

A STUDY ON SATISFACTION LEVEL OF THE PATIENTS IN A MULTI-SPECIALITY HOSPITAL AND RECOMMENDATIONS TO INCREASE THEIR QUALITY OF PATIENT CARE

Vaishali.K, Student, Saveetha School of Management, India.

Mail Id: vaishuk1994@gmail.com Contact no: 9176035824

Dr. Ch. Bala NageswaraRao, Director, Saveetha School of Management, India

Mail Id: director.ssm@saveetha.com Contact no: 8428512195

ABSTRACT:

The multispecialty hospitals in India's are increasing their quality of service day by day to the patients in order to endure and gratify them. The Patient satisfaction in hospitals plays a vital role in providing quality service in providing medical treatment or diagnosis. Hence this has become a major challenging factor in the competitive healthcare industry. To measure and increase the patient quality care service various procedures and methods are followed. This study is undertaken to study the overall patients care service been provided in various hospital departments in OPD as well as IPD. The aim of the survey was to examine satisfaction level of patient service then to know the overall satisfaction of the patient receiving medical care and other facilities and also the to find out the factors that affects the satisfaction level of patients. Data was collected by research method through survey questionnaire and analyzed. From this study, the overall satisfactory level of the patient service was calculated in OPD and IPD for various departments and the findings give the overall suggestions to increase the satisfactory level of service to the patients.

Keywords: OPD, Waiting Time, IPD, Educational qualification, registration, diagnosis, pharmacy, billing.

INTRODUCTION:

In today's global environment, services occupy a key role in every economy. Almost all the developed countries and the majority of developing countries are service economies. All human beings are service providers as well as consumers. Transportation, education, communication, health care, hospitality, entertainment, information technology and host of services have become a part of human life. Aging population, increased leisure time, time pressure, more female workforce participation, changing social and cultural values and

advances in technology have led to considerable changes in the nature of many services. The services are growing not only in volume but also in sophistication and complexity.

The world is no longer dominated by goods and manufacturing sector. It has been replaced by a newer and more dynamic sector-the service sector. The health care Industry is the world's largest Industry and is undergoing a rapid transformation to meet the ever increasing needs and demands of the patient population. The hospitals have been functioning in a very competitive environment. Hospitals that are dynamic, growth oriented and which survive are the ones that give priority to the quality of services provided. Corporate hospitals are trying to attract customers by offering value added services. In the current competitive healthcare scenario, patient satisfaction surveys in respect of a particular service can be an important market information and research tool in the hands of contemporary hospital administrators. Satisfaction is the buyers' state of being adequately rewarded. Adequacy of satisfaction is the result of matching the actual past experience with the expected reward. Patients form certain expectations prior to the visit. By creating tangible attributes of something, service providers facilitate customer's evaluation of the service quality and create a service experience. Process, an element of the extended marketing mix of service marketing plays an important role in determining the quality of service design, production and delivery. A well-designed and well- executed process increases operational efficiency, offers convenience to customers, reduces the cost of offering services and improves the efficiency of service delivery. It helps in achieving the goal of customer satisfaction.

Satisfaction or dissatisfaction refers to the emotional response to the evaluation of service, consumption and experience. Satisfaction is generally viewed as a broader concept whereas service quality assessment focuses specifically on dimensions of service. Based on this view perceived service quality is a component of customer satisfaction. Service quality is a focused evaluation that reflects the customer's perception of elements of service such as interaction quality, physical environment quality and outcome quality. These elements are in turn evaluated based on specific service quality dimensions- reliability, assurance, responsiveness, empathy and tangibles. Satisfaction on the other hand is more inclusive. It is influenced by the perceptions of service quality, product quality and other situational factors. In case of pure services, service quality will be the dominant element in customer evaluations.

Review of Literature:

Surg Lt Cdr AtharMohd, Brig Abhijit Chakravarty (2014) defines **that Patients' satisfaction is a useful measure to provide an indicator of quality in healthcare and thus needs to be measured frequently.**

Roush, S. E., & Sonstroem, R. J. (1999) **states that patient satisfaction has become an increasingly important issue in health care.** Patient satisfaction has been conceptualized in recent years as a multidimensional construct. The multidimensional nature means that a person may be highly satisfied with one or more aspects of a health care encounter and simultaneously dissatisfied with other aspects.

Williams, B. (1994). **Client satisfaction is fundamental importance as a measure of the quality of care** because it gives information on the provider's success at meeting those client values and expectations which are troubles on which the client is the final authority. The amount of satisfaction is, therefore, an significant tool for research, administration, and planning

Beattie P. F., Pinto, M. B., Nelson, M. K., & Nelson, R. (2002)**Patient gratification is often well thought-out to be an abstract, multidimensional occurrence.**^{6,7,9,10}Because it frequently is not observable directly, patient happiness must often be measured in what we would consider an indirect manner (ie, from self-report measures).^{1-4,6,11-14} A simple selfreport method for assessing satisfaction is to ask global questions such as, "Overall, I am completely satisfied with my care."⁶ These questions, although easy to administer, do not provide information about why a person is or is not satisfied; therefore, many authors^{1-4, 6,9,10} recommend the use of multidimensional measures.

Gray, R., Rofail, D., Allen, J., & Newey, T. (2005) **Treatment satisfaction is an important indicator of the quality of services that patients are receiving.** Treatment satisfaction is a complex concept that, although widely used, is difficult to define. Most researchers agree that cure satisfaction is a multi-dimensional idea prejudiced by many different subjective factors that may include: difficulty of treatment regime; perceived remunerations; side effects; involvement in treatment decisions; understanding of treatment and effective communication with clinicians.

A patient satisfaction rating is both a measure of care and a measure of the patient who provides the rating. (Ware 1983)Unmet patient expectations may also affect satisfaction.

While most patients have specific expectations for their health care visit (Jackson 2001) Leiter, M.P. Harvie, P., & Frizzell, C(1998). Defined patient satisfaction as “a health care receiver’s response to salient aspects of the context, process and result of their service skill.

Boyer, L.,Francois, P.Doutre, E., Weil, G., &Labarere, J (2006). **Patients’ perception of health care has gained increasing attention over the past 20 years. It is currently admitted that patients’** opinion should supplement the usual indicators of quality in health care [2, 3]. Patient manifestation is an important source of info in screening for problems and emerging an effective strategy of action for quality improvement in health care administrations.

Steinwachs& Hughes (2010) **defined Health Service Research (HSR) as a multi-disciplinary field of scientific investigation that studies how social factors, financial systems, organizational structures and processes, health- technologies, and personal behaviors which affects the access to healthcare, the quality and the cost of healthcare, and ultimately our health and wellbeing.** Its research domains are individuals, families, organizations, institutions, communities and population. HSR informs and evaluates innovations in health policy. The goal of the quality health care is to increase the likelihood of achieving desired health status.

The level of public health spending has been a widely discussed issue in India in recent times. Various research studies as well as policy documents have repeatedly highlighted the low level of spending in India. In particular public spending on health as a percent of GDP has been the focus of discussions as it is an indicator of the priority accorded to health in the planning process of the country (An Estimate of Public Expenditure on Health in India, 2012).

Bloom et al., (2004) found that **increasing life expectancy by one year improves work productivity and raises economic output by 4%.** The improved health might have direct impacts on labor productivity and also on the accumulation of capital.

To improve healthcare in India, house hold expenditure on total health spending has to be reduced considerably by increasing alternate models of healthcare spending specially

enhancing health insurance and increase in public healthcare spending. The prevailing primary healthcare systems has to be revamped and to be made more accountable, increasing the allocation for preventive medicine especially in disease which require huge treatment costs (M. O. F. Health & Welfare, 2005a)

The concept of healthcare spending differs from region to region. The total health expenditure is the summation of public and private spending on all health related goods and services. Wagstaff and Clearson (2005) **pointed that the effectiveness of public healthcare spending on health outcomes depends upon the effectiveness of policies and institutions governing it.**

The eleventh and twelfth five year plans embarked their journeys with much emphasis on healthcare. There are lot of issues which needs to be addressed staring with increased government spending on healthcare. The healthcare infrastructure needs an uplift (Systems, 2012).

Boudreaux, E. D, &O'Hea, E. L. (2004), **Patient satisfaction merits attention not only because it is an essentially worthy goal, but also because it is a possibly significant intermediary for a range of vital outcomes.** Satisfied patients may be more compliant with their medical regimens, suggesting that satisfaction may be an important component in promoting health and well-being

White (1999) Prior to conducting a patient satisfaction survey, it is vital that an organization Be prepared and that they embrace a quality improvement culture. It has been shown that **patient satisfaction is a quantity of the quality of services being delivered.** SivalenkaSrilata, 2000 in a patient satisfaction study can help to show patients that a Healthcare organization is involved in quality and in making developments. It demonstrates anorganization's commitment to its patients.

Prasanta(2001) **this patient satisfaction survey is the first of its kind for public hospitals in India.** While the survey exposed depressing feedback, the inspiration of APVVP highest management to identify areas of concern and degree of patient satisfaction is a step in the right path. There would not be any scope to improve the services; unless such bold steps

at measuring client satisfaction is pursued. We feel, repeating such studies at regular interval of say six months will be useful guide for managerial intervention.

In a study of PGIMER (2011), 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.

NEED FOR THE STUDY:

To understand the needs of the outpatient and inpatient services and also to find out reasons for dissatisfaction if any and suggest the hospital to improve their satisfaction level.

OBJECTIVES OF THE STUDY:

- The purpose of the survey was to examine satisfaction level of patient service.
- To know the overall satisfaction of the patient receiving medical care and other facilities.
- To find out the factors that affects the satisfaction level of patients.

SCOPE OF THE STUDY:

Assessing various needs of the patients, and to identify and observing various roles of each department in the hospital. Understanding the patient and doctor relationship.

RESEARCH METHODOLOGY:

The study is exploratory in nature. It involved a survey of patients in both the Out Patient department and In Patient department of a multi-specialty hospital in Chennai. Data was collected by research method through survey form with hundred OPD patients and IP patients for a period of three months. The collected data was analyzed using independent T-Test and One way Annova method in spss. A structured questionnaire of 20 multiple choice questions and demographic details were collected and analyzed.

DATA COLLECTION:

a. Primary data

It is the first hand information, which is being collected by the researcher, or assistant is called primary data. In this study, the primary data was collected through structured questionnaire. Questionnaire was employed to collect the primary data from 50 respondents in the multispecialty hospital.

b. Secondary data

Besides the primary data, the secondary data was also collected for the study. Websites and books were referred for this purpose from the library to facilitate proper understating of the study.

DATA ANALYSIS AND INTERPRETATION:

4.1. SEX- WISE DISTRIBUTION OF THE RESPONDENTS

SEX-WISE DISTRIBUTION OF THE RESPONDENTS

S.No	Sex	Inpatients		Outpatients		Total	
		No.	%	No.	%	No.	%
1	Male	169	67.6	142	56.8	311	62.2
2	Female	81	32.4	108	43.2	189	37.8
	Total	250	100	250	100	500	100

TABLE NO 4.1: SEX-WISE DISTRIBUTION OF THE RESPONDENTS

INFERENCE:

From the above table it is shown that out of the total inpatient-respondents taken for study, 67.6% of them are male and 32.4% of them are Female. Out of the total outpatient respondents taken for study 56.8% of them are male and 43.2% of them are female.

4.2. EDUCATIONAL QUALIFICATION-WISE DISTRIBUTION OF THE RESPONDENTS

EDUCATIONAL QUALIFICATION –WISE DISTRIBUTION OF THE RESPONDENTS

S.No	Educational level	Inpatients		Outpatients		Total	
		No.	%	No.	%	No.	%
1	Illiterates	11	4.4	17	6.8	28	5.6
2	Primary level	48	19.2	44	17.6	92	18.4
3	HSC level	80	32	98	39.2	178	35.6
4	Diploma level	3	1.2	-	-	3	0.6
5	Gradn. level	75	30	73	29.2	148	29.6
6	P.G. Level	25	10	15	6.0	40	8.0
7	Profn. Level	8	3.2	3	1.2	11	2.2
	Total	250	100	250	100	500	100

TABLE NO: 4.2 – EDUCATIONAL QUALIFICATION-WISE DISTRIBUTION OF THE RESPONDENTS

INFERENCE:

Above table shows that out of the total inpatient respondents taken for study, 32% of the respondents are qualified upto higher secondary level, 30% of them are graduates 19.2% of them have primary education, 4.4% of them are illiterates, 3.2% of them are professionally qualified and 1.2% of them are qualified upto diploma level. Out of the total outpatient respondents taken for study, 39.2% of the respondents are qualified upto higher-secondary level, 29.2% of them are graduates, 17.6% of them have primary education, 6.8% of them are illiterates, 6% of them are post-graduates and 1.2% of them are professionally qualified. Majority of the inpatient and out patient respondents are qualified upto higher secondary level.

4.3. OCCUPATIONAL STATUS-WISE DISTRIBUTION OF THE RESPONDENTS

OCCUPATIONAL STATUS-WISE DISTRIBUTION OF THE RESPONDENTS

S.No.	Occupational Status	Inpatients		Outpatients		Total	
		No.	%	No.	%	No.	%
1	Agriculturists	30	12	22	8.8	52	10.4
2	Business People	41	16.4	47	18.8	88	17.6
3	Employees	83	33.2	77	30.8	160	32.0
4	Professionals	8	3.2	10	4.0	18	3.6
5	Housewives	48	19.2	62	24.8	110	22
6	Students	13	5.2	20	8.0	33	6.6
7	Retired Persons	27	10.8	12	4.8	39	7.8
	Total	250	100	250	100	500	100

TABLE NO: 4.3 - OCCUPATIONAL STATUS-WISE DISTRIBUTIONS OF THE RESPONDENTS

INFERENCE:

Above table shows that out of the total inpatient respondents taken for study 33.2% of them are employees, 19.2% of them are house-wives, 16.4% of them are Business people, 12% of them are agriculturists, 10.8% of them are retired persons, 5.2% of them are students and 3.2% of them are professionals. Out of the total outpatient respondents taken for study 30.8% of the respondents are employees, 24.8% of them are house-wives, 18.8% of them are business people, 8.8% of them are agriculturists, 8% of them are students, 4% of them are professionals and 4.8% of them are retired persons. Majority of the inpatient and out patient respondents are employees.

4.4. INCOME - WISE DISTRIBUTION OF THE RESPONDENTS

INCOME -WISE DISTRIBUTION OF THE RESPONDENTS

S.No.	Family monthly Income Level (in Rs.)	Inpatients		Outpatients		Total	
		No.	%	No.	%	No.	%
1	Less than 5,000	50	20	43	17.2	93	18.6
2	5,001-10,000	79	31.6	70	28.0	149	29.8
3	10,001-15,000	58	23.2	57	22.8	115	23.0
4	15,001- 20,000	25	10	46	18.4	71	14.2
5	20,001-25,000	20	8	14	5.6	34	6.8
6	25,001 & Above	18	7.2	20	8.0	38	7.6
	Total	250	100	250	100	500	100

TABLE NO: 4.4 - INCOME - WISE DISTRIBUTION OF THE RESPONDENTS

INFERENCE:

Above table shows that out of the total inpatient respondents taken for study 31.6% of the respondents have monthly income of Rs.5,001-Rs. 10,000, 23.2% of them have monthly income of Rs. 10,001-Rs. 15,000, 20% of them have monthly income of less than Rs.5,000, 10% of them have monthly income of Rs.15,001- Rs.20,000, 8% of them have monthly income of Rs.20,001-Rs.25,000 and 7.2% of them have monthly income of Rs.25,001 and above. Out of the total outpatient respondents taken for study, 28% of the respondents have monthly income of Rs.5,001-Rs. 10,000, 22.8% of them have monthly income of Rs.10,001-Rs.15,000, 18.4% of them have monthly income of Rs.15,001-Rs.20,000, 17.2% of them have monthly income of less than Rs.5,000, 8% of them have monthly income of Rs.25,001 and above and 5.6% of them have monthly income of Rs.20,001-Rs.25,000. Most of the inpatient and outpatient respondents have monthly income of Rs.5,001- Rs. 10,000.

4.5. AGE-WISE CLASSIFICATION OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON RESTRAINT SERVICES – AVERAGE SCORE

AGE-WISE CLASSIFICATION OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES – AVERAGE SCORE

S.No	Regn services		Reception	Availability of information	Registration time	Procedure
	Age Group in years					
1	Upto 20	IP	4.17	3.83	4.00	3.83
		OP	4.20	3.80	3.80	3.60
		OA	4.19	3.81	3.88	3.69
2	21 - 30	IP	4.13	3.95	3.76	3.92
		OP	4.12	3.82	3.82	3.82
		OA	4.13	3.89	3.79	3.87
3	31-40	IP	4.00	3.65	3.59	3.72
		OP	3.92	3.66	3.62	3.74
		OA	3.95	3.65	3.61	3.73
4	41-50	IP	4.00	3.85	3.69	3.85
		OP	3.87	3.80	3.67	3.71
		OA	3.94	3.82	3.68	3.78
5	51-60	IP	3.84	3.70	3.40	3.58
		OP	3.91	3.79	3.52	3.78
		OA	3.87	3.75	3.46	3.68
6	61 and above	IP	3.91	3.77	3.57	3.71
		OP	4.08	4.13	3.79	3.88
		OA	3.98	3.92	3.66	3.78

IP - Inpatient, OP- Outpatient, OA - Overall

TABLE NO 4.5: AGE-WISE CLASSIFICATION OF THE ESPONDENTS AND THEIR LEVEL OF SATISFACTION ON RESTRATION SERVICES – AVERAGE SCORE

INFERENCE:

It is evident from table that the inpatient and outpatient respondents in the age group of upto 20 years are more satisfied towards the reception services of the hospitals. The overall level of satisfaction among the respondents in the age group of up to 20 years is more satisfied (4.19), followed by the respondents in the age group of 21-30 years (4.13) and the lowest being in the age group of 51-60 years.

With regard to the availability of information at the registration counter, all the inpatient respondents are nearly satisfied. Among the outpatient respondents in the age group of 61 years and above are more satisfied. The overall level of satisfaction among the respondents in the age group of 61 years and above are nearly satisfied (3.92), followed by the respondents in the age group of 21-30 years (3.89) and the lowest being in the age group of 31-40 years (3.65).

The inpatient respondents in the age group of upto 20 years are satisfied towards time taken for registration. All the outpatient respondents irrespective of their age are nearly satisfied. The overall level of satisfaction among the respondents in the age group of up to 20 years are nearly satisfied (3.88), followed by the respondents in the age group of 21-30 years (3.79) and the lowest being in the age group of 51-60 years (3.46).

With regard to the registration procedure all the inpatient respondents and out patient respondents are nearly satisfied. The overall level of satisfaction among the respondents in the age group of 21-30 years are nearly satisfied (3.87), followed by the respondents in the age groups of 61 years and above and 41-50 years (3.78) and the lowest being in the age group of 51-60 years (3.68).

4.6. SEX OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES

SEX-WISE CLASSIFICATION OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES – AVERAGE SCORE

S. No	Regn services		Reception	Availability of information	Registration time	Procedure
	Sex					
1	Male	IP	3.98	3.75	3.63	3.78
		OP	3.92	3.75	3.58	3.73
		OA	3.95	3.75	3.61	3.75
2	Female	IP	3.94	3.84	3.53	3.68
		OP	4.01	3.85	3.76	3.81
		OA	3.98	3.85	3.66	3.75

IP - Inpatient, OP- Outpatient, OA – Overall

TABLE NO: 4.6 SEX OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES

INFERENCE:

It is evident from table 4.3.2 that all the inpatient respondents irrespective of their sex are nearly satisfied and among the outpatient respondents female respondents are more

satisfied regarding reception services. The overall level of satisfaction among the male and the female respondents is nearly satisfied (3.95 and 3.98 respectively). With regard to the availability of information at the registration counter, the overall level of satisfaction among the male and female respondents is nearly satisfied (3.75 and 3.85 respectively).

Regarding time taken for registration, all the inpatient and out patient respondents are nearly satisfied irrespective of their sex. The overall level of satisfaction of male and female respondents is nearly satisfied (3.61 and 3.66 respectively). With regard to procedure for registration all the inpatient and out patient respondents are nearly satisfied irrespective of their sex. The overall level of satisfaction of both male and female respondents is nearly satisfied (3.75).

4.7. EDUCATIONAL QUALIFICATION OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES

S. No	Regn. services		Reception	Availability of information	Registration time	Procedure
	Education					
1	Illiterates	IP	3.82	4.00	3.46	3.91
		OP	3.94	4.12	3.77	3.88
		OA	3.89	4.07	3.64	3.89
2	Primary level	IP	3.92	3.81	3.65	3.71
		OP	4.11	3.82	3.86	3.82
		OA	4.01	3.82	3.75	3.76
3	HSC Level	IP	4.00	3.76	3.65	3.78
		OP	3.91	3.83	3.59	3.71
		OA	3.98	3.80	3.62	3.74
4	Diploma level	IP	4.33	3.67	4.00	4.33
		OP	-	-	-	-
		OA	4.33	3.67	4.00	4.33
5	Grad. level	IP	3.99	3.77	3.59	3.77
		OP	3.90	3.69	3.64	3.75
		OA	3.95	3.73	3.62	3.76
6	PG. level	IP	3.88	3.72	3.40	3.48
		OP	3.80	3.80	3.47	3.80
		OA	3.85	3.76	3.43	3.60
7	Profn. level	IP	4.13	3.50	3.50	3.75
		OP	3.67	3.33	3.33	3.67
		OA	4.00	3.46	3.46	3.73

IP - Inpatient, OP- Outpatient, OA - Overall

**TABLE NO: 4.7 EDUCATIONAL QUALIFICATIONS OF THE RESPONDENTS
AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES**

INFERENCE:

It is evident from table 4.3.3 that regarding reception services, the inpatient respondents in the diploma level group and the outpatient respondents in the primary level group are more satisfied. The overall level of satisfaction among the respondents in the diploma level group is high (4.33), followed by the respondents in the primary level group (4.01) and the lowest being in the post-graduation level group (3.85).

With regard to the availability of information at the registration counter, the inpatient and outpatient respondents in the illiterates group are satisfied. The overall level of satisfaction among the illiterate respondents is satisfied (4.07), followed by the respondents in the primary level group (3.82) and the lowest being in the professional level group (3.46).

On the time taken for registration in the hospitals, the inpatient respondents in diploma level group are satisfied and the outpatient respondents in the primary level group are nearly satisfied. The overall level of satisfaction among the respondents in the diploma group is satisfied (4.00), followed by the respondents in the primary level group (3.75) and the lowest being in the post-graduation level group (3.43).

With regard to registration procedure the inpatient respondents in diploma level group are more satisfied. The outpatient respondents irrespective of their level of education are nearly satisfied. The overall level of satisfaction among the respondents in the diploma level group is high (4.33), followed by the respondents in the illiterates group (3.89) and the lowest being in the post-graduation level group (3.60).

**4.8. OCCUPATIONAL STATUSES OF THE RESPONDENTS AND THEIR LEVEL
OF SATISFACTION ON REGISTRATION SERVICES**

S.No	Regn services		Reception	Availability of information	Registration time	Procedure
	Occupation					
1	AG	IP	4.10	3.90	3.73	3.83
		OP	3.96	3.77	3.59	3.91
		OA	4.04	3.85	3.67	3.87
2	BP	IP	3.98	3.61	3.54	3.78
		OP	4.02	3.89	3.64	3.77
		OA	4.00	3.76	3.59	3.77
3	EM	IP	3.98	3.82	3.64	3.75
		OP	3.96	3.64	3.68	3.69
		OA	3.97	3.73	3.66	3.72
4	PL	IP	4.13	3.38	3.50	3.63
		OP	4.00	4.10	3.90	4.00
		OA	4.06	3.78	3.72	3.83
5	HW	IP	3.83	3.90	3.46	3.71
		OP	4.00	3.97	3.75	3.81
		OA	3.92	3.94	3.62	3.76
6	SD	IP	4.00	3.69	3.62	3.62
		OP	3.85	3.55	3.64	3.75
		OA	3.91	3.61	3.63	3.70
7	RP	IP	3.96	3.70	3.67	3.74
		OP	3.67	3.75	3.42	3.50
		OA	3.87	3.72	3.59	3.67

AG-Agriculturists, BP-Business People, EM-Employees, PL -Professionals, HW-Housewives, SD-Students, RP-Retired Persons, IP – Inpatient, OP- Outpatient, OA - Overall

TABLE NO: 4.8 OCCUPATIONAL STATUSES OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES

INFERENCE:

It is evident from table 4.3.4 that the inpatient respondents in the agriculturists and professionals groups are more satisfied towards reception services of the hospitals. The outpatient respondents in the business people, professionals and house wives groups are satisfied. The overall level of satisfaction among the respondents in the professionals group is high (4.06), followed by the respondents in the agriculturists group (4.04) and the lowest being in the retired persons group (3.87).

With regard to the availability of information, all the inpatient respondents irrespective of their occupational status are nearly satisfied. The outpatient respondents in the professional group are more satisfied. The overall level of satisfaction among the respondents

in the housewives group is nearly satisfied (3.94), followed by the agriculturists group (3.85) and the lowest being in the students group (3.61).

4.9. INCOME LEVEL OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES

S.No	Regn services		Reception	Availability of information	Registration time	Procedure
	Family monthly income(in Rs.)					
1	Upto 5,000	IP	3.98	3.78	3.64	3.88
		OP	3.88	3.74	3.67	3.61
		OA	3.93	3.76	3.66	3.75
2	5,001 to 10,000	IP	3.95	3.76	3.57	3.65
		OP	4.04	3.84	3.61	3.91
		OA	3.99	3.80	3.59	3.77
3	10,001 to 15,000	IP	4.02	3.85	3.74	3.74
		OP	3.86	3.70	3.61	3.58
		OA	3.94	3.77	3.68	3.66
4	15,001 to 20,000	IP	3.88	3.80	3.76	4.00
		OP	4.11	3.94	3.76	3.91
		OA	4.03	3.88	3.76	3.94
5	20,001 to 25,000	IP	3.80	3.70	3.15	3.20
		OP	3.50	3.43	3.50	3.43
		OA	3.68	3.59	3.29	3.29
6	25,001 & above	IP	4.17	3.67	3.39	4.06
		OP	4.10	3.95	3.75	3.95
		OA	4.13	3.82	3.58	4.00

IP - Inpatient, OP- Outpatient, OA - Overall

TABLE NO: 4.9 INCOME LEVEL OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON REGISTRATION SERVICES

Regarding time taken for the registration in the hospitals, the inpatient respondents in the agriculturists group and outpatient respondents in the professionals group are nearly satisfied. The overall level of satisfaction among the respondents in the professionals group is

nearly satisfied (3.72), followed by the agriculturists group (3.67) and the lowest being in the business people and the retired persons groups (3.59).

With regard to registration procedure, all the inpatient respondents irrespective of their occupational status are nearly satisfied and the outpatient respondents in the professionals group are satisfied. The overall level of satisfaction among the respondents in the agriculturists group is nearly satisfied (3.87), followed by the professionals group (3.83) and the lowest being in the retired persons group (3.67).

INFERENCE:

It is evident from the above table that the inpatient respondents in the income group of Rs.25,001 and above are more satisfied regarding the reception services of the hospitals. The outpatient respondents in the income groups of Rs.15,001- 20,000 and Rs.25,000 and above are more satisfied. The overall level of satisfaction among the respondents in the income group of Rs.25,001 and above is high (4.13), followed by the respondents in the income group of Rs.15,001-20,000 (4.03) and the lowest being in the income group of Rs.20,001-25,000 (3.68)

With regard to the availability of information, all the inpatient respondents and the outpatient respondents except those in the income group of Rs.20,001- 25,000 are nearly satisfied. The overall level of satisfaction among the respondents in the income group of Rs.15,001-20,000 is nearly satisfied (3.88), followed by the respondents in the income group of Rs.25,001 and above (3.82), and the lowest being in the income group of Rs.20,001-25,000 (3.59).

Regarding the time taken for registration, the inpatient and outpatient respondents in the income group of Rs.15,001-.20,000 are nearly satisfied. The overall level of satisfaction among the respondents in the income group Rs.15,001- 20,000 is nearly satisfied (3.76), followed by the respondents in the income group of Rs.10,001- 15,000 (3.68) and the lowest being in the income group of Rs.20,001- 25,000 (3.29).

With regard to procedure for registration, the inpatient respondents in the income group of Rs.15,001- 20,000 are satisfied and the outpatient respondents in the income group of Rs.25,001 and above are nearly satisfied. The overall level of satisfaction among the respondents in the income group of Rs.25,001 and above is satisfied (4.00), followed by the

respondents in the income group of Rs.15,001-20,000 (3.94) and the lowest being in the income group of Rs.20,001-.25,000 (3.29).

SATISFACTION ON PHYSICIANS MEDICAL CARE

4.10. AGE OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS'COMPETENCE AND MEDICAL CARE

MEDICAL CARE – AVERAGE SCORE

S.No	Physician & medical care		Professional competence	Time spent for diagnosis	Expln. about the health, treatment	Attitude and behaviour	Willingness to listen/answer	Psychological support	Health education provided	Daily visit/ waiting time	Professional appearance
	Age group (in years)										
1	Upto 20	IP	4.50	4.00	3.67	3.67	3.67	3.67	3.17	4.00	4.17
		OP	4.50	4.20	4.10	4.10	3.90	3.60	3.40	2.40	3.70
		OA	4.50	4.13	3.94	3.94	3.81	3.63	3.31	-	3.88
2	21 - 30	IP	4.37	4.03	3.82	4.11	3.75	3.90	3.61	4.08	3.97
		OP	4.15	3.97	3.85	4.09	3.67	3.42	3.30	2.27	3.91
		OA	4.26	4.00	3.83	4.10	3.71	3.68	3.46	-	3.94
3	31-40	IP	4.28	3.98	3.72	4.04	3.54	3.52	3.20	4.04	4.02
		OP	4.25	3.87	3.79	4.03	3.72	3.56	3.28	2.25	3.98
		OA	4.26	3.92	3.76	4.04	3.65	3.54	3.24	-	4.00
4	41-50	IP	4.43	4.07	3.91	4.09	3.81	3.83	3.52	4.05	4.02
		OP	4.33	3.91	3.80	3.98	3.69	3.76	3.46	2.33	4.02
		OA	4.38	3.99	3.86	4.04	3.75	3.80	3.48	-	4.02
5	51- 60	IP	4.33	4.03	3.78	4.18	3.63	3.85	3.48	3.97	4.00
		OP	4.24	3.96	3.91	3.85	3.67	3.69	3.42	2.51	3.75
		OA	4.28	3.99	3.84	4.02	3.65	3.77	3.45	-	3.87
6	61 and above	IP	4.26	4.03	3.94	4.03	3.66	3.74	3.46	3.94	3.91
		OP	4.25	4.21	3.88	4.04	3.96	3.54	3.54	2.50	3.96
		OA	4.25	4.10	3.91	4.03	3.78	3.66	3.50	-	3.93

IP – In Patient; OP – Out Patient; OA – Overall

TABLE NO: 4.10 AGE OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS'COMPETENCE AND MEDICAL CARE

INTERPRETATION:

Regarding the attitude and behaviour of the physicians, the inpatient respondents in the age group of 51-60 years and the outpatient respondents in the age group of upto 20 years are more satisfied. The overall level of satisfaction among the respondents in the age group of

21-30 years is more satisfied (4.10), followed by the respondents in the age groups of 31-40 years and 41-50 years (4.04) and the lowest being in the age group of up to 20 years (3.94).

On listening and answering to patients' questions, the inpatient respondents in the age group of 41-50 years and the outpatient respondents in the age group of upto 20 years are nearly satisfied. The overall level of satisfaction among the respondents in the age group of up to 20 years is nearly satisfied (3.81), followed by the respondents in the age group of 61 years and above (3.78) and the lowest being in the age groups of 31-40 years and 51-60 years (3.65).

Regarding the psychological support shown by the physicians on patients, the inpatient respondents in the age group of 21-30 years and the outpatient respondents in the age group of 41-50 years are nearly satisfied. The overall level of satisfaction among the respondents in the age group of 41-50 years is nearly satisfied (3.80), followed by the respondents in the age group of 51-60 years (3.77) and the lowest being in the age group of 31-40 years (3.54).

All the inpatient and outpatient respondents irrespective of their age group are just satisfied regarding health education provided by the physicians. The overall level of satisfaction among all the respondents irrespective of their age group is just satisfied (3.24-3.50) Regarding the daily visits of the physicians, the inpatient respondents in the age group of 21-30 years are satisfied (4.08), followed by the respondents in the age group of 41-50 years (4.05) and the lowest being in the age group of 61 years and above (3.94). All the outpatient respondents irrespective of their age group are less satisfied with the average scores ranging between (2.27-2.51) regarding the waiting time of the respondents to meet the physician concerned.

The inpatient respondents upto 20 years are more satisfied and the outpatient respondents in the age group of 41-50 years are satisfied with regard to the professional appearance of the physicians. The overall level of satisfaction among the respondents in the age group of 41-50 years are satisfied (4.02), followed by the respondents in the age group of 31-40 years(4.00) and the lowest being in the age group of 51-60 years (3.87).

4.11. SEX OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS' COMPETENCE AND MEDICAL CARE

SEX-WISE CLASSIFICATION OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS' COMPETENCE AND THEIR MEDICAL CARE – AVERAGE SCORE

S.No	Physician & medical care		Professional competence	Time spent for diagnosis	Expln. about the health, treatment	Attitude and behaviour	Willingness to listen/answer	Psychological support	Health education provided	Daily visit/ waiting time	Professional appearance
	Sex										
1	Male	IP	4.29	4.01	3.77	4.08	3.68	3.76	3.44	3.99	3.94
		OP	4.29	3.97	3.84	3.97	3.70	3.63	3.42	2.34	3.87
		OA	4.29	3.99	3.80	4.03	3.69	3.70	3.43	-	3.91
2	Female	IP	4.46	4.07	3.94	4.10	3.73	3.79	3.44	4.06	4.11
		OP	4.22	3.93	3.87	4.01	3.75	3.60	3.35	2.41	3.95
		OA	4.32	3.99	3.90	4.05	3.74	3.68	3.39	-	4.02

IP - Inpatient, OP- Outpatient, OA - Overall

TABLE NO: 4.11 SEX OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS' COMPETENCE AND MEDICAL CARE

INTERPRETATION:

The inpatient respondents in the female group and all the outpatient respondents irrespective of their sex are nearly satisfied with regard willingness to listening and answering patients' questions. The overall level of satisfaction among the male and female respondents is nearly satisfied (3.69 and 3.74 respectively). Regarding the psychological support rendered by the physicians, the inpatient and outpatient respondents irrespective of their sex are nearly satisfied.

The overall level of satisfaction among the respondents in male and female groups is nearly satisfied (3.70 and 3.68 respectively). With respect to the health education provided by the physicians, all the inpatient and outpatient respondents irrespective of their sex are just satisfied. The overall level of satisfaction among the respondents in the male and female groups is just satisfied (3.43 and 3.39 respectively).

Regarding daily room visit of the physicians, the inpatient respondents in the male and female groups are nearly satisfied (3.99 and 4.06 respectively). With regard to the waiting time of the respondents to meet the physicians concerned all the respondents both

from the male and female groups are less satisfied (2.34 and 2.41 respectively). The inpatient respondents in the female group are more satisfied and the outpatient respondents irrespective of their sex are nearly satisfied with regard to the professional appearance of the physicians. The overall level of satisfaction among the respondents in the male group is nearly satisfied (3.91) and among the respondents in the female group is high (4.02).

4.12. AREA OF THE RESIDENCE OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS' COMPETENCE AND MEDICAL CARE

AREA - WISE CLASSIFICATION OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS' COMPETENCE AND THEIR MEDICAL CARE – AVERAGE SCORE

S.No	Physician & medical care		Professional competence	Time spent for diagnosis	Expln. about the health, treatment	Attitude and behaviour	Willingness to listen/answer	Psychological support	Health education provided	Daily visit/ waiting time	Professional appearance
	Area of Residence										
2	Urban	IP	4.38	4.03	3.84	4.13	3.70	3.77	3.48	4.05	3.99
		OP	4.28	3.98	3.85	3.92	3.73	3.65	3.38	2.32	3.88
		OA	4.23	4.00	3.84	4.02	3.71	3.71	3.43	-	3.93
	Rural	IP	4.29	4.03	3.80	4.02	3.68	3.77	3.38	3.97	4.00
		OP	4.23	3.92	3.86	4.11	3.72	3.57	3.40	2.47	3.95
		OA	4.26	3.98	3.83	4.06	3.70	3.67	3.39	-	3.98

IP - Inpatient, OP- Outpatient, OA - Overall

TABLE NO: 4.12 AREAS OF THE RESIDENCE OF THE RESPONDENTS AND THEIR LEVEL OF SATISFACTION ON PHYSICIANS' COMPETENCE AND MEDICAL CARE

INTERPRETATION:

It is evident from above table that all the inpatient and outpatient respondents irrespective of their area of residence are more satisfied on the professional competence of the physicians. The overall level of satisfaction among the respondents in the urban and rural area groups is high (4.23 and 4.26 respectively).

All the inpatient and the outpatient respondents irrespective of their area of residence are satisfied on the time taken by the physicians for diagnosis. The overall level of

satisfaction among the respondents in the urban group is high(4.00) and among the respondents in the rural area group are nearly satisfied (3.98) With regard to physicians' explanation about the health condition and the treatment, all the inpatient and the outpatient respondents irrespective of their area of residence are nearly satisfied. The overall level of satisfaction among the respondents in the urban area group and rural group are nearly satisfied (3.84 and 3.83 respectively).

Regarding the attitude and behaviour of the physicians, the inpatient respondents in the urban area and the outpatient respondents in the rural area are more satisfied. The overall level of satisfaction among the respondents both in the urban area group and rural area groups are satisfied (4.02 and 4.06 respectively)

On the willingness of the physicians to listen and answer the patients questions, all the inpatient and the outpatient respondents irrespective of their area of residence are nearly satisfied. The overall level of satisfaction among the respondents both in the urban area group and rural area groups are nearly satisfied (3.71 and 3.70 respectively).

Regarding the psychological support provided by the physicians, all the inpatient and the outpatient respondents irrespective of their area of residence are nearly satisfied. The overall level of satisfaction among respondents the urban and rural area groups is nearly satisfied (3.71 and 3.67 respectively).

5.1. FINDINGS:

- There is no significant difference among the Gender of patients with respect to waiting time in reception.
- There is significant difference among the monthly income of the patient and the medical bill. Lesser monthly income of patients feel medical bill in hospital is high.
- There is significant association between the educational qualification of the patients and suitable magazines/newspapers/ TV facility.so health awareness related magazine can be provided in both languages (Tamil and English).
- With regard to reception services and time taken for registration the respondents in the age group of upto 20 years are more satisfied and nearly satisfied respectively. Regarding the availability of information, the respondents in the age group of 61 years

and above are nearly satisfied and regarding the procedure for registration the respondents in the age group of 21-30 years are nearly satisfied.

- The level of satisfaction among the female respondents with regard to reception services, availability of information, registration time and procedure for registration is nearly satisfied.
- Among the inpatient and outpatient respondents, the respondents in the professionals group are satisfied with regard to reception services and are nearly satisfied with regard to registration time. Regarding the availability of information the respondents in the housewives group are nearly satisfied The respondents in the agriculturists group are nearly satisfied regarding the procedure for registration.
- The female inpatient respondents are nearly satisfied on the skills of the nursing staff, their attitude and behaviour and their appearance. These respondents are more satisfied regarding the medication to the patients at regular intervals. With regard to promptness in meeting the needs of the patients and psychological support both the male and female inpatient respondents are just satisfied.
- The inpatient respondents in the agriculturists group are nearly satisfied (3.93) on the nursing skill. Those respondents in the professionals group are nearly satisfied (3.88 and 3.63) on the attitude and behaviour of the nursing staff and on the promptness in meeting the needs. The inpatient respondents in the employees group are more satisfied (4.16) on the medication of the patients at regular intervals. All the inpatient respondents irrespective of their occupational status are just satisfied (3.08-3.41) on the psychological support. The inpatient respondents in the student's group are nearly satisfied (3.85) on their appearance.
- The inpatient respondents in the urban area group are nearly satisfied (3.73-3.83) regarding the skill of the nurses, attitude and behaviour and their appearance. Regarding the promptness in meeting needs, and psychological support the inpatient respondents in urban area group are just satisfied (3.35 and 3.24 respectively). The inpatient respondents in the rural area group are more satisfied (4.14) regarding medication of the patients.
- The inpatient respondents in the age group of 31- 40 years are satisfied (4.09) with regard to the calm and quietness prevailing in the room and nearly satisfied (3.76)

regarding the appearance of the room. With regard to the size and quality of the bed and cleanliness of the room the inpatient respondents in the age group of upto 20 years are nearly satisfied (3.67).

- The inpatient respondents in the age group of 41-50 years are nearly satisfied (3.91) regarding the facilities like fan, water, sanitary facilities etc. With regard to ventilation in the room, the inpatient respondents in the age group of 61 years and above are nearly satisfied (3.71)

SUGGESTION:

- Information desk can be provided.
- Vital signs can be checked during the waiting time, this may minimise the waiting time of patient during consultation.
- Patient care is one of the essential components of the organizational activities and services rendered by a hospital. As the hospital deals with human beings who are under stress and strain, persons concerned with patients' relation should provide service of the highest degree. This necessitates the hospital to have separate well motivated disciplined and highly professionalised patient relations department.
- Since the majority of the patient are educated, therefore the outpatient reception could provide with magazines and newspaper related to health care, awareness of different disease condition and preventive actions to be taken by patient and health education etc., both in Tamil and English.
- Patients under treatment in general are psychologically affected. A timely and regular counselling will remove their fear and agony and will instill the needed confidence in them. Programs such as yoga and meditation will enhance patients' positive thoughts and aid them for quick recovery.
- Since most of the patients are dissatisfied with the waiting time in the reception, the hospital could take proper care for this problem by improving software regarding appointment timing.
- Improve Wi-Fi facility in hospital waiting area.
- A consortium of experts from various hospitals in a particular area may be formed to take decisions regarding the treatment for the more critical and acute cases, thereby

reducing the risk on individual physicians and also assists in providing confirmed treatment for patients. It would also enhance patients' confidence and trust.

- The hospitals should focus on preventive care as prevention is better than cure. Health camps, lectures by medical professionals, preventive health check ups can be organised so that public can take steps to avoid diseases.

CONCLUSION:

Patients attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management. Various studies about In patient Services have elicited problems like overcrowding, delay in consultation, proper behaviour of staff etc. The project is conducted to study about the patients satisfaction in Private multi-speciality hospital .In this study, it is found that majority of the patients are satisfied with the services provided. They were satisfied with the guidance, logistic arrangements, support services, nursing care, Doctors consultation etc. Though few patients were not satisfied with the waiting time in the reception .It is worthwhile to note that there is scope for improvement of the In patient Department Services. Therefore it can be concluded that the OPD services form an important component of Hospital services and feedback of patients are vital in quality improvement.

In this study the researcher has attempted to analyse the level of satisfaction of patients and their perceived quality of services provided by the hospitals. It is hoped that the health care providers would pay attention to quality in every aspect of patient care, both medical and non medical. As the patient satisfaction is the valuable asset of the health care providers, understanding the patient and believing that he is most important, goes a long way towards the success of every health care provider.

BIBLIOGRAPHY

- Society, A. G., Society, G., Prevention, O. F., & Panel, O. S. (2001). Guideline for the prevention of falls in older persons. *Journal of the American Geriatrics Society*, 49(5), 664-672.
- Hitcho, E. B., Krauss, M. J., Birge, S., Claiborne Dunagan, W., Fischer, I., Johnson, S., ...& Fraser, V. J. (2004). Characteristics and circumstances of falls in a hospital setting. *Journal of general internal medicine*, 19(7), 732-739.

- Semin-Goossens, A., van der Helm, J. M., & Bossuyt, P. M. (2003). A Failed Model-Based Attempt to Implement an Evidence-Based Nursing Guideline for Fall Prevention. *Journal of nursing care quality*, 18(3), 217-225.
- Haines, T. P., Bennell, K. L., Osborne, R. H., & Hill, K. D. (2004). Effectiveness of targeted falls prevention programme in subacute hospital setting: randomised controlled trial. *Bmj*, 328(7441), 676.
- Krauss, M. J., Evanoff, B., Hitcho, E., Ngugi, K. E., Dunagan, W. C., Fischer, I., ...& Fraser, V. J. (2005). A case-control study of patient, medication, and care-related risk factors for inpatient falls. *Journal of general internal medicine*, 20(2), 116-122.
- Chow, S. K., Lai, C. K., Wong, T. K., Suen, L. K., Kong, S. K., Chan, C. K., & Wong, I. Y. (2007). Evaluation of the Morse Fall Scale: applicability in Chinese hospital populations. *International journal of nursing studies*, 44(4), 556-565.
- Choi, J. H., Moon, J. S., & Song, R. (2005). Effects of Sun-style Tai Chi exercise on physical fitness and fall prevention in fall-prone older adults. *Journal of advanced nursing*, 51(2), 150-157.
- Oliver, D., Daly, F., Martin, F. C., & McMurdo, M. E. (2004). Risk factors and risk assessment tools for falls in hospital in-patients: a systematic review. *Age and ageing*, 33(2), 122-130.
- Haines, T. P., Bennell, K. L., Osborne, R. H., & Hill, K. D. (2004). Effectiveness of targeted falls prevention programme in subacute hospital setting: randomised controlled trial. *Bmj*, 328(7441), 676.
- Krauss, M. J., Evanoff, B., Hitcho, E., Ngugi, K. E., Dunagan, W. C., Fischer, I., ...& Fraser, V. J. (2005). A case-control study of patient, medication, and care-related risk factors for inpatient falls. *Journal of general internal medicine*, 20(2), 116-122.
- McInnes, E., & Askie, L. (2004). Evidence review on older people's views and experiences of falls prevention strategies. *Worldviews on Evidence-Based Nursing*, 1(1), 20-37.
- Roush, S. E., & Sonstroem, R. J. (1999). Development of the physical therapy outpatient satisfaction survey (PTOPS). *Physical Therapy*, 79(2), 159-170
- Williams, B. (1994). Patient satisfaction: a valid concept. *Social science & medicine*, 38(4), 509-516.
- Beattie, P. F., Pinto, M. B., Nelson, M. K., & Nelson, R. (2002). Patient satisfaction with outpatient physical therapy: instrument validation. *Physical Therapy*, 82(6), 557-565.

- Gray, R., Rofail, D., Allen, J., &Newey, T. (2005). A survey of patient satisfaction with and subjective experiences of treatment with antipsychotic medication. *Journal of advanced nursing*, 52(1), 31-37.
- Ware, J. E., Snyder, M. K., Wright, W. R., & Davies, A. R. (1983). Defining and measuring patient satisfaction with medical care. *Evaluation and program planning*, 6(3), 247-263.
- Jackson, J. L., Chamberlin, J., &Kroenke, K. (2001). Predictors of patient satisfaction. *Social science & medicine*, 52(4), 609-620.
- Boyer, L., Francois, P., Doutre, E., Weil, G., &Labarere, J. (2006). Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital. *International Journal for Quality in Health Care*, 18(5), 359-364.
- Leiter, M. P., Harvie, P., &Frizzell, C. (1998). The correspondence of patient satisfaction and nurse burnout. *Social science & medicine*, 47(10), 1611-1617.
- Amjeriya, D., &Malviya, R. K. (2012). Measurement Of Service Quality In Healthcare Organization, 1(8), 1–18.
- Andaleeb, S. S. (1998). Determinants of customer satisfaction with hospitals: a managerial model. *International Journal of Health Care Quality Assurance Incorporating Leadership in Health Services*, 11(6-7), 181–7. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10339090>
- Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social Science & Medicine* (1982), 52(9), 1359–70. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11286361>
- Almeida, P. R. De. (2009). The Brics ' role in the global economy, 146–154.
- Asubonteng, P., McCleary, K. J., & Swan, J. E. (1996). SERVQUAL revisited: a critical review of service quality. *Journal of Services Marketing*, 10(6), 62–81. doi:10.1108/08876049610148602
- Baalbaki, I., Ahmed, Z. U., Pashtenko, V. H., &Makarem, S. (2010). Patient satisfaction with healthcare delivery systems, (2008). doi:10.1108/17506120810865424
- Babakus, E., &Mangold, W. G. (1985). Adapting the SERVQUAL Scale to Hospital Services : An Empirical Investlgatlon.

- Barksdale, H. C., & Johnson, J. T. (1994). A Relationship Maintenance Model : A Comparison Between Managed Health Care and Traditional Fee-For-Service, 2963(96).
- Bhatia, J., & Cleland, J. (2004). Health care of female outpatients in south-central India: comparing public and private sector provision. *Health Policy and Planning*, 19(6), 402–9. doi:10.1093/heapol/czh055
- Bloom, D. E., Canning, D., & Sevilla, J. (2004). The Effect of Health on Economic Growth: A Production Function Approach. *World Development*, 32(1), 1–13. doi:10.1016/j.worlddev.2003.07.002
- Brady, M. K., Cronin, J. J., & Brand, R. R. (2002). Performance-only measurement of service quality: a replication and extension. *Journal of Business Research*, 55(1), 17–31. doi:10.1016/S0148-2963(00)00171-5
- Braunsberger, K., & Gates, R. H. (2002). Patient/enrollee satisfaction with healthcare and health plan. *Journal of Consumer Marketing*, 19(7), 575–590. doi:10.1108/07363760210451401
- Broadberry, S. (2005). 4 / The BRICs : What does Economic History say about their Growth Prospects ?, 116–146.
- Bulletin, Q. (2013). South Africa 's position in BRICS, (March).
- Burch, E., Louisiana, S., Rogers, H. P., & Underwood, J. (1995). EXPLORING SERVPERF: AN EMPIRICAL INVESTIGATION OF THE IMPORTANCE-PERFORMANCE, SERVICE QUALITY RELATIONSHIP IN THE UNIFORM RENTAL INDUSTRY, (Bopp 1990), 1–13.
- Buttle, F. (1996). SERVQUAL: review, critique, research agenda. *European Journal of Marketing*, 30(1), 8–32. doi:10.1108/03090569610105762
- Çaha, H. (n.d.). Service Quality in Private Hospitals in Turkey *, 9(1), 55–69.
- Carrillat, F. a., Jaramillo, F., & Mulki, J. P. (2007). The validity of the SERVQUAL and SERVPERF scales: A meta-analytic view of 17 years of research across five continents. *International Journal of Service Industry Management*, 18(5), 472–490. doi:10.1108/09564230710826250
- Choudhury, M., & Nath, H. K. A. (2012). An Estimate of Public Expenditure on Health in India, (May).

- Cronin, J. J., & Taylor, S. A. (2014). Versus SERVQUAL : and Reconciling of Service Measurement Perceptions Quality, *58*(1), 125–131.
- Das, J., & Hammer, J. (2007). Money for nothing : The dire straits of medical practice in Delhi , India, *83*, 1–36. doi:10.1016/j.jdeveco.2006.05.004
- External, D. F. O. R., Of, P., & Union, T. H. E. (2012). *DIRECTORATE-GENERAL FOR EXTERNAL POLICIES OF THE UNION STUDY*.
- Gupta, S., Verhoeven, M., & Tiongson, E. R. (2002). The effectiveness of government spending on education and health care in developing and transition economies. *European Journal of Political Economy*, *18*(4), 717–737. doi:10.1016/S0176-2680(02)00116-7
- Health, M. O. F., & Welfare, F. (2005a). Financing and Delivery of Health Care Services in India Financing and Delivery of Health Care Services in.
- Health, M. O. F., & Welfare, F. (2005b). *Report of the National Commission on Macroeconomics and Health Report of the National Macroeconomics*.
- Health, N., Cell, A., & Welfare, F. (n.d.). NATIONAL HEALTH ACCOUNTS.
- Jain, S. K., & Gupta, G. (2004). Measuring Service Quality: SERVQUAL vs. SERVPERF Scales, *29*(2), 25–37.
- Kenneth, R. (2014). Performance Expectations , and Consumers ' Evaluation , of Quality Perceptions, *57*(4), 18–34.
- Lee, H., Lee, Y., & Yoo, D. (2000). The determinants of perceived service quality and its relationship with satisfaction. *Journal of Services Marketing*, *14*(3), 217–231. doi:10.1108/08876040010327220
- Lee, W., Chen, C., & Wu, C. (2010). RELATIONSHIP BETWEEN QUALITY OF MEDICAL TREATMENT AND CUSTOMER SATISFACTION – A CASE STUDY IN DENTAL CLINIC ASSOCIATION Received October 2008 ; revised March 2009 1 .Introduction . In 1945 , there were only 738 dentists in Taiwan . However , by 2002 , af, *6*(4), 4198.
- Lockwood, A. (1994). Using Service Incidents to Identify Quality Improvement Points. *International Journal of Contemporary Hospitality Management*, *6*(1/2), 75–80. doi:10.1108/09596119410052170

- Mekoth, N., George, B. P., Dalvi, V., Rajanala, N., & Nizomadinov, K. (n.d.). Service quality in the public sector hospitals: a study in India. *Hospital Topics*, 90(1), 16–22. doi:10.1080/00185868.2012.661322
- Ms, M. D. C., & Ozanne, L. K. (n.d.). Patients' Perceptions of Service Quality Dimensions, (November 2013), 37–41. doi:10.1300/J026v19n01
- Olorunniwo, F., Hsu, M. K., & Udo, G. J. (2006). Service quality, customer satisfaction, and behavioral intentions in the service factory. *Journal of Services Marketing*, 20(1), 59–72. doi:10.1108/08876040610646581
- Padma, P., Rajendran, C., & Lokachari, P. S. (2010). Service quality and its impact on customer satisfaction in Indian hospitals: Perspectives of patients and their attendants. *Benchmarking: An International Journal*, 17(6), 807–841. doi:10.1108/14635771011089746
- Pakdil, F., & Harwood, T. N. (2005). Patient satisfaction in a preoperative assessment clinic: an analysis using SERVQUAL dimensions. *Total Quality Management & Business Excellence*, 16(1), 15–30. doi:10.1080/1478336042000255622