CHAPTER - II

OBJECTIVES AND METHODOLOGY

The main aim of this Chapter is to define the objectives of the study, outline the methodology employed for carrying out the research study and elucidate various concepts related to this problem and to review the existing literature on Patient Centered Care / Patient Satisfaction among the Hospitals in Guntur District of Andhra Pradesh State.

THE STUDY

The literature available, clearly indicates that much work has been done on various aspects of healthcare organizations such as its development, techniques regarding reducing different costs, optimum utilization of services, maintenance of bed-nurse ratio, doctor-patient ratio etc. But the phenomenal growth in the field of healthcare and the extraordinary increase in the volume and diversity of these activities and efforts at various levels have imposed heavy strain on existing administrative structure and organization in the hospitals. It is unfortunate that problems in management aspects have not received adequate attention. Though the government and management scientists entered this field and made trials for improvement, the results were moderate and not satisfactory.

Majority of the hospitals in India follow the western system of medicine and public hospitals today are exclusively run in the administrative framework designed by the Britishers in the 19th century1.

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1 Carol Ann Huss, Study of Planned Organizational Change in the structure and functioning of Indian Hospitals, a published doctoral thesis submitted to Delhi University, Voluntary Health Association of India, 1973.
This type of traditional management leads to crisis in hospitals owing to an increase in population and inadequate availability of facilities. Both the central and state Governments have multiplied their investments on health sector since the First Five Year Plan. Even though government spends crores of rupees in this area, patient satisfaction levels are very low and hospitals continue to deteriorate. The private hospitals exploit the patients without providing adequate facilities to the needy. These traditional and rigid organizations fail to respond effectively to the problems of developing needs of the society.

At present, most of the hospitals are run by the Superintendent who is the senior-most physician, with a small number of administrative staff. The administrative body generally tends to rely on rules, procedures and techniques which have not changed over the years. A good doctor may not be a good administrator. He himself is a doctor and has to attend to many administrative matters. It is very difficult to attend to both kinds of duties effectively. Time has changed and specialization has become the order of the day. In view of the tremendous expansion in health services, it has become essential to have specialists or experts not only in their fields but also in other fields of hospital administration so that maximum efficiency can be achieved at a minimum cost.

The rapidly rising number of patients and the inadequate expansion of hospitals and medical services have thrown the administrative machinery completely out of gear. It is therefore, imperative to have separate specialists for general administrative and personnel functions in the hospitals. Moreover, earlier the patients used to favour a good doctor. In the recent years the patient shifted his interest to availability of facilities in a hospital. Now the patient trusts a hospital with well-reputed
doctors. In this context, it is necessary to have a separate cadre of administrators who combine some knowledge of medical system with sound management principles.

In the present changed scenario, the public shows interest on corporate hospitals which run their organizations on scientific principles. Some of the distinct features of these corporate hospitals are (a) provision of sophisticated services in various fields of specialization, (b) availability of all diagnostic facilities under one roof and (c) availability of different specialists without any delay or inconvenience. Corporate hospitals make these facilities possible only with proper administration of management functions. In practice, corporate hospitals also have some drawbacks. Basically, an average Indian citizen is not in a position to go to corporate hospital because of non-affordability. Middle-income group and low-income group are not in a position to use this facility because if a patient wants to have a kidney transplantation, he has to spend Rs.1 50,000 to Rs.2,00,000 as package amount. For coronary bypass surgery (CABG), one has to spend nearly Rs.1,50,000. In this context, the question arises as to how many patients can utilize these services. The answer is clear. Only higher income group can afford, leaving all the other groups out of the reach.

**OBJECTIVES OF THE STUDY**

It is in this background that this research study has been taken up to find how far the hospitals in Guntur have become patient centered hospitals. The type of problems the administrators and doctors are encountering in modifying the traditional hospitals into modern hospitals and suggest some measures for providing better health care while
satisfying and delighting the patients. The study especially aims at the following objectives:

1. To study the healthcare system in India
2. To analyze the factors responsible for creating patient centered hospitals
3. To elicit the feelings and problems of the doctors, nursing staff, paramedical staff and administrators of selected hospitals in the creation of patient centered hospitals.
4. To know the perceptions of out-patients and in-patients of selected hospitals and availability of patient care in selected hospitals.
5. Finally to suggest some measures for policy makers, including the government and the administrators of hospitals, doctors, nursing and paramedical staff for creating, running and managing patient centered hospitals.

**Hypothesis:**

Most of the hypotheses developed for the study are based on commonly held notions. The hypotheses framed for this purpose are—

1. All the selected hospitals failed in creating patient centered environment due to their own inherent problems.
2. There is a gap in the perceptions of the doctors, nurses and the paramedical staff on the environment created for achieving patient centered hospital.
3. There is a gap between the service promised and the service provided in addition to the expectations and perceptions of the patients of selected hospitals.
Scope of the Study:

The scope of the present study extends to analyze how far the management functions are carried out effectively to satisfy their Out and In-patients in sample units. The assumption is that the hospitals run on sound management principles will excel and patient satisfaction will be high i.e. if the principles of management which are universal in nature are practiced properly, problems may not arise and even if they arise, they can be easily solved. For this purpose, it is proposed to elicit the perceptions from the management, doctors and nursing staff. The study however excludes the paramedical staff due to time constraints and poor capabilities in quantifying their qualitative attitudes. Other problems like workers’ participation in management, political interference and finance related aspects are also excluded. Bed capacity, size, super specialties offered are taken as basis for sample selection.

In the next step, an attempt has been made to elicit the opinions from patients, because every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. It gives new ideas and suggestions. One must admit that there are lots of things which could be altered. Moreover, the concept, scope and philosophy of the hospital of today are far different from those of the past. Once upon a time, the hospitals were regarded as curative institutions and today these hospitals are being recognized more and more as social institutions and the focal point is patient’s satisfaction.

In order to find out an answer to the question on how far the high-tech super-specialty hospitals have attained their organizational goals, one has to take the institution into account. Patients’ perceptions about
medical care are increasingly important because the success of a hospital depends on the satisfaction of the users. Moreover an organization exists to achieve its goal; and the goal of a hospital, whatever one may say, is always primarily to provide highest quality of patient care. For this one has to determine what questions could be put to the patient and which needs are important to satisfy the patient. There are various factors which influence a patient’s expectations. Some of the expectations include efficiency, confidence, helpfulness, personal interest and reliability. These are intrinsic factors. External factors like media influence and experience of others also influence a patient’s response. Hence, a study is undertaken to identify the various factors influencing patients’ satisfaction in the three sample hospitals that are having similar and identical facilities.

RESEARCH DESIGN

This study is mostly exploratory in nature and it aims at discovering general problems in providing patient centered care and variables related with it. In this part, an attempt has been made to explain the research design, the procedure of sample selection, methodology used in data collection, analysis, and presentation.

METHODOLOGY OF THE STUDY

The present study is an attempt to probe into both public and private healthcare hospitals in Guntur, A.P. and examine the performance of each sector. Private, in this study refers to the corporate sector in health care and government and public sector are used interchangeably. The scope is so vast that the effort in this study is limited to public, private and Government hospitals.
Selection of Sample Hospitals: The Researcher has selected three different hospitals in Guntur city. They include:

1. **GGH (Government General Hospital)** which is still running on traditional management principles, completely owned by Government.

2. **NRI (Non Residential Indians) Hospital** Corporation Limited which runs on modern scientific and high tech lines, under the control of a private management.

3. **St. Joseph’s General Hospital** is a Pioneer Mission Hospital in South India. It is a non-profit voluntary organization administered by the “Society of Jesus, Mary Joseph”.

History of Selected Hospitals:

1. **Government General Hospital (GGH):** It is a premier medical center rendering human service in the field of medical care in the Guntur District. It was started with the mission of providing better patient care, to the needy and poor, cost free. The institute is having a bed capacity of 1177, which includes super specialty beds, emergency beds and general beds. The institute is having 175 doctors i.e. 30 professors, 145 civil assistant surgeons and nearly 174 nursing staff. There are non gazette and class IV employees along with house surgeons and student nurses.

2. **NRI General Hospital:** It was established in the year 2003. It is promoted by Non-Residential Indian doctors from U.S., who basically belong to Guntur and Krishna district, with the vision to provide
quality health education to the aspiring young generation of our country and at the same time deliver modern super speciality health care to the rural population at an affordable cost. Initially, it was started with a bed capacity of 350. At present the bed capacity is 750. It consists of Super specialty beds, emergency beds, casualty beds, intensive care beds and general beds. The institute is having above 220 doctors i.e. professors civil assistant surgeons and nearly 350 nursing staff and 200 paramedical staff. There are Non gazettes and class IV employees along with medical and nursing students.

3. St. Joseph’s General Hospital: St. Joseph’s General Hospital is a pioneer mission hospital in South India. It is a non-profit voluntary organization administered by the “Society of Jesus, Mary, and Joseph” (JMJ). It was established as a dispensary in 1904 with the arrival of J.M.J. Sisters from Holland, to cater to the medical needs of the people, especially women and children. It is ideally located in the heart of the city, is easily accessible and it serves patients not only from Guntur but from the neighbouring districts too. Due to the vision and mission of many committed professionals and the quality of the services rendered, the hospital has grown in size as well as popularity and has been expanded many times over a long period of a 106 years of existence. The hospital presently has a bed strength of 250 and is equipped with the latest hi-tech precision instruments. It is working with 25 full fledged departments including Critical Care Unit with a 15 bedded state-of-the-art emergency medical unit with the facilities for providing multi parameter, Haemo dynamic monitoring and total ventilator support for the critically ill patients. It is having 8 wards with 90 doctors more than 160 nursing staff, 70 paramedical staff and 80 ministerial staff. It is a beacon of hope, affordable to many, while
it keeps abreast with the latest break through in medicine. The hospital extends services round the clock and it consists of all the medical and surgical speciality departments. It is having doctors, nursing staff, paramedical staff and ministerial staff. (The complete picture about the hospitals is given in appendix).

Selection of Sample Doctors, Nursing staff, Patients and others:

There are more than 300 hospitals in Guntur alone. It is difficult for a researcher to take up all the hospitals and study the existing management patterns. For this reason a detailed study of three super-speciality hospitals that run on different lines were taken up for study. A study of management practices in the selected hospitals led the researcher to propose suggestions with respect to suitable management structures. In each hospital, the sample is taken from five categories after giving adequate representation to all classes. These five classes include (1) Chief Executives of the three hospitals (2) Doctors (3) Nursing Staff (4) Patients both inpatients and outpatients. The analysis relating to patients is dealt with in Chapter-V.

The table II.1 presents the information pertaining to three selected super speciality hospitals.
Table - II.1

Information Relating to Sample Hospitals

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>Government General Hospital</th>
<th>NRI General Hospital</th>
<th>St. Joseph’s General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>1</td>
<td>Chief Executives</td>
<td>01</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>2</td>
<td>Departmental Heads</td>
<td>25</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Doctors (excluding visiting doctors)</td>
<td>150</td>
<td>200</td>
<td>75</td>
</tr>
<tr>
<td>4</td>
<td>Nursing staff</td>
<td>174</td>
<td>350</td>
<td>160</td>
</tr>
<tr>
<td>5</td>
<td>Paramedical staff</td>
<td>86</td>
<td>200</td>
<td>70</td>
</tr>
<tr>
<td>6</td>
<td>Out patients (per day)</td>
<td>1100 (app)</td>
<td>1300 (app)</td>
<td>300 (app)</td>
</tr>
<tr>
<td>7</td>
<td>Beds</td>
<td>1177</td>
<td>750</td>
<td>250</td>
</tr>
</tbody>
</table>

The table II.2 depicts the information regarding the sample size after giving adequate representation to all classes.

Table - II.2

Sample Size of Selected Hospitals

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>Government General Hospital</th>
<th>NRI General Hospital</th>
<th>St. Joseph’s General Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chief Executives</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Doctors</td>
<td>80</td>
<td>80</td>
<td>60</td>
<td>220</td>
</tr>
<tr>
<td>3</td>
<td>Nursing staff</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>360</td>
</tr>
<tr>
<td></td>
<td>PATIENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Outpatients</td>
<td>225</td>
<td>200</td>
<td>150</td>
<td>575</td>
</tr>
<tr>
<td>5</td>
<td>Inpatients</td>
<td>300</td>
<td>200</td>
<td>150</td>
<td>650</td>
</tr>
</tbody>
</table>

The Questionnaire was distributed to all the Chief Executives in sample hospitals under study for information to be elicited. The opinions of chief executives were mentioned wherever necessary. Further this scholar visited and spends long time in this hospital practically and
observed the management of the selected hospitals. These observations also quoted in specific places.

The questionnaire for departmental heads was distributed. The questionnaires developed for doctors were distributed; Out of 175 doctors that are in Government General Hospital, 85 respondents were selected as sample by using stratified random sampling method. But 05 responses were found faulty and deleted and only 80 respondents were taken for final analysis. Out of 220 doctors in NRI, 80 doctors were selected for sample survey and finally 80 were taken for analysis. Among 90 doctors in St. Joseph’s General Hospital, 60 doctors were taken as sample and all the response sheets were taken for final analysis. In the case of questionnaire developed for Nursing Staff, out of 174 nurses who are on roll, 120 (two third of 174) were taken as a sample by using stratified random sampling, and 120 responses were taken for final analysis. Of 350 nurses in NRI General Hospital, 120 were selected as a sample which constitutes one third of 350, and 120 response sheets found fit for analysis. In the case of St. Joseph’s General Hospital among 160 Nursing Staff, 125 were taken as sample and finally 120 were taken as a sample for study after careful scrutiny. The sample was finalized accordingly.

**Selection of sample doctors:**

The table II.3 presents the information pertaining to the Department, Designation, Pay scale, Age, Qualifications and Experience of the sample Doctors in selected hospitals.
## Table – II.3

### Department, Designation, Age, Qualifications and Experience of the sample Doctors in Selected Hospitals

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>GGH</th>
<th>NRIGH</th>
<th>STJGH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Medicine</td>
<td>24 (30.0)</td>
<td>24 (30.0)</td>
<td>18 (30.0)</td>
<td>66 (30.0)</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>22 (27.5)</td>
<td>18 (22.5)</td>
<td>19 (31.7)</td>
<td>59 (26.8)</td>
</tr>
<tr>
<td></td>
<td>Specialties</td>
<td>34 (42.5)</td>
<td>38 (47.5)</td>
<td>23 (38.3)</td>
<td>95 (43.2)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>80 (100.0)</td>
<td>80 (100.0)</td>
<td>60 (100.0)</td>
<td>220 (100.0)</td>
</tr>
<tr>
<td>2</td>
<td>Designation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOD</td>
<td>28 (35.0)</td>
<td>24 (30.0)</td>
<td>12 (20.0)</td>
<td>64 (29.1)</td>
</tr>
<tr>
<td></td>
<td>Associate Professor</td>
<td>24 (30.0)</td>
<td>19 (23.7)</td>
<td>24 (40.0)</td>
<td>67 (30.5)</td>
</tr>
<tr>
<td></td>
<td>Asst. Professor</td>
<td>28 (35.0)</td>
<td>21 (26.3)</td>
<td>12 (20.0)</td>
<td>61 (27.7)</td>
</tr>
<tr>
<td></td>
<td>Senior Resident</td>
<td>0 (0.0)</td>
<td>16 (20.0)</td>
<td>12 (20.0)</td>
<td>28 (12.7)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>80 (100.0)</td>
<td>80 (100.0)</td>
<td>60 (100.0)</td>
<td>220 (100.0)</td>
</tr>
<tr>
<td>3</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26 to 35</td>
<td>32 (40.0)</td>
<td>32 (40.0)</td>
<td>12 (20.0)</td>
<td>76 (34.5)</td>
</tr>
<tr>
<td></td>
<td>36 to 45</td>
<td>24 (30.0)</td>
<td>20 (25.0)</td>
<td>24 (40.0)</td>
<td>68 (31.0)</td>
</tr>
<tr>
<td></td>
<td>46 Above</td>
<td>24 (30.0)</td>
<td>28 (35.0)</td>
<td>24 (40.0)</td>
<td>76 (34.5)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>80 (100.0)</td>
<td>80 (100.0)</td>
<td>60 (100.0)</td>
<td>220 (100.0)</td>
</tr>
<tr>
<td>4</td>
<td>Qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduation</td>
<td>18 (22.5)</td>
<td>19 (23.8)</td>
<td>6 (10.0)</td>
<td>43 (19.5)</td>
</tr>
<tr>
<td></td>
<td>Post Graduation</td>
<td>14 (17.5)</td>
<td>20 (25.0)</td>
<td>15 (25.0)</td>
<td>49 (22.3)</td>
</tr>
<tr>
<td></td>
<td>Super Specialization</td>
<td>48 (60.0)</td>
<td>41 (51.2)</td>
<td>39 (65.0)</td>
<td>128 (58.2)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>80 (100.0)</td>
<td>80 (100.0)</td>
<td>60 (100.0)</td>
<td>220 (100.0)</td>
</tr>
<tr>
<td>5</td>
<td>Experience in Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 to 5</td>
<td>32 (40.0)</td>
<td>28 (35.0)</td>
<td>12 (20.0)</td>
<td>72 (32.7)</td>
</tr>
<tr>
<td></td>
<td>6 to 10</td>
<td>24 (30.0)</td>
<td>40 (50.0)</td>
<td>24 (40.0)</td>
<td>88 (40.0)</td>
</tr>
<tr>
<td></td>
<td>11 years and above</td>
<td>24 (30.0)</td>
<td>12 (15.0)</td>
<td>24 (40.0)</td>
<td>60 (27.3)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>80 (100.0)</td>
<td>80 (100.0)</td>
<td>60 (100.0)</td>
<td>220 (100.0)</td>
</tr>
</tbody>
</table>
Table II.3 describes the Department, Designation, Age, Qualifications and Experience of the sample Doctors in three selected Hospitals.

1. **Department:** Through the table – II.3 the researcher tried to elicit the information regarding the department to which the respondents belonged. Out of 220 respondents, 30% respondents belonged to medical departments, 26.8% respondents belonged to surgical departments while a majority i.e., 43.2% respondents belonged to other speciality departments. Among the total respondents in Government General Hospital, 27.5% belonged to surgical department, 30% to medical department and 42.5% to other speciality departments. In NRI Hospital out of total respondents, 30% are in medical department, 22.5% in surgical department and 47.5% in other specialty departments. Among total respondents from St. Joseph’s General Hospital 30% belonged to medical department, 31.7% to surgical department and 38.3% to other specialty departments. From the above analysis a conclusion may be drawn that in all the three hospitals the respondents are almost equally distributed among medical, surgical and other speciality departments with very little variations.

2. **Designation:** According to the distribution of respondents based on their designation, out of 220 respondents, 29.1% were HODs, 30.5% were Associate Professors, 27.7% were Asst. Professors while only a small 12.7% were Senior Residents. Of the total respondents in Government General Hospital 35% were HODs, 30% were Associate Professors and 35% were Assistant Professors. In NRI General Hospital out of total respondents, 30% were HODs, 23.7% were Associate Professors, 26.3% were Asst. Professors and 20% (16)
were Senior Residents. In St. Joseph’s General Hospital, out of total respondents, 20% were HODs, 40% were Associate Professors, 20% were Asst. Professors and 20% were Senior Residents. From the above discussion it may be concluded that medical faculty was appointed as per the requirement of each hospital.

3. **Age:** With regard to the age of the sample doctors, out of 220, 34.5% were from the age group between 26-35 years, 31% were from the age group 36-45 years, followed by 34.5% in the age group of 46 and above. Of the total respondents in Government General Hospital 40% belonged to the age group 26-35 years, 30% were in the age group 36-45 years, while 30% were in the age group 46 and above. In case of NRI General Hospital, 40% were in the age group 26-35 years, 25% in the age group 36-45 years and the remaining 35% were in the age group 46 years and above. In St. Joseph’s General Hospital 20% were in the age group 26-35 years, 40% in the age group 36-45 years and the remaining 40% were in the age group 46 years and above. From the above discussion it may be stated that out of total respondents most of them belonged to the age group of below 35 years and above 45 years.

4. **Qualification:** The qualification of the respondents under study reveals that out of 220 sample doctors, 58.2% had Super Specializations, followed by 22.3% of the sample who had the Post-Graduation while only 19.5% were Graduates. Of the total respondents in Government General Hospital, 60% had Super Specialization, 17.5% had Post-Graduation and 22.5% had Graduation. In case of NRI General Hospital, 51.3% had Super Specialization, 25% Post Graduation and only 23.8% had Graduation.
In St. Joseph’s Hospital 65% had Super Specialization, 25% had Post Graduation while only very limited number of the sample i.e., 10% had Graduation. From the above discussion it may be observed that a significant percentage of doctors had Super Specialization as their qualification.

5. **Experience:** Regarding the experience of the sample doctors, among 220 respondents, 32.7% had 1-5 years of experience; 40.0% had 6-10 years of experience; while 27.3% had 11 years and above. Out of total respondents from GGH, 40% had 1-5 years of experience, 30% 6-10 years and the remaining 30% had 11 and above years of experience. Out of total respondents in NRI Hospital, 35% had 1-5 years, 50% had 6-10 years, followed by 15% had 11 years and above. In St. Josephs’ Hospital, out of total respondents 20% had 1-5 years of experience, 40% had 6-10 years of experience and 40% had 11 years and above experience. From the above discussion, it can be said that most of the respondents in NRI & St. Joseph’s hospital had 6-10 years of experience, while in GGH considerable number of respondents had less than 5 years of experience.

**Selection of the Sample of Nursing Staff:**

The table II.4 presents the information pertaining to the Department, Designation, Age, Qualifications and Experience of the Sample of Nursing Staff in selected hospitals.
### Table- II.4

Department, Designation, Age, Qualifications and Experience of the Sample of Nursing Staff in Selected Hospitals

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>GGH</th>
<th>NRIGH</th>
<th>STJGH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>General Medicine</td>
<td>32 (26.7)</td>
<td>28 (23.4)</td>
<td>28 (23.3)</td>
<td>88 (24.4)</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>32 (26.7)</td>
<td>48 (40.0)</td>
<td>28 (23.3)</td>
<td>108 (30.0)</td>
</tr>
<tr>
<td></td>
<td>Specialities</td>
<td>56 (46.6)</td>
<td>44 (36.6)</td>
<td>64 (53.4)</td>
<td>164 (45.6)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>360 (100.0)</td>
</tr>
<tr>
<td></td>
<td>Designation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Head Nurse</td>
<td>6 (5.0)</td>
<td>8 (6.7)</td>
<td>5 (4.2)</td>
<td>19 (5.3)</td>
</tr>
<tr>
<td></td>
<td>Staff Nurse</td>
<td>114 (95)</td>
<td>86 (71.7)</td>
<td>115 (95.8)</td>
<td>315 (87.5)</td>
</tr>
<tr>
<td></td>
<td>Multi-Purpose Health Workers</td>
<td>0 (0.0)</td>
<td>26 (21.6)</td>
<td>0 (0.0)</td>
<td>26 (7.2)</td>
</tr>
<tr>
<td></td>
<td>(MPHW (F))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>360 (100.0)</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>21 to 25</td>
<td>60 (50.0)</td>
<td>80 (66.7)</td>
<td>60 (50.0)</td>
<td>200 (55.6)</td>
</tr>
<tr>
<td></td>
<td>26 to 30</td>
<td>40 (33.3)</td>
<td>36 (30.0)</td>
<td>48 (40.0)</td>
<td>124 (34.4)</td>
</tr>
<tr>
<td></td>
<td>31 to 35</td>
<td>20 (16.7)</td>
<td>4 (3.3)</td>
<td>12 (10.0)</td>
<td>36 (10.0)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>360 (100.0)</td>
</tr>
<tr>
<td></td>
<td>Qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Diploma</td>
<td>108 (90.0)</td>
<td>112 (93.3)</td>
<td>72 (60.0)</td>
<td>292 (81.1)</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>12 (10.0)</td>
<td>8 (6.7)</td>
<td>48 (40.0)</td>
<td>68 (18.9)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>360 (100.0)</td>
</tr>
<tr>
<td></td>
<td>Experience in Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Below 5 Yrs</td>
<td>38 (31.7)</td>
<td>94 (78.3)</td>
<td>88 (73.3)</td>
<td>220 (61.1)</td>
</tr>
<tr>
<td></td>
<td>5 to 10 Yrs</td>
<td>60 (50.0)</td>
<td>16 (13.4)</td>
<td>24 (20.0)</td>
<td>100 (27.8)</td>
</tr>
<tr>
<td></td>
<td>11 and Above Yrs</td>
<td>22 (18.3)</td>
<td>10 (8.3)</td>
<td>8 (6.7)</td>
<td>40 (11.1)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>120 (100.0)</td>
<td>360 (100.0)</td>
</tr>
</tbody>
</table>
Table II.4 describes the Department, Designation, Age, Qualification and Experience of the sample of Nursing staff in the three selected Hospitals.

1. **Department:** As per the department in which the Nursing staff were working, out of 360 respondents 24.4% were from medical department, 30% were from surgical department, and 45.6% were from speciality departments. The cross sectional analysis of the sample reveals that out of total respondents in GGH, 26.7% respondents belonged to medical departments, 26.7% respondents belonged to surgical departments and 46.6% respondents belonged to other speciality departments. Out of total respondents in NRI Hospital, 23.4% were from medical department, 40% from surgical department and 36.6% from other speciality departments. In St. Joseph’s hospital out of total sample respondents, 23.3% were from medical department, 23.3% from surgical department and 53.4% from other speciality departments. It may be concluded that Nursing staff were almost equally distributed among the departments in the three selected hospitals.

2. **Designation:** As per the information relating to the distribution of respondents based on their designation, out of total sample, 87.5% were Staff Nurses, 7.2% were MPHW (F) while only 5.3% were Head Nurses. In case of Government General Hospital, 95% were staff nurses while only a very small number that is 5.0% were Head Nurses. In NRI General Hospital, 71.7% were staff nurses, 21.6% were MPHW (F) and 6.7% were Head Nurses. Out of total respondents in St. Joseph’s General Hospital, 95.8% were staff nurses, 4.2% are Head Nurses. From the analysis it can be stated that
majority of the nursing staff were staff nurses in all the three hospitals. It was obvious from the data that only NRI hospital had 21.6% MPHW (F) among its Nursing staff.

3. **Age:** Regarding the age of the sample of nurses in the three hospitals, 55.6% were in the age group of 21-25 years, 34.4% were in the age group of 26-30 years and 10.0% in the age group of 31-35 years. Of the total respondents in the Government General Hospital 50% belonged to the age group of 21-25 years, 33.3% belonged to the age group of 26-30 years and 16.7% belonged to the age group of 31-35 years. In NRI General Hospital, 66.7% belonged to the age group of 21-25 years, 30% belonged to the age group of 26-30 years and only 3.3% belonged to the age group of 31-35 years. In St. Joseph’s General Hospital 50% belonged to the age group of 21-25 years, 40% to the age group of 26-30 years and 10% to the age group of 31-35 years. From the above discussion it may be concluded that majority of the Nursing staff were young belonging to the age group of 21-25 years.

4. **Qualification:** All the respondents were classified into diploma and degree holders. Out of total respondents in sample hospitals, 81.1% were diploma holders while only 18.9% were degree holders. In Government General Hospital, 90% were diploma holders and 10% were degree holders. In NRI General Hospital, 93.3% were diploma holders and 6.7% were degree holders. In St. Joseph’s General Hospital, 60% were diploma holders and 40% were degree holders. From the analysis it may be stated that majority of the nurses were diploma holders, and a considerable number of nurses were degree holders in St. Joseph’s General Hospital.
5. **Experience:** Among total sample of nursing staff in three hospitals under study, 61.1% had below 5 years of experience, 27.8% had 5-10 years of experience while only 11.1% of them had an experience 11 years and above. In Government General Hospital, 50.0% had 5-10 years of experience, 31.7% had 1-5 years and 18.3% of them had an experience 11 years and above. In NRI General Hospital, 78.3% had 1-5 years of experience and 13.4% 6-10 years and only 8.3% of them had an experience 11 years and above. In St. Joseph’s General Hospital, 73.3% had 1-5 years of experience, 20.0%, 11 years and above 6.7% of them had an experience. From the above analysis it may be concluded that considerable number of nursing staff in St. Joseph’s and NRI General Hospital had less than 5 years of experience.

**Basis for selection of Patients:**

The socio-economic background of the patients has been delineated because of two reasons; The first is to know the social conditions as well as economic status of an individual, while the second provides background information which helps in identifying meaningful relationships between socio-economic position of an individual and his attitudes, views and expectations towards work.

The sample of patients in the present study was randomly selected from both the Out-patient and In-patient departments. Sample size from the Out-patient department is 575 and from the In-patient department 650. Data on the samples’ socio economic status of out-patient is presented in table II.5 and in-patients table II.6.
Table II.5 describes the socio economic status of the out patients’ Gender, Age, Area of Residence, Education, Yearly Income and Marital status of the patients from the out patient department.

1. **Gender**: From the total out patients, 62.8% were male, while 37.2% were female. In GGH 57.3% were male while 42.7% were female. In NRI hospital 68.0% were male and 32.0% were female. In St. Joseph’s Hospital 64.0% were male and 36.0% were female out patients. From the above analysis it is observed that majority of out patients sample was male.

2. **Age**: Out of 575 outpatients, 21.7% were below 30 years, 61.6% were in the age group of 31-60 years, 16.7% of the sample were 61 years and above. In GGH among the said 225 respondents, 17.3% were below 30 years, 61.4% were 31-60 years and 21.3% were in the age group of 61 years and above. In NRI General Hospital, out of 200 respondents 22% were below 30 years, 66% were 31-60 years while 12% were in the age group of 61 years and above. In St. Joseph’s General Hospital among 150 respondents, 28% were below 30 years, 56% were 31-60 years, and 16% were in the age group of 61 years and above. From the above discussion it can be concluded that majority of the out patients in all the three hospitals belonged to the age group of 31-60 years. The data of the sample in other age groups shows varied percentages in all three hospitals under study.
Table II.5
Demographic status of the Sample in Out-Patient Department

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Particulars</th>
<th>GGH</th>
<th>NRIGH</th>
<th>STJGH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>129 (57.3)</td>
<td>136 (68.0)</td>
<td>96 (64.0)</td>
<td>361 (62.8)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>96 (42.7)</td>
<td>64 (32.0)</td>
<td>54 (36.0)</td>
<td>214 (37.2)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>225 (100.0)</td>
<td>200 (100.0)</td>
<td>150 (100.0)</td>
<td>575 (100.0)</td>
</tr>
<tr>
<td>2</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below 30 yrs</td>
<td>39 (17.3)</td>
<td>44 (22.0)</td>
<td>42 (28.0)</td>
<td>125 (21.7)</td>
</tr>
<tr>
<td></td>
<td>31-60 yrs.</td>
<td>138 (61.4)</td>
<td>132 (66.0)</td>
<td>84 (56.0)</td>
<td>354 (61.6)</td>
</tr>
<tr>
<td></td>
<td>61 yrs and above</td>
<td>48 (21.3)</td>
<td>24 (12.0)</td>
<td>24 (16.0)</td>
<td>96 (16.7)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>225 (100.0)</td>
<td>200 (100.0)</td>
<td>150 (100.0)</td>
<td>575 (100.0)</td>
</tr>
<tr>
<td>3</td>
<td>Area of residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>168 (74.7)</td>
<td>144 (72.0)</td>
<td>84 (56.0)</td>
<td>396 (68.9)</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>57 (25.3)</td>
<td>56 (28.0)</td>
<td>66 (44.0)</td>
<td>179 (31.1)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>225 (100.0)</td>
<td>200 (100.0)</td>
<td>150 (100.0)</td>
<td>575 (100.0)</td>
</tr>
<tr>
<td>4</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No formal Education</td>
<td>63 (28.0)</td>
<td>48 (24.0)</td>
<td>36 (24.0)</td>
<td>147 (25.6)</td>
</tr>
<tr>
<td></td>
<td>Up to XII class</td>
<td>135 (60.0)</td>
<td>92 (46.0)</td>
<td>42 (28.0)</td>
<td>269 (46.8)</td>
</tr>
<tr>
<td></td>
<td>Degree &amp; above</td>
<td>27 (12.0)</td>
<td>60 (30.0)</td>
<td>72 (48.0)</td>
<td>159 (27.6)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>225 (100.0)</td>
<td>200 (100.0)</td>
<td>150 (100.0)</td>
<td>575 (100.0)</td>
</tr>
<tr>
<td>5</td>
<td>Yearly Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below Rs.50,000</td>
<td>138 (61.3)</td>
<td>44 (22.0)</td>
<td>33 (22.0)</td>
<td>215 (37.4)</td>
</tr>
<tr>
<td></td>
<td>Rs.50,001-Rs.1.00 lakh</td>
<td>48 (21.3)</td>
<td>86 (43.0)</td>
<td>39 (26.0)</td>
<td>173 (30.1)</td>
</tr>
<tr>
<td></td>
<td>Above Rs.1.00 lakh</td>
<td>39 (17.4)</td>
<td>70 (35.0)</td>
<td>78 (52.0)</td>
<td>187 (32.5)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>225 (100.0)</td>
<td>200 (100.0)</td>
<td>150 (100.0)</td>
<td>575 (100.0)</td>
</tr>
<tr>
<td>6</td>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>204 (90.7)</td>
<td>176 (88.0)</td>
<td>138 (92.0)</td>
<td>518 (90.1)</td>
</tr>
<tr>
<td></td>
<td>Un Married</td>
<td>21 (9.3)</td>
<td>24 (12.0)</td>
<td>12 (8.0)</td>
<td>57 (9.9)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>225 (100.0)</td>
<td>200 (100.0)</td>
<td>150 (100.0)</td>
<td>575 (100.0)</td>
</tr>
</tbody>
</table>
3. **Area of Residence:** Sample data regarding the area of residence of the respondents indicates that 68.9% of the outpatients were from rural area, while 31.1% were from urban area. From the Government General Hospital 74.4% of the sample were from rural area and 25.3% from urban area. From the NRI General Hospital, 72% were from rural and 28% were from urban area. Out of total respondents in St. Joseph’s General Hospital, 56% were from rural and 44% were from urban area. From the above, it is noticed that rural respondents were more than urban. In GGH and NRI hospitals considerable number of respondents was rural based. It indicates that the health care facilities are accessible to the rural areas of Guntur and surrounding districts.

4. **Education:** Regarding the education of the three selected hospitals, out of 575 respondents 25.6% did not have formal education, 46.8% were educated up to 12th standard, 27.6% were educated degree and above. Among total respondents in Government General Hospital, 28% did not have formal education, 60% were educated up to 12th standard, 12% were educated degree and above. In NRI General Hospital, 24% did not have formal education, 46% were educated up to 12th standard, 30% were educated degree and above. In St. Joseph’s General Hospital, 24% did not have formal education, 28.0% were educated up to 12th standard, 48% were educated degree and above. From the above analysis it is observed that majority of the outpatients sample had education up to 12th standard both in GGH and NRI hospital.

5. **Income:** Among total sample of the three selected hospitals, 37.4% of out patients belonged to below Rs.50,000 yearly income group, 30.1% belonged to Rs.50,001-1.00 lakh income group and 32.5%
belonged to above Rs.1.00 lakh income group. In Government General Hospital, out of total respondents 61.3% belonged to below Rs.50,000 income group, 21.3% belonged to Rs.50001-1.00 lakh income group and 17.4% belonged to above Rs.1.00 lakh income group. In NRI General Hospital, 22% belonged to below Rs.50000 income group, 43.0% belonged to Rs.50001-1.00 lakh income group and 35.0% belonged to above Rs.1.00 lakh income group. In St. Joseph’s General Hospital, 22.0% belonged to below Rs.50,000 income group, 26% belonged to Rs.50001-1.00 lakh income group and 52% belonged to Rs.1.00 lakh and above income group. The above analysis indicates that the Government General Hospital was accessible to the majority of the low income group patients.

6. Marital status: As per the total analysis, the marital status of the respondents under study, 90.1% were married while only 9.9% were Unmarried. In GGH 90.7% were Married while 9.3% were Unmarried. In NRI hospital 68% were married while 32% were Unmarried. In St. Joseph’s Hospital 64% were Married while 36% were Unmarried. From the above analysis it is observed that majority of out patients sample was married in GGH and NRI while only 64% were married in St. Joseph’s Hospital.

Table II.6 describes the socio economic status of the Inpatients’ Gender, Age, Area of Residence, Education, Yearly Income and Marital status of the Inpatients in the three selected hospitals.
Table - II.6  
Demographic status of the Sample in the In-Patient Department

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>GGH</th>
<th>NRIGH</th>
<th>STJGH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>(56.0)</td>
<td>(60.0)</td>
<td>(52.0)</td>
<td>(56.3)</td>
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<td>(40.0)</td>
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<td>(100.0)</td>
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<td></td>
<td>Gender</td>
<td>168</td>
<td>120</td>
<td>78</td>
<td>366</td>
</tr>
<tr>
<td>2</td>
<td>Below 30 Yrs</td>
<td>(10.0)</td>
<td>(24.0)</td>
<td>(16.0)</td>
<td>(15.7)</td>
</tr>
<tr>
<td></td>
<td>31-60 Yrs</td>
<td>(44.0)</td>
<td>(42.0)</td>
<td>(64.0)</td>
<td>(48.0)</td>
</tr>
<tr>
<td></td>
<td>61 Yrs and Above</td>
<td>(46.0)</td>
<td>(34.0)</td>
<td>(20.0)</td>
<td>(36.3)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>(100.0)</td>
<td></td>
<td></td>
<td>(100.0)</td>
</tr>
<tr>
<td>3</td>
<td>Urban</td>
<td>36</td>
<td>64</td>
<td>96</td>
<td>196</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>(88.0)</td>
<td>(68.0)</td>
<td>(36.0)</td>
<td>(69.8)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>(100.0)</td>
<td></td>
<td></td>
<td>(100.0)</td>
</tr>
<tr>
<td>4</td>
<td>No Formal Education</td>
<td>168</td>
<td>40</td>
<td>13</td>
<td>221</td>
</tr>
<tr>
<td></td>
<td>Below 12th Class</td>
<td>(36.0)</td>
<td>(60.0)</td>
<td>(28.0)</td>
<td>(41.5)</td>
</tr>
<tr>
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<td>Degree or Above</td>
<td>24</td>
<td>40</td>
<td>95</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>(100.0)</td>
<td></td>
<td></td>
<td>(100.0)</td>
</tr>
<tr>
<td>5</td>
<td>Below Rs. 50,000</td>
<td>180</td>
<td>40</td>
<td>60</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td>Rs. 50,001-1,00,000</td>
<td>68</td>
<td>72</td>
<td>24</td>
<td>164</td>
</tr>
<tr>
<td></td>
<td>Above 1,00,000</td>
<td>52</td>
<td>88</td>
<td>66</td>
<td>206</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>(100.0)</td>
<td></td>
<td></td>
<td>(100.0)</td>
</tr>
<tr>
<td>6</td>
<td>Married</td>
<td>282</td>
<td>176</td>
<td>144</td>
<td>602</td>
</tr>
<tr>
<td></td>
<td>Unmarried</td>
<td>18</td>
<td>24</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>(100.0)</td>
<td></td>
<td></td>
<td>(100.0)</td>
</tr>
</tbody>
</table>
1. **Gender:** From the total 650 Inpatients, 56.3% were male while 43.7% were female. In GGH 56% were male while 44.0% were female. In NRI hospital 60% were male and 40% were female. In St. Joseph’s Hospital 52% were male and 48% were female out patients. From the above analysis it is observed that majority of out patients sample was male.

2. **Age:** Out of 650 Inpatients, 15.7% were below 30 years, 48% were in the age group of 31-60 years, 36.3% of the sample were 61 years and above. In GGH among the said total respondents, 10% were below 30 years, 44% were 31-60 years and 46% were in the age group of 61 years and above. In NRI General Hospital, 24% were below 30 years, 42 % were 31-60 years while 34% were in the age group of 61 years and above. In St. Joseph’s General Hospital, 16% were below 30 years, 64% were 31-60 years, and 20% were in the age group of 61 years and above. From the above discussion it can be concluded that majority of the Inpatients in all the three hospitals belonged to the age group of 31-60 years. The data of the sample in other age groups shows varied percentages in all three hospitals under study.

3. **Area of Residence:** Sample data regarding the area of residence of the respondents indicates that 69.8% of the Inpatients were from rural area, while 30.2% were from urban area. From the Government General Hospital 88% of the sample were from rural area and 12% from urban area. From the NRI General Hospital, 68% were from rural and 32% were from urban area. Out of total respondents in St. Joseph’s General Hospital, 36% were from rural and 64% were from urban area. From the above, it is noticed that rural respondents were
more than urban. In GGH and NRI General Hospital considerable numbers of respondents were rural based. It indicates that the health care facilities are accessible to the rural areas of Guntur and surrounding districts.

4. **Education:** Regarding the education of the three selected hospitals, out of 650 respondents 34.0% did not have formal education, 41.5% were educated up to 12\(^{th}\) standard, and 24.5% were educated up to degree and above. Among total respondents in Government General Hospital, 56% did not have formal education, 36% were educated up to 12\(^{th}\) standard, 8% were educated up to degree and above. In NRI General Hospital, 20% did not have formal education, 60% were educated up to 12\(^{th}\) standard, 20% were educated degree and above. In St. Joseph’s General Hospital, 9% did not have formal education, 28% were educated up to 12\(^{th}\) standard, 63% were educated up to degree and above. From the above analysis it is observed that majority of the In-patients sample had education up to 12\(^{th}\) standard both in GGH and NRI hospital.

5. **Income:** Among total sample of the three hospitals, 43.1% belonged to below Rs.50,000 yearly income group, 25.2% belonged to Rs.50,001-1.00 lakh income group and 31.7% belonged to above Rs.1.00 lakh income group. In Government General Hospital, out of total respondents 60% belonged to below Rs.50,000 income group, 22.7% belonged to Rs.50,001-1.00 lakh income group and 17.3% belonged to above Rs.1.00 lakh income group. In NRI General Hospital, 20% belonged to below Rs.50,000 income group, 36% belonged to Rs.50,001-1.00 lakh income group and 44% belonged to above Rs.1.00 lakh income group. In St. Joseph’s General Hospital,
40% belonged to below Rs.50,000 income group, 16% belonged to Rs.50,001-1.00 lakh income group and 44% belonged to above income group. The above analysis states that the Government General Hospital and St Joseph’s hospital was accessible to the majority of the low income group.

6. Marital status: As per the total analysis, the Marital status of the respondents under study, 92.6% were Married while 07.4% Unmarried. In GGH 94% were Married while 06% were Unmarried. In NRI hospital 88% were Married while 12% were Unmarried. In St. Joseph’s Hospital 96.0% were Married while 04% were Unmarried. From the above analysis it is observed that majority of the Inpatients sample was Married.

Collection of Data:

The data was collected from both sources i.e. primary and secondary. For collection of data from primary sources, efforts were made to elicit the opinions of almost all key personnel in the organizations through observation, personal interviews, questionnaires and schedules. The researcher spent months together in sample hospital offices observing the management process in the selected hospitals. In depth interview technique was used here for collecting primary data. This was collected through personal observation and also from the hospital documents, Annual Reports & Budgets. The researcher visited and collected information from the various institutes including National Institute of Health and Family Welfare, All India Institute of Medical Sciences, Voluntary Health Association of India, National Medical Library, St. John’s Medical College, MGR Medical University, and Apollo Hospital.
The data for the study was collected by administering the questionnaire schedules and through observation method. Observation method is one of the most important and extensively used methods in social sciences research. It is one of the primary research methods. All the time it is not possible to use quantitative techniques, in such circumstances, observation method bridges the gap. On the other hand Questionnaires are widely used for data collection in social sciences research particularly in surveys. It is a fairly reliable tool for gathering data from large, diverse, varied and scattered social groups. It is used in obtaining objective and qualitative data as well as in gathering information of qualitative nature. It is treated as the heart of the survey operation. In this context it is proposed to distribute questionnaires to the Chief Executives posing questions relating to overall organization and management of the hospitals. The data for the study was collected by administering a two part questionnaire to administrative staff, doctors, and nursing staff and to both inpatients and outpatients. Part I of the questionnaire consisted of socio-economic information. Part II of the questionnaire which was distributed to administrative staff contained the data, regarding working and performance of office, different functions of management and different organizational patterns and structures. The instrument was tested for its reliability and validity. A Three point scale was used. It contained the column of Satisfied, Partially Satisfied and Not Satisfied. In this aspect researcher took help from the questionnaire prepared by Voluntary Health Association of India. Part II of the questionnaire that was distributed to doctors was prepared by World Health Organization with modifications. Instrument was tested for its reliability and validity. Three point scales was used. It contains Yes,

\[\text{Self appraisal and goal setting guide for hospital departments}, \ \text{Voluntary Health Association of India, 1976.}\]
Cannot say and No. Part II of the Nursing staff questionnaire included the questions relating to application of Patient Satisfaction aspects in hospitals. The instrument was tested for reliability and validity. Three point scale was used which contained ‘Yes’, ‘Cannot Say’ and ‘No’. Satisfied, Partially Satisfied and Not Satisfied. Part II of both Inpatient and outpatient questionnaire included questions the instrument was tested for reliability and validity. Three point scale was used which contained Satisfied, Partially Satisfied and Not Satisfied. Relating to their satisfaction on services offered by the selected hospitals.

**Procedure in the Collection of Data:**

To begin with, permission was sought from the three selected hospitals. Then the researcher went to them as and when time was given. Questionnaires were distributed to the personnel who were selected as sample and in some cases the researcher explained the implications of the questions. Respondents were asked to fill up the set of questions as per instructions mentioned on them. They were specifically requested not to read all the items at once but to go through each individual statement and answer it and then only move on to the next. Respondents were assured of the confidentiality of their responses. All respondents were encouraged to express their opinions freely and fairly. Precautions were also taken to obtain unbiased results. On an average it took more than one hour to answer one questionnaire. Schedules are explained by the researcher personally and questionnaires were in the vernacular language and were filled by Respondents / patient attendees themselves.

The completed questionnaires were collected by researcher personally. The interview schedule was distributed when the patients were in private rooms/ward before their discharge from the hospital. Each
patient was given a brief explanation about the purpose of the enquiry and their co-operation and was sought they were assured that strict confidentiality would be maintained. During interview, the researcher attempted to establish for patients a neutral and independent position. The questionnaire was collected back after two hours.

**Methodology for Data Analysis:** The questionnaire, which was intended to diagnose the Management problems, contained nine statements in total. The counts of responses are considered. Because, the objective of the study was to observe which hospital was more effective, here an attempt has been made to diagnose the Management problems (function-wise) in three sample hospitals based on calculated percentages. The procedure is explained in the Appendix.

**Statistical Methodology:** The objective of this study was to examine whether the three selected hospitals (Government General Hospital, NRI General Hospital and St. Joseph’s General Hospital) could be distinguished with respect to functioning. For this purpose, (the researcher made an attempt to rate the performance and functioning on the basis of count of the response for ‘Yes’, Can’t Say, ‘No’, type. Here the nature of questions in the questionnaire is such that a ‘Yes’ response is a criterion of preferably in some situations a ‘No’ response is a criterion of preferability in some other situations) similarly, an ‘In part’ response is a criterion of neutral performance. The responses of the patients were categorized as ‘Satisfied’, ‘Partially Satisfied’, ‘Not Satisfied’, type. As important inputs for a hospital are Doctors and Nursing Staff and important output are patients, the Researcher collected data from all the three categories of sample respondents by giving weight age to the strength in all the three hospitals under study.
An approach of rating used for the given data is analysis of variance in a one way classified data. To fulfil mathematical requirement for applying this statistical test, the collected count data had been expressed in percentage to the total respondents. The hypothesis used for analysis of variance is the categories between which rating is required do not differ significantly with respect to that type of response.

**Limitations of the Study:**

Due to the size of the problem, the study is limited to patient satisfaction only. It has become difficult for the researcher to collect data from different hospitals. So even though trust-based hospitals also come under the purview of the ownership-based ones, they were excluded. Another basic limitation of behavioral sciences is that they would deal with attitudes. These attitudes differ from individual to individual. Even though utmost care has been taken in selecting the sample, the results derived from a study may not be exactly equal to the true value of the population. Hence results of the study are considered to be true, and relationships hold good, only for this study.

Perceptions of the respondents are measured through observation, personal interview, questionnaire and schedules. The authoritarian system in India may cause respondents to answer with partially frank acknowledgement of feelings. It became very difficult to meet and elicit opinion of administrators due to their busy schedules.

Majority of administrators are under the impression that research on management means probing into their internal affairs especially in healthcare Sector. With this opinion they hesitated in providing required data. However, administrators of different hospitals did co-operate. This
research project would not have been possible without the help received from them.

Survey of Literature:

In a competitive health care environment hospitals are being recognized as health care industry (Business) apart from being curative ones. Now these are considered as patient focused centers instead of provider focussed centers. Under these circumstances hospital must strive for maximum patient satisfaction. Patient satisfaction is the real testimony to the efficiency of the hospital. An attempt has been made in the present study to find out what factors will influence the patient satisfaction. In order to find out an answer to the question how far the sample hospitals are satisfying the patient’s needs, the perceptions of inpatients were elicited.

For the purpose of the research study, a thorough study of all possible academic and non-academic work in the field was done and this can be classified as – (a) Doctoral Theses (b) Text and reference books (c) Dissertations and reports (d) Articles which appeared in academic journals (e) Articles which appeared in non-academic journals (f) Articles which appeared in newspapers (i) Internet browsing.

In search of doctoral theses submitted on the subject, the publications of Association of Indian Universities (AIU) were checked (in the Library of Indian Council for Social Science Research (ICSSR) which publishes the details of doctoral theses submitted with various Universities in Social Sciences. For the purpose of textbooks and reference books the catalogues of various libraries situated in Bangalore, Chennai, Delhi, Guntur, Hyderabad, were seen and a list of books
considered to be useful for the research was made and books were obtained accordingly. A list of these books is given at the end as bibliography. For the consultation of dissertations, India Dissertation Abstracts were scanned. For studying the articles published in academic and non-academic journals, documentation centers of various Libraries such as Library of Planning Commission, New Delhi, Library of All India Institute of Medical Sciences, New Delhi, Library of World Health Organization, New Delhi, Library of National Institute of Health and Family Welfare, New Delhi. Library of Voluntary Health Association of India, New Delhi, National Medical Library, New Delhi, Library of Indian Institute of Management, Bangalore, Library of St. John’s Medical College, Bangalore, Library of Indian Institute of Sciences, Bangalore, Library of Indian Institute of Technology, Chennai, Library of MGR University, Chennai, the Library of Acharya Nagarjuna University, the library of Guntur Medical College, the library of St. Joseph’s College of Nursing and the library of Dr. N.T.R. University of Health Sciences, Vijayawada were visited and notes were taken.

In the process of surveying literature, it has been observed that no doctoral theses have been submitted on Patient Satisfaction in hospitals of Guntur. The same is the case with dissertations. Taking Patient Satisfaction Aspects into consideration no academic work has so far been done in sample hospitals and in the area of healthcare. Coming to the articles published in non-academic journals, one can observe that most of the articles concentrate on slow growth of healthcare issues in India and hardly anyone touched upon the lack of better management practices in the hospital industry. Articles published in academic journals of National and International repute also emphasize on cost benefit analysis, development of hospitals in corporate sector and on pattern of growth of
healthcare industry etc. Articles and notes appearing in newspapers also do not highlight any aspect of Patient Satisfaction being obtained / practiced in the organizations. These articles are mostly informative and statistical in nature and give an account of the number of patients, beds ratio, projections for the future, patient centered care and patient satisfaction.

The reviewed literature for the present study has been organized under the following headings:

A. Literature related to Hospital Administration and Management.
B. Literature related to Patient Satisfaction.

Surveyed literature from the various sources include –

A. Literature related to Hospital Administration and Management:

The thesis on hospital administration with reference to Bombay’s Municipal Hospitals, written by Aloo Noshir Dalal\(^3\) the Functioning and Prevailing Organizational Stress of Three Major Municipal Teaching Hospitals. In interviewing the informants, a stratified random sample was used. The findings of the study are training is noticeably absent where mostly needed. It is found that there is no proper communication between patients and different categories of staff which leads to insufferable problems in management of hospitals. It is found that unionization has been regarded as major obstacle in effective administration. Public relations in hospitals are completely neglected. In spite of their limitations and shortcomings, these hospitals were making genuine attempt to serve the public with a wide range of medical services.

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\(^3\) Aloo Noshir Dalal, *Hospital Administration with reference to Bombay’s Municipal Hospitals*, an unpublished research work submitted to University of Bombay, 1982.
The thesis, Hospital Management written by Nalini V. Dave\(^4\) a published work, concentrated on the need for professionalisation in Management of Hospitals and also dealt with behavioural problems. The work emphasizes the need for an administrator in hospitals. From the study it has been observed that the professionalized medical services are available in big cities but not in remote areas. It was noticed that there is no professionalisation in Government hospitals. It is also found that there are some problems between nursing staff and doctors. The author suggested that the hospitals should have professionalized management, so that one could overcome most of the behavioural problems.

Hospital organization and administration written by M. Shankara Rao,\(^5\) presents the current issues involved in hospital administration. The book concentrates on healthcare and administrative infrastructure at various levels, development of hospitals from time to time, quantum of services, problems with human resources, patient satisfaction and opinions on various hospital services. The Researcher selected King George Hospital, Visakhapatnam, Andhra Pradesh as sample. It was found that the age old rules and bureaucratic practices cripple the working of hospitals. The effects of these can be minimized through recasting the rules and regulations and by providing training and orientation programmes. This study made an attempt to find out the gaps in the present system, linkages with government and suggested ways and means to fill the gaps so as to improve its administrative potential.

Private Healthcare in India written by Rama V. Baru\(^6\) examines the trends in privatization of healthcare and its social basis. The book also

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deals with future of public health services in India. It is based on empirical study of private hospitals in Hyderabad, Andhra Pradesh. It delineates the emerging patterns of medical care in the private sector with a historical and global perspective. It traces the growth of the private sector in India and examines the role of professionals, certain classes and international capital which have shaped the content of privatization. The author demonstrates, through an in depth study of the background of medical entrepreneurs, that there has been a movement of capital away from agriculture and business into the medical sector. Dr. Baru shows how the growth of the private sector has had a negative impact on the public sector.

Urban Healthcare, A Study of Public and Corporate Hospitals written by Sheela Prasad reveals the functioning of both private and public healthcare system in Hyderabad, Andhra Pradesh. It examines the performance of each sector through perceptions of the users. The basic objective of the study was to test the hypothesis, that growth of corporate sector in urban healthcare widens inequalities in the quality of healthcare. The study preliminarily investigated the dynamics of urban healthcare. The study observed that healthcare was becoming capital-intensive and this was truer of corporate healthcare. The study stated that the public hospitals are now identified as largely for the poor while the corporate hospitals are for the rich.

Hospital Management, written by Mohammed Akbar Alikhan deals with the financing pattern of Healthcare and hospitals and cost efficiency of public hospitals in Gujarat. The study empirically examines

the allocation of expenditure for healthcare and hospitals and evaluates the cost efficiency on the basis of cross sectional analysis. It helps in developing a mechanism for suitable criteria for allocating resources. It evaluates the efficiency of their operations and recovery of costs. Here an attempt has been made to observe the relationship of cost and hospital service indicators by using statistical tools.

Management Control System in Non-profit Organizations with special reference to Hospitals by Rozmin A Jani\(^9\) reveals the role of Management Control System in achieving the objectives of a hospital. The present study made an effort to review, all aspects of governing management control in Non-profit organizations, with special reference to hospitals. Here the author tried to develop a working model of management control system in medium size hospitals. The author intended to study the different control systems in the two hospitals, one government and other Private hospital. Venkatadri A.\(^{10}\) critically examines policies and practices of modern health system in Municipal Corporation of Hyderabad. An attempt has been made to understand the role of various officials in promoting health of citizens in the corporation. Discussion was initiated on the nature of preventive measures to be adopted against spread of diseases. In this study it was found that health workers are hardly working for three hours a day and skip the remaining duty hours. The higher levels of people also are not showing an interest in these matters.

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Various Committees were appointed by the Union Government from time to time for development of healthcare facilities. The reports of these committees include Bhore Committee Report, Modiliar Committee Report, Chaddah Committee Report, Mukharjee Committee Report, Jungalwalla Committee Report, Karthar Singh Committee Report, Srivastav Committee Report.

**World Health Organization:** It is an independent body that concentrates on healthcare of the society. It has branches all over the world. It
concentrates on the basic infrastructure of health related activities. This organization published many worthy books on management of healthcare settings. Some of the books produced by World Health Organization includes WHO – Technical report series, Modern Management Methods and the organization of health services WHO Chronicle, Regional committee series, hospital planning and administration, Application of modern management methods and techniques for improved delivery of health services, Role of hospitals in programmes of community health protection.


Apart from books and studies, there are few research articles that which have appeared in different which journals include -- the article “Organization and Working of Government General Hospital”, written by A.V. Satyanarayana, which emphasizes the Organization and Administration of hospitals with particular reference to GGH, Guntur.

manpower, New Delhi.
64 WHO Hospital Planning and Administration, Geneva, 1966.
65 WHO Application of Modern Management Methods and Techniques for the Improved Delivery of Health Services, New Delhi.
74 Healthcare System in India-study material, New Delhi, National Institute of Health and Family Welfare.
75 Satyanarayana Rao, A.V., The Organisation and Working of Osmania General Hospital, Public Policy and
The study concentrates on the facilities and problems faced by the various patients. The Researcher discussed the internal administrative setup and duties, responsibilities, recruitment process and training facilities. The researcher feels that, proper management is the only solution for effective functioning of hospitals. The article “Principles of Management as Applicable to Hospitals” written by V.B. Desai, briefly explains the functions, principles and complexity of the hospitals. It says that management with a human touch is a must in management of a modern hospital.

The article “Hospital Management Training” written by Miles Hardie77 discusses the issues and approaches to health services management training. Opinions were collected from 500 senior doctors, nurses and administrations from 80 countries, who have attended a 10-week annual course. It emphasized on the managers’ role in preparation of profiles, policies, programmes and their implementation. The need for developing appropriate management training facilities was explained. The article “Some Aspects of Hospital Management Requiring Personal Attention of a Hospital Administrator” by Bhola and Anand78, highlights the areas needing personal attention of the hospital administrator. This article concentrates on the aspects like application of Management principles to meet existing conditions, doctor-patient and staff-patient relationships, patient care and community satisfaction and optimizing the utilization of supportive hospital services.

76 Desai V.B., Principles of Management as applicable to Hospitals, Hospital Administration, Vol.21 (1 & 2) March-June 1984 pp10-18.
The article “Hospital Management-past, present and future” written by R.F.Bridgeman\textsuperscript{79}, discussed the role of hospitals in the past, present and predicted into the future. He developed different model systems for a hospital with particular reference to developing countries where financial and manpower resources are restricted. He suggests that hospitals have to widen the scope of their activities in becoming an essential tool in delivering total healthcare to the community. Beaufort B Longest in his article, “Inter organizational linkages in health sector” emphasizes that key element in success of organization depends on maintenance of effective inter organization linkages. This article presents the conceptual frame-work of three classes of mechanisms with which healthcare organizations can manage their interdependencies with other organizations.

The article “Effective Communication in Hospitals” written by Gouri S.Gupta\textsuperscript{80} discusses the importance of communication in maintaining sufficient levels of morale and efficiency in hospitals. The writer suggests that the success of effective communication lies in managing some important barriers like limited capacity, personality perception. She suggested that management should allow enough time for employees to report back. Bandari\textsuperscript{81}, in his article, “Effective leadership with reference to hospitals”, feels that an effective manager must be an adaptive individual. Further he mentions that the leader must evaluate each situation based on its merits and demerits. The major problem lies in sizing the situation, since effective behaviour in one may be ineffective in another.

\textsuperscript{79} Bridgeman R.F., Hospital Management – past, present and future. Hospital Administration, Vol.11 (3 & 4), September-December 1974, pp111-120.
\textsuperscript{80} Gupta Gouri S., Effective Communication in Hospitals, Hospital Administration, Vol.18 (3 & 4), Sep-Dec. 1981, pp149-152.
\textsuperscript{81} Bandari R.D., Effective leadership, Hospital Administration, Vol.24 (3 & 4) Sep-Dec 1987, pp105-112.

82 Dr.(Miss) Nalini V.Dave, Hospital Management, Hospital Administration, Vol.28 (1 & 2), Mar–June 1991, pp97-104.
85 Gpte P.D., The Need of Professionalisation in Hospital Management, Hospital Administration, Vol.22 (1 & 2)pp454-56.
91 Casalov, R.F., Total quality management in Healthcare, Hospital and Health Service Administration, Vol.26(1); Spring 1991, pp134-146.
92 Dave N.V., Hospital Management: An Important Problem, Hospital Administration, Vol.25(3), Sept 1988, pp283-89.
93 White Don, Hospital and Health Administrator for Indias Future : Hospital Administration, Vol.21(1 & 2), March-June 1984, pp42-49.
96 Ghei P.N., Principles of Hospital Management, Hospital Administration, Vol.14(2), June 1977, pp137-139.
100 Umbden Stock R.J., Hageman W.M., Amudson B. The Five Critical areas for Effective Governance of Not-for-profit Hospitals, Hospital and Health Services Administration, Winter 1990.
101 Griffith John R, Principles of the well Management Community Hospital, Hospital Health Services Administration, Winter 1989.
102 Zuckerman H.S., Redefining the role of the CEO: Challenges and conflicts, Hospital and Health Services Administration, Spring 1989.
103 Kovner A.R. Chin M.J. Physican Leadership in Hospital Strategic Decision Making, Hospital and Health Service Administration, Nov 1985.
104 Kalvzmy,A.D., Revitalizing Decision making at the middle Management Level, Hospital and Health Services Administration Spring 1989.
105 Cleverly W.O., Harvey R.K., competitive strategy for successful Hospital Management, Hospital and Health Services Administration, Spring 1992.
106 Kalafat J, Siman M.L., Walsh L, A Systematic Healthcare Quality Service Programme, Hospital & Health

121 Gupte P.D., Recent Challenges before the Hospital Management, Hospital Administration, Vol.32(3&4), Sep-Dec 1995, pp175-77.
123 Pandit D.D., Role of Motivation in Effective Management, Hospital Administration, Vol.30 (1&2), Mar-June 93, pp17-19.
125 Benedict Lucy, Discipline and Interpersonal Relationship in the Operation Theatre, Hospital Administration, Vol.32(3&4), Sep-Dec 1995.
129 Satyanarayana P., Hospital Administration through computers, Hospital Administration, Vol.31 (1&2), Mar-June 1994, pp85-88.
130 Kulkarni G.R., Hospital Accounting for Planning and Control, Hospital Administration, Vol.33(3&4), Sep-Dec 1996, pp147-154.
131 Satyanarayana P., Should we Practice Medical Audit, Hospital Administration, Vol.31 (1&2), Mar-June 1994,pp71-74.
133 Kalra K, Practical Budgetary Systems as Applicable to Government Hospitals — A Case Study, Hospital
B. Literature related to Patient Satisfaction:

There are some theses dealing with patient satisfaction. A Study of Socio Economic Conditions and Satisfaction Levels of Patients visiting a Corporate Hospital\textsuperscript{135} concentrates on studying relationship between socio economic factors and the behaviour of patients. Veera Prasad\textsuperscript{136} examines why the hospital administrator should take the patient-satisfaction seriously as a measurement. In another step he explained the procedures to evaluate the patient satisfaction, Chaskar R.P\textsuperscript{137}, tried to examine the satisfaction levels of the patients and to study the complaints with regard to various services and to assess whether such complaints affect the overall image of the hospitals. He made some suggestions for improving the quality of patient care. Prasad et al.\textsuperscript{138}, concluded that appropriate awareness should be created amongst recipients of healthcare and to ensure that they demand, utilize and appreciate healthcare of a qualitatively high level.

Thimmappayya. A\textsuperscript{139} established a relationship between hospital status, employee satisfaction and service leading to patient satisfaction. Maslow\textsuperscript{140} stated that appearance of a desire, the action it arouses and the satisfaction that comes from attaining the goal depends on the state of satisfaction or dissatisfaction of all other motivation that the total organism may have. He emphasized that wanting anything by itself implies already existing satisfaction. According to him the need-hierarchy

\textsuperscript{Administration}, Vol.32(3&4), Sep-Dec 1995, pp178-88.
\textsuperscript{Singh Sapra, Consumerism, Hospital Administration, Vol.35 (1&2), Mar-June 1998, pp50-55.}
\textsuperscript{Ratnam A.V. A Study of Socio Economic conditions and satisfaction levels of patients visiting a corporate Hospital, Hospital Administration, Vol.32(3&4), Sep-Dec 1995, pp129-154.}
\textsuperscript{Veera Prasad.M. Factors Influencing Patient Satisfaction, Hospital Administration, May-June 1997, pp27-35.}
\textsuperscript{Chaskar R.P. A Study of Satisfaction levels of Patients visiting Charak Hospital, Indore, Hospital Administration, Sep-Oct 1997, pp198-205.}
\textsuperscript{Prasad,P., Parag,P., Dasin.T. Study of satisfaction of Recipients with Ante natal care in a General Hospital, Journal of Hospital Administration, Sept.1988.}
\textsuperscript{Timmappayya, A, Patient satisfaction and ward social system, NIHAE, Research Monograph, New Delhi, 1971.}
levels are basic physical needs, safety and security, belonging and social needs, esteem and status needs, self actualization and fulfillment needs. First and second are called lower order needs and the rest are called higher order needs. He mentioned that the lower order needs are satisfied through economic behaviour while remaining are primarily satisfied through symbolic behaviour of psychic and social content. In Lebow’s\textsuperscript{141} review of literature on patient satisfaction in United States, it was suggested that in addition to measuring the patient’s subjective perceptions of care, the process, structure, outcome and impact of care on the patient should also be assessed in order to evaluate the quality of the interaction between doctor and patient. Friedman\textsuperscript{142} went on to investigate the relationships between patient satisfaction and doctor’s expressive ability.

The environment plays an important role in determining some of the relevant psychological characteristics of the patient. But Argyle\textsuperscript{143} points out that this relationship of person to the situation is reciprocal. Not only do situations or circumstances influence the people in them, but also the people choose and influence their circumstances. Oomen\textsuperscript{144} studied role commitment, role perception, role conflicts and role behaviour of doctors and nurses in Delhi hospitals and concluded that socio economic status of patients is a critical variable in shaping the role behaviour of doctors and nurses toward them. Breslav\textsuperscript{145} in his article established relationships between patient ratings and actual characteristics of medical care, and concluded that a high level of patient satisfaction is

\textsuperscript{144} Oomen T.K., \textit{Doctors and Nurses: A Study in Occupational Role Structures}, New Delhi, Mac Millian Co.Ltd.,1978.
not a valid indication of high quality of medical care. Knapp and Peppers\textsuperscript{146} report that many physicians are unable to meet patient needs at personal level because their training militates against their accepting a shift in responsibility from ‘healer’ to ‘consoler’ role.

Ooman\textsuperscript{147} studied nursing behaviour in ward-setting and observed that they almost totally neglected the emotional needs of patients. This impersonal behaviour of nurses affected the patients who had no attendants. Nurses are doing jobs mechanically and in a routine manner without even speaking a word to the patient. Ray\textsuperscript{148} attributes the nurses’ failure to recognize the psychological needs of patients to lack of adequate time, inadequate knowledge and sensitiveness on the part of the nurses regarding patient care, inadequate clarity in duties and responsibilities, which harden them into becoming professionals. Further, he suggested that communication be included in nurse training programme.

Indu Mathur\textsuperscript{149} observed that contacts of patients with other categories of employees are next to patient-nurse interaction. They exercise influence over patients but many times their method is harmful for patients and the peace of the ward. Although they are socially and culturally more close to rural, illiterate and low class patients they interact more freely with the patients who tip them.

The hospital continues to be one of the most complex organizations in existence. Rakich, Darr\textsuperscript{150} ascribe the complexity of modern hospital to

\textsuperscript{145} Breslav C., What do patient statements regarding doctors and medical care signify, \textit{Medical Care}, 1981.
a number of attributes, (a) wide diversity of objectives and goals for different personnel and subsystems; (b) the diversity of personnel ranging from the most highly skilled and educated to unskilled and uneducated employees; (c) dual lines of authority in many areas of hospital operations; (d) Special psychological and physical stress on personnel at all levels as they deal with problems of life and death; (e) problems in measuring the major product of the hospital.

Eisendrath\textsuperscript{151} noted that an intensive care unit has been considered a psychologically stressful environment, prolonged care of patients with much system failure and a poor prognosis was the most frequently described source of stress for nurses and physicians. Trakroo\textsuperscript{152} listed some of the factors which effect the satisfaction level of patients utilizing outpatient services. They include unusually long time at Registration, irritable behaviour of registration clerk, lack of facilities for toilet, drinking water, lack of proper space for waiting, too long waiting time for doctors’ consultation, undesirable behaviour of doctors and communication gap between doctor and patient.

Others include Balaraman C.S.\textsuperscript{153}, Bordy\textsuperscript{154}, Bhasin\textsuperscript{155}, Davis\textsuperscript{156}, Ray\textsuperscript{157}, Ware\textsuperscript{158}, Parker\textsuperscript{159}, King\textsuperscript{160}, Woolley et al\textsuperscript{161}, Zyzanski\textsuperscript{162}, Sara\textsuperscript{163}.

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\textsuperscript{154} Brody et al, The relationship between patients satisfaction with their physicians and perceptions about their interventions they desired and received, \textit{Journal of Medical Care}, Vol.27(2), pp437-51, 1987.
\textsuperscript{156} Davis MS, Physiological, psychological and demographic factors in patient compliance with Doctors orders, \textit{Journal of Medical Care}, Vol.6(2), 1968.
\textsuperscript{158} Ware and Snyder, \textit{Dimensions of patients attitudes regarding medical care services}, Medical care, Vol.13(8), 1983.
\textsuperscript{160} King BL, Patient satisfaction survey : day surgery unit, \textit{Australian clinical Review}, Vol.9(3-4), pp127-29, 1989.
\textsuperscript{161} Woolley FR, Kane RL, Hughes CC, Wright DD, The effects of doctor patients communication on satisfaction and
A descriptive study was conducted to assess parent satisfaction with care as a management tool to promote the quality of care by Moumtzoglou A, Dafogianni C et al in 2000 at Kyriakou' Children's Hospital. A sample of 240 parents was selected by purposive sampling technique. Data was collected through questionnaire. Results showed that satisfaction appears to be very low (14/100) for the procedures of the hospital, low for the outpatient dimension (42/100) and rather satisfactory for the inpatient dimension (61/100). It was concluded that a study will be planned to investigate the effects of implementing changes based on parents' ratings of staff performance.

A cross sectional study was conducted to assess patient satisfaction and quality achievement in hospital care by Matis GK et al in 2009 at Greece Public Hospital. A sample of 200 patients was selected by random sampling technique. Data was collected through Questionnaire. The results revealed a relatively high degree of global satisfaction (75.125%), yet satisfaction is higher for the medical (89.721%) and nursing (86.432%) services. It was concluded that satisfaction derived from the

162 Zyzanski SJ, Hulka BS, Cassel JC, Scale for measurement of satisfaction with medical care, Modification of contents format and scoring, Medical Care, Vol.12, pp811, 1974.
164 Jagannadhan T., Quality Healthcare through Patient Satisfaction, Hospital Administration, Sep-Oct 1997.
165 Sethuraman, Patient Satisfaction skills, Hospital Administration, Sep-Oct 1997, pp133-137.
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hotel facilities and the general organization was found to be more limited.\textsuperscript{173}

A descriptive study was conducted to measure hospitalized patients' satisfaction based on the patient's point of view. A sample of 187 patients was selected from 11 hospitals of 3 regions of France by Cluster sampling technique. Data was collected through a 69 item questionnaire. The final version of QSH contained 45 items describing 9 dimensions, leading to 2 composite scores (staff and structure index). The factor structure accounted for 71\% of the total variance. Internal consistency was satisfactory (item-internal consistency over 0.40; Cronbach's alpha coefficients ranged from 0.76 to 0.96). It was concluded that questionnaire enabled patient feedback to be incorporated in a continuous quality health-care improvement strategy.\textsuperscript{174}

A cross sectional study was conducted to find out the relationship between burnout in nephrologists and nurses and patient satisfaction with their care by Argentero P et al in Italy in 2008. The sample included Nephrologists (n = 68), nurses (n = 334), and hemodialyzed patients (n = 695) from 10 dialysis centers across northern Italy selected by purposive sampling technique. Data was collected through Maslach Burnout Inventory and multi choice questionnaire. Results showed that overall burnout scores were lower than the Italian normative sample, with no significant differences between physicians and nurses. However, considering each dialysis center separately, in 2 centers, nurses registered higher emotional exhaustion levels compared with physicians, with statistically significant differences (P = 0.004 and P = 0.003,

respectively). Analysis of patient overall satisfaction assessments showed general appreciation for the "courtesy" and "kindness" of staff, but evidence of problems regarding organizational aspects and structural factors. However, the most critical dimension was for "information." There was a significant positive correlation between staff personal accomplishment and client satisfaction (P < 0.01) and a significant negative correlation between staff emotional exhaustion and patient satisfaction (P < 0.01). No significant correlation was found between staff depersonalization and patient satisfaction level. It was concluded that high levels of burnout in physicians and nurses were associated with poor patient satisfaction in dialysis units. Identifying and preventing staff burnout may increase patient satisfaction with health care.

A survey was done to validate the satisfaction of rural and urban outpatient dietetic services, by Vivanti A et al in 2007. A sample of 154 patients was selected by random sampling technique. Data was collected through structured interview schedule. Results show that the age, gender and proportion of missing data was similar between metropolitan and rural respondents (n=154). No metropolitan or rural differences were evident with regard to factor analysis or internal consistency. Four factors accounted for 81.3% of the variance, which compared well with the 83.3% achieved with the original tool designed for the inpatient setting. It was concluded that in increasingly competitive environments the use of validated satisfaction survey results will contribute to measurement of the benefit of dietetic services.

A cross sectional survey was conducted to assess the effectiveness of inpatient satisfaction questionnaire by González N in 2002. A sample of 1910 discharged patients from Four Acute Care General Hospitals were selected by random sampling technique. Data was collected through questionnaire. Results show that no socio demographic differences were found between respondents and non-respondents. Six dimensions were identified from the factor analysis, explaining 50% of the variance. All items, except two, revealed loadings above 0.4. Cronbach's alpha exceeded 0.7 for all dimensions, except privacy. Comfort was the dimension with the lowest level of patient satisfaction, whereas privacy was the most satisfactory. The inter scale correlations never exceeded the internal consistency of each scale. The analysis of the dimensions with two items of global assessment showed a positive correlation. It was concluded that the in-patient satisfaction questionnaire could become a useful instrument in quality-of-care assessment.  

A study was conducted to assess the psychometric analysis of the patient satisfaction with nursing care by Laschinger H S et al in 2005. A random sample of 14 hospitals in Ontario, Canada was selected. Data was collected through questionnaire. Results of this study revealed that the newly developed instrument had excellent psychometric properties. Total scores on satisfaction with nursing care were strongly related to overall satisfaction with the quality of care received during hospitalization. The results of this study yielded actionable, patient-focused results that can be used by managers to address areas requiring improvement.

A cross sectional study was conducted to assess the Functional status and patient satisfaction: a comparison of ischemic heart disease, obstructive lung disease, and diabetes mellitus by Fan VS et al in 2005. A sample of 62,487 patients participating in the Ambulatory Care Quality Improvement Project was selected by random sampling technique. Data was collected through questionnaire from the 35,383 (57%) returned an initial screening questionnaire and were subsequently sent a satisfaction questionnaire. Patients (N=21,689; 61%) who returned the Seattle Outpatient Satisfaction Survey (SOSQ) were included in the final analysis, representing 34% of the original sample.

Results show that the organizational score of the SOSQ measures satisfaction with health care services in the internal medicine clinic, and the Humanistic scale measures patient satisfaction with the communication skills and humanistic qualities of the primary care physician. For ischemic heart disease (IHD), chronic obstructive pulmonary disease (COPD), and diabetes, patient ability to cope with their disease was more strongly associated with patient satisfaction than disease severity. Among IHD patients, improvement in ability to cope emotionally with their angina was associated with higher SOSQ organizational scores (standardized beta=0.18; P<.001) but self-reported physical limitation due to angina was not (beta=0.01; P=.65). Similarly, in COPD, improved ability to cope with dyspnea was associated with greater organizational scores (beta=0.11; P<.001) but physical function was not (beta=-0.03; P=.27). For diabetes, increased education was associated with improved organizational scores (beta=0.31; P<.001) but improvement in symptom burden was not (beta=0.03; P=.14).179

Similar results were seen with prediction of SOSQ humanistic scores. It was concluded that Patient education and ability to cope with chronic conditions are more strongly associated with satisfaction with their primary care provider than disease severity. Further improvements in patient education and self-management may lead to improved satisfaction and quality of care.

A cross sectional study was conducted to assess the interpersonal and organizational dimensions of patient satisfaction; the moderating effects of health status by Westaway MS in 2003. A sample of 263 South African black diabetic outpatients from the diabetic clinics at two hospitals, 174 females and 89 males, aged between 16 and 89 years were selected by random sampling technique. Data was collected through questionnaire and patient satisfaction scale. Results showed that Factor analysis was conducted on the patient satisfaction scale and two factors, accounting for 71.6% of the variance, were extracted.180

The major items on Factor I were support, consideration, friendliness, and encouragement, labelled the interpersonal dimension. Factor II emphasized availability of a seat and toilet in the waiting area and cleanliness, labeled the organizational dimension. The two factors had very good reliability coefficients: 0.85 (organizational) and 0.98 (interpersonal). Multi-trait scaling showed that all items exceeded the item convergent (r > 0.40) and discriminate (Z > 1.96) validity criteria. Patients in poor general health were significantly less satisfied (P = 0.007) with the organizational quality of their care than patients in good health; patients in poor mental health were significantly less satisfied (P = 0.04) with the interpersonal quality of their care than patients in good health.

mental health. It was concluded that the findings provided support for Donabedian's model. They demonstrated that attributes of providers and settings are major components of patient satisfaction, and showed that the scale is a reliable and valid measure of patient satisfaction for this South African population.

A study conducted by Magaret ND and others on patient satisfaction revealed that Parent satisfaction was associated with the quality of provider-patient interactions (R = 0.54, p = 0.0001), the adequacy of information provided (R = 0.47, p = 0.0001), and shorter waiting room times (R = -0.24, p = 0.01). Child satisfaction was associated with the quality of provider-patient interactions (R = 0.24, p = 0.04), adequacy of information provided (R = 0.51, p = 0.003), and resolution of pain (R = 0.25, p = 0.03). Parent estimates were similar to children's initial pain scores; however, children reported greater resolution of pain than appreciated by their parents (p = 0.006). It was concluded that Satisfaction can be validly and reliably measured in pediatric patients using a visual scale instrument. Factors that influence patient satisfaction were similar among both children and their parents. 181

A study conducted by Hendriks AA and others on Reliability and Validity of the Satisfaction with Hospital Care revealed that GCs indicating differentiation among patients with different overall levels of satisfaction (SHCQ mean scores) were high (> 0.90). GCs indicating differentiation among patients as to satisfaction with aspects of care (SHCQ scale scores) were generally satisfactory (> 0.75) to high. Patients agreed well on overall level of hospital care quality (GCs > 0.90) and differentiated reliably (GCs > 0.80) among aspects of care. No

differentiation among wards was found with respect to quality of care. Patients and staff agreed to a considerable extent (0.78) on ranking the SHCQ items on care quality, but staff ratings were lower. Reliability and validity of patients' evaluations of quality of hospital care varied according to aspect of care. It was concluded that the SHCQ reliably establishes both patient satisfaction and overall quality of hospital care. Whereas patients' ratings may be too lenient, their ranking of the items on care quality appears to be valid, and is therefore suitable for monitoring and improving hospital care. Within scales, however, results should be interpreted more cautiously: for some items, patients cannot really tell the difference in quality of care. 

A study conducted by Westaway MS and others on patient satisfaction revealed that factor analysis was conducted on the patient satisfaction scale and three factors, accounting for 71% of the variance, were extracted. The major items on Factor I were helpfulness, communication, support and consideration, representing the interpersonal dimension. Factors II and III were mainly concerned with service logistics and technical expertise, with the emphasis on waiting time, follow-up and thoroughness of examination. The three factors had excellent reliability coefficients, ranging between 0.82 (technical), 0.85 (logistics) and 0.98 (interpersonal). Multiple analyses of co-variance showed that patients in poor general health were significantly less satisfied with the logistical (p = 0.004) and technical (p = 0.007) quality of their care than patients in good health; patients in poor mental health were significantly less satisfied with the interpersonal quality of their care (p = 0.05) than patients in good mental health. These findings provided

support for both hypotheses and suggested that patients in poor health attend to different aspects of their care than patients in good health. Of more importance to clinical practice, the results endorsed the need for a multidisciplinary health team comprising nurse/social worker (Factor I: support, communication), health service managers (Factor II: service logistics) and physician (Factor III: technical expertise) to enhance treatment outcome for diabetic patients. It is recommended that: (1) further research is conducted on this patient satisfaction scale with diverse populations in different settings to complement and validate the scale for generalized use in South Africa; (2) the scale is used to collect information on patient satisfaction before and after implementing an intervention to improve the quality of health care, and (3) measurement of health status is an essential adjunct to assessment of patient satisfaction. 183

A study conducted by Kaplan S and others on consumer satisfaction revealed that most parents and children reported high satisfaction with patient care. Twenty-eight percent of children and 21 percent of parents reported some form of abuse by the staff during the hospital stay. Those who reported abusive behavior were significantly less satisfied with the hospital experience than those who did not report abuse. The participants' perception of clinical improvement was only weakly related to their satisfaction. It was concluded that most child psychiatric patients and their parents will participate in consumer satisfaction surveys about inpatient care. Consumers are critical of a hospital if specific prompts in the survey are provided. An unexpectedly

high level of consumer-reported abuse was found. Consumer-perceived clinical improvement was only weakly related to satisfaction.184

A patient satisfaction survey was conducted by Prasanta Mahapatra, Srilatha.S, Sridhar.P in 25 District or Area Hospitals managed by the Andhra Pradesh Vaidya Vidhana Parishad (APVVP). The study obtained feedback from patients and, in case the patient could not be interviewed, the attendant, using a modified version of the Patient Satisfaction Questionnaire – III originally developed by Ware and others (Hays, Davies and Ware; 1987). The study refers to the period from May to July, 1999. Altogether 1179 persons were interviewed, including 237 attendants, at the rate of about 40-50 patients per hospital. In each hospital, patients were identified by stratified random sampling. Stratification was on the basis of sex and wards. Most patients had already stayed for more than three days in the hospital and were drawn from all areas of hospital service including surgical, medical and maternity wards. Female and male patients of different ages area equitably represented in the sample. Majority of patients were poor and illiterate.

Overall, the level of patient satisfaction in APVVP (Andhra Pradesh Vaidya Vidhana Parishad) was about 65% of what could be achieved. Corruption appears to be very highly prevalent and was the top cause of dissatisfaction among patients. Other important areas of hospital services contributing to patient dissatisfaction were poor utilities like

water supply, fans, lights, etc., poor maintenance of toilets and lack of cleanliness, and poor interpersonal or communication skills.  

The study conducted by Oxler and Karen F. on achieving patient satisfaction and resolving patient complaints revealed that hospital patients are under great stress. They may be afraid of losing control as well as of the consequences of their illness. Patients also expect to participate in their care and the decision-making. For nurses to achieve patient satisfaction, they must put themselves in the patient's place. Factors involved in patient satisfaction include communication, quality management, an emphasis on the patient rather than the institution, clear methods of dealing with complaints quickly, so as to restore quality.

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