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DEPARTMENT OF ECONOMICS, ENTREPRENEURSHIP
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MASTER THESIS

Topic: «Ways to improve the efficiency of private hospital business administration»

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List of illustrations: testing of one hypothesis, testing of third hypothesis.

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1. This Assignment is to be attached to the clarification summary of Master Thesis.
2. Apart from Assignment, student is expected to receive from the supervisor the time schedule on preparing Master Thesis during project period with indication of terms of accomplishment and workload for each stage.

SUMMARY

One of the essential industries in every economy is health care. Slow economic growth risks a country with lousy health systems and policies. The private health industry has risen rapidly in recent years and is now a key source of health care for many people. However, the performance of several of these institutions has been declining due to factors such as inadequate medical care, medical malpractice, carelessness, rising medical costs, and the employment of unqualified workers. These concerns have resulted in poor service delivery, a negative public image, and customer attrition, leading to a drop in private hospital performance. The primary purpose of this study is to look into ways to improve the efficiency of private hospital business administration. Textbooks, journals, related literature, and the internet were used for this research. The study concluded that inadequate financing and insufficient internally generated revenue are due to improper record keeping, clearly defined objectives, and effective leadership. Bureaucracy and government meddling in management decisions add to the challenges posed by hospital administrators. In most hospitals, workforce training and development are ineffective. Furthermore, this study recommended that Transparency, accountability and the decision-making process all require performance evaluation to improve through the adoption of best practices. Hospitals must be evaluated for their effectiveness and efficiency to secure long-term support. The review of these two characteristics contributes to resource allocation optimization in healthcare, which improves economic and social well-being.

Keywords: efficiency, hospital, business, business, administration.

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INTRODUCTION

The health industry is one of the most critical sectors in any economy. A country with poor health systems and policies is vulnerable to slow economic growth. Residents' productivity levels may be negatively impacted when they become ill or die from treatable and avoidable diseases. According to the World Health Organization (WHO), *health* can be defined as "a condition of complete physical, mental, and social well-being," It has an unmistakable independent value since it promotes balance and equilibrium in all human systems. That is why the third principle ("excellent health and well-being") of the seventeen (17) Sustainable Development Goals (SDGs) that make up Agenda 2030 emphasizes the importance of good health (Unido, 2016). Aside from its self-evident and undeniable importance to human beings, health impacts labor productivity. Physical and mental readiness can potentially improve it (assuming all other parameters are constant) because it ensures the energy and availability of human capital are limited by illness-related limitations.

The government has a legal obligation to provide high-quality health care to its population, whether private or public. However, due to a lack of resources, public health services cannot fully fulfill the entire population's medical needs. Consideration has been believed to be the privatization option to tackle the approaching numerous public health problems, which has increased the number of private hospitals in developing countries (Tiemann & Schreyogg, 2019).

The healthcare industry is undergoing enormous and rapid change, forcing healthcare companies to continually improve to maintain a strong and globally competitive healthcare system. Thanks to these improvements, the value of healthcare services may now be measured by the extent of access to effective, appropriate, and efficient care as a basic necessity of any healthcare system (Moulin, 2014).

According to Meltem (2012), the lack of skilled doctors and nurses and their unfavorable attitudes and behaviors and overcharging for medical services are key

hurdles to the use of private hospitals' medical services. Therefore, private hospitals must engage qualified medical practitioners with a good attitude and use cost-effective pricing mechanisms for medical services. Public and commercial hospitals are focused on service quality in terms of financial and non-financial performance to acquire competitiveness in the highly competitive healthcare industry. The degree of excellence, like other intangible and heterogeneous services, is difficult to evaluate because contributors differ in terms of their interests and integrity, hence the drive to provide excellent service to gain a competitive edge through an effective marketing strategy (Mantymaa, 2013). From both public and private health perspectives, a robust health system should provide the right services, both personal and population-based, in the right places, at the right times to all those who require those services, including all preventive, promotable, remedial, rehabilitative, and palliative services. For the sake of population health and lifespan, health systems are evaluated to provide accessible, safe, high-quality, efficient, and equitable care.

The World Health Organization (WHO) promotes the establishment of financial mechanisms that will allow all people to access services they are entitled to without having to shoulder an insurmountable financial burden. The WHO advocates the development of healthcare systems that protect the poor from having to pay for services, acknowledges the near-impossibility of finding appropriate funding sources for the system, and emphasizes the importance of making the best use of limited resources (WHO, 2010).

1 CHAPTER ONE

1.1 Statement of the Problem

The healthcare industry is one of the most dynamic, with significant technological advancements and sophisticated patient preferences and demands. This has fueled the demand for quick advancements in healthcare performance measurement in private hospitals, making it increasingly important for healthcare providers to increase data collecting, analytical tools, policy development, and execution of the optimal mix of marketing strategies. The private health sector has grown significantly over time and is now a significant source of health care for many people. However, due to issues such as poor medical care, medical malpractice, negligence, rising medical costs, and the employment of unqualified employees, the performance of several of these institutions has been falling. These issues have resulted in poor service delivery, resulting in a negative public image and customer attrition, which has led to a fall in the performance of private hospitals. The need for private hospitals to embrace massive marketing strategies has been considered by the desire to recover from the negative public image they have created and the need to deal with major advances in the competitive business environment and the demands for health services business administration.

The major goal of this article is to look into approaches to make private hospital business management more efficient; other objectives include to:

- determine the tactics employed by private hospitality to enhance efficiency in the healthcare sector;
- determine the techniques utilized by private hospitality to improve efficiency in the healthcare sector;
- determine how effective personnel enhances private hospital health care.
- The impact of philanthropic financing on the financial viability of private hospitals

- Make suggestions about how to overcome these obstacles.

In order to provide solutions, the following research questions are posed:

- What are the tactics utilized by private hospitality to increase efficiency in the health care sector?
- How important is donor funding in ensuring the financial viability of private hospitals?
- This research uses available literature as a primary source of information and data to attempt to answer the questions mentioned earlier.

1.2 Literature Review

Concept of Performance Measurement Effectiveness and Efficiency

Performance measurement is a useful tool for effective management and control, not an aim in itself. Despite some inherent obstacles to universal and unquestionable acceptance by all parties involved, performance appraisal is a valuable tool that promotes transparency, holds management accountable, and provides it with the data needed to improve organizational effectiveness and efficiency for the benefit of all stakeholders, if it is used in an orderly manner while keeping in mind its limitations (Behn, 2017). According to a well-respected patriarch of management, "what gets measured, gets controlled." "Performance has become decisive way beyond the economic or even social realm," he claims (Drucker, 2016). He also believes that the organization can only prosper if it can combine effectiveness and efficiency in its operations. Efficiency without effectiveness (by "doing the wrong things right") leads to "heroic failure," whereas effectiveness without efficiency leads to "survival."

According to the renowned management guru, "effectiveness is doing the right things, while efficiency is doing things properly," a reliable performance tool must at least assess effectiveness and efficiency as the final dimensions of the optimality of an

entity's resource allocation. He gives the most important role of ineffectiveness, which is attaining the strategy's objectives. He does not obviate the task while emphasizing the importance of operational efficiency in pursuing the prevailing aims. However, he does not intend for the desire for efficiency to derail the strategy-making process and result in goal relocation in the name of efficiency. As a result, he argues, "there is surely nothing quite so useless as doing what should not be done at all with great efficiency" (Drucker, 2016).

This is the foundation of our effort to measure performance based on effectiveness and efficiency and the guide for applying the equivalent input and output variables, and the analysis tool to complete the assignment. In today's company and organizational management, the phrase "measure, assess, and improve" is frequently promoted and practiced. It is thought that whatever is adequately measured is better managed and improved because "if you can't measure it, you can't improve it" (Prusak, 2017). We believe that performance measurement is carried out with the proper prudence and awareness of the task's limitations and traps, which can only lead to more effective and efficient resource allocation for the benefit of society as a whole. We oppose overconfidence in measuring tools, particularly those utilized in isolation, and any flaws in their implementation that could lead to key metric shenanigans and opportunistic performance outcomes. We attempt to combine measuring methods and involve all stakeholders to build checks and balances to help us get the best solution possible without wasting scarce resources, especially in the healthcare sector.

As the present Covid-19 pandemic reminds us, this is a critical role for the government, especially during economic distress. As a result, the most appropriate performance assessment must quantify how well an organization (a hospital) satisfies the needs of its clients (patients). It illustrates the hospital's commitment to doing the "right thing." However, in order to continue and grow in the long run, it must profitably serve its customers (and provide liquidity), ensuring a sufficient level of return on capital invested (for the level of the risk involved). It can only be achieved by efficiently utilizing

resources and operating economically, i.e., if "it does things well" in achieving the objectives. As a result, a good performance assessment apparatus must include both effectiveness and efficiency. Both are required for long-term survival, which is a requirement for keeping investors and other stakeholders satisfied and securing capital inflows for future investments (for development).

On the one hand, external and internal operation proficiencies contribute to consumer and other external stakeholders' satisfaction (suppliers, banks, state, etc.) and stockholders, management, and staff, who are the key internal stakeholders. External and internal harmonious alignment confers on the organization an adequate market share, allowing it to cover all expenses and generate sufficient profit. The proper matching of a firm's internal and external (industry) environments results in profitability and return on capital invested.

The Concept of Technical Efficiency

A method of producing a set of outputs is said to be efficient if no other method of producing the same set of outputs with less of at least one of the inputs can be found, given the current state of technological knowledge. In other terms, a production technique is inefficient if the same set of products may be acquired with limited resources. A manufacturing process is also efficient if more outputs cannot be acquired from a given set of inputs without increasing inputs through another method or combination of methods (Chakravarty 2016). As a result, one decision-making unit, such as a hospital, is seen more efficient if it produces more outputs from a given set of inputs than another or uses fewer inputs to attain the same level of outputs as another. A technically efficient production unit is said to be at the cutting edge of production.

Definition of Private Hospital and Functions of the Hospital

Private hospitals, including for-profit and non-profit hospitals, are mostly owned

by private individuals. Patients, insurers, and foreign embassies all contribute money. Private hospitals are a frequent feature of most healthcare systems worldwide but to various degrees. A private individual or non-profit organization owns a private hospital. Patients, insurers, governments privately support it through national health insurance programs or foreign embassies that pay for medical services. This practice is fairly common in the United States, Chile, France, and Australia. Private hospitals are different from the significantly more common National Health Service establishments in the United Kingdom. Though a hospital has numerous duties, they are all secondary to its primary goal and must never be permitted to take away from the care provided to the sick and injured. As a result, a hospital's primary functions can be classified into four categories:

➤ To provide medical and surgical care to the sick and injured: This might be accomplished by accommodating them following their physical and economic circumstances. When we talk about physical condition, some patients are seriously ill and require admission to an intensive care unit. In contrast, others are not seriously ill and can be accommodated elsewhere (for example, in a deluxe room, a single room with and without air conditioning, a semi-private room, or a general ward) depending on their financial situation. Some patients may need to be isolated. They should be kept in separate rooms in that situation, but the building should be kept in good order, appealing to the eye, and providing the patient with every mental and physical comfort possible. Every hospital should include enough diagnostic and treatment facilities, such as a medical laboratory, X-ray, ultrasound, MRI, and C.T. scan for diagnosis and an operation theatre for surgery, labor rooms for delivery, a nursery for children, and physical therapy for patient rehabilitation.

➤ Medical, nursing, and other personnel education: They are educated in theory and practice at accredited schools and universities. As a result, as a complicated and specialized organization, a hospital must employ highly skilled staff who can train others. Different associations/councils play an essential role in the field of medical and

paramedical education, in particular. They do hospital surveys and give their approval. Only these recognized hospitals are allowed to give medical, nursing, dietetics, pharmacy, physiotherapy, administration, medical social work, medical record library, X-ray and medical record technology, and other types of training. Capable boys and girls should be drawn to courses that provide them with a decent wage, possibilities for self-development, and an acceptable level of security.

➤ Disease prevention and health promotion: It is the responsibility of hospitals to work with government agencies. They can treat patients with communicable and non-communicable diseases, report any communicable disease to authorized authorities, participate in government immunization programs, and so on.

➤ Advancement of scientific medicine research: This is a vital duty in light of the broad social responsibility for preserving and restoring health, but no hospital is permitted to conduct direct experiments on patients. It will have to conduct appropriate studies in labs and on animals. They can do so by examining how the human body functions in health and disease, but they will have to do so. Keep accurate clinical records of patients. They must hire certified and trained medical record technicians who will preserve the records so that they may be accessed by physicians and surgeons at any time.

Concept of Hospital Ethics

Hospital codes of ethics are inextricably linked to physician codes of ethics. To provide care to the sick and injured, they must both follow their principles. The hospital code of ethics was formed over half a century ago, while the code of ethics for physicians dates back to the time of Hippocrates, who flourished between B.C. 460 and 377. The hospital's code of medical ethics has now become its fundamental law, and it applies to all of its employees, including the trustees. The trustees are obliged to hire a qualified administrator to keep correct records, offer facilities that meet community requirements, establish fair regulations, set professional standards, and protect patients during their stay

at the hospital.

There should be neither solicitation for patients nor undesired publicity of any kind whatsoever. Similarly, personnel of the various professions and avocations are required to maintain the dignity and honor of their profession by discharging their responsibilities to ensure that all patients receive the best care without any unnecessary delay; secrecy about their diseases is maintained, and they are not harassed in any way.

The major responsibility of the administrator of a hospital is also to follow hospital ethics. His relationship with the trustees should be respectful, refraining from any violation of their confidence. He should be courteous in dealing with patients and relatives. No administrator of any hospital can be successful without having a cordial relationship with the medical staff. It is his obligation to understand their challenges if any, and to resolve them as soon as possible so that they can provide the best possible care to the sick and injured. The hospital's code of ethics explicitly indicates that the hospital's principal responsibilities are to provide treatment to the sick and injured, to teach scientific knowledge to its employees, to prevent disease and promote health, and to develop research in health-related subjects. Though the hospital has numerous roles, they are all subordinate to the obligations listed above and must never be allowed to interfere in any way.

The very confidential information provided by a patient, as well as observations made by hospital staff during examination and treatment, should be treated as a sacred trust and should never be exposed except in scholarly discourse or in a court of law. The patient's modesty is essential. No one, including the treating physician and the nurse, has the authority to unnecessarily expose the patient. When this rule is broken, a patient's faith in the hospital staff is shattered. As a result, all hospital personnel, including physicians, nurses, laboratory and X-ray technicians, physiotherapists, and others, should avoid any actions that might cause the patient to lose trust because whatever the patient says, he says it in good faith and expects that everything he says will be kept private and used only for treatment purposes. Sincerity, reliability, sobriety, and a calm/balanced

temperament are required of those who care for the sick and injured for practical reasons; otherwise, the hospital may lose its respect not only in the eyes of the patient but also in the eyes of the community, because each patient belongs to one of two communities.

Nature and Scope of Private Hospital

A society is made up of people. A healthy society is made up of healthy people. Every culture, however, has its share of ill people. Illness, infirmity, and disease may be a scourge for society, but their sufferers are not. They are just as much a part of society as the healthiest people. Those who were healthy never helped or looked after the sick in those days. It was common practice to regard such a person as a spent force, no longer helpful to society. As a result, a sick person's fate was full seclusion from society. There was no attempt to determine the causes of the illness or to offer remedies. The notion held that disease was either caused by demonic spirits or was a punishment for one's transgressions. Later, by appeasing or scaring away the bad spirits with a counter-curse, the "tribe" took on the obligation of looking after the sick who were thought to be victims of a magic spell. As civilization progressed from the individual to the family, then the tribe, and finally the organized community, society recognized a shared duty for the sick. Man did not seek to cater to the welfare of his fellow beings until civilization advanced (other than his own kith and kin). Dependency develops as a result of illness. The sick require medical attention, nursing care, and a place to stay. The hospital was created with the birth of modern society to respond to the needs of the sick.

Determinants of Economic Efficiency In The Health Sector

Health care is heavily controlled and frequently provided directly by the government. The indivisible consequences of clinical, operational, managerial, and policy decisions on service performance are reflected in inefficiency. This is true not only for assessing the health sector's overall efficiency but also for comparing technical

efficiency among particular service providers. As Palmer (2017) points out, a hospital is not like a typical market-sector organization, and it cannot be valued as if it were engaged in a set of well-defined production activities and making managerial decisions under the supervision of a single transactor.

Health care policy, according to Drummond (2017), can influence the distribution and usage of health care technology and infrastructure in two ways: directive and incentive. The planning and funding of infrastructure, expert divisions, or specific techniques are used to enact directive regulation. This mechanism is mainly applicable to costly therapies and "big ticket" technologies, which typically require major research funding and a large enough number of service recipients to be viable. Incentive-based regulation, on the other hand, is implemented through budgetary limits and reimbursement schemes (including private insurance) for healthcare providers. Depending on institutional arrangements and policy contexts, the health sector may use a combination of the two processes. Regulation by the directive is really common in publicly funded health care systems like the United Kingdom and Australia, whereas regulation by incentive is more common in market-driven health care systems like the United States.

Concept of Management Efficiency in Private Hospital

Efficiency, according to management theorists, is a ratio of impact to costs. However, the authors have differing opinions on what constitutes effective management effects. According to historical evidence, the managerial consequence of scientific management is an increase in staff productivity (Taylor, 2018), whereas administrative management emphasizes subordination within a corporation. The concept of management formalization arises from a quantitative management paradigm, in which the managerial effect is assessed in monetary units. Due to the fact that some quantitative models demand unreasonable or baseless assumptions, this proved to be impossible in

some circumstances (Griffin, 2019).

Despite this, some studies propose that management efficiency be measured as the ratio of additional profit generated by choice to the action's cost. Because the link between the decision and the financial results is not always direct, this strategy is restricted in its utility. Another issue with estimating managerial efficiency is that some modern management theories only use one scale to quantify efficiency. Brogan (Brogan 2016), who compares old and new myopia in management performance, emphasizes this aspect. One such philosophy is value-based management, which emphasizes the importance of shareholder value as the primary metric.

Although it is said that value-based management should be utilized in conjunction with the balanced scorecard, actual evidence reveals that using the strategy led to high shareholder value despite the potential for postponed costs. The measurement systems that led to Enron's demise must be questioned. This and other recent crises highlight the importance of assessing managerial effectiveness on multiple scales. Several scholars have looked into the relationship between management efficiency and the aspects that influence it. Klein (Klein, 2012) discovers that companies with more independent board members have high-quality accruals. Bertrand and Schoar (2015) assess the impact of management style on managerial efficiency, while Huang et al. (2006) investigate the association between profitability and CEO reputation.

Demerjian (2016) looks at the link between managerial skill and profits quality and proposes mathematical tools to measure it. Additional studies look at the relationship between management efficiency and human capital (and provide a tool for calculating it. Norton and Kaplan (2005, in Russian) were the first to raise the issue of achieving a balance within company management, and it was later employed in consulting projects. The main notion is that both financial and non-financial measurements should be used to assess a company's efficiency.

Olve, Roy, and Wetter (2016, in Russian) present a framework for applying strategic cards to various industries, emphasizing the link between balance and firm

performance. Gershun and Gorsky discuss some of the problems surrounding the use of balanced scorecard technology for enterprise efficiency management (2016, in Russian). Specifically, the balance model utilized in cultural change tools and the ratio between financial and non-financial variables in a scorecard. The impact of value balancing on firm success is estimated by (Barrett 2017).

Management Skill on How To Improve The Efficiency Of Private And Public Hospitals

Effective management is the key to success for any business, and the same can be said for hospital systems management.

1. Training of Hospital Staff: New hospital workers must be competent hospital administrators. Hospital staff should be encouraged to participate in ongoing training to improve their capabilities. Current employees should be trained in management and technology (e.g., cloud picture storage), with in-house training also available.

2. Use Innovative Technology: Hospital system automation can be helpful to all parties concerned. For example, using DICOM or cloud image storage can minimize the number of people needed to handle various parts of the hospital, resulting in more efficient management.

3. Accountability is Key: Employees should be held accountable for their daily, weekly, and monthly obligations. If every member of the hospital staff, including senior doctors, follows this and is held accountable for their assigned tasks, the hospital will run more smoothly.

4. Implement a Managed Care System: Hospitals should already have a managed care system in place, but it can be improved to make daily activities more efficient. This includes physician timeliness, no operation delays, and well-managed stock for in-demand drugs.

5. **Create an Effective Communication Strategy:** Communication can be a difficult issue for hospitals to address, but failing to do so can lead to bad management. Communication channels should be tailored to the hospital's specific needs.

6. **Identify Vulnerable Areas:** It is important to know where your hospital has been failing. It is only by identifying these areas that you can then focus on the areas that are vulnerable and work to strengthen them. The most qualified staff can then be applied to these areas to ensure effective management.

7. **Maintain Contact Information:** Staff information can be changed without the hospital's knowledge. As a result, it's critical to keep staff contact information up to date, as outdated information can harm patients and reveal ineffective management.

8. **Keep an eye on important departments:** In the hospital, departments like the emergency room and admissions may demand more attention. In these areas, good hospital administration ensures that the best people and processes are working efficiently.

9. **Remain Patient-Centred:** Regardless of the creative measures plan taken in the hospital, the patient should always come first. It doesn't matter if the staff is friendly or if the equipment is cutting-edge if the patient is in pain. As a result, effective hospital management requires a patient-centered approach.

Concept of Marketing in Private Organization

According to the 'marketing principle,' an organization should anticipate the requirements and wants of future customers and meet them more effectively than its competitors in order to achieve its organizational goals. This idea came from Adam Smith's book *The Wealth of Nations*, but it would take nearly 200 years for it to catch on. Marketing Concepts and Marketing are inextricably linked. Marketing is the process of bringing the right goods, services, or ideas to the right people at the right time, location, and price, using the proper advertising strategies, and employing the right people to give customer support for those things, services, or ideas. This concept is known as the "correct" principle, and it serves as the foundation for all marketing strategies. Marketing

can be defined as the process of determining the requirements and desires of future purchasers (whether companies or consumers) and then supplying goods and services that meet or surpass those buyers' expectations. Exchanges are what marketing is all about. An exchange occurs when two persons exchange something of value in order to meet their individual needs or desires. In a normal transaction, a customer exchanges money for a product or service. Nonmonetary items are traded in some exchanges, such as when a volunteer for the business charity receives a T-shirt in exchange for their time. Some individuals believe there is no distinction between marketing and sales. This is a frequent misperception. They are two distinct items that both contribute to a company's strategy. Sales are actually selling a company's products or services to clients, whereas marketing entails expressing the value of a product or service to customers in order for it to sell.

2 CHAPTER TWO

2.1 Empirical Review

In order to meet a variety of patient requirements and wishes, health service organizations typically offer a wide range of health service goods to a variety of patient groups (Einspruch,2016). Because of their features of intangibility, inseparability, heterogeneity, and perishability, services differ from products. A health service is one that aims to influence a person's health directly or indirectly through a series of processes carried out by medically trained individuals. Hospital services are primarily intangible, while physical items are available. They are divided into three categories: diagnostic, therapy (medicine), surgery, and post- operative care. Supplementary services such as pharmacy, billing, patient admission facilities, record keeping, meals, and security are examples of tangible products. The additional services help to make the intangible character of the services supplied more important compared to other facilities. The hospital industry is a knowledge- based industry in which services are delivered by a team of professionals that includes doctors, nurses, paramedical staff, and front-office personnel (Dhanda & Kurian,2018).

In marketing mix strategies, product strategies are regarded as the essential approach. Because the product is at the heart of the marketing mix strategy, this is the case. Line services, supportive services, and auxiliary services are the three types of hospital services. Inpatient, outpatient, and emergency services are examples of line services, often known as core services. Supportive services, which directly affect the quality of medical care, include services provided by medical and paramedical personnel. Ambulatory services, nutrition services, indoor and outdoorpatient registration services, engineering and maintenance services are all examples of auxiliary services that contribute to making hospital services more effective and efficient (Jager and Plooy, 2019).

Elekta Company in Sweden conducted a study in the health care business to

explore the impact of service marketing in the health care industry. In terms of making services more visible and similar for customers, the study showed the importance of service standardization and differentiation as strategies to improve service quality, customer networking to build trust connected with culture in cross-cultural and domestic services marketing, and customer networking to build trust connected with culture in cross-cultural and domestic services marketing. Because of the rapid changes in the business environment, firms are under a lot of pressure to compete, and service quality has become a significant concern in this context. In a worldwide economy, service quality is a critical aspect in improving organizational performance.

Many service industries, such as health care, are suffering increased competition, according to Shodhganga (2019). Brands that are successful not just on the market but also in the minds of customers are strong. The hospital's brand image is shaped by its products. As a result, service initiatives will be effective weapons in a competitive market as well as a means of generating new demand.

According to Sutter (2018), health care companies and organizations around the world are increasingly adopting sustainability as a business strategy, and one method to do so is to make their services competitive. One of the most important aspects of hospital service strategy is to address the issues that are caused by service characteristics. This can be accomplished through a variety of high-quality services, branding strategies, new service development, and customer service. An empirical study on the effect of brand name on customer loyalty conducted by Chao-Chan Wu (2011) among private health providers in China found a favorable association between hospital brand image and patient loyalty.

According to Narang (2018), healthcare delivery has a statistically significant impact on patients' perceptions. As a result, a company must not only establish an initial quality standard but also maintain it. A hospital might try to improve and maintain high-quality service delivery by carefully selecting, educating, and rewarding healthcare providers, as well as enhancing facilities.

2.2 Theoretical Framework

Abraham Maslow's Hierarchy of Needs Theory

Abraham Maslow, a renowned psychologist, proposed the Hierarchy of Needs hypothesis in his book *Motivation and Personality*. He stated that human wants might be divided into five categories, each of which can be arranged in a pecking order from most important to least important. These included basic or physiological requirements, as well as safety, belongingness, esteem, and self-actualization. He believed that an individual's first motivation is to meet physiological demands before considering other factors. This is due to the fact that physiological demands, also known as fundamental needs, are required for an individual's survival. As a result, after these basic wants are met, the individual who is now moving up the hierarchy in search of safety needs no longer sees them as main motivators. When the self-actualization needs are met, the process continues. In the workplace, the argument is reasonable to some extent, as people who lack basic needs for survival such as food, oxygen, and water will be unable to make a substantial contribution to productivity and thus will put in little effort at work. Jennifer and George (2006) agreed that people from all walks of life attempt to meet five basic needs: physiological, safety, belongingness, esteem, and self-actualization. They stated that these needs are organized in a hierarchy, with the most basic need, physiological, at the top and safety needs at the bottom (Jennifer & George, 2006).

They believed that requirements at the most basic level should be met before higher-level demands could be met. This hypothesis is based on the idea that people are motivated by unmet needs and that meeting those needs at the bottom of the pyramid only leads to pursuing the fulfillment of those at the top. This theory proposed that in order for an individual to behave in a selfless manner, all of their needs, including deficiency and growth requirements, must be met. As a result, as long as people are interested in fulfilling their objectives, they are progressing toward self-actualization or

growth. In a business setting, this means that if employees are unable to fulfill their desires, they will lose motivation to work and perform well in the performance of their duties to the corporation. Maslow felt that wants could never be completely satisfied and that needs that are partially met cease to be motivators. As a result, managers must know the position of members of their workforce in respect to the hierarchy in order to encourage them appropriately, keeping in mind that motivational tools should be adapted to fit their desires in order to boost productivity (Robbins, 2011).

This theory provides organizations, particularly in the domain of management, with a better knowledge of the factors that excite or affect a worker's behavior and levels of work performance inside a company. Individuals have a variety of wants that are active at different times, according to the notion, and only unmet needs can influence behavior. As a result, managers must detect and comprehend the current demands of their workforce in order to appropriately encourage individuals at their workplace.

- **Physiological needs:** they are the demands that are at the bottom of the pyramid, often known as basic human needs. They include the need to ensure that basic natural drives such as food, air, water, and shelter are met. Maslow believes that businesses should offer employees a salary or other form of compensation that helps them cover the costs of a decent standard of living. Managers, it was believed, can help meet these demands by ensuring that workers' pay is sufficient to meet their needs.
- **Safety needs:** This is the need for security, which includes the demand for protection and freedom from any type of harm, whether physical, mental, or financial. After basic survival needs have been met, such wants are promoted. They refer to a worker's desire for a more secure and pleasant work environment free of potential dangers or injuries. Businesses aim to satisfy these objectives by offering safety equipment, such as helmets, health and well-being programs, safety equipment, safety clothing and boots, and so on, to their employees. The reasoning is to ensure that workers are motivated to perform effectively and do

their tasks successfully, free of tension or injury, in a workplace they believe is safe. Executives can help meet these needs by providing enough job security, health benefits, and a safer working environment.

- **Belongingness needs:** expresses the desire for a sense of belonging, approval, rapport, and affection among employees. They begin after all security standards have been met. These requirements allow members of a workforce to associate and bond with one another. When employees feel accepted, they are more motivated to do their tasks successfully. Organizing collective gatherings like Christmas get-together management can help meet those needs by encouraging interactive ties among workers.
- **Needs for esteem:** focuses on employees' want to be cherished and respected. It entails a worker's right to be recognized and to have self-respect. These kinds of needs are met when workers are promoted and honored for their multiple work accomplishments. This form of need is activated once belongingness requirements are met, according to Maslow. Workers, for example, are motivated to perform well if they are recognized for significant achievements at work.
- **Self-actualization needs:** a worker's drive for self-satisfaction and personal development. It is the desire of employees to grow and realize their full potential. The concept is that employees will be motivated to do their best for the company if it allows them to achieve self-satisfaction in their areas of competence, allowing them to be the best they can be.
- **Self-actualized:** employees are valuable assets to a company, and management may help meet this demand by offering opportunities for employees to fully utilize their skills and talents. Abraham Maslow's hierarchy of requirements, from the lowest to the highest levels, is made up of the aforementioned needs. People, he said, would try to satisfy those wants that are most important to them first. Employers must find ways to meet their employees' requirements in order to enhance their productivity. This is due to the fact that employees are only

motivated to perform successfully if their needs are met.

Frederick Herzberg Two-Factor Theory

Employee behavior in firms is determined by two distinct sets of characteristics, according to Frederick Herzberg. Hygiene factors and motivators are examples of this. Factors that appeared to ensure an employee's job satisfaction were connected to the job contents or aspects of the job itself, which Herzberg referred to as motivators; meanwhile, factors that appeared to cause employee dissatisfaction were connected to the job context, which he referred to as hygiene factors (Herzberg, 2016).

Company policy, fundamental needs, status, working environment, remuneration, supervision, and other hygiene aspects are examples of factors that will eliminate unhappiness when it exists. While motivators are those aspects that, if not met, can lead to demotivation and a lack of interest in the workplace, which could lead to people looking for work outside the company. Hygiene components are upkeep factors that are thought to be vital in avoiding unhappiness. On the other hand, these factors alone do not guarantee employee work satisfaction or high levels of motivation. These are elements that are not directly related to the job but are relevant to the job situation. Because their presence assures a reasonable degree of contentment, and their absence might cause dissatisfaction, these components are referred to as hygiene factors.

As a result, managers must make hygienic aspects available in order to reduce the root causes of employee unhappiness. However, it is far more vital to guarantee that motivators are there, as they are the things that encourage employees and ultimately lead to pleasure. Job-related aspects such as thought-provoking activities, work achievements, acknowledgment and responsibility, opportunities for progress and growth, and recognition for achievement are all motivators. Workers who are motivated and content are more dedicated and thus productive than those who are simply not dissatisfied. As a result of this notion, company managers should avoid making one-sided decisions about aspects that assure pleasure and motivation for best performance.

Based on his findings, Herzberg (2016) proposed that the following conditions be met in the workplace to ensure job satisfaction: provision of achievement and advancement opportunities, performance recognition, ensuring fit between employees' competencies and tasks, and learning and development opportunities. The motivation-hygiene theory is thus relevant for this study because it reveals that hygiene factors such as supervision, pay and benefits, company policies, and work environment are important in avoiding job dissatisfaction, while motivators such as learning and development opportunities, challenging tasks, rewards, and recognition for performance, advancement and growth opportunities, and ensuring fit between employee competencies and tasks are important in achieving higher productivity. As a result, investigating the link between motivation and productivity is also based on this notion.

Hygiene aspects, according to Herzberg, are the absence of specific elements capable of producing unhappiness among members of a workforce. These factors are mostly concerned with the job's qualities as well as other external problems. Employee motivation may not be guaranteed by the presence of these characteristics, but a lack of it may lead to unhappiness. These factors include a. Salaries, b. Working Conditions, c. Job Security, d. Supervision Level and Quality, e. Business Policies and Management Processes, and f. Workplace Personal Relations.

Motivation Factors

These elements are capable of motivating employees to improve their work-related performance. These factors are intrinsic, according to Herzberg (1974), because they are primarily concerned with work design and how it is integrated into achieving stated goals. He claimed that managers who want to improve their performance levels should evaluate a variety of aspects in the workplace. This, in turn, permits workers to generate their own intrinsic motivation. These elements comprise:

- a. Interest in the work
- b. Recognition

- c. Growth/development
- d. Achievement

Internal tendencies in workers produce motivators. According to Herzberg (1974), both cleanliness and motivation strategies should be used together. He claims that the lack of cleanliness aspects does not affect morale but rather promotes employee unhappiness. Similarly, the presence of such characteristics does not always affect motivation, but it does lead to worker satisfaction. Higher levels of motivation will undoubtedly enhance employee morale, whilst lower levels of motivation will dramatically impair overall motivation. This, however, will not result in utter dissatisfaction but rather a sense of unfulfillment.

Victor Vroom's Expectancy Theory

The expectation theory is a process theory, as opposed to the need theory. It refers to the diversity of perspectives, beliefs, and concerns that exist in the workplace, as well as employees' attitudes and behaviors toward their jobs. This approach focuses on a workforce's personal perceptions of their work environment. It evaluates workers' activities based on their hopes and aspirations. The theory outlines two primary difficulties. The first is that workers are motivated to commit their efforts to an organization only if they are confident that the ultimate result or outcome will achieve a specific degree of performance, regardless of the different conceivable outcomes. This indicates that if individuals of a workforce lack confidence in their capacity to perform at a certain level, motivation to do a good job will be low or absent.

Another problem is that workers would only be encouraged to perform at a certain level if their performance at that level resulted in the desired outcome. Edwards (2017) related the path-goal theory to the expectation theory's assumptions, claiming that workers are more likely to perform well if they believe they are capable of completing the assignment, obtaining the expected outcome and that this expected outcome is of paramount importance to them. Workers will only devote their energy to work if the

conclusion of both concerns is beneficial, according to the notion. This indicates that the good nature of a consequence is thought to be linked to a specific action; as a result, a workforce's motivation to perform is largely determined by how favorable they regard the outcome. Valence, instrumentality, and anticipation are the three essential elements that define a worker's level of motivation, according to the theory.

The argument is that under expectation theory, valence does not imply actual fulfillment of outcomes but rather the estimated fulfillment of futuristic outcomes, which operate as motivators towards prospective actions. As a result, it can have a positive or negative impact on outcomes, and its degrees and sizes may vary (George & Jones, 2012). The degree of valence describes how appealing or unappealing a result is to a worker. Furthermore, employees have a preference, as outlined in the need theory, and they are more likely to choose valent outcomes that satisfy their wants.

Furthermore, according to the theory, outcomes should be linked to desired workplace behaviors, work performance, and productivity (George & Jones, 2012). This, in conjunction with instrumentality, the theory's second element, refers to the worker's belief and confidence that first-level outcomes will lead to second-level outcomes (Vroom, 1964). It can be characterized as employees' perceptions of their chances of performing well if they devote their energy, talents, and time to fulfilling their responsibilities in a creative and inventive manner. Instrumentality is likewise geared toward accomplishing higher-order goals, and it refers to how much primary-level outcomes come before secondary-level goals.

This means that workers will place a high value on higher-level performance if they believe that such a level of performance will help them achieve other satisfying results (e.g., additional pay). Similarly, if higher-level performance is critical in averting outcomes that they want to avoid, they will place a high value on it. Instrumentality, like valence, can be positive or negative, as well as vary in size and scale. Furthermore, if workers believe that valued benefits come with all levels of performance, instrumentality is likely to be minimal. High instrumentality, or the belief that specific levels of

performance would result in specified outcomes, is very successful in motivating workers. Workers may not be driven to perform at higher levels despite their perception that exceptionally valent consequences will result primarily from work performance. At this point, the theory's third component, known as expectation, is considered. Expectancy is the assumption that a given action will be followed by a specific result at some point in the future. This view is often based on a worker's prior experiences, self-worth, and perceptions of how difficult the performance standard or aim is. Expectancy explains why morale might be low even when instrumentality and valence are strong, as it is the belief that one's activities, or individual efforts, will result in expected effects. Workers will only be motivated to perform at higher levels if they believe they have the capacity to do so, according to the report. This means that no matter how valent or high instrumentality and other factors are if workers do not believe they can perform at a certain level, they will be unmotivated to do so. This backs up the idea that workers sometimes lack confidence in their ability to achieve the appropriate level of performance when it comes to self-efficacy.

Understanding the principles of expectancy theory, such as valence, instrumentality, and expectation, will help you understand why employees are so invested in obtaining desired organizational goals. Although many of these factors can influence employee motivation on their own, when they are combined, they can have a greater impact. It can also be established that these elements mentally affect the beliefs of workers and trigger motivational forces that eventually influence employee behaviors.

According to the notion, an organization's employees will be motivated if they believe that:

- Dedicating their efforts will result in enhanced work performance
- Organizational rewards, such as raises in salary and other benefits, will result from improved work performance.
- The rewards provided are valuable to the employees.

Employers should examine strategies that link rewards solely to productivity in

order to improve the performance-outcome relationship. Managers must ensure that the awards given are both deserved and wanted by the employees. In order to strengthen the effort-performance link, management should invest in training their employees to improve their skills and beliefs that putting in more effort will inevitably lead to higher levels of performance and productivity.

3 SECTION THREE

3.1 Research Methodology

The methodology is described as the activities involved in the collection and analysis of all necessary data and information for the research task, whereas research methodology is defined as the systematic and conscious inquiry carried out to offer information for the solution of a problem. The systematic and scientific process of acquiring, recording, and analyzing data about problems and difficulties connected to the distribution of elements or items that occur on the earth's surface, as well as the administration and management of commodities and services, is known as a research methodology. This chapter focuses on the numerous sorts of approaches used to get necessary data. It covers the steps involved in achieving a research's aims and objectives.

3.2 Research Design

The research design refers to the overall strategy used to carry out the investigation. The surveying method will be used to conduct this investigation. A survey is a method of studying a group of people or goods by collecting and evaluating data from them. Only a small number of people are thought to be representative of the entire group. The key characteristic of surveying is that it focuses on samples rather than the full population. There are two types of survey research designs:

1. Procedure-driven
2. Purpose-driven

More specifically, the research design is a type of framework that directs the search for research in the process of doing this study with the specific goal of determining the impact of marketing strategy on printing companies.

3.3 Method of Data Collection

Basically, there are two methods of data collection used in this research project.

These methods are:

- i. Primary data
- ii. Secondary data

3.3.1 Primary Data

These are considered firsthand knowledge obtained on a certain object, event, or natural state described as "primary sources data as data provided by witnesses to the study's problem." These are the accounts of those who were present during and witnessed the previous occurrence." The instrument that was used to collect data for work is described below.

Questionnaire: A questionnaire is a type of research instrument that has a series of questions that the sample size must answer. It was built to allow people to enter for the reason for which it was created, and it is a combination of structured and unstructured questions. It was created in a way that allows for simplicity, plain language, clarity, and a lack of calculation.

3.3.2 Secondary Data

These are frequently obtained through middlemen, who act as a link between the original witness and the current data users. They are statistics provided by people who were not present at the previous event. Textbooks, periodicals, related kinds of literature, and the internet were employed in this study.

3.4 Method of Data Analysis

The secondary source of data gathering, which includes the use of textbooks,

journals, and the internet, is the statistical instrument to be used for this study.

The usage of this instrument necessitates the examination of secondary data. In this view, the chi-square is the main statistical instrument for testing hypotheses, and the predicted and observed frequencies are the same.

$$X^2 = \sum(f_o - f_e)^2 / f_e$$

Where:

X^2 = chi-square

f_o = frequency observed

f_e = frequency expected

df = degree of freedom

[df] = (r-1)(c-1)

r = number of rows

c = number of columns

\sum = summation

Note: tolerance level is 5% or 0,005.

Decision rule:

Reject null hypothesis (H0) and accept alternate hypothesis (H.A.) if x^2 calculated is greater than x^2 tabulated.

3.5 Data Presentation, Analysis and Test Of Hypothesis

3.5.1 Testing of One Hypothesis

HO: The tactics employed by private hospital does not enhanced efficiency.

HI: The tactics employed by private hospital enhanced efficiency.

VARIABLE	FO	FE	(FO-FE)	(FO-FE) ²	(FO-FE) ² /FE	X ² TAB
AGREE	35	25	10	100	4	3,841
DISAGREE	15	25	-10	100	4	
TOTAL	50	50	-	200	8	3,841

Degree of Tabulated = (R-1) (C-1) = (2-1) (2-1) = 1 × 1 = 1

Level of significance 0.05, under chi-square looks for 1 under 0,05 = 3,841

Decision rule:

Having studied the above table and considered the result afterward, the calculated value (X^2 Cal) which is 8 is greater than the tabulated (X^2 tab) of 3,84, so therefore the null hypothesis (H_0) is hereby reject while we accept the alternative hypothesis (H_1), The tactics employed by private hospital enhanced efficiency.

3.5.2 Testing of Third Hypothesis

H_0 : Effective managerial skills does not enhance profitability in private hospitals

H_1 : Effective managerial skills enhance profitability in private hospitals

VARIABLE	FO	FE	(FO-FE)	(FO-FE) ²	(FO-FE) ² /FE	X ² TAB
AGREE	5	25	20	400	16	3.841
DISAGREE	45	25	-20	400	16	
TOTAL	50	50	-	800	32	3,841

Degree of Tabulated = (R-1) (C-1) = (2-1) (2-1) = 1 × 1 = 1

Level of significance 0.05, under chi-square looks for 1 under 0.05 = 3,841

Decision Rule:

Having studied the above table and considered the result afterward, the calculated value (X^2 Cal) which is 32 is greater than the tabulated (X^2 tab) of 3.84, so therefore the null hypothesis (H_0) is here by reject while we accept the alternative hypothesis(H_1), Effective managerial skills enhance profitability in private hospitals.

CONCLUSIONS

The following conclusion can be drawn based on the research improper financial management and accountability, inadequate financing, and insufficient internally generated revenue are present due to improper record keeping, clearly defined objectives, and effective leadership. Bureaucracy and government meddling in management decisions add to the challenges posed by hospital administrators. Analysis drawn from the hypotheses tested shows that effective managerial skills enhance profitability in private hospitals and the tactics employed by private hospitals enhanced efficiency. In most hospitals, workforce training and development are ineffective. Workers are not adequately motivated, which leads to a negative attitude about work. Poor hospital administration, the high cost of medical services, and insufficient physical and health facilities all contribute to poor medical services delivered by hospitals.

Based on the research study, a number of recommendations can be made to improve the performance of private hospitals. To begin, private hospitals should develop a health service delivery charter with the goal of improving service quality and, ultimately, performance.

To obtain a competitive advantage, private hospitals should concentrate on pricing differential. Furthermore, private hospitals should conduct regular monitoring and assessment to ensure that service quality, effectiveness, and efficiency are maintained and improved with the goal of improving performance. Future studies should concentrate on the difficulties that private hospitals confront while implementing product strategy.

Transparency, accountability, and the decision-making process all require performance evaluation as a means of improving through the adoption of best practices. In order to secure long-term support, hospitals must be evaluated for their effectiveness and efficiency. The evaluation of these two characteristics contributes to resource allocation optimization in the vital area of healthcare, which improves economic and social well-being.

Finally, The Hospital Management Board and the Ministry of Health should provide a path for growing human resources in order to increase hospital personnel's skills and knowledge in order to meet the changing demands of time and technology. In order to eliminate medical tourism, the government should also reduce the health budget gap, bringing both public and private hospitals into healthy competition with their overseas counterparts.

REFERENCES

1. Behn, O.A (2017), Neonatal, infant and under-five mortalities in Nigeria: An examination of trends and drivers (2003-2013). PLoS One 2017 9;12(8):e0182990.
2. Bertrand, R. & Scholar, O. (2010). Developing People Capabilities In Knowledge Intensive Remote Services. Journal Of Research And Practice In Human Resource Management, 11 (1), 55-64.
3. Brogan, J. (2016), Human Capital Indicators, Business Performance, And Market- To-Book Ratio, Journal of Intellectual Capital, Vol. 6 No.3, pp. 374-384.
4. Barrett, I. (2017). Marketing strategies of the banking industry. Referenced 25 September, (2016).
5. Chakaravarty, N. (2016). Private health care in Nigeria: Walking the tight rope; Health Policy and Planning, 14(2), 174-181.
6. Demerjian, S.(2016) Marketing strategies in life insurance; International Journal of Marketing, Financial Services & Management Research 1 (11) 98-123.
7. Dhanda, S., and Kurian, O. (2018), The Measurement Of Efficiency And Productivity Of Health Care Delivery. Health Economics, 1(7), 1107-1128.
8. Druker, G. (2016). Principles of marketing. Upper Saddle River, NJ: Pearson Prentice Hall. Gaining Competitive Advantage Through Quality Of Services In Financial Industry. A published MBA research project of the University of Oululu.
9. Drummond, L. (2017). Management and organizational behavior. (6th ed). London: Pitman Publishing imprint. Mugenda, O. and Mugenda A.(2012) Research methods dictionary. Nairobi, Kenya arts press.
10. Einspruch, V. (2016). Marketing Of Hospitals In The Modern Era. Ind medica cyber lectures.
11. George, J. & Rodriguez, A. (2012) Supervisor and co-worker support:A source congruence approach to buffering role conflict and physical stressors *International Journal of Human Resource Management*, 23, 3872- 3889.

12. Griffin, K. (2019). Service quality in the health care setting. *International Journal of Health Care Quality Assurance*, 22, 471-482.
13. Herzberg, F. (1974). Motivation-hygiene profiles: Pinpointing what ails the organization. *Organizational Dynamics*, 3(2), 18-29
14. Herzberg, F. (2016). *The motivation to work*, New York: Willy and Son Publishers.
15. Jager, R. & Plooy, A. (2018) Integrating Traditional And Modern Health Care Systems In Nigeria: A Policy Option for Better Health Care Delivery.
16. Jennifer N., & George, F. (2006). The Impact Of Employee Training And Development On Employee Productivity. *Global Journal of Commerce and Management Perspective*, 2(6), 91-93
17. Klein, N. (2012). Efficiency Outcomes Of Market Concentration And Managed Care. *International Journal of Industrial Organization*, 21(10), 1571–1589.
18. Mantymaa, M. (2013). Evaluating the technical efficiency of hospitals in Southeastern Nigeria. *European Journal of Business & Management*, 3(2), 24-37.
19. Melthen, A. (2012) Public health expenditure and health outcome in Nigeria 1970- 2003. Akungba, *Journal of Economic and Financial Issues*. Adekunle Ajasin University, 2(1), 27-37.
20. Narang, T. (2018). Global competition and the peripheral player: A promising future, in Fawzy, Samiha, ed., *Globalization, and Firm Competitiveness*, Washington DC: The International Bank of Reconstruction and Development.
21. Palmer, H. (2017). *Fair division and collective welfare*. Boston: MIT Press.
22. Prusak, M. (2017). Loyalty, Perceived Value, And Relationship Quality In Healthcare Services. *Journal of Service Management*, 20(1), 76- 97.
23. Shodhganga, M.J (2014). Marketing strategies and organization structures for service firms, in *Marketing of Services*, J Donnelly and W.R. George (eds). American Marketing Association.
24. Suter, O. (2018). Global development issues in a changing world. *Journal*

of Macro marketing, 21 (2), 213-16.

25. Taylor, F. (2018). The effect of the implementation of talent management on job satisfaction in governmental organizations (Case Study: Ministry of Roads and Urban). *Journal of Novel Applied Sciences*, 3(1), 100-113

26. Tiemann, A. & Schreyogy, A.(2019). Managing Human Resource Capability For Sustainable Competitive Advantage. *Journal of Education and Training*, 628- 639.

27. Unijo, C. (2016). Health and economic growth in Southeast Nigeria. *African Research Review. An International Multidisciplinary Journal of Ethiopia*, 10(3), 111 – 123.

28. Unijo, S.(2012) Marketing Mix 4Ps for competitive advantage; *Journal of Business and Management*. Ministry of Health. Kenya national health accounts. Nairobi: Government Printer. Ministry of Health(2015).

29. WHO (2017) The World Health Report 2017 – WHO ranks Nigeria Ranks 187 out of 190 in World Health System.

30. Einspruch, V. (2016). Marketing Of Hospitals In The Modern Era. *Ind medica cyber lectures*.