

A STUDY ON INPATIENT AND OUT PATIENT SATISFACTION IN HOSPITAL

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ABSTRACT:

The aim of the study is about to study the patient's satisfaction, the objective of the study is to find out the satisfactory level of patients regarding the services provided by the hospital and to find out the quality of care provided, to study on waiting time and about the effectiveness of the healthcare delivery .study is carried out as an empirical study and the survey questionnaire were circulated among the patients visiting to the hospital. Conclude that the doctors should treat the patients in a friendly manner to provide the right treatment on right time; they have to reduce the waiting time delay.

INTRODUCTION

The practice and system of medicine has evolved over centuries. There are certain important developments which have occupied place in the health systems in recent times. Chief amongst them are, the establishment of corporate hospitals equipped with the latest facilities the advent of third-party payers (insurance companies, governments, companies, etc.); rising awareness among patients accessibility of information through the internet, and higher hope of patient care, and finally the increasing litigations for unproductive results. All these factors have resulted in a challenging profile for the health care industry - away from the habitual concept of a noble profession toward a service industry.

REVIEW OF LITERATURE

Swapnarag Swain, Nirmal Chandra Kar, (2018)The reason for this paper is to investigate measurements of saw benefit quality in healing centers and to build up an applied structure demonstrating connection between doctor's

facility benefit quality, tolerant fulfillment and their conduct aim. This paper depends on broad audit of existing writing on healing facility benefit quality, persistent fulfillment and conduct expectation. Basic examination of these writing contemplates has brought about deciding and characterizing the measurements of saw benefit quality and building up connection between doctor's facility benefit quality, persistent fulfillment and conduct expectation. This investigation has distinguished six noteworthy territories through which patients see nature of administration in healing facilities. These six regions are specialized quality, procedural quality, infrastructural quality, interactional quality, faculty quality, social help quality. Assist 20 measurements of doctor's facility benefit quality are recognized under these 6 noteworthy regions.

Muslim Amin, Siti ZahoraNasharuddin, (2013) The reason for this examination is to research clinic benefit quality and its impact on tolerant fulfillment and conduct expectation. – An accommodation inspecting strategy was utilized in this investigation. An aggregate of 350 surveys were circulated and 216 were returned (61.7 for each penny reaction rate). – The outcomes affirm that the five measurements – affirmation, medicinal administration, generally speaking administration, release and social obligation – are an unmistakable build for healing facility benefit quality. Each measurement has a huge association with healing facility benefit quality. The discoveries of this examination show that the foundation of larger amounts of clinic benefit quality will lead clients to have an abnormal state of fulfillment and conduct aim.

Raman Sharma, Meenakshi Sharma, R.K. Sharma, (2011) Against a background of growing consumerism, satisfying patients has become a key task for all healthcare activities. Satisfaction in service provision is increasingly being used as a measure of health system performance. Satisfaction manifests itself in the distribution, access and utilization of health services. This paper aims to address these issues. A cross sectional study was conducted to assess the patient satisfaction level visiting the hospital with the objectives to know the behavior and clinical care by the clinicians and para- medical staff and in terms of amenities available. A pre- designed and pre- tested structured questionnaire was given to the respondents after the patients had undergone consultation with the doctor. A proportionate random sampling was done to select the subjects. It was found that average time spent by respondents for registration was 33.20 minutes. The overall satisfaction regarding the doctor- patient professional and behavioral communication was more than 80 per cent at almost all the levels of health care facilities. In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem while 2/3 opined that doctors used medical and technical terms to explain their illness and its consequences.

Daniel P. Kessler, Deirdre Mylod, (2011) This paper means to explore how persistent fulfillment influences penchant to return, i.e. dedication. – Data from 678 healing centers were coordinated utilizing three sources. Tolerant fulfillment information were acquired from Press Ganey Associates, a main overview firm; process- based quality measures and healing center attributes, (for example, proprietorship and showing status) and geographic

zones were gotten from the Centers for Medicare and Medicaid Services. The recurrence with which end-of-life patients come back to look for treatment at a similar healing facility was acquired from the Dartmouth Atlas. The examination utilizes relapse investigation to evaluate fulfillment's consequences for tolerant dependability, while holding process-based quality measures and healing center and market attributes consistent.– There is a measurably noteworthy connection amongst fulfillment and reliability. Despite the fact that fulfillment's impact in general is moderately little, satisfaction with certain hospitalization experience might be critical. The connection amongst fulfillment and devotion is weaker for high-satisfaction healing facilities, predictable with different examinations in the promoting writing.

Manimay Ghosh, (2014) The purpose of this study was to understand the different dimensions patients staying in a hospital perceived as important for satisfaction and how those dimensions affected their overall satisfaction levels.– A scale comprising 21 items to measure patient experience in a hospital was developed based on literature review. After purification of the scale, a field survey was administered to patients who were discharged in the recent past from a public or a private hospital in the city. The data collected were analyzed using multivariate techniques.– The data analysis highlighted four important dimensions of patient satisfaction. The four dimensions significantly and positively affected patient's overall satisfaction level.

Alessandro Ancarani, Carmela Di Mauro, Maria D. Giammanco, (2011) The reason for this paper, with regards to healing center wards, is to test a model in which the ward director's introduction towards a given hierarchical atmosphere adds to decide the atmosphere seen by therapeutic and nursing staff, and this, thus, affects quiet fulfillment. – The plan of the examination is cross-sectional. The supervisor's atmosphere introduction, worker view of hierarchical atmosphere, and patient fulfillment surveys were directed to ward directors, medicinal staff, and inpatients in 57 wards having a place with ten open healing facilities in Italy. The theorized show was tried utilizing two level basic condition displaying. – Different atmospheres affect on quiet fulfillment in an unexpected way. Proof was discovered that a human connection atmosphere expands tolerant fulfillment. Ward directors' introduction on particular hierarchical models is coordinated by the real atmosphere seen by therapeutic and nursing staff. Correlation between elective settled models demonstrates that there is prove for the interceding impact of atmosphere between the administrators' atmosphere introduction and patient fulfillment.

James A. Rice, Donald C. Wegmiller, Lynda T. Laskow, (1990) The regions of patient care and fulfillment are centered around. A patient fulfillment checking and administration program is portrayed inside a multi-hospital framework in North Central United States. The program was set up as the center of an exhaustive framework for consistent quality change at all levels in the association. The idea of patient fulfillment administration is characterized; the measurements of clinical and patient fulfillment are adjusted; the basic achievement factors are

surveyed, and the future difficulties of expanding the program into an arrangement of persistent quality change are outlined.

Imad Baalbaki, Zafar U. Ahmed, Valentin H. Pashtenko, Suzanne Makarem, (2008) The reason for this paper is to give understanding, exploratory research, and support for the key utilization of doctor's facility optional help works as an underlying methodology for promoting social insurance, expanding persistent volume, and extending tolerant fulfillment. – This exploration paper depends on longitudinal patient fulfillment and discernment considers following both crisis room and elective stay hospitalization visits in Beirut. Exploratory measurable techniques are utilized to analyze significant information containing more than 300 patient remains. Thorough data is exhibited which represents persistent discernments, their enunciation focuses, and the significance of this learning in the showcasing of doctor's facilities and medicinal services frameworks. – This exploration paper introduces that patient discernments are altogether affected by healing center help capacities. Further, these recognitions decide doctor's facility notoriety, impact future patient requests, and are fundamental to the comprehension of patients as buyers of social insurance frameworks as opposed to shoppers of medicinal strategies.

MayurDuggirala, Chandrasekharan Rajendran, R.N. Anantharaman, (2008) This examination paper expects to distinguish measurements of patient perceived add up to quality administration (TQS) in the human services part. Further, the effect of the measurements of patient perceived TQS on tolerant fulfillment is inspected.– A poll has been created in view of a broad writing audit of research in benefit quality and in light of reactions of the pilot review among patients as of late released from healing center. The instrument accordingly created has been analyzed for its psychometric properties utilizing trial of unwavering quality and legitimacy. Various relapse examination has been utilized to analyze the effect of the measurements of patient perceived quality on quiet fulfillment. – Findings feature seven particular measurements of patient perceived TQS and the connections among them. Positive and noteworthy connections among the measurements and patient fulfillment have been found.

José Ferreira, Carlos Gomes, Mahmoud Yasin, (2011) This paper expects to display a connected research exertion went for re engineering the use practices of working spaces for an open Portuguese healing facility. This re engineering exertion is inspired by the craving to improve the patient orientation of the healing facility. The part of data frameworks in encouraging such authoritative change is additionally to be analyzed. – Actual information are utilized to recreate results of three diverse operational situations identified with the usage of working rooms and careful groups. Thusly, the basic limitation identified with careful limit is loose under various use situations. – Based on the discoveries of the examination, it gives the idea that there is no contention between operational proficiency and patient fulfillment. Well designed operational changes can

prompt both proficiency and patient fulfillment benefits. This, thusly, can convert into aggressive key preferred standpoint for the healing center.

NEED OF THE STUDY

Most of the healthcare organizations now focusing on profit maximization rather than providing services. Though patients are admitted at hospital, they are not completely satisfied with the services provided by the hospital. Thus it is imperative to know about their satisfaction level the factors (General satisfaction, Technical quality, interpersonal Manner, Communication, Financial aspect, Time spent with doctor, Accessibility and convince) that influences the satisfaction level.

OBJECTIVES

- To study the Patient Satisfaction in Hospital.
- To measure the effectiveness of health delivery
- To measure the quality of the care provided to the patient
- To measure the waiting time and to take necessary steps to reduce it

SCOPE

- The benefit of the study for the researcher is that is helped to gain knowledge and experience and also provided the opportunity to study and understand the patients satisfactory level and to improve the hospital functions according with the feedback provided by the individuals.

LIMITATIONS

- The time period of the study was too short so I was not able to collect large number of data.
- Patients were not really showing the interest to fill the questionnaire.

RESEARCH METHODOLOGY

Research is a 'careful investigation or inquiry especially through search for new facts in any branch of knowledge 'the research is done though convenient sampling or non – probability sampling. A Research design is often characterized by adjectives like flexible, appropriate, efficient, and economical and so on. A research design appropriate for a particular research problem, usually involves the consideration of the following factors:

1. The means of obtaining information;
2. The availability and skills of the researcher and his staff, if any;
3. The objective of the problem to be studied;

4. The nature of the problem to be studied; and
5. The availability of time and money for the research work.

SOURCES OF DATA

There are two types of data viz., primary and secondary. The primary data are those which are collected as fresh and for the first time and thus happen to be original in character. The secondary data are those which have already been collected by somebody else and which have already been accepted through the statistical process. In this study Primary Data is used.

Primary data was collected by survey method by distributing questionnaires to the patients in the hospital. The questionnaires were carefully designed by taking into account the parameters of my study.

The Sample for this study is $n = 50$.

TOOLS USED

- Descriptive statistics: Cross tabulation, Frequencies, Descriptive, Explore, Descriptive Ratio Statistics.
- Bivariate statistics:
 - Mean
 - ANOVA

DATA ANALYSIS AND INTERPRETATION

4.1 MEAN ANALYSIS:

4.1.1 ANALYSIS OF MEAN FOR GENERAL SATISFACTION:

This table shows that whether there is relationship among the General satisfaction is there or not.

4.1.1 ANALYSIS OF MEAN FOR GENERAL SATISFACTION

	N	Minimum	Maximum	Mean	Std. Deviation
the medical care i have been receiving is just about perfect	60	1.00	5.00	2.0500	.72311
I am dissatisfied with some things about the medical care i receive	60	1.00	5.00	2.7667	1.24010

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I am dissatisfied with some things about the medical care i receive	60	1.00	5.00	2.7667	1.24010
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.1 it is found that the patients are dissatisfied with some things about the medical care they receive.

4.1.2:ANALYSIS FOR MEAN ON TECHNICAL QUALITY:

This table shows that whether there is relationship among the technical quality is there or not.

TABLE 4.1.2:ANALYSIS FOR MEAN ON TECHNICAL QUALITY

	N	Minimum	Maximum	Mean	Std. Deviation
i think my doctors office has everything needed to provide complete medical care	60	1.00	4.00	2.0333	.60971
sometimes doctors make me wonder if their diagnosis is correct	60	1.00	5.00	2.6333	.99092

when i go for medical care they were careful to check everything when treating and examining me	60	1.00	5.00	2.2333	1.29362
i have some doubts about the ability of the doctors who treat me	60	1.00	5.00	3.4000	1.10775
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.2 it is found that some of the patients have some doubts about the ability of the doctors who treating them.

4.1.3:ANALYSIS FOR MEAN ON INTERPERSONAL MANNER:

This table shows that whether there is relationship among the interpersonal manner is there or not.

TABLE 4.1.3:ANALYSIS FOR MEAN ON INTERPERSONAL MANNER

	N	Minimum	Maximum	Mean	Std. Deviation
doctors act too business like and impersonal towards me	60	1.00	5.00	3.1500	1.08651
my doctors treat me in a very friendly and courteous manner	60	1.00	5.00	2.0000	1.08924
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.3 it is found that the patient says that the doctors act too business like and impersonal towards them.

4.1.4: ANALYSIS FOR MEAN ON COMMUNICATION:

This table shows that whether there is relationship among the communication is there or not.

TABLE 4.1.4: ANALYSIS FOR MEAN ON COMMUNICATION

	N	Minimum	Maximum	Mean	Std. Deviation
doctors are good about explaining the reason for medical tests	60	1.00	5.00	1.5500	.87188
doctors sometimes ignore what i tell them	60	1.00	5.00	3.2000	1.23233
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.4 it is found that the patients said the doctors sometimes ignore what I tell them.

4.1.5 ANALYSIS FOR MEAN ON FINANCIAL ASPECT:

This table shows that whether there is relationship among the financial aspect is there or not.

TABLE 4.1.5 ANALYSIS FOR MEAN ON FINANCIAL ASPECT

	N	Minimum	Maximum	Mean	Std. Deviation
i feel confident that i can get the medical care i need without being set back bank financially	60	1.00	5.00	3.0667	1.17699
i have to pay for more of my medical care that i can afford	60	1.00	5.00	3.1000	1.08456
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.5 the patient says that they have to pay for more of their medical care that they can afford.

4.1.6: ANALYSIS FOR MEAN ON TIME SPENT WITH DOCTOR:

This table shows that whether there is relationship among the time spent with doctor is there or not.

TABLE 4.1.6: ANALYSIS FOR MEAN ON TIME SPENT WITH DOCTOR

	N	Minimum	Maximum	Mean	Std. Deviation
those who provide my medical care sometimes hurry too much when they treat me	60	1.00	5.00	3.0167	1.21421
doctors usually spend plenty of time with me	60	1.00	5.00	2.8833	1.34154
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.6 it is found that the patients says those who provide medical care sometimes hurry too much when they treat them.

4.1.7 ANALYSIS FOR MEAN ON ACCESSIBILITY AND CONVENIENCE:

This table shows that whether there is relationship among the accessibility and convenience is there or not.

TABLE 4.1.7 ANALYSIS FOR MEAN ON ACCESSIBILITY AND CONVENIENCE

	N	Minimum	Maximum	Mean	Std. Deviation
i have easy access to the medical specialists need where i get medical care,	60	1.00	5.00	2.1167	1.16578
people have too wait long for emergency treatment	60	1.00	5.00	3.5833	1.18310
i find it hard to get an appointment for medical care right way	60	1.00	5.00	3.3167	1.15702

i am able to get medical care whenever i need it	60	1.00	5.00	2.4667	1.35880
Valid N (listwise)	60				

INTERPRETATION:

From the table 4.1.7 the patient says that they have to wait too long for getting emergency treatment.

4.2ANOVA

4.2.1 ANALYSIS OF AGE AND GENERAL SATISFACTION

Null Hypothesis: There is no significant difference between Age with respect to general satisfaction

Alternative Hypothesis: There is a significant difference between the Age with respect to general satisfaction.

This table shows that whether there is relationship among the General satisfaction is there or not.

Table 4.2.1 ANALYSIS OF AGE FOR GENERAL SATISFACTION

A					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.125	3	.375	.697	.558
Within Groups	30.121	56	.538		
Total	31.246	59			

INTERPRETATION:

From the table 4.2.1 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to General satisfaction.

4.2.2 ANALYSIS OF AGE AND TECHNICAL QUALITY

Null Hypothesis: There is no significant difference between Age with respect to technical quality

Alternative Hypothesis: There is a significant difference between the Age with respect to technical quality

This table shows that whether there is relationship among the technical qualityis there or not.

Table 4.2.2 ANALYSIS OF AGE FOR TECHNICAL QUALITY

B					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.259	3	.086	.333	.802
Within Groups	14.528	56	.259		
Total	14.788	59			

INTERPRETATION:

From the table 4.2.2 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to technical quality.

4.2.3 ANALYSIS OF AGE AND INTERPERSONAL MANNER

Null Hypothesis: There is no significant difference between Age with respect to interpersonal manner

Alternative Hypothesis: There is a significant difference between the Age with respect to interpersonal manner.

This table shows that whether there is relationship among the interpersonal manners there or not.

TABLE 4.2.3 ANALYSIS OF AGE AND INTERPERSONAL MANNER

C					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.529	3	.176	.261	.853
Within Groups	37.883	56	.676		
Total	38.412	59			

INTERPRETATION:

From the table 4.2.3 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to interpersonal manners.

4.2.4 ANALYSIS OF AGE AND COMMUNICATION

Null Hypothesis: There is no significant difference between Age with respect to communication.

Alternative Hypothesis: There is a significant difference between the Age with respect to communication.

This table shows that whether there is relationship among the communication is there or not.

TABLE 4.2.4 ANALYSIS OF AGE FOR COMMUNICATION

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.384	3	.461	.942	.427
Within Groups	27.428	56	.490		
Total	28.813	59			

INTERPRETATION:

From the table 4.2.4 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to communication

4.2.5 ANALYSIS OF AGE AND FINANCIAL ASPECT

Null Hypothesis: There is no significant difference between Age with respect to financial aspect.

Alternative Hypothesis: There is a significant difference between the Age with respect to financial aspect.

This table shows that whether there is relationship among the financial aspects there or not.

TABLE 4.2.5 ANALYSIS OF AGE FOR FINANCIAL ASPECT

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.396	3	.465	.892	.451
Within Groups	29.188	56	.521		
Total	30.583	59			

INTERPRETATION:

From the table 4.2.5 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to financial aspect.

4.2.6 ANALYSIS OF AGE AND TIME SPENT WITH DOCTOR

Null Hypothesis: There is no significant difference between Age with respect to time spent with doctor.

Alternative Hypothesis: There is a significant difference between the Age with respect to time spent with doctor.

This table shows that whether there is relationship among time spent with doctor.

is there or not.

TABLE 4.2.6 ANALYSIS OF AGE FOR TIME SPENT WITH DOCTOR

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.439	3	.146	.169	.917
Within Groups	48.411	56	.864		
Total	48.850	59			

INTERPRETATION:

From the table 4.2.6 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to time spent with doctor is there or not.

4.2.7 ANALYSIS OF AGE AND ACCESSIBILITY AND CONVENIENCE

Null Hypothesis: There is no significant difference between Age with respect to accessibility and convenience

Alternative Hypothesis: There is a significant difference between the Age with respect to accessibility and convenience

This table shows that whether there is relationship among the to accessibility and convenience is there or not.

TABLE 4.2.7 ANALYSIS OF AGE FOR ACCESSIBILITY AND CONVENIENCE

G					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.673	3	.224	.627	.600
Within Groups	20.014	56	.357		
Total	20.686	59			

INTERPRETATION:

From the table 4.2.7 it is found that the significant value is greater than 0.05 there is no significant difference between the Age with respect to accessibility and convenience

FINDINGS

- The patients are dissatisfied with some things about the medical care they receive.
- Some of the patients have some doubts about the ability of the doctors who treating them.
- The patient says that the doctors act too business like and impersonal towards them.
- The patients said the doctors sometimes ignore what I tell them.
- The patient stated that they have to pay for more of their medical care that they can afford.

- The patients stated those who provide medical care sometimes hurry too much when they treat them.
- The patient agreed that they have to wait too long for getting emergency treatment.
- There is no significant difference between the Age with respect to General satisfaction.
- There is no significant difference between the Age with respect to technical quality.
- There is no significant difference between the Age with respect to interpersonal manners.
- There is no significant difference between the Age with respect to communication
- There is no significant difference between the Age with respect to financial aspect.
- There is no significant difference between the Age with respect to time spent with doctor is there or not.
- There is no significant difference between the Age with respect to accessibility and convenience

SUGGESTIONS

- To provide a right treatment at right time.
- The doctors should move with a friendly attitude and to listen to the patients.
- During treatment the time management for each patient should be followed strictly, so there will not be any hurry and delay for treating the patients.

CONCLUSION

Hence it was a medical institution they are providing treatments for free of cost, though some of the patients cannot able to afford for their charges. The doctors should provide right treatment at right time, they have to act friendly towards the patients, time management for each patient should be followed strictly to provide right care at the right time or during the peak hours more doctors should be appointed for that department

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