Chapter – V

Findings, Suggestions & Conclusion
CHAPTER – V
FINDINGS

SOCIO-ECONOMIC CONDITIONS OF THE RESPONDENTS

- The present study clearly shows that births to younger women aged less than 25 years constituted to 42 per cent of the sample. Mothers who were aged between 26 to 30 constituted 39.2 per cent and 17 per cent of the births were to women aged between 31 to 35 years. Only one point two per cent of the mothers were above 35 years of age.

- The study reveals that 38.7 per cent of the respondents have four members in their families and 36.7 per cent have five members. The percentage of respondents living with more than five members is only 15.3 and the family size with three members also amounts to only nine point three per cent of the sample.

- Majority of the respondents (58.7 per cent) have delivered their first child, which denotes that they are primiparous mothers and 35.5 per cent of them have two children. Only four point three per cent of the sample has three children and only one point five per cent has more than three children.

- The study identifies that 28.3 per cent of the respondents are graduates and 24.3 per cent have completed their post-graduation. Twenty three point eight per cent have completed their high school and seven per cent have undergone vocational training with two point seven per cent were illiterates.
The study shows that 43 per cent of the respondents’ spouses are employed in private companies and 27 per cent of them are businessmen. Eleven point five per cent of the respondents spouses are professionals and 11.3 per cent of them are government employees. Only seven point two per cent of them are farmers.

Majority of the respondents (78.5 per cent) are not engaged in economic activities and 21.5 per cent of them are working either as teachers, tailors beauticians, desktop publishing operators and so on.

Majority of the respondents (55.7 per cent) who are admitted for child birth are residing within 15 kms from the hospital. Twenty four per cent of them travelled 16 – 30 kms to these hospitals in spite of the inconveniences at the time of delivery. And twenty point three per cent of them have travelled from other nearby districts for more than 30 kms for treatment.

The study discloses that 32.7 per cent of the respondents who approach maternity hospitals for child birth belong to an income category of `15,001 – 30,000 and 28 per cent earn between `30,001 – 45,000. Twenty one per cent belong to upper income category of above `45,000 and 18.3 per cent belong to lower income category of below `15,000.

A large proportion of the respondents (75 per cent) have preferred B class rooms in maternity hospitals and 13.2 per cent have chosen common wards with more than two or three bed in a room and 11.8 per cent have preferred ‘A’ class rooms.
The factors which influence the choice of a maternity hospital have been ranked with the help of weighted average scores. These scores are ranked in order to determine the prominence of the variables. Majority of the respondents have attached high weightage scores to ‘Experience of the doctor’ and ‘Quality of care’ which ranks first in the order to determine the choice of a maternity hospital. ‘Preference for normal delivery’ and ‘cleanliness’ falls next in the order. ‘Standard of facilities’ is taken into consideration only after these variables are well-thought-out. ‘Experience of the family members’, ‘Friends and neighbours suggestion’ and ‘Personal experience of the hospital’ are given lesser importance than the above discussed variables. ‘Waiting time in the waiting room’ and ‘Proximity’ are the variables which are given the least importance by the respondents as they are willing to wait for hours and travel through many kilometers for each antenatal visit to get quality care and treatment from an experienced specialist.

Eighty eight point seven per cent of the respondents have not approached these hospitals for fertility problems. Only eleven point three per cent have visited them for fertility reasons and continued treatment till their child birth.

Among the respondents who have undergone fertility treatment in these hospitals 52.9 per cent of the respondents have endured treatment for more than 6 months and 47.1 per cent of them have undergone treatment for less than six months.
• Majority (52.5 per cent) of the respondents have chosen these maternity hospitals for delivery purpose as they feel a home like atmosphere where all their family members have delivered their children previously. Thirty per cent have preferred them through word of mouth references.

PREGNATAL CARE

• Majority of the respondents (70.7 per cent) prefer to have all their checkups in the same hospital from the first trimester onwards. Only twenty nine point three per cent have undergone treatment in other hospitals initially but have preferred these hospitals only for child births.

• Among those who have referred other hospitals for initial check ups 87.5 per cent of them have accessed other private hospitals and 12.5 per cent have visited government primary health centers.

• The study reveals that majority (87.7 per cent) of the respondents’ family members had prior experience with these hospitals which had influenced the respondent’s hospital choice for delivery and 12.3 per cent accepted that they were the first in their family to be admitted for child birth in these maternity hospitals.

• The study confirms that 89.7 per cent of the respondents who chose maternity hospitals for child birth select the same hospital for all their deliveries. Only ten point three per cent of them do switch over to other hospitals for successive deliveries.
Among those who have not preferred the same hospital for delivery 45.2 per cent of them have settled in another place after marriage did not consider it to be so vital to move back to the same hospital in their mother town. Thirty two point two per cent of them have resorted to another hospital for want of a normal delivery and 14.5 per cent were not comfortable with another obstetrician performing the delivery in the absence of the consultant physician and another eight point one per cent felt that there was lack of concern at the time of prior delivery which made them change their decision.

The study discloses that those majorities of the respondents (70.7 per cent) who have delivered in maternity hospitals approach the same doctor from their first trimester onwards for better understanding and to avoid future complications in delivery. Fifteen point seven per cent of the respondents have visited the health professional in their third trimester. And thirteen point seven per cent of them have encountered this doctor for the first time during their second trimester.

Majority (70.7 per cent) of the respondents have adhered to the recommendations of the health professionals and made regular visits to the same doctor in maternity hospitals. Only fifteen point six per cent of them had 2 – 4 checkups and 13.7 per cent had 5 -7 visits during their prenatal phase.

The study indicates that 50 per cent of the respondents had sufficient time to discuss their related issues with the doctor. Thirty eight per cent stated that
they were able to make inquiries to some extent and 12 per cent felt that hadn’t much time to talk about their concerns with the doctor.

- The study reveals that 66.3 per cent of the respondents who have undergone delivery in maternity hospitals have been scanned thrice during their pregnancy period. Twenty nine point three per cent of them have been scanned 4 – 6 times and only four point three per cent of them have been scanned for more than 6 times.

- The study reveals that the most common compliant of (28 per cent) pregnant women admitted for delivery in maternity hospitals was swelling of legs and 12.7 per cent of them had high blood pressure before delivery and 10.0 per cent had high albumin level. Five point eight per cent had high sugar levels and five point three per cent had thyroid complaint.

- Majority (82.8 per cent) of the respondents received sufficient explanation for the necessity of scanning during antenatal phase. Twelve point seven per cent responded that they were given explanation to a certain extent and four point five per cent replied that there was no proper explanation given for the necessity of scanning.

- The study reveals that 30.5 per cent of the respondents disagree to the opinion that they needn’t wait long for each ante natal visit. Twenty one point seven per cent did not indicate any opinion as to the waiting time. Nineteen point three per cent of them strongly felt that they had to wait too long to meet the health professional during each visit.
LABOUR AND BIRTH

- The study discloses that majority (60.8) per cent of the respondents have delivered before the due dates specified by the doctors. Twenty two point two per cent of them have delivered on due date. Only eleven per cent of them have delivered their babies in a maternity hospital after due date.

- Majority (67.2 per cent) of the deliveries conducted in maternity hospitals are done by consultant physicians only. Thirty point two per cent were conducted by the duty doctors and two point seven per cent were conducted by the midwives.

- The study exposes that 50.3 per cent of the respondents has delivered through caesarean and another 47.5 per cent of them have delivered through normal delivery and only two point two per cent of them have delivered through emergency caesarean.

- The common reasons for cesarean deliveries in these maternity hospitals indicate that 40 per cent were due to baby not in optimal delivery position and another 27.6 per cent were to primie caesarean and 20.3 per cent were due to fluid outbreak and suffocation and 12.1 per cent were due to breech delivery.

POSTNATAL CARE

- Majority of the respondents (81.2 per cent) who deliver in maternity hospitals experience a safe delivery without complications for both mother and child.
Only eighteen point eight per cent of the babies born there are admitted in a neonatal unit for further treatment to have a healthy baby.

- The study depicts that 38.9 per cent were transferred to a neonatal unit after delivery due to neonatal jaundice, 21.2 per cent were admitted for meconium aspiration and another 21.2 per cent of the babies were admitted for suffocation problems due to lack of oxygen during delivery and 18.6 per cent were admitted due to low birth weight.

- The study reveals that (48.7 per cent) admitted in the neonatal unit were treated for 3 – 5 days and 31.0 per cent were monitored for less than 2 days and 20.3 per cent of the babies were under treatment for 5 - 6 days.

- Majority (61.1) per cent of the respondents were satisfied with the information given on neonatal admission. Thirty eight point nine per cent of them stated that information was provided only to a certain extent.

- The study discloses that 51 per cent of the respondents are discharged within 5 - 6 days and 38.7 per cent of them are discharged after 3 – 4 days. Ten point three per cent of them are discharged within two days in maternity hospitals.

- Majority of the respondents (98.2) have mentioned that the treatment and care are of good quality and one point eight per cent has opined that they have experienced fair treatment.
SERVICE QUALITY DIMENSIONS

The service quality of the maternity hospitals have been analysed under five dimensions and findings with regard to the existing conditions under these attributes as well as the areas of concern are sorted out below:

- The physical environment of the maternity hospitals is one of the dimensions identified to assess their quality. This dimension has been assessed in terms of the diagnostic facilities available for treatment, existence of the neo natal intensive care unit for the treatment of the new born, hygienic conditions of the rooms, neat appearance of the nursing staff and other employees, adequacy of wards, beds and nursing staff and availability of amenities for the inpatients round the clock. Among these attributes neat appearance of the employees, and adequacy of the nursing staff are the features most satisfactorily found. Next in order, is the adequacy of wards and beds and diagnostic facilities like lab and scan. Subsequent to them is the cleanliness of the inpatient rooms. Continuous supply of amenities like electricity, water and canteen facilities and an updated neo natal intensive care unit are the physical inputs which were found to be lacking in the hospital set up.

- The regularity and consistency with which the hospital renders service has been assessed through various attributes through which it is found that the respondents do approach these hospitals because they experience a feeling of security in the treatment of the doctors. The doctor’s diagnosis of the patient’s condition and explanation given with regard to the treatment are also found to
be satisfactory. Next in order is the attitude of the doctors to welcome clarifications and doubts of the patients. It is also found the length of the stay is relevant and the patients are educated on diet and nutrition during inpatients’ stay in the hospital. Finally the respondents feel that the service charges are on the rise and the explanation given by the nursing staffs with regard to the medication process could be improved.

- Among the attributes which connote the responsiveness of the hospitals it is found that all maternity hospitals are prompt in carrying out the lab tests which are conducted regularly for the patients during their antenatal visits and most of them have flexible visiting hours. Following these it is also found that the nursing staffs show sincere interest in attending to the problems of the patients. Other than the nursing staff the employees are also willing to help the patients. The responses of the employees to the queries of the inpatients and the time frame for the availability of the lab results is quite unsatisfactory and do remain in the last two positions with least scores.

- With regard to the attributes which depict the courtesy and knowledge level of the hospital staff and employees it is found that the follow up advice, medication and instructions given on discharge are found to be highly satisfactory in these maternity hospitals. The support rendered by the nursing staff during labour and birth is also expressed to be commendable. Apart from these the politeness of the housekeeping employees and the attitude of the
nurses in conveying hospital rules have secured the least scores implying the need to consider improvement.

- Compassion of the health professional and nursing staff in rendering maternity services is vital. It is found that the nursing staffs in these maternity hospitals do identify the needs of the patients and respect the feelings of the patients during pain, discomfort and nearness of delivery. It is recognized that individualised attention of the nursing staff towards the inpatients is found to be lacking when catering to the needs of many patients.

- An analysis of the service quality dimensions in each of the selected hospitals indicates the following results. With reference to Jagadha hospital the infrastructure of the hospital has to be improved as majority of the inpatients (86.7 per cent) feel that the facilities and amenities can be enhanced and provided round the clock to meet their necessities. Sixty per cent of the inpatients are satisfied with the consistent services rendered by the hospital but the approachability of the hospital is found to be low by 52.7 per cent which needs to be enhanced. The courtesy and empathy level exhibited by the staff while rendering service is also comparatively low in Jagadha hospital.

- With reference to Janet hospital majority of the inpatients (76 per cent) have consented that the wards and infrastructure is convenient for all income groups to suit their needs. The attitude of the doctors in attending the patients’ queries and explaining the conditions and the availability of the doctors round the clock in emergency services is acknowledged by a majority of 56.7 per cent.
The willingness of the employees to help the patients and the interest shown by the nurses to solve the medical problems of the inpatients are also found to be satisfactory by 52 per cent of the inpatients. The nurses are also found to be empathetic while rendering services. The courtesy and politeness with which the services are tendered can be extended at all times.

- With reference to Shyamala hospital the infrastructure is home like and found to be hygienic and congenial for majority of all inpatients (53.3 per cent). They enjoy a secured feeling in the treatment of the doctor and find the length of the stay (5 to 6 days) appropriate to make them fit enough to continue their normal life. With regard to the access to the hospital the strict visiting hours and rules are quite inconvenient for the patients to follow. The courtesy and politeness with which the services are tendered can be provided at all times. The employees and nursing staff are found to be empathetic towards the inpatients.

- With reference to Pankajam hospital the infrastructure has been modernized and made comfortable for the middle and higher income group with all facilities and amenities inside the premises. The hospital charges are found to be quite higher and inconsistent with other hospitals. The nursing staffs as well as the employees are very much helpful and concerned in solving the queries and needs of the patients whenever necessary. The attitude of the employees could possibly be more empathetical in nature.

- With regard to the prioritization of the dimensions by the maternity hospitals it is found that they give prime importance in creating a feeling of security about
delivery and child birth by addressing patient queries and providing consistent and the regular inpatient services which is indicated by a weightage of 25 per cent. Setting up of a congenial environment with adequate facilities and amenities to ensure safe delivery and noble care is given next priority with a weightage of 22.3 per cent. The approachability of the hospital nurses and other employees in tendering services stands next in the priority as expressed by the maternity units with a weightage of 20 per cent. The professionalism and the competence of the nursing staff expressed in delivering courteous services is the next important dimension which is indicated by 17.3 per cent. The empathy expressed by the hospital staff implies that the existence of this element is considerably low as 15.4 per cent and requires improvement to enhance the quality of the maternity units.

- Seventy seven point three per cent of the inpatients are satisfied with the hospital services experienced by them during child birth in these maternity hospitals and only three point two per cent have expressed dissatisfaction because of their unmet demands during inpatient stay.

- Among the respondents who have preferred maternity hospitals middle income group people (those families which earn a monthly income between ₹. 15,000 - ₹.45, 000) who are either employed in private concerns or engaged in small business constitute the majority. Such categories of people residing in close proximity as well as from nearby villages approach these hospitals. The respondents have either completed schooling or graduation but majority of
them are house wives. This is statistically proven through a Chi square analysis which indicates that there are significant relationships between the educational qualification, occupation, income and proximity of the respondents and their choice of a maternity hospital.

- The ANOVA test shows that the respondents with higher educational qualifications do feel the importance of having a good physical set up with necessary amenities and facilities and regular and consistent services in assessing the quality of the hospitals than others. But there is a similarity in opinion in assessing the quality aspects with regard to access, compassion and sympathy, courtesy and knowledge of the staff in confiding trust among patients.

- The ANOVA test shows that the respondents in government departments and professionals do feel the importance of having a good physical setting with necessary amenities and facilities and have emphasized more importance towards regular and consistent services as well addressing patient queries in assessing the quality of the hospitals. Whereas respondents of various professions and occupation have expressed similarity in opinion in assessing the quality aspects with regard to access, compassion, sympathy, courtesy and knowledge exhibited by the staff to confide trust.

- The ANOVA test shows that the respondents belonging to the income category between \( \text{Rs. 30,000 - 45,000} \) and those earning above \( \text{Rs. 45,000} \) per month do feel the importance of having a good physical set up with necessary amenities
and facilities and give priority to regular and consistent services as well as addressing patient queries in assessing the quality of the hospitals. But there is a similarity in opinion among the respondents belonging to various income levels in assessing the quality aspects with regard to access, compassion, sympathy, courtesy and knowledge exhibited by the staff to create trust.

- The ANOVA test shows that the respondents visiting these hospitals from close vicinity (i.e) within 15 kms do feel the importance of having a good surrounding with necessary amenities and facilities, regular and consistent services with sufficient time allotted for addressing patient queries and approachable employees willing to help the patients in assessing the quality of the hospitals. But there is a similarity in opinion among the respondents arriving from various distances in assessing the quality aspects with regard to compassion, sympathy, courtesy and ability to inspire trust.

- The ANOVA test shows that there is there is a significant difference in the physical environment of the selected hospitals. The DUNCAN POST-HOC test is conducted to show that there is a significant difference in physical environment of the hospitals which are grouped into homogeneous subsets. The physical environment in Pankajam and Janet hospitals are similar with regard to facilities and amenities displaying a common atmosphere for the inpatients which is classified under group three whereas the physical environment of Shyamala hospital portrays a different set up from that of the prior group which is a quite home like atmosphere classified under group two.
and Jegatha hospital portrays a different set up which is primal than the above mentioned groups.

- The ANOVA test shows that there is no significant difference in the reliability attributes exhibited by all the selected hospitals. Hospitals do not display much difference while exhibiting their reliability aspects such as answering their queries of the patients and explaining the medication procedure to the inpatients regularly. The hospital charges are also quite similar and uniform in these maternity hospitals and unanimously all respondents feel a sense of security when treated by these specialists.

- The ANOVA test shows that there is significant difference in the responsiveness exhibited by the selected hospitals. The DUNCAN POST-HOC test is conducted to show how the hospitals differ in providing prompt services. The hospitals are grouped into homogeneous subsets based on similar performance in exposing their willingness to help the patients. Pankajam hospital is classified under group three with the highest mean value which reveals superior performance of factors reflecting responsiveness. Jegadha and Janet hospitals are classified under group two which indicates that both the hospitals exhibit similar performance with regard to responsiveness elements. Shyamala hospital is classified under group three which reflects a different level of performance than the other sample hospitals.

- The ANOVA test shows that there is no significant difference in the performance of the elements grouped under the dimension ‘assurance’ in the
selected hospitals. Maternity hospitals do bring forth trust and confidence among the customers while maintaining patient records, exercising moral support to the patients during labour and child birth and rendering necessary follow up advice on discharge. Employees are also found to be polite in housekeeping process and a comfortable atmosphere is felt by the patients.

- The ANOVA test shows that there is a significant difference in the empathy level of the selected hospitals. The Duncan post-hoc test is conducted to categorise the hospitals into homogeneous subsets based on the empathy level. Pankajam hospital is classified under group three which reflects individualized care and attention where the employees act in accordance with the needs of the patients to serve them at their best. Shyamala and Janet hospital are clustered under group two which display similar empathy level to their patients. Inpatients of both these hospitals feel that their doctors respect their feelings in labour and are compassionate towards them. Jegadha hospital is classified under group one where the empathy level is slightly lesser than the above stated groups.

- All the service quality dimensions have a significant influence on the satisfaction level of the patients. Among them reliability (regularity and accuracy in performance) and assurance (courtesy and knowledge of staff to inspire trust) dimensions significantly influence the satisfaction level of the respondents. This is statistically proven through the chi square analysis which indicates that there is significant relationship between existence of physical
environment, reliability, responsiveness, assurance and empathy related aspects in the hospital and the satisfaction of the respondents towards it.

- Cluster analysis is used to classify the respondents who have preferred maternity hospitals into various homogenous groups on the basis of self-reported importance attached to each factor of the choice criteria utilised in selecting such hospital. Three clusters are identified. Cluster one is named as impervious group, it includes people who are not moved by other people’s suggestions and opinion make their choice based on only their personal experience with that particular hospital. Most of the mothers in this group have been admitted for their second or third delivery and fall in the age group of 26-30 years.

- Cluster two is named as safety conscious. People under this group make a choice of maternity hospital based on the experience of the doctor. They believe that an experienced doctor would give time for a normal delivery to happen. They are more cautious to have a normal delivery which they consider is safe and easier to resume to normal life at the earliest.

- Cluster three is named as value conscious. People under this group make a choice of maternity hospital based on cleanliness, quality of care, proximity and the waiting time during each antenatal visit. They are basically value conscious and consider all relevant elements rather than emphasizing on normal delivery alone. Most of the patients under this group are graduates and earn more than Rs. 30,000 as their monthly income.
Conjoint analysis is done to determine the relative importance consumers attach to the elements and the utilities they attach to the levels of elements. The elements which affect the quality of a maternity hospital are identified with appropriate levels. It can be inferred that reliability elements are given the highest importance when assessing the quality of the maternity hospital. Physical facilities are the next important element considered. Responsiveness of the management, assurance and empathy elements stand next in priority. Looking at the levels which have the highest utility values among the elements, a physician who creates a feeling of security, with all facilities for treatment including a neo natal intensive care unit where the management is easily accessible and flexible to the needs of the patients with courteous staff who are empathetic towards the patients are highly preferred.

SUGGESTIONS

TANGIBILITY

Scanning facilities can be made available within the hospital premises as a proportion of the patients approach these hospitals from nearby villages. Travelling to the scanning centres outside the hospital and reporting back for the advice on the scanning reports to the hospital are highly inconvenient for the patients especially during the final tri mester; this can be considered by the doctors to provide this facility nearer or within the premises if possible.
• Neo natal intensive care units are not fully equipped in these hospitals. Certain of the babies born with complications like neonatal jaundice, meconium aspiration and suffocation problems and which need to be monitored specially are being transferred to multispecialty hospitals for further treatment. It is preferable if the management is able to provide neo natal intensive care units within the hospital premises to avoid transferring new born to other multispecialty which is highly inconvenient for the patients as well as those accompany them.

• Canteen facilities though available are not sufficient to meet the entire needs of the respondents. This issue can also be considered by providing sufficient catering facilities to those who approach the hospitals from distant places.

• Incase of maternity hospitals with many storeys additional washrooms can be provided in each floor to make it convenient for the caesarian section patients. Water facilities for drinking and washing should also be available round the clock.

• More nursing staff and Assistant Nursing Midwife have to be employed, proportion to the bed strength of the hospital to meet the urgent needs of the new born and the mothers.

• During seasons of power cut and water scarcity the inpatients intensively feel the necessity of these amenities therefore, the management should take proper steps to ensure adequate power supply through generator and sufficient supply of water for drinking and washing facilities.
• In general, hospitals are associated with infection and so patients expect that hospitals should have neat and clean surroundings. Hence the management should concentrate on the neatness of the hospital such as frequent cleaning the floor, changing the bed spread and pillows providing the dust bin, use of gloves and dresses by employees. It may treat more patients in future.

RELIABILITY

• During the prenatal visits the patients feel that there was no privacy to discuss their doubts and clarifications on pregnancy with the doctor. As they had to attend many patients per day two patients are allowed inside the doctor’s room at a time, eventhough they consult one by one. This routine attention can be changed to allow the patients feel free to clarify their prejudices and doubts regarding pregnancy.

• During the antenatal visits the doctors advise a lot about the diet and nutrition to be taken by the respondent for the growth of the baby but after birth and during discharge they feel that not much information is given to them about their diet to regain their normal strength.

RESPONSIVENESS

• The nursing staffs are available round the clock on shift basis to take care of the needs of the inpatients. It is they who execute the orders of the health professionals. Respondents do feel that the staffs do not explain the treatment procedure properly. The management should take care that sufficient nursing
superintendents are there, for each floor; in case of comparatively smaller hospitals at least one head nurse should coordinate the functions of the other nurses.

- Especially during night duty the nurses available to meet casualities are inadequate; therefore, it is essential that at least a junior doctor is available in the absence of the gynecologist during late hours.

- The time span within which the lab results are made available should be reduced to avoid the delay of long waiting queues. The management should take steps to see that the results are made available in a swift manner.

- The hospital employees should inform the patients regarding their exact problems and when services are performed. Otherwise patients may get anxiety, worries and develop lack of confidence. So the proper timings should be informed to the patients regarding the service of the patients.

**ASSURANCE**

- The visiting hours can be made flexible and elder children can be permitted to visit their mothers during their stay. The inpatient mothers find it very difficult as the management of some maternity hospitals do not allow small children to visit their inpatient mothers even during visiting hours. For reason of infection the number of visitors can be restricted.
EMPATHY

- Among the attributes which depict empathy level of the hospital it is identified that individualised care is expected by the patients. Therefore, the management can take steps to improve the one to one care given to the patients by recruiting a counselor for the hospital who can strengthen the relationship of the hospital with the inpatients to identify the unexploited needs and at the same time enhance the loyalty of the patients.

CONCLUSION

Nowadays hospitals are pressurised more than ever to improve their performance, satisfy patients and drive for increased profitability. As a result, administrators are continually searching for affordable solutions to satisfy critical business objectives, to be competitive in the fast world. Female-specific healthcare especially maternity care demand personalised care from professionals that are sensitive to their cultural and religious beliefs. They want support from their families, friends, physicians, midwives and nurses. These maternity hospitals are chosen by the people based on their conceptions that a safe normal delivery will occur with the assistance of the health professionals who have expertised in this field for a decade or more. The research demonstrates that most of the mothers wish for a safe, nurturing place with well-trained nurses to care for both the mother and the new born. It is not merely the financial and physical access that is important but also the method of delivery, the availability of various facilities and
the interpersonal and diagnostic aspect of care that matters much to the people.

The results show that ‘SERVQUAL’ is a valid, reliable, and flexible instrument to monitor and measure the services quality in private maternity hospitals. Service quality model highlights the main requirements for delivering high service quality which constitutes five aspects such as Reliability, Assurance, Tangibility, Empathy and Responsiveness. Among them Reliability is the most significant dimension prevalent in the maternity hospitals. The feeling of security which the patients experience in the treatment of the doctor is the essential feature which attracts many people to these maternity hospitals during child birth. The explanation given by the doctors about the treatment procedure and their tendency to welcome queries and doubts of the respondents make them feel comfortable. The presence of all facilities and amenities such as lab, scanning facilities, pharmacy, water supply, canteen and consistent power supply within the premises round the clock is next dimension that is predominant in these hospitals. But an updated neonatal care unit is a requirement of all maternity hospitals. The responsiveness dimension which relates to the accessibility of the hospital nurses and other employees in tendering services is expressed as the next significant dimension prevalent in these maternity units. The performance of lab tests promptly whenever necessary and the sincere interest shown by the nurses and other staff in solving the respondents problems are the highlighted features in this area. The Assurance dimension stands next which relates to the professionalism and the competence of the nursing staff along with courteous services and
rendering proper follow up suggestions at the time of discharge to assure them that they will restore normality at the earliest are notable features in this dimension. Empathy is found to be the last dimension extant in maternity hospitals. The doctors’ respect for the feelings of the inpatients during labour, and the employees’ tendency to identify the needs of patients when required are notable attributes in this area.

Among the dimensions highlighted reliability and physical environment have contributed more towards the satisfaction of the respondents whereas empathy, assurance and responsiveness still need to be improved. The efforts for quality improvement in private hospitals is advised mostly to focus on modernizing equipments, especially with neonatal intensive care to treat the newborn with complications such as neonatal jaundice, low birth weight and fluid intake. Individualised care and attention, politeness in educating the hospital rules, availability of the lab tests within the stipulated time frame, and explanation of the medication process thoroughly by the nurses, are the other areas which require more attention.

An individual analysis of the selected hospitals in the study depicts that, in Jegatha hospital Reliability aspects such as feeling of security in doctors’ treatment and their attitude in addressing the patient queries are noteworthy. Courtesy and knowledge of the staff and their willingness to help and support the patients with prompt responses to their needs are the areas which have to be enhanced in this hospital. Shyamala hospital has established a better recognition
among the respondents. Here the doctor’s attitude and communication level in explaining the conditions during prenatal visits and the normal hospital charges imposed for the services, hygienic conditions and homelike atmosphere of the hospital have been highly valued. Individualized care, strict in conveying rules especially visiting hours and the inconvenience experienced by the respondents who come from far off places due to non-availability of lab facilities within the hospital premises are the areas of concern. Janet hospital has been recognised for its standard quality of services next to Pankajam hospital by the respondents. In Janet hospital the doctor-patient communication and the feeling of security experienced in the treatment of the doctors, hygienic conditions and cleanliness of the hospital are highly appreciable. Availability of the lab tests within the stipulated time frame and the attitude of the nurses in conveying the hospital rules need to be improved to increase the quality of services. Among the selected hospitals the respondents have acknowledged the superior service quality in Pankajam hospital. Here the doctor’s professionalism in explaining the condition of the patients during prenatal visits and the experience of the doctor through generations in maternity services has created a feeling of security amidst the respondents who approach this hospital. Hygienic conditions and cleanliness of the hospital with lab and pharmacy facilities and all amenities within the roof, ease of access of the hospital staff and the responsiveness of the employees in responding to the patients queries about the hospital rules are highly appreciable.
but the hospital charges for treatment are found to be comparatively high which is the only area of concern of many people.

Thus the ‘SERVQUAL’ model when adapted by hospitals identifies the areas of concern, which, when taken into consideration will enhance the quality of services that make them remain not only competitive but also to retain their loyal customers in the years to come.