Study on Privilege Program Initiative Undertaken by Columbia Asia Hospitals, Bangalore

By

Abhinav Maurya

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Abhinav Maurya student of MBA Hospital and Health Management (PGDHM) from The IIHMR University, Jaipur has undergone internship training at Columbia Asia Hospitals, Bangalore from 13th February 2017 to 12th May 2017.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Asso. Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

COLUMBIA ASIA

Appendix E

The certificate is awarded to

ABHINAV MAURYA

In recognition of having successfully completed his Internship in the department of

Sales and Marketing Department

And has successfully completed his Project on

A study on Privilege Program Initiative undertaken by Columbia Asia Hospital, Bangalore

Duration- 13/02/2017 to 12/05/2017

Organization- Columbia Asia Hospitals, Whitefield, Bangalore

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him all the best for future endeavors

Human Resources Manager

COLUMBIA ASIA HOSPITAL BANGALORE WHITEFIELD

Sr. Marketing Manager (HOD)

COLUMBIA ASIA HOSPITAL BANGALORE WHITEFIELD

Columbia Asia Hospital - Whitefield
Sy. No. 10P & 12P, Ramagondanahalli Village,
Varthur Hobli, Whitefield, Bangalore East Taluk - 560 066

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A Study on Privilege Program Initiative undertaken by Columbia Asia Hospitals, Bangalore" and submitted by Abhinav Maurya, Enrollment No. IIHMR-U/01/2015-17/0245 under the supervision of Dr. Seema Mehta for award of Postgraduate Diploma in Hospital and Health Management of the University carried out during the period from 13th February 2017 to 12th May 2017, Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Abhinav

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "A Study on Privilege Program Initiative undertaken by Columbia Asia Hospitals, Bangalore".

Signature of student

Abstract

Abhinav Maurya, IIHMR University

Title- A Study on Privilege Program Initiative undertaken by Columbia Asia Hospitals, Bangalore

Background- It is of little amaze that businesses across innumerable products and sectors such as hotel chains, coffee shops, or airlines have embraced the concept of customer loyalty. In contrast, health care systems have done little to focus on patient loyalty or reward programs. Well-constructed loyalty programs could provide tangible benefits to patients and health systems. Much like a typical tiered-loyalty program, these benefits may be scaled or enhanced over time to ensure that patients with the greatest health needs are most helped. For instance, patients also may benefit through customized information, such as tailored messages regarding diabetes self-management or ways to improve medication adherence in hypertension. Patients might receive benefits such as free parking vouchers, cafeteria discounts, preferred rates at local restaurants or hotels, and cab or bus vouchers once enrolled. A growing number of hospitals are seeking to attract new patients and keep existing ones by offering them an array of perks, from free parking and gift-shop discounts to wellness seminars and health screenings . On similar lines, Columbia Asia Hospital, Whitefield introduced a unique Privilege Card Program in 2015, catering especially to the Resident Welfare Association residents of the area.

Objective- The Program offered a complimentary physical card to the residents through which they can avail discounts on certain services that was renewed annually. However, the Program since then has seen a declining trend in its business health. To assess this, a community survey was done with the Resident Privilege card holders as respondents with the following objectives-

1. To identify the gaps in the Privilege Card Program.
2. To develop a marketing plan addressing the issues identified for re-launch of the Program

Result- Low value discounts, lacunae at the service delivery level with no single point of contact were the main areas of concern. The study proposed that there is a need to focus on operational, promotional and technological aspect to re-launch the initiative to a flagship program. The study has also developed a marketing plan for a revamp model of expansion of the Privilege Card Program Initiative. This will not only create brand awareness but will also improve compliance, thereby increasing revenues and ultimately building a stronger brand.

Acknowledgement

I would like to express my special thanks to ***Mr. Faraz Ahmed*** *(Head, Sales and Marketing, Columbia Asia Hospitals, Bangalore) for giving me the golden opportunity to pursue my internship at Columbia Asia Hospitals, Bangalore.*

I am using this opportunity to express my gratitude to everyone who supported me throughout the course of my Internship at Columbia Asia Hospitals, Bangalore

Also, my successful completion of the projects would not have been possible without the helping deeds of the department heads.

I would also like to thank my project internal guide ***Dr. Seema Mehta*** *(Associate Professor IIHMR University) for her constant supervision and support in completing the projects.*

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CHAPTER 1

Introduction

1.1 Background

Marketing in the healthcare arena has grown primarily because of three factors: changing healthcare policy, changing consumer expectations, and changing attitudes regarding the stigma of marketing by the healthcare profession . While many healthcare organizations continue to remain focused on what happens when patients are physically in the hospital or at a physician's office, today's most successful organizations are taking steps to maximize patient engagement and retention efforts before, during and after patient visits .

Today, the dynamics of the healthcare market are shifting. The days of delivering purely episodic care and relying on patient volume to generate profit are fading . The replacement is an era in which the word accountability is to be watched out for; an era in which providers must leverage communication, technology and data in a meaningful way to deliver value-based care focused on preserving wellness and healthy lifestyle .

In addition, patients now expect an exceptional care experience from the moment they first contact a provider, all the way through post-discharge follow-up and beyond. This requires the ability to engage patients not just as needed during care delivery, but on a continuous basis throughout the entire stay and beyond . The patients are taking a more consumer-oriented approach to their healthcare, which means the future growth and success of healthcare organizations will increasingly depend on the quality of the overall patient experience . Changes in healthcare policy, healthcare consumers' expectations, and attitudes about marketing by the healthcare profession have helped to bring about the acceptance of practice of marketing in healthcare . Today it is common for people to receive a text reminding them that their prescription is ready; make an appointment through physician practices', clinics', and hospitals' websites; receive pamphlets about proper nutrition for persons with diabetes; and be surveyed about their feedback on hospital visit experience .

1.2 About the privilege card loyalty program

Changes in health-care policies are giving hospitals added incentive to develop relationships with patients. It's all part of a changing competitive environment in which hospitals market themselves directly to patients, who have begun to take a much more active role in choosing their health-care providers — and are on the hook for a greater share of the costs. Health insurance, usually, covers expenses related to hospitalization . This means that you will have to pay for other common medical needs such as checkups, diagnostic tests or consultations with a doctor. In addition, given that diagnostic and preventive healthcare costs account for 70-75% of medical expenses, covering a family's healthcare needs is expensive . Increasing costs do not help either. This leaves a gap between what your insurer covers and what you spend on healthcare. Trying to bridge this gap are hospitals providing healthcare discount cards. They promise discounts on diagnostic tests, doctor consultation and even medicine . A growing number of hospitals are seeking to attract new patients and keep existing ones by offering them an array of perks, from free parking and gift-shop discounts to wellness seminars and health screenings . By taking part in loyalty programs, customers get free or discounted stuff and other bargains. But the real beneficiaries are the hospitals offering these programs. They gain in three main ways:

- Customer retention. It costs more to attract new customers than it does to hold onto existing ones.
- Word-of-mouth advertising. People who take part in a loyalty program are more likely to say good things about the company and spread the word about it.
- Customer goodwill. Receiving perks tends to lessen the sting of a bungled order or slow service.

Health care organizations, from small physician practices to large medical centers, could take a cue from commercial loyalty programs. The next generation of patient adherence programs will integrate financial incentives such as loyalty cards with electronic technology (such as refill reminders, e-mails, text messaging), behavioral science and other interventions to retain patients

on a long-term basis . Multi-faceted interventions that target specific barriers to adherence are effective because they address the real underlying problems and reinforce positive behaviors .

1.3 Loyalty Program for Hospitals- Changing the Mindset

Many people belong to loyalty programs for coffee shops, hotel chains, or airlines. Despite a highly consumer-oriented approach in some health systems, similar types of loyalty programs have not been developed. Why this disconnect for customer loyalty between health care and other industries? Businesses have long focused on customer service and loyalty programs for a number of reasons . Firstly, most participants in loyalty programs have a positive predisposition toward the sponsoring company- as they are more likely to overlook problems and inconveniences when given specific perks . Secondly, the acquisition of new customers is well known to be more costly than retention of existing ones; ensuring a stable customer base is thus germane to corporate financial success . Third, participants in loyalty programs often provide positive referrals, encouraging others to frequent the company or experience the product, thus enhancing customer base and revenue . It is of little surprise that businesses across innumerable products and sectors have embraced the concept of customer loyalty.

In contrast, health care systems have not done much to focus on patient loyalty or reward programs. In an era of responsible and accountable healthcare providers, in which patients are free to move between clinicians and health care centers, a privilege program may help in reducing the trend.

However, several myths may reinforce negative mindset toward customer-service-oriented programs in health care. For instance, one pervasive myth is that professional excellence and quality of care provided by a health system matters the most to patients. The patient will tolerate indifferent service, scheduling difficulties, and poor communication because they ultimately receive outstanding clinical care or perhaps are loyal to their clinician. This view is arguable for multiple reasons . First, a given patient's ability to appreciate technical excellence is immensely overstated . Second, the belief that professional excellence fosters loyalty is simply not consistent with evidence regarding patient turnover in healthcare organizations. Third, many patients rely on recommendations from friends, family, and social media that often focus on issues such

as scheduling and access. Rather, by providing both better appreciation/ customer service and high-quality technical care, loyalty programs may offer a new way to attract and retain patients within a health system.

Well-constructed loyalty programs could provide tangible benefits to patients and health systems . Much like a typical tiered-loyalty program, these benefits may be scaled or enhanced over time to ensure that patients with the greatest health needs are most helped . For instance, patients might receive benefits such as free parking vouchers, cafeteria discounts, preferred rates at local restaurants or hotels, and cab or bus vouchers once enrolled . Patients also may benefit through customized information, such as tailored messages regarding diabetes self-management or ways to improve medication adherence in hypertension. The ecosystem of such information would not necessarily end in the health system; rather, information regarding discounts, special offers, or sales from organizations such as medical supply companies, pharmacies, or paramedical services could be provided to improve access and awareness. Just as clinical services could be tailored, so too could partnered discounts-for example, patients with diabetes might receive discounts from partnered pharmacies for hypoglycemic medications .

Thus, loyalty programs could empower patients to manage their health in new and innovative ways while enhancing the business model for health systems .

1.4 Rationale

India is going through an era where new hospitals are being built at a pace like never before. There are exciting challenges that these hospitals are facing while they are being commissioned. One challenging task that every hospital, new or old, small or big, is facing today is the task of marketing itself. With increasing competition, healthcare marketing is undergoing a transition from service providers' dominance to service seekers preference .

Today everybody knows that in balance of establishment–customer relation, customers had gained huge advantage . For gaining advantage and being unique, offering suitable goods and services, meeting even over meeting expectations and desires of customers are needed . In order to continue long-term relationships with customers understanding them, meeting their expectations, being different from rivals are important. This situation is especially vital in similar

goods and services offering establishments . Customer loyalty topic had changed the ways of looking of establishments to customers. Now, establishments are trying to satisfy, make loyal their customers. Loyal customers mean financial and spiritually inputs to establishments. It is generally known that especially on healthcare sector there are few researches on customer loyalty . In this context, it is believed that this research will have a positive input to the related literature.

A growing number of hospitals are seeking to attract new patients and keep existing ones by offering them an array of perks, from free parking and gift-shop discounts to wellness seminars and health screenings. It's all part of a changing competitive environment in which hospitals market themselves directly to patients, who have begun to take a much more active role in choosing their health-care providers . Following the clues, Columbia Asia Hospital, Whitefield introduced a unique Privilege Card Program in 2015, catering especially to the Resident Welfare Association residents of the area. The Program offered a complimentary physical card to the residents through which they can avail discounts on certain services which was renewed annually. There has been a declining trend for the program, but the aim is to re-launch the initiative to a flagship program. Thus the study tries to analyze the shortcomings and the bottlenecks the program has faced in last two years leading to a negative business health.

Addressing the gaps through the feedback from the community, the study aims at reinitiating the customer loyalty initiative by developing a marketing plan for the revamp model of the Privilege Card Program. This will not only create brand awareness but will also improve compliance, thereby increasing revenues and ultimately building a strong brand.

1.5 Research Question

To assess ways and means to enhance and scale up the Privilege Card Program Initiative of the hospital

1.6 Objectives

3. To identify the gaps in the Privilege Card Program.
4. To develop a marketing plan addressing the issues identified for re-launch of the Program

CHAPTER 2

Review of literature

2.1 Concept of Loyalty and Loyalty Programmes:

Oliver (1999) defines consumer loyalty as‘ a deeply held commitment to rebuy or repatronise a preferred product/service consistently in the future‘, thereby causing repetitive same brand(store) or same brand set purchasing, despite situational influences and marketing efforts having the potential to cause a switching behaviour.

Loyalty Programme can be defined as a programme that allows consumers to accumulate free rewards when they make repeated purchases with a firm . (Yuping Liu, 2007). Jacoby (1973) defines loyalty as the biased behaviour response expressed over time by some decision making units with respect to one or more alternative brands (store) out of a set of such brands and is a function of psychological processes. Jacoby & Chestnut (1978) note that the belief, affect and intention structure of a consumer must be examined in order to analyse loyalty. It is viewed as a defensive tool; a cost item to prevent potential sales loss; to restrict defection. Another stream of research considers loyalty as combination of attitudes and behaviours . Still another stream of research conceptualizes customer loyalty in terms of behavioural measures only such as shopping frequency, customer retention over time, tolerance of price increases, share-of-wallet within a product category and/or word of mouth recommendations to others (Allaway, Gooner et. al). Knox & Maclan (1998) described customer loyalty as retention with attitude. Thus there exist several definitions of Loyalty. Jacoby and Chestnut (1978) reported 53 definitions for the term loyalty. One stream of research considers loyalty largely as an attitude. Thus loyalty is viewed as a psychological attachment related to commitment creating a positive mental disposition toward a particular brand or firm based on familiarity, trust, and confidence, a perception of shared values and past history . Thus loyalty is a multi-dimensional construct and needs to be viewed as an attitude that leads to relationship with the brand/store, outcome in terms of revealed behaviour, relational in terms of advocacy, word of mouth communication and buying is moderated by the individual‘s characteristics, circumstances and /or the purchase situations.(Vyas & Sinha, 2008).

Customer loyalty has become a major source of competitive advantage for businesses as it showed to have a powerful impact on a firm's performance . It has been recognized that enhanced customer loyalty reduces customer acquisition costs and increases revenue, thus, ultimately leads to greater profitability (Lam et al., 2004). Loyalty cards are a system of the loyalty business model. In the United Kingdom it is typically called a loyalty card, in Canada a rewards card or a point's card, and in the United States a discount card, a club card or a rewards card. In marketing generally and in retailing more specifically, a loyalty card, rewards card, points card, advantage card, or club card is a plastic or paper card, visually similar to a credit card or debit card, that identifies the card holder as a member in a loyalty program (Glossary L, 2011).

Loyalty programmes are structured marketing efforts that reward, and therefore encourage, loyal buying behavior – behavior which is potentially beneficial to the firm (Sharp and Sharp, 1997). Where a customer has provided sufficient identifying information, the loyalty card may also be used to access such information to expedite verification during receipt of cheques or dispensing of medical prescription preparations, or for other membership privileges (e.g., access to a club lounge in airports, using a frequent flyer card). (Wikipedia, 2013). Numerous studies emphasized the significant value of repeat patronage of customers. Petrick (2004) also argued that repeat customers are more than just a secure source economically, but they can also be information channels that casually create a linkage to potential customers such as their friends, relatives, and colleagues. It has been known that existing patrons tend to visit the property more frequently and their purchase amount increase over time as the number of visits increase. Additionally, they bring in new customers through positive word-of-mouth, which can save a significant amount of advertising expenses (Lee, Graefe, & Burns, 2008; McAlexander, Kim, & Roberts, 2003; Rundle-Thiele & Mackay, 2001). Worthington (2009), added that -Increased customer fidelity is just one benefit of setting up a loyalty program; in addition, such programs can generate a wealth of commercially valuable information about purchasing behaviour. For this reason, loyalty program is something of a misnomer; a better term would be rewards and information exchange program, because that is a more accurate description of the transaction between customer and company . The company operating the program can then use the information that these programs generate to more accurately target offers to customers, refine their marketing

approaches . In return for providing information about themselves and their spending patterns, members of a loyalty program receive rewards in proportion to their spending.

2.2 Types of Loyalty Program

Loyalty Programs can be classified into four types depending on the mechanism of rewards they offer or the level of targeted offerings Berry Berman (2006). While Level 1 is about passing certain discounts to the members, Type 2 is offering something for free if the member buys the same article or takes the services similar to Buy One Get One. While getting reward points for the purchases and redemption

Program Type	Characteristics of Program	Example
Type 1: Members receive additional discount at register	• Membership open to all customers • Clerk will swipe discount card if member forgets or does not have card • Each member receives the same discount regardless of purchase history • Firm has no information base on customer name, demographics, or purchase history • There is no targeted communications directed at members	Supermarket programs
Type 2: Members receive 1 free when they purchase n units	• Membership open to all customers • Firm does not maintain a customer database linking purchases to specific customers	Local car wash, nail salon, SuperCuts, Airport FastPark, PETCO
Type 3: Members receive rebates or points based on cumulative purchases	• Seeks to get members to spend enough to receive qualifying discount	Airlines, hotels, credit card programs, Staples, Office Depot
Type 4: Members receive targeted offers and mailings	• Members are divided into segments based on their purchase history • Requires a comprehensive customer database of customer demographics and purchase history	Tesco, Dorothy Lane Markets, Wakefern's ShopRite, Giant Eagle Supermarkets, Harris Teeter, Winn-Dixie, Harrah's, Hallmark

Table 2.2.1: Types of Loyalty Program Berry Berman (2006)

2.3 Loyalty Programmes in India:

According to Business Standard (20 July 2011) Payback India (formerly i-mint) is India's largest coalition loyalty program, with 12 million members, over 30 partners and 3000 network partner outlets, with 120 billion INR of sales generated through i-mint-cards in 2009(Colloquy, 2010). German loyalty program operator Loyalty Partner took a controlling interest in i-mint in June 2010 (Colloquy, 2010) and renamed the program Payback India in July 2011 . (Business Standard, 2011). Hero's Good Life program claims over 10 million members. BPCL's Petro Bonus fuel card program has 2 million members (The Hindu, 15 October 2009.) Shopper's Stop has been offering a loyalty programme called First Citizen for well over a decade for regular customers. Other retailers like Lifestyle (The inner Circle loyalty Programme) & Reliance Retail also have their own loyalty programs. Debit card loyalty programs include State Bank Group's Freedom Rewards, is perhaps the largest in the world with over 110 million customers enrolled . The program is operated by Loylty Rewards. Pinpoint operates programs HSBC and Standard Chartered Bank. The immense potential and sheer size of the consumer base in India has already attracted players like Groupe Aeroplan and Loyalty One into the country (Wikipedia, 2013).

2.4 Factors affecting loyalty program:

Accoring to Vyas & Sinha (2008), Factors which influence/shape loyalty are: satisfaction emanating from prior purchase experience with a retail outlet motivating a consumer to come to the store again; interpersonal relationships, particularly in the context of a retail store, floor persons, billing persons in charge and customers interact. If a customer frequently visits the store, interpersonal relationships develop as shopping of groceries requires frequent visits to the store. This also helps in strengthening loyalty & creating a switching barrier; attractiveness of alternatives, in the context of retail store if there is any new outlet which is closer than the current store; proximity enhances the attractiveness of it & may create a barrier to loyalty. If a retail store comes out with a very special promotion then also temporarily it may become very attractive to a potential customer & hence may trigger a drift on that purchase occasion .

2.5 Objectives of loyalty programmes:

Variety of objectives; such as to build lasting relationships, to gain profit through extended product usage & cross selling, to gather information, to strengthen loyalty, to defend, to preempt competition; can be addressed through loyalty programs. Loyalty programs encourage consumers to shift from myopic or single-period decision making to dynamic or multiple-period decision making as loyalty programs operate as dynamic incentive schemes by providing benefits based on cumulative purchasing over time . (Lewis, 2004)

Benefits to the firm: According to Stone, Bearman, et al. (2004) Loyalty programs yield benefits both to the firm as well as consumers. It is expected that increased customer loyalty leads to lower price sensitivity & stronger brand/store attitude which create switching barriers. Access to important information on consumers & consumer trends enables to design appropriate reward and communication programs leading to greater satisfaction, commitment. This gives competitive advantage to a firm. Typically, loyal customer brings higher average sales due to cross selling & up-selling opportunities than a non-loyal member. They enable targeting special consumer segments as purchase history can be analysed relating to demographic and other information. It facilitates implementation of product recalls as the database is available, and it is believed that loyal customer is profitable as, servicing existing customer is less costly compared to new one. The profitability is generated by reduced servicing costs, less price sensitivity, increased spending and favourable recommendations passed on to potential customers (Grahame & Uncles;1997). Loyalty programmes increase referrals/advocacy. It is assumed that satisfied customers are not only loyal but they advocate and refer to their social circle, family/friends/reference group efforts. Long term relationships can be built through such programs.

Benefits to Consumers:

Consumers benefits as their risk is reduced as some incentive is offered to stay loyal. Psychological reassurance is experienced dealing with the same firm. Consumer also gets a feeling of a smart shopper. His or her social need –a sense of belonging gets satisfied as, a

customer becomes a part of loyal group. Communities get formed which share similar values . Once consumer is convinced about the value he derives from purchase, repeat behaviour becomes a habit and this reduces time in evaluation, comparison and search . Relationships are observed as for mutual gain and not as being viewed as purely on commercial basis . Advocating the firm to peers also gives satisfaction and motivation to act as an opinion leader. Trust & commitment is reflected in future dealings with the firm . Customers evaluate loyalty programs by considering relative awards/points and likelihood of achieving/getting rewards. Program design having thresholds, rewards and time constraints combined with individual level requirements and preferences determine customer‘s expected benefits of participation (Grahame & Uncles; 1997).

CHAPTER 3
RESEARCH METHODOLOGY

This chapter presents the Study design, Study setting, duration of the study, population of study, Study sample, technique of the Study, study tool. Subsequently, it explains the key variables. This chapter also covers the data collection methods and the analysis of the data followed by limitations of the study, potential benefits and hazards and ethical considerations at the end.

3.1 Definitions of Terms

The following terms are the definitions of terms that were used in this research.

Complimentary offers: Given free as a courtesy or a favor such as free room nights, dining credits, and gaming credits (Lucas & Bowen, 2002).

Resident Privilege Cards: Computer-generated physical cards, provided to the residents that serve as identification for many discounted rates or service offering privileges.

Loyalty: Oliver (1999) defined customer loyalty as "a deeply held commitment to rebuy or repatronize a preferred product/service consistently in the future, thereby causing repetitive same-brand or same brand-set purchasing, despite situational influences and marketing efforts having potential to cause switching behavior).

Loyalty Program: A structured marketing effort which reward, and therefore encourage, loyalty behavior that is expected to benefit to the firm (Sharp & Sharp, 1997).

3.2 Study Design:

It was a descriptive cross sectional study. This quantitative study included a scheduled based interview conducted through a proposed set of questionnaire to assess the areas of improvement for the success of the Privilege Card Program. It also tries to get an insight of measures that can be added to provide an enhanced value addition to the Program.

3.3 Study Setting:

The study was conducted in the Resident Welfare Apartments around Whitefield region. The participants in the program included were the Privilege Card Holders of RWA residents**.** All the Privilege Card Holders of RWA residents coming to the health camps organized in their respective RWAs were included through offline mode while the other apartments Privilege Card RWA residents were mailed the questionnaire through online mode.

3.4 Study Duration:

The study was conducted for two months duration during the months of March 2017 to May 2017.

3.5 Study Population:

The study population comprised of Resident Welfare Association residents of all age groups above 18 years.

3.6 Study Sample:

All the Privilege Card Holders of RWA residents were included. The responses of 362 respondents were valid research questionnaires.

3.7 Sampling Technique:

The sampling technique used in the study was Purposive Sampling.

3.8 Data Collection:

3.8.1 Data Collection Process

The research focused on primary data for analysis. For quantitative data collection, structured close ended likert scale based survey was conducted, where the study subjects' responses were recorded in the form of a questionnaire. The medium of communication was both offline and web based questionnaire

3.8.2 Study Tool:

The Quantitative data collection was done by using a self-administered survey questionnaire (containing multiple choice, short answer as well as likert scale based questions) containing close ended questions. The study tool was questionnaire designed with reference to the discussion with the Sales and Marketing Head of Columbia Asia Hospital, Whitefield.

The questionnaire was circulated in both paper format as well as through online medium as per the audiences' convenience and to get a higher response rate. The survey questionnaire was common to all categories so that the difference in responses could also be obtained category wise.

Study Tool was developed in accordance with objectives of the study during the month of February and March, 2017. Standardized scales have also been used in developing the tool. Data collection tool was prepared in English and it has closed ended questions.

Tool was prepared having 10 questions. The first section was used to gather data about demographic characteristics which included variables such as age, sex, and whether they have availed the services under the Privilege Program. While the second section questions were focused mainly to identify the gaps and understand the issues faced by the residents, also to get an idea of the hospital ratings amongst the competitors. The last section had questions pertaining to the residents' knowledge and perception of the services provided pertaining to the program. Lastly, a section was provided for the suggestions and feedback.

3.9 Inclusion/Exclusion Criteria:

All the people who are above the age group of 18 years were included in the study to analyze the perception from adolescents to elderly.

3.10 Data Analysis:

After data collection was done, quantitative data was entered in Microsoft Excel for analysis. It was preferred because of its ability to cover a wide range of the most common statistical and graphical data analysis.

The Satisfaction Rating was done using likert scale of 1 to 5, where 1 stands for 'Needs Improvement, 2 stands for Fair, 3 stands for Good, 4 stands for Very Good, 5 stands for Excellent.

3.11 Limitations of the Study:

1. The sample size was limited according to the feasibility of data collection and time constraint**.** The resident apartments for offline questionnaire were chosen based on conducting a health camp. Thus the results from the study cannot be generalized.
2. All the Privilege card holders of a particular apartment cannot be covered due to refusal/non availability.

3.12 Ethical Considerations:

An informed consent had been taken before commencing the survey from the association. The data collected is unique to the researcher and confidentiality of the respondents had been maintained. . Respondents were assured that participation in the study is complete voluntarily and participant can withdraw from study at any stage during the study. The respondents were informed that the data collected would be shared only with the guide allotted for the study and that it was for academic purposes only. Prior to designing the questionnaire and commencing with study, permission had been obtained from the HR Head.

CHAPTER 4

Results and Findings

This chapter provides details on the demographic profile of the respondents. The disease profile of the respondents is also laid out in this chapter. Furthermore, knowledge and behavior related to self-care practices is also presented. Then it is followed by bivariate analysis.

4.1 Section I

Demographic Characteristics:

The study comprises of the respondents belonging to 18 and above age group. The data of total 362 respondents was obtained in the study. The predominant age group in the study was 25-40 years with the average age being 36 years as explained in Figure 4.1.1

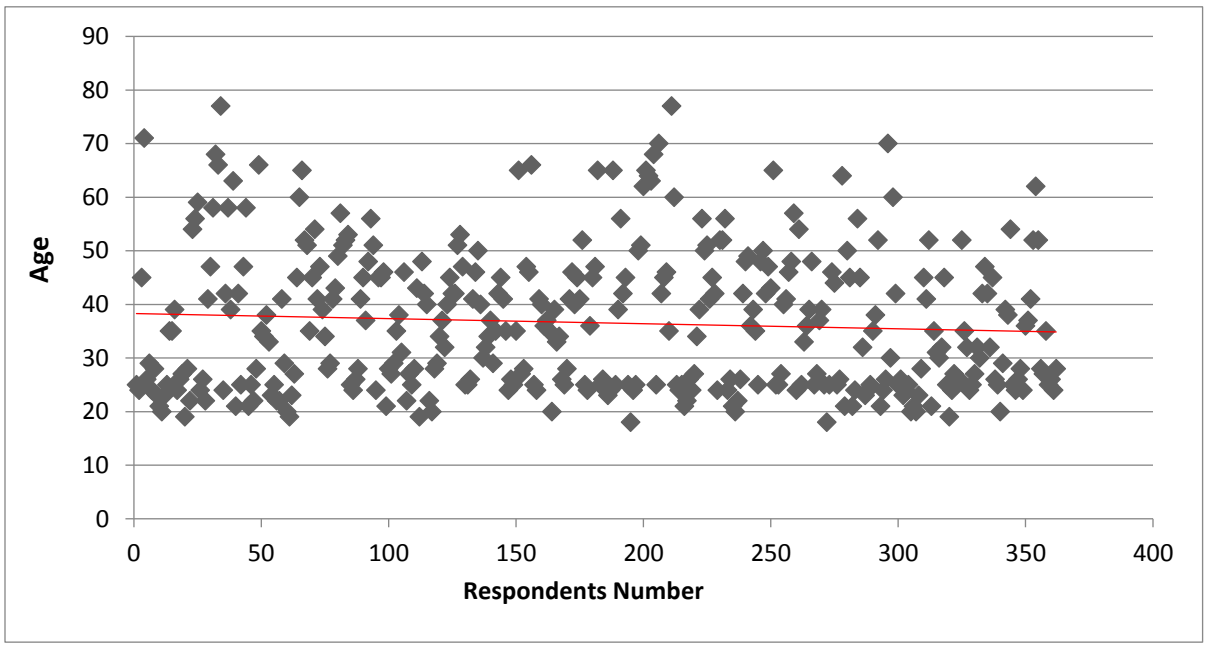


Figure 4.1.1 Age wise distribution

Table 4.1 shows that 51.93% of the respondents were in age group of 25-44 years termed as middle adults* followed by 24.86% belong to age group of 45-64 years of older adults and the young adults of 18-24 years comprised of 18.78% of the respondents .

Table 4.1: Demographic profile of the respondents (N=362)

DEMOGRAPHIC VARIABLES		
Age Groups	**Frequency**	**Percentage**
18-24	68	18.78
25-44	188	51.93
45-64	90	24.86
65+	16	4.41
Gender		
MALE	190	52.50
FEMALE	172	47.50
Grand Total	**362**	**100**

Out of the 280 respondents, around 53% (190) were males and around 47% (172) were females. The gender distribution of the respondents has been given in Table 4.1.

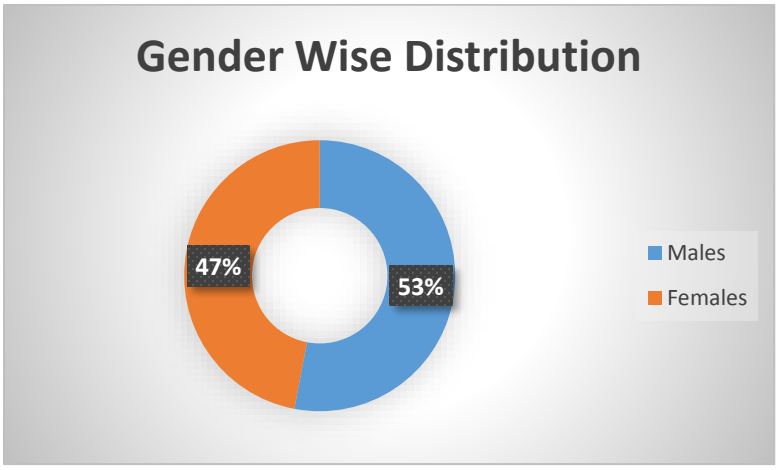


Figure 4.1.2 Gender Wise Distribution

4.2 Section II

Overall Response

The overall program effectiveness can be assessed by the perception of benefits to the end users. Thus out of 362 respondents, 280 people had taken as services under privilege card program. Thus, we consider responses from 280 responents In this regard, almost 35% rated the program as fair, while around 10% felt that the service demands improvement. The residents that felt the Program is good were around 40% given in Figure 4.2.1.

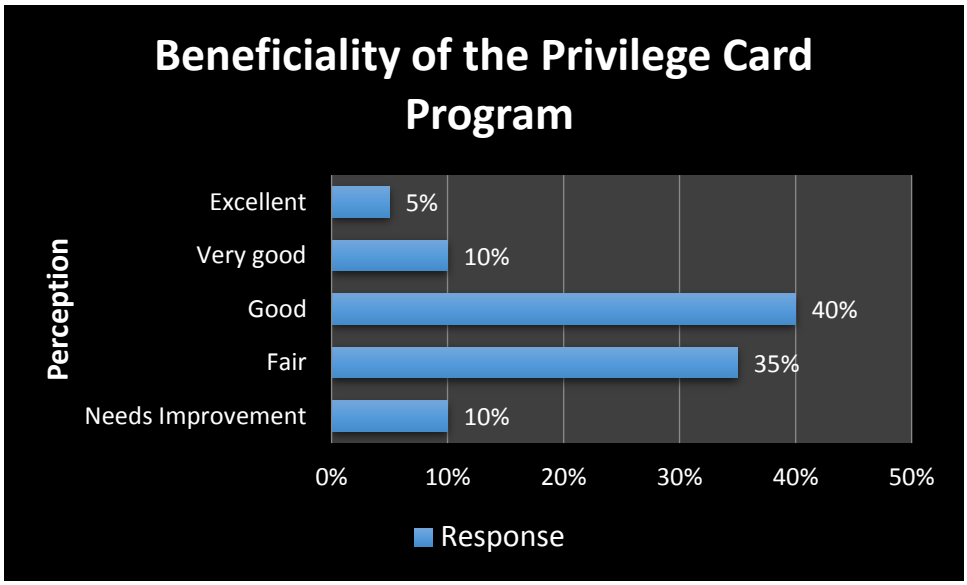


Figure 4.2.1 Beneficiality of the Privilege Card Program

As is clearly visible from Figure 4.2.2, when it comes to rating the hospital on the various parameters of service delivery, it was seen that around 39% of the respondents felt that the staff behavior was good, while around 27% of them were okay with the staff. Almost 15% of them stated that they want the staff to improve on their behavior. When it came to services provided, almost half of the respondents said that the services were good, while around 20% of them found it very good.

Another aspect of observation was the resolution of queries of the residents, here the percentage (28%) of respondents that demands improvement was almost similar to the one who appreciated the process as very well (26 %). The engagement activities that we regularly conduct in the catchment area, be it a health talk or a diabetic camp fared well with only

around 7% of the respondents felt that the area needs improvement. The respondents stated it as good and very good were around 30% and 32% respectively.

When it comes to the smooth flow of the process and the hassle free transactions, the area lacked in ratings with one-third of the residents asking for improvement in the services. Although there were also a fragment of people (39%) who marked it as very good. The parameter of benefits offered also took a beating with almost 30% rating the program as need improvement while around 40% rated it as fair.

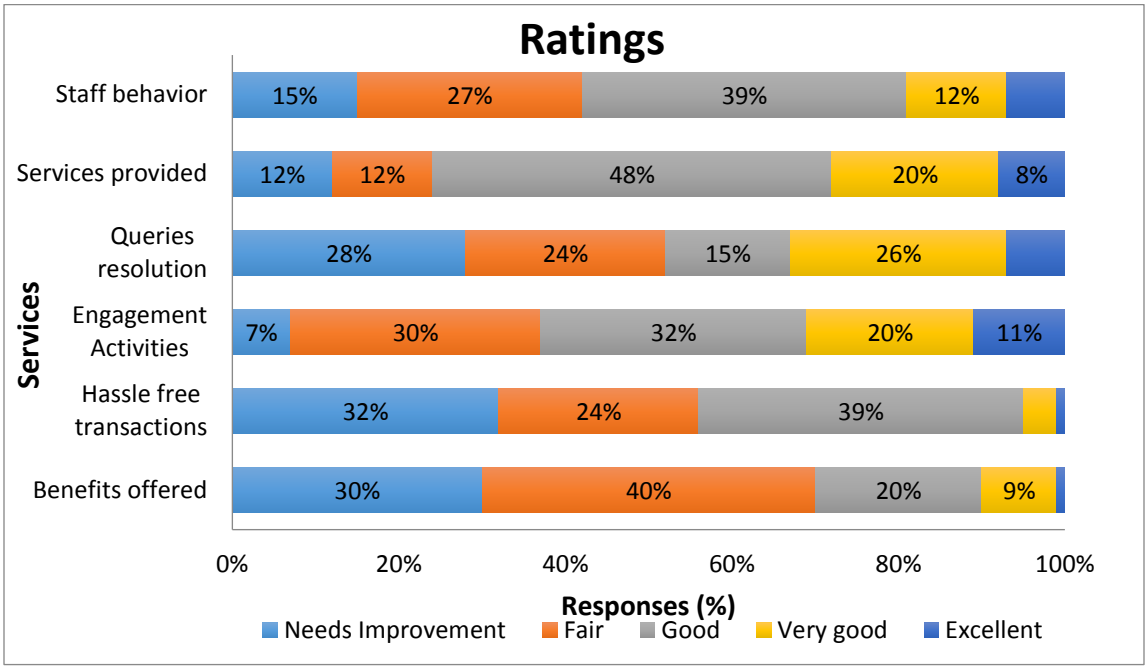


Figure 4.2.2 Service Rating of Privilege Card Program

On analyzing the ratings of Columbia Asia hospital Privilege card Program in comparison to other hospitals in the region it was seen that the Program fared decent with around 32% of the respondents terming it as a good program while around 30% as fair. Around 22% of the respondents felt the scope of improvement for the Program (Figure 4.2.3).

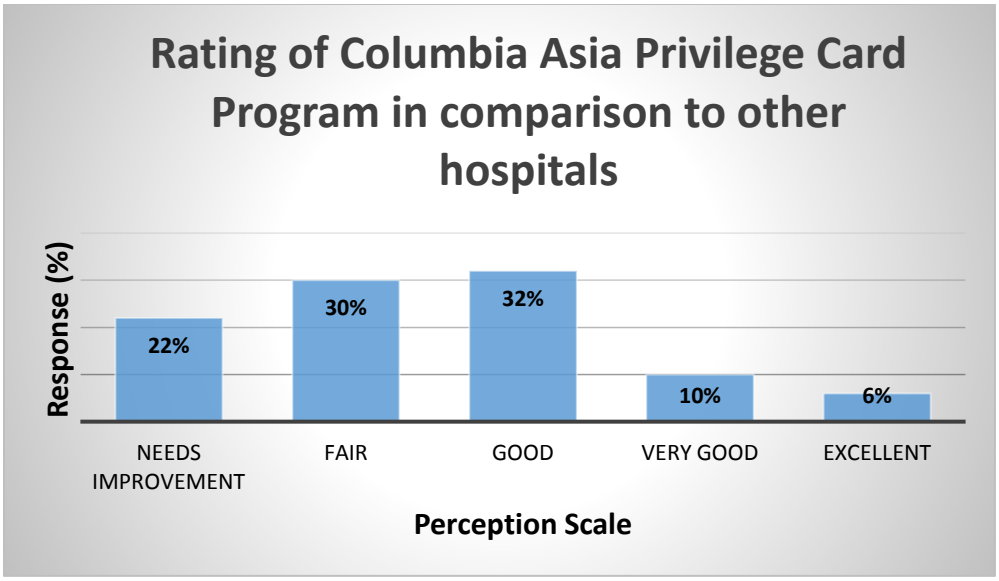


Figure 4.2.3 Competitive Rating of the Privilege Card Program

4.3 Section III

Knowledge and Perception based Response

While analyzing the questions pertaining to the residents' knowledge and perception of the services provided pertaining to the program, the following responses were received from the residents.

On account of the awareness of the offerings of the Privilege card Program, around 28% of the residents admitted the fact that they are not clear of the services offered, despite the fact that the service offerings were printed on the back side of the card. It may also indicate the lag in promotional campaigns targeted to RWAs (Figure 4.3.1)

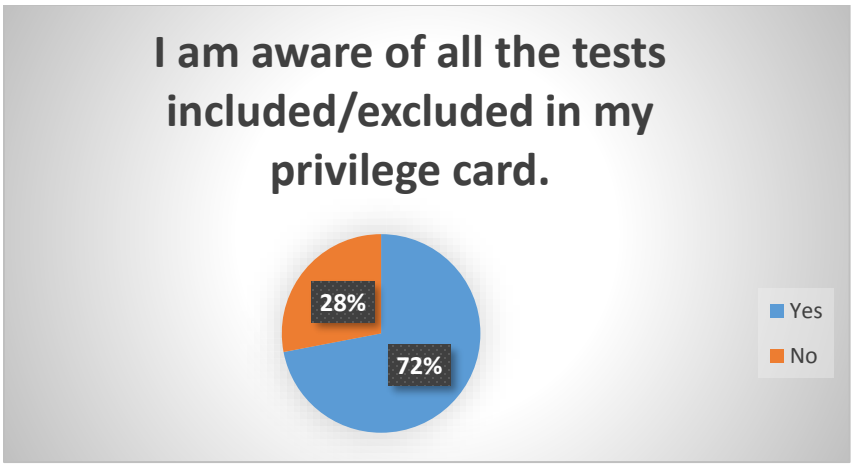


Figure 4.3.1 Benefits Awareness of the Privilege Card Program

Also, from the Figure given below (Figure 4.3.2), it is evident that the perception of the residents about the competitors, 59% of the residents felt that the discounts offered by Columbia Asia hospital are better than other hospitals nearby or in the region, while around 41% felt the need of improvement.

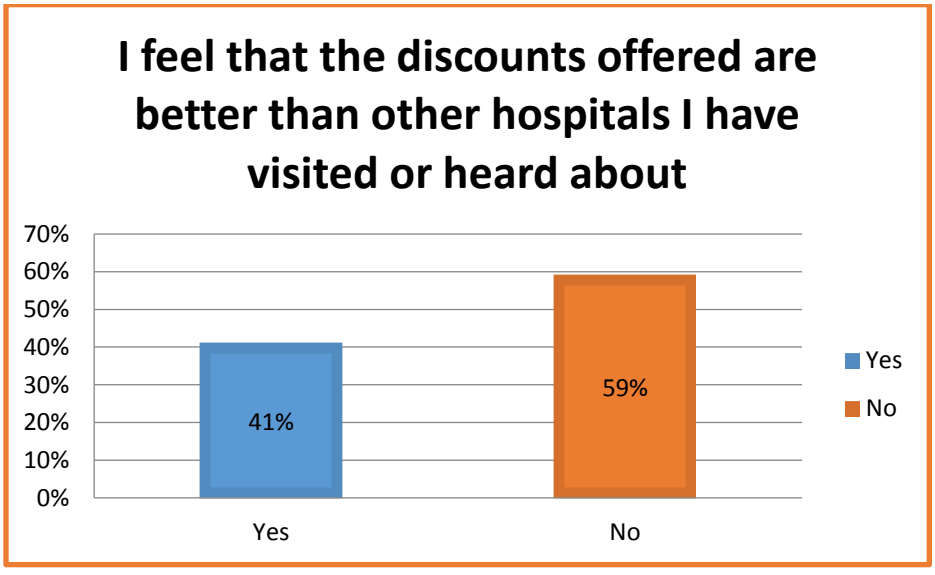


Figure 4.3.2 Benefits Offered Comparative perception

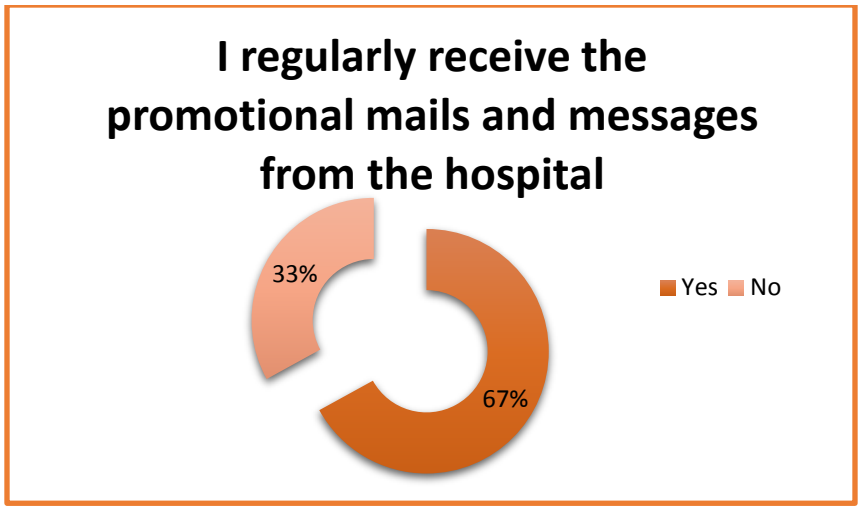


Figure 4.3.3 Promotional Message perception

When the marketing activities pertaining to the program was analyzed, especially the promotional mailers and messages, the findings stated three-fourth (67%) of the people acknowledged the fact that they have been receiving the promotional messages regularly. (Figure 4.3.3)

Getting hints of operational issues, it was found that around 46% of the respondents stated their queries were not resolved on time while the other 54% got their queries resolution done on time. The aspect plays a vital role in the overall impact to the program as unresolved queries may lead to negative publicity. The results of the above discussion are shown in Figure 4.3.4.

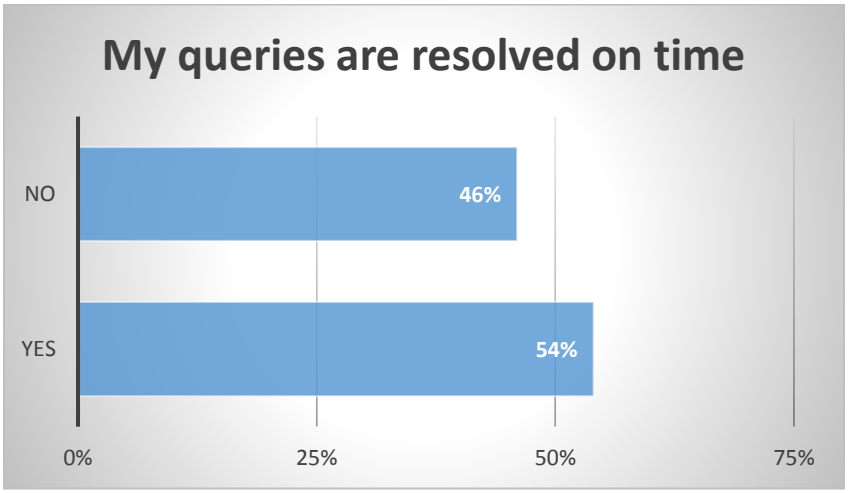


Figure 4.3.4 Queries resolution on time perception

Also adding to it, a major chunk of residents were unaware of the contact person in case of any issue crops up regarding the discount cards. Almost 71% residents had no idea of any helpdesk that can entertain their specific queries (Figure 4.3.5).

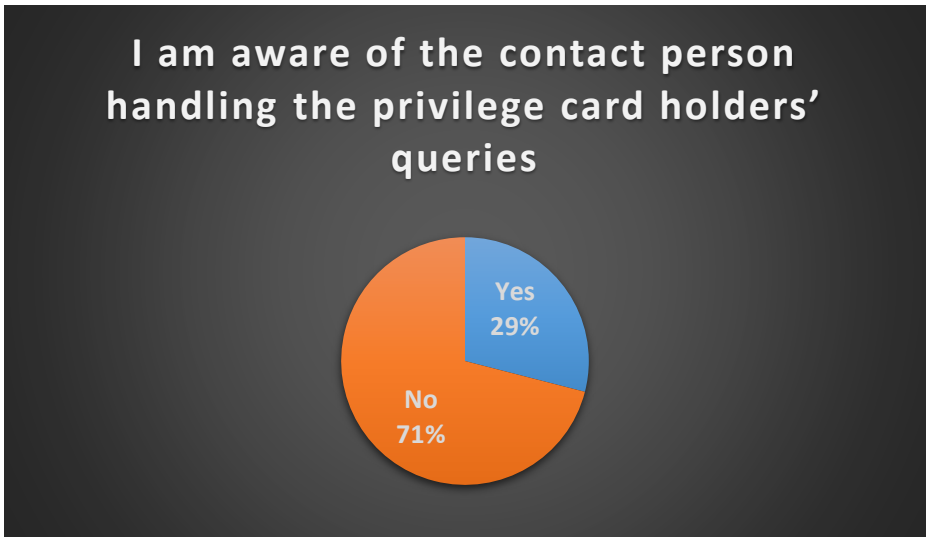


Figure 4.3.5 Contact Person Information

The prime underlying objective of any program is to build and strengthen the trust factor in the organization. Around 59% respondents agree to the fact that the Privilege card Program has built in more trust in Columbia Asia hospital for them as shown in Figure 4.3.6.

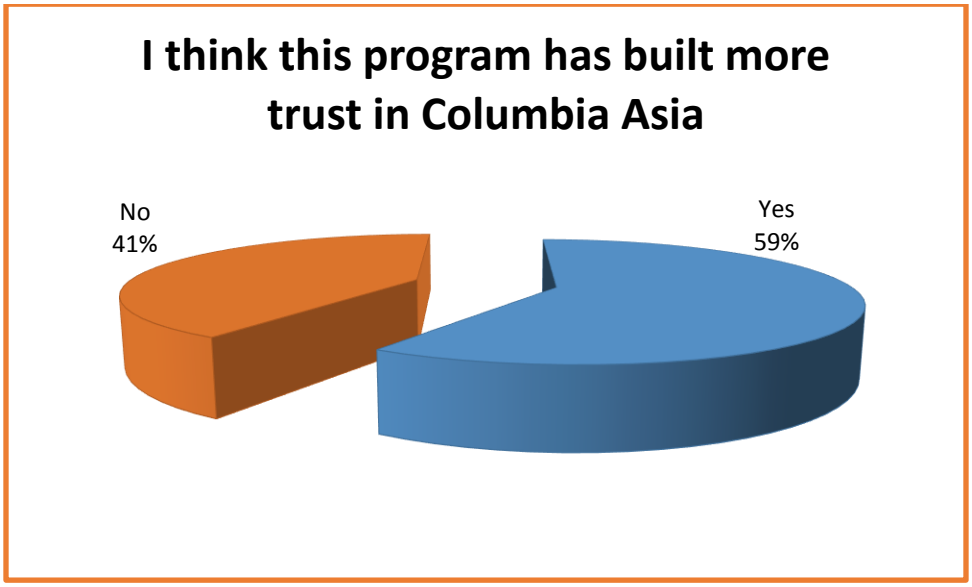


Figure 4.3.6 Trust perception

Lastly. Figure 4.3.7 shows that 62% respondents agreed to the fact that they would recommend the hospital to others for any healthcare services. This gives us a good insight of the effectiveness of the program and the satisfaction level of the customers of the hospital.

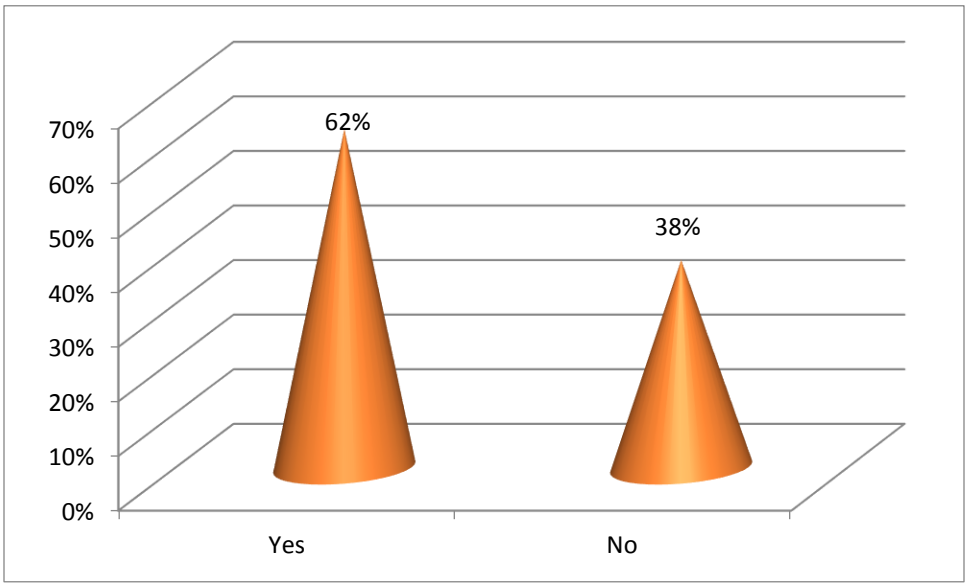


Figure 4.3.7 Recommendation to Others

CHAPTER 5

Discussion

This chapter discusses about key findings of the study and its comparison with available literature. The study was intended to assess the consumers' responses to the privilege program offerings.

5.1 Discussion

The study advocates the fact that discounts program like Privilege cards are a means to increase revenue by bringing in numbers for diagnostics, health checks. Grahame & Uncles;1997 in the study also states the same that the profitability is generated by reduced servicing costs, less price sensitivity, increased spending and favourable recommendations passed on to potential customers. Long term relationships can be built through such programs. The study also focuses on providing a smooth hassle free service at the hospital in privilege card programme so as to bridge in the gaps. A study by Grahame & Uncles; 1997 concludes once consumer is convinced about the value he derives from purchase, repeat behaviour becomes a habit and this reduces time in evaluation, comparison and search

The study proposes to have a monthly profiling of the customers received at the hospital so as to design customize benefits to them such as a free physiotherapy session. Similar thought was stated in the study by Stone, Bearman, et al. (2004) stating access to important information on consumers & consumer trends enables to design appropriate reward and communication programs leading to greater satisfaction, commitment.

5.2 Understanding from the Study

After the Survey results, it was seen that a revamp was required for certain Marketing related activities since somewhere gaps existed between consumers' expectations and Managements' perceptions. Also, one of the key the strength of the program is that; introduction of e-cards and type 4 discounts could be the differentiating factor. Also, it could be a great selling point for the audiences. It was seen that the staff awareness on the benefits offered to the privilege card holders was somewhere lacking and privilege card holders faced certain technology related

issues when they came to avail the discounted services at the hospital. A large number of respondents weren't satisfied with the benefits offered in the program. Overall, the program was rated as low to medium by the respondents, which implies that there is a scope for improvement and a sweet spot existed at certain areas for which recommendations have been provided below.

5.3 Study and its link with Hospital Administration:

This study might benefit hospital managers' as they would place more emphasis on adopting an integrated service marketing approach to market their healthcare services keeping customer satisfaction the priority. This research also would contribute to the academic and practical knowledge to understand the importance and impact of the marketing strategy of any program on patient satisfaction. Furthermore it is an attempt to recognize the vital role of healthcare marketing in attaining customer loyalty thereby improving the patient satisfaction. The Study also encompasses the various areas in which changes when made would increase the customer loyalty and satisfaction. Not only this, it raises many implications for the hospital administrators, like; considering the role of marketing strategy on overall patient satisfaction scores. These findings would prove to be useful tool for the administrators to understand factors influencing patients' choices.

5.4 Recommendations:

A Comprehensive Marketing Plan for the Revamp Model

5.4.1 Introduction:

The Revamp Model for the Privilege Card Program is an initiative to successfully re-position the Program as a flagship program after analyzing the gaps observed through a community survey conducted with a prime objective of assessing the responses of the people to the program offerings.

5.4.2 Goals and Objectives:

The objectives of this program are in alignment with the hospital's vision and mission. This program is an integrated approach to moving from Mass Market Relationships to a Personalized Approach by achieving the following objectives.

1. increasing the number of members/enrollees
2. generating a satisfactory return on program investment
3. receiving valuable market research data

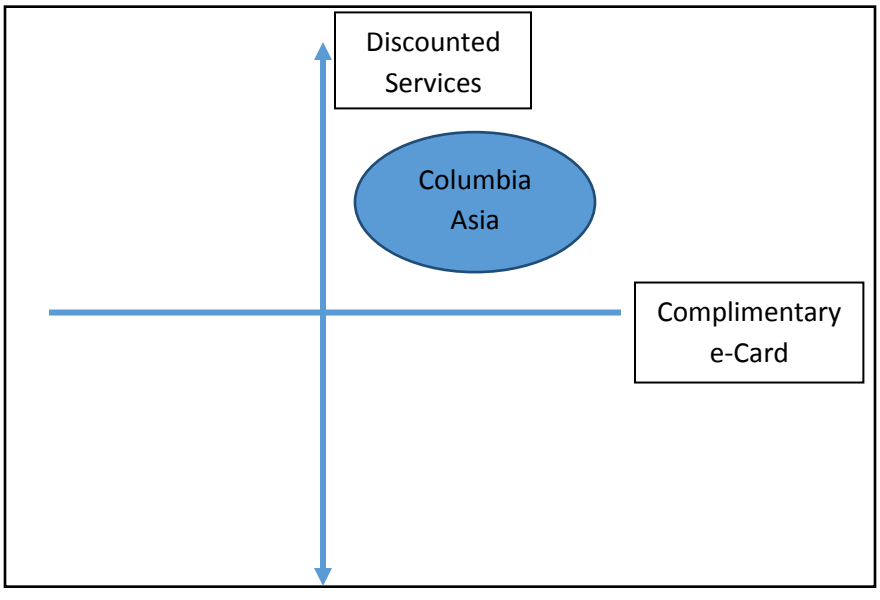
5.4.3 SWOT Analysis of Privilege Card Program:

	Opportunities: • Mushrooming of nearby RWAs • Increased demand of routine health checkups since it is a corporate hub	**Threats:** • Manipal Hospital offering similar discounts • Other hospital coming up in the vicinity
Strengths: • No membership fees • Discounts applicable to all age categories • Accessibility and convenience to nearby RWAs • Annual renewal free of cost	**Sweet Spot**	
Weakness: • No dedicated helpline number for Privilege card holder's queries • Only a single person in a family can avail certain discounts at a particular point of time • Staff Training is not		

upto the mark		

5.4.4 STP (Segmentation, Targeting and Positioning):

- **Segmentation:** The criteria for Segmentation would be:
  a) Demography: Income- All middle class and above category
  b) Geography: All RWAs in and around the radius of 10 km
  c) Behavior: Taking into consideration the needs and wants of the people, there is increased demand for discounts on routine health check ups
- **Targeting:** Existing 38 RWAs + 105 New RWAs
- **Positioning:**
  a) **Positioning Criteria/variables:** The two variables on which this revamped program can be positioned are; complimentary e-card and discounted services
  b) **Positioning Statement:** A Complimentary Privilege Card Program offering special discounts on world class healthcare services.
  c) Positioning Map:



5.4.5 Critical success Factors: Improving the lapses in the following areas would help achieve program objectives.

a) Operational Aspect
b) Technological aspect
c) Promotional aspect

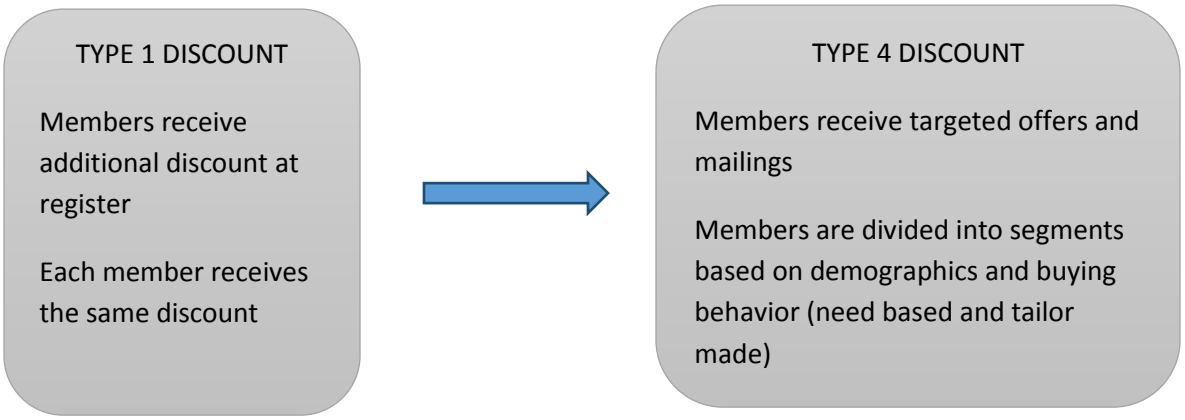
5.4.6 Service Offering:

The Service Offering can be designed prioritizing the customers' needs and keeping in mind the following aspects:

a) **At the Core Level:** Discount on OPD Consultation, Lab, Pharmacy, Radiology
b) **At the Basic Level:**
    - Hassle Free Privilege transactions
    - Improved Staff Behavior
c) At the Expected Level:
    - Less Waiting Time
    - Single point of contact for queries
d) **At the Augmented Level:**
    - Tailor made health care packages
    - Complimentary e-cards
    - Free dietetics and physiotherapy consultations

5.4.7 Communicating Value Proposition: To the target audiences, value proposition is very important in any service. The value proposition for privilege card program can be:

Transition of the privileged customers from type 1 discount to type 4 discount which implies:



5.4.8 Strategic Model and focus areas: The following loyalty reward program characteristics are essential to creating a reward program that will attract, retain, and grow the best customers:

A. Operational Aspect:

- Tagging each patient with the respective RWA privilege code at the first point of contact without fail.
- Creating a Single Point of Contact for any kind of queries with a dedicated helpline number.
- Training and updating staff directly interacting with patients about the new program and their role in it.
- Integration- Streamlining all departments for smooth processing of the reward/ discount offered.
- Monthly updates on the Revenue linked to the cards.

B. Technological aspect:

- Monthly profiling of the members availing the facilities at the hospital- age bracket, gender, services availed.
- To develop an end to end streamlined Privilege Card Offerings System through IT enabled process.
- Developing an e-card system wherein the customers' can avail the discounted services without physically presenting the card.
- To Develop Data mining capability to enable the data to be used for
    - ✓ promotional,
    - ✓ marketing research, and
    - ✓ Segmentation purposes.

C. Promotional Aspect: Developing a Marketing and selling Model incorporating the following:

1. Internal marketing:

- This forms the key to success. So, each one in the hospital should be aware of progress of the marketing initiatives. Ideally a special bulletin along with inside facility branding will help achieve desired results.

2. External Marketing:

- An outreach and effective communication system should be in place- Regular mails and SMS blasters on any health talk, camp, workshop, or recreational activity conducted.
- To reach the community through different channels like School teachers, Senior citizens, old patients of doctors so as to create Brand Recall.
- Direct interaction with the community to strengthen their brand trust by conducting various health camps, diabetic camps, screening camps regularly.
- An interaction session can be organized for the RWA presidents every quarter, discussing their requirements for future health activities for the privilege card holders.

CHAPTER 6

Conclusion

6.1 Executive Summary:

The key findings of the study were: Gender disposition of the respondents showed that around 53% of the respondents were males and remaining 47% were females. The predominant age group in the study was 25-40 years with the average age being 37 years, majority of them belonging to miscellaneous profiles. Majority of the respondents had inadequate knowledge about a single point of contact for their queries. Mostly, all the respondents jointly said that queries resolution, staff behavior, and transactions needed improvement. However, the benefits offered by the program was rated between good and fair in comparison to other hospitals. An interesting thing to note is that in spite of the operational and technical issues faced by the respondents, a majority of them (59%) still developed trust upon the hospital. This might be because of the Brand image and goodwill. However, the most popular source of information was through referrals. This study also highlights that maximum number of the respondents were aware of the tests offered in the discount program and satisfied with the engagement activities conducted for them but many were not satisfied with the benefits offered to them. Overall, in most cases, Columbia Asia Hospital was rated as good by 32% of the respondents pertaining to all the important factors since more than half of the respondents agreed that they would recommend the hospital to others which is an indicator of having good word of mouth publicity.

6.2 Conclusion:

Marketing of hospital services is needed to educate large numbers of people. The study shows that the understanding of customers' choices and preferences necessarily gives an insight to their buying behavior and is an important factor that affects the Privilege program and brand in the market as a whole, which in turn affects the Brand equity. An intensive gap analysis of the consumers' choices and expectations can help develop a comprehensive integrated revamp model for the Privilege Program initiative.

It is clearly understood from this study that targeted healthcare marketing not only molds the hospital's image but may also attract the potential customers, influence their choices and strengthens their preferences, contributing to the loyalty toward the hospital.

The major finding of this study was the operational and technical challenges faced by the privilege card holders that resulted in loopholes in the entire program success. It is noteworthy that our prospects were not fully satisfied with the schemes as they found other hospitals offering better discounts.

The common reported complaints of the respondents included poor compliance with the IT systems as they were not recognized as privileged customers, rude and casual behavior of the staff, and delayed, missed or unsatisfactory responses to the customers' queries.

There is a need to improve the communication system for the program when planning for a re-launch and a comprehensive plan for process improvement has to be in place so as to cater to operational and technical issues.

Annexure-A

The Survey Questionnaire has been given below:

COLUMBIA ASIA

Questionnaire to Assess Privilege Program Effectiveness

1. Name -
2. Name of your residing apartment-
3. Age -
4. Gender -
5. Have you availed the services under the Privilege card Program? Yes No

Please answer the following questions based on the scale below:

1. Needs improvement
2. Fair
3. Good
4. Very good
5. Excellent

6. In your view, how beneficial is the Privilege Card Program? 1 2 3 4 5

7. Please rate us on the following-

Benefits Offered	1	2	3	4	5
Hassle free transactions	1	2	3	4	5
Engagement activities	1	2	3	4	5
Queries Resolution	1	2	3	4	5

Services Provided 1 2 3 4 5

Staff Behavior 1 2 3 4 5

8. In comparison to other hospitals, how much do you rate the Columbia Asia Privilege Offerings?

1 2 3 4 5

9. Answer either Yes/No

a. I am aware of all the tests included/excluded in my privilege card. Yes No

b. I feel that the discounts offered are better than other hospitals I have visited or heard about. Yes No

c. I regularly receive the promotional mails and messages from the hospital Yes No

d. My queries are resolved on time Yes No

e. I am aware of the contact person handling the privilege card holders' queries Yes No

f. I think this program has built more trust in Columbia Asia Yes No

g. I will surely recommend this hospital to others Yes No

10. Please feel free to share any suggestions/feedback

_____

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