# Annexure-I

"AN ANALYTICAL STUDY OF HUMAN RESOURCE MANAGEMENT IN PRIVATE HOSPITALS, WITH SPECIAL REFERENCE TO KOLHAPUR DISTRICT" (MAHARASHTRA).

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Under the Guidance of: Dr. A. M. Gurav

## QUESTIONNAIRE FOR THE HOSPITAL STAFF

I) Personal Data:

1) Full Name : __________________________________________

2) Address : ____________________________________________

3) Sex : □ Male □ Female

4) Age : [ ] 15-19 Years. [ ] 40-44 Years

   [ ] 20-24 " [ ] 45-49 "

   [ ] 25-29 " [ ] 50-54 "

   [ ] 30-34 " [ ] 55-59 "

   [ ] 35-39 "

5) Religion and Caste : [ ] Muslim [ ] Christian

   [ ] Jain [ ] Shikh

   [ ] Hindu: [ ] SC [ ] ST

   [ ] OBC [ ] General/Open

6) Marital status : [ ] Unmarried [ ] Married

   [ ] Widowed [ ] Widower

   [ ] Divorced

7) Education : [ ] Below SSC [ ] SSC

   [ ] HSC [ ] Diploma (Tech)

   [ ] Graduate [ ] Post-graduate

   [ ] Professional Qualification

8) Designation/Grade : ________________________________

9) Practical Experience : [ ] 1—4 Years [ ] 5—8 Years

   [ ] 9—12 " [ ] 13—16 "

   [ ] 17—20 "

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10) Nature of appointment : [ ] Purely temporary [ ] Probation  
[ ] Permanent [ ] Ad-hoc

11) Distance of residence from the hospital. : [ ] 0—1 Km. [ ] 1—3 Kms  
[ ] 3—6 Kms [ ] 6—9 Kms  
[ ] 9—15 Kms [ ] 15—18 Kms

12) Mode of conveyance : [ ] Walking [ ] Bicycle  
[ ] Motorcycle [ ] Bus  
[ ] Tam-tam (Minidoor) / Other

II) Recruitment and Selection:

1) Do you have human resource planning? [ ] Yes [ ] No

2) If yes, who is preparing/responsible? : _____________________________

3) Whether the hospital has independent recruitment and selection policy? : [ ] Yes [ ] No

4) If yes, what is the policy? : _____________________________

5) If No, how is the staff recruited? : _____________________________

6) What sources of recruitment are used by hospital institution?  
   (a) Internal Sources : [ ] Promotion [ ] Transfer [ ] Trainee  
   [ ] Extension service [ ] Internal advertise
   (b) External Sources : [ ] Advertisement [ ] Employment Exchange  
   [ ] College & University [ ] Other Institutions  
   [ ] Recommendation of present doctors/employees  
   [ ] Recommendation by relative/Friends/Ex-employee  
   [ ] Other (Hospital gate, Notice board etc)

7) If recruited through advertisement where did you come across the advertisement? : [ ] Local News paper  
   [ ] District /State level News paper  
   [ ] National Level News Papers  
   [ ] Local TV Channel  
   [ ] Hording / Signboard

8) How did you apply for the post? : [ ] In prescribed form.  
   [ ] On plain paper
9) Did you receive a formal interview call? : □ Yes □ No

10) Are they followed formal interview procedure for your selection? : □ Yes □ No

11) If yes, which of the different methods were followed?
   - □ Formal Interview
   - □ Informal Interview
   - □ Planned Interview
   - □ In depth Interview
   - □ Panel Interview
   - □ Group Interview

12) Did you undergo any test for selection? : □ Yes □ No

13) If yes, name the types of test
   - □ Aptitude test
   - □ Practical test
   - □ Personality test
   - □ Performance test
   - □ Medical test
   - □ Any other

14) Did you pay any donation for selection? : □ Yes □ No

15) For your selection, whether there was influence?
   - □ Top management
   - □ Ministry
   - □ Political leaders
   - □ Other social agency
   - □ None

16) Did you got proper placement as per your qualification and experience? : □ Yes □ No

17) Did you face any other problem at the time of your selection? : □ Yes □ No

18) If yes, please mention. : ______________________________

19) Are you aware of the present Selection process? : □ Yes □ No

20) Are you satisfied with the present recruitment & selection procedure? : □ Yes □ No

21) If “No”, what suggestion would you like to make? : ______________________________
22) In a tenure of your service how many times you changed your service? : [] No change  [] One time change  [] Two time change  [] Three time change  [] Four time change  [] Five time & above

III) Salary and Wage Policy:

1) How the work is rated? : [] Basic salary + DA+TA  [] Time-rate  [] Consolidated (Out patients)  [] Piece rate

2) Are there deductions from your salary? : [ ] Yes  [ ] No

3) If Yes, on what account? : [] Fine / Penalty  [] For damages  [] Loan / Advances  [] Accommodation rent  [] Other (Pigmy, PF, HRA etc)

4) How much monthly salary do you receive? : [] Up to Rs 2000.  [] Rs.2001-4000  [] Rs. 4001-6000  [] Rs.6001-8000  [] Rs. 8001-10000

5) Are you satisfied with salary that received? : [ ] Yes  [ ] No

6) If No, why not? : _______________________

7) With what should the salary be linked? : [] Cost of living  [] Work put in  [] Both  [] Government rule

8) Do you receive bonus payment? : [ ] Yes  [ ] No

9) If Yes, how much? : [] Up to Rs.1000  [] Rs.3001-4000  [] Rs.1001-2000  [] Rs 4001-5000  [] Rs.2001-3000  [] Cloths /Goods

IV) Training and Development:

1) What are the difficulties faced by you while discharging your duties? : [] Ignorance of job  [] Wrong placement  [] Lack of orientation  [] Lack of training  [] Communication gap  [] No difficulties

2) Do you think training is needed? : [ ] Yes  [ ] No
3) If yes, what type of training? : [] Apprenticeship   [] Vestibule.
[] On the job training   [] Job rotation
[] Training within hospital.
[] Professional training through deputation

4) Does the hospital spend some fund for training program? : □ Yes □ No

5) If yes, do you take advantage of it? : □ Yes □ No

6) Does the hospital provide training at all levels? : □ Yes □ No

7) What sort of achievement do you expect from training? : [] Organizational goals   [] Promotion
[] Self development   [] Increased pay

V) Working Condition:

1) How many hours a day do you work? : [] 6—8 hrs   [] 9—10 hrs.
[] 11—12 hrs   [] 13—14 hrs
[] 15—16 hrs   [] 16—17 hrs

2) Do you feel fatigue after work? : □ Yes □ No

3) Are you allowed to work overtime? : □ Yes □ No

4) If yes, do you work overtime? : □ Yes □ No

5) Do you get extra remuneration for overtime work? : □ Yes □ No

6) If yes, at what rate? : [] Equal to wage rate.
[] 1.5 times to wage rate
[] Double time to wage rate
[] None

7) Do you have shift system in the hospital? : □ Yes □ No

8) If yes, in which shift do you work? : [] Day shift   [] Night shift

9) Which shift do you prefer? : [] Day shift   [] Night shift

VI) Welfare Facilities:

1) Do you have a canteen in the hospital? : □ Yes □ No

2) Is there free medical aid for you? : □ Yes □ No
3) Does the hospital have a housing colony? : ☐ ☐ ☐
4) If Yes, have you been allotted quarters? : ☐ ☐ ☐
5) Do you get credit facility? : ☐ ☐ ☐
6) Are there free school facilities for your children? : ☐ ☐ ☐
7) Are there school bus facilities for your children? : ☐ ☐ ☐
8) Does your hospital have uniforms to you? : ☐ ☐ ☐
9) If yes, what type? : [ ] Salwar-kameez [ ] Saree [ ] None
                        [ ] Apron       [ ] Other (Shirt & paint)
10) Does your hospital provide it? : ☐ Yes ☐ No

VII) Promotions:
1) Does the hospital have a promotion policy? : ☐ Yes ☐ No
2) If yes, what is the promotion policy? : [ ] Seniority [ ] Qualification
                                       [ ] Nepotism [ ] Performance
3) If seniority, after how many years services are you get promotion? : [ ] 6 years [ ] 8 years
                            [ ] 10 years [ ] 12 years & more
4) Are you satisfied with the hospitals promotion policy? : ☐ Yes ☐ No

VIII) Leave and Retirement Provision:
1) Do you get a weekly off? : ☐ Yes ☐ No
2) What other types of leave can you get? : [ ] Sick leave [ ] Casual leave
                                          [ ] Maternity leave [ ] Other
3) Do you get paid leave every year? : ☐ Yes ☐ No
4) Is the leave procedure in your hospital helpful? : ☐ Yes ☐ No
5) If Yes, how? (Make full statement) : __________________________
6) Do you get privilege of leave encashment : ☐ Yes ☐ No
7) What are main retirement benefits in your hospital?:
   - [] Gratuity
   - [] Provident fund
   - [] Family pension
   - [] None

**IX) Trade Union:**

1) Does the hospital have a trade union? : □ Yes □ No

2) Are you a member of it? : □ Yes □ No

3) Is it a recognized union? : □ Yes □ No

4) Does it fight for you? : □ Yes □ No

5) What are the sources of income for the union? :
   - [] Contribution
   - [] Donations
   - [] Monthly subscription
   - [] other

6) Does your union make representation to the minimum wages committee appointed by Govt.? : □ Yes □ No

7) Do you get welfare funds assistance? : □ Yes □ No

**X) Grievance Procedure:**

1) Is there a grievance procedure in your hospital? : □ Yes □ No

2) How do you handle your grievances? :
   - [] Through head of dept.
   - [] Trade union
   - [] Directly

3) Can the grievance procedure solve your problems? : □ Yes □ No

4) If yes, How? : ____________________________

5) Are you given a lay off? : □ Yes □ No

6) If yes, for what reasons? :
   - [] Excess manpower
   - [] Agreement
   - [] Temporary service
   - [] others

7) To what are your normal grievances related?
   - [] Leave
   - [] weekly-off
   - [] Transfer
   - [] Promotion
   - [] Heavy work
   - [] Discipline
   - [] Treatment
   - [] Salary
8) What is your opinion about the salary paid to you?  
  [] Sufficient  [] Fair  
  [] Minimum  [] Poor

XI) Others / Miscellaneous:

1) Did you have certain expectations about the job before joining?  
   Yes  No

2) If yes, have your expectations been realized in the present job?  
   Yes  No

3) Have you ever thought of leaving your present job?  
   Yes  No

4) Have you tried for a job elsewhere?  
   Yes  No

5) Do you feel it is easy for you to change your job?  
   Yes  No

6) Do you have a supervisor on whom you can depend fully?  
   Yes  No

7) Do you think the present supervisor holds a personal dislike towards you?  
   Yes  No

8) Did anybody explain to you about the following?-?  
   Satisfy  Dissatisfy
     Nature of incentives.-    
     Monetary benefits.-    
     Working conditions.-

9) If satisfy, how was it?  
   ________________________

10) How does your colleague behave with you?  
    [] Very good  [] Good  
    [] Dislike  [] not so interfered
Annexure-II

QUESTIONNAIRE FOR THE HOSPITAL HEAD/ DOCTOR

(I) General:

1) Name of the hospital : ________________________________

2) Address : ________________________________


4) Name of the respondent and designation: __________________________________

   i) Qualification : [] MBBS [] MS [] MD [] BHMS
                      [] BAMS [] Other.________________

   ii) Experience (In years) : [] Up to 5 [] 06-10 [] 11-15
                                [] 16-20 [] 21-25 [] 26-30
                                [] 30-35

5) Category of hospital: [] Medical [] Surgical

                          [] Maternity (Nursing home)
                          [] General [] _________

6) Hospital Type: [] General

   [] Specialized : [] Acute care [] Long stay

   [] Multispecial (Composite), [] Tuberculosis [] Infectious diseases

                           [] Cardiac [] Pediatric
                           [] Chest [] Psychiatry
                           [] Leprosy [] Orthopedic (Trauma)
                           [] Cancer [] Gynecology Obstetric
                           [] ENT [] Diabetic
                           [] Other

7) Ownership & Management: (1) Individual (2) Institutional.
                                    (3) Trust (4) Combined/Partnership
                                        (5) Corporate / Ltd. Co.

8) Area of hospital in Sq.ft: [] Up to 500 [] 1501-2000
                                 [] 501-1000 [] 2001-2500
                                 [] 1001-1500 [] Above 2501
9) Staff strength:

_______ Doctors.

_______ Medical Assistants

_______ Administrative Asst./A/c Officer

_______ Nurses / Sisters

----------Ward boy /Brothers /Compounder

----------Pathologists

----------Pharmacists

----------Receptionist

----------Sweeper / Workers.

----------Ayya.

_______ Lab. Assistants

10) Admission per day:

[ ] 1-3 Patients.   [ ] 4-6 Patients

[ ] 7-9 Patients    [ ] 10-12 patients

[ ] 13 and more patients

11) Total number of wards:

[ ] Two            [ ] Three

[ ] Four           [ ] Five & more

12) Bed capacity:

[ ] Up to 5 Beds.  [ ] 06-10 Beds

[ ] 11-15 Beds     [ ] 16-20 beds

[ ] 21 and above beds

13) Average Occupancy per day:

[ ] Up to 20%      [ ] 21 to 30%

[ ] 31 to 40%      [ ] 41 to 50%

[ ] 51 to 60%      [ ] 61 to 70%

[ ] 71 to 80%      [ ] 81 to 90%

(II) Medical Facilities:

1) What are the facilities available
   in your hospital?

[ ] Laboratory  [ ] Radiology

[ ] Pathology   [ ] ICU/ ICCU

[ ] Operation Theatre  [ ] Diagnostic Dept

[ ] Casualty     [ ] Recovery Room

[ ] Pharmacy     [ ] Special Room
2) What are the diagnostic services provided in your hospital?  
[ ] Clinical Laboratory  [ ] Clinical Pathology  
[ ] Clinical Chemistry  [ ] Radiology  
[ ] Microbiology  [ ] Endoscopy  
[ ] Electrocardiography  [ ] EEG  
[ ] CAT scan  [ ] MRI  
[ ] Histopathology  [ ] Ultrasound  
[ ] ____________  
*(CAT-Computed Automated Tomography, EEG-Electroencephalography, MRI-Magnetic Resonance Image)*

3) Are there qualified persons to look after these services?  
☐ Yes  ☐ No

4) Average number of patients admitted for a day in the causality dept.  
[ ] Two patients  [ ] Four patients  [ ] Six & more patients  [ ] None

5) What is the nature of emergencies you face in your hospital?  
(a) Medical  (b) Surgical  
(c) Obstetric  (d) General

6) Does your hospital accept emergency patients?  
☐ Yes  ☐ No

7) Do you have X-ray department?  
☐ Yes  ☐ No

8) Who supervises the functioning of the laboratory?  
[ ] Lab. Committee  [ ] Doctor himself  
[ ] Lab In-charge  [ ] Not Applicable

9) Do you have a central sterilized stores department?  
☐ Yes  ☐ No

10) Is there a qualified pathologist?  
☐ Yes  ☐ No

11) Is there a pharmacy in your hospital?  
☐ Yes  ☐ No

12) If Yes – How many pharmacists are employed there?  
[ ] One  [ ] Two  
[ ] Three  [ ] Four and more  [ ] None

13) Do you maintain a stock of all essential drugs in hospital?  
☐ Yes  ☐ No

14) Does the hospital have a separate OPD (Out-patient Dept) block?  
☐ Yes  ☐ No

15) If yes, is there a separate OPD receptionist?  
☐ Yes  ☐ No
16) Are the following facilities in the OPD?
   a) Sample collection counter ☐ Yes ☐ No
   b) Injection room ☐ Yes ☐ No
   c) Dressing room ☐ Yes ☐ No
   d) Health Education programs ☐ Yes ☐ No
   e) Family welfare programs ☐ Yes ☐ No
   f) Medical social workers ☐ Yes ☐ No

17) What is the average daily attendance in the OPD?
    [ ] 0-10 patients [ ] 11-20 Patients
    [ ] 21-30 patients [ ] 31-40 patients
    [ ] 41-50 patients [ ] 51 & more patients

19) What is the average monthly attendance in the OPD?
    [ ] 101 to150 patients [ ] 151-300 patients
    [ ] 301-450 " [ ] 451-600 "
    [ ] 601-750 " [ ] 751-900 "
    [ ] 901-1050 " [ ] 1051-1200 "
    [ ] 1201 and more

(III) Hospital Administration/ Superintendence:
   (Ask to the doctors or administrative staff)

1) Does the hospital have full time hospital administrator?
   : ☐ Yes ☐ No

2) If No, does the hospital have a full-time medical superintendence?
   : ☐ Yes ☐ No

3) If both No, who is responsible for the day to day functioning of the hospital?
   : [ ] Doctor [ ] Assit.-Doctor [ ] Nurse

4) Have the subordinates been given medical/administrative decision-making authority?
   ☐ Yes ☐ No

5) Are the suggestions tendered by the staff accepted and implemented?
   : ☐ Yes ☐ No

6) Can an external person communicate with an administrative/Superintendent?
   ☐ Yes ☐ No
(IV) Nursing Services:

1) How many nurses in your hospital? : ________________

2) What are the basic qualification of the nurses in your hospital? 
   [] Below SSC  [] SSC
   [] HSC  [] Graduation
   [] B.Sc (Nursing)  [] Nursing Course
   [] M.Sc (Nursing) / PG

3) What are your hospital’s sources for obtaining nurses
   [] Advertisement  [] Nursing College
   [] Employment Exchange
   [] Others (Relatives, Personal Contact,)
   [] Not applicable

4) How many nurses are available in a shift? : [] Day ____  [] Night ____

5) Do the nurses provide health education to patients: [] Yes  [] No

6) Where the nurse records are maintained? : [] Ward  [] Nursing station
   [] Central record  [] Other (Rack / Box)

7) What is the rate of nurses’ turnover in your hospital? 
   [] One  [] Two
   [] Three  [] Four
   [] Five & more  [] None

8) Have the nurses been provided residential accommodation by your hospital? 
   : [] Yes  [] No
   [] Not applicable

(V) Laundry and Canteen Services:

1) Does the hospital have its own laundry? : □ Yes  □ No

2) If yes, whether it is 
   [] Manual  [] Mechanical  [] Not applicable

3) How many workers are working in laundry? 
   [] One  [] Two  [] Three
   [] Four  [] Not applicable

4) Does the hospital have a canteen on the premises? 
   □ Yes  □ No

5) If Yes, whether it is- 
   [] Owned  [] Rental
   [] Contract  [] Not applicable
6) If canteen owned by hospital, how many persons are employed there?  
   [ ] One  [ ] Two  [ ] Three  [ ] Four  [ ] Five & more  [ ] Not applicable

7) Is it any concession rate of canteen menu for hospital staff?  
   :  □ Yes  □ No

(VI) Vehicles:

1) Do you have ambulance facility of hospital?  
   :  □ Yes  □ No

2) If Yes, how many vehicles owned by the hospital?  
   :  [ ] One  [ ] Two  [ ] Three  [ ] Four  [ ] Not applicable

3) Who supervises the transport and ambulance services in the hospital?  
   :  [ ] Doctor  [ ] Adm.Off / OS  [ ] Assist. Doctor  [ ] Other /Supervisor  [ ] Not applicable

4) Do you maintain following records for the use of ambulance?  
   :  [ ] Mileage of each month  [ ] Petrol/Diesel consumption  [ ] Repairing and servicing cost  [ ] Not applicable

5) Is there any separate transport available for disabled?  
   :  □ Yes  □ No.

6) How much ambulance charges you are charging?  
   :  __________________________

7) What are the criteria using for ambulance charges?  
   :  [ ] In Distance Km  [ ] In Day fare  [ ] In Night fare  [ ] other  [ ] Not applicable

8) Saff strength for ambulance (vehicle) Facility recruited by hospital. -  
   :  [ ] _______ Driver  [ ] _______ Cleaner  [ ] _______ Supervisor  [ ] _______ Doctor himself
Annexure-III

QUESTIONNAIRE FOR THE HOSPITAL PATIENTS AND RELATIVES

================================================================

1. Name: __________________________________________________________

2. Age: (in years)   [ ] Up to 15   [ ] 16-30
   [ ] 31-45   [ ] 46-60
   [ ] 61-75   [ ] 76 & above

3. Education:       [ ] Illiterate    [ ] 7th Std.
   [ ] SSC       [ ] HSC / Diploma
   [ ] Graduate & other

4. Sex:              [ ] Male          [ ] Female.

5. Family Size:      [ ] Up to 4 members.
   [ ] 5-8 members
   [ ] 9 and above members

6. Occupation:       [ ] Students / Children    [ ] Businessmen
   [ ] Housewives     [ ] Employees / Services
   [ ] Farmers/ Agri. Cooli [ ] Professionals
   [ ] Retire / ex-servicemen. [ ] Others / Old age

================================================================

Please express your feelings about the statement through the given scale:

For example:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

1) The doctor is available in emergency / Urgent situations.

2) The doctor has kept up with the latest medical technology.

3) The doctor took keen interest in my well being.

4) The doctor charged me reasonable fees.
<p>| | | | | | |</p>
<table>
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<tbody>
<tr>
<td>5)</td>
<td>The hospital working hours were</td>
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<td></td>
<td>convenient for me.</td>
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<td>6)</td>
<td>The doctors hear what I have to say.</td>
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<td>7)</td>
<td>The doctor usually gives me enough information about my health.</td>
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<td>8)</td>
<td>The doctor examined me carefully before deciding what was wrong.</td>
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<td>9)</td>
<td>The doctor thoroughly explains the reasons for tests and procedures that are done on me.</td>
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<td>10)</td>
<td>The hospital staff took a warm and personal interest in me.</td>
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<td>11)</td>
<td>The hospital staff was friendly and courteous.</td>
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<td>12)</td>
<td>The doctors prescribes drugs and pills too often.</td>
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<td>13)</td>
<td>The doctors orders too many x-Rays and laboratory tests.</td>
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<td>14)</td>
<td>The doctors main interest is in making as much money as possible.</td>
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<td>15)</td>
<td>The doctor insists on purchasing medicines from a particular shop.</td>
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<td>16)</td>
<td>The doctor checks that the medicine purchase are as per prescription.</td>
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<tr>
<td>17)</td>
<td>The doctor advices orally/in writing about how to take medicines.</td>
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<td>18)</td>
<td>I am very satisfied with the hospital and doctors.</td>
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<td>19)</td>
<td>This hospital provide satisfied hospitality to patient’s relatives.</td>
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