

Service Performance of Health Care Organization: A Study on Laksham Upazilla, Cumilla, Bangladesh.

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Abstract

Services are deeds, processes, and performances provided by one entity for another entity (Zeithaml, Bitner, Gremler, and Pandit, 2011). The health services include hospitals, employees, medical software, health equipment, pharmacy, etc. The purpose of healthcare services is to protect and improve patient's physical and mental health. With the result of technological advancement and increased demand of the people, health care sector is improving significantly in Bangladesh including urban and rural areas. Service quality of health care institutions in every dimension has an important role in the satisfaction of patients. In this paper, the service performance of health care organization has been analyzed based on the clusters of services (information, order-taking, consultation, hospitality, safe-keeping, exceptions, billing and payment). The eight clusters displayed as petals surrounding the center as a flower, that is called the flower of services (Lovelock and Wirtz, 2004). The objective of this study is to measure the service performance of health care organization. The scope of this study confines to private health care institutions of Laksham Upazilla, Cumilla where the patients are seeking for the supplementary services besides the core services. Their concern is rising on the basis of the said flower of service. These factors influence directly or indirectly their decision. The respondents have been selected from Laksham, Nangolkoat, South Sadar, Monohorganj, and adjacent areas of Cumilla. The samples have been taken in convenient way and the size is 130. The inferential statistical tools have been used to analyze the level of patients' satisfaction with respect to service quality of the studied health service providers in those areas. From the study, the various

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aspects of services quality of and performance of the selected areas have been assessed. Such aspects include appointment of doctors, immediate treatment, safekeeping, counseling, billing and payment procedures etc. In this regard, for the improvement of service quality, recommendations like connecting with the hospitals and doctors by website, availability of therapies and emergency services, billing and payment through online and mobile etc. may be replaced.

Keywords: services, health sectors, supplementary services, flower of services.

Introduction

Currently people are becoming service-oriented because of their busy schedule. Among service industries, health industry is one of the main parts of Bangladesh economy. The impact of health organization is effective in case of taking part of a big portion of economical development,. Health care delivery is an overwhelming, competitive and complex area of Bangladesh. The quality of service maintenance and development has become very challenging now a days. Customers are not only satisfied with the core service but also they expect supplementary things from the hospital management. For getting extra-ordinary services in hospitals, people are ready to pay high price. Patients are alert enough about the service of the hospitals and inquire about that from their friends and families. They also carry the good knowledge about the competitive hospital industry and their services. The significant performance of the hospital management broadly depends on its environment, service procedure, staffs, and machineries and most importantly doctors. So, to maximize service quality, service flower dimensions may be progressed. Service flower dimensions (information, order-taking, consultation, hospitality, safe-keeping, exceptions, billing, and payment). This paper is based on the privet hospitals of Laksam bounded by Cumilla Sadar, an upazila of Cumilla district in the division of Chittagong, Bangladesh.

Literature Review

Service

According to Zeithaml, Bitner, Gremler, and Pandit (2011), A economic activities whose output is not a physical product or construction, is generally consumed at the time it is produced, and provides added value in forms (such as convenience, amusement, timeline, comfort, or health) that are essentially intangible concerns of its first purchaser. The American Society for Marketing (2008) defined services as the set of benefits and activities that are bound for sale or that

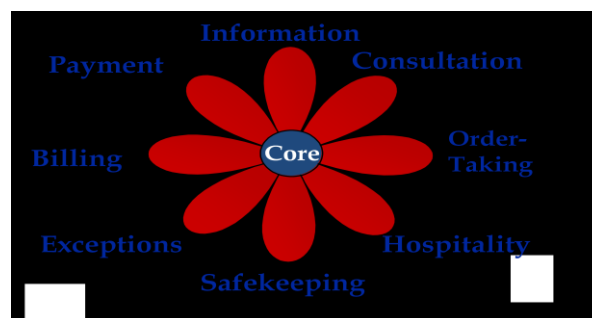
are related to a particular item or product. Kotler (2003) on the other hand defined service as the behavior that results from the contact between the provider of the service and the receiver (customer) while Gummesson (2004) saw that service is the characteristics, properties and features that ends up in satisfying the customer and meet their expectations.

Hospital services

Hospitals became consumer centered for the reason of increasing the demand for quality services and high standards with competitive advantages. They are not satisfied with the old method of getting services. The hospitals apply modern marketing strategies in different areas according to their need and demand. For establishing brand and cope up with the environment, the hospitals must put their efforts for maximum patient satisfaction and loyalty. 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, (Sreenivas, Srinivasarao, and Srinivasa Rao, April-2013). An effectively performing health system is essential in improving the population's health status, providing safeguard against health-related financial threat and enhancing the health sector's responsiveness to customers needs (Mahmood, 2012). A health system consists of all organizations, people and actions, whose primary intent is to promote, restore or maintain health (Global Fund, 2011). Over the last decades key health indicators such as life expectancy and coverage of immunization have improved notably, whilst infant mortality, maternal mortality and fertility rates have dropped significantly (Osaman, 2008). These services are offered alongside core medical services. The main products of hospitals are medical services. Medical services can be classified as: Emergency Unit, Out-Patient, In-Patient, Intensive Care, and Operation.

The Flower of Service

Supplementary services can be classified into eight clusters in two categories and termed as 'Service flower' which include: Facilitating services: Information, Order taking, Billing, Payment, and b) Enhancing Services: Consultation, Hospitality, Safekeeping, Exceptions.



Source: Christopher H. Lovelock and Jochen Wirtz (2004)

According to Christopher H. Lovelock and Jochen Wirtz (2004) it is shown that the clusters clockwise in the sequence in which they are often likely to be encountered by customers, although the sequence may vary. In a well-designed and well-managed service organization the petals and core are fresh and well formed. A badly designed or poorly executed service is like a flower with missing, wilted, or discolored petals. Even if the core is perfect, the overall impression of the flower is unattractive. A strategy of adding benefits to increase customers' perception of quality will probably require more supplementary services (and also highest level of performances on all such elements) than a strategy of competing on low prices.

Information

Customers need information system of a good quality as a basic requirement for effective management of the hospital. In an institution it is a basic rule that there must be information desk/help desk which will provide information. The provided information of every sector of the public health institute like when, how, what kind of service are they can provide to patient. In a brief such as one patient comes to the hospital very first time in life, now if he is stepping into information desk, it will be easier to get information to fulfill his requirement. Sufficient information will help him to achieve desired remedies according to his disease. According to Christopher H. Lovelock and Jochen Wirtz (2004) to obtain full value from any good or service, customers need relevant information. New customers and prospects are especially information hungry. Customers' needs may include directions to the site where the product is sold, the service hours, prices of different treatments, conditions of taking those services, warnings of changes and its notifications, confirmations of reservation, summary of account activity, receipts, tickets and its documentations.

Order taking (Appointment and reservation)

The process of order taking should be polite, fast and accurate so that customers do not waste time and endure unnecessary mental or physical effort (Christopher H. Lovelock and Jochen Wirtz, 2004). Technology can be used to make order taking easier and faster for both customers and suppliers. Appointment scheduling systems are used by primary and specialty care clinics to manage access to service providers, as well as by hospitals to schedule elective surgeries. Many factors affect the performance of appointment systems including arrival and service time variability, patient and provider preferences, available information technology and the experience level of the scheduling staff, Gupta and Denton (2008). Patient Appointment Reservation System (PARS-Vilnius, 2008) has been created to improve the quality of health care services increasing the availability, expedition and the effectiveness of the

information of physicians' visits time using modern information technologies. According to Gotham and Kaliyamurthie-2015, appointment scheduling systems lie at the intersection of efficiency and timely access to health services. Timely access is important for realizing good medical outcomes. It is also an important determinant of patient satisfaction. The ability to provide timely access is determined by a variety of factors. Patients' satisfaction with an appointment system when they attempt to book a non-urgent appointment is affected by their ability to book with a doctor of choice and to book an appointment at a convenient time of day. If the initial preference cannot be met, an alternative choice will be presented automatically, including the available time, date and doctors in the medical centre, Kaandorp, G. C., G. Koole 2007.

Billing

Bills should be accurate clear and intelligible to customers. Example of elements related to bills include machine display of required amount; periodic statement of the activity of the account; self-billing (computed by clients), and invoices for individual transactions (Hume, 2008). Billing is common to almost all services, unless the service is provided free of charge. Inaccurate, illegible, or incomplete bills risk disappointing customers who may, up to the point, have been quite satisfied with their experience, Christopher H. Lovelock and Jochen Wirtz (2004). Procedures range from verbal statements to a machined-displayed price and from handwritten invoices to elaborate monthly statements of account activity and fees Confusing and unexpected charges, illegible handwriting and fuzzy printing may create poor impression to the customer (Naipaul & Parsa, 2000). The simplest approach is self-billing, when the customer tallies up the amount of an order and either encloses a check or signs a credit card payment authorization, Christopher H. Lovelock and Jochen Wirtz (2004).

Payment

In these rural hospitals, for getting treatment, each and every person expects easy access to payment of expenditure. Stand on this kind of expectation, health institutions modify/update their payment system or process day by day. Such as offering package including membership, health card, any kind of operation management package with or without accessories (medicine) which give an approximate concept of costing to patient. Institution uses modern communication like online pay, electronic fund transfer courier pay, card pay, mobile banking etc. to make the payment more easily. According to Christopher H. Lovelock and Jochen Wirtz (2004), much payment still takes place through hand-to-hand transfers of cash and checks, but credit and debit cards are growing in importance as more and more establishments accept them.

Beside this, institution have special consideration to their staff, student and for financial unstable patient.

Consultation

Consultation is the main key to a health institution. There are many kinds of disease all over the country, which vary from men to men, women to women, even child to child. An Institute provides the specialized consultants according to its perspective management. Except emergency management, patient is very much aware of consultation now-a-days. They know about every sector's branch specialization. As if they have abdomen pain, they are looking for consultation of surgery or branches of Medicine like Gastroenterology / Hepatology. This kind of awareness in between patients, makes institution more concerned about different departmental consultations (Like Medicine, Surgery, Gynae and obs).

At the beginning of a consultation, a patient arrives with ideas, concerns and expectations which they expect to be discussed and understood by the practitioner. If, in particular, their expectations of the consultation are not met, the consultation is unlikely to have been successful from the patient's point of view (Woodhead et. Al. 2015) and Christopher H. Lovelock and Jochen Wirtz (2004), In contrast to information, which suggests a simple response to customers' question, consultation involves a dialogue to probe customer requirements and then to develop a tailored solution. Effective consultation requires an understanding of each customer's current situation before suggesting a suitable cause of action. Consultations is important because it is the main opportunity for the doctor to explore the patient's problems and concerns by taking medical history and to start to identify the reasons for their ill health.

The consultation facilitates in this relationship and communication underscores its development. In this consultation there is the central movement in the relationship between two persons; one of whom has a problem, but also much life experience. Whilst the other, who has also had years of life experience and study of the art of medicine, is believed by the first to have the knowledge and skills to help find a solution (Agius 2008). Effective communication can therefore improve both patient and doctor satisfaction. Observational studies by Little et al. (Little 2015), investigated verbal and non-verbal behavior in the context of patient perceptions.

In the following areas of Cumilla, the doctors' of the hospitals are also involved in m Health service. According to (Mobile Communications for Medical Care – Final Report, 21 April 2011), innovative m Health applications have the potentiality to transform healthcare in both the

developing and the developed world. They can contribute to bringing healthcare to unserved or underserved populations; increasing the effectiveness, and reducing the costs of healthcare delivery ; improving the effectiveness of public health programs and research; preventing illness (for example through behavior change); managing and treating chronic diseases; and keeping people out of hospital.

Hospitality

In the health sector, hospitality means how politely or comfortably they welcome and counsel patient. Hospital must have some hospitality acquired sector like waiting room with air-condition, canteen service, provide gift package which are not only part of hospitality but also part of conservative treatment. Except treatment, hospitality is an important key to convince the patient or patient's attendant. Private hospitals often seek to enhance their appeals by providing the level of room services including meals; (Christopher H. Lovelock and Jochen Wirtz,2004),

Numerous studies have been conducted with the aim of examining the relationship between hospitality products quality and patient satisfaction (Susanne et al., 2012; Studer, 2003; Vanessa, 2003). Patients now search for comparative information concerning aspects like quality and costs of care, effectiveness and safety of health services, access and availability, waiting times, information, as well as hospitality (Delnoij et al., 2010).

According to Christopher H. Lovelock and Jochen Wirtz (2004), hospitality-related services should, ideally, reflect pleasure at meeting new customers and getting old ones when they return. Courtesy and considerations for customers needs to apply to both face-to-face encounters and telephone interactions.

Safekeeping

Safekeeping means the security and safety which is given by an institution. In this kind of health care institution many people come and treat here. Security is not only institutional responsibility but also patient and patient's attendant responsibility. Security depends on restriction of any types of offensive or attacking situation. Here also include prohibition of entry in intensive care unit/OT or such kind of important area to ensure patient treatment safe and sound. Safekeeping services involve physical products that customers buy or rent: parking, packaging, pickup, and delivery, assembly, installation, cleaning, and inspection. Some of these services may be offered free; others carry a charge, (Christopher H. Lovelock and Jochen Wirtz, 2004). At the time of bringing food or something for a patient by his attendant, check and make sure they get the right treatment, avoid picking up infections, and taking the wrong medication. Caring for goods rented or purchased by customers may be achieved by providing the following services: repair

and renovation, preventive maintenance, transportation and delivery, packaging, installation, pickup and inspection and diagnosis. Others may include provision of coatrooms, learning and inspection,(Naipaul&Parsa,2000)

Exceptions

Special requests are made by customers who many want to depart from the company's normal operating procedures. They can make advance requests relating to personal needs such as dietary requirements, personal disabilities, childcare, or religious observances (Goyal, 2004).Exceptions are activities which exceeds normal service delivery. Christopher H. Lovelock and Jochen Wirtz (2004) states that, a flexible approach to exceptions is generally a good idea because it reflects responsiveness to customer needs. On the other hand, having too many exceptions may compromise safety, negatively impact other customers, and overburden employees. Generally, the exception protects services that are provided or supervised by referring physician or his/her group, are provided either in the same building as the referring physician's practice or a centralized building operated by the practice, and billed by the physician (or the physician's group) performing the service, JoAnna Younts(2015). Restitution is compensations to customers for serious performance failures. These may take the form of legal settlements, respirees under warranty, or offers for free service (Hume, 2008).

Hypothesis

H₁. Respondents is satisfied on the information giving procedure of the hospitals.

H₂. Respondents are satisfied on the appointment and room reservation procedure of the hospitals.

H₃. Customers are satisfied on the consultation of doctors and get help from the staffs of the hospitals.

H₄. Customers are satisfied on the hospitality of the hospitals.

H₅. Customers are satisfied on the safekeeping procedure of the hospitals.

H₆. Customers are satisfied on the offered exceptions on services of the hospitals.

H₇. Customers is satisfied on the billing procedure of the hospitals.

H₈. Customers are satisfied on the payment procedure of the hospitals.

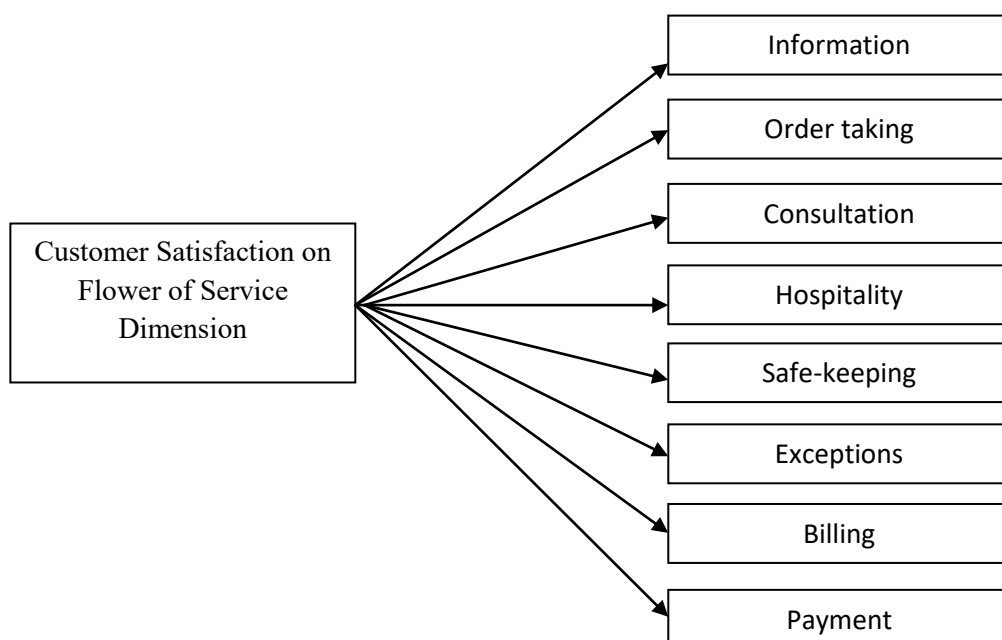
Objective of the study

The current paper aims to examine the service performance of Health Care Organzations in Laksham, Cumilla.

Methodology

The methodological scheme which was followed in building the current research study, the way the raw data was collected and how the researcher will deal with the raw data in order to change it into acceptable and understandable set of results. In order to achieve the objectives of the study, the researcher has chosen to employ the quantitative approach in realizing the hypotheses of the study and answering its questions. The researcher has chosen the questionnaire to be the tool of the study. The questionnaire constituted to two main parts, the first part was based on the variable measuring characteristics of the respondents which takes into account the information of the sample of the study, and the second paragraph which was questioned regarding the variables of 'flower of service'. The used scale in the current research study was Likert 5 scale on which the answers of the sample of the study were based on (strongly satisfied 5 – satisfied 4 – neutral 3 – dissatisfied 2 – strongly dissatisfied 1). Due to the peripheral areas of Cumilla city, taking sample is not much convenient, so the sampling unit is 130 only. Because of the illiteracy and understanding level the question type is much easier to convey. The selected privet hospitals are from Laksham, Cumilla. Respondents as well as patients are taken from Laksham, Nangolkoat, South Sadar, Monohorganj, and linking areas of Cumilla, Bangladesh. Patients and their attendants (parents, spouse and other family members) prefer privet hospitals rather than government. hospitals of Laksham upazilla for treatment of their health to get extra facilities with the core services. The following conceptual model will be assessed using the statistical tools.

Figure 1: Conceptual Framework



Survey Result

It can be analyzed according to table 1 above that there is 45 male and 85 female with a frequency of 130 and a percentage of 35% male compared to the percentage of females 65% which gives an indication that female patients are greater than male patients responded to the questionnaire. It can be seen according to table 2 above that the individuals who has the age between 25 to 34 answered the questionnaire most and their percentage is 27.7. Respondents who are under 20 have least frequency level and their percentage is 22.3. Table 3 shows that 19.2% of individuals who answered the questionnaire were student in the hospitals. Housewives with a percentage of 52.3% and the 16.1% came for respondents who were job holder and others professionals with a percentage of 12.3%. The results indicated that almost half of the sample was village housewives who are not aware of their health and are doing malpractice and avoiding the health treatment also.

It can be seen according to table 4 above that the patients who are taking service from the hospitals also measure the flower of service dimension. As the sample of the study was 50% male and 50% female. They bring their spouse with a frequency of 58 and a percentage of 44.6% The least percentage is 4.6% who are the respondent's uncle, auntie, siblings, friends etc. The percentage of parents and children is 31.4% and 19.2% respectively. Table 5 claims that the percentage of respondents from Laksham is 40% and frequency is 52 which indicate that the hospitals carry patients from the Laksham area most as the hospitals are Laksham centered. The others are from nangalkoat 30% frequency is 40, south sadar 15.3% frequency is 20, monohorganj 14% frequency is 18.

Hypothesis Testing

H₁. Respondents is satisfied on the information giving procedure of the hospitals.

From the table 6,7 and 8, it has been shown that 53.8% individuals are satisfied, 44.6% are strongly satisfied, 1.5 % are neutral with traditional media information like: street announcement by using mike, newspapers, landline phone calls, ambulance advertising, health card/leaflet and face to face. The 59.2% individuals are satisfied 39.2% are strongly satisfied, 1.5 % are neutral with digital media information like printed notices, television advertising, neon advertising, free campaign and telemedicine. The another route to get information of a hospital for the patients' is by taking help from stuffs-front line people i.e. receptionist, nurses, boys, ayas, marketing people and so on. This portion carries satisfaction on 56.9% with number 74 and strongly satisfied is about 43.1% with number 56. Maximum respondents who participate in this questionnaire are strongly satisfied.

H₂. Respondents are satisfied on the appointment and room reservation procedure of the hospitals.

From the table 9 and table 10, it can be seen that maximum respondents are strongly satisfied with the service and room booking. Here, highest rate is 50% i.e. 65 individuals are satisfied with the booking procedure of services (doctors' time schedule, ambulance, usage of machineries etc.). On the other hand, highest rate is 46.9% i.e. 61 individuals are neutral with the booking procedure of room for admitting into the hospital for the reason of lacking of room facilities. The room facilities can be divided into cabin (normal, VIP A/C, VIP non A/C), and general ward (male, female, pediatrics). The rooms are not available enough for the patients according to their demand. In rural areas of Bangladesh, appointment and pre-reservation system are expanding. Appointment for reservation is the main challenge for the health institution. The demand of doctor and his proper consultation is very high. So it is really tough to maintain serial. There is no better option than the pre-reservation for appointment. Now a days this kind of processing is processed via mobile call or by face to face. As these are peripheral areas, so internet connections are not much available here. Moreover, the patients and their respondents are not aware of the online procedure of booking and reservation system. So, the hospitals don't have the online booking and reservation system. The information desk and doctor's own secretary for this pre-reservation process are maintained according to doctor's schedule. But if there is more emergency, then there have special consideration.

H₃. Customers are satisfied on the consultation of doctors and get help from the staffs of the hospitals.

From the above table 11 and table 12, it can be taken ideas about the satisfaction status of services which is available in 24/7 hours and helpful communication of doctors and staffs with the respondents. Maximum respondents are strongly satisfied with both the cases. About 70 people i.e. 53.8% get 24/7 hours of services of consultants and they are strongly satisfied. On the other hand, 73.8% with the number 96 respondents are satisfied with the communicative behavior with doctors and staffs. In hospitals of the following areas, the consulting room is quiet and free from disturbance. Any types of noise or patients' gathering are not allowed here. The good arrangement for the patient's seat and bed, comfortable environment and confidentiality is available to consult with the patient. The new way of consultation is doctor-patient communication. In the following areas of Cumilla, the doctors' of the hospitals are also involved in Health service.

H₄. Customers are satisfied on the hospitality of the hospitals.

In these table 13 and table 14, it can be found that maximum respondents who take participation of the questionnaire are strongly satisfied with the environment friendly hospitals and caring doctors and stuffs to the respondents. Hospitals of selected areas show courtesy to the patient and his/her attendants. Moreover, hospitals' employees are friendly, comfortable, flexible, and responsive in their behavior. For these reasons 71.5% i.e. 93 attendants are satisfied. There are a good facility of having clean washroom and toilet. Patients have waiting seats, places and entertainment areas. The places are secured and weather protected that are satisfied by the 75.4% attendants i.e. 98 respondents.

H₅. Customers are satisfied on the safekeeping procedure of the hospitals.

From the table 15 it can be seen that, 93 that is 71.5% patients think the hospital management take proper responsibility for giving security to them. 24.6% respondents are strongly satisfied with the hospitals' position about maintaining safety from offensive or attacking situation. Moreover, table 14 shows that, 71.5% respondents are satisfied with hospitals safe-keeping services of the patients' belongings like their vehicles, suggested medicines, files and so on. 24.6% respondents are strongly satisfied with the patients' security and their belongings' safekeeping procedures.

H₆. Customers are satisfied on the offered exceptions on services of the hospitals.

The hospitals of those places pay more attention to the services which are not normally included with the regular services so far the hospital will not face trouble. Extra facilities to assist in emergency medical services are really admirable here. In table 17, 90% respondents are satisfied on getting emergency services from doctors and stuffs. Advance requests in hospital often relate to personal needs, emergencies or any kind of requests. If they have any economical problem the patients get the payment-in-kind and free service facilities from the hospitals' fund for poor people. Table 18 shows 74.6% respondents are neutral because they are not aware of that and 20.8% are satisfied with this hidden privilege. Moreover table no.19 shows the 46.2% respondents get the ambulance services moderate because of unavailability of ambulances and its essential tools like stretches, oxygen cylinders, and modernize inter ambulance system. 39.2% are satisfied and only 14.6% are strongly satisfied with the quality of ambulance and its availability.

H₇. Customers is satisfied on the billing procedure of the hospitals.

As the result shown in table 20, the satisfaction status of trustable billing statement is 82.3% and strongly satisfied is about 4.6%. Here the respondents are less fully satisfied because the hospital bills are too much

to them. They are not eager to pay the billing amount. As the economic status of the people is not good, so they are not fully prepared for this. Although bills are accurate and made easy to customers but they are strongly satisfied about 1.5%. On the other hand, 96.9% respondents are satisfied besides the financial matter shown in table 21.

H₈. Customers are satisfied on the payment procedure of the hospitals.

In these rural hospitals, financially unstable customers get easy access to payment of expenditure. Besides this, institutions have special consideration to their staffs, their family members and their acquaintances. Here, 84.6% respondents are satisfied with the loan to whom are given with several conditions. 5.4% are strongly satisfied because the condition and the loan procedure are hard to them. From the respondents' view, the health institutions of these areas modify/update their payment system or process day by day. Such as offering packages including card pay, mobile banking etc. besides cash in hand to make the payment more easily. Among card pay using of visa card, nexus pay, credit and debit cards are growing day by day. Besides this the mobile banking like bKash, mKash, Ucash is also available. But customers are not strongly satisfied because it is new to them. The satisfaction and neutral rate of respondents are respectively 54.6% and 45.4%. The respondents are seeking interest of taking advantage from card pay and mobile banking rather than hand cash for the security maintenance.

Reliability Test

A reliability test was carried out using Cronbach's' alpha, the result showed a value of (0.814) for all items which is a reasonable value.

However, the study could not avoid some barriers of strong satisfactory levels which are:

a) Competitive private health sectors: Among the hospitals they are giving so much effort for their institutions better than the others. In these circumstances, the hospitals give expectations to give better services than other hospitals. b) Dilemma: In spite of getting proper treatment and services, the patients are not strongly satisfied because of chitchatting with other patients from competing hospitals. c) Concern about money: As the people of rural areas belong from low socio economic conditions, they prefer low cost hospitals for their treatment but the expenditures of machineries and services of hospitals are costly and vary from hospitals to hospitals. Though they are not getting proper treatment but they are happy with low cost treatment. On the other hand, they are getting proper treatment and service but they are not strongly satisfied because of high cost. d) Others: In this sector, the patients are referred for better treatment

(intensive care unit, cardiac care unit, neonatal intensive care unit, burn unit etc.) to city side hospitals. Moreover, unavailability of ambulance, emergency oxygen cylinders and consultants cannot make patients strongly satisfied.

Conclusion and recommendation

The current study aimed at risen concern of patients about flower of services in the peripheral privet health sectors in Laksham Upazilla, Cumilla, Bangladesh. The sample of the study are benefiting from services of private hospitals in Laksham. A self-administered questionnaire on the dimensions of 'flower of service' was distributed on the sample. The results of the study indicated that there has concern of patients on 'flower of service' dimensions (Information, Order Taking, Consultation, Hospitality, Exception, Safe Keeping, Billing and Payment,). The outcome is also appeared with a positive influence of customers regarding the dimensions of the flower of service making sure that most hospitals nowadays are taking much care in increasing the level of the core service on the expense of the supplementary services. People through the study do not have a good idea and do not actualize the concept of supplementary service but they were able to identify their stand point in regard to the general services that are being presented to them by the privet hospitals. The information, consultation, reservation are available now because of using technology like computer, internet, mobile etc. Billing and payment system became more customers oriented, reliable as well as communicative to the patient and his attendant. Hospital management is much caring about the patients' security, maintenance, hospitality and some are provide extra facilities with great exceptions compare to the other hospitals. So, hospitals and its' doctors, and staffs should be more trained up to make the patients more satisfied, loyal and life long relationship. There are lack of hospital machineries that should be enriched to grow up customers' attention and their valuable retention. It is recommended through the study that the management should lessen the gap between the patients and doctors. In addition to that, there should be extra care about the supplementary service quality which can be organized and controlled through the quality control department. Through the analysis, it is appeared that payment and billing were the strongest variables than other variables to satisfy strongly to the patients and their attendants. They give more preference in it rather than other variables. Overall, the maximum patients are satisfied on 'flower of service' dimensions as the hospitals take much care on the expense of the supplementary services besides the core services.

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