
Income (PM)	Below 25,000	55	12
	25,000-50,000	55	12
	50,000-75,000	140	31
	75,000-1,00,000	96	21
	Above 1,00,000	110	24
	Total	456	100

Source: Survey results

The socio-economic profile of patients of Multispeciality hospitals was analyzed and the results are presented in Table-1. The results show that about 55 per cent of patients of Private hospitals are male and the rest of 45 per cent are females. It is observed that about 12 per cent of patients of Private hospitals belong to the age group of below 20 years followed by 20 – 40 years (24 per cent), 40 – 60 years (33 per cent), above 60 years (31 per cent). The results indicate that about 10 per cent of patients have the educational qualification of secondary education followed by P.U.C (15 per cent), Graduation (33 per cent), Post-Graduation (26 per cent), Professional education (16 per cent). It is clear that about 09 per cent of patients are students followed by Home Maker (18 per cent), Self-employed (33 per cent), Employed (24 per cent), retired (10 per cent) and agriculture (6 per cent). It is apparent that about 12 per cent of patients belong to the monthly income of below Rs.25,000 followed by Rs. 25,000 – Rs. 50,000 (12 per cent), Rs.50,000- Rs75,000 (31 per cent), Rs. 75,000 – Rs.1,00,000 (21 per cent) and above Rs. 1,00,000 (24 per cent).

SOCIO-ECONOMIC PROFILE OF DOCTORS AND ADMINISTRATOR

TABLE 2: SOCIO-ECONOMIC PROFILE OF RESPONDENTS

Sl. No.	Particulars	Description	No. of Respondents	Percent Age (%)
01.	Gender	Male	55	55
		Female	45	45
		Total	100	100
02.	Age	Below 40	55	55
		40-60	33	33
		Above 60	12	12
		Total	100	100
03	Marital Status	Married	85	85
		Un Married	15	15
		Total	100	100
04	Educational Qualification	Graduation	16	16
		Post-Graduation	19	19
		Professional Course	65	65
		Total	100	100
06.	Income (PM)	Below 1,00,000	17	17
		1,00,000-2,00,000	48	48
		Above 2,00,000	35	35
		Total	100	100

Source: Survey results

The socio-economic profile of doctors and administrator of private hospitals was analyzed doctors and administrator the results are presented in Table-2. The results show that about 55 per cent of doctors and administrator of Private hospitals are male and the rest 45 per cent are females. It is observed that about 55 per cent of doctors and administrator of Private hospitals belong to the age group of below 40 years followed by 40 – 60 years (33 per cent), above 60 years (12 per cent). The results indicate that about 16 per cent of doctors and administrator have Graduation, 19 per cent Post Graduation and 65 per cent Professional education. It is apparent that about 17 per cent of doctors and administrator belong to the monthly income of below Rs.1,00,000 followed by (48 per cent) with income of Rs.1,00,000 – Rs.2,00,000 and above 35 per cent Rs2,00,000 income.

FIG. 1: SEM MODEL FOR CUSTOMER RELATIONSHIP MANAGEMENT INFLUENCING CUSTOMER LOYALTY AND SATISFACTION – PATIENTS’ PERCEPTION

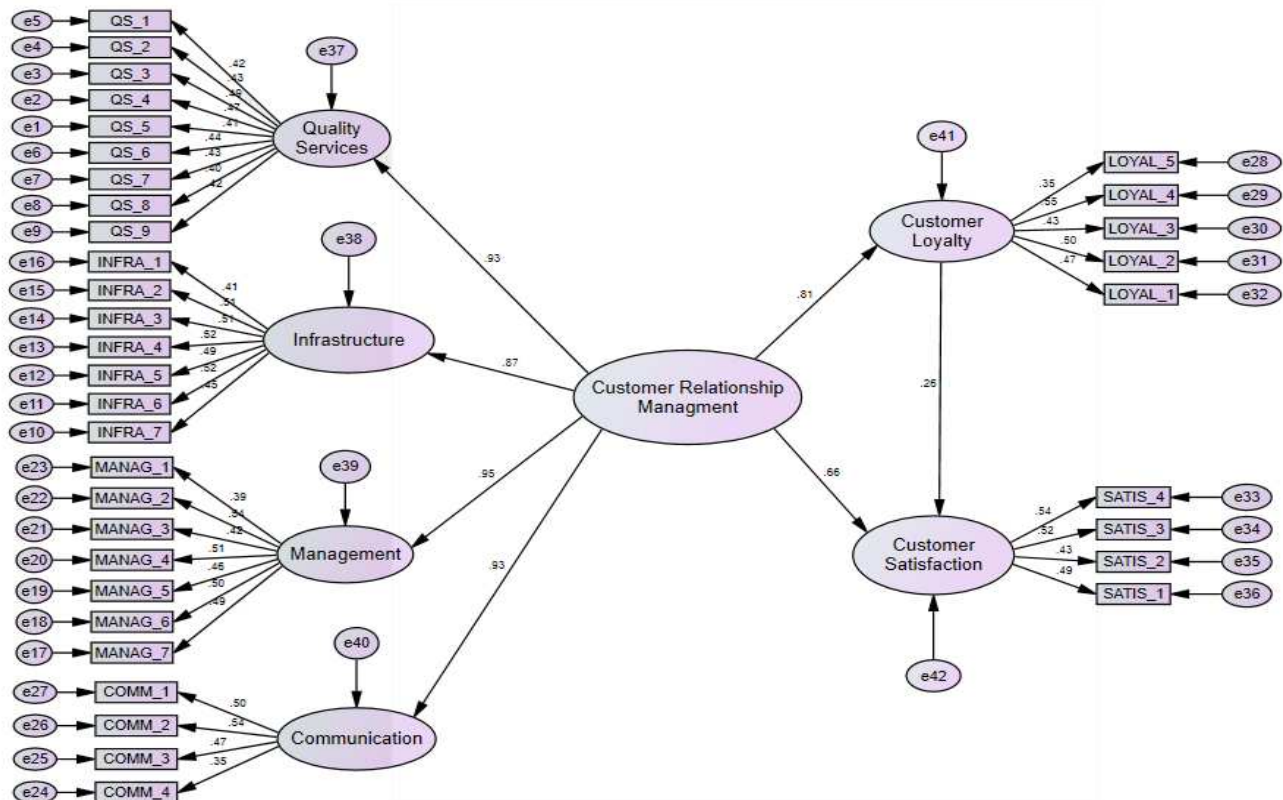


TABLE 3: RELIABILITY AND ITEM LOADINGS CONSTRUCTS OF MEASUREMENT MODEL FOR CONSTRUCTS UNDER CUSTOMER RELATIONSHIP MANAGEMENT – PATIENTS’ PERCEPTIVE

Latent Variable	Items	Standardized Loadings	Composite Reliability*	Cronbach Alpha	Average Variance Extracted (AVE)
Quality Services (QS)	QS_1	0.314	0.661	0.664	0.180
	QS_2	0.433			
	QS_3	0.499			
	QS_4	0.487			
	QS_5	0.396			
	QS_6	0.429			
	QS_7	0.426			
	QS_8	0.389			
	QS_9	0.422			
Infrastructure (INFRA)	INFRA_1	0.499	0.696	0.697	0.247
	INFRA_2	0.499			
	INFRA_3	0.504			
	INFRA_4	0.517			
	INFRA_5	0.485			
	INFRA_6	0.529			
	INFRA_7	0.440			
Management (MANAG)	MANAG_1	0.337	0.620	0.660	0.217
	MANAG_2	0.526			
	MANAG_3	0.429			
	MANAG_4	0.523			
	MANAG_5	0.458			
	MANAG_6	0.496			
	MANAG_7	0.521			
Communication (COMM)	COMM_1	0.486	0.610	0.611	0.206
	COMM_2	0.531			
	COMM_3	0.468			
	COMM_4	0.446			
Customer Loyalty	LOYAL_1	0.458	0.574	0.581	0.217
	LOYAL_2	0.528			
	LOYAL_3	0.421			
	LOYAL_4	0.551			
	LOYAL_5	0.339			
Customer Satisfaction	SATIS_1	0.498	0.567	0.569	0.248
	SATIS_2	0.420			
	SATIS_3	0.538			
	SATIS_4	0.529			

Convergent Validity

Convergent validity is shown when each measurement item correlates strongly with its assumed theoretical construct. In other words, the items that are the indicators of a construct should converge or share a high proportion of variance in common. The value ranges between zero and one (0 – 1). The ideal level of standardized loadings for reflective indicators is 0.70 but 0.60 is considered to be an acceptable level (Barclay et al., 1995). Accordingly, from Table 3, it is observed that most of the items under each construct have loadings greater than 0.60. Hence, it can be concluded the occurrence of convergent validity but less short to complete convergence. Speaking about the Reliability factor, it is observed from Table 1 that QUALITY SERVICES has a composite reliability value of 0.661; INFRASTRUCTURE with a composite reliability of 0.696, MANAGEMENT with 0.620 and COMMUNICATION with 0.610, the CUSTOMER LOYALTY has a composite reliability value of 0.581 and CUSTOMER SATISFACTION with 0.567.

The findings reveal that most of the constructs are higher than the required reliability. Hence we conclude that all the items grouped completely converge to its respective dimensions. Furthermore, the cronbach alpha values across each of the dimension depicted in the above table have more than 0.60 which is again higher than the required threshold value. Hence, we can again conclude that there is a consistency in the data and also the questionnaire has been administered to the relevant respondents with relevant questions.

HYPOTHESIS RESULTS AND DISCUSSION

Customer Relationship Management influencing Customer Loyalty and Satisfaction – Patients’ Perception was analysed through the usage of Structural Equation Modeling (SEM). A Confirmatory Factor Analysis (CFA) preceded the SEM to check the reliability and validity of Customer satisfaction and Customer Loyalty-Patients’ perceptive

- SEM result for the influence of customer relationship management on customer loyalty and satisfaction. From the result, it is clearly observed that Chi-square/df (χ^2/df) is 1.711 (which is less 3) and Goodness of Fit index (GFI) obtained is 0.891 as against the recommended value of above 0.90; The Adjusted Goodness of Fit Index (AGFI) is 0.877 as against the recommended value of above 0.90 as well. The Normed fit Index (NFI), Relative Fit index (RFI), Comparative Fit index (CFI) are 0.807, 0.887, 0.851 respectively as against the recommended level of above 0.90. RMSEA is 0.040 and is well below the recommended limit of 0.10. Hence the model shows an overall acceptable fit and is an over identified model. Furthermore, we conclude the above SEM Model is a good fit.
- The observation with respect to the regression results are influence of customer relationship management on customer loyalty and satisfaction. Accordingly, it is observed that the p-value of the relationship between CRM and CUSTOMER LOYALTY ($\beta=0.806$, C.R = 5.892, $p<0.05$) is less than the significance alpha level of 0.05, we accept H₁.
- It can be concluded that CRM has a significant influence/impact on CUSTOMER LOYALTY.
- It is observed that the p-value of the relationship between CRM and CUSTOMER SATISFACTION ($\beta=0.662$, C.R = 4.172, $p<0.05$) is less than the significance alpha level of 0.05, we accept H₂.
- It can be concluded that CRM has a significant influence/impact on CUSTOMER SATISFACTION.
- Finally, it is observed that the p-value of the relationship between CUSTOMER LOYALTY and CUSTOMER SATISFACTION ($\beta=0.259$, C.R = 2.609, $p<0.05$) is less than the significance alpha level of 0.05, we accept H₃.
- Conclude that there is a statistical evidence to conclude that CUSTOMER LOYALTY has a significant (statistically) and positive influence or impact on CUSTOMER SATISFACTION.

Customer Relationship Management influencing Customer Satisfaction – Doctors' Perception was analysed through the usage of Structural Equation Modeling (SEM). A Confirmatory Factor Analysis (CFA) preceded the SEM to check the reliability and validity of Customer satisfaction and Customer Loyalty-Doctors' perception.

- CRM and satisfaction. From the result, it is clearly observed that Chi-square/df (χ^2/df) is 2.867 (which are less 3) and Goodness of Fit index (GFI) obtained is 0.863 as against the recommended value of above 0.90; The Adjusted Goodness of Fit Index (AGFI) is 0.812 as against the recommended value of above 0.90 as well. The Normed fit Index (NFI), Relative Fit index (RFI), Comparative Fit index (CFI) are 0.843, 0.887, 0.897 respectively as against the recommended level of above 0.90. RMSEA is 0.080 and is well below the recommended limit of 0.10. Hence, we conclude the above SEM Model is a good fit.
- The observation with respect to the regression results are influence on p-value of the relationship between CRM and CUSTOMER SATISFACTION ($\beta=0.884$, C.R = 5.641, $p<0.05$) is less than the significance alpha level of 0.05, we accept H_1 .
- It can be concluded that CRM has a positive and significance influence on Customer Satisfaction.

SUGGESTIONS

- Efficient services in hospitals today do not mean providing only advanced medical technology, but also upgrading of support services for quicker data recording, compilation and analysis. Those hospitals are technically lagging behind should gradually start implementing advanced technologies in treatment and also in customer support services.
- The patients and employees must be encouraged by healthcare providers to make complaints when they face any problems in the hospital campus. For that, complaints or suggestions box must be provided and action must be taken by the hospital authorities against such complaints to improve the service.
- Regular Training programmes/workshops for the hospital staff definitely will improve the quality of existing CRM practices
- The hospital management have to discuss with staff members for improving the patient's satisfaction, providing their good treatment and communication to improve the CRM and get patients satisfaction to build good relationship.

LIMITATIONS OF THE STUDY

1. The study covers only the selected health care units in Karnataka.
2. This study is limited to patient centered care with emphasis on the managerial aspects.
3. CRM in health care sector has numerous discrete practices. Therefore, it is difficult to include all the CRM practices in a single study.

CONCLUSION

Customer relationship management (CRM) is significant for hospital services as it has been for any other businesses. A hospital helps in restoring and maintaining the health of the people. Health provider focused on customer satisfaction, customer perceived value and CRM is key drivers to build customer loyalty. Health provider enhance trust and commitment levels of customers towards the service; Hospital management should be incorporate CRM practices it helps to upgrade the quality of service. Health provider should be introduce training sections for their staff members that will improve their levels of customer loyalty which eventually leads to more customers. A CRM system is an innovative technology which makes the process of acquiring, developing and maintaining relationships with customers more effective and efficient. The benefits of CRM could be improved customer service, reduction in cost and better retention of clients.

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