

CUSTOMER SATISFACTION ON VARIOUS FACILITIES PROVIDED BY HOSPITAL

Submitted in partial fulfillment of the requirements for the award of

Master of Business Administration

by

SIVASANKAR T

Register No. 39410203



SCHOOL OF BUSINESS ADMINISTRATION

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**

April - 2021



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)

Accredited with “A” grade by NAAC | 12B Status by UGC | Approved by AICTE
Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai - 600 119
www.sathyabama.ac.in

SCHOOL OF BUSINESS ADMINISTRATION

BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of SRUTI C R 39410209 who have done the project work entitled ,“ **CUSTOMER SATISFACTION ON VARIOUS FACILITIES PROVIDED BY HOSPITAL**” under my supervision from December 2020 to March 2021.

Dr. N. KUMAR

Internal Guide

External Guide

Dr. BHUVANESWARI G.

Dean – School of Business Administration

Submitted for Viva voce Examination held on _____.

Internal Examiner

External Examiner

DECLARATION

I **SIVASANKAR T , (39410203)** hereby declare that the Project Report entitled, **"CUSTOMER SATISFACTION ON VARIOUS FACILITIES PROVIDED BY HOSPITAL"** done by me under the guidance of Dr. N. KUMAR, MA., MPHIL., Ph.D., MBA is submitted in partial fulfillment of the requirements for the award of Master of Business Administration degree.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

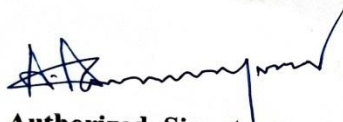
TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Sivasankar.T (Reg.No:39410203)** has done his project
“**Customer Satisfaction in Various Facilities Provided by Hospital**” in
LakshmanaMultispeciality Hospitals from **10/01/2021 to 10/03/2021**.

He was found sincere & hard working during this tenure.

We wish all the best for his future endeavors.

For Lakshmana Multispecialty Hospital


Authorized Signatory
(ARUMUGAM-S)

No 23 C, TPK Main Road, Pykara, Madurai-625004

Mob: 7373072110 Tel: 914522371369 E-mail: lakshmanahospital@gmail.com

ACKNOWLEDGEMENT

I am pleased to acknowledge my sincere thanks to Board of Management of **SATHYABAMA** for their kind encouragement in doing this project and for completing it successfully. I am grateful to them.

I convey my sincere thanks to **Dr. BHUVANESWARI G.**, Dean, School of Business Administration and **Dr. Palani A.**, Head, School of Business Administration for providing me necessary support and details at the right time during the progressive reviews.

I would like to express my sincere and deep sense of gratitude to my Project Guide **Dr. N. KUMAR** for his valuable guidance, suggestions and constant encouragement paved way for the successful completion of my project work.

I wish to express my thanks to all Teaching and Non-teaching staff members of the School of Business Administration who were helpful in many ways for the completion of the project.

SIVASANKAR .T

TABLE OF CONTENTS

CHAPTER NO.	TITLE	PAGE NO
	ABSTRACT	i
	LIST OF TABLES	ii
	LIST OF CHARTS	iii
	LIST OF ABBREVIATIONS	iv
1	INTRODUCTION	1 to 11
	1.1 Introduction	1
	1.2 Industry Profile	3
	1.3 Company Profile	5
	1.4 Need for the Study	8
	1.5 Scope and Significance of the Study	9
	1.6 Objectives of the Study	10
	1.7 Limitations of the Study	11
2	REVIEW OF LITERATURE	12 to 36
3	RESEARCH METHODOLOGY	37 to 41
	3.1 Research Design	37
	3.2 Sampling Technique	37
	3.3 Sources of Data	38
	3.4 Structure of Questionnaire	38
	3.5 Sample size	39
	3.6 Period of Study	39
	3.7 Analytical Tools	39
4	DATA ANALYSIS AND INTERPRETATION	42 to 78
	4.1 Percentage analysis	42 to 75
	4.2 Anova analysis	76
	4.3 Chi square	77
5	FINDINGS, SUGGESTIONS AND CONCLUSION	91 to 99
	5.1 Findings of the Study	79
	5.2 Suggestions	86
	5.3 Conclusion	86
	REFERENCES	87 to 92
	APPENDIX – I (Questionnaire)	93 to103
	APPENDIX – II (Article)	104

ABSTRACT

Keywords: medical facility, medical services & care, customer satisfaction

In the current era of modernization and busy life, every human is suffering from various health problems associated with it. The life is also become unsecured with full of uncertainty. So, this situation force researcher to study such new topic which is definitely related to HRM. In which there must development and implementations of certain quality plans, policies and strategies under any unavoidable circumstances about the customer (patient) satisfaction by providing the service to the people of society. The main objective is to evaluate the medical facilities provided by multi-speciality hospital on customer satisfaction in the Madurai city In this context of study the sample plan is framed with 120-150 required respondents with the convenience sampling method. And is applied to collect relevant data are from the customers in probability sampling design with the collection of primary data by taking a survey by questionnaire and secondary data by literature review About the perceived professionalism of the doctors patients generally were satisfied. Majority of the patients however, felt that fees charged by doctors are on the higher side. Also patients feel that the doctor stresses on various tests and X-rays for minor illness to. The local corporation as well as municipal authority in collaboration jointly with, Local universities, local educational institutions and large hospitals may establish a school of nursing to train suitably prequalified and attitudinally inclined local talents. This type of training facilities (medical equipment, operation and nursing) will be an endeavor in value addition of this rural area is human resources and the fulfillment of social obligations by the local medico in return for their peaceful and prosperous practices.

LIST OF TABLES

TABLE NO	PARTICULARS	PAGE NO
4.1.1	Age of the respondents	42
4.1.2	Gender of the respondents	43
4.1.3	Occupation of the respondents	45
4.1.4	Monthly income of the respondents	46
4.1.5	Medical insurance of the respondents	48
4.1.6	Cleanliness in the hospital of the respondents	49
4.1.7	Important to your health and wellbeing for visiting the doctor of the respondents	50
4.1.8	Convenience of location for you in hospital of the respondents	52
4.1.9	During the hospital stay room facility for patient is secure of the respondents	53
4.1.10	Cost of health care of the respondents	54
4.1.11	Doctor advise orally/in writing about how to take medication of the respondents	56
4.1.12	Pharmacy staff bill you health provider and collect the right deductible from you for your medicines of the respondents	57
4.1.13	Ambulance service quick to respond to your medical care request of the respondents	58
4.1.14	Hospital staff is friendly and courteous of the respondents	60
4.1.15	Information received from the staff is perfect of the respondents	61
4.1.16	Hospital appointment time is Convenient of the respondents	62
4.1.17	Laboratory services provided inside the hospital management of the respondents	64
4.1.18	Canteen facility provide by hospital management is worthy of the respondents	65
4.1.19	Doctor prescribes drugs and pills too often of the respondents	67
4.1.20	Doctor is available in emergency situation of the respondents	68
4.1.21	Extended medical care facility provide you helpful inputs about coming back to living in Society of the respondents	70
4.1.22	During the hospital stay how often did the scanning facility provide by hospital management with standard of the respondents	71
4.1.23	Rate the experience provided to you by the medical staff in the hospital of the respondents	73
4.1.24	I am very satisfied with the medical care I received from the doctor of the respondents	74

LIST OF CHARTS

TABLE NO	PARTICULARS	PAGE NO
4.1.1	Age of the respondents	43
4.1.2	Gender of the respondents	44
4.1.3	Occupation of the respondents	45
4.1.4	Monthly income of the respondents	47
4.1.5	Medical insurance of the respondents	48
4.1.6	Cleanliness in the hospital of the respondents	49
4.1.7	Important to your health and wellbeing for visiting the doctor of the respondents	51
4.1.8	Convenience of location for you in hospital of the respondents	52
4.1.9	During the hospital stay room facility for patient is secure of the respondents	53
4.1.10	Cost of health care of the respondents	55
4.1.11	Doctor advise orally/in writing about how to take medication of the respondents	56
4.1.12	Pharmacy staff bill you health provider and collect the right deductible from you for your medicines of the respondents	57
4.1.13	Ambulance service quick to respond to your medical care request of the respondents	59
4.1.14	Hospital staff is friendly and courteous of the respondents	60
4.1.15	Information received from the staff is perfect of the respondents	61
4.1.16	Hospital appointment time is Convenient of the respondents	63
4.1.17	Laboratory services provided inside the hospital management of the respondents	64
4.1.18	Canteen facility provide by hospital management is worthy of the respondents	66
4.1.19	Doctor prescribes drugs and pills too often of the respondents	67
4.1.20	Doctor is available in emergency situation of the respondents	69
4.1.21	Extended medical care facility provide you helpful inputs about coming back to living in Society of the respondents	70
4.1.22	During the hospital stay how often did the scanning facility provide by hospital management with standard of the respondents	72
4.1.23	Rate the experience provided to you by the medical staff in the hospital of the respondents	73
4.1.24	I am very satisfied with the medical care I received from the doctor of the respondents	74

LIST OF ABBREVIATIONS

S.No	ABBREVIATION	EXPANSION
1	ANOVA	Analysis of Variance
2	SPSS	Statistical Package for the Social Sciences
3	CRM	Cardiac magnetic resonance imaging

CHAPTER 1

1.1 Introduction

It is fascinating to see the concept of Human Resource Management and its role in the health care system in the Republic of India. It plays a crucial role in the quickly ever-changing state of affairs of management connected with kinship within the organisation. The approach of human resource considers the potentiality and vitality of the folks within the organisation. It's the overall inherent skills, non-heritable data and talent delineated by the skills and ability of the utilized person within the organisation. It's the method of managing the folks and providing the services to them with a human approach. It's additionally vital to check this human approach with the health care system like hospitals and their organisation that is vital a part of the lifetime of everyone nowadays.

Hospital is an establishment for health care, typically however not perpetually providing for extended term patients stays nowadays, hospitals square measure usually funded by the govt., for-profit or non-profit-making health organisations, insurance firms, or charities, as well as direct charitable donations. In history they were typically supported and funded by spiritual orders or charitable people and leaders. Hospitals currently every day staffed by skilled physicians, surgeons and nurses; wherever as in history, this work was typically done by the findings spiritual orders or volunteers. The hospital might also act as Associate in Nursing almshouse for the poor or a pilgrims' hostel throughout the centre ages. Hospitals square measure typically distinguished from alternative style of medical facilities by their ability to admit and take care of inpatients. kinds of specialised hospitals in hospitals embody trauma centres, children's hospitals geriatric, hospital and hospitals for coping with specific medical desires like psychiatric issues, bound unwellness classes and then forth. A hospital is also one building or campus; some Hospitals square measure related to with universities for medical analysis and coaching of medical personnel. Worldwide, most of the hospitals square measure run-on a non-profit-making basis by agency for health services or personal partnership of or

charities. A medical facility smaller than hospital is named clinic and sometimes pass by agency or personal partnership for physicians (in nations wherever personal observe is allowed). Clinics typically offer solely patient services hospitals is also needed by law to possess make a copy power generators, just in case of blackout. in addition they'll be placed on special high priority segments of the general public works (utilities) infrastructure to confirm continuity of care throughout a state of emergency.

1.2 INDUSTRY PROFILE

A hospital is a place where a person goes to be healed when he or she is sick or injured. The difference between a hospital and other healthcare places like a clinic or a doctor's office is that a hospital will have beds where patients can stay overnight. These patients are called inpatients. Hospitals also treat people who do not stay overnight, called outpatients. Doctors and nurses work at hospitals. Doctors make use of advanced medical technology to heal patients.

Patients who are staying at the hospital will always be under the care of doctors and nurses who are always available for taking care of the injured or sick patients. Hospitals always have the tools and machines needed for treating the patients.

The word hospital originally meant "a place where people can stay". There have been hospitals for sick people since ancient times. They were often created and run by religious groups. In the early modern period, hospitals began to be funded by donations from rich people and by governments. Today, hospitals may get money from the government, from charging patients for the treatments and check-ups, from patients' health insurance, from people giving to charity or a mix of those things.

A hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment. The best-known type of hospital is the general hospital, which typically has an emergency department to treat urgent health problems ranging from fire and accident victims to a sudden illness.

A district hospital typically is the major health care facility in its region, with many beds for intensive care and additional beds for patients who need long-term care.

Specialized hospitals include trauma centers, rehabilitation hospitals, children's hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric treatment (see psychiatric hospital) and certain disease categories. Specialized hospitals can help reduce health care costs compared to general hospitals. Hospitals are classified as general, specialty, or government depending on the sources of income received.

A teaching hospital combines assistance to people with teaching to medical students and nurses. A medical facility smaller than a hospital is generally called a clinic. Hospitals have a range of departments (e.g. surgery and urgent care) and specialist units such as cardiology. Some hospitals have outpatient departments and some have chronic treatment units. Common support units include a pharmacy, pathology, and radiology.

Hospitals are usually funded by public funding, health organisations (for profit or nonprofit), health insurance companies, or charities, including direct charitable donations. Historically, hospitals were often founded and funded by religious orders, or by charitable individuals and leaders.

Currently, hospitals are largely staffed by professional physicians, surgeons, nurses, and allied health practitioners, whereas in the past, this work was usually performed by the members of founding religious orders or by volunteers. However, there are various Catholic religious orders, such as the Alexia's and the Bon Secours Sisters that still focus on hospital ministry in the late 1990s, as well as several other Christian denominations, including the Methodists and Lutherans, which run hospitals. In accordance with the original meaning of the word, hospitals were originally "places of hospitality", and this meaning is still preserved in the names of some institutions such as the Royal Hospital Chelsea, established in 1681 as a retirement and nursing home for veteran soldiers.

QUALITY AND SAFETY

As the quality of health care has increasingly become an issue around the world, hospitals have increasingly had to pay serious attention to this matter. Independent external assessment of quality is one of the most powerful ways to assess this aspect

of health care, and hospital accreditation is one means by which this is achieved. In many parts of the world such accreditation is sourced from other countries, a phenomenon known as international healthcare accreditation, by groups such as Accreditation Canada from Canada, the Joint Commission from the US, the Trent Accreditation Scheme from Great Britain, and Haute Autorité de santé (HAS) from France. In England hospitals are monitored by the Care Quality Commission. In 2020 they turned their attention to hospital food standards after seven patient deaths from listeria linked to pre-packaged sandwiches and salads in 2019, saying "Nutrition and hydration is part of a patient's recovery."

The World Health Organization noted in 2011 that going into hospital was far riskier than flying. Globally the chance of a patient being subject to an error was about 10% and the chance of death resulting from an error was about 1 in 300 according to Liam Donaldson. 7% of hospitalized patients in developed countries, and 10% in developing countries, acquire at least one health care-associated infection. In the USA 1.7 million infections are acquired in hospital each year, leading to 100,000 deaths, figures much worse than in Europe where there were 4.5 million infections and 37,000 deaths.

SPECIALIZED

A specialty hospital is primarily and exclusively dedicated to one or a few related medical specialties.^[8] Subtypes include rehabilitation hospitals, children's hospitals, seniors' (geriatric) hospitals, long-term acute care facilities and hospitals for dealing with specific medical needs such as psychiatric problems (see psychiatric hospital), certain disease categories such as cardiac, oncology, or orthopedic problems, and so forth.

In Germany specialized hospitals are called Fachkrankenhaus; an example is Fachkrankenhaus Coswig (thoracic surgery). In India, specialty hospitals are known as super specialty hospitals, and are distinguished from multispecialty hospitals which are composed of several specialties.

Specialized hospitals can help reduce health care costs compared to general hospitals. For example, Haryana Health's cardiac unit in Bangalore specializes in

cardiac surgery and allows for a significantly greater number of patients. It has 3,000 beds and performs 3,000 in pediatrics cardiac operations annually, the largest number in the world for such a facility. Surgeons are paid on a fixed salary instead of per operation, thus when the number of procedures increases, the hospital is able to take advantage of economies of scale and reduce its cost per procedure. Each specialist may also become more efficient by working on one procedure like a production line.

1.3 COMPANY PROFILE

Lakshmana Hospital the trusted name among the public was started 33 yrs back, initiated as a dispensary then converted to a 20 bedded hospital has catered to people of Madurai and various districts around Madurai over the years.

First and a vividly memorable milestone happened in 1999 when we moved to a bedded hospital We expanded as Lakshmana multispecialty hospital in 2013 under the auspices and blessings of our grandfather Thiru.Lakshmanan who lived 100 long years with us and taught us to love, live and let live. We also launched a comprehensive diagnostics facility in 2013 with around 100 employees and have become the largest hospital in southern Madurai. I am happy to carry with me the patronage of almost 15000 families from almost all walks of life, from places afar. The tempo to strive stays up with the filial bonding that the patients have developed over the years.

Now Lakshmana Hospital is expanding its horizon further with its 100 bedded state of the art Multi Speciality Hospital with a Motto to “EMPOWERING YOU WITH HEALTH”.

MEDICINE

Internal medicine or general medicine (in Commonwealth nations) is the medical specialty dealing with the prevention, diagnosis, and treatment of adult diseases. Physicians specializing in internal medicine are called internists, or physicians (without a modifier) in Commonwealth nations. Internists are skilled in the management of patients who have undifferentiated or multi-system disease

processes. Internists care for hospitalized and ambulatory patients and may play a major role in teaching and research. Because internal medicine patients are often seriously ill or require complex investigations, internists do much of their work in hospitals. Internists often have subspecialty interests in diseases affecting particular organs or organ systems.

RADIOLOGY

Radiology is the science that uses medical imaging to diagnose and sometimes also treat diseases within the body. A variety of imaging techniques such as X-ray radiography, ultrasound, computed tomography (CT), nuclear medicine including positron emission tomography (PET), and magnetic resonance imaging (MRI) are used to diagnose and/or treat diseases. Interventional radiology is the performance of (usually minimally invasive) medical procedures with the guidance of imaging technologies.

ACCIDENTAL AND EMERGENCY PROBLEM

An emergency department also known as an accident & emergency department emergency room emergency ward or casualty department, is a medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance. The emergency department is usually found in a hospital or other primary care center. The emergency departments of most hospitals operate 24 hours a day, although staffing levels may be varied in an attempt to reflect patient volume.

CARDIOLOGY

All cardiologists study the disorders of the heart, but the study of adult and child heart disorders are through different training pathways.

PHYSICAL MEDICINE AND REHABILITATION

Physical medicine and rehabilitation (PM&R), also known as physiatry or rehabilitation medicine, aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. A physician having completed training in this field is referred to as a physiatrist. Unlike other medical specialties that focus on a medical cure, the goals of the physiatrist are to maximize patients independence in activities of daily living and improve quality of life.

NEUROLOGY

A neurologist is a medical doctor who specializes in treating diseases of the nervous system. The nervous system is made of two parts: the central and peripheral nervous system. It includes the brain and spinal cord. Illnesses, disorders, and injuries that involve the nervous system often require a neurologists management and treatment.

EMERGENCY WARD

An intensive care unit, also known as an intensive therapy unit or intensive treatment unit or critical care unit, is a special department of a hospital or health care facility that provides intensive treatment medicine A ventilator is a type of equipment that is used in the ward to assist people in breathing when they are unable to do so themselves.

CRM SCAN

An ultra modern CRM scan commissioned, in Lakshmana Muli Speciality Hospital . Functioning with German technology, the images would be of high quality and even minute parts of the brain could be viewed clearly.

1.4 NEED OF THE STUDY

The geographical scope of the present study is restricted to municipal limits of Madurai City. The topical scope covers the management practices adopted by the hospitals in Madurai city. The analytical covers the fulfillment of the objectives set out for the study. The functional scope is confirmed to offering certain meaningful suggestions for improving the working of the hospitals through judicious use of appropriate management practices. In order to study the experiences of the patients regarding the quality of services received, the scope was confirmed to those patients who were discharged from various hospitals under study.

Hospitals are a dynamic institutions, are an integral part of to social and medical organisation of the community. Although they are perceived as the institutions in the service of humanity their management is extremely complex affair. The managerial-clinical specialty of 'Hospital Management' there has only recently emerged.

World-wide strives to adopt modern business techniques to impart scientific basis to the functioning of hospitals with in available resources. Alike its counterparts in business and its industry, the specialty of hospital management too takes into fold planning, organising, leadership, co-ordination, motivation, evaluation, job satisfaction, implementation of operational strategies and deals with human, financial and material resources available to it. Despite this awakening, however, it is being widely admitted that the greatest obstacle to achieving the goal of 'Vision 2020' is the weakness of management of health system... We cannot ignore the central place the management has in the better functioning of individual hospital....city by city. Thus there is a demand for executives and managers, to bring in professionalism in Healthcare delivery.

The effectiveness of hospital services can be measured both qualitatively and quantitatively through hospital's operational activities aimed at achieving their stated objectives. Hospital premises and facilities, hospital human resource, their effectiveness reflected in the level of motivation and satisfaction, their moral ,attitude and dedication to the work, prevailing management practices in patient care, maintenance of hygiene and cleanliness, maintenance and atomization of records,

cleanliness and waste avoidance by through good housekeeping and inventory control, up gradation and maintenance of hospital equipment, cost-containment, quality control and quality assurance, proper communication and information system, insurance and other financial facilities provided, advertising and promotional activities, social responsibilities, proper disposal of biomedical wastes, goodwill and building of brand image etc. The art and science of management deals precisely with these and such other aspects of hospital functions. There was a need to study to investigate the management practices adopted by selected hospitals in Madurai city and accordingly titled "Customer Satisfaction on various facilities provided by hospital

STATEMENT OF THE PROBLEM

In the current era of modernization and busy life, every human is suffering from various health problems associated with it. The life is also become unsecured with full of uncertainty. Terrorism and related violence is now global issue and in India also manmade disasters can take place at any time. While attack on the healthcare professional by patients and their relatives under any circumstance now a common issue and government authorities are also serious about the same.

All these parameters force researcher to study such new topic which is definitely related to HRM. In which there must development and implementations of certain plans and strategies under any unavoidable circumstances by creating awareness among the society and in the healthcare professional too. Making them more sensible about their duties to be performed by providing training, skill, and even a appraising their services of their supporting staff time to time with some motivating aspects related to them.

1.5 SCOPE AND SIGNIFICANCE OF THE STUDY

The National Institute of Health and Family welfare, New Delhi, has identified several, issues in to hospital management that need alternative through research. Relevant to the present investigations are issues pertaining to the duties, responsibilities and role of hospital-promoters and doctor entrepreneurs, hospital administrators, scientific planning and management of hospital services, resources mobilization and cost containment, budgeting etc.

Research in hospital management indeed deserves priority attention in India because healthcare market is currently estimated at US\$35 billion and is expected to reach over US\$75 billion by 2012 and US\$150 billion by 2017.

According to the Investment Commission of India the healthcare sector has experienced phenomenal growth of 12 percent per annum in the last 4 years. Rising income levels and a growing elderly population are all factors that are driving this growth. In addition, changing demographics, disease profiles and the shift from chronic to lifestyle diseases in the country has led to increased spending on healthcare delivery.

Despite having centers of excellence in healthcare delivery, these facilities are limited and are inadequate in meeting the current healthcare demands. India faces a shortage of doctors, nurses and paramedics that are needed to propel the growing healthcare industry.

India alone will need over a million healthcare management professionals by 2012. Healthcare operations call for specialization, team work and time bound operations in a multi-tasking environment. Thus there is a demand for executives and managers, to bring in professionalism in Healthcare delivery.

1.6 OBJECTIVE OF THE STUDY

Primary objective

- ✓ To evaluate the medical facilities and customer satisfaction provided by lakshmana multi-speciality hospital in Madurai city.

Secondary objectives

- To measure the medical care experienced by the patients who have undergone the treatment of the hospital in the study
- To assess the medical services provided by the lakshmana multi-speciality hospital managements in the study area
- To study the behavior of medical staff how they handling the patients in the hospital.

1.7 LIMITATIONS OF THE STUDY

- The study was carried out only certain number of patients.
- The patients were not ready to answer for few questions.
- At times certain patients were not accurate in their responses.
- Time is the major constraint. Given forty five days time is not sufficient to go in depth of the study.

CHAPTER 2

REVIEW OF LITERATURE

Acharyulu, GVRK, Shekbar 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.

Arasli et al,(2008) maintain that it is necessary to develop a systematic approach to find out the real requirement of patients, as this leads to greater customer's satisfaction and ultimately make the hospital more successful.

Brown, J., Boles, M., Mullooly, M., and Levison, W.,(1999).The purpose of this study was to test the effects of a common communication skills building program designed to increase physician's listening and communication skills on patient satisfaction ratings of provider communication during specific medical care encounters. The program consisted of a 10-hour, two-part training. Physicians were recruited from the Kaiser Permanente Northwest Division in Portland, Oregon and in the usual way for a continuing education program. Once providers indicated their interest in the course, they were invited to participate in the study; providers were assigned to the intervention or control group. The intervention group simply attended the program in advance of the control group. Patient satisfaction was assessed using the Art of Medicine Survey and assessed patients' satisfaction Psych Research Page 28 Patient Satisfaction Survey for AIDS Institute with communication skills during a specific encounter and overall with care received from the clinician. Anonymous self-administered questionnaires were sent to patients within 10 days of their visit to the

ambulatory care facility; data were collected during one year in 1995 and 1996. General estimating equations were created, controlling for baseline patient satisfaction scores and results indicated that while patient satisfaction scores were higher among the intervention group, the difference was not statistically significant. Providers in the intervention group reported improvements in communication skills and lower frustration with visits. The authors concluded that while communication has been determined to be related to patient satisfaction it is unrealistic to expect a single brief continuing education course to improve general patient satisfaction in the “contemporary health care environment.”

Folkes and Patrick,(2003) in their study show converging evidence of a positivity effect in customers’ perceptions about service providers. According to them when the customer has little experience with the service, positive information about a single employee leads to the perception that the firm’s other service providers are positive.

Rohland, B., Langebehn, D., and Rohrer, J.,(2000) The authors of this paper theorize that there is a relationship between satisfaction with services on the one hand and mental health status and increased life satisfaction on the other. Participants were selected from a sample of 18-64 year-old Medicaid recipients who received mental health services in Iowa in 1993. The random sample was selected within each category of the following stratifications: diagnosis (schizophrenia, affective disorders, anxiety disorders, and adjustment disorders), severity of illness, and Urban/rural County of residence. Surveys, sent to 2,530 patients and returned by 815 persons (32.3 percent response rate), assessed life satisfaction, satisfaction with services (focusing on the quality of interpersonal experience), and self-reported mental health status. Schizophrenics had higher levels of satisfaction with services and life than others, and a statistically significant relationship was found between life satisfaction and service satisfaction for schizophrenics, and those with affective and adjustment disorders.

Barr, D. and Vergun, P. (2000) The authors of this article argue that conventional methods of assessing patient satisfaction are insufficient. Traditionally, a survey (e.g. the nine-item Visit-Specific Satisfaction Questionnaire (VSQ)) is administered either after the encounter or by telephone at a later date. However, such instruments cannot capture the patient's perspectives of the encounter or objective measurements of the system. The authors developed a means of collecting this information via a 67-item questionnaire (included in the article) that collected patient demographic information and health status, prior health care (continuity), and ancillary services utilized by the patient. Targeted to patients coming to a primary care office visit at a large multispecialty facility in northern California, the study achieved a response rate of 77.6 percent for a total sample size of 291.

Beck, E., Griffith,R., Fitzpatrick,R., Mandalia,S., Carrier,J., Conlon,C., Mandel, B., Ong, E., Pazniak,A., Tang, A., Tomlinson,D. and Williams,I. (1999) This paper described the development of a self-administered patient satisfaction survey for individuals attending English HIV care clinics. The survey was designed by a working group comprised of clinicians from participating clinics, clients from the clinics, and representatives from the English Health Authority. Various dimensions of patient satisfaction, such as choice of treatment, staff attitudes and skills, cultural sensitivity and coordination of care, were identified. The available literature of patient satisfaction and HIV care was reviewed. In addition, open-ended interviews were conducted with service users of 3 HIV-specific voluntary organizations. These interviews informed the selection of items; once a draft survey was developed, the same individuals interviewed were asked to review the survey in terms of its applicability, comprehensiveness, design and wording. Once this was complete, the survey was revised and was tested on clients from another clinic. The final questionnaire contained 28 mainly multiple-choice items; some items covered demographic information and others were open-ended questions designed to identify other service needs and generate additional comments. The survey was then administered to 6 clinics, 3 in London and 3 outside of London, in May 1996. Two methods of survey return were evaluated; the first used a sealed box in the clinic area, while the second asked respondents to return the surveys using the postal

service. The overall survey return rate was 54%; the sealed box method resulted in a return rate of 62% compared with 49% for the postal service method. Results of the survey indicated that most clinic clients were very satisfied with their treatment; however, respondents who waited more than 15 minutes to see the doctor were less satisfied than those who did not. Some differences emerged between the London and non-London sites, with London clinic clients being more satisfied with the clinic environment and clients in London being more satisfied in terms of seeing a preferred provider.

Beedham, H. (1995) This study describes the health and social needs and views and opinions on services of HIV/AIDS care consumers and to compare these to responses among providers of HIV/AIDS care. Study participants were 85 clients attending a specialized NHS care clinic in London, England; the sample was stratified to represent the various subgroups of HIV/AIDS patients at the clinic. No participant had been diagnosed for less than 4 months. The face-to-face interview combined open- and close-ended questions and resulted thus in both quantitative and qualitative data. The majority of study participants were men and all but three were younger than 45 years of age. Less than 20% were Black and two-thirds of the men in the sample had contracted HIV via sex with men. The interview assessed various aspects of the respondents' lives; this brief summary will focus on their opinions of and needs around their outpatient health care. Results indicate that respondents valued the interpersonal aspects of their health care more than the technical components of it. Over 95% of respondents reported appreciating the "friendliness and relaxed manner of staff" and over two-thirds valued "being given positive encouragement or reassurance" about their condition. Just a third of respondents appreciated discussing their information needs with their doctors and over half thought their doctors were receptive to questions. In contrast another third thought that the doctors were not forthcoming with information or receptive to questions. Regarding the use of specialist or generalist health care services, women and heterosexual men appreciated community support services and "rejected those facilities which seem to be predominantly designed for and used by gay males." The

authors emphasized the overwhelming housing needs of the study respondents and concluded that greater coordination of services is required.

Calnan, M. (1988) The major goal of this paper is to examine the adequacy of the concept of patient satisfaction. The author argues that the construct has suffered from conceptual weaknesses and that research, based on the poorly constructed concept, are thus often contradictory. The author also describes the various reasons that patient satisfaction has begun to be examined. Thus, while the integration of the concept of patient satisfaction into quality of care assessments can be justified, the actual construct suffers from both theoretical and methodological weaknesses. These include variable levels of satisfaction, depending upon how the questions are asked; the superficial nature of patient satisfaction; the fact that satisfaction levels can change over time; measures of it suffer from both “the halo effect” (consistently high ratings of patient satisfaction) and “managerial bias” (where providers’ and administrators’ concerns are assessed as opposed to patients’ concerns). The author suggests that a shift away from quantifying satisfaction and towards ethnographic methods will result in understanding lay persons action “in terms of his or her own logic, knowledge and beliefs which themselves are closely tied to the social context and circumstances” of every day life. The author suggests a framework for conceptualizing patient satisfaction that includes the following: specific reasons for care seeking, as opposed to expectations, are important; prior specific experiences with health care services; the values or ideology that supports the health care system within which the patient seeks care; and, the internalized understanding of “health” of individual patients (e.g., the lack of disease or the presence of health). The author concludes by reiterating the need for more rigorous conceptualization of the construct of patient satisfaction and the potential helpfulness of his own four-part framework for considering the issue.

Carlson, M. and Gabriel, R. (2001) The primary purposes of this study were: to determine whether those in publicly funded substance abuse treatment received more treatment (i.e. participated more) if they were more satisfied with the services; and to determine whether satisfaction with services could predict other outcomes. The

sample consisted of 310 patients in Oregon and Washington State (of 502 participants) who were interviewed three times, and had chart reviews conducted by the researchers. Satisfaction measures addressed satisfaction with: access to services, treatment effectiveness, and overall care (global measure). Dichotomous outcome measures were created covering the time period 30 days prior to the interview and included: abstinence from alcohol/drugs, presence of psychiatric symptoms, and employment. The chart review was utilized to measure service usage. As expected, satisfaction rates were high across the three measures. At six months, satisfaction with access and effectiveness predicted service use. There was a significant relationship between abstinence at one year and service use and satisfaction with access and effectiveness. Patient satisfaction was not related to other outcomes.

Fitzpatrick, R. (1991) The author begins by answering the question: why conduct a patient satisfaction survey? The answer lies less in the desire to assess quality of care from the patient's perspective and more in a managerial criticism of the NHS to use modern marketing techniques to assess consumer opinions. However, others began to argue for the former goal of measuring patient satisfaction; subsequently patient's perspectives on the interpersonal aspects of care began to be investigated alongside other aspects, such as hospital food. The author contends that in addition, there are three other important reasons that patient satisfaction should be assessed: 1) it can be used as an outcome measure, 2) it is useful in assessing consultations and communications patterns and 3) it enables choice between alternatives in the organization and provision of care. Why surveys should not be conducted include sensitizing staff to patients' perspectives and learning what is already known from existing studies. The issue of reliability is difficult; using the test-retest method cannot distinguish between true change over time and unreliability. Internal consistency measures are commonly used to demonstrate the internal reliability of the measure. Finally, a detailed discussion of validity is determined to be beyond the scope of the article (see, Williams, 1994), but the following dimensions of patient satisfaction are listed: humaneness, informativeness, overall quality, competence, bureaucracy, access, cost, facilities, outcomes, continuity, and attention to psychosocial problems.

Finally, the author cautions that thought should be given to how the results of any such patient satisfaction survey might be used.

Fox, J. and Storms, D. (1981) The authors' discuss a theoretical model they have developed that could establish (and explain) the relationship between sociodemographic characteristics and satisfaction. They hypothesize that every individual has an assumption about what constitutes appropriate (and therefore high quality) health care. They also posit that health care providers also have orientations that manifest themselves in how they treat patients. It is when the patient's expectations for appropriate care are congruent with the health care provider's approach that we would expect to see high levels of satisfaction. They argue that these factors, rarely measured in studies, are modifying the relationship between sociodemographic characteristics and satisfaction, resulting in conflicting reports about the importance of sociodemographic characteristics to satisfaction. Thus, they hypothesized, controlling for patient expectations and health care provider orientation should better define the relationship between sociodemographic characteristics and satisfaction. To test this hypothesis, they interviewed (via telephone) 2582 (of 3398 in the sample—a response rate of 78 percent) residents who lived in the Baltimore metro area in late 1974 through early 1975. Respondents who reported receiving medical care within the prior 12 months were asked to rate their level of satisfaction with the medical care they received on a scale of 1 to 10. 79.9 percent of the sample had received care in the designated period. The authors suggest that this is the case because these two variables are the strongest demographic predictors of utilization of health care. If validated further, the authors state that the model “may redefine the importance of the current methodological search for dimensions of satisfaction”.

Guyatt, G., Mitchell, A., Molloy, W., Capretta, R., Horsman, J., and Griffith, L. (1995) Researchers were attempting to develop a questionnaire that addressed two important aspects of patient and relative satisfaction with medical care: level of care received and the degree of involvement in healthcare decisions. Researchers generated items via literature reviews and interviews with patients, relatives of patients and healthcare providers, and included items in the final scale that were most

identified as areas of dissatisfaction or of importance. Ultimately, three unidimensional 7-point (7 designated high satisfaction, 1 designated low) response scales were created: the 23-item Patient Satisfaction Index, the 34-item Relative of Competent Patient Satisfaction Index, and the 29-item Relative of Incompetent Patient Satisfaction Index.

Halkitis, P. and Dooha, S. (1998) This paper describes the experiences with managed care of HIV-positive patients living in New York City. The authors compares levels of patient satisfaction between those who are enrolled in managed care as compared with those in indemnity, fee-for-service or government sponsored plans, using qualitative research methods. The study sample consisted of a random sample of clients of Gay Men's Health Crisis (GMHC), stratified by health care plan, sex, sexual orientation, and race/ethnicity. The response rate was approximately 30%, resulting in 29 completed in-depth interviews. The sample was predominately male and approximately half were African-American or Latino.

Hall, J. and Dornan, M. (1988) The authors conducted a meta-analysis of 221 studies to address the multidimensionality in satisfaction instruments. The authors developed 12 categories of dimensions that were addressed across all the studies. The authors then created a measure of level of satisfaction for each dimension from available data from the studies. Results indicated that overall quality ranked the highest in terms of satisfaction and satisfaction with attention to psychosocial problems ranking the lowest. However, it should be noted that only 7 of the 221 studies addressed this dimension of satisfaction. A majority of studies (65 percent) addressed humaneness. The authors discussed interpretations of why the rankings of the dimensions were distributed as described in the paper (patients gave lower satisfaction ratings to dimensions not related to physical needs (e.g. need for information) or to the provider (e.g. cost, access)). One interpretation was that the satisfaction ratings are actually accurately measuring what they are supposed to—performance of the system as a whole, with patients satisfied with technical aspects related to the provider and less satisfied with system related aspects. Another interpretation was that patients did not feel qualified to access the technical abilities of

the provider (though the authors cite other literature that suggests this may not be the case). The authors conclude by stating that the nature of the studies made it difficult to operationalize the concept of satisfaction. For example, even though it is known that psychosocial problems are an important aspect of health, few studies have included it when measuring satisfaction, limiting the utility of measures of satisfaction. They also note that there is little standardization across studies in terms of the actual measures utilized, making it difficult to generalize about satisfaction with health care.

Hall, J. and Dornan, M. (1990) This paper reviews the evidence of the relationship between patient satisfaction and patient characteristics using quantitative meta-analytic techniques. The authors used standard and accepted methods for identifying published quantitative analyses of patient satisfaction where information on the association among patient characteristics and satisfaction were presented. One hundred and ten published reports were included in the analysis that met the authors' criteria for inclusion. For each study, each correlation was extracted and coded as to which of the 11 aspects of care it pertained to; the 11 aspects of care were: access, cost, overall quality of care, humaneness of providers, competence of providers, information given by providers, bureaucracy, physical facilities, providers' attention to psychosocial problem, continuity of care and outcome of care. The paper also reports several interesting contrasts among variables, such as sex and ethnicity. The authors conclude by stating that in overall terms, it appears that patient satisfaction is associated with age and education and nearly significantly associated with social and marital status. The authors continue to state that the associations may be due to response patterns on the part of the groups identified or they may be mediated by events and processes that occur during the medical care encounter.

Hall, J., and Dornan, M. (1988) The authors conducted a meta-analysis of 221 studies to examine consumer satisfaction with medical care. The authors begin by describing the general characteristics that could describe satisfaction instruments. Directness of the question relates to how directly a patient was asked about their satisfaction (how satisfied were you vs. describe the care you received). Specificity refers to how general of an encounter is being measured, ranging from measures of a

health system in general to measures of a specific visit. Type of care refers to the type of service being accessed (e.g. ambulatory care). Dimensionality refers to the aspects of the care being measured

Harpole, L., Orav, E., Hickey, M., Posther, K., and Brennan, T. (1996) The primary objective was to understand the effects of mode of survey administration (mail versus on-site) and patient demographics on satisfaction. The 23-item visit specific questionnaire was designed by the study hospital and “reflected three domains of service quality: courtesy of office staff, timeliness of care, and communication with the provider”. On-site data collection occurred during one week in August 1994 (602 were given the questionnaire to complete, with a final response rate of 69 percent). Alternatively, in September 1994, 606 patients were mailed questionnaires two weeks after their visit occurred (response rate was 42 percent). Analysis found that associations existed between both mode of administration and patient characteristics. Consequently, the authors argue that statistically adjusting for these two factors could affect dissatisfaction rates, which could impact practice rankings.

Harris, L., Swindle, R., Mungai, S., Weinberger, M., and Tierney, W. (1999) Developing an office-level, patient-focused quality improvement instrument involved mailing the 9-item Visit-Specific Questionnaire (VSQ) from the Medical Outcomes Study (MOS); the 12-item American Board of Internal Medicine Patient Satisfaction Questionnaire (with some modifications); and other questions created by their Quality Improvement Committee. Three satisfaction subscales were identified—provider, office and access—and were substantiated for both adults and children, utilizing factor analysis.

Health Services Research Group,(1992) Concepts and issues related to the measurement of patient satisfaction are discussed in this article. First, patient satisfaction is introduced as a measure of the patient perspective of the encounter rather than a measure of quality assurance. The specific example given related to measuring time spent with the physician. Other issues discussed included: the lack of standardized measures to assess patient satisfaction, making inter-study

comparisons difficult; Also discussed were the concern that some patients may overrate technical quality of care because of a positive perception of the physicians interpersonal characteristics; and the possibility that patient characteristics (e.g. demographic characteristics) and practice characteristics (e.g. continuity of care) may affect measures of patient satisfaction. Suggested guidelines for using patient satisfaction ratings in clinical practice included using standardized measures of satisfaction such as the Visit-Specific Satisfaction Questionnaire or the Client Satisfaction Questionnaire.

Inui, T. and Carter, W. (1985) In this review of studies of provider-patient communication, the authors assert that even with the vast knowledge available on biological processes and disease mechanisms, communication between health care provider and patient is an extremely important aspect of health care. Attempting to measure this, however, requires interdisciplinary activities, since merely measuring satisfaction at the conclusion of an interaction cannot measure all the nuances of communication (both verbal and non-verbal). They then spend some time describing the methods of systematic analysis of these interactions, citing that many of the methods have generic similarities: strategies utilized direct observation; emphasis on specific processes such as verbal communication; multiple classifications to categorize encounters; and an approach to quantify the events. The authors also argue that it is important to understand pre-encounter state in order to place post-encounter measures into perspective. This could include patient expectations of the encounter, degree of prior exposure to the health care provider, and demographic characteristics, all of which can ultimately effect how a patient interprets the encounter. The authors conclude that it is important to augment measures that categorize a specific type of interaction (the example they gave was verbal communication) with measures of other types of interaction, such as body language. They also point out that for chronic diseases, addressing symptoms and providing support rather than a “cure” is often the goal, once again pointing to the importance of communicating effectively with patients through the course of their treatment.

Jackson, J., Chamberlin, J., and Kroenke, K. (2001) Correlates of patient satisfaction were measured over time. Participants were 500 patients presenting to the general medical care clinic of a large military (Walter Reed Medical Center) medical center. Patients were surveyed immediately before their medical care visit, immediately after the visit, and two-weeks and three-months post-visit. Patient satisfaction was measured immediately post-visit with the Medical Outcomes Study (MOS) 9-item satisfaction scale that covered satisfaction with general and specific areas of care. At two-weeks post-visit patients were mailed a questionnaire that assessed satisfaction with only the general area of care. The average age of patients surveyed was 55, half were women and half were African-American. Results indicated that immediately post-visit, just over half of all patients rated their overall care as excellent; these proportions increased to 59% at two-weeks post-visit and 63% by three-months post-visit. Multivariate analysis revealed that immediately post-visit satisfaction was associated with having no unmet expectations, receiving a causal explanation of symptoms, and being older than 65. These factors explained just 26% of the variance in patient satisfaction. At two-weeks and three-months post visit, multivariate analysis revealed that satisfaction was associated with symptom improvement, reporting no residual expectation, neither requiring nor anticipating another doctor visit and improved function. These factors explained 38 and 40% of the variance in patient satisfaction scores at two-weeks and three-months post-visit.

Kane, R., Maciejewski, M., and Finch, M. (1997) The authors of this study assert that patient satisfaction is not only important as an outcome of the patient's experience with the health care encounter, but as an important determinant of health-related outcomes. They argue that patients that had a more positive health care experience may be more likely to comply with treatment or to keep follow-up appointments that are a component of continued care. Patients in 53 hospitals in Minnesota who had either open or laparoscopic elective cholecystectomy were eligible to participate. The ultimate sample of 2,116 had data from two points in time—an initial interview that measured health status prior to surgery, and a questionnaire administered six months after surgery that assessed health status and satisfaction. Satisfaction was measured utilizing an 11-item scale that resulted in the

following factors: the quality of the care received, the hospital setting, and time spent with medical staff. Because of the measures used, the researchers could assess both absolute health (how the patients felt after the surgery) and relative health (the degree of improvement in health status from pre to post surgery). This suggests that how a patient is feeling when assessed is more important to patient satisfaction than the degree of improvement in health status over time. The authors conclude by suggesting that this has important implications for organizations that use measures of patient satisfaction as a “report card” since it may reward institutions that have less severely ill patients.

Katz, M., Marx, R., Douglas, J., Bolan, G., Park, M., Jan Gurley, R. and Buchbinder, S. (1997) The major goal of this paper was to report results of a study designed to assess the impact of health insurance type on patient satisfaction among 593 HIV-infected gay and bisexual men in San Francisco. Patient satisfaction was assessed using the 42-item Patient Satisfaction Questionnaire short-form (PSQ-III-42). Used in the Medical Outcomes Study, the questionnaire taps 6 aspects of medical care, access and convenience, technical quality, interpersonal relations, communication, time spent with provider, and financial aspects; in addition there is a general measure of satisfaction. A 5-point scale ranging from strongly agree to strongly disagree is used. Results indicated that satisfaction levels were highest for interpersonal relations (3.7) and communication (3.7) and lowest for financial aspects (3.0) and general satisfaction (2.9). Men with no insurance were significantly less satisfied with access to care, as compared with those with fee-for-service, managed care or public insurance.

Kravits, R. (1998) The author begins by asserting that based on the increasing number of times the term patient satisfaction has appeared in Medline between 1975 and 1997 measuring patient satisfaction “has become a major industry.” However, the author queries: is patient satisfaction a concept worth measuring, what is the best way to measure it and how are the results to be used? The author couches the answer to first question in terms of a division between those who care about consumer opinion and client-centered care and those who believe attention and

resources are best devoted to other issues such as over- and underutilization and health outcomes. However, the author observes that helping patients' to achieve their health-related goals is a fundamental aim of medicine. Further, the only way to gauge these goals is by asking patients. The question, however, of whether patient satisfaction can be reliably and meaningfully measured remains. The author argues that those measuring patient satisfaction must be clear that patient satisfaction is not a single, unitary concept but "a distillation of" perceptions (beliefs about occurrences) and values (the relative import of the occurrences). The author argues that the inability of some patient satisfaction measure items (e.g., how satisfied were you with the amount of time the doctor spent with you today) to distinguish perceptions from values. Additionally, in addressing the purpose of measuring patient satisfaction, the author describes the need to distinguish between using patient satisfaction measures as report cards or for quality improvement purposes. In the latter case, using them as independent predictors of patient satisfaction reveals meaningful areas for improvement, while in the former controlling for background characteristics is appropriate. Finally, the author addresses the issue of how to use patient satisfaction measures and concludes that the "important question is whether they can stimulate genuine gains in patient-centered care."

Linder-Pelz, S. and Struening, E. (1985) The primary objective of this study was to test the hypothesis that patients evaluate satisfaction with health care received on multiple dimensions, rather than just globally. A 22 item questionnaire, developed by the authors after extensive reviews of satisfaction literature, was administered to patients (self-administered, though one investigator helped if necessary) after seeing their physician and while waiting for their next appointment. Patients new to the clinic (primary care clinic in uptown Manhattan, New York) from August – October 1978 were asked to complete the questionnaire (n = 155). As expected, the patients were more satisfied than dissatisfied. The authors conclude that using a multidimensional approach may better capture patient satisfaction than simply asking global questions.

Linn, L. (1975) The author relates satisfaction with health insurance coverage, healthcare provider, and "new" (at the time) non-physician health care providers (e.g.

physician's assistant), noting three commonalities in the research to date: This paper presents data for an investigation whose goals were to measure the level of patient satisfaction and determine the relationship between patient characteristics, health care encounter characteristics, and patient satisfaction. A total of 1,739 patient-provider encounters in eleven Southern California ambulatory health care settings were evaluated. Measures of patient encounters (e.g. general characteristics such as physician time spent with the patient; services performed, such as x-ray; and disposition of service), patient characteristics (e.g. age, sex, etc.) and patient satisfaction were collected. Two measures of patient satisfaction were utilized—the 6-item General Evaluation Index (attitudes towards the entire visit) and the 4-item Index of Satisfaction (encounters with physician). Results indicated high levels of patient satisfaction, consistent with prior research. There were also detailed findings related to the relationship between patient characteristics and the characteristics of the health care encounter, which are summarized later in this review.

Locker, D. and Dunt, D. (1978) In this paper the theoretical and methodological issues involved in determining and measuring patient satisfaction are addressed. The author starts with the reality that patient satisfaction has become an important part of policy formulation and medical, in as much as it affects compliance and participation in care. The author begins with a review of the existing literature on patient satisfaction and concludes that the studies appear to indicate very high levels of patient satisfaction overall, while being more willing to report less satisfaction with specific aspects of care. Finally, communication of information appears to be the source of most dissatisfaction with care. The author concludes that because the studies reviewed do not use similar methods to assess patient satisfaction or its determinants, they provide the opportunity to compare methods and formulate principles for the measurement of patient satisfaction.

McDaniel, C. and Nash, J. (1990) The authors summarize measures of patient satisfaction in nursing care. The authors utilized various techniques to compile a list of 21 instruments including: name of the tool, date developed and developer; purpose

of the measure; a description of the measure; the psychometrics (reliability and validity) of the measure; and the availability of the measure.

Meredith, K., Delaney, J., Horgan, M., Fisher, E. and Fraser, V. (1997) The authors of this paper recognize that most HIV medical care services have been built around the needs of those most affected at the start of the epidemic in the United States, gay white men. In contrast, women currently make up the fastest growing group of people with HIV in the US. Yet, there is a lack of a clear understanding of the expectations and preferences of women with HIV. Thus, the authors conducted a survey between June through August 1995, of 50 women with HIV receiving care from a stand-alone HIV medical-care center specifically for women. The interview focused on the nature of health care received, current expectations of care, and qualities they consider important in health care. Results indicated that in terms of their expectations and preferences, over half of women surveyed indicated that they wanted personalized care, respect, and staff support. There were some interesting differences among women in terms of their expectations and preferences; African-American women and women with a history of physical or sexual abuse were more likely to desire emotional support than were others; African-American women, women with education less than a high school diploma and women with a CD4 count greater than 200 were also more likely to report a need for material social support than were others. Women with education greater than a high school diploma were more likely to report a need for reduced barriers to care (such as transportation and flexible hours). When asked to rank the importance of various services, the majority of women (92%) reported that seeing the doctor, learning about their condition, and being seen in a pleasant environment were very important. Finally, in terms of the care received by the women surveyed at the time of the interview, the majority of women reported feeling close to someone in the HIV care center; the majority (65%) felt close to social workers, nurses (60%) and a small group felt close to doctors (11%). The authors concluded that the results should be used to inform the development of specific responses to women's HIV-care related needs.

Munro, B., Jacobsen, B., and Brooten, D. (1994) Secondary analyses were used to assess the psychometric characteristics of the LaMonica-Oberst Patient Satisfaction Scale in a new, nononcologic (unplanned cesarean births, childbearing diabetics, and women who had hysterectomies) sample. This scale, originally constructed as a modification of the Patient Satisfaction Instrument, was designed to retain the dimensions of the original scale (“technical-professional, trusting relationship, and education relationship”) while reflecting the expected acute care nursing behaviors from an oncologic population. Thirteen (of the 41) items were dropped, and two factors were identified: dissatisfaction, and interpersonal support/good impressions. The authors believed that the overall results indicated the scale’s utility for nononcologic patients.

Nelson-Zlupko, L., Morrison-Dore, M., Kaufman, E., and Kaltenbach, K. (1996) This paper examines women’s perceptions and experiences of substance abuse treatment services in Philadelphia, PA. The authors begin by reviewing the research that calls for gender-specific treatment programs and the evidence that very little actually exists. Further, the existing research reveals little about what women themselves think about the services in terms of their helpfulness or lack thereof. In order to address these issues, the authors interviewed 24 women who had received specialized and non-specialized services about their perceptions about and experiences of the services. Both quantitative and qualitative approaches were used during a 1½ hour face-to-face, interview. Results indicated that the services that were perceived to be most helpful, transportation assistance, help obtaining food, clothes, etc., recreational activities, onsite health care, 12-step meetings and women’s issues discussion groups, were often the least available.

Ross, C., Steward, C., and Sinacore, J. (1993) The authors of this paper theorize that one aspect of patient satisfaction that is not often measured—the patient’s preference as to which patient care dimensions are most important—could be an important determinant of satisfaction with health care. They hypothesize that the linear compensatory model (i.e. overall satisfaction is comprised of multiple dimensions that may “compensate” for each other when some dimensions may be

rated more highly than others based on patient preference) will be the basis for the relationship between satisfaction and patient preference, if one exists. A randomly selected sample of 308 patients seeking ambulatory services at a Veterans Hospital were identified as eligible for the study; ultimately 233 completed the interview. Patient satisfaction was measured utilizing the 29-item Patient Satisfaction Questionnaire (PSQ), which yields six dimensions of health care: access to care; availability of services; technical quality of care; interpersonal care; communication; financing of care; and overall satisfaction. The 138-item Sickness Impact Profile was used to measure psychological, physical and overall function due to health, and an importance ranking was developed to allow patients to prioritize their perceived importance of the six dimensions measured by the PSQ. Utilizing stepwise multiple regression, the researchers determined that most of the variance in the model (63 percent) was due to three dimensions: interpersonal care, technical quality and access to care. Though there were some consistencies in terms of the relationships between these subgroups and satisfaction, the authors concluded that “patient satisfaction in this sample is best measured by quality evaluations of satisfaction dimensions without regard to preferences for care”.

Roter, D., Stewart, M., Putnam, S., Lipkin, M., Stiles, W., and Innui, T. (1997) The authors studied communication patterns and their relationships with patient satisfaction. Study participants were 127 physicians and 537 patients from 11 ambulatory care clinics and private practices in the US. Patient satisfaction was measured using a 43-item measure designed by the authors that taps 5 distinct and reliable dimensions of patient satisfaction: task-directed skill, attentiveness, interpersonal skill, emotional support, and physician-patient partnership. Communication patterns were analyzed using Roter Interactional Analysis System, an analysis system that codes phrases and complete thoughts into one or 34 exclusive and exhaustive categories. Results indicated that of visits fell into one of the following five provider communication patterns: narrowly biomedical, expanded biomedical, biopsychosocial, psychosocial and consumerist. Patient satisfaction was related to communication pattern; in multivariate models, patient satisfaction was significantly higher for patients in the psychosocial pattern of communication. The lowest ratings

were for the narrowly and expanded biomedical model patterns, followed by the biopsychosocial and the consumerist. Interestingly physicians were also dissatisfied with the narrowly biomedical pattern of communication.

Rubin, H., Gandek, B., Rogers, W., Kosinski, M., McHorney, C., and Ware, J. (1993) The authors argue that as more health care consumers are being encouraged (or pushed) to utilize HMO's and capitated fee organizations, measuring quality of care is becoming extremely important. Using results from the Medical Outcomes Study from Boston MA, Chicago IL, and Los Angeles CA, the authors assess patient ratings of outpatient visits across five types of health systems prepaid HMO's, prepaid and fee for service multispecialty groups, and prepaid and fee for service single-specialty small groups. Practice groups that met entry criteria and were willing to participate were asked to have patients aged 18 and older complete a short questionnaire (final n = 17,671 patients) after the visit was completed and before leaving the office. All patients were asked to complete global measures of satisfaction, and half were randomly selected to complete an additional 8-items that asked more specific questions related to the provider. They also found that physicians with ratings in the bottom fifth were much more likely to have patients leave their practice within 6 months relative to those at the top fifth, suggesting that it was possible to adequately measure satisfaction within specific health care systems.

Satisfaction was "mentioned in connection with one or more major sources: convenience, positive relationship with physician, and limited out of pocket expenses." In contrast, dissatisfaction was found to associated with both global and specific situations. There was general dissatisfaction with the "limited and inefficient HIV/AIDS services," the lack of knowledge about HIV/AIDS and the lack of compassion for and prejudice against people with HIV/AIDS. Satisfaction with convenience stemmed from the on-stop-shop aspect of managed care, while dissatisfaction resulted from forced choices of care providers, the policies of the plans that resulted in long delays in receiving care or barriers to treatment and a lack of knowledge about HIV/AIDS among managed care providers. In contrast to managed care plans, satisfaction with fee-for-service or governmental plans tended to be more

global, focusing on the scope of coverage and the breadth of choices provided. Medicaid recipients were particularly satisfied with the number of services provided and the flexibility of care, while Medicare recipients were less so. Like managed care recipients, Medicaid and Medicare recipients were dissatisfied with the inefficiency of the government bureaucracy and the lack of clear information. Among indemnity plan recipients, dissatisfaction stemmed from high deductibles and delays in reimbursement. The authors conclude that while dissatisfaction among patients with government-sponsored plans tended to stem from the bureaucratic nature of the plans.

Sitzia, J. and Wood, N. (1997) Sitzia and Wood review the literature and suggest that patient satisfaction could be assessed by measuring 1) the degree to which patients believe that care possesses certain attributes and 2) the patient's evaluation of those attributes. They suggest that satisfaction is not single concept made up of multiple determinants, but that there exists three independent models of satisfaction, each associated with one determinant. Thus, there is the "need for the familiar," the "goals of help-seeking" and the "importance of emotional needs." Furthermore, there is evidence that there are two states of satisfaction, stable ones related to health care generally and dynamic ones related to specific health care interactions.

Stein, M., Fleishman, J., Mor, V., and Dresser, M. (1993) This study examined the association among patient satisfaction ratings, sociodemographic factors, clinical care and health care system characteristics among symptomatic HIV-infected persons. The 1,031 study participants were clients of the AIDS Health Services Program and were recruited from local community-based service organizations and outpatient clinics in nine cities in the US. Data was collected between November of 1988 and April of 1989. Patient satisfaction was measured using the Patient Satisfaction Questionnaire, which measures three dimensions of satisfaction: access to care, interpersonal relationships and overall or global satisfaction. Results indicated that patient satisfaction scores were generally high and that demographic characteristics were unrelated to satisfaction, with the exception of more educated people being less

satisfied with their care. Individuals with public insurance coverage and without coverage were significantly less satisfied with the access to care dimension than were people with private insurance. Those reporting intravenous drug use were significantly less satisfied on the interpersonal relations dimension as compared with non-drug users. Symptom intensity was significantly and inversely related to all satisfaction dimensions while function was unrelated to satisfaction. The authors conclude that because the specific dimensions of satisfaction correlated with specific patient-level variables, the findings lend support to the construct validity of the measure of patient satisfaction; for example, insurance status was associated with the access to care dimension and not the interpersonal relations dimension. The authors discuss the latter findings in light of the significant barriers to obtaining or maintaining health insurance coverage among PWAs and the role of bias and discrimination in the provision of health care to intravenous drug users.

Stump, T., Dexter, P., Tierney, W., and Wolinsky, F. (1995) The Physician Satisfaction Questionnaire (PSQ), the American Board of Internal Medicine (ABIM) questionnaire, and the Medical Outcomes Study (MOS) were administered to sanokes if older, diseased adults. By utilizing a crosswalk design and factor analysis, the seven-item MOS and the ten-item ABIM were selected for administration in a random control trial (n=1050). Findings suggested that a 5, 7 or 9 item version of the MOS was best at capturing visit-specific satisfaction, while the 10-item ABIM was best as a global satisfaction measure. The researchers had three suggestions for those who are going to study patient satisfaction:

Sullivan, L., Stein, M., Savetsky, J., and Samet, J. (2000) The goal of this study is to determine the extent to which perceptions of specific aspects of the doctor-patient relationship are related to overall patient satisfaction. Data were collected from patients seeking first time care at two, urban, HIV care centers in Boston, Massachusetts and Providence, Rhode Island in between 1994 and 1996. Data was collected at baseline and six-months post initial visit; of the 276 eligible patients, 203 completed the baseline interview and 146 (72%) completed the six-month interview. Significantly more white patients than Creole or Latino/a patient enrolled in the study.

Patients who found clinic hours to be more convenient were more satisfied. Finally, in multivariate models of doctor-patient factors and patient satisfaction, results indicated that patients who were more comfortable discussing personal issues with their physicians, who perceived their physicians as more empathic and who perceived their physicians as more knowledgeable were more satisfied, when controlling for patient and primary care characteristics. Doctor-patient factors explained 56% of patient satisfaction in this study; in general patient satisfaction among HIV-positive patients was not associated with demographic, HIV risk, alcohol or drug use, health status, quality of life factors or sex- or race-matching by provider and patient. The authors conclude that unlike other studies of patient satisfaction, they found that patient sociodemographic characteristics and primary care features fail to explain patient satisfaction when patient-provider relationship factors are taken into account.

Tsasis, P., Tsoukas, C., and Deutsch, G. (2000) The purpose of this study was to identify factors that contribute to patient satisfaction among patients with HIV/AIDS receiving care in a specialized HIV/AIDS care unit in a major hospital in Canada. A random sample of 193 patients was surveyed via a self-administered questionnaire in 1996 and 1997. Quality of care ratings were assessed on the following domains: respect, friendliness, responsiveness, courtesy, perceived competence of clinical interventions, extent of involvement in care decisions and support of patient by professional staff. Patients were asked to rate each aspect of care using a Likert scale system. The response rate was 95%; 91% of the sample was male, 79% between the ages of 30 and 49 years, 47% with a university education, and 75% with an annual income of less than 35K. Patient satisfaction ratings ranged from 88 to 92%. Principal components analysis revealed that perceived overall quality of care to be the factor that explained 71% of the variance on patient satisfaction. Patient support from professional staff, patient involvement in decision-making and self-perceived health status were all significantly correlated with overall quality of care. The authors conclude that the finding around support from professional staff may be used to improve patient satisfaction in similar settings.

Ware, J. and Hays, R. (1988) Two studies measured visit-specific patient satisfaction in rural Illinois, Los Angeles, and the East coast. Study 1 included 136 outpatients in southern Illinois (rural) or Los Angeles who were visiting a fee-for-service clinic, while study 2, a generalizability study, included 363 outpatients attending three clinics at an east coast health maintenance organization (Internal Medicine, Medical and Surgical Specialties). The Visit Specific Questionnaire (VSQ) and additional items were administered whereby two item response forms were utilized: (1) the E5 evaluation scale with responses of 'excellent', 'very good', 'good', 'fair', and 'poor'; and (2) the S6 satisfaction scale with responses of 'extremely satisfied', 'very satisfied', 'somewhat satisfied', 'neither satisfied nor dissatisfied', 'somewhat dissatisfied', and 'very dissatisfied'. Both measures assessed four constructs—overall visit, technical quality of the physician, interpersonal qualities of the physician, and length of waiting time.

Weiss, B., and Senf, J. (1990) The primary focus of this paper was to describe the development and use of an instrument that could effectively capture patient satisfaction with their prepaid health care plan, with the ultimate purpose of predicting disenrollment from the plan. 8,450 employees of a large university in the Southwestern US were eligible to participate in the study, designed to collect data at two points in time. A pre-open enrollment questionnaire (open enrollment is the period of time during which employees were given the opportunity to change health plans if they chose to), and then another questionnaire after the open enrollment period. If responders reported changing HMO's during the open enrollment period, the second questionnaire tried to pinpoint the reasons for doing so. Ultimately, 2365 employees had pre and post open enrollment questionnaires completed and met all other criteria (e.g. belonged to an HMO prior to open enrollment). Overall, very few respondents changed plans (8 percent) and the majority of those did not site a single reason for switching plans. Individual items were analyzed to determine which were most predictive of changing health plans, leading to a 10-item questionnaire. Responses to the ten items were scored, and the scores were sorted lowest to highest. Results indicated that those at the lowest decile were statistically unlikely to change plans (1.8 percent) versus those at the highest decile (30.8 percent). The authors concluded that these results were consistent with other studies in that most patients were satisfied

with their health care, and even when they weren't, they were unlikely to change health plans.

Williams, B. (1994) This paper questions the concept of patient satisfaction as a coherent and unitary concept. The author begins his critique by reviewing the reasons that the concept has been introduced into the study of quality of care. Like Calnan (1988), he observes that patient satisfaction is associated with improved compliance and health outcomes; in addition, it reflects the larger consumer movement and a desire for accountability among health care providers. Finally, it is being used increasingly to gauge efficiency. However, the author argues that despite these current usages, the concept and measures of it have several hidden or implicit assumptions that bear further examination. First, it is assumed that satisfaction is the result of some prior process, however what that process is unclear; tests of theoretical explanations of these processes reveal limited support for the model (see Linder-Pelz). However, there is some evidence that expectation for care are independently associated with satisfaction, regardless of whether the expectations were met; thus, the assumption that satisfaction is specifically related to specific care may not be true. Finally, the existence of patients' expectations and values are assumed, as is their influence on satisfaction. The author points out that some patients may not feel entitled to expectations or values around health care, which may not be the case or may not be for all patients. The author concludes that patient satisfaction is an ungrounded concept in need of further, in-depth exploration of patients' understandings of roles, expectations. Further, it must be grounded "in people's everyday lives." Finally, the author argues that the overemphasis on quantifying patient satisfaction results in further reducing an already ungrounded and psychometrically questionable construct.

Williams, B., Coyle, J., and Healy, D. (1998) This paper addresses the issue of what patient satisfaction, high satisfaction in particular, actually means and represents from the perspective of the patient. The authors start by describing the lack of clarity as to what patient satisfaction is conceptually and its general lack of grounding in any theory. Generally, satisfaction is assumed to result from the fulfillment of

expectations; however, according to the authors, there is little actual empirical evidence of this. Thus, the goal of this qualitative study was to assess whether recent mental health service recipients actually evaluate the services received; and, if so, to identify what mechanisms are involved in the process. Fifteen individuals newly referred to a community mental health team in North Wales, UK, were interviewed a week before their first interview and then again two weeks after their appointment. In need of further data, the study team interviewed 5 non-mental health service recipients and 8 clients who has stopped receiving services from the community mental health team in the past 8 months. In addition, to an in-depth interview, the participants were asked to rate the mental health services using the CSQ-18 (Client satisfaction Questionnaire 18B) and then to explain the discrepancy between the experiences they reported and their satisfaction ratings.

Williams, S. and Calnan, M. (1991) The authors begin by citing other work that suggests that while most consumers give high satisfaction ratings to general aspects of their health care experience, they are less likely to do so for specific aspects. They also note that certain aspects of satisfaction with health care are relevant regardless of the type of medical setting. To test this hypothesis, the authors sent out 735 questionnaires to a random sample of 18+ year olds who lived in two health districts in Great Britain. The survey, which achieved a response rate of 62 percent, collected demographic data, as well asking a range of satisfaction questions related specifically to their health care experience (medical, dental, or hospital) and general attitude towards medicine. All three types of health care received very high satisfaction ratings, as expected. The researchers also found that there were clear predictors of overall satisfaction across all settings—specifically, items that fell into the domains of professional competence and patient-health care provider relationship.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

A research style may be a matter set up specifying the strategies and procedures for collection and analyzing the required information. It's frame works for the analysis set up of action. analysis style supported the descriptive analysis technique using the survey methodology and analysis is created on this primary information collected for this comes study Descriptive analysis style was designated to realize the declared objectives. analysis studies square measure those, that square measure involved with describing the characteristics of a specific individual, or cluster on decisive the link between the variables on be measured descriptive analysis style was designated. the target of the descriptive style is to answer the “who”, “what”, and “how” of the topic beneath investigation. Descriptive analysis is well structured. Primary information is chosen for information analysis and there's no secondary information taken analysis.

3.2 SAMPLING TECHNIQUE

Sampling technique is used to collect the data-using questionnaire. If the total area of interest happens to be a big one, a convenient way in which a sample can be taken is to divide the area into number of smaller non – overlapping areas and then randomly select a number of these smaller areas (usually called clusters), with the ultimate sample consisting of all (or samples of) units in these small areas or clusters. Cluster samplings are usually more reliable per unit cost.

3.3 SOURCES OF DATA

There are two types of data collected.

Primary data

The primary data are those, which are collected fresh for the first time and thus happen to be original in character. We collect primary data during the course of doing experiments in an experimental research. In our research, data was collected through the questionnaire method.

Secondary data

Secondary data are those already been collected by someone else. The secondary data are collected by analyzing various materials like company profiles, magazines, journals, past records, reports and websites.

3.4 STRUCTURE OF QUESTIONNAIRE

According to the measurement it includes the systematic application of rules for allocating numerical values to objects to represent the quantities of a person's attributes or traits. The first evaluation is Rules, attribute, psychological factors, metrics or units. Likert 5 scales are used in this study. A Likert scale is commonly used to measure attitudes, knowledge, perceptions, values and behavioural changes. A Likert type scale involves a series of statements that respondents may choose from in order to rate their responses to evaluative questions.

3.5 SAMPLING SIZE

The overall sample size taken in the project is 150 respondents of patients.

3.6 PERIOD OF STUDY

The period of time taken to conduct the survey and prepare the research paper is 3 months.

3.7 HYPOTHESIS / ANALYTICAL TOOLS

Data collection instrument/tool. Refers to the device used to collect data, such as a paper questionnaire or computer assisted interviewing system. Tools used for data collection is questionnaire.

A questionnaire is a research instrument consisting of a series of questions (or other types of prompts) for the purpose of gathering information from respondents. The questionnaire was invented by the Statistical Society of London in 1838.

Questionnaires have advantages over some other types of surveys in that they are cheap, do not require as much effort from the questioner as verbal or telephone surveys, and often have standardized answers that make it simple to compile data. However, such standardized answers may frustrate users.

Questionnaires are also sharply limited by the fact that respondents must be able to read the questions and respond to them. Thus, for some demographic groups conducting a survey by questionnaire may not be concrete.

The software name originally stood for Statistical Package for the Social Sciences (SPSS), reflecting the original market, although the software is now popular in other fields as well, including the health sciences and marketing.

TOOLS USED FOR ANALYSIS

1. Simple percentage method
2. ANOVA
3. Chi-Square

SPSS Statistics is a software package used for logical batched and non-batched statistical analysis. Long produced by SPSS Inc., it was acquired by IBM in 2009. The current versions (2015) are officially named IBM SPSS Statistics. Companion products in the same family are used for survey authoring and deployment (IBM SPSS Data Collection, now divested under UNICOM Intelligence), data mining (IBM SPSS Modeler), text analytics, and collaboration and deployment (batch and automated scoring services).

SIMPLE PERCENTAGE METHOD

Percentage refers to a special kind of ratio in making comparison between two or more data and to describe relationships. Percentage can also be used to compare the relation terms the distribution of two or more sources of data

CHI-SQUARE TEST

The Chi-Square Test of Independence determines whether there is an association between categorical variables (i.e., whether the variables are independent or related). It is a nonparametric test. This test is also known as: Chi-Square Test of Association.

Calculate the chi square statistic χ^2 by completing the following steps: For each observed number in the table subtract the corresponding expected number ($O - E$). Square the difference $[(O - E)^2]$. Divide the squares obtained for each cell in the table by the expected number for that cell $[(O - E)^2 / E]$.

ANOVA

An ANOVA test is a way to find out if survey or experiment results are significant. In other words, they help you to figure out if you need to reject the null hypothesis or accept the alternate hypothesis.

The ANOVA tests the null hypothesis, which states that samples in all groups are drawn from populations with the same mean values. To do this, two estimates are made of the population variance. These estimates rely on various assumptions (see below). The ANOVA produces an F-statistic, the ratio of the variance calculated among the means to the variance within the samples. If the group means are drawn from populations with the same mean values, the variance between the group means should be lower than the variance of the samples, following the central limit theorem.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

4.1 PERCENTAGE ANALYSIS

Table 4.1.1: Age of the respondents

Age	Response	Percentage
up to 20	18	12%
21 to 40	35	23%
41 to 60	28	19%
61 to 80	41	27%
81 and above	28	19%
Total	150	100%

Source: Primary Data

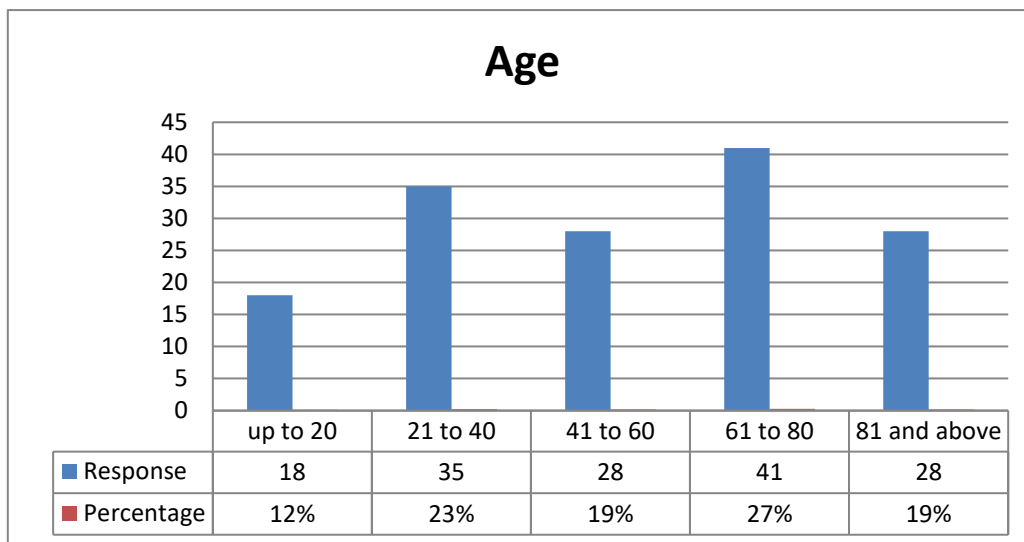


Chart 4.1.1-Age of the respondents

Interpretation:

From the above chart, it is observed that around 27 % majority of the respondents are from the age group of 61 to 80 , 23% respondents are from the age group, 21 to 40, 19% respondents from two different age group 41 to 60 and 81 and above, minority is 12% respondents are from the age group of up to 20.

Table 4.1.2 - Gender of the respondents

Gender	Response	Percentage
Male	71	47%
Female	76	51%
Transgender	3	2%
Total	150	100%

Source: Primary Data

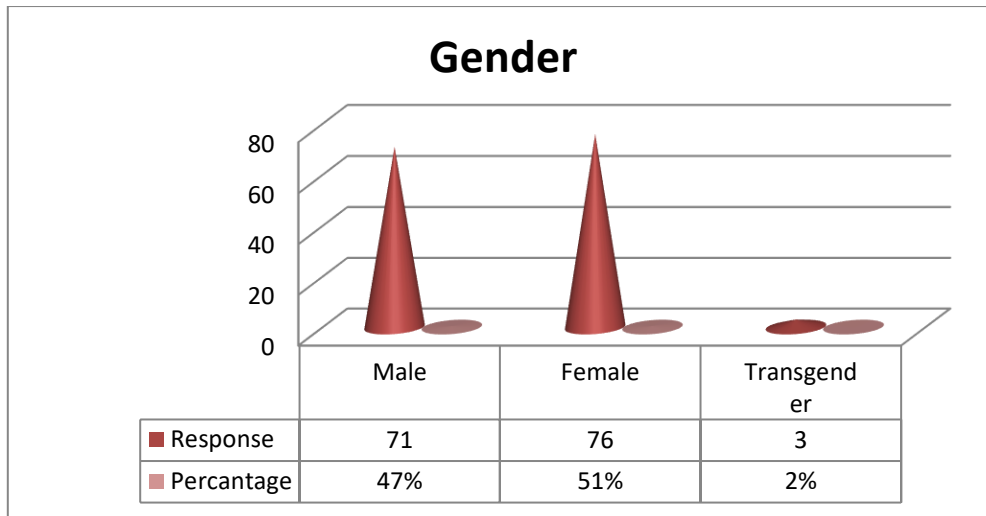


Chart 4.1.2-Gender of the respondents

Interpretation:

From the above chart, it is observed that around gender-wise, classification of the patients-respondents. It is seen that the male, female and transgender patients is in ratio 71:76:3. It is seen that female gender dominates the picture i.e., 51%. Mostly gynecological /maternity cases. Curiously although male is supposed to be the healthiest group, near about equal mean 47% too were hospitalized. remaining 2% of the respondents are comes under transgender

Table 4.1.3: Occupation of the respondents

Occupation	Response	Percentage
Student	17	11%
Professionals	5	3%
Businessman	20	13%
Housewives	33	22%
Ex-Serviceman	8	5%
Employees	20	13%
Farmers	25	17%
Others	22	15%
Total	150	100%

Source: Primary Data

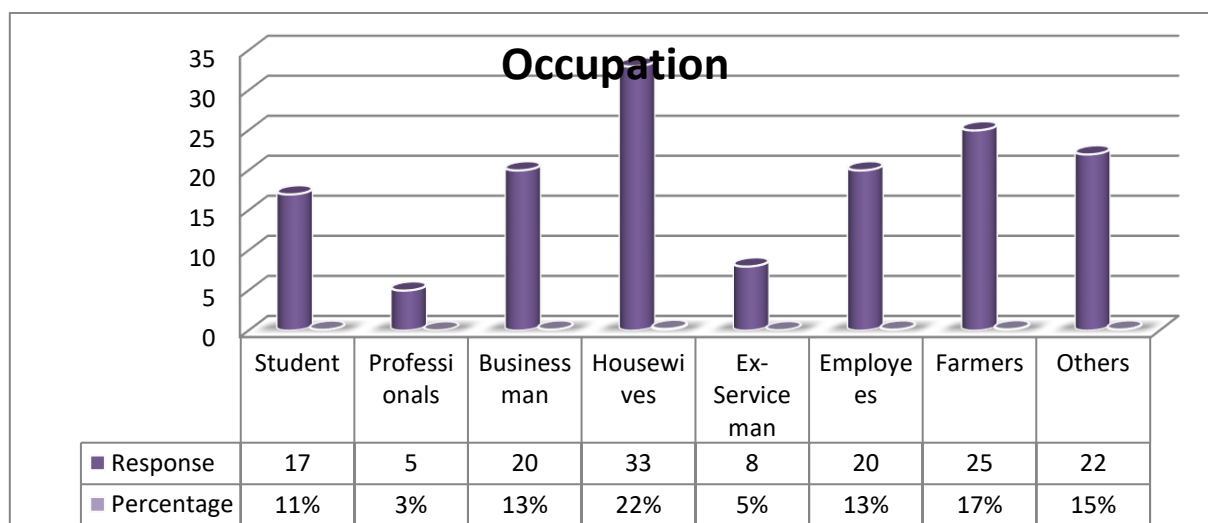


Chart 4.1.3 -Occupation of the respondents

Interpretation:

From the above chart, patients are distributed according to their occupations. House wives 22% emerged as the largest group patients. As pointed out earlier, maximum of these are maternity cases. They are followed by the group of patients belonging to the employed class 13%. It appears that with the job related welfare measure like medical insurance, this class of the people is in a position to secure better healthcare facilities for themselves. The next group of the patients of farmer 17%, they dominate population group in the rural area. Businessman 13%, others 15%, students 11%. Ex-serviceman and professional relay the minority group of patients, although they together constitute about 2 % and 3% from the respondents

Table 4.1.4: Monthly income of the respondents

Monthly income	Response	Percentage
Less than 20000	52	35%
21000 to 40000	29	19%
41000 to 60000	37	25%
More than 61000	32	21%
Total	150	100%

Source: Primary Data

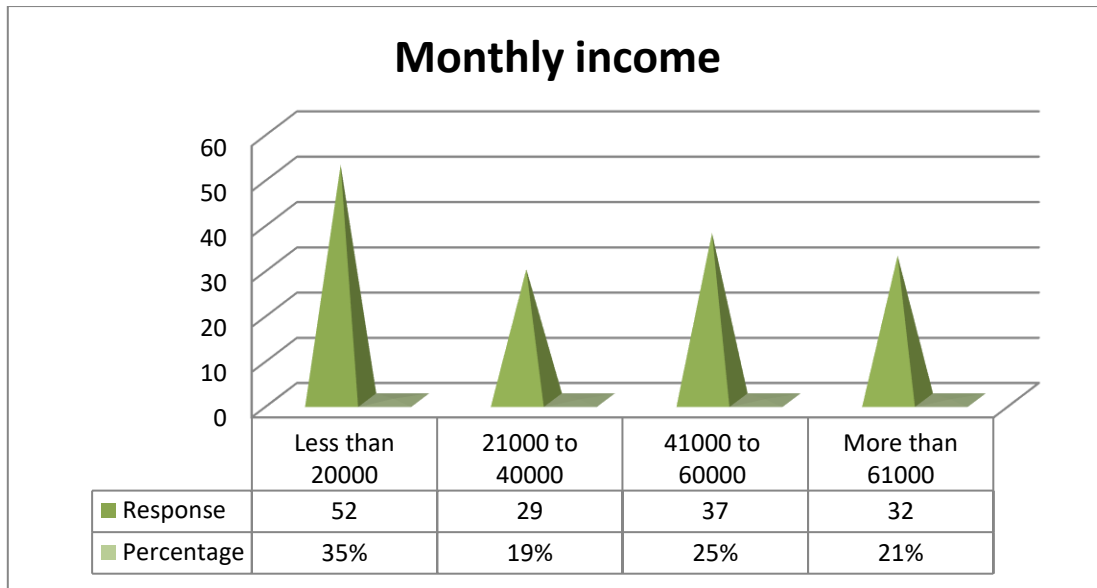


Chart 4.1.4- Monthly income of the respondents

Interpretation:

From the above chart it is observed that the majority 35%(52) of patients income is from less than 20000 , 25%(37) of patients income is from 41000 to 60000 , 21%(32) of patients income is from more than 61000 and minority is 20%(30) of patients income is 21000 to 40000 from the respondents

Table 4.1.5: Medical insurance of the respondents

Medical insurance	Response	Percentage
None	21	14%
Private	35	23%
Employer sponsored	18	12%
Medic aid	12	8%
Medi care	25	17%
None	39	26%
Total	150	100%

Source: Primary Data

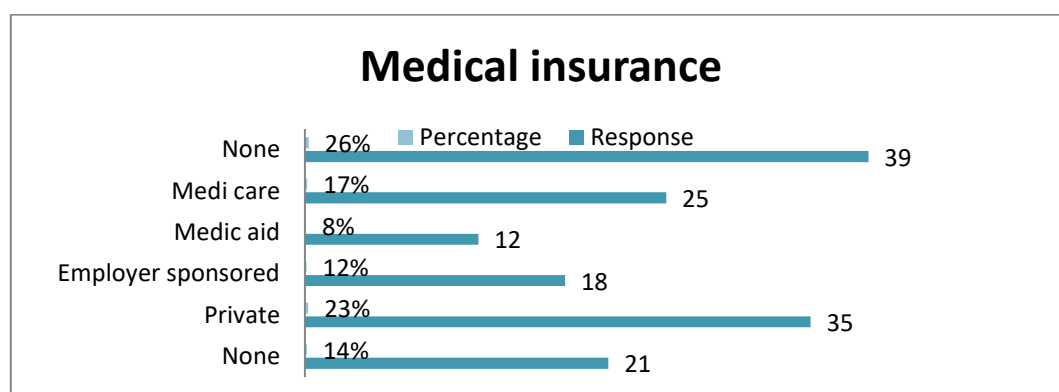


Chart 4.1.5-Medical insurance of the respondents

Interpretation:

From the above chart, it is observed that the kinds of medical insurance coverage taken by the patients. Here, 14% of patients i.e., 21 patients didn't have any medical insurance, 23% of patients i.e., 35 patients have private medical insurance, 12% of patients i.e., 18 patients took medical insurance sponsored by employers, 8% of patients i.e., 12 patients took medical insurance of medic aid, 17% of patients i.e., 25

patients took medic care medical insurance and remaining 26% of patients i.e., 39 patients took other medical insurances.

Table No 4.1.6: Overall cleanliness in the hospital of the respondents

Cleanliness	Response	Percentage
Very satisfied	18	12%
Somewhat satisfied	40	27%
Neither satisfied or nor dissatisfied	27	18%
Somewhat dissatisfied	31	21%
Very dissatisfied	34	23%
Total	150	100%

Source: Primary Data

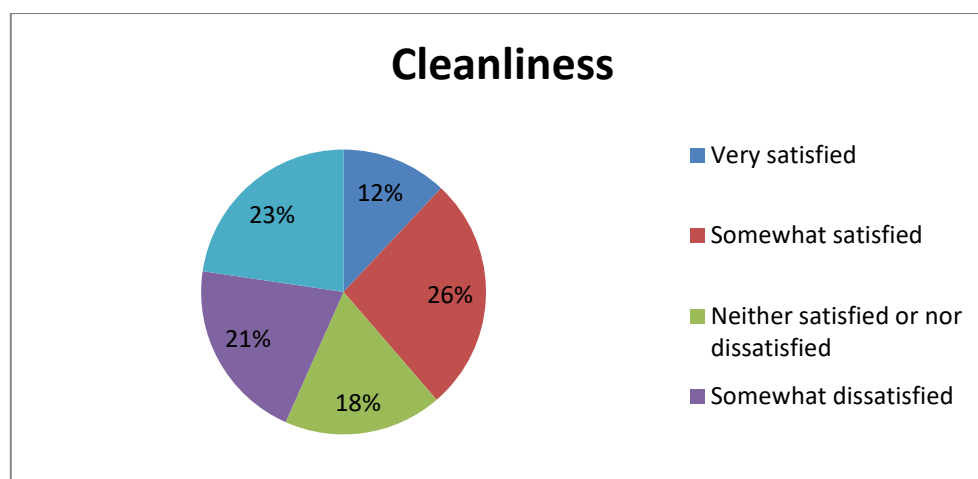


Chart 4.1.6-Overall cleanliness in the hospital of the respondents

Interpretation:

From the above chart, it is observed that patients stated their variation is satisfaction about cleanliness of the hospital. Here, 12% i.e., 18 patients stated that they were

very satisfied with the cleanliness of the hospital, 27% i.e., 40 patients stated that they were somewhat satisfied with the cleanliness of the hospital, 18% i.e., 27 patients stated that they were partially satisfied with the cleanliness of the hospital, 21% i.e., 31 patients stated that they were somewhat dissatisfied with the cleanliness of the hospital and finally, 23% i.e., 34 patients stated that they were very dissatisfied with the cleanliness of the hospital among 150 patients.

Table No 4.1.7- Important to your health and wellbeing for visiting the doctor of the respondents

Important to patient health	Response	Percentage
Very important	29	19%
Important	45	30%
Moderately important	32	21%
Slightly important	23	15%
Unimportant	21	14%
Total	150	100%

Source: Primary Data

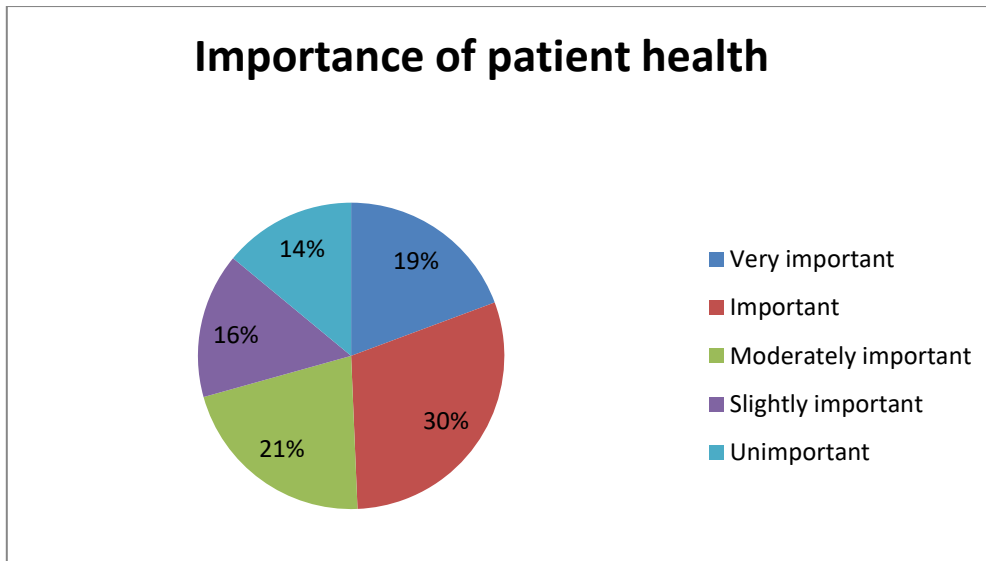


Chart 4.1.7-Important to your health and wellbeing for visiting the doctor of the respondents

Interpretation:

From the above chart, it is observed that the importance of health. Here, 29 patients said that their health is very important, 45 patients said that their health is important, 32 patients said that their health is moderately important, 23 patients said that their health is slightly important, 21 patients said that their health is unimportant. As per the result, 19% of patient's statement was their health is very necessary, 30% of patient's statement was their health is necessary, 21% of patient's statement was their health is moderately necessary, 15% of patient's statement was their health is slightly necessary, 14% of patient's statement was their health is unnecessary.

Table No 4.1.8: Convenience of location in hospital of the respondents

Convenience of location	Response	Percentage
Very satisfied	29	19%
Somewhat satisfied	49	33%
Neither satisfied or nor dissatisfied	25	17%
Somewhat dissatisfied	27	18%
Very dissatisfied	20	13%
Total	150	100%

Source: Primary Data

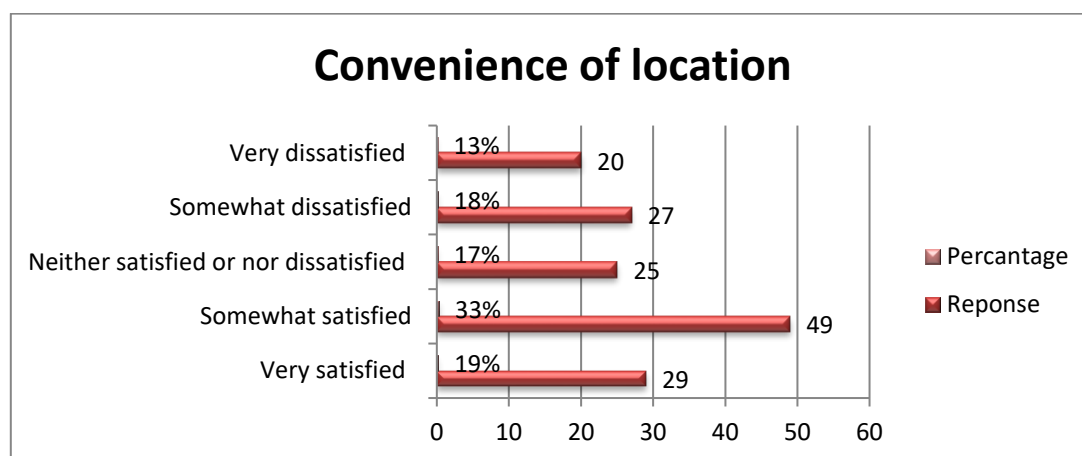


Chart 4.1.8-Convenience of location in hospital of the respondents

Interpretation:

From the above chart, it is observed that patients stated their variation is satisfaction about their convenience in the location of the hospital. Here, 19% i.e., 29 patients stated that they were very satisfied with the location of the hospital, 33% i.e., 49 patients stated that they were somewhat satisfied with the location of the hospital,

17% i.e., 25 patients stated that they were partially satisfied with the location of the hospital, 18% i.e., 27 patients stated that they were somewhat dissatisfied with the location of the hospital and finally, 13% i.e., 20 patients stated that they were very dissatisfied with the location of the hospital among 150 patients.

Table No 4.1.9- During the hospital stay room facility for patient is secure of the respondents

During the hospital stay room facility for patient is secure	Response	Percentage
Almost Always true	41	27%
Usually true	32	21%
Occasionally true	28	19%
Usually not true	24	16%
Almost Never true	25	17%
Total	150	100%

Source: Primary Data

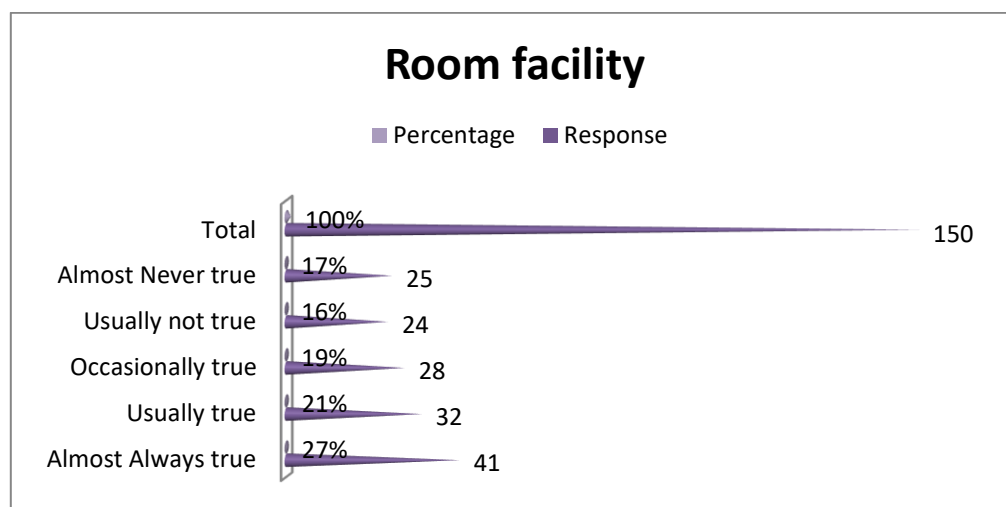


Chart 4.1.9-During the hospital stay room facility for patient is secure of the respondents

Interpretation:

From the above chart, it is observed that during the hospital stay room facility for patient is secure Here, majority of patients i.e., 27%(41) of patients said that almost always true, next category of patients i.e., 21%(32) of patients said that usually true, and next level patients, i.e., 19%(28) of patients said that occasionally true, 17%(25) of patients said that almost never true, 16%(24) of patients said that usually not true from the respondents

Table No 4.1.10- Cost of health care of the respondents

Cost of health care	Response	Percentage
Very satisfied	30	20%
Somewhat satisfied	29	19%
Neither satisfied or nor dissatisfied	21	14%
Somewhat dissatisfied	18	12%
Very dissatisfied	52	35%
Total	150	100%

Source: Primary Data

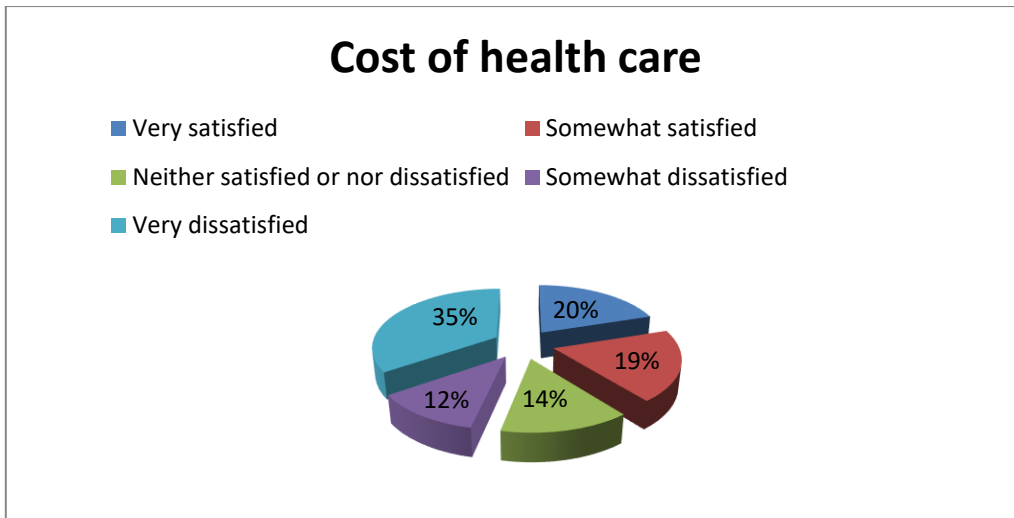


Chart 4.1.10-Cost of health care of the respondents

Interpretation:

From the above chart, it is observed that patients satisfaction about the cost of health care. As per the result, 20% of patients that they were very satisfied with the cost of their health care, 19% of patients that they were satisfied with the cost of their health care, 14% of patients that they were neither satisfied or nor dissatisfied with the cost of their health care, 12% of patients that they were somewhat dissatisfied with the cost of their health care, 35% of patients that they were very dissatisfied with the cost of their health care.

Table No 4.1.11- Doctor advise orally/in writing about how to take medication of the respondents

Doctor advise orally / in writing about how to take medication	Response	percentage
Not at all familiar	26	17%
Slightly familiar	19	13%
Moderately familiar	25	17%
Very familiar	38	25%
Extremely familiar	42	28%
Total	150	100%

Source: Primary Data

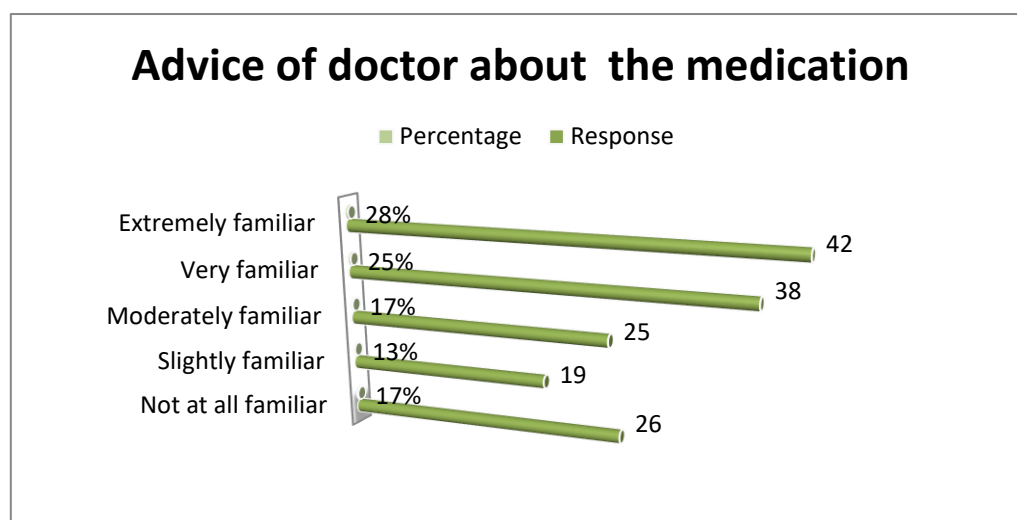


Chart 4.1.11-Doctor advice orally/in writing about how to take medication of the respondents

Interpretation:

From the above chart, it is observed the doctor advice orally/ in writing about how to take medication among patients. Here, 17% patients said that they were not at all familiar, 17% patients said that they were moderately familiar, 25%patients said that

they were very familiar therefore majority is 28% patients said that they were extremely familiar and minority is 13% patients said that they were slightly familiar.

Table No 4.1.12- Pharmacy staff bill your health provider and collect the right deductible from you for your medicines of the respondents

Pharmacy staff	Response	Percentage
Almost always true	27	18%
Usually true	42	28%
Occasionally true	32	21%
Usually not true	21	14%
Almost never true	28	19%
Total	150	100%

Source: Primary Data

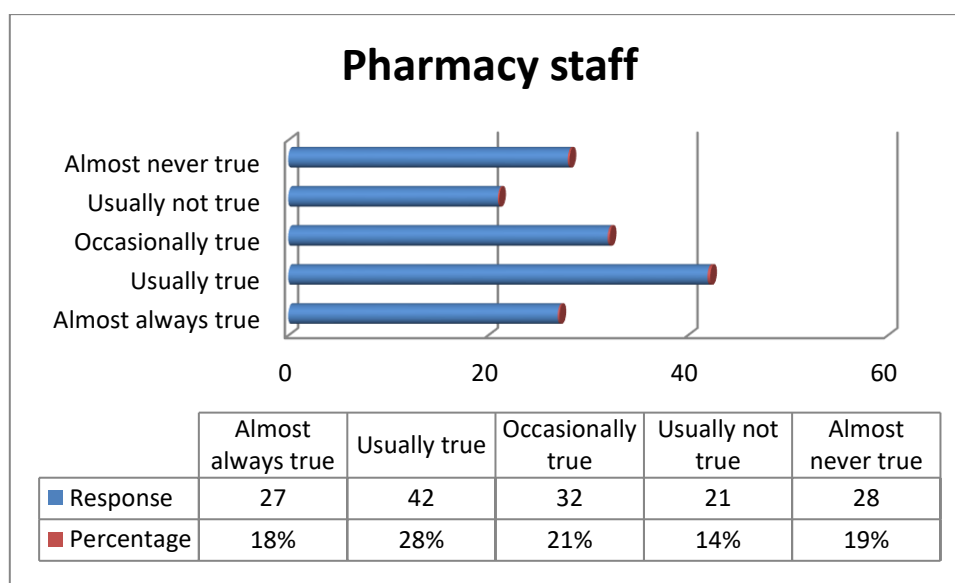


Chart 4.1.12- Pharmacy staff bill you health provider and collect the right deductible from you for your medicines of the respondents

Interpretation:

From the above chart, it is observed that the pharmacy staff. 27 (18%) patients stated that service from pharmacy staff is always true, 42 (28%) patients stated that service from pharmacy staff is usually true, 32 (21%) patients stated that service from pharmacy staff is occasionally true, 21 (14%) patients stated that service from pharmacy staff is usually not true, 28 (19%) patients stated that service from pharmacy staff is almost never true the majority is comes under usually true and minority is occasionally true

Table No 4.1.13- Ambulance service quick to respond to your medical care request of the respondents

Ambulance service	Response	Percentage
Definitely	23	15%
Probably	44	29%
Possibly	25	17%
Probably not	27	18%
Definitely not	31	21%
Total	150	100%

Source: Primary Data

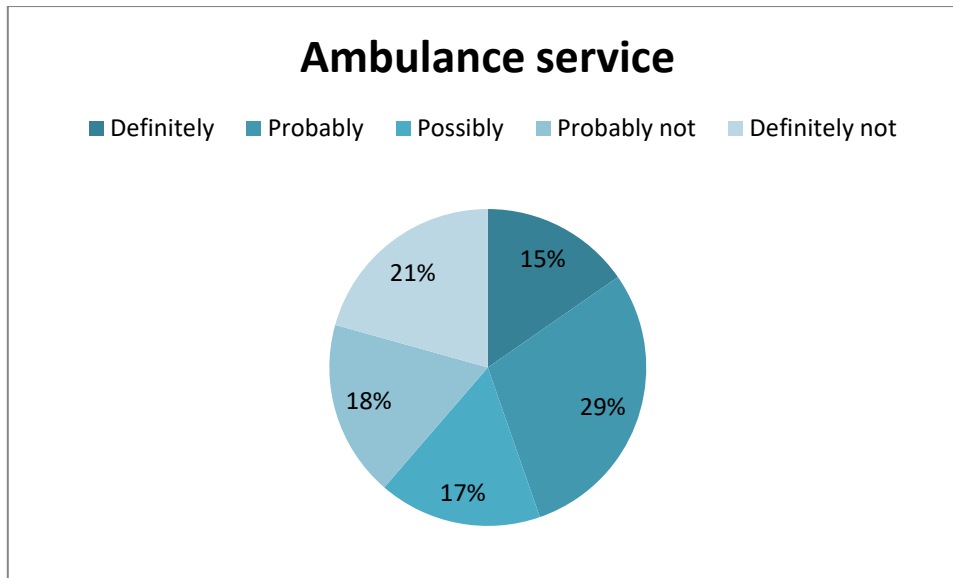


Chart 4.1.13-Ambulance service quick to respond to your medical care request of the respondents

Interpretation:

From the above chart, it is observed that the ambulance service quick to respond to your medical care request or not. Here, 15% patients said that definitely respond quickly to their medical care request, 29% patients said that probably respond quickly to their medical care request, 17% patients said that possibly respond quickly to their medical care request, 18% patients said that probably not respond quickly to their medical care request, 21% patients said that definitely not respond quickly to their medical care request. Here come to the conclusion that majority of patients 29% said that the ambulatory service probably respond quickly to their medical care request and minority of patients is 17% from the respondents

Table No 4.1.14- Staff is friendly and respect of the respondents

Staff is friendly and respect	Response	Percentage
Strongly agree	18	12%
Agree	26	17%
Undecided	30	20%
Disagree	28	19%
Strongly disagree	48	32%
Total	150	100%

Source: Primary Data

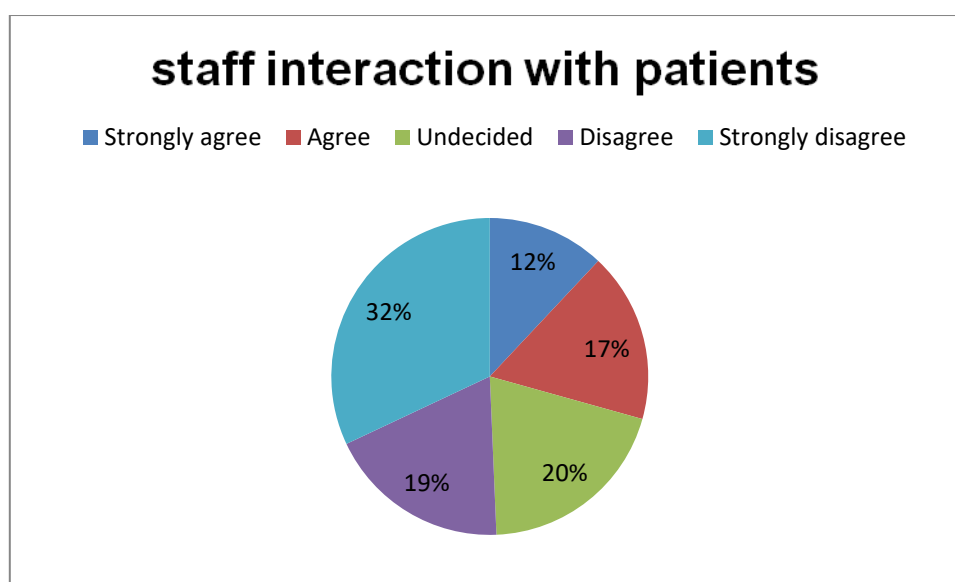


Chart 4.1.14-Staff is friendly and respect of the respondents

Interpretation:

From the above chart, it is observed that The staff's interaction with patient reflecting the numbers of 32%. More than 50% of the respondents have their dissatisfaction, the lack of co-operation from the hospital staff. It was stated by respondents that right from the day of admission in the hospital records from the patient in case their

expectations were not fulfilled, the patient were neglected without much personnel care and attention.

Table No 4.1.15- Information received from the staff of the respondents

Information received from staff	Response	Percentage
Strongly agree	19	13%
Agree	16	11%
Undecided	28	19%
Disagree	42	28%
Strongly disagree	45	30%
Total	150	100%

Source: Primary Data

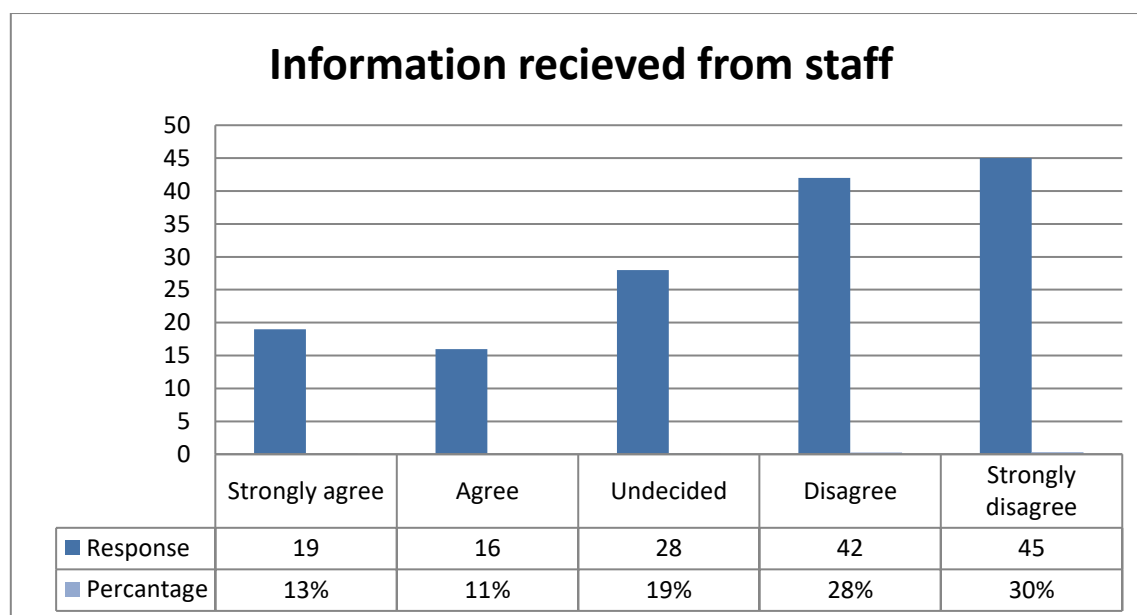


Chart No 4.1.15-Information received from the staff of the respondents

Interpretation:

From the above chart, it is observed that 13% of patients strongly agreed that they received information from the staff, 11% of patients agreed that they received information from the staff, 19% of patients partially agreed that they received information from the staff, 28% of patients disagreed that they received information from the staff, 30% of patients strongly disagreed that they received information from the staff. Here, majority of the patients concluded that they didn't receive proper information from the staff.

Table No 4.1.16- Hospital appointment time of the respondents

Hospital appointment time	Response	Percentage
Strongly agree	35	23%
Agree	27	18%
Undecided	31	21%
Disagree	29	19%
Strongly disagree	28	19%
Total	150	100%

Source: Primary Data

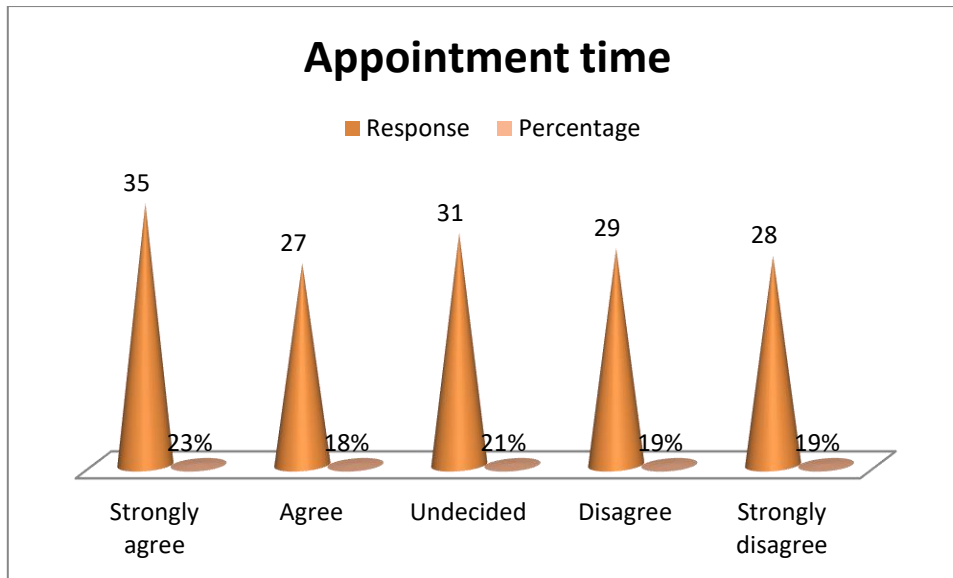


Chart No 4.1.16-Hospital appointment time of the respondents

Interpretation:

From the above chart, it is observed that the doctor and convenience of the hospital's working hours. 35 patients i.e 23% patients are Strongly agree, 27 patients i.e 18% are agree, 31 patients i.e 21% patients are undecided, 29 patients i.e 19% are disagree, 28 patients i.e 19% are strongly disagree. Therefore the majority of patients is 23% strongly agree and minority of patients is 19% disagree.

Table No 4.1.17-Laboratory services provided inside the hospital management of the respondents

Laboratory services provided inside the hospital management	Response	Percentage
Strongly agree	39	26%
Agree	32	21%
Undecided	21	14%
Disagree	27	18%
Strongly disagree	31	21%
Total	150	100%

Source: Primary Data

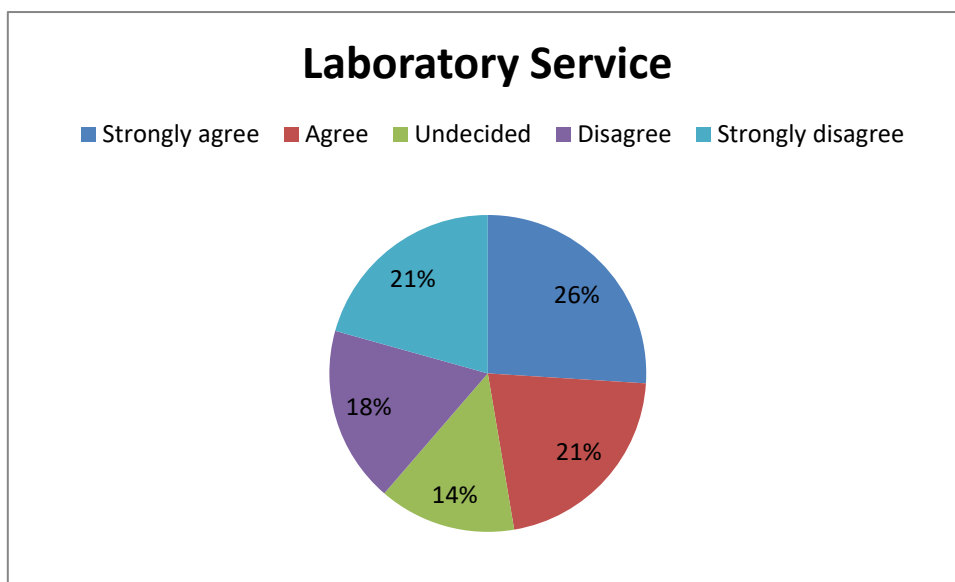


Chart No 4.1.17- Laboratory services provided inside the hospital management of the respondents

Interpretation:

From the above chart, it is observed that 26% patients strongly agreed that their Laboratory services provided inside the hospital management, 21% patients agreed that their Laboratory services provided inside the hospital management, 14% patients partially agreed that their Laboratory services provided inside the hospital management, 18% patients disagreed that their Laboratory services provided inside the hospital management, 21% patients strongly disagreed that their Laboratory services provided inside the hospital management. Here, come to the conclusion, majority of patients strongly agreed that their Laboratory services provided inside the hospital management

Table No 4.1.18- Canteen facility provided by hospital management is worthy of the respondents

The canteen facility provide by hospital management is worthy	Response	Percentage
strongly agree	35	23%
Agree	41	27%
Neither agree nor disagree	29	19%
Disagree	23	15%
strongly disagree	22	15%
Total	150	100%

Source: Primary Data

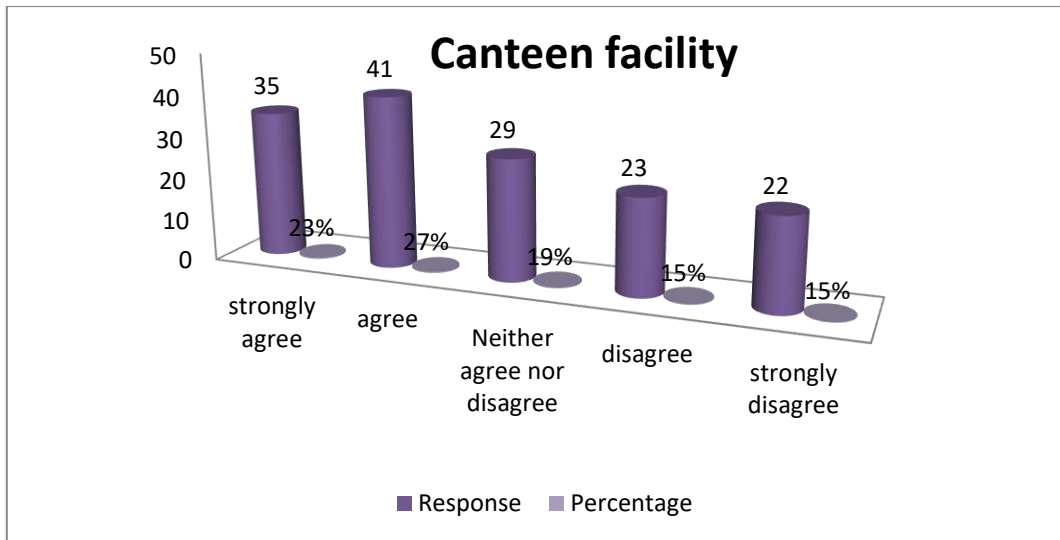


Chart No 4.1.18-Canteen facility provided by hospital management is worthy of the respondents

Interpretation:

From the above chart, it is observed that 23% of patients strongly agreed that canteen facility is worthy, 27% of patients agreed that canteen facility is worthy, 19% of patients partially agreed that canteen facility is worthy, 15% of patients disagreed that canteen facility is worthy, 15% of patients strongly disagreed that canteen facility is worthy. Here, come to the conclusion, majority of patients i.e., 27% agreed that canteen facility is worthy.

Table No 4.1.19- Doctor offer to consume pills and drugs too often of the respondents

Doctor offer to consume pills and drugs too often	Response	Percentage
strongly agree	42	28%
agree	29	19%
undecided	28	19%
disagree	25	17%
strongly disagree	26	17%
Total	150	100%

Source: Primary Data

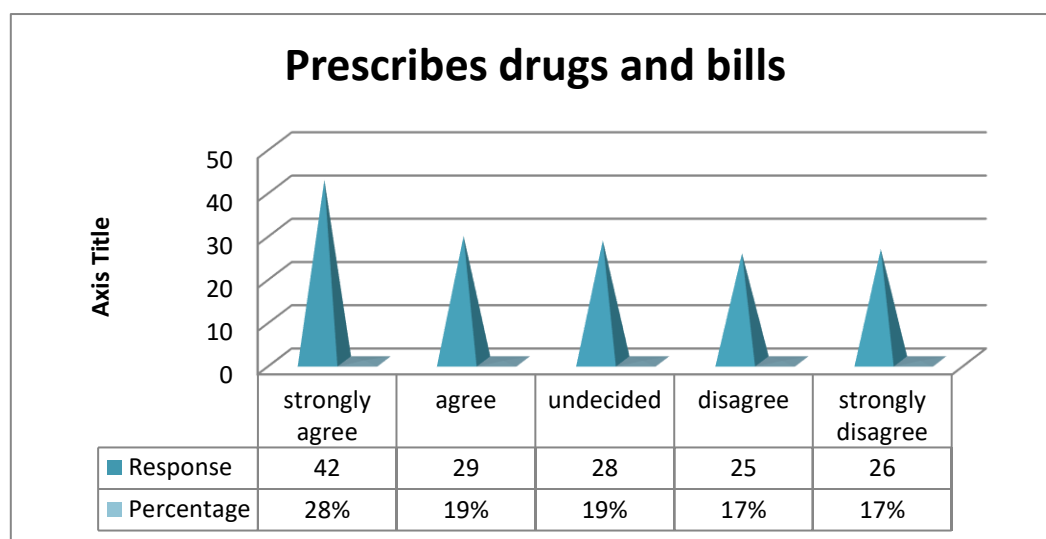


Chart No 4.1.19- Doctor offer to consume pills and drugs too often of the respondents

Interpretation:

From the above chart, it is observed that 42 patients i.e., 28% of patients strongly agreed that their doctor offer to consume pills and drugs too often , 29 patients i.e.,

19% of patients agreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often, 28 patients i.e., 19% of patients partially agreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often, 25 patients i.e., 75% of patients disagreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often, 26 patients i.e., 17% of patients strongly disagreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often. Here, come to the conclusion, majority of patients i.e., 28% strongly agreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often.

Table No 4.1.20-Doctor availability in emergency situation of the respondents

Doctor availability in emergency situation	Response	Percentage
always	25	17%
often	31	21%
sometimes	39	26%
rarely	27	18%
never	28	19%
Total	150	100%

Source: Primary Data

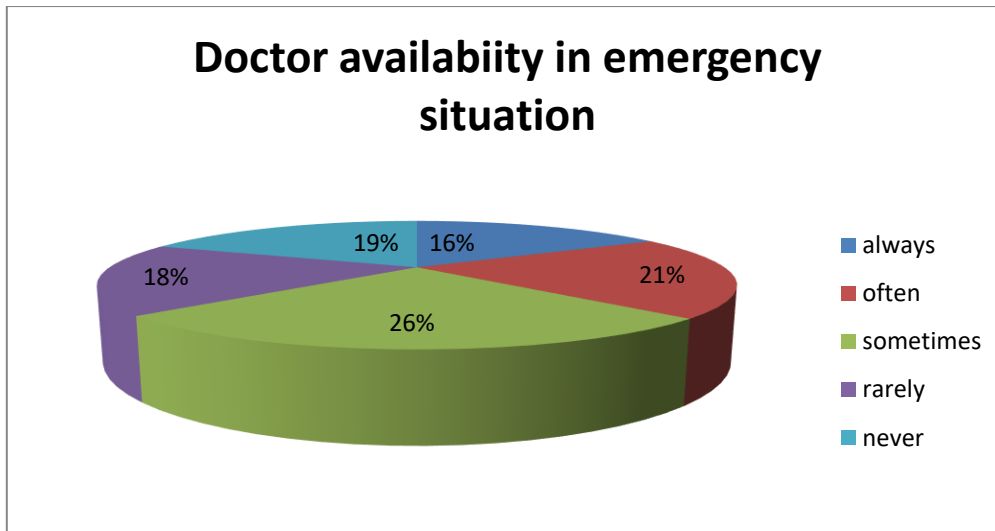


Chart No 4.1.20-Doctor availability in emergency situation of the respondents

Interpretation:

From the above chart, it is observed that the doctor is available in emergency situation. Here, 17%(25) of patients told the doctor is available in emergency situation always, 21%(31) of patients told the doctor is available in emergency situation usually, 26%(39) of patients told the doctor is available in emergency situation sometimes, 18%(27) of patients told the doctor is available in emergency situation rarely, 19%(28) of patients told the doctor is available in emergency situation never . Here come to the conclusion, maximum of patients i.e., 26% of patients said that the doctor is available in emergency situation sometimes.

Table No 4.1.21- Extended medical care facility provide you helpful inputs about coming back to living in Society of the respondents

medical facility is helpful	Response	Percentage
not at all satisfied	27	18%
slightly satisfied	29	19%
moderately satisfied	25	17%
very satisfied	41	27%
completely satisfied	28	19%
Total	150	100%

Source: Primary Data

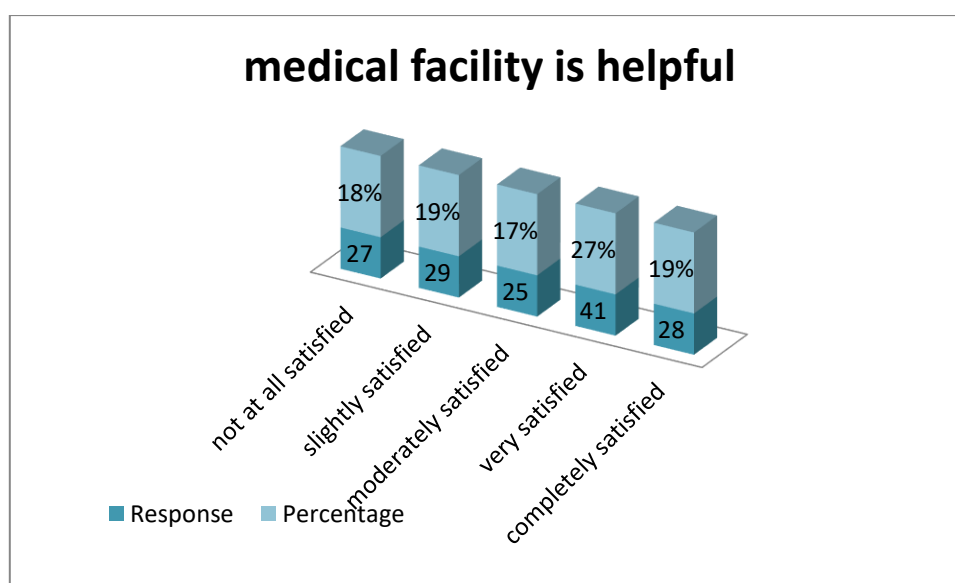


Chart No 4.1.21-Extended medical care facility provide you helpful inputs about coming back to living in Society of the respondents

Interpretation:

From the above chart, it is observed that 18% i.e., 27 patients concluded that they were not at all satisfied with the medical facility provided by the hospital, 19% i.e., 29 patients concluded that they were slightly satisfied with the medical facility provided by the hospital, 17% i.e., 25 patients concluded that they were moderately satisfied with the medical facility provided by the hospital, 27% i.e., 41 patients concluded that they were satisfied with the medical facility provided by the hospital and finally, 19% i.e., 28 patients concluded that they were completely satisfied with the medical facility provided by the hospital among 150 patients. Here, come to know majority of patients 27 % are satisfied with the medical facility provided by the hospital.

Table No 4.1.22- Hospital stay how often did the scanning facility provide by hospital of the respondents

Scanning facility provided by hospital	Response	Percentage
far below standards	29	19%
below standards	33	22%
meets standards	30	20%
above standards	40	27%
far above standards	18	12%
Total	150	100%

Source: Primary Data

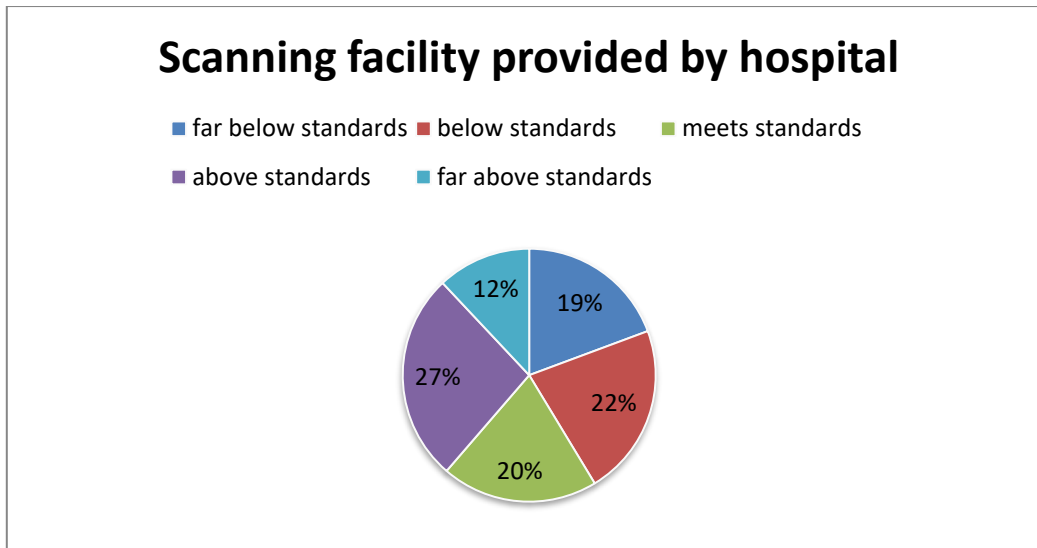


Chart No 4.1.22- Hospital stay how often did the scanning facility provide by hospital of the respondents

Interpretation:

From the above chart, it is observed that 29 (19%) patients said, the scanning facility provided to them by the hospital was far below standard, 33 (22%) patients said, the scanning facility provided to them by the hospital was below standard, 30 (20%) patients said, the scanning facility provided to them by the hospital meets standard, 40 (27%) patients said, the scanning facility provided to them by the hospital was above standard and 18 (12%) patients said, the scanning facility provided to them by the hospital was far above standard. Here, come to the conclusion, majority i.e., 27% of patients concluded that the scanning facility provided to them by the hospital was above standard.

Table No 4.1.23- Rate the experience provided to you by the medical staff in the hospital of the respondents

Rate the experience provided to you by the medical staff in the hospital	Response	Percentage
very poor	27	18%
Poor	26	17%
Fair	31	21%
Good	37	25%
Excellent	29	19%
Total	150	100%

Source: Primary Data

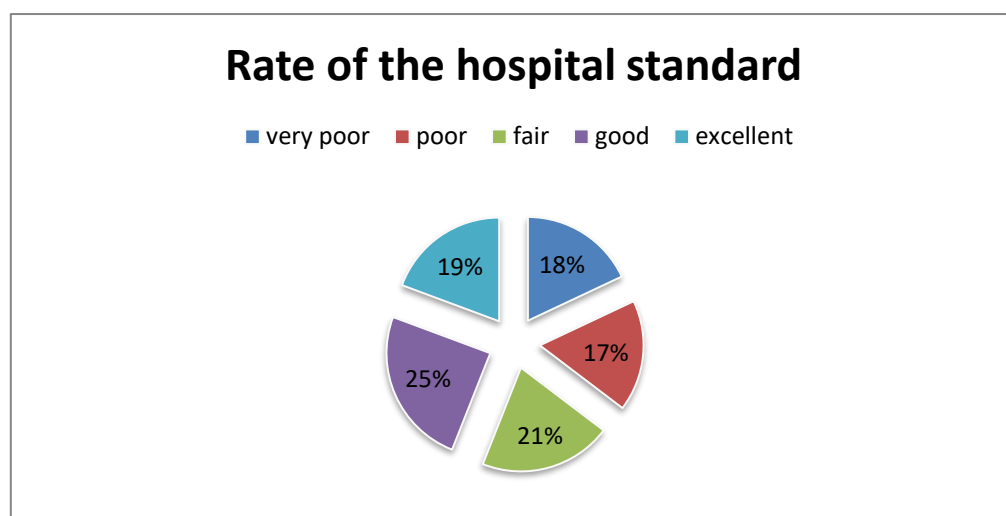


Chart No 4.1.23-Rate the experience provided to you by the medical staff in the hospital of the respondents

Interpretation:

From the above chart, it is observed that 18% of patients rated the experience provided to you by the medical staff in the hospital as very poor, 17% of patients rated the experience provided to you by the medical staff in the hospital as poor, 21%

of patients rated the experience provided to you by the medical staff in the hospital as fair, 25% of patients rated the experience provided to you by the medical staff in the hospital as good, 19% of patients rated the experience provided to you by the medical staff in the hospital as excellent. Therefore, 27 patients came to end that the hospital experience was very poor, 26 patients came to end that the hospital experience was below average, 31 patients came to end that the hospital experience was average, 37 patients came to end that the hospital experience was above average, 29 patients came to end that the hospital experience was very good. Here, come to know 25% out of 150 patients i.e., 25% patients rated the experience provided to you by the medical staff in the hospital as good in service.

Table No 4.24- I am very satisfied with the medical care I received from the doctor of the respondents

Am I satisfied?	Response	Percentage
Very satisfied	32	21%
Somewhat satisfied	45	30%
Neither satisfied nor dissatisfied	26	17%
Somewhat dissatisfied	22	15%
Very dissatisfied	25	17%
Total	150	100%

Source: Primary Data

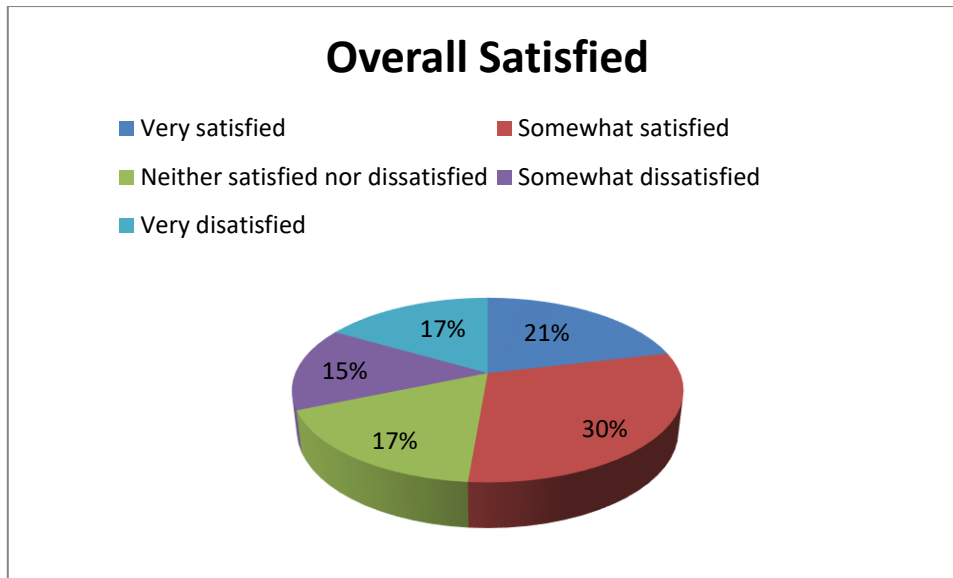


Chart No 4.1.24- I am very satisfied with the medical care I received from the doctor of the respondents

Interpretation:

From the above chart, it is observed that According to the survey, from table 1 to 23, here came to the conclusion, 32 patients i.e., 21% of patients concluded that they are very satisfied with the hospital and the staffs, 45 patients i.e., 30% of patients concluded that they are satisfied with the hospital and the staffs, 26 patients i.e., 17% of patients concluded that they are partially satisfied with the hospital and the staffs, 22 patients i.e., 15% of patients concluded that they are dissatisfied with the hospital and the staffs, 25 patients i.e., 17% of patients concluded that they are very dissatisfied with the hospital and the staffs.

4.2 ANOVA ANALYSIS

Table 4.2.1: Table showing the significance difference between the medical care and medical services

H0: There is no significance difference the medical care and medical services

H1: There is a significance difference between the medical care and medical services

ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
Doctor care	Between Groups	49.692	7	7.099	1.183	0.442
	Within Groups	30	5	6		
	Total	79.692	12			
Ambulance services	Between Groups	38.359	7	5.48	0.663	0.701
	Within Groups	41.333	5	8.267		
	Total	79.692	12			
staff care	Between Groups	49.692	7	7.099	1.183	0.442
	Within Groups	30	5	6		
	Total	79.692	12			
Laboratory services	Between Groups	38.859	7	5.551	0.68	0.691
	Within Groups	40.833	5	8.167		
	Total	79.692	12			

Source: Primary Data

Interpretation:

Significance level 0.442, 0.701 & 0.442, 0.691 which is high 0.05 there is a statistically a no significant relationship between the Medical care and Medical services. The null hypothesis is accepted.

4.3 CHI-SQUARE ANALYSIS

Table 4.3.1: Table showing the significance difference between the age and customer satisfaction

H0: There is no significance difference between the age and customer satisfaction

H1: There is a no significance difference between the age and customer satisfaction

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
age2 * satisfied2	13	100.0%	0	0.0%	13	100.0%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	44.778 ^a	49	0.645
Likelihood Ratio	26.459	49	0.996
Linear-by-Linear Association	0.005	1	0.941
N of Valid Cases	13		

Source: Primary Data

Interpretation:

Since p value is higher than 0.05, we accept the alternate hypothesis and reject the null hypothesis. Therefore, there is a different between age and customer satisfaction.

CHAPTER 5

5.1 FINDINGS OF THE STUDY

- From the study, it is observed that around 27 % majority of the respondents are from the age group of 61 to 80 , 23% respondents are from the age group, 21 to 40, 19% respondents from two different age group 41 to 60 and 81 and above, minority is 12% respondents are from the age group of up to 20.
- From the study, it is observed that around gender-wise, classification of the patients-respondents. It is seen that the male,female and transgender patients is in ratio 71:76:3. It is seen that female gender dominates the picture i.e., 51%. Mostly gynecological /maternity cases. Curiously although male is supposed to be the healthiest group, near about equal mean 47% too were hospitalized. remaining 2% of the respondents are comes under transgender.
- In the study patients are distributed according to their occupations. House wives 22% emerged as the largest group patients. As pointed out earlier, maximum of these are maternity cases. They are followed by the group of patients belonging to the employed class 13%. It appears that with the job related welfare measure like medical insurance, this class of the people is in a position to secure better healthcare facilities for themselves. The next group of the patients of farmer 17%, they dominate population group in the rural area. Businessman 13%, Others 15%, students 11%. Ex-serviceman and professional relay the minority group of patients, although they together constitute about 2 % and 3% from the respondents
- From the above chart it is observed that the majority 35%(52) of patients income is from less than 20000 , 25%(37) of patients income is from 41000 to 60000 , 21%(32) of patients income is from more than 61000 and minority is 20%(30) of patients income is 21000 to 40000 from the respondents

- It is observed that the kinds of medical insurance coverage taken by the patients. Here, 14% of patients i.e., 21 patients didn't have any medical insurance, 23% of patients i.e., 35 patients have private medical insurance, 12% of patients i.e., 18 patients took medical insurance sponsored by employers, 8% of patients i.e., 12 patients took medical insurance of medic aid, 17% of patients i.e., 25 patients took medic care medical insurance and remaining 26% of patients i.e., 39 patients took other medical insurances.
- From the study, it is observed that patients stated their variation is satisfaction about cleanliness of the hospital. Here, 12% i.e., 18 patients stated that they were very satisfied with the cleanliness of the hospital, 27% i.e., 40 patients stated that they were somewhat satisfied with the cleanliness of the hospital, 18% i.e., 27 patients stated that they were partially satisfied with the cleanliness of the hospital, 21% i.e., 31 patients stated that they were somewhat dissatisfied with the cleanliness of the hospital and finally, 23% i.e., 34 patients stated that they were very dissatisfied with the cleanliness of the hospital among 150 patients.
- From the study, it is observed that the importance of health. Here, 29 patients said that their health is very important, 45 patients said that their health is important, 32 patients said that their health is moderately important, 23 patients said that their health is slightly important, 21 patients said that their health is unimportant. As per the result, 19% of patient's statement was their health is very necessary, 30% of patient's statement was their health is necessary, 21% of patient's statement was their health is moderately necessary, 15% of patient's statement was their health is slightly necessary, 14% of patient's statement was their health is unnecessary.
- From the study, it is observed that patients stated their variation is satisfaction about their convenience in the location of the hospital. Here, 19% i.e., 29 patients stated that they were very satisfied with the location of the hospital,

33% i.e., 49 patients stated that they were somewhat satisfied with the location of the hospital, 17% i.e., 25 patients stated that they were partially satisfied with the location of the hospital, 18% i.e., 27 patients stated that they were somewhat dissatisfied with the location of the hospital and finally, 13% i.e., 20 patients stated that they were very dissatisfied with the location of the hospital among 150 patients.

- From the study, it is observed that during the hospital stay room facility for patient is secure Here, majority of patients i.e., 27%(41) of patients said that almost always true, next category of patients i.e., 21%(32) of patients said that usually true, and next level patients, i.e., 19%(28) of patients said that occasionally true, 17%(25) of patients said that almost never true, 16%(24) of patients said that usually not true from the respondents
- From the above chart, it is observed that patients satisfaction about the cost of health care. As per the result, 20% of patients that they were very satisfied with the cost of their health care, 19% of patients that they were satisfied with the cost of their health care, 14% of patients that they were neither satisfied or nor dissatisfied with the cost of their health care, 12% of patients that they were somewhat dissatisfied with the cost of their health care, 35% of patients that they were very dissatisfied with the cost of their health care.
- From the study, it is observed the doctor advise orally/ in writing about how to take medication among patients. Here, 17% patients said that they were not at all familiar, 17% patients said that they were moderately familiar , 25% patients said that they were very familiar therefore majority is 28% patients said that they were extremely familiar and minority is 13% patients said that they were slightly familiar.
- From the study, it is observed that the pharmacy staff. 27 (18%) patients stated that service from pharmacy staff is always true, 42 (28%) patients stated that

service from pharmacy staff is usually true, 32 (21%) patients stated that service from pharmacy staff is occasionally true, 21 (14%) patients stated that service from pharmacy staff is usually not true, 28 (19%) patients stated that service from pharmacy staff is almost never true the majority is comes under usually true and minority is occasionally true

- From the study, it is observed that the ambulance service quick to resopnd to your medical care request or not. Here, 15% patients said that definitely respond quickly to their mediacd care request, 29% patients said that probably respond quickly to their mediacd care request, 17% patients said that possibly respond quickly to their mediacd care request, 18% patients said that probably not respond quickly to their mediacd care request, 21% patients said that definitely not respond quickly to their mediacd care request. Here come to the conclusion that majority of patients 29% said that the ambulatory service probably respond quickly to their mediacd care request and minority of patients is 17% from the respondents
- From the study, it is observed that The staff's interaction with patient reflecting the numbers of 32%. More than 50% of the respondents have their dissatisfaction, the lack of co-operation from the hospital staff. It was stated by respondents that right from the day of admission in the hospital records from the patient in case their expectations were not fulfilled, the patient were neglected without much personnel care and attention.
- From the study, it is observed that 13% of patients strongly agreed that they received information from the staff, 11% of patients agreed that they received information from the staff, 19% of patients partially agreed that they received information from the staff, 28% of patients disagreed that they received information from the staff, 30% of patients strongly disagreed that they received information from the staff. Here, majority of the patients concluded that they did'nt receive proper information from the staff.

- From the study, it is observed that the doctor and convenience of the hospital's working hours. 35 patients i.e 23% patients are Strongly agree, 27 patients i.e 18% are agree, 31 patients i.e 21% patients are undecided, 29 patients i.e 19% are disagree, 28 patients i.e 19% are strongly disagree Therefore the majority of patients is 23% strongly agree and minority of patients is 19% disagree.

- From the study, it is observed that 26% patients strongly agreed that their laboratory services provided inside the hospital management, 21% patients agreed that their laboratory services provided inside the hospital management, 14% patients partially agreed that their laboratory services provided inside the hospital management, 18% patients disagreed that their laboratory services provided inside the hospital management, 21% patients strongly disagreed that their laboratory services provided inside the hospital management. Here, come to the conclusion, majority of patients strongly agreed that their laboratory services provided inside the hospital management.

- From the study, it is observed that 23% of patients strongly agreed that canteen facility is worthy, 27% of patients agreed that canteen facility is worthy, 19% of patients partially agreed that canteen facility is worthy, 15% of patients disagreed that canteen facility is worthy, 15% of patients strongly disagreed that canteen facility is worthy. Here, come to the conclusion, majority of patients i.e., 27% agreed that canteen facility is worthy.

- From the study, it is observed that 42 patients i.e., 28% of patients strongly agreed that their doctor offer to consume pills and drugs too often , 29 patients i.e., 19% of patients agreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often, 28 patients i.e., 19% of patients partially agreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often, 25 patients i.e., 75% of patients disagreed

that of patients strongly agreed that their doctor offer to consume pills and drugs too often, 26 patients i.e., 17% of patients strongly disagreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often. Here, come to the conclusion, majority of patients i.e., 28% strongly agreed that of patients strongly agreed that their doctor offer to consume pills and drugs too often.

- From the study, it is observed that the doctor is available in emergency situation. Here, 17%(25) of patients told the doctor is available in emergency situation always, 21%(31) of patients told the doctor is available in emergency situation usually, 26%(39) of patients told the doctor is available in emergency situation sometimes, 18%(27) of patients told the doctor is available in emergency situation rarely, 19%(28) of patients told the doctor is available in emergency situation never . Here come to the conclusion, maximum of patients i.e., 26% of patients said that the doctor is available in emergency situation sometimes.
- From the study, it is observed that 18% i.e., 27 patients concluded that they were not at all satisfied with the medical facility provided by the hospital, 19% i.e., 29 patients concluded that they were slightly satisfied with the medical facility provided by the hospital, 17% i.e., 25 patients concluded that they were moderately satisfied with the medical facility provided by the hospital, 27% i.e., 41 patients concluded that they were satisfied with the medical facility provided by the hospital and finally, 19% i.e., 28 patients concluded that they were completely satisfied with the medical facility provided by the hospital among 150 patients. Here, come to know majority of patients 27 % are satisfied with the medical facility provided by the hospital.
- From the above study, it is observed that 29 (19%) patients said, the scanning facility provided to them by the hospital was far below standard, 33 (22%) patients said, the scanning facility provided to them by the hospital was below

standard, 30 (20%) patients said, the scanning facility provided to them by the hospital meets standard, 40 (27%) patients said, the scanning facility provided to them by the hospital was above standard and 18 (12%) patients said, the scanning facility provided to them by the hospital was far above standard. Here, come to the conclusion, majority i.e., 27% of patients concluded that the scanning facility provided to them by the hospital was above standard.

- From the study, it is observed that 18% of patients rated the hospital as very poor, 17% of patients rated the hospital as poor, 21% of patients rated the hospital as fair, 25% of patients rated the hospital as good, 19% of patients rated the hospital as excellent. Therefore, 27 patients came to end that the hospital was very poor, 26 patients came to end that the hospital was below average, 31 patients came to end that the hospital was average, 37 patients came to end that the hospital was above average, 29 patients came to end that the hospital was very good. Here, come to know 25% out of 150 patients i.e., 25% patients rated the hospital as good in service.
- From the study, it is observed that According to the survey, from table 1 to 23, here came to the conclusion, 32 patients i.e., 21% of patients concluded that they are very satisfied with the hospital and the staffs, 45 patients i.e., 30% of patients concluded that they are satisfied with the hospital and the staffs, 26 patients i.e., 17% of patients concluded that they are partially satisfied with the hospital and the staffs, 22 patients i.e., 15% of patients concluded that they are dissatisfied with the hospital and the staffs, 25 patients i.e., 17% of patients concluded that they are very dissatisfied with the hospital and the staffs

5.2 SUGGESTIONS

- To provide 24 hrs availability of emergency caring unit within the hospital campus.
- Arranging mentoring and counseling related programs to the hospital nurses and staffs for taking care of patients in proper manner.
- To provide the quality with nominal cost of scanning facilities for the customers(patients)
- To maintain hygiene and clean surrounding of the hospital management.
- To provide quality of medical services to patients at the right time.

5.3 CONCLUSION

“Customer satisfaction on various facilities provided by hospital”, Madurai from the duration of three months and by analyzing the result, the conclusion arrived is the majority of the respondents have satisfied with medical facilities and medical services measures. The study shows that hospital management should plan and implement new medical staff and services for improving the future growth of the management and to reduce the dissatisfaction of the patients. The study has indicated that most of the patients felt that medical cares by staff's were low, and they suggested improving medical staff quality.

REFERENCE

Acharyulu, G.V.R.K.& Shekhar,B.Raja (2012). Role of value chain strategy in healthcare supply chain management: An empirical study in India. *International Journal of Management*, 29(1), 91-97.

Arasli H, Ekiz EH, Katircioglu ST (2008). "Gearing service quality into Public and Private Hospitals in Small Islands: Empirical evidence from Cyprus". *Int. J. on Healthcare Quality Assurance*, 21(1): 8-23.

Barr, D. and Vergun, P. (2000). Using a New Method of Gathering Patient Satisfaction Data to Assess the Effects of Organizational Factors on Primary Care Quality. *Journal on Quality Improvement*; 26(12): 713-723.

Beck, E., Griffith,R., Fitzpatrick,R,. Mandalia,S., Carrier,J., Conlon,C., Mandel, B., Ong, E., Pazniak,A., Tang, A., Tomlinson,D. and Williams,I. (1999). Patient Satisfaction with HIV Service Provision in NPMS Hospitals: The Development of a Standard Satisfaction Questionnaire. *AIDS Care*; 11(3): 331-343.

Beedham, H. (1995). HIV and AIDS Care: Consumers' Views on Needs and Services. *Journal of Advanced Nursing*; 22: 677-686.

Brown, J., Boles, M., Mullooly, M., and Levison, W. (1999). Effects of Clinician Communication Skills Training on Patient Satisfaction: A Randomized, Controlled Trial. *Annals of Internal Medicine*; 131(11): 822-829.

Calnan, M. (1988). Towards a Conceptual Framework of Lay Evaluation of Health Care. *Social Science and Medicine*; 27: 927-933.

Carlson, M. and Gabriel, R. (2001). Patient Satisfaction, Use of Services, and One-Year Outcomes in Publicly Funded Substance Abuse Treatment. *Psychiatric Services*; 52(9): 1230-1236.

Fitzpatrick, R. (1991). Surveys of Patient Satisfaction: I – Important General Considerations. *British Medical Journal*; 302: 887-889.

Folkes V.S. and Patrick VM (2003) The Positivity Effect in Perceptions of Services, Seen one, seen them all?. *Journal of Consumer Resources* vol. 30 pp. 125-137.

Fox, J. and Storms, D. (1981). A Different Approach to Sociodemographic Predictors of Satisfaction with Health Care. *Social Science and Medicine*; 15A: 557-564.

Guyatt, G., Mitchell, A., Molloy, W., Capretta, R., Horsman, J., and Griffith, L. (1995). Measuring Patient and Relative Satisfaction with Level or Aggressiveness of Care and Involvement in Care Decisions in the Context of Life Threatening Illness. *Journal of Clinical Epidemiology*; 48: 1215-1224.

Halkitis, P. and Dooha, S. (1998). The Perceptions and Experiences of Managed Care by HIV-Positive Individuals in New York City. *AIDS and Public Policy Journal*; 13(2): 75-84.

Hall, J. and Dornan, M. (1988). What Patients Like About Their Medical Care and how often they are asked: A Meta-Analysis of the Satisfaction Literature. *Social Science and Medicine*; 27(9): 935-939.

Hall, J. and Dornan, M. (1990). Patient Sociodemographic Characteristics as Predictors of Satisfaction with Medical Care: A Meta-Analysis. *Social Science and Medicine*; 30(7): 811-818.

Hall, J., and Dornan, M. (1988). Meta-Analysis of Satisfaction with Medical Care: Description of Research Domain and Analysis of Overall Satisfaction Levels. *Social Science and Medicine*; 27(6): 637-644.

Harpole, L., Orav, E., Hickey, M., Posther, K., and Brennan, T. (1996). Patient Satisfaction in the Ambulatory Setting: Influence of Data Collection Methods and Sociodemographic Factors. *Journal of General Internal Medicine*; 11: 431-434.

Harris, L., Swindle, R., Mungai, S., Weinberger, M., and Tierney, W. (1999). Measuring Patient Satisfaction for Quality Improvement. *Medical Care*; 37: 1207-1213.

Health Services Research Group . (1992). A Guide to Direct Measures of Patient Satisfaction in Clinical Practice. *Canadian Medical Association Journal*.

Inui, T. and Carter, W. (1985). Problems and Prospects for Health Services Research on Provider-Patient Communication. *Medical Care*; 23(5): 521-538.

Jackson, J., Chamberlin, J., and Kroenke, K. (2001). Predictors of Patient Satisfaction. *Social Science and Medicine*; 52(4): 609-620.

Kane, R., Maciejewski, M., and Finch, M. (1997). The Relationship of Patient Satisfaction with Care and Clinical Outcomes. *Medical Care*; 31(7): 714-730.

Katz, M., Marx, R., Douglas, J., Bolan, G., Park, M., Jan Gurley, R. and Buchbinder, S. (1997). Insurance Type and Satisfaction with Medical Care among HIV-Infected Men. *Journal of Acquired Immune Deficiency Syndromes*; 14(1):35-43.

Kravits, R. (1998). Patient Satisfaction with Health Care: Critical Outcome or Trivial Pursuit? *Journal of General Internal Medicine*; 13: 280 – 282.

Linder-Pelz, S. and Struening, E. (1985). *Journal of Community Health*; 10(1): 42-54.

Linn, L. (1975). Factors Associated with Patient Evaluation of Health Care. *Health and Society. Milbank Memorial Fund Quarterly Health and Society*; 4: 531-548.

Locker, D. and Dunt, D. (1978). Theoretical and Methodological Issues in Sociological Studies of Consumer Satisfaction with Medical Care. *Social Science and Medicine*; 12: 283-292.

McDaniel, C. and Nash, J. (1990). Compendium of instruments measuring patient satisfaction with nursing care. *Quality Review Bulletin*; 182-188.

Meredith, K., Delaney, J., Horgan, M., Fisher, E. and Fraser, V. (1997). A Survey of Women with HIV about Their Expectations for Care. *AIDS Care*; 9(5):513-22.

Munro, B., Jacobsen, B., and Brooten, D. (1994). Re-examination of the Psychometric Characteristics of the La Monica-Oberst Patient Satisfaction Scale. *Research in Nursing and Health*; 17(2): 119-125.

Nelson-Zlupko, L., Morrison-Dore, M., Kaufman, E., and Kaltenbach, K. (1996). Women in Recovery: Their Perceptions of Treatment Effectiveness. *Journal of Substance Abuse Treatment*; 13(1): 51-59.

Rohland, B., Langebehn, D., and Rohrer, J. (2000). Relationship Between Service Effectiveness and Satisfaction Among Persons Receiving Medicaid Mental Health Services. *Psychiatric Services*; 51(2): 248-250.

Ross, C., Steward, C., and Sinacore, J. (1993). The Importance of Patient Preferences in the Measurement of Health Care Satisfaction. *Medical Care*; 31(12): 1138-1149.

Roter, D., Stewart, M., Putnam, S., Lipkin, M., Stiles, W., and Innui, T. (1997). Communication Patterns of Primary Care Physicians. *JAMA*; 277(4): 350-356.

Rubin, H., Gandek, B., Rogers, W., Kosinski, M., McHorney, C., and Ware, J. (1993). Patients' Ratings of Outpatient Visits in Different Practice Settings: Results from the Medical Outcomes Study. *JAMA*; 270(7): 835-840.

Sitzia, J. and Wood, N. (1997). Patient Satisfaction: A Review of Issues and Concepts. *Social Science and Medicine*, 45: 1829-1843.

Stein, M., Fleishman, J., Mor, V., and Dresser, M. (1993). Factors Associated with Patient Satisfaction Among Symptomatic HIV-Infected Persons. *Medical Care*; 31: 182-188.

Stump, T., Dexter, P., Tierney, W., and Wolinsky, F. (1995). Measuring Patient Satisfaction with Physicians among Older and Diseased Adults in a Primary Care Municipal Outpatient Setting: An Examination of Three Instruments. *Medical Care*; 33(9): 958-972.

Sullivan, L., Stein, M., Savetsky, J., and Samet, J. (2000). The Doctor-Patient Relationship and HIV-Infected Patients' Satisfaction with Primary Care Physicians. *Journal of General Internal Medicine*; 15(7): 462-469.

Tsasis, P., Tsoukas, C., and Deutsch, G. (2000). Evaluation of Patient Satisfaction in a Specialized HIV/AIDS Care Unit of a Major Hospital. *AIDS Patient Care*; 14(7): 347-349.

Ware, J. and Hays, R. (1988). Methods for Measuring Patient Satisfaction with Specific Medical Encounters. *Medical Care*; 26: 393-402.

Weiss, B., and Senf, J. (1990). Patient Satisfaction Survey Instrument for Use in Health Maintenance Organizations. *Medical Care*; 28(5): 434-445.

Williams, B. (1994). Patient Satisfaction: A Valid Concept? *Social Science and Medicine*, 38: 509-516.

Williams, B., Coyle, J., and Healy, D. (1998). The Meaning of Patient Satisfaction: An Explanation of High Reported Levels. *Social Science & Medicine*; 47(9): 1351-1359.

Williams, S. and Calnan, M. (1991). Convergence and Divergence: Assessing Criteria of Consumer Satisfaction Across General Practice, Dental and Hospital Settings. *Social Science and Medicine*; 33(6): 707-716.

QUESTIONNAIRE

1. Name: Mr / Mrs.

2. Age:

a) 18-30

b) 31-45

c) 45-60

d) 61 or more

3. Gender:

a) Male

b) Female

c) Transgender

4. Occupation:

a) Student

b) Children

c) Professionals

d) Business man

e) House wives

f) Ex serviceman

g) Employees

h) Farmers

i) Others

5. Monthly income

a) Less than 20000

b) 21000 to 40000

c) 41000 to 60000

d) More than 61000

6. What kind of medical insurance coverage do you have

- a) None
- b) Private
- c) Employer sponsored
- d) Medicaid
- e) Medicare
- f) Others

7. Overall cleanliness of the hospital

- a) Very satisfied
- b) Somewhat satisfied
- c) Neither satisfied nor dissatisfied
- d) Somewhat dissatisfied
- e) Very dissatisfied

8. How important to your health and wellbeing for visiting the doctor

a) Very important

b) Important

c) Moderately important

d) Slightly important

e) Unimportant

9. Convenience of location for you

a) Very satisfied

b) Somewhat satisfied

c) Neither satisfied nor dissatisfied

d) Somewhat dissatisfied

e) Very dissatisfied

10. During the hospital stay room facility for patient is secure

a) Almost Always True

b) Usually True

c) Occasionally True

d) Usually Not True

e) Almost Never True

11. Cost of health care

a) Very satisfied

b) Somewhat satisfied

c) Neither satisfied nor dissatisfied

d) Somewhat dissatisfied

e) Very dissatisfied

12. The doctor advise orally/in writing about how to take medication

- a) Not at all familiar
- b) Slightly familiar
- c) Moderately familiar
- d) Very familiar
- e) Extremely familiar

13. Did the pharmacy staff bill you health provider and collect the right deductible from you for your medicines?

- a) Almost always true
- b) Usually true
- c) Occasionally true
- d) Usually not true
- e) Almost never true

14. Were the ambulance service quick to respond to your medical care request?

a) Definitely

b) Probably

c) Possibly

d) Probably not

e) Definitely not

Following statements related to your recent stay in Hospital of Madurai city. You may 'strongly agree' or 'strongly dis-agree' with particular statement or may have feeling in between as shown in the following scale.

Response Statements	Strongly Agree	Agree	Undecided	Dis - Agree	Strongly Disagree
------------------------	-------------------	-------	-----------	----------------	----------------------

Please express yours feeling about the statement through the scale given below

Question no	Response Statement	Strongly Agree	Agree	Undecided	Dis-Agree	Strongly Disagree
15.	The hospital staff is friendly and courteous					
16.	The information received from the staff is perfect					
17.	The hospital appointment time is Convenient					
18.	The laboratory services provided inside the hospital management					
19.	The canteen facility provide by hospital management is worthy					
20.	The doctor prescribes drugs and pills too often					

21. The doctor is available in emergency situation

a) Always

b) Often

c) Sometimes

d) Rarely

e) Never

22. Did the extended medical care facility provide you helpful inputs about coming back to living in Society

a) Not at all satisfied

b) Slightly satisfied

c) Moderately satisfied

d) Very satisfied

e) Completely satisfied

23. During the hospital stay how often did the scanning facility provide by hospital management with standard

a) Far below standards

b) Below standards

c) Meets standards

d) Above standards

e) Far above standards

24. Rate the experience provided to you by the medical staff in the hospital

a) Very poor

b) Poor

c) Fair

d) Good

e) Excellent

25. I am very satisfied with the medical care I received from the doctor

a) Very satisfied

b) Somewhat satisfied

c) Neither satisfied nor dissatisfied

d) Somewhat dissatisfied

e) Very dissatisfied

ARTICLE

Customer Satisfaction On Various Facilities Provided By Hospital

T.Sivasankar

Student ,sathyabama Institute of Technology ,Chennai India ,India

Dr.N.Kumar

Assistant Professor, Faculty of Management Studies, Sathyabama Institute of
Technology ,Chennai India

ABSTRACT

In the current era of modernization and busy life, every human is suffering from various health problems associated with it. The life is also become unsecured with full of uncertainty. So, this situation force researcher to study such new topic which is definitely related to HRM. In which there must development and implementations of certain quality plans, policies and strategies under any unavoidable circumstances about the customer (patient) satisfaction by providing the service to the people of society. The main objective is to evaluate the medical facilities provided by multi-speciality hospital on customer satisfaction in the Madurai city In this context of study the sample plan is framed with 120-150 required respondents with the convenience sampling method. And is applied to collect relevant data are from the customers in probability sampling design with the collection of primary data by taking a survey by questionnaire and secondary data by literature review About the perceived professionalism of the doctors patients generally were satisfied. Majority of the patients however, felt that fees charged by doctors are on the higher side. Also patients feel that the doctor stresses on various tests and X-rays for minor illness to. The local corporation as well as municipal authority in collaboration jointly with, Local

universities, local educational institutions and large hospitals may establish a school of nursing to train suitably prequalified and attitudinally inclined local talents. This type of training facilities (medical equipment, operation and nursing) will be an endeavor in value addition of this rural area is human resources and the fulfillment of social obligations by the local medico in return for their peaceful and prosperous practices.

Keywords: medical facility, medical services & care, customer satisfaction

I INTRODUCTION

It is fascinating of see the concept of Human Recourse Management and its role in health care system in Republic of India. It plays crucial role in quickly ever-changing state of affairs of management connected with kinsfolk within the organisation. The approach of human resource considers the potentiality and vitality of the folks within the organisation. it's the overall inherent skills, non-heritable data and talent delineated by the skills and ability of the utilized person within the organisation. it's the method of managing the folks and providing the services to them with human approach. it's additionally vital to check this human approach with the health care system like hospitals and their organisation that is vital a part of the lifetime of everyone nowadays.

Hospital is an establishment for health care, typically however not perpetually providing for extended term patients stays nowadays, hospitals square measure usually funded by the govt., for-profit or non-profit-making health organisations, insurance firms, or charities, as well as direct charitable donations. In history they were typically supported and funded by spiritual orders or charitable people and leaders. Hospitals currently every day staffed by skilled physicians, surgeons and nurses; wherever as in history, this work was typically done by the findings spiritual orders or volunteers. The hospital might also act as Associate in Nursing almshouse for the poor or a pilgrims' hostel throughout the centre ages. Hospitals square

measure typically distinguished from alternative style of medical facilities by their ability to admit and take care of inpatients. kinds of specialised hospitals in hospitals embody trauma centres, children's hospitals geriatric, hospital and hospitals for coping with specific medical desires like psychiatric issues, bound unwellness classes and then forth. A hospital is also one building or campus; some Hospitals square measure related to with universities for medical analysis and coaching of medical personnel. Worldwide, most of the hospitals square measure run-on a non-profit-making basis by agency for health services or personal partnership of or charities.

A medical facility smaller than hospital is named clinic and sometimes pass by agency or personal partnership for physicians (in nations wherever personal observe is allowed).Clinics typically offer solely patient services hospitals is also needed by law to possess make a copy power generators, just in case of blackout. in addition they'll be placed on special high priority segments of the general public works (utilities) infrastructure to confirm continuity of care throughout a state of emergency.

II REVIEW OF LITERATURE

(Folkes and Patrick,2003) in their study show converging evidence of a positivity effect in customers" perceptions about service providers. According to them when the customer has little experience with the service, positive information about a single employee leads to the perception that the firm"s other service providers are positive.

(Acharyulu, GVRK, Shekbar 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.

(Rohland, B., Langebehn, D., and Rohrer, J.,2000) The authors of this paper theorize that there is a relationship between satisfaction with services on the one hand and mental health status and increased life satisfaction on the other. Participants were selected from a sample of 18-64 year-old Medicaid recipients who received mental health services in Iowa in 1993. The random sample was selected within each category of the following stratifications: diagnosis (schizophrenia, affective disorders, anxiety disorders, and adjustment disorders), severity of illness, and Urban/rural County of residence. Surveys, sent to 2,530 patients and returned by 815 persons (32.3 percent response rate), assessed life satisfaction, satisfaction with services (focusing on the quality of interpersonal experience), and self-reported mental health status. Schizophrenics had higher levels of satisfaction with services and life than others, and a statistically significant relationship was found between life satisfaction and service satisfaction for schizophrenics, and those with affective and adjustment disorders.

(Arasli et al,2008) maintain that it is necessary to develop a systematic approach to find out the real requirement of patients, as this leads to greater customer"s satisfaction and ultimately make the hospital more successful.

(Brown, J., Boles, M., Mullooly, M., and Levison, W.,1999).The purpose of this study was to test the effects of a common communication skills building program designed to increase physician's listening and communication skills on patient satisfaction ratings of provider communication during specific medical care encounters. The program consisted of a 10-hour, two-part training. Physicians were recruited from the Kaiser Permanente Northwest Division in Portland, Oregon and in the usual way for a continuing education program. Once providers indicated their interest in the course, they were invited to participate in the study; providers were assigned to the intervention or control group. The intervention group simply attended the program in advance of the control group. Patient satisfaction was assessed using the Art of Medicine Survey and assessed patients' satisfaction Psych Research Page 28 Patient Satisfaction Survey for AIDS Institute with communication skills during a

specific encounter and overall with care received from the clinician. Anonymous self-administered questionnaires were sent to patients within 10 days of their visit to the ambulatory care facility; data were collected during one year in 1995 and 1996. General estimating equations were created, controlling for baseline patient satisfaction scores and results indicated that while patient satisfaction scores were higher among the intervention group, the difference was not statistically significant. Providers in the intervention group reported improvements in communication skills and lower frustration with visits. The authors concluded that while communication has been determined to be related to patient satisfaction it is unrealistic to expect a single brief continuing education course to improve general patient satisfaction in the “contemporary health care environment.”

III OBJECTIVES

Primary objective

- ✓ To evaluate the medical facilities and customer satisfaction provided by lakshmana multi-speciality hospital in Madurai city.

Secondary objectives

- To measure the medical care experienced by the patients who have undergone the treatment of the hospital in the study
- To assess the medical services provided by the lakshmana multi-speciality hospital managements in the study area
- To study the behaviour of medical staff how they handling the patients in the hospital.

IV METHODOLOGY

RESEARCH DESIGN

A research style may be a matter set up specifying the strategies and procedures for collection and analyzing the required information. It's frame works for the analysis set up of action. analysis style supported the descriptive analysis technique using the survey methodology and analysis is created on this primary information collected for this comes study Descriptive analysis style was designated to realize the declared objectives. analysis studies square measure those, that square measure involved with describing the characteristics of a specific individual, or cluster on decisive the link between the variables on be measured descriptive analysis style was designated. the target of the descriptive style is to answer the "who", "what", and "how" of the topic beneath investigation. Descriptive analysis is well structured. Primary information is chosen for information analysis and there's no secondary information taken analysis.

Measures

The standard populace length taken within a side the assignment is one hundred fifty. The standard pattern length taken within a side the assignment is 150 respondents of patients. The statistical evaluation gears used is SPSS for checking out the hypothesis, Chi Square check within a side the SPSS device and an ANOVA in the SPSS device.

Procedure

The number one information is the ones which might accruing clean for the primary time, and consequently show up to be unique in the character. Here the cluster sampling approach is used to acquire the information-the usage of the questionnaire. We acquire the number one information for the duration of the path of doing

experiments in experimental study. In our studies, information changed into accrued through the questionnaire approach. Secondary information is the ones is already accruing with the aid of using person else. The secondary information is accrued with the aid of using reading numerous substances like hospital profiles, magazines, journals, beyond records, reviews, and websites

V RESULT AND DISCUSSION

From the analysis of the data collected, the following results were obtained:

There is significant positive relationship between age group/satisfaction levels with the

1. Since p value is higher than 0.05, we accept the alternate hypothesis and reject the null hypothesis. Therefore, there is a different between age and customer satisfaction.

Chi-Square Tests			
	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	44.778 ^a	49	0.645
Likelihood Ratio	26.459	49	0.996
Linear-by-Linear Association	0.005	1	0.941
N of Valid Cases	13		

2. Significance level 0.442, 0.701 & 0.442, 0.691 which is high 0.05 there is a statistically a no significant relationship between the Medical care and Medical services. The null hypothesis is accepted.

ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
Doctor care	Between Groups	49.692	7	7.099	1.183	0.442
	Within Groups	30	5	6		
	Total	79.692	12			
Ambulance services	Between Groups	38.359	7	5.48	0.663	0.701
	Within Groups	41.333	5	8.267		
	Total	79.692	12			
staff care	Between Groups	49.692	7	7.099	1.183	0.442
	Within Groups	30	5	6		
	Total	79.692	12			
Laboratory services	Between Groups	38.859	7	5.551	0.68	0.691
	Within Groups	40.833	5	8.167		
	Total	79.692	12			

Hypothesis: 1

Null hypothesis (Ho) is Rejected There is no association between age and customer satisfaction in the hospital management Alternate hypothesis (H1) is Accepted There is association between age and customer satisfaction in the hospital management.

Hypothesis: 2

Null hypothesis (H0) is Accepted significance level 0.442, 0.701 & 0.442, 0.691 difference between medical service and medical care. Alternate hypothesis (H1) is Rejected There is no significance difference between medical service and medical care

VI Suggestions

- To provide 24 hrs availability of emergency caring unit within the hospital campus.
- Arranging mentoring and counseling related programs to the hospital nurses and staffs for taking care of patients in proper manner.
- To provide the quality with nominal cost of scanning facilities for the customers(patients)
- To maintain hygiene and clean surrounding of the hospital management.
- To provide quality of medical services to patients at the right time.

VII CONCLUSION

“Customer satisfaction on various facilities provided by hospital”, Madurai from the duration of three months and by analyzing the result, the conclusion arrived is the majority of the respondents have satisfied with medical facilities and medical services measures. The study shows that hospital management should plan and implement new medical staff and services for improving the future growth of the management and to reduce the dissatisfaction of the patients. The study has indicated that most of the patients felt that medical cares by staff's were low, and they suggested improving medical staff quality.

VIII REFERENCES

Acharyulu, G.V.R.K.& Shekhar,B.Raja (2012). Role of value chain strategy in healthcare supply chain management: An empirical study in India. *International Journal of Management*, 29(1), 91-97.

Arasli H, Ekiz EH, Katircioglu ST (2008). "Gearing service quality into Public and Private Hospitals in Small Islands: Empirical evidence from Cyprus". *Int. J. on Healthcare Quality Assurance*, 21(1): 8-23.

Brown, J., Boles, M., Mullooly, M., and Levison, W. (1999). Effects of Clinician Communication Skills Training on Patient Satisfaction: A Randomized, Controlled Trial. *Annals of Internal Medicine*; 131(11): 822-829.

Folkes V.S. and Patrick VM (2003) The Positivity Effect in Perceptions of Services, Seen one, seen them all?. *Journal of Consumer Resources* vol. 30 pp. 125-137.

Rohland, B., Langebehn, D., and Rohrer, J. (2000). Relationship Between Service Effectiveness and Satisfaction Among Persons Receiving Medicaid Mental Health Services. *Psychiatric Services*; 51(2): 248-250.