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FEASIBILITY AND AUTHENTICITY OF E-APPOINTMENTS OF CORPORATE HOSPITALS IN BENGALURU – A STUDY

MARIA ALEXINA VINOTHA RAJAN

Research Scholar

Department of Commerce

Thanthai Periyar Government Arts & Science College, Tiruchirappalli

Affiliated to Bharathidasan University, Tiruchirappalli

Dr. MEGALA A

Research Supervisor and Guide

Department of Commerce

Thanthai Periyar Government Arts & Science College, Tiruchirappalli

Affiliated to Bharathidasan University, Tiruchirappalli

ABSTRACT

Health care sector being the fastest growing sectors in India and corporate hospitals are equipped continuously with modern medical instruments and advanced technologies in order to provide superior quality of health care services to their patients consistently. Service quality of corporate hospitals is very important for ensuring best health care to patients and improving their image and competitiveness and it is one of the strategies for successful operations of corporate hospitals. At the same time, patients are choosing corporate hospitals for their medical treatments on the basis of features, health care services and quality of services rendered by them.

In present days, corporate hospitals are experiencing high degree of competition in terms of health care services, quality of services, pricing, delivery, effectiveness and service excellence. Marketing mix strategies are playing an important role in expanding health care services, successful operations and profitability of corporate hospitals. Further, policies and procedures for pricing and service excellence and satisfaction of patients about corporate hospitals are essential for their sustainable performance and reputation.

The present research is undertaken in Bangalore city. The Patients of corporate hospitals are decided by employing convenience sampling method for the present research. The data are received from 243 patients of hospitals through structured questionnaire. To study the objectives and test the hypotheses, percentages, mean, standard deviation, multiple regression and Structural Equation Model (SEM) are used.

KEYWORDS: Corporate Hospitals, E-appointments, feasibility, Authenticity.

INTRODUCTION

In the past few decades, there have been tremendous changes experienced in the healthcare sector from a service-based industry to one driven by consumerism and markets. In the context of corporate hospitals, marketing of health-care services has moved beyond mere advertisement or branding to encompass a holistic strategy of patient-engagement, service-quality, and value creation (Purcarea et al., 2019). Health care marketing differs

from other types of marketing in many ways. First, the product being marketed is usually an intangible, variable, and perishable product – namely health care services. Moreover, the patient is not only a consumer of health care services but also a beneficiary and even a co-producer of value (Parkinson, 2023).

One of the main reasons behind the adoption of marketing practices by health care organizations is the increase in competition, high expectations of patients, development of new technologies, and shifts in consumer behavior. For example, in India, with the transition to digitized and mobile health information access, it is essential for hospitals to engage in marketing activities (Intrepy, 2025).

Bangalore corporate hospitals present a dynamic and fast-growing sector of the Indian health care market. There are various issues associated with marketing health care services in this organization, including differentiation, reputation quality, customer satisfaction and loyalty, and alignment with healthcare policies and trends in the market. (Surendra & Raju, 2019)

According to academic literature, marketing of services should take into consideration the characteristics of services such as intangibility, inseparability, heterogeneity, and perishability, and healthcare services are more inclined towards these characteristics. (Murray, 1991). Furthermore, in the health care field, the concept of trust becomes very important since it plays a vital role in international healthcare marketing.

In Bangalore city — a major metropolitan and health-care hub in the southern part of India — corporate hospitals (multi-specialty chain hospitals) have proliferated. These hospitals offer advanced treatments, tertiary care, international-patient services, ancillary services (diagnostics, wellness) and often emphasize brand image and service quality. A recent local study of Bangalore corporate hospitals found that those adopting patient-centric and technologically advanced marketing strategies achieved better patient retention.

Moreover, the advent of digital marketing, telemedicine, and service-experience orientation has become prominent in hospital marketing. For example, Indian hospitals are now using social-media, search-engine-optimisation (SEO), referral programmes, patient-experience tracking and service-blueprinting to enhance competitiveness and patient satisfaction.

REVIEW OF RELATED LITERATURE

Roberts, 2025, Implementation of CRM techniques in fostering patient engagement in UK hospitals

The study by Roberts focused on the effect of CRM techniques on the patient engagement in UK hospitals. The results indicate that CRM is very instrumental in fostering the trust and loyalty of patients. As per the author, CRM is a marketing technique.

Davis, 2025: The role of pricing strategy and patient satisfaction in Canadian hospitals

This research looked at the effect of different pricing strategies on patient satisfaction in Canadian hospitals. Reasonable fees and proper bills played a vital role in gaining trust.

The researcher suggested offering flexible payment options in order to target various economic backgrounds.

Martin, 2024, Accessibility and patient satisfaction in US hospitals

Accessibility aspects like the physical proximity of a hospital and its waiting times have been researched by Martin. In his results, convenience and efficiency were recognized as crucial loyalty drivers. The author stressed that accessibility ought to be promoted in hospital marketing.

Moorman et al., 2024, Rethinking marketing in healthcare

The authors state that marketing in the healthcare sector needs to progress from conventional methods to ecosystem approaches. Moorman et al. discuss disruptions in transactions and emphasize outcome-based propositions of value.

Moorman et al., 2024, Marketing in the health care sector: Disrupted exchanges and new actors

This research extends on the 2023 thesis, modeling how disruptions lead to transformations in the creation, provision, and consumption of care. It calls for a marketing science based on health delivery innovation. Metrics for clinical, experiential, and access results are suggested.

The paper promotes coordination of operational architecture with communication architectures.

Kotler & Keller, 2024, Integrated marketing communications in healthcare

Kotler & Keller examined the impact of the integrated marketing communications approach in promoting hospitals as well as engaging with patients. They argued that using different channels creates consistency and builds credibility.

Moorman et al., 2023, Rethinking marketing in the changing healthcare environment

This article suggests that healthcare marketing should go beyond the traditional approach of B2B/B2C and focus on ecosystem marketing, which involves platforms, payers, and communities. Disrupted interactions on the demand and supply sides after the pandemic are mentioned. This work suggests an outcome-oriented proposition and coordination among different actors. Marketing experts should create evidence-based experiences and contents. Marketers have the responsibility to coordinate complicated multi-stakeholder journeys.

Oliver, 2023, Patient satisfaction and loyalty in healthcare

Oliver investigated the relationship between patient satisfaction and their loyalty and frequency of visit to hospitals in Europe. This study pointed out that satisfaction depends on the effectiveness of treatment and interpersonal communication.

Fombrun & Van Riel, 2023, Corporate reputation in healthcare institutions

Fombrun & Van Riel explored the effect of corporate reputation on patient trust in healthcare institutions. They found that ethical behavior and high-quality healthcare services significantly influence patient loyalty. Reputation is considered an essential component of marketing in this research. They recommended that hospitals implement ethical marketing policies.

Berry & Frow, 2023, CRM and patient loyalty in healthcare organizations

Berry & Frow researched the impact of CRM practices on patient loyalty in healthcare organizations. It was found that personalized communication and feedback channels increase trust to a large extent.

Lewis, 2023, Corporate image and reputation in UK hospitals

In his study, Lewis examined the influence of corporate image on patient loyalty at UK hospitals. Results showed that reputation, ethics, and relationships with well-known doctors were major predictors of patient loyalty. It was found that corporate image is one of the crucial aspects of marketing.

Clark, 2023, Promotional activities and hospital branding in Canadian hospitals

Clark examined the influence of various promotional activities on hospital branding. Such promotional activities included advertising and health awareness programs in Canadian hospitals. Findings showed that informational promotion activities had a positive influence on patients' trust.

Kurolov, 2022, Systematic mapping of digital marketing technologies in healthcare

This study examines the issue of digital marketing in healthcare and technology applied in the process including those such as content marketing, CRM, automation, and analytics. The author focuses on the shifts in consumer behavior and emphasizes that a well-thought digital marketing strategy is critical. There are capability gaps regarding the ability to measure and personalize.

Popa et al., 2022, Exploring marketing insights for healthcare: Trends and perspectives

Popa et al. combine sustainability, engagement, personalization, and performance linkages in their synthesis of health care marketing. Recommendations are grounded in innovation management and organizational performance perspectives. Perceived quality and brand image relationships are emphasized in the results.

OBJECTIVES OF THE STUDY

- To determine the level of feasibility of e- appointments.
- To study the effectiveness of e- appointments.
- To inspect the feasibility and authenticity of e- appointments in corporate hospitals in Bengaluru.

HYPOTHESES OF THE STUDY

- There is no significant feasibility amid authenticity of patients towards e- appointments of corporate hospitals and their demographic profile.
- There is no significant relation amid perception and satisfaction of patients towards e-appointments of corporate hospitals.

METHODOLOGY

Quantitative approach shall be adopted in the current research, supported by descriptive and causal methods of inquiry. Quantitative methodology will be especially beneficial for the research, as it enables collecting and analyzing the quantitative data in order to reveal trends and causes.

On one hand, the descriptive part of the research seeks to represent the current state of corporate hospitals in Bangalore in respect of their marketing activities and patients' perception of these efforts. On the other hand, the causal element of the research will seek to find out the cause-and-effect relationship between marketing dimensions and patients' satisfaction from hospital care.

RESULTS

TABLE 1
PRODUCT OF CORPORATE HOSPITALS

Sl. No.	Product	Mean	Standard Deviation
1.	The services of corporate hospitals are attractive	3.88	0.87
2.	Corporate hospitals always maintain case history of patients	3.70	0.95
3.	Package service of corporate hospitals is good	3.80	0.80
4.	Nurses in corporate hospitals are cooperative	3.36	1.02
5.	Patient care in corporate hospitals is effective	3.72	0.91

Source: Primary Data

The patients are agreed with the services of corporate hospitals are attractive, corporate hospitals always maintain case history of patients, package service of corporate hospitals is good and patient care in corporate hospitals is effective, while, they are neutral with nurses in corporate hospitals are cooperative.

DEMOGRAPHICS OF PATIENTS AND PRODUCT OF CORPORATE HOSPITALS

The combination amongst demographics of patients and product of corporate hospitals is shown as below.

TYPE AND PRODUCT

The combination amongst type of patients and product is shown in Table 2.

TABLE 2
TYPE AND PRODUCT

Sl. No.	Type	Number	Mean	Standard Deviation	t-Value	Significance
1.	Inpatient	527	19.49	3.07	2.937 **	.003
2.	Outpatient	683	18.04	3.48		

Source: Primary Data

** Significant in 1% level

Mean value of product for inpatients is 19.49, while, it is 18.04 for outpatient. It is inferred that product are better for in patients as compared to outpatients.

Significant difference is found amongst type of patients and product since t-value of 2.937 is significant in 1% level.

GENDER AND PRODUCT

The combination amongst gender of patients and product is shown in Table 3.

TABLE 3
GENDER AND PRODUCT

Sl. No.	Gender	Number	Mean	Standard Deviation	t-Value	Significance
1.	Male	747	18.44	3.47	2.389 **	.013
2.	Female	463	19.52	3.21		

Source: Primary Data

** Significant in 1% level

Mean value of product for female patient is 19.52 and it is 18.44 for male patients. It is inferred that product are better for female patients as compared to male patients.

Significant difference is found amongst gender of patients and product since t-value of 2.389 is significant in 1% level.

AGE AND PRODUCT

The combination amongst age of patients and product is shown in Table 4.

TABLE 4
AGE AND PRODUCT

Sl. No.	Age	Number	Mean	Standard Deviation	F-Value	Significance
1.	Less than 20 Years	117	16.88	2.55	10.870 **	.000
2.	21 – 30 Years	317	18.48	2.38		
3.	31 – 40 Years	357	18.62	2.26		
4.	41 – 50 Years	181	19.38	2.09		
5.	51 – 60 Years	138	17.60	2.45		
6.	More than 60 Years	100	17.35	2.80		

Source: Primary Data

** Significant in 1% level

Mean value of product for patients falling under 41 – 50 years of age is 19.38, while, it is 16.88 for patients falling under less than 20 years of age. It is inferred that product are better for patients falling under 41 – 50 years of age as compared to other ages.

Significant difference is found amongst age of patients and product since F-value of 10.870 is significant in 5% level.

EDUCATION AND PRODUCT

The combination amongst education of patients and product is shown in Table 5.

TABLE 5
FEASIBILITY AND AUTHENTICITY

Sl. No.	Education	Number	Mean	Standard Deviation	F-Value	Significance
1.	Secondary	84	17.58	3.96	14.464 **	.000
2.	Higher Secondary	144	17.86	3.45		

3.	Diploma	245	17.97	3.28		
4.	Under Graduation	338	19.17	3.02		
5.	Post Graduation	399	19.33	2.98		

Source: Primary Data

** Significant in 1% level

Mean value of product for patients having post graduation is 19.33, while, it is 17.58 for patients having secondary. It is inferred that product are better for patients having post graduation as compared to other educations.

Significant difference is found amongst education of patients and product since F-value of 14.464 is significant in 1% level.

OCCUPATION AND PRODUCT

The combination amongst occupation of patients and product is shown in Table 6.

TABLE 6
OCCUPATION AND PRODUCT

Sl. No.	Occupation	Number	Mean	Standard Deviation	F-Value	Significance
1.	Business	177	18.10	3.42	3.198 **	.013
2.	Professional	230	17.21	3.75		
3.	Government Sector	306	18.36	3.36		
4.	Private Sector	347	18.90	3.23		
5.	Retired	150	18.17	3.85		

Source: Primary Data

** Significant in 1% level

Mean value of product for patients working in private sector is 18.90, while, it is 17.21 for patients in professional occupations. It is inferred that product are better for patients working in Government sector as compared to other occupations.

Significant difference is found amongst occupation of patients and product since F-value of 3.198 is significant in 1% level.

WORKING EXPERIENCE AND PRODUCT

The combination amongst working experience of patients and product is shown in Table 7.

TABLE 7
WORKING EXPERIENCE AND PRODUCT

Sl. No.	Working Experience	Number	Mean	Standard Deviation	F-Value	Significance
1.	Below 4 Years	189	18.51	3.99	.814 ^{NS}	.516
2.	5 – 8 Years	262	18.25	3.31		
3.	9 – 12 Years	315	18.37	3.53		
4.	13 – 16 Years	291	18.57	3.37		
5.	Above 16 Years	153	18.83	3.25		

Source: Primary Data

^{NS} Non Significant

Mean value of product for patients possessing above 16 years of working experience is 18.83, while, it is 18.25 for patients possessing 5 – 8 years of working experience. It is inferred that product are better for patients possessing above 16 years of working experience as compared to other work experiences.

No significant difference is found amongst working experience of patients and product since F-value of 0.814 is not significant.

MONTHLY INCOME AND PRODUCT

The combination amongst monthly income of patients and product is shown in Table 8.

TABLE 8
MONTHLY INCOME AND PRODUCT

Sl. No.	Monthly Income	Number	Mean	Standard Deviation	F-Value	Significance
1.	Less than Rs.30,000	165	18.34	3.35	.757 ^{NS}	.553
2.	Rs.30,001 – Rs.40,000	311	18.30	3.67		
3.	Rs.40,001 – Rs.50,000	351	18.38	3.55		
4.	Rs.50,001 – Rs.60,000	247	18.69	3.43		
5.	More than Rs.60,000	136	18.77	3.13		

Source: Primary Data

^{NS} Non Significant

Mean value of product for patients obtaining income of more than Rs.60,000 is 18.77, while, it is 18.30 for patients obtaining income of Rs.30,001 – Rs.40,000 monthly. It is inferred that product are better for patients obtaining income of more than Rs.60,000 monthly as compared to other monthly incomes.

No significant difference is found amongst monthly income of patients and product since F-value of 0.757 is not significant.

MARITAL STATUS AND PRODUCT

The combination amongst marital status of patients and product is shown in Table 9.

TABLE 9
MARITAL STATUS AND PRODUCT

Sl. No.	Marital Status	Number	Mean	Standard Deviation	t-Value	Significance
1.	Married	945	18.09	3.50	3.756 ^{**}	.000
2.	Unmarried	265	19.72	3.31		

Source: Primary Data

^{**} Significant in 1% level

Mean value of product for unmarried patients is 19.72, while, it is 18.09 for married patients. It is inferred that product are better for unmarried as compared to married patients. Significant difference is found amongst marital status of patients and product since t-value of 3.756 is significant in 1% level.

TYPE OF FAMILY AND PRODUCT

The combination amongst type of family of patients and product is shown in Table 10.

TABLE 10
TYPE OF FAMILY AND PRODUCT

Sl. No.	Type of Family	Number	Mean	Standard Deviation	t-Value	Significance
1.	Joint	420	18.76	3.55	2.086 [*]	.037
2.	Nuclear	790	18.32	3.44		

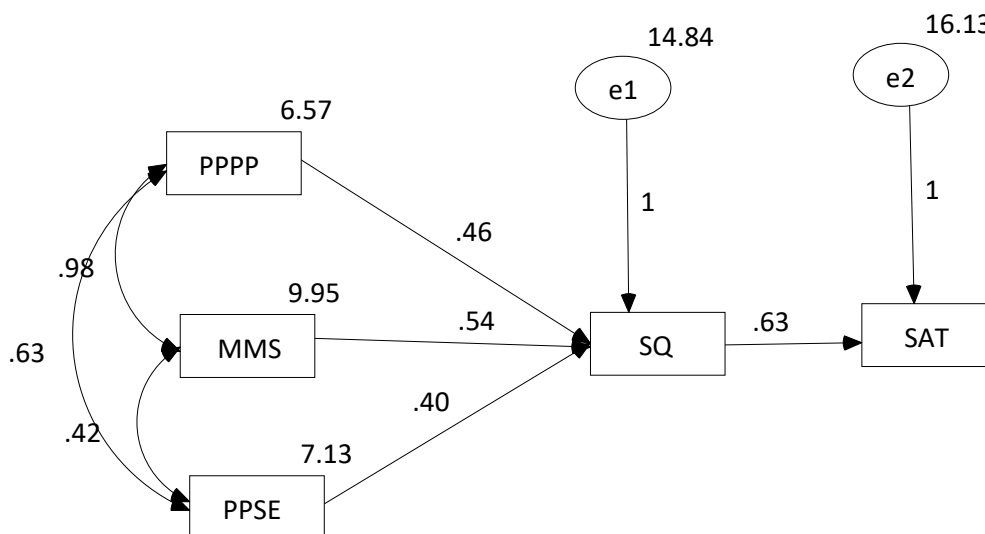
Source: Primary Data

^{*} Significant in 5% level

Mean value of product for patients having joint family is 18.76, while, it is 18.32 for patients having nuclear family. It is inferred that product are better for patients having joint family as compared to nuclear family.

Significant difference is found amongst type of family of patients and product since t-value of 2.086 is significant in 5% level.

FIGURE 1
PATH DIAGRAM FOR FEASIBILITY OF CORPORATE HOSPITALS



The model fit indices are shown in Table 1

CONCLUSION

Corporate hospitals are providing a variety of health care services to their patients and most of them are matching with requirements of their patients and there is a room for improvement of certain health care services of corporate hospitals in order to meet needs of their patients. Corporate hospitals are offering superior quality of health care services to their patients and they are following effective policies and practices for pricing and payment for various health care service offerings.

Corporate hospitals are adopting effective marketing mix strategies for marketing of their health care services amongst various segments of patients and they are using effectual policies and practices for service excellence of doctors, technicians and supporting personal in order to deliver high standard of health care services to their patients. Corporate hospitals are offering different health care services that are satisfactory to their patients and they are continuously working to improve their health care service offerings and to enhance satisfaction of their patients. Corporate hospitals are adopting modern and innovative methods in health care delivery system and it improves efficiency of health care services and experiences of patients.

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