# Role of Paramedical Institutes and Staff in Brand Building and Social Perception of Private Medical Institutes at Lucknow, UP, India

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**Abstract-** Paramedical services plays vital role in case of pre-hospital medical emergency services. The outstanding paramedical services also improve the Social Perception and subsequently help in the Brand Building. In this paper, a study has been done to identify the effect of paramedical services on the Social Perception and Brand Building of the hospital. In this study, a relevant questionnaire has been filled by 200 respondents including paramedical staff in 9 hospitals at Lucknow. Five case studies are performed in this study to know the relation among Social Perception, Brand Building, Fund Management and Role Performance.

Index Terms- Paramedical Staff, Social Perception, Brand Building, Fund Management and Role Performance

## I. INTRODUCTION

Paramedical services deals with the pre-hospital medical emergency services. The person who deals with the above paramedical services is known as a Paramedic. The major contribution of a paramedic is to provide primary medical and trauma care. A successful paramedic always has presence of mind to take right decisions in the critical care. The paramedical science includes working in different areas, i.e. fracture management, spinal injury management, obstetrics, dealing with burns and assessment. Apart from this, a paramedic must have been well trained to deal with medical equipment maintenance, procedures, radio operating procedures along with emergency vehicle operation as discussed by Narayan (2016).

The paramedical persons serve many job responsibilities like medical job maintenance, radiography technicians, radiologists, physiotherapists, speech therapists, audiologists, dialysis therapists, emergency technicians, emergency care practitioners, perfusion technicians, cardiac technicians and respiratory therapists as discussed by Sharma et al. (2016). As per the information provided by the Oxford dictionaries, the paramedical institutes are relating to the services and profession which supplement and support the medical work but do not require fully qualified doctor, such as nursing, radiography, emergency first aid etc. Fioroni and Titterton (2009) explained that private hospitals always focus on the quality services delivered to the patients. The higher quality of medical treatment as discussed by Talib at al. (2015) will satisfy the patients and further will improve the social perception of the hospital which helps in the brand building of the hospital. Paramedical persons (staff) have a big role in improving social perception and brand building because they always deal with the primary and basic medical needs of the patients at the root level explained by Abdulrahaman (2015)

Social satisfaction and working methodology are integrated with each other as explained by Tiwari et al. (2015). A meta-analytically examined hypothesis has been designed to test and extend the working methodology with the integration of motivational, social and work context characteristics by Humphrey et al. (2007). By analyzing performance dimensions by the patients and their attendants, the strategic recommendations to Indian hospital administrators has been carried out by Padma et al. (2014). In this study, the attendants and patients perceptions were collected through questionnaire.

The role of anesthesiologist among the paramedical staff at Kathmandu University hospital has been analyzed by Bhattarai et al. (2012). In this study the major focus is on the role of anesthesiologist in Operation Theater in Intensive Care Unit, acute and chronic pain management and in emergency care cases. The relationship between family-work and work-family conflict has been analyzed by Hatam et al. (2016) at hospitals affiliated to Shiraz University of Medical Sciences (SUMS) and they presented a model named SEM. The social support and quality of life are discussed by Shishehgr et al. (2013). Using focus group discussions, the staff perceptions of hand hygiene has been discussed by Joshi et al. (2012) in a rural teaching hospital in India. Patient satisfaction is an important parameter in the success of hospital. A study in this regard has been performed by Intezar et al. (2016).

The knowledge and attitude of health care workers in orga donation played vital role. A study in this regard has been done by Ahlawat et al. (2013). A similar study has been done by Arun (2015) in the case of eye donation. The widely used approaches for assessing hospital support for safety and improvement are Agency for Health Care Research (AHRQ) and quality hospital survey on patient safety culture (HSPSC). The data from 5 US hospitals have been analyzed the degree of agreement in perceptions of the groups which

are identified later in Boan et al. (2012). The perception of patients and their satisfaction are well studied by Andrabi et al. (2015). They studied the case of quality care at hospital in Srinagar, India. The student perceptions in paramedical area are studied by Anandhasayanam et al. (2015) which is based on BMI, diet and social habits.

## II. PROPOSED STUDY

The objectives are as follows;

- 1. To study the Social Perception of their Role Performance based on various programmes and procedures carried out by Private Medical Institutes
- 2. To study the Social Perception of the Society towards the Brand Building efforts of the private hospitals.
- 3. To study the importance of fund management for Brand Building by private Medical Institutes concerning paramedical services.

## III. RESULT ANALYSIS

## A. Reliability Analysis

The space saver method is used for reliability analysis. In this method, the covariance matrix is not used in the analysis. Total number of cases=200 Number of items=20 Cronbach's Alpha=0.863

TABLE-1 FREQUENCIES OF VARIABLES

S.	Variable Name	Total	Frequenc	y of 1	Frequen	cy of 2	Freque	ncy of 3
No		No.	Count	%	Count	%	Count	%
1	PatientSatisfaction1	200	179	89.5	21	10.5	0	0
2	PatientSatisfaction2	200	179	89.5	21	10.5	0	0
3	PatientSatisfaction3	200	160	80	40	20	0	0
4	Fund1	200	176	88	20	10	4	2
5	HospitalPromotion	200	180	90	20	10	0	0
6	Fund2	200	179	89.5	21	10.5	0	0
7	Fund3	200	166	83	20	10	17	7
8	Salary	200	174	87	20	10	6	3
9	HospitalEnv	200	158	79	42	21	0	0
10	AdditionalFac	200	154	77	46	23	0	0
11	CarrerDev	200	157	78.5	43	21.5	0	0
12	EducationExp	200	155	77.5	45	22.5	0	0
13	NurseCare	200	152	76	48	24	0	0
14	MachinaryHos	200	150	75	40	20	10	5
15	EmergencyMedTreat	200	158	79	42	21	0	0
16	Ambulance	200	149	74.5	51	25.5	0	0
17	AmbulanceUltraModern	200	140	70	60	30	0	0
18	NoPrameStaff	200	138	69	60	30	2	1
19	ListeningEar	200	128	64	72	36	0	0
20	LabTest	200	170	85	20	10	10	5

The experiments are carried out using the SPSS software. Regression tests are performed to investigate the proposed model. The data is collected from 200 respondents from different paramedical institues and private medical institutes. The study is all around the four variables; Role Performance, Perception of the Society, Brand Building and Fund Management. Role Performance indicates the dedication of paramedical staff towards their assigned duties. Social Perception is the perception received by the patients and their attendants about the medical care provided by the hospital in all aspects. Brand Building covers all the operations which are concerned with the improvement of hospital brand. Fund Management is related to all the efforts used to manage the funds and expenditures effectively.

# 3.2 Study & Findings I

The study shows the relationship between Role Performance and Social Perception. The Role Performance is treated as independent variable and Social Perception is the dependent variable. Role Performance variable is computed using variables Nurse Care,

Emergency Medical Treatment, Ambulance, Listing Ear and Lab Test. However, the Social Perception is computed using Patient Satisfation 1, Patient Satisfation 2, Patient Satisfation 3, Machinary at Hospital and Hospital Environment.

TABLE 2 MODEL SUMMARY: REGRESSION EXPERIMENT

Model	R	Rsquare	Adjusted Rsquare	Std. Error of the Estimate
1	0.930	0.864	0.863	0.77246

## TABLE 3 ANNOVA MODEL

Model	Sum of squares		Df	Mean Square	F	Significance
1	Regression 750.409		1	750.409	1257.600	.000
	Residual	118.146	198	0.597		
	Total	868.555	199			

## TABLE 4 COEFFICIENT<sup>a</sup>

Model		Unstandardized Coefficients		Standardized		
				Coefficient	t	Significance
		В	B Std. Error			
1	(Constant)	1.209	0.208	0.930	5.807	0.000
	Role	1.993	0.056		35.463	0.000
	Performance					

The relation is explained with following equation given below.

 $SocialPerception = Cons + B \times RolePerformance$ 

## 3.3 Study and Findings II

In this study, Social Perception is treated dependent variable and Role Performance & Brand Building are the independent variables. Social Perception and Role Performance variables are same as defined in the study I. However, Brand Building variable is computed using variable Hospital Promotion, Additional Facility, Carrer Development, number of Paramedical Staff and Ultra-Modern Ambulance, Machinary at Hospitals.

TABLE 5 MODEL SUMMARY: REGRESSION EXPERIMENT

Model	R	Rsquare	Adjusted Rsquare	Std. Error of the Estimate
1	0.956	0.914	0.913	0.61745

#### TABLE 6 ANNOVA MODEL

Model		Sum of squares	Df	Mean Square	F	Significance
1	Regression	793.449	2	396.724	1040.587	0.000
	Residual	75.106	197	0.381		
	Total	868.555	199			

## TABLE 7 COEFFICIENT<sup>a</sup>

Model		Unstandardize	Unstandardized Coefficients					
					t	Significance		
		В	Std. Error	Beta				
1	(Constant)	0.269	0.188	0.521	1.430	0.154		
	Role	1.117	0.094	0.465	11.886	0.000		
	Performance							
	Brand	0.413	0.039		10.625	0.000		
	Building							

The defined relation is expalined by the equation given below.

 $SocialPerception = Cons + B_1 \times RolePerformance + B_2 \times BrandBuilding$ 

## 3.3 Study and Findings III

This study investigates the relation between two variables Brand Building and Fund Mangement. Here, Brand Building is the dependent variable and fund management is the independent variable. Fund Managent is derived from 3 fund variables which are gradually related to improving the paramedical services, machinery improvement and training of paramedical staff.

#### TABLE 8 MODEL SUMMARY: REGRESSION EXPERIMENT

Model	R	Rsquare	Adjusted Rsquare	Std. Error of the Estimate
1	0.872	0.760	0.759	1.15726

# TABLE 9 ANNOVA MODEL

Model		Sum of squares	df	Mean Square	F	Significance
1	Regression	840.702	1	840.702	627.736	0.000
	Residual	265.173	198	1.339		
	Total	1105.875	199			

## TABLE 10 COEFFICIENT<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficient	t	Significance
		В	Std. Error	Beta		
1	(Constant)	2.427	0.308	0.872	7.870	0.000
	Fund	2.204	0.088		25.055	0.000
	Management					

The relation among the variables is identified as follows;

 $BrandBuilding = Cons + B \times FundManagement$ 

# 3.4 Study and Findings IV

In this study, Brand Building is explained with the parameters; Fund Management and Role Performance. Brand Building is the dependent variable whereas Fund Management and Role Performance are independent variables.

## TABLE 11 MODEL SUMMARY: REGRESSION EXPERIMENT

Model	R	Rsquare	Adjusted Rsquare	Std. Error of the Estimate
1	0.913	0.834	0.832	0.96550

## TABLE 12 ANNOVA MODEL

Model		Sum of squares	Df	Mean Square	F	Significance
1	Regression	922.235	2	461.117	494.664	0.000
	Residual	183.640	197	0.932		
	Total	1105.875	199			

# TABLE 13 COEFFICIENT<sup>a</sup>

Model		Unstandardized Coefficients		Standardized		
				Coefficient	t	Significance
		В	Std. Error	Beta		
1	(Constant)	1.682	0.269		6.244	0.000
	Fund	1.155	0.134	0.457	8.621	0.000
	Management					
	Role	1.200	0.128	0.496	9.352	0.000
	Performance					

The above study concludes the following relation among above variables.

 $BrandBuilding = Cons + B_1 \times FundManagement + B_2 \times RolePerformance$ 

# 3.5 Study and Findings V

Role Performance plays vital role in Brand Building. In this study, Role Performance is independent variable and Brand Building is dependent variable.

#### TABLE 14 MODEL SUMMARY: REGRESSION EXPERIMENT

Model	R	Rsquare	Adjusted Rsquare	Std. Error of the Estimate
1	0.878	0.771	0.770	1.13021

## TABLE 15 ANNOVA MODEL

Model		Sum of squares	df	Mean Square	F	Significance
1	Regression	852.955	1	855.955	667.741	0.000
	Residual	252.920	198	1.277		
	Total	1105.875	199			

#### TABLE 16 COEFFICIENT<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficient	t	Significance
		В	Std. Error	Beta		
1	(Constant)	2.278	0.305		7.476	0.000
	Role	2.125	0.082	0.878	25.841	0.000
	Performance					

The above study identifies the following relation,

 $BrandBuilding = Cons + B \times RolePerformance$ 

## IV. CONCLUSION

Brand building is an important aspect to enhance the quality of medical care and infrastructure. Such efforts lead to enhancement of the social perception of the society towards the quality of medical care delivered to the patients. This perception depends upon the feedback given by the patients and their attendants that will be based on several factors related to physicians, staff and paramedical staff. In this paper, a study has been done to know the role performance of paramedical staff for improving the social perception of the hospital in the society. Five case studies has been performed which are deriving the relations among several parameters; Role Performance, Social Perception, Brand Building and Fund Management.

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