

A STUDY ON CUSTOMER ATTITUDE TOWARD HEALTH CARE SERVICES RENDERED BY HOSPITAL IN CHENNAI

Submitted in partial fulfillment of the requirements for the award of

Bachelor of Business Administration

By

ARBEENA.S

(38280106)



**DEPARTMENT OF BUSINESS ADMINISTRATION
SCHOOL OF MANAGEMENT STUDIES**

**SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)**

**Accredited with Grade "A" by NAAC | 12B Status by UGC | Approved by AICTE
Jeppiaar Nagar, RAJIV GANDHI SALAI, CHENNAI - 600 119**

MARCH 2021



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Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119

SCHOOL OF BUSINESS ADMINISTRATION

BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bona-fide work of **ARBEENA.S (38280106)** who carried out the project entitled "**A STUDY ON CUSTOMER ATTITUDE TOWARDS HEALTH CARE SERVICES RENDERED BY HOSPITAL IN CHENNAI**" under my supervision from January 2021 to March 2021.

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(Internal Guide)

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Dean – School of Management Studies

Submitted for Viva voce Examination held on_____

Internal Examiner

External Examiner

DECLARATION

I, **ARBEENA.S (38280106)** hereby declare that the Project Report titled “**A STUDY ON CUSTOMER ATTITUDE TOWARDS HEALTH CARE SERVICES RENDERED BY HOSPITAL IN CHENNAI**” was done by me under the guidance of **Dr.M. ILANKADHIR** at SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY, CHENNAI is submitted in partial fulfillment of the requirements for the award of Bachelors of Business Administration degree.

DATE:

PLACE: CHENNAI

ARBEENA.S

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I convey my thanks to **Dr. G. Bhuvaneswari** M.B.A., Ph.D., Dean – School of Management Studies and **Dr. A. Palani** M.Com., M.Phil., M.B.A., Ph.D., Head of the Department studies for providing me necessary support and details at the right time during the progressive reviews.

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ARBEENA.S

ABSTRACT

An overview of health care system in India

Health Care embraces a multitude of “services provided to individuals or communities by agents of the health services or professions, for the purpose of promoting, maintaining, monitoring, or restoring health.” Health services meet the needs of entire population; cover the full range of Preventive, Curative and Rehabilitative services, as part of the basic social services of a country. India has a population of over 1.2 billion with 28 states and 9 Union Territories. Central government formulates comprehensive health policies and plans under the direction of the Ministry of Health and Family Welfare for items of national importance, including disease control, medical education, the medical profession, and state budgets, are the shared responsibility of the central government and individual states

This chapter has provided a definition and history of the field of health services research and discussed how this field is examining quality-of-care issues and seeking to improve quality of care. Comparisons of current practice to evidence-based standards with feedback to clinicians and the integration of patient-reported outcomes are two examples of how HSR tools can be used to provide quality-improvement information for health care organizations. These examples utilize multiple data sources, including medical records, patient surveys, and administrative data. The opportunities for nurse researchers to provide invaluable contributions to the growing field of health services research are innumerable.

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CHAPTER-1

INTRODUCTION

1.1 INTRODUCTION ABOUT THE STUDY

All over the world and in most countries whether developed countries or emerging countries, health care represented mainly by hospitals remains an important sector providing basic and advanced health services to patients (Al-Adham, 2004). Hospitals comprise the largest expenditure category of the health system in developing or emerging countries. Therefore despite the idea that their roles are seen as integral part in the health system and these roles are very well-recognized, hospitals are often the target of improvement and reform in terms of quality, efficiency, equity and their service delivery to people (Alexander, Preker, & Harding, 2003). These factors led to an increased concern about the services delivered by the hospitals and more importantly the quality of the services offered.

A number of researchers reported that public hospitals, particularly those in emerging and developing countries, are perceived to be not performing well and also are characterised by low quality and trust compared to the quality of private hospitals although public hospitals are funded from the governments. In this context, the organizational factors and its impact on hospital performance, found that funded health services were frequently of poor organisational performance and this poor performance is a direct result of the low service quality provided by these hospitals. The study found that the services provided by private hospitals were better than the services provided by public hospitals. The authors attributed this low level of performance to the fact that the culture of the hospitals is more competitive in private hospitals while on the other hand there is no competition in the government funded hospitals.

Healthcare organizations operating in the public sector are experiencing increasingly low trust on the part of the patients in terms of the quality of care provided. Today people hoping to receive high service quality tend to prefer private hospitals or even travel

abroad (Karassavidou, Glaveli, & Papadopoulos, 2008; Alharbi, 2014). Thus, National Health System Hospitals are undergoing pressure from governments and the general public to improve their quality and compete effectively.

Furthermore, many research studies reported that public healthcare sector was perceived to have lower service quality compared to the service quality provided by the private healthcare sector. This idea was supported by other researchers who conducted studies on healthcare service quality. Moreover, the organizational factors and their impact on hospital quality of services, found that the governmental funded health services were frequently reported to have poor quality. The study found that the services provided by private health hospitals were better than the services provided by the public hospitals. The authors attributed this to the fact that hospitals in the private sector are more competitive than those in the public ones and also to funding issues in the government sector, especially in hospitals in the developing countries. In Saudi Arabia, there does not seem to be a funding problem in the public healthcare sector taking into account the huge budget allocated to this sector in particular and also taking into consideration that Saudi Arabia is one of the richest countries in the region. This means that the poor quality of services provided by the Saudi public hospitals could be attributed to non-financial factors.

Saudi Arabia is regarded as one of the wealthiest and fastest developing countries in the Middle East and the MENA region (Middle East and North Africa). It is the world's biggest producer and exporter of oil, which constitutes the significant segment of the nation's incomes (Ministry of Finance report, 2010). During the past few decades, the country has expanded its economy, and today it delivers and fares a mixture of modern products to nations everywhere throughout the world. Apart from oil, major sources of revenue were pilgrims, trade, agriculture, foreign direct investment (FDI), and custom duties as suggested by Alghamdi (2014).

The country has embarked on paying attention to the quality of health provided by the healthcare providers, particularly those services provided by the Saudi public hospitals.

The country realised that preparing management staff who are capable of understanding the essence of quality of services, and who are capable of creating databases and information systems, and also capable of abandoning cultural challenges that hinder the improvement of health services is a necessity in today's highly competitive market (Aljunid, 1996).

The researcher further states that quality of life in any country largely depends upon an effective and efficient health system and that the success of health care providers in achieving their objectives overwhelmingly depends upon the effectiveness of their technical and professional staff as well as on other key stakeholders.

Based on the above discussion, this study aims to fill the gap up in the extant literature in the emerging countries, particularly Saudi Arabia by examining the relationship between attitudes towards healthcare service quality and organisational performance among the Saudi Arabian Hospitals in order to enhance the knowledge and give a clear picture about the current situation.

1.2 INDUSTRY PROFILE

Overview of Healthcare Industry

The health care industry, or medical industry, is a sector that provides goods and services to treat patients with curative, preventive, rehabilitative, or palliative care. The modern health care sector is divided into many sub-sectors and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet the health needs of individuals and populations. This article provides an overview of the medical industry.

This section is an attempt to understand the definitions, cultural, political, organizational, and disciplinary perspectives of this industry. This section is designed to help learners understand key concepts, terminology, issues, and challenges associated with the health care industry, and strategies employed to meet some of

those challenges. It will identify the main sectors of the health care industry and its business drivers, and review the key aspects of the industry business model, its competitive environment, and the current trends in the industry. The target audience for these tutorials is IT professionals working on the healthcare domain, consulting houses, industry investors, and all size companies that sell products or services to healthcare sectors and allied industries. This section will be useful for organizations and professionals looking for knowledge and key business information in the health care industry

HEALTH CARE

Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.

HEALTH CARE INDUSTRY

The health care industry, or medical industry, is a sector that provides goods and services to treat patients with curative, preventive, rehabilitative, or palliative care. The healthcare industry is composed of establishments devoted to prevention, diagnosis, treatment, and rehabilitation of medical conditions. Such treatment may be through providing products or services and may be provided privately or publicly.

The modern health care sector is divided into many subsectors and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet the health needs of individuals and populations. The health care industry includes establishments ranging from small-town private practices of physicians who employ only one medical assistant to busy inner-city hospitals that provide thousands of diverse jobs. The Healthcare industry is littered with risks and challenges as it is an industry that requires constant innovation under increased regulations.

The health care industry is one of the largest industries in the world, and it has a direct effect on the quality of life of people in each country. Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. The health care industry, or medical industry, is a sector that provides goods and services to treat patients with curative, preventive, rehabilitative, or palliative care.

IMPORTANT OF HEALTH CARE INDUSTRY

The health care industry is tremendously important to people around the world. This industry comprises of different players including hospitals, doctors, nursing homes, diagnostic laboratories, pharmacies, medical device manufacturers, and other components of the health care system. This article provides an overview of the healthcare industry. Aging populations and increasingly prevalent chronic diseases are the fundamental drivers creating demand for the expansion of lifestyle medical procedures and the healthcare industry. There will be a huge demand for medical technology products for years to come.

Impact of Healthcare Industry on Economy:

The health care industry is tremendously important to people around the world as well as to the national economies. It is one of the fastest-growing industries in the world. Consuming over 10 percent of gross domestic product (GDP) of most developed nations, a correlation exists between income levels and expenditure on health care in various countries. For example, some of the large developing economies, such as Brazil, India, China, and Russia, spend less on health care than more industrialized economies, such as the United States or France.

The health care industry also plays an important role as being the largest employer in the global economy, if we add up the number of people working in each sector across the world. In most countries, the employment growth rate of the health

industry is higher than that of other industries. However, the healthcare industry as it exists today is highly fragmented and divided among many different companies and different players. No single firm/corporation has a large enough share/monopoly of the market to be able to influence the industry's direction or price levels.

Classification of Healthcare Industry:

The modern health care sector is divided into many sub-sectors and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet the health needs of individuals and populations. The health care industry is one of the world's largest and fastest-growing industries and forms an enormous part of a country's economy.

The delivery of modern health care depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams. This includes professionals in medicine, nursing, dentistry, and allied health, plus many others such as public health practitioners, community health workers, and assistive personnel, who systematically provide personal and population-based preventive, curative, and rehabilitative care services. For purposes of finance and management, the health care industry is typically divided into several areas.

As a basic framework for defining the sector, the United Nations International Standard Industrial Classification (ISIC) categorizes the health care industry as generally consisting of:

1. Hospital Activities
2. Medical and Dental Practice Activities
3. Other human health activities

This third class involves activities of, or under the supervision of, nurses, midwives, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities, or other allied health professions, e.g. in the field of optometry, hydrotherapy, medical massage, yoga therapy, music therapy, occupational therapy, speech therapy, chiropody, homeopathy, chiropractic, acupuncture, etc.

The **Global Industry Classification Standard and the Industry Classification Benchmark** further distinguish the industry as two main groups:

1. Health care equipment and services

Health care equipment and services comprise companies and entities that provide medical equipment, medical supplies, and health care services, such as hospitals, home health care providers, and nursing homes.

2. Pharmaceuticals, biotechnology, and related life sciences

The second industry group comprises sector companies that produce biotechnology, pharmaceuticals, and miscellaneous scientific services.

3. Healthcare Providers and Professionals:

A health care provider is an institution (such as a hospital or clinic) or person (such as a physician, nurse, allied health professional, or community health worker) that provides preventive, curative, promotional, rehabilitative, or palliative care services in a systematic way to individuals, families or communities.

The medical industry is also supported by many professions that do not directly provide health care itself but are part of the management and support of the health care system. The incomes of managers and administrators, underwriters and medical malpractice attorneys, marketers, investors, and shareholders of for-profit services, all are attributable to health care costs.

Delivery of Healthcare Services:

The delivery of health care services - from primary care to secondary and tertiary levels of care - is the most visible part of any health care system, both to users and the general public. There are many ways of providing health care in the modern world. The place of delivery may be in the home, the community, the workplace, or in health facilities. The most common way is face-to-face delivery, where care providers

and patients see each other 'in the flesh'. This is what occurs in general medicine in most countries. However, with modern telecommunications technology, in absentia health care is becoming more common. This could be when practitioners and patients communicate over the phone, video conferencing, the internet, email, text messages, or any other form of non-face-to-face communication.

Medical Tourism:

Medical tourism (also called medical travel, health tourism or global health care) is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of traveling across international borders to obtain health care.

Such services typically include elective procedures as well as complex specialized surgeries such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgeries. However, virtually every type of health care, including psychiatry, alternative treatments, convalescent care, and even burial services are available. As a practical matter, providers and customers commonly use informal channels of communication-connection-contract, and in such cases, this tends to mean less regulatory or legal oversight to assure quality and less formal recourse to reimbursement or redress, if needed.

Over 50 countries have identified medical tourism as a national industry. However, accreditation and other measures of quality vary widely across the globe, and there are risks and ethical issues that make this method of accessing medical care controversial. Also, some destinations may become hazardous or even dangerous for medical tourists to contemplate.

1.3 COMPANY PROFILE AND PRODUCTS PROFILE

TOSHIBA
Leading Innovation >>>



COMPANY PROFILE

BRINGING INNOVATION TO LIFE

LISTENING TO OUR CUSTOMERS, WE INVENT WHAT THEY NEED

Displayed as a window sign in his original workshop in 1875, this motto guided Hisashige Tanaka, co-founder of Toshiba, to build a leading, global business from a small factory in Tokyo's Ginza district. As one of Japan's greatest inventors of his time, Hisashige Tanaka continuously fostered creativity and passion, contributing to the wealth of society. Today, at Toshiba Medical Systems we live up to that commitment through best quality solutions that serve the needs of patients, healthcare providers, and a simply wonderful thing called life. Continuous #1 ratings in independent customer satisfaction surveys are both incentive and commitment to us. Our product development is driven by our customers' requirements and focuses on values that you told us are most important to you: uncompromised image quality, state-of-the-art ergonomics and workflow support, economic efficiency, longevity, and sustainability.



Uncomplicated and responsive customer service

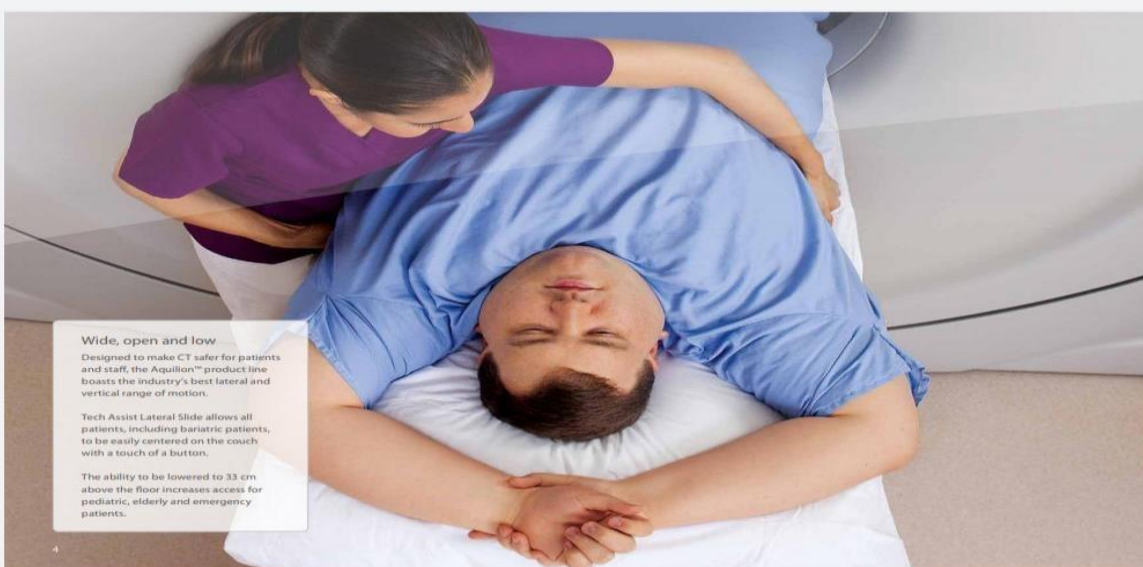
While each organization is unique, as a healthcare provider you want two things when an issue arises: immediate access to your service provider and prompt resolution of the issue. Toshiba's award-winning customer service organization delivers just that. Our holistic approach of customer service, clinical application and sales coming out of one hand ensures unsurpassed lifetime customer support.





SAFETY IS YOUR TOP PRIORITY. WE'VE GOT YOU COVERED.

We understand that diagnostic imaging safety goes beyond radiation dose and extends to all areas of patient and staff safety. Toshiba's 360 Degrees of Safety program puts you and your patients first by providing comprehensive coverage, guidance and expertise. From corporate programs that support industry safety to modality features that protect your patients and staff, at Toshiba we have made safety a priority in everything we do.



Wide, open and low

Designed to make CT safer for patients and staff, the Aquilion™ product line boasts the industry's best lateral and vertical range of motion.

Tech Assist Lateral Slide allows all patients, including bariatric patients, to be easily centered on the couch with a touch of a button.

The ability to be lowered to 33 cm above the floor increases access for pediatric, elderly and emergency patients.

INNOVATIVE SOLUTIONS SOLVING YOUR CLINICAL CHALLENGES

COMPUTED TOMOGRAPHY

SETTING STANDARDS IN COMPUTED TOMOGRAPHY

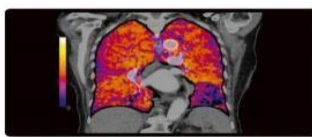


With over 30,000 systems installed, specialists from around the globe appreciate the outstanding image quality, usability and reliability of Toshiba CT scanners. All systems in our CT portfolio are standard equipped with Adaptive Iterative Dose Reduction AIDR 3D Enhanced, our state-of-the-art low-dose technology, reducing patient dose by up to 75% in routine scans.



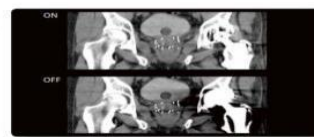
Safer imaging. Clearer outcomes.

Toshiba's revolutionary PURE VISION detector makes CT imaging safer for all patients. Delivering up to 40% increased efficiency it enables superior imaging with significantly reduced radiation dose and iodine.



Adaptive Diagnostics

To make complex exams easier, to minimize patient dose, and to improve diagnostic accuracy and reproducibility, Toshiba introduces Adaptive Diagnostics technology to its CT systems.



Metal Artifact Reduction

Toshiba's innovative SEMAR™ technology virtually eliminates metallic artifacts, improving visualization of implants, supporting bone and the adjacent soft tissues for a clearer and more confident diagnosis.

MAGNETIC RESONANCE IMAGING

UNIQUELY DESIGNED TO MAKE YOUR PATIENTS COMFORTABLE



GET EXCITED FOR THE QUIETEST MRI AVAILABLE

Toshiba MRI systems are unique in the industry in considering all aspects of patient care. The wide field of view and extensive range of standard and specialty coils ensure accurate diagnosis. The systems' ultra-short open bores, feet-first imaging and the quietest operation thanks to our patented Pianissimo technology support patient comfort. And a variety of non-contrast angiography techniques simplify examination and enhance patient safety.



Quiet MRI for all scans
Toshiba's patented Pianissimo™ technology significantly reduces the noise in and around the MRI environment, making exams more comfortable and easier to complete.



Minimizing patient risk
To minimize the potential risks associated with gadolinium-based contrast agents Toshiba provides clinicians with unique, non-contrast MRA sequences that minimize risk to patients while producing exceptional images.

BETTER OUTCOMES FROM DETECTION TO TREATMENT

DIAGNOSTIC ULTRASOUND

SUPERIOR IMAGING FOR FAST AND SECURE DIAGNOSTICS

At Toshiba we believe that only the best image quality allows a diagnosis to happen quickly and with confidence. Each of our unique imaging technologies provides you with better image quality by reducing noise, strengthening signal and improving visualization. Crystal clear images consistently across a wide variety of clinical specialties and an abundance of expert tools ensure you can always get your diagnostic answer quickly and reliably.



Making the unseen visible
Toshiba's innovative SMI ultrasound technology on the Aplio™ Platinum Series provides a safe and contrast-free way to examine the microvasculature, advancing diagnostic accuracy and patient outcome.



Adding information enhances confidence
Smart Fusion allows you to view different imaging modalities side by side in real-time to faster locate difficult lesions and to improve the accuracy during ultrasound-guided interventional procedures.



Performance meets intelligence
Toshiba's unique iStyle™ productivity suite provides a full host of technologies that offer ergonomic relief by reducing keystrokes, improving workflow and raising the consistency of exams.

7

INTERVENTIONAL X-RAY

IMPROVING THE QUALITY OF LIFE IS OUR MISSION

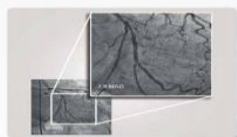
DoseRite

SPOT ON LOW DOSE

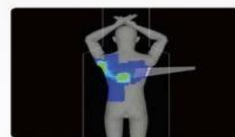
Dose management is an important issue for everyone. Interventional procedures have become increasingly complex, resulting in a significant increase of the average fluoroscopic time of interventions. Toshiba's DoseRite™ technology is a comprehensive dose management solution covering a wide range of dose-saving and dose management tools.



Spot Fluoro provides asymmetric, lesion-focused collimation while maintaining the full field of information without increasing the dose.



Live Zoom allows magnifying anatomy without increasing the detector input dose.



Toshiba's unique Dose Tracking System provides continuous real-time information on skin dose delivered to the patient.



8

INNOVATION IS OUR COMMITMENT

FPD RADIOGRAPHY & FLUOROSCOPY



We understand both the specific clinical demands and broader healthcare challenges you face in translating imaging systems into a high standard of patient care. Toshiba's digital X-ray systems provide a combination of seamless hospital network integration, ergonomic features, and high image quality with inbuilt dose management to ensure your patients receive fast, safe and precise care wherever they need it.



Improved access to the patient

Ample work space is provided on both the left and right sides of the tabletop, making it safer and easier to perform endoscopic, ultrasound and catheter studies.



9

CUSTOMER SERVICE

DOING WHAT'S RIGHT TAKES THE RIGHT ORGANIZATION

Standbyyou

"When it came time to talk about a service agreement, Toshiba's approach was unique. It felt less like a 'sell' and more like a consultation to help us design the most effective solution."

DELIVERING A SUPERIOR EXPERIENCE

Putting our customers first starts with an investment in our own people and facilities. While we have steadily outpaced our market share growth we maintained a low ratio of customers-to-engineers and customers-to-service managers to help ensure our promise of greater than 98% uptime.

We're here when you need support

Toshiba offers a full range of service agreements ranging from maintenance contracts for individual machines to full service agreements and Managed Equipment Services for your entire facility. Each of our service plans is fully customizable to meet the specific needs of your facility.

We listen to our customers

Our first step in customizing your service plan is simple: we listen. We'll take your input and, combined with learning from other customer experiences, we build a bespoke plan around your choice of service agreement with a single goal in mind: achieve the best solution for you and your organization.



10

SUPPORT BUILT AROUND YOU

TRAINING AND EDUCATION



TEACHING YOUR TEAM IMPROVES EFFICIENCY AND SAFETY

Our world-class Training Academies located in Europe and across the globe provide offsite and onsite training for clinicians, biomedical engineers and technologists, allowing you to use your equipment to its fullest potential. Despite our guaranteed response times, we believe better trained in-house staff can be a vital part of your efficiency.



Making sure your systems deliver from day one is an important part of our relationship. Experienced clinical application specialists will help you and your team to maximize the potential your diagnostic imaging equipment has to offer.



As part of our life-long partnership promise we frequently organize and sponsor CME-accredited seminars through our local and international training academies as well as through professional medical associations.



Service training courses with the same methodology as those our own engineers go through. Hands-on sessions deliver up-to-date information on new techniques and best practices to your technologists.

11

SECONDLIFE REFURBISHMENT & MOBILE EQUIPMENT

QUALITY AND SERVICE ONLY TOSHIBA CAN DELIVER

Secondlife 



As the original equipment manufacturer, Toshiba Secondlife is the ideal source for reliable refurbished imaging systems. Our refurbishment program is meticulous and demanding to meet the high standards of quality and reliability you can expect from Toshiba. All imaging systems considered for the Secondlife refurbishment program undergo the same process from careful selection, professional de-installation and refurbishment, installation and after-sales support.



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With comprehensive test and repair capabilities for standard and specialty probes, our Secondlife program can supply a wide range of pre-owned transducers.



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THE FREEDOM YOU WANT THE CERTAINTY YOU NEED

SHARING BEST PRACTICE SOLUTIONS MEANS IMPROVING YOUR BUSINESS

In a world of growing demands and limited budgets, managing the costs of healthcare is very challenging. A Toshiba Managed Equipment Service (MES) partnership is a valuable option for your facility to reduce the financial and operational risks of your medical equipment planning while delivering better patient care.

Each Toshiba MES partnership is tailored to your organization's clinical, operational and financial needs. From single modality or departmental solutions to full-service agreements covering all aspects of your medical technology requirements including equipment and asset management of new and already installed equipment, financing, maintenance, servicing, training and performance improvement – Toshiba provides the expertise to make optimum use of your equipment and to streamline your processes.

Equipment & technology management

Partnering with a leading healthcare provider such as Toshiba under the umbrella of a Managed Equipment Service partnership enables you to focus on delivering the best patient care while we manage your equipment with the highest standards of quality and efficiency at fully projectable cost. Imagine the convenience of one reliable partner covering all your medical equipment needs.

Financing & capital asset management

A Toshiba MES partnership helps you to take the key risks and spikes out of your medical equipment capital spending. While we assume those risks and manage your assets, you can plan your operations with fully projectable and pre-determined monthly payments covering everything from equipment service and maintenance to new purchases and financing, as well as staff training.

Process & performance optimization

With many years of experience in the widest variety of hospital environments our teams of clinical, technical and finance professionals provide expert advice helping you to optimize diagnostic procedures, capital asset utilization and financing strategies. Our Six Sigma-trained specialists can assist in optimizing hospital processes and patient pathways – all with the aim to improve efficiency while delivering best clinical services.

13

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With over 200,000 employees and 600 subsidiaries around the globe, Toshiba is not only one of the world's leading manufacturers of electronic devices and components, we also pride ourselves of delivering the highest quality products and customer-centric solutions. Our global network and vast expertise in a wide range of services provide an excellent foundation for framework agreements and large-scale projects on a local, national or international level.



The Tokyo Skytree™ – tallest free-standing broadcasting tower – is equipped with high-speed, high-capacity elevators from Toshiba.



WHERE THERE'S ELECTRICITY – WE ARE THERE

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As an integral part of our smart grid strategy Toshiba provides clean energy solutions for solar, wind and geothermal power.



At Toshiba we are working on the smart community of the future. In multiple large-scale projects around the world we have successfully demonstrated our know-how and expertise ranging from smart grids for using energy efficiently to water management, traffic control, healthcare, disaster prevention and security. For full information please visit www.toshiba-smartcommunity.com/EN

Made for Life

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CHAPTER- 2

REVIEW OF LITERATURE

Adedoylan Ishola,2012, studied the impact of interpersonal skills on medical as well as non medical personal over the quality deliverance of health care and highlighted the importance of Total Quality Management. They suggested that the interpersonal skills in health care organization should be organized by arranging frequent training and awareness programmes for the staff.

B Raja,2012,studied the supply chain management aspects and identify the areas in which they can improve the quality of service for efficient patient care. The purpose of this paper was to know the performance of the corporate hospitals in India based on well established criteria of what constitutes a quality supply chain system and concluded that Indian hospitals need to strengthen each activity in the value chain by focusing on continuous improvement in supply chain operations

S Nicholas ,2007 conducted the study over 200 patients who visited Diabetic and renal public health clinic with the aim to access patient satisfaction and their quality of life to improve the health status of people by promoting wellness and providing quality health care in an efficient ,equitable and sustainable manner

F, Oata, D.O.David Yens,2008, conducted a review on patient satisfaction of an Inner city level one trauma center 's emergency department through survey of the patients coming to the hospital with the objective of to bring about some changes in the emergency department waiting room as per the perceptions of the patient and to increase the usage and performance of the emergency department as satisfied patients are most likely to recommend the hospital to others.

Phillipe Chastonay,2011, worked with the objective to know the concept of patient satisfaction and understand the parameters for measuring Patient satisfaction levels and to correlate them with patients right to health through various literatures and concluded that patient satisfaction and studies related to it have very important and useful political,

social and ethical impact to further strengthen and monitor the progress of the sector to protect the right to health of the population

Deshkulkarn, 2012, studied the Perception of inter professional communication and its impact on patient care, occupational stress. After study they concluded that increased occupational stress due to lack of effective inter professional communication can lead to poor job satisfaction and burnout. The purpose of this study was to identify barriers to inter professional communication as perceived by radiologic technologists.

Ulrich Hiemenz, 2009 studied the overall satisfaction that consumers gain from consuming health services from a given provider with the Primary objective to examine how the choice of a given provider influence Health care institute. The survey conducted on 531 women who had between them 377 children out of which 317 children had fallen sick four weeks prior to study. The subject of investigation was the choice of healthcare provider by the consumer private/public medical care, pharmacy/over the counter drug, traditional/faith healing/self treatment and the consumer's satisfaction level. The study tests the hypothesis that there is no difference in the level of satisfaction with regard to the choice of the given provider.

Redouane Abouqual, 2010 studied Patient Satisfaction in an acute medicine department in Morocco. They performed structured face to face interviews with patients and used to measure patient satisfaction. They concluded that demographics, socioeconomics and health characteristics may influence in patient satisfaction.

Richard M. Shewchuk studied 2011 the primary care patient satisfaction segmentation. The study aimed to examine patient satisfaction with non physician staff as related to Patient demographics, satisfaction with physicians and intentions to recommend their Physician's to others through survey method Latent class analysis was used to detect patient subpopulation based on profiles of response for five satisfaction with staff indicators. At the end it was concluded that non physician staff should provide extra responsiveness to have patients need met.

M.Kameshwar Rao and T Rahul,2012, studied the gap analysis in hospitals and the relationship between patient satisfaction and the quality of service in health care industry. With the help of multiple regression approach it was proved that SERVOQUAL dimensions were the most reliable and important predictor of patient satisfaction. The theory of continuous improvement showed a deep understanding of the general source of quality problems. A clean and well planned marketing strategies leads to success of any health care industry. The gap between perceived quality of health care and patient satisfaction in public healthcare were more compared to private sector.

Patil Yashoda ,2010 ,in their literature studied importance of emotional intelligence and job satisfaction in physiotherapy practices through questionnaire. The aim of the was to find out any relation between physiotherapist's emotional quotient ,job satisfaction and patient satisfaction and concluded that the patient satisfaction depends on the multiple factors like their knowledge, skills, experience and clinical expertise.

Arne Kolstad,2004,worked out for the patient experiences questionnaire; development, validity and reliability. They did two postal surveys in a national survey of 14 hospitals and they concluded that PEQ s is a self report instrument covering the most important subject of interest to hospital patients.

Liz Gill,Lesely white,2009 ,studied literatures and reviewed the patient satisfaction Meta analyses. The papers that judiciously review the patient satisfaction were reviewed along with studies addressing the conceptual and methodological deficiencies associated with the concept and the current perceived service quality theory.

V. Modi,M.Patel,2009, studied the medication error in multi speciality hospital In Gujarat. This is record based study conducted amongst 500 indoor patients. The route cause analysis is done for medication error. Adverse medication events are studied /based on the study they have suggested few steps for avoiding or reducing medication errors.

Susan Meyer ,2004 ,studied that hospital managers decisions and actions focuses mainly on two important aspects of hospital care .One is what patient receives and second how health care services are delivered to the patients. They conducted the study on 202 U.S hospitals and emphasized on equal importance of process quality and clinical quality.

Venkateshwaran P.S 2010,conduct study the study Of patient expectation and satisfaction in Dindigul hospitals. In this the effect of SERVQUAL Scale frame work covering 221 patients were carried out by research Scholar. They concluded that the hospital administrator should improve the intangible aspects according to the up to date technological requirements of the user in order to create a good image and service rendered by the hospitals amongst patients. Thus improvement in the five dimensions namely tangibility responsiveness, assurance and empathy. This type of research survey helps to identify the service gap and enhance their service effectively and efficiently.

Mustuffa,Potter,Andrew 2009 studied to evaluate inventory management in the private health care sector and focused on the distributions of medicines from wholesaler to clinics, They used interview techniques to collect the data and interpreted that modern supply chain management techniques can bring benefits to healthcare supply chain in developing countries.

Dr.Oyvind A Bjertnase2011works to estimate the effects of different predictors of overall Patient satisfaction with hospitals, including patient reported experience, fulfillment of Patient satisfaction and socio demographic variables. He concluded in his study that the most importance predictors for over all patient satisfaction with hospitals are non reported experiences and fulfillment of expectations.

P R H New some & G H Wright,1999,wants to convey that in present scenario of growing consumerism satisfying patient has become a key task for all healthcare providers through conceptual models of consumer satisfaction including one most dominant in the marketing literature disconfirmation theory.

Michael M Grant, Johnathan R Gore; 2002, in their study investigated the relation between patient satisfaction and on a test of emotional intelligence, race, gender and resident/faculty status were compared via t tests. After the study they concluded that there is a limited relationship between physician's scores on a test of emotional intelligence and patient satisfaction

CHAPTER – 3

RESEARCH METHODOLOGY

3.1 NEED FOR STUDY :

- I want to know How the Human Body Works
- I want to pursue a Career in Research (PHD)
- I want experience of working with in the NHS.

STATEMENT OF THE PROBLEM :

- “Mission Statement” may be quite board. Used to guide definition of desired outcomes.
- Its important that solutions in response to clear system “Pull” aligned with Provincial and Health care Strategic Prioritise.

3.2OBJECTIVES OF THE STUDY :

- To examine the coverage of Health Insurance among Urban poor.
- To identifying the Major barriers in Insurance Coverage and possible strategies
- To Build a consumer-focused integrated primary health care system;
- To Improve access and reduce inequity;
- To Increase the focus on health promotion and prevention, screening and early intervention
- To Improve quality, safety, performance and accountability.

3.3 RESEARCH DESIGN:

- Development of Research design and Novel Methodologies for Health Care including treatment
- Management and Health care services Research including Analytical Innovation, Methodological Research, Statistical Methods and Medelling.

3.4 SOURCES OF DATA

The task of data collection begins once the research problem has been defined and the research design/plan has been chalked out. While the type of data collection to be used for the study, the researcher should keep in mind two methods of data collection viz. Primary data and Secondary data

PRIMARY DATA

These are the data which are collected from some primary sources i.e., a source of origin where the data generate.

These are collected for the first time by an investigator or an agency for any statistical analysis. "Data which are gathered originally for a certain purpose are known as primary data." — Horace Secrist

PRIMARY DATA COLLECTION

The primary data for this collected from 150 respondents belonging to Chennai and other states through a structured questionnaire by using Random Sampling method.

SECONDARY DATA

Secondary data refers to data which is collected by someone who is someone other than the user. Common sources of secondary data for social science include censuses, information collected by government departments, organizational records and data that was originally collected for other research purposes

SECONDARY DATA COLLECTION

The secondary data for the study was collected from available literature, journals based on research topic, web search and also from the previous customers of Shopify.

3.5 RESEARCH POPULATION

A research population is generally a large collection of individuals or objects that is the main focus of a scientific query. It is for the benefit of the population that researches are done. However, due to the large sizes of populations, researchers often cannot test every individual in the population because it is too expensive and time-consuming. This is the reason why researchers rely on sampling techniques.

SAMPLE SIZE

Sample size is a count of the individual samples or observations in any statistical setting, such as a scientific experiment or a public opinion survey. Though a relatively straightforward concept, choice of sample size is a critical determination for a project. Too small a sample yields unreliable results, while an overly large sample demands a good deal of time and resources.

3.6 SAMPLE SIZE USED FOR THE STUDY

The sample size used for this study is 150 respondents and the responses are collected from the respondents through Google Forms.

3.7 SAMPLING TECHNIQU

Judgmental sampling

3.8 PERIOD OF STUDY

The duration of study is from January 2021 to March 2021 which is three months of study.

3.9 STRUCTURE OF THE QUESTIONNAIRE

A questionnaire containing a total of 20 questions was constructed to study the effects of work related stress on employee performance. The questions are combined into a

single unit which identifies the factors causing work stress and people's response to it. The questionnaire contains close ended questions, and Likert scale questions.

3.10 ANALYTICAL TOOLS USED IN THE STUDY

PERCENTAGE ANALYSIS

Percentage analysis is the method to represent raw streams of data as a percentage for a better understanding of collected data. It is a useful method of expressing the relative frequency of survey responses and other data. Percentage frequency tables are generally displayed as tables or as bar diagrams or pie charts.

$$\text{PERCENTAGE} = \frac{\text{Amount of individual item}}{\text{Amount of base}} \times 100$$

3.11 LIMITATIONS OF THE STUDY

- 1) Sample size: The sample size used for the completion of this research is limited to 150 people, so the data collected cannot be used to represent opinions of people all over the world
- 2) Time period of the study: Time period of the study is for 3 months, all the data collected for this study was done within this time period.
- 3) Primary data collection: The method of primary data used for this study is questionnaire and the responses could be subject to the bias of the people.

CHAPTER- 4

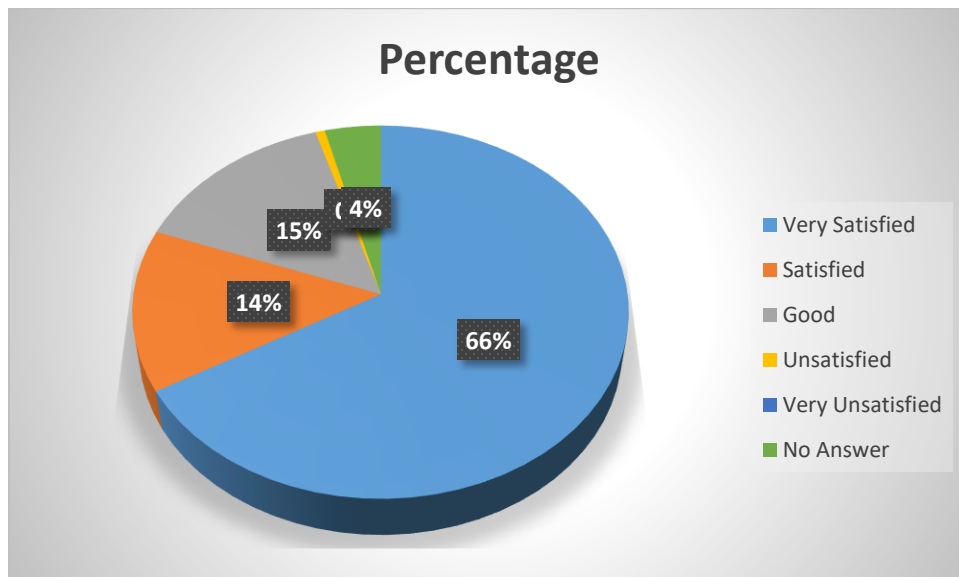
DATA ANALYSIS AND INTERPRETATION

DOCTOR'S KNOWLEDGE

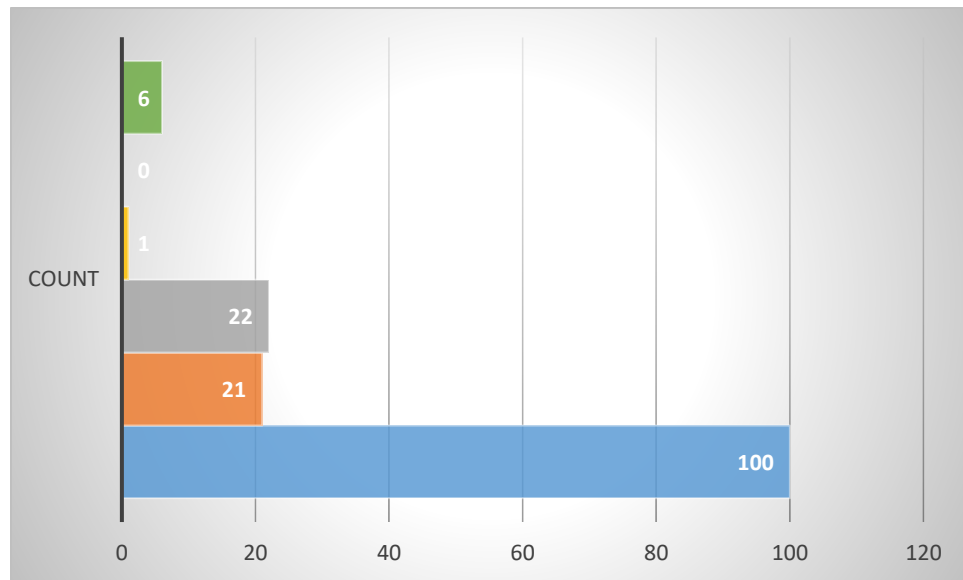
- RESULT

Options	Percentage	Count
Very Satisfied	66.67	100
Satisfied	14.00	21
Good	14.67	22
Unsatisfied	0.67	1
Very Unsatisfied	0.00	0
No Answer	4.00	6

- CLASSIFICATION OF THE RESPONDENTS ON PIE CHART



- CLASSIFICATION OF THE RESPONDENTS ON BAR CHART



Interpretation:

From the Above table 150 customers it is interpreted that 66% of the very satisfied, and 14% of the satisfied and 16.67% of the good and 0.67 of the unsatisfied

Inference :

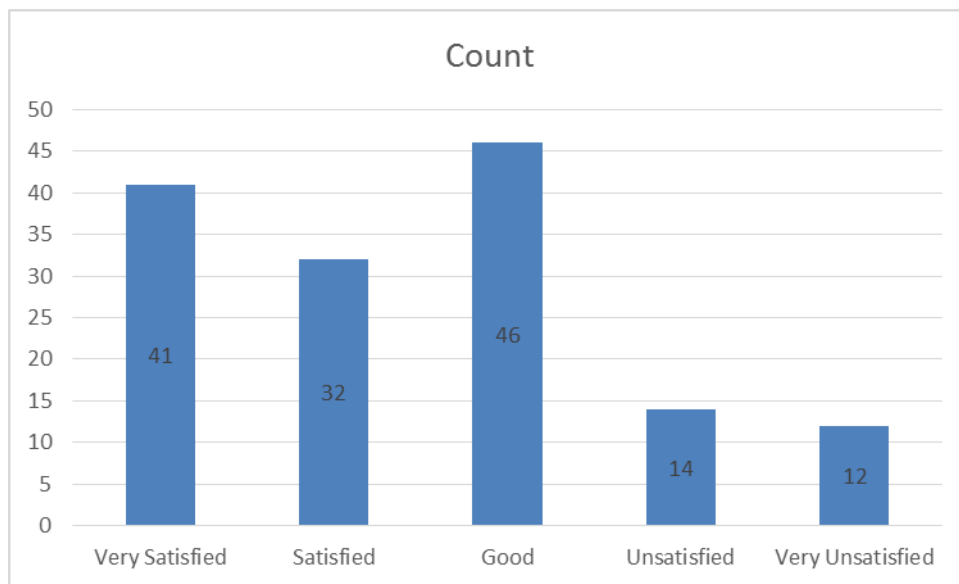
Majority of customers are very satisfied with doctor's knowledge

HYGIENE

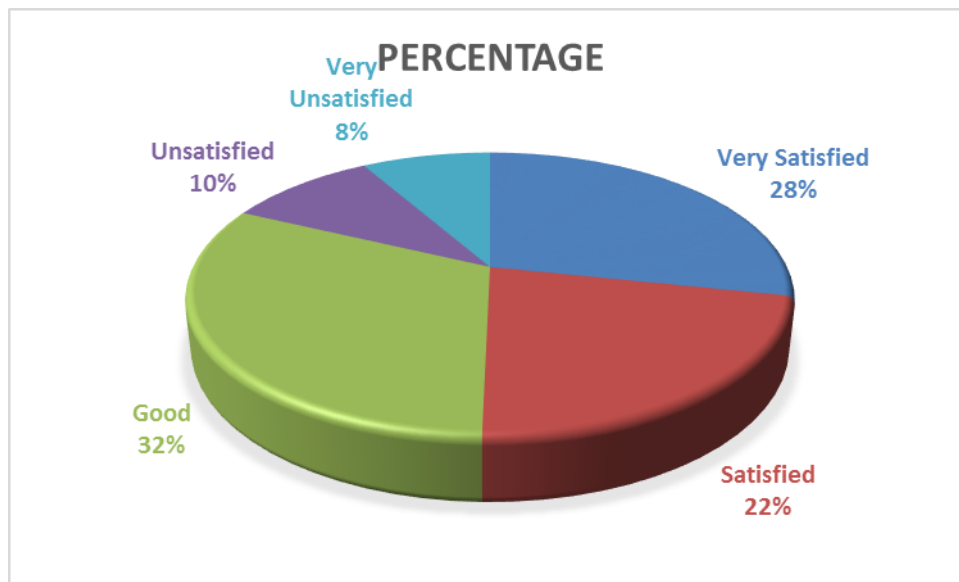
- RESULT

Options	Percentage	Count
Very Satisfied	28.28	41
Satisfied	22.07	32
Good	31.72	46
Unsatisfied	9.66	14
Very Unsatisfied	8.28	12

- CLASSIFICATION OF THE RESPONDENTS ON BAR CHART



CLASSIFICATION OF THE RESPONDENTS ON PIE CHART



Interpretation:

From the Above table 150 customers it is interpreted that 31.72% of the good and 28.28% of the very satisfied and 22.07% of the satisfied and 9.66 of the unsatisfied

Inference

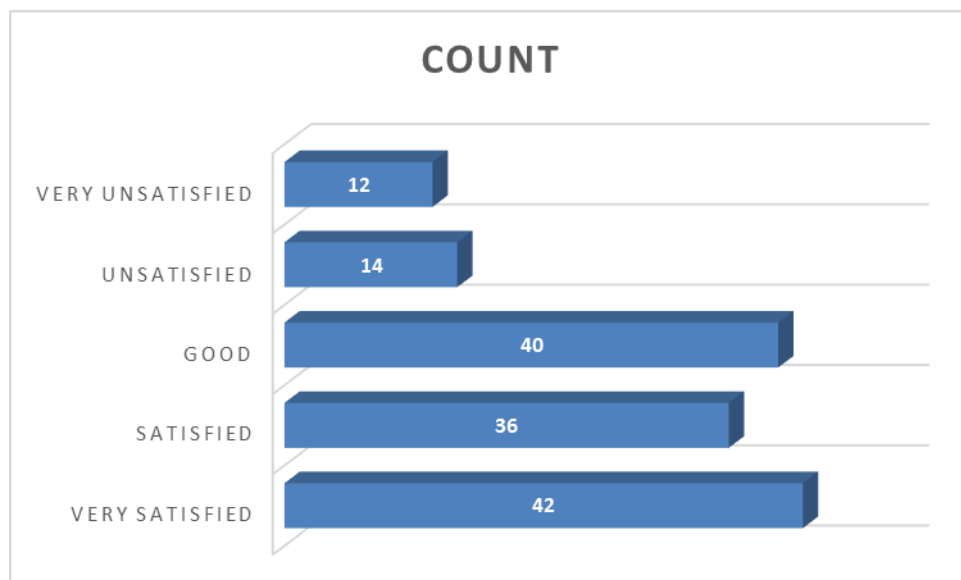
Majority of customers are satisfied with hygiene

WAITING TIME

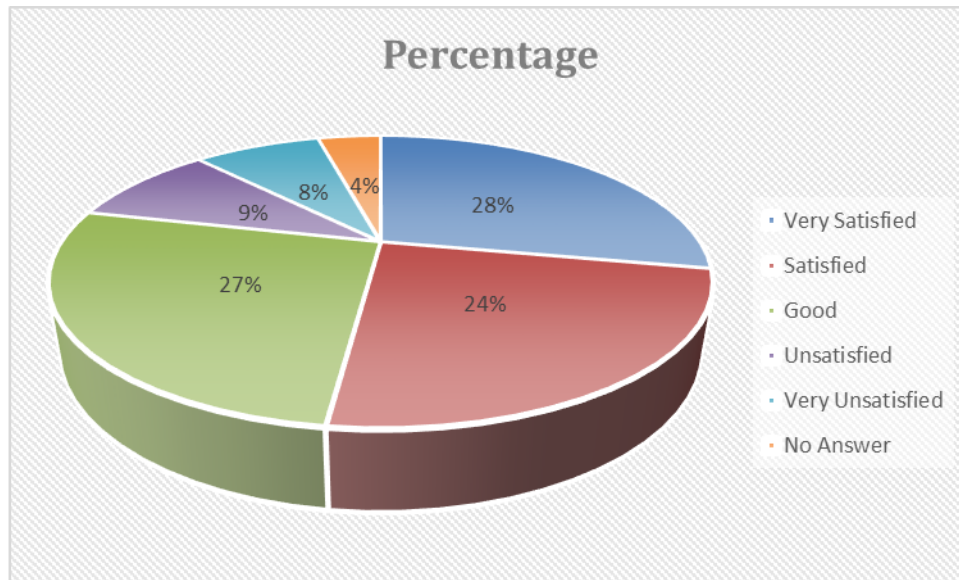
- RESULT

Options	Percentage	Count
Very Satisfied	28.00	42
Satisfied	24.00	36
Good	26.67	40
Unsatisfied	9.33	14
Very Unsatisfied	8.00	12
No Answer	4.00	6

- CLASSIFICATION OF THE RESPONDENTS ON BAR CHART



- CLASSIFICATION OF THE RESPONDENTS ON PIE CHART



Interpretation:

From the Above table 150 customers it is interpreted that 28.00% of the very satisfied, and 24% of the satisfied and 26.67% of the good and 9.33 of the unsatisfied

Inference :

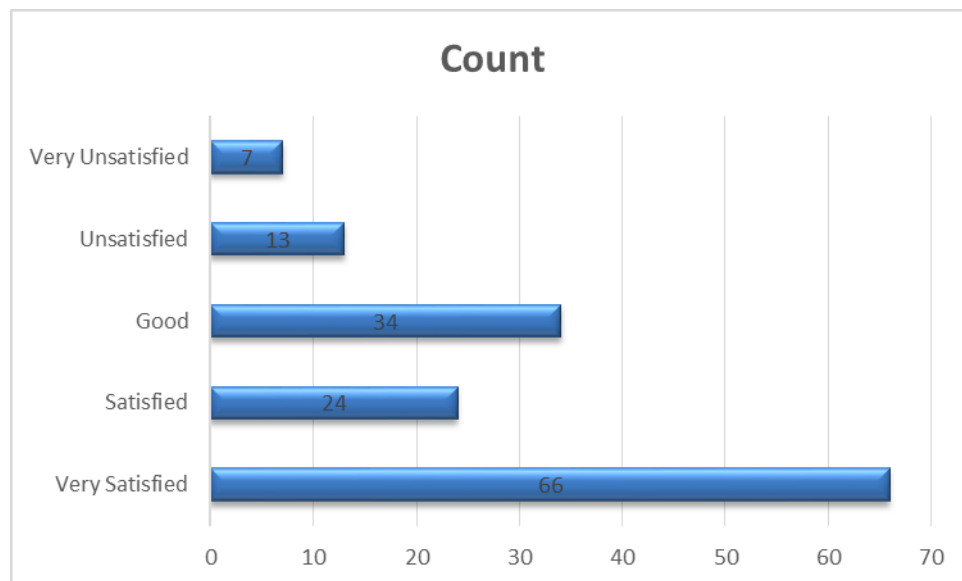
Only half of the customers are satisfied with waiting time

NURSE PATIENT

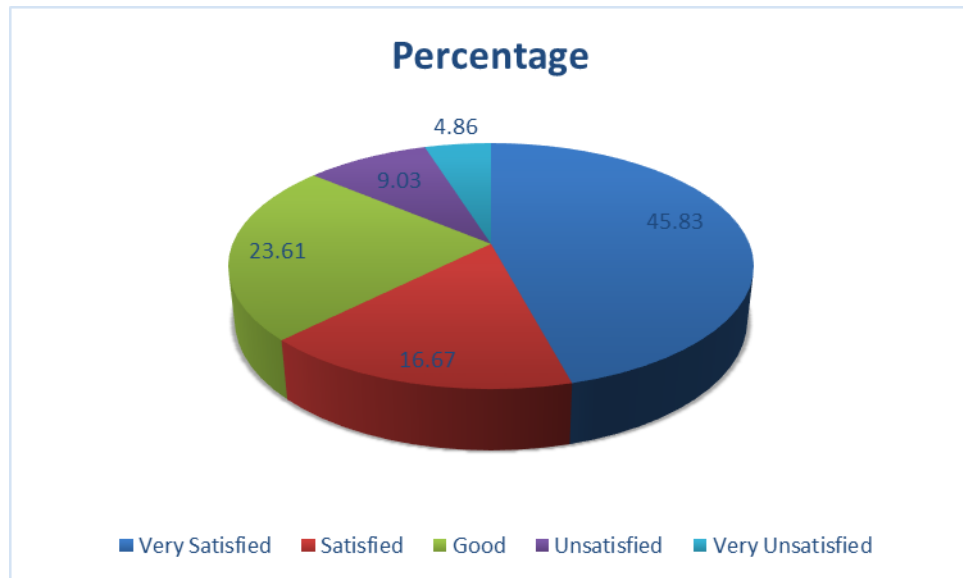
- RESULT

Options	Percentage	Count
Very Satisfied	45.83	66
Satisfied	16.67	24
Good	23.61	34
Unsatisfied	9.03	13
Very Unsatisfied	4.86	7

- CLASSIFICATION OF THE RESPONDENTS ON BAR CHART



- CLASSIFICATION OF THE RESPONDENTS ON PIE CHART



Interpretation:

From the Above table 150 customers it is interpreted that 45.83% of the very satisfied, and 16.67% of the satisfied and 23.61% of the good and 9.03 of the unsatisfied

Inference :

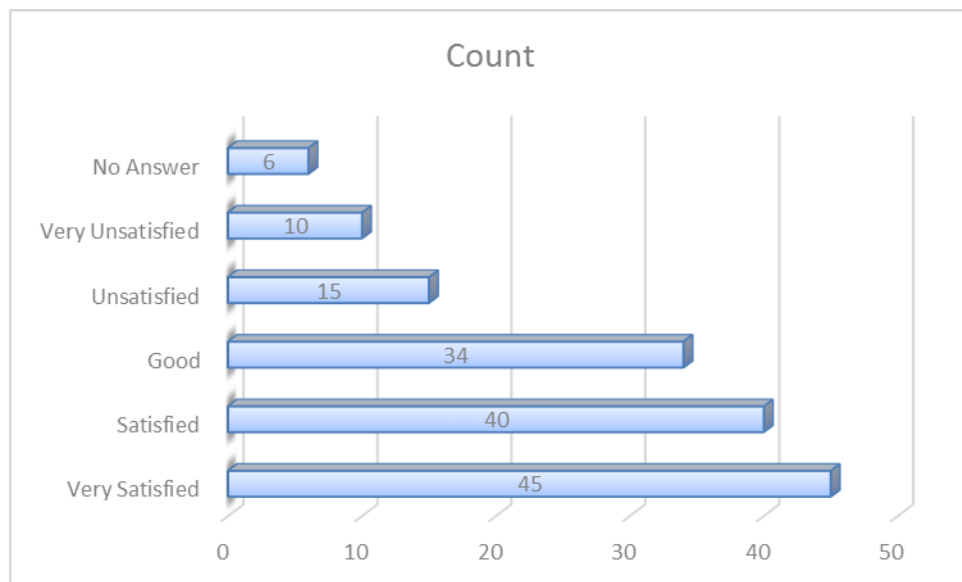
Majority of customers are satisfied with nurse patient

PHARMACY

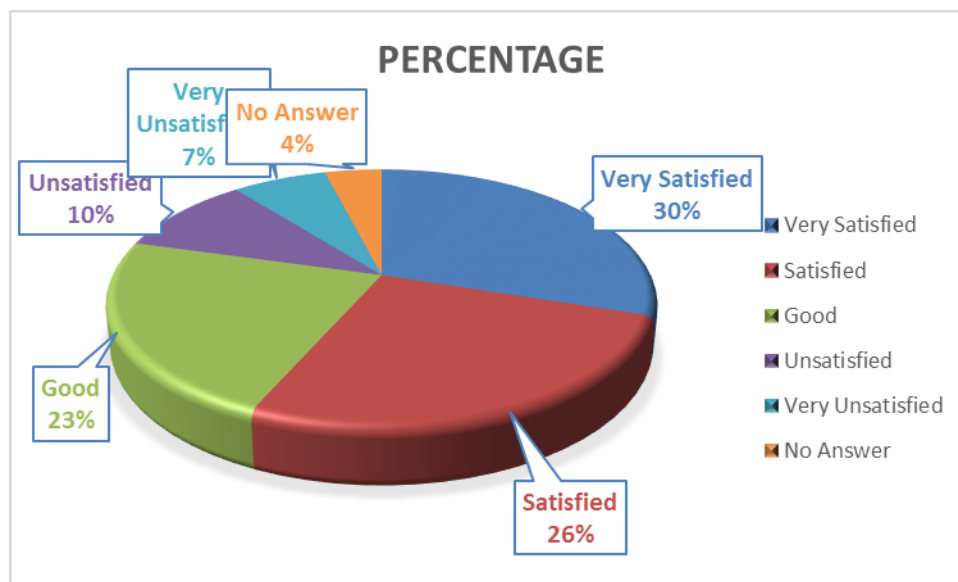
- RESULT

Options	Percentage	Count
Very Satisfied	30.00	45
Satisfied	26.67	40
Good	22.67	34
Unsatisfied	10.00	15
Very Unsatisfied	6.67	10
No Answer	4.00	6

- CLASSIFICATION OF THE RESPONDENTS ON BAR CHART



- CLASSIFICATION OF THE RESPONDENTS ON PIE CHART



Interpretation :

From the Above table 150 customers it is interpreted that 30.00% of the very satisfied, and 26.67% of the satisfied and 22.67% of the good and 10.00 of the unsatisfied

Inference : :

Majority of customers are satisfied with pharmacy

CHAPTER-5

5.1 FINDING AND SUGGESTIONS

- From doctor's knowledge, it is interpreted that 66% of the very satisfied, and 14% of the satisfied and 16.67% of the good and 0.67 of the unsatisfied
- From hygiene, it is interpreted that 31.72% of the good and 28.28% of the very satisfied and 22.07% of the satisfied and 9.66 of the unsatisfied
- From waiting time, it is interpreted that 28.00% of the very satisfied, and 24% the satisfied and 26.67%
- From pharmacy it is interpreted that 30.00% of the very satisfied, and 26.67% of the satisfied and 22.67% of the good and 10.00 of the unsatisfied

Improving our healthcare system to deliver better quality care at lower cost is critically important to our nation's long-term economic and fiscal well-being. The United States currently devotes 18 percent of our economy to healthcare, and that number is on the rise. Such a large proportion of resources devoted to healthcare makes it increasingly difficult to invest in other sectors of our economy.

The United States spends nearly three times as much on healthcare as other advanced nations, but unfortunately our system does not always provide better health outcomes. Health policy experts point to excessive waste in our healthcare system as the culprit behind our high costs. The Health and Medicine Division of the National Academies of Science, for example, has estimated that about 30 percent of total healthcare spending goes to unnecessary, ineffective, overpriced, and wasteful services. That leads many analysts to believe that there are substantial opportunities for the United States to maintain or improve our health outcomes at lower cost.

Containing the cost of healthcare is difficult because the United States pays for healthcare through a number of public and private channels including the federal and state healthcare programs, private insurers, and individual out-of-pocket payments. To avoid simply shifting costs around, systemwide reforms to the delivery and payment system offer the most promise for reducing the rate of cost growth while also preserving healthcare access and quality. To help identify and scale up those

approaches, the Foundation launched the [Peterson Center on Healthcare](#) in 2014.

Change the way federal programs pay for healthcare to encourage providers to deliver better care, eliminate unnecessary services and waste, and operate more efficiently. These options include pay-for-performance initiatives, alternative payment arrangements for patient care such as bundled payments and accountable care organizations, and expanded use of capitated payments to Medicaid's long-term care beneficiaries.

Make the cost of healthcare more visible to beneficiaries to encourage them to be more involved in healthcare decisions. For example, by designing co-payments and deductibles to make patients more aware of costs, by using different amounts of copays and deductibles to encourage patients to select higher value care options, and by prohibiting "first dollar" coverage so patients have some out-of-pocket cost exposure.

Reducing federal healthcare subsidies. These options would continue to make the programs available, but would limit federal costs. For Medicare, options include raising the eligibility age, increasing premiums, or increasing taxes on benefits, which would reduce the level of financial assistance provided to higher income beneficiaries. Federal costs could also be limited by imposing caps on spending for Medicaid and subsidies for health insurance.

Change the structure of federal healthcare programs. These options would fundamentally redesign federal healthcare programs and include:

- Combining Medicare's Part A hospital care program with
- Part B ambulatory services; o Reforming coverage for low-income individuals who need long-term and high-cost care and are eligible for Medicare and Medicaid (known as "dual eligibles");
- Converting Medicare into a premium support program that would allow beneficiaries to purchase insurance through health insurance exchanges;
- and converting Medicaid into state block grants.

5.2 Conclusion

In the United States, health care devices, technologies, and practices are rapidly moving into the home. The factors driving this migration include the costs of health care, the growing numbers of older adults, the increasing prevalence of chronic conditions and diseases and improved survival rates for people with those conditions and diseases, and a wide range of technological innovations. The health care that results varies considerably in its safety, effectiveness, and efficiency, as well as in its quality and cost.

Health Care Comes Home reviews the state of current knowledge and practice about many aspects of health care in residential settings and explores the short- and long-term effects of emerging trends and technologies. By evaluating existing systems, the book identifies design problems and imbalances between technological system demands and the capabilities of users. Health Care Comes Home recommends critical steps to improve health care in the home. The book's recommendations cover the regulation of health care technologies, proper training and preparation for people who provide in-home care, and how existing housing can be modified and new accessible housing can be better designed for residential health care. The book also identifies knowledge gaps in the field and how these can be addressed through research and development initiatives.

Health Care Comes Home lays the foundation for the integration of human health factors with the design and implementation of home health care devices, technologies, and practices. The book describes ways in which the Agency for Healthcare Research and Quality (AHRQ), the U.S. Food and Drug Administration (FDA), and federal housing agencies can collaborate to improve the quality of health care at home. It is also a valuable resource for residential health care providers and caregivers.

APPENDIX (QUESTIONNAIRE)

Email Id :

Name :

Age :

Gender :

1. Doctors Knowledge

- Very Satisfied
- Satisfied
- Good
- Un Satisfied
- Very unsatisfied

2. Hygiene

- Very Satisfied
- Satisfied
- Good
- Un Satisfied
- Very Unsatisfied

3. Waiting Time

- Very Satisfied
- Satisfied
- Good
- Un Satisfied
- Very Unsatisfied

4. Nurse patience

- Very Satisfied
- Satisfied
- Good
- Un Satisfied
- Very Unsatisfied

5. Availability In Pharmacy

- Very Satisfied
- Satisfied
- Good
- Un Satisfied
- Very Unsatisfied

6. In-Patient Ward

- Very Satisfied
- Satisfied
- Good
- Un Satisfied
- Very Unsatisfied

7. Any Other area to be improved

-

8. If Elasticity Of Demand Of Health Care Services Equal We Recommend The Health Care Firm

- Increase The Price Of Health Care Services
- Decrease The Price Of Health care services
- Make The Price Of Health care services Constant
- All The About are Wrong

9. In The Monopoliestic Competition Market Of Health Care Services
- There are many sellers
 - Individual firm's market share is small
 - There are non barriers to entry
 - All of the above are true
10. At The Price Over The Equilibrium price Of The Health Care Services There
- Shortage in The Supply Of The Health Care Resources
 - Surplus In The Supply Of Health Care Resource
 - Shortage In The Demand Oc The Health Care Resources
 - All Of The Above Are Wrong
11. Demand On Health Care Services In Jeddah City Equal
- Population need to health care services in jeddah city
 - Population want to health care services in jeddah city
 - Population need To health care services and there purchasing power in jeddah city
 - All of the above are wrong
12. The Factors that cause an increase in demand of health care services are
- Number of the health care provider
 - Price of alternative medicine
 - Medical technology
 - All of The above are wrong
13. what Specific health care resources should be used to produce the chosen
- Allocative efficiency
 - Distributive Justice or equity

- Production efficiency
 - All of the above are wrong
14. A decrease in price of the complement of health care services will cause
- Increase in price and decrease in quantity of health care services
 - Decrease in price and quantity of health care services
 - Increase in price and quantity of health care services
 - All of the above are wrong
15. A decrease in medical technology will cause
- Increase in price and decrease quantity of health care services
 - Decrease in price and quantity of health care services
 - Increase in price and quantity of health care services
 - All of the above are wrong
16. You're concerned with the health of the environment
- Strongly agree
 - Somewhat agree
 - Neither agree or disagree
 - Somewhat disagree
 - Strongly disagree
17. A rapidly growing health care services in which visiting nurses and other health professional provide care in the patient home is known as
- Visiting caregiver
 - In patient care
 - Home health care
 - Home care

18. Did doctor talk in front of you as if you weren't there
- Yes, often
 - Yes, sometime
 - No
19. The U.S health care system can best be described as
- Expensive
 - Fragmented
 - Market-oriented
 - All of the above
20. Hospital in the United States evolved from
- Ashouse
 - Sickhimes
 - Penthouse
 - Inns

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