Chapter V

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CHAPTER – V
SUMMARY OF FINDINGS, SUGGESTIONS AND CONCLUSION

Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. Patients’ perceptions of the hospital and its services significantly influence their future selection decisions. As competition escalates and the available options for obtaining care expand, perceptions of the patient groups will become increasingly important in developing competitive strategies. Assessment of patient satisfaction helps to improve health care systems performance and promote better governance of the hospital services. Private health care providers play a significant role in the health development of Coimbatore District. This made the researcher to take up the present study on patient satisfaction and quality evaluation of the health care services provided by the private hospitals.

The required primary data were collected from 250 inpatients and 250 outpatients from the selected large multi-speciality private hospitals in Coimbatore district. The secondary data are collected from the journals, magazines, health reports and from the various websites. Appropriate statistical tools have been used in analysing the collected data and information so as to draw valid inferences based on the objectives of the study.

FINDINGS

The findings of the study that are presented below are useful and provide new insights to the health care service providers.

5.1 Profile of the sample inpatient and outpatient respondents

The general profile of the sample inpatient and outpatient respondents of the present study is given below.
5.1.1 Out of the 250 inpatient respondents taken for study 26.8% of them are in the age group of 51-60 years and 23.2% of them are in the age group of 41-50 years. Out of the 250 outpatient respondents taken for study 26.8% of them are in the age group of 51-60 years and 24.4% of them are in the age group of 31-40 years. Majority of the inpatient and outpatient respondents are in the age group of 51-60 years.

5.1.2 Out of the total inpatient respondents taken for study, 67.6% of them are male and 32.4% of them are female. Out of the total outpatient respondents taken for study, 56.8% of them are male and 43.2% of them are female. Majority of the inpatient and outpatient respondents are male.

5.1.3 In respect of educational qualification, 32% of the inpatient respondents are qualified upto higher secondary level and 30% of them are qualified upto graduation level. Among the outpatient respondents 39.2% of them are qualified upto higher secondary level and 29.2% of them are qualified upto graduation level. Majority of the inpatient and outpatient respondents are qualified upto higher secondary level.

5.1.4 With regard to the occupational status, 33.2% of the inpatient respondents are employees and 19.2% of them are housewives. 30.8% of the outpatient respondents are employees and 24.8% of them are housewives. Majority of the inpatient and outpatient respondents are employees.

5.1.5 Regarding family monthly income, 31.6% of the inpatient respondents have family monthly income of Rs.5,001-10,000 and 23.2% of them have family monthly income of Rs.10,001-15,000, 28% of the outpatient respondents have family monthly income of Rs.5,001-10,000 and 22.8% of them have family monthly income of Rs.10,001-15,000. Majority of the inpatient and outpatient respondents have family monthly income of Rs.5,001-10,000.

5.1.6 With regard to area of residence of the respondents, 61.2% of the inpatient respondents live in the urban areas and 38.8% of them live in rural areas. 66.8% of the outpatient respondents live in urban areas and 33.2% live in
rural areas. Majority of the inpatient and outpatient respondents live in urban areas.

5.1.7 In respect of nature of treatment undergone by the respondents, 21.2% of the inpatients have undergone cardiology treatment and 15.2% of them have undergone neurology treatment and another 15.2% of them have undergone general treatment, 21.6% of the outpatient respondents have taken treatment generally and 14.8% of them have undergone cardiology treatment. Majority of the inpatient respondents have undergone cardiology treatment and outpatient respondents have undergone general treatment.

5.2 Awareness of the Inpatient and Outpatient respondents on Hospital Services and Charges

5.2.1 Out of the total inpatient respondents taken for study 64.8% of the respondents are aware of general medical services, 54.4% of them are aware of cardiology services, 48.4% of them are aware of diabetes services. 62% of the outpatient respondents are aware of general medical services, 51.6% of them are aware of cardiology services and 47.6% of them are aware of diabetes services. Majority of the inpatient and outpatient respondents are aware of general medical, cardiology and diabetes services.

5.2.2 With regard to surgical services 56% of the inpatient respondents are aware of general surgical services, 50% of them are aware of cardiac surgical services and 37.6% of them are aware of gynaecology/obstetrics services. 58% of the outpatient respondents are aware of general surgical services, 46.4% of them are aware of cardiac surgical services and 40% of them are aware of gynaecology/obstetrics services. Majority of the inpatient and outpatient respondents are aware of general surgical, cardiac and gynaecology/obstetrics services.

5.2.3 Regarding the various supportive services of the selected hospitals 62% of the inpatient respondents are aware of registration services, 61.6% of them are aware of nursing services and 60.8% of them are aware of operation
theatre services. 65.6% of the outpatient respondents are aware of registration services, 62.4% of them are aware of radiology services and 61.2% of them are aware of nursing services. Majority of the inpatient and outpatient respondents are aware of registration services, nursing services, operation theatre services and radiology services.

5.2.4 Among the inpatient respondents taken for study 25.2% of the respondents are aware of room charges and 20.8% of them are aware of registration charges. Among the outpatient respondents 43.6% of the respondents are aware of registration charges and 36% of them are aware of parking charges. Majority of the inpatient respondents are aware of room charges and outpatient respondents are aware of registration charges.

5.2.5 With regard to source of awareness 29.93% of the inpatient respondents are aware of the hospital services and charges through their friends and relatives, 19.48% of them are aware of the hospitals because of their prime location. 36.19% of the outpatient respondents are aware of through their friends and relatives, 19.63% of them through other patients who have taken treatment earlier in the hospital. It is found that friends and relatives (word of mouth) form the major source of awareness for both inpatient and outpatient respondents.

5.3 Chi – Square Analysis

Personal factors (independent variables) are tested with the factors relating to awareness (dependent variables) to understand the personal factors influence over the study factors regarding the awareness of the respondents. Chi – square analysis is performed and the results are summarised below.

- Chi – square test revealed that the personal factors have no significant influence on the awareness of the medical services among the inpatient and the outpatient respondents.
• The personal factors have no significant influence on the awareness of the surgical services among the inpatient and the outpatient respondents.

• The personal factors have no significant influence on the awareness of the supportive services among the inpatient and the outpatient respondents.

• The personal factors have no significant influence on the awareness of the supportive services among the inpatient and the outpatient respondents.

• The personal factors have no significant influence on the awareness of the hospital charges among the inpatient and the outpatient respondents.

• The personal factors except age have no significant influence on the source of awareness of the inpatient respondents and they have no significant influence on the source of awareness of the outpatient respondents.

5.4 Choice of the hospital – Factors influencing the respondents

Patients who expect quality care at affordable costs consider many factors while choosing the hospital for treatment. The study identified thirteen factors and performed the average rank analysis to find out the influence of these factors on patients choice. The results are summarized below.

5.4.1 It is found that the inpatient respondents in the age group of upto 20 years have given top priority for the facilities and care available in the hospitals and recognition by the central and state governments for their employees and health fund schemes among the various factors considered by them while choosing the hospital for treatment. Private physicians’ advice, emergency situations and health insurance schemes are considered to be the most important factors among the inpatient respondents in the age group of 21-30 years, 31-40 years and 41-50 years respectively. The inpatient respondents in the age group of 51-60 years and 61 years and above have given top rank for the employees of the hospitals and recognition by the central and state governments for their employees and health fund schemes
respectively. All the outpatient respondents except those in the age groups of upto 20 years and 61 years and above have given top priority for the private physicians’ advice among the various factors considered while choosing the hospitals. The respondents in the age groups of upto 20 years and 61 years and above have given importance for the reputation of the physician concerned in the hospital.

5.4.2 All the inpatient respondents irrespective of their sex have considered private physicians advice as important among the various factors considered while choosing the hospitals. Among the outpatient respondents, respondents in the male group have given top priority for the reputation of the physician and the respondents in the female group for the private physicians’ advice.

5.4.3 The inpatient respondents in the illiterates group, diploma level group and professional level group have considered reputation of the physician concerned as the most important factor in choosing the hospital for treatment. Private physician’s advice is the prominent factor considered by the respondents in the primary level group, graduation and post graduation level groups. The respondents in the higher secondary level group ranked first for the reputation of the hospital. All the outpatient respondents irrespective of their educational level have ranked private physicians advice as first in choosing the hospital.

5.4.4 The inpatient respondents in the agriculturists, business people and retired persons groups have given top priority for the private physicians’ advice in choosing the hospital for treatment. The respondents in the employees group, professional group, house wives group and students group have given priority for the health insurance schemes, reputation of the hospital, employees of the hospital and for the recognition of the central and state Governments for their employees and health fund schemes respectively. The outpatient respondents in the agriculturists group, business people
group, employees group and housewives group have considered the private physicians advice as important factor in choosing the hospital for treatment. However the respondents in the professional group, students group and retired persons group have given top priority for the reputation of the physicians in the hospital.

5.4.5 The inpatient respondents in the income group of upto Rs.5,000 have given top priority for emergency situations and those in the income group of Rs.5001-10,000 have given priority for the reputation of the hospital among various factors considered while choosing the hospital. The respondents in the income groups of Rs 10,001-15,000 and Rs.15,001-20,000 consider private physicians advice as prominent reason. The respondents in the income group of Rs.20,001-25,000 and Rs. 25,001 and above have given top rank for private physicians’ advice and reputation of the physician concerned in the hospital respectively. Private physicians advice is the prominent factor considered by the outpatient respondents in the income group of Rs.5,001-10,000, Rs 20,001-25,000 and Rs. 25,001 and above while choosing the hospital. The reputation of the physician is given importance by the respondents in the income groups of Rs. 10,001-15,000 and Rs.15,001-20,000 concessions offered by the hospital is the prime factor for the respondents in the income group of upto Rs.5,000.

5.4.6 The inpatient respondents in the urban and rural area groups have given top priority for reputation of the physician and private physicians’ advice respectively. All the outpatient respondents irrespective of their area of residence have given top priority for the private physicians’ advice.

5.5 Level of satisfaction of the inpatient and outpatient respondents

To examine the level of satisfaction of the inpatient and the outpatient respondents on various aspects of health care services average score analysis is applied. The average score is calculated based on the consolidated opinion of the
inpatient and outpatient respondents put under five point scaling similar to Likert scaling. Factor analysis is performed to identify the important factors influencing the level of satisfaction. The areas in health care services covered by the study are registration, physicians' competence and their medical care, nursing care, room environment, dietary services, outpatient department, quality and care of the supportive staff and discharge process and billing.

5.5.1 With regard to reception services and time taken for registration the respondents in the age group of upto 20 years are more satisfied (4.19) and nearly satisfied (3.88) respectively. Regarding the availability of information, the respondents in the age group of 61 years and above are nearly satisfied (3.92) and regarding the procedure for registration the respondents in the age group of 21-30 years are nearly satisfied (3.87).

5.5.2 The level of satisfaction among the female respondents with regard to reception services, availability of information, registration time and procedure for registration is nearly satisfied (3.66 – 3.98).

5.5.3 Regarding reception services and procedure for registration, the respondents in the diploma level group are more satisfied (4.33) and with regard to registration time, these respondents are satisfied (4.00). The respondents in the illiterates group is satisfied (4.07) on the availability of information at the registration counter.

5.5.4 Among the inpatient and outpatient respondents, the respondents in the professionals group are satisfied (4.06) with regard to reception services and are nearly satisfied (3.72) with regard to registration time. Regarding the availability of information the respondents in the housewives group are nearly satisfied (3.94). The respondents in the agriculturists group are nearly satisfied (3.87) regarding the procedure for registration.

5.5.5 The respondents in the income group of Rs.25,001 and above are more satisfied (4.13) on reception services and are satisfied (4.00) on procedure
for registration. With regard to availability of information and registration time the respondents in the income group of Rs.15,001-20,000 are nearly satisfied (3.88 and 3.76 respectively).

5.5.6 The respondents irrespective of their area of residence are satisfied (3.97) regarding the reception services. The respondents in the urban area group are nearly satisfied (3.77) on the registration procedure. The respondents in the rural area group are nearly satisfied (3.79 and 3.68 respectively) on the availability of the information and registration time.

5.5.7 Among the inpatient and outpatient respondents, the respondents in the age group of upto 20 years are more satisfied (4.50 and 4.13 respectively) with regard to professional competence of the physicians and time spent by the physicians for diagnosis. Regarding the explanation about the health and treatment and willingness to listen/answer patients’ questions these respondents are nearly satisfied (3.94 and 3.81 respectively). The respondents in the age group of 21-30 are more satisfied (4.10) regarding the attitude and behaviour of the physicians. Regarding the psychological support the respondents in the age group of 41-50 years are nearly satisfied (3.80) and with regard to professional appearance, these respondents are satisfied (4.02). The respondents in the age group of 61 years and above are just satisfied (3.50) on the health education provided. The inpatient respondents in the age group of 21-30 years are satisfied (4.08) regarding the daily room visit of the physicians. The outpatient respondents irrespective of their age group are less satisfied (2.51) regarding the waiting time to meet the physicians.

5.5.8 Female respondents are more satisfied (4.32) with regard to professional competence and nearly satisfied (3.90 and 3.74 respectively) with regard to the explanation about the health and treatment and willingness to listen/answer patients questions. They are satisfied (4.05 and 4.02 respectively) with regard to the attitude and behaviour and the professional
appearance of the physicians. All the respondents irrespective of the sex are satisfied (3.99) on the time spent by the physicians on diagnosis. The respondents in the male group are nearly satisfied (3.70) regarding the psychological support. With regard to health education provided, the male respondents are just satisfied (3.43) and with regard to daily room visits, the inpatient female respondents are satisfied (4.06). The outpatients respondents irrespective of their sex are less satisfied (2.34 and 2.41 respectively) with regard to the waiting time to consult the physicians.

5.5.9 The respondents in the professional level group is highly satisfied (4.45), regarding the professional competence of the physicians and are satisfied (4.00 and 4.18 respectively) regarding the explanation about the health condition and treatment and professional appearance. Among the respondents in the diploma level group are highly satisfied (4.33 and 4.67 respectively) on the time spent for diagnosis and the attitude and behaviour of the physicians and are satisfied (4.00, 4.00 and 3.67 respectively) with regard to the psychological support, physicians’ response to patients questions and health education provided. Regarding the daily room visit of the physicians the inpatient respondents in the diploma level group are more satisfied (4.33) and all the outpatient respondents irrespective of their educational level are less satisfied (2.28-2.67) with regard to waiting time.

5.5.10 The level of satisfaction with regard to professional competence of the respondents, time spent by the physicians for diagnosis and their attitude and behaviour are high (4.39, 4.11 and 4.22 respectively) among the professionals group. The respondents in the housewives group are nearly satisfied (3.96) on the explanation about the health condition and the treatment. The respondents in the agriculturists group are nearly satisfied (3.85) on the physician willingness to listen/answer patients’ questions. The respondents in the retired person group are nearly satisfied (3.82) on the psychological support provided by the physicians and are nearly satisfied
on the health education provided. The inpatient respondents in the retired persons group are more satisfied (4.11) on the daily visit of the physicians. The outpatient respondents irrespective of their educational status are less satisfied (2.23-2.50) with regard to the waiting to meet the physicians. The respondent in the housewives group are satisfied (4.08) on the professional appearance of the physician.

5.5.11 With regard to the professional competence of the physicians, time spent by them for diagnosis, their explanation about the health condition and treatment while examining the patient and the professional appearance the respondents in the income group of Rs 25,001 and above are more satisfied (4.03 - 4.42). The respondents in the income group of Rs 10,001-15,000 are more satisfied (4.16) regarding the attitude and behavior of the physicians. The respondents in the income group of upto Rs.5,000 are nearly satisfied (3.85) regarding the willingness of the physicians to listen and answer patient questions. With regard to psychological support and health education provided, the respondents in the income group of Rs 25,001 and above are nearly satisfied (3.87 and 3.61 respectively). The inpatient respondents in the income group of Rs 15,001-20,000 are more satisfied (4.36) regarding the daily visit and the outpatient respondents irrespective of their income group are less satisfied (2.07-2.57) regarding the waiting time to meet physicians for consultation.

5.5.12 The respondents in the rural area group are more satisfied (4.26) with regard to professional competence of the physicians and satisfied (4.06) with regard to the attitude and behaviour of the physicians. With regard to time taken for diagnosis, the respondents in the urban area group are satisfied (4.00). These respondents are nearly satisfied (3.84, 3.71 and 3.71 respectively) with regard to the explanation about the health and treatment, willingness to listen/answer patients questions and the psychological support rendered by the physicians. With regard to the health education
rendered the respondents in the urban group are just satisfied (3.43). Regarding the professional appearance the respondents in the rural area group are nearly satisfied (3.98). The inpatient respondents in the urban area group are satisfied (4.05) with regard to the daily room visit and all the outpatient respondents are less satisfied (2.32 and 2.47) with regard to the waiting time to meet the physicians.

5.5.13 The inpatient respondents in the age group of upto 20 years are more satisfied (4.17 and 4.33 respectively) on the skills of the nursing staff and their medication to the patients at regular intervals. These respondents are nearly satisfied (3.83) on the appearance of the nursing staff. The inpatient respondents in the age group of 51-60 years are nearly satisfied (3.90 and 3.58 respectively) on the attitude and behaviour of the nursing staff and the psychological support provided to the patients. With regard to the promptness of the nursing staff in meeting the needs of the patients, the respondents irrespective of their age group are just satisfied (2.67-3.52).

5.5.14 The female inpatient respondents are nearly satisfied (3.79 - 3.82) on the skills of the nursing staff, their attitude and behaviour and their appearance. These respondents are more satisfied (4.15) regarding the medication to the patients at regular intervals. With regard to promptness in meeting the needs of the patients and psychological support both the male and female inpatient respondents are just satisfied (3.21-3.35).

5.5.15 The inpatient respondents in the diploma level group are satisfied (4.00) on the nursing skill, more satisfied (4.33 and 4.67 respectively) on the attitude and behaviour and on the medication at regular intervals. The inpatients in the professional level group are nearly satisfied (3.75) on the promptness in meeting needs of the patients. All the inpatient respondents irrespective of their educational level are just satisfied (3.00-3.50) regarding the psychological support and those in the primary level group are nearly satisfied (3.85) on the appearance of the nursing staff.
The inpatient respondents in the agriculturists group are nearly satisfied (3.93) on the nursing skill. Those respondents in the professionals group are nearly satisfied (3.88 and 3.63) on the attitude and behaviour of the nursing staff and on the promptness in meeting the needs. The inpatient respondents in the employees group are more satisfied (4.16) on the medication of the patients at regular intervals. All the inpatient respondents irrespective of their occupational status are just satisfied (3.08-3.41) on the psychological support. The inpatient respondents in the student's group are nearly satisfied (3.85) on their appearance.

Regarding the skill of the nursing staff, the inpatient respondents in the income group of Rs.20,001-25,000 are nearly satisfied (3.90). Regarding attitude and behaviour and appearance, the inpatient respondents in the income group of Rs.25,001 and above are satisfied (4.00) and are nearly satisfied (3.94) regarding promptness in meeting needs. With regard to psychological support, the inpatient respondents in the income group of Rs.15,001 – 20,000 are nearly satisfied (3.64). The inpatient respondents in the income group of Rs.15,001 – 20,000 and Rs.25,001 and above are more satisfied (4.28) regarding the medication of patients at regular intervals.

The inpatient respondents in the urban area group are nearly satisfied (3.73–3.83) regarding the skill of the nurses, attitude and behaviour and their appearance. Regarding the promptness in meeting needs, and psychological support the inpatient respondents in urban area group are just satisfied (3.35 and 3.24 respectively). The inpatient respondents in the rural area group are more satisfied (4.14) regarding medication of the patients.

The inpatient respondents in the age group of 31- 40 years are satisfied (4.09) with regard to the calm and quietness prevailing in the room and nearly satisfied (3.76) regarding the appearance of the room. With regard to the size and quality of the bed and cleanliness of the room the inpatient respondents in the age group of upto 20 years are nearly satisfied (3.67).
The inpatient respondents in the age group of 41-50 years are nearly satisfied (3.91) regarding the facilities like fan, water, sanitary facilities etc. With regard to ventilation in the room, the inpatient respondents in the age group of 61 years and above are nearly satisfied (3.71).

5.5.20 The inpatient respondents in the female group are satisfied (4.01) regarding the calm and quietness prevailing in the room, nearly satisfied (3.59-3.84) on the bed size and quality, facilities, cleanliness, appearance and ventilation in the room.

5.5.21 With regard to calm and quietness prevailing in the room, the inpatient respondents in the illiterates group are satisfied (4.09). The inpatient respondents in the professional level group are satisfied (4.00) regarding the size and quality of the bed, facilities and appearance of the room. The inpatient respondents in the diploma level group are nearly satisfied (3.67) with regard to cleanliness and ventilation. The inpatient respondents in the post graduation level group are satisfied (4.00) on the facilities available in the room.

5.5.22 The inpatient respondents in the housewives and retired persons groups are satisfied (4.04) regarding the calmness prevailing in the room. The inpatient respondents in the professionals group are nearly satisfied (3.63-3.88) regarding the size of the bed and its quality, facilities, and the appearance of the room. With regard to cleanliness of the room the inpatient respondents in the housewives group are nearly satisfied (3.67). Regarding ventilation in the room, the retired persons are nearly satisfied (3.74).

5.5.23 With regard to calm and quietness prevailing in the room the inpatient respondents in the income group of Rs.25,001 and above are more satisfied (4.22) and with regard to size and quality of the bed and facilities available these respondents are nearly satisfied (3.78) and satisfied (4.00) respectively. The inpatient respondents in the income group of Rs.15,001--
20,000 are nearly satisfied (3.76 and 3.80) regarding the cleanliness, appearance and ventilation of the room.

5.5.24 The inpatient respondents in the urban group are satisfied (4.00) on the calm and quietness prevailing in the room and nearly satisfied (3.60- 3.83) regarding the bed size and quality, facilities, cleanliness, appearance and ventilation.

5.5.25 The inpatient respondents in the age group of upto 20 years are highly satisfied with regard to the timeliness of the dietary services and diet served (4.83 and 4.50 respectively) and are nearly satisfied with regard to the taste of the food and beverage served and with regard to the containers of the food served (3.83). They are also nearly satisfied (3.67) regarding the temperature of the food served. The inpatient respondents in the age group of 61 years and above are nearly satisfied (3.80) with regard to the daily menu of the food served.

5.5.26 The female inpatient respondents are more satisfied (4.22) regarding the timeliness of the dietary services and are satisfied (4.09) regarding the diet. The inpatient respondents in the female group are nearly satisfied (3.59) on the menu and just satisfied (3.44) on the temperature of the diet served. All the inpatient respondents irrespective of their sex are nearly satisfied (3.59) with regard to the taste of the food served. With regard to containers, the male inpatient respondents are nearly satisfied (3.68).

5.5.27 The inpatient respondents in the diploma level group are more satisfied (4.33) regarding timeliness and the diet of the food served and satisfied (4.00) regarding taste of the food served. The inpatient respondents in the illiterates group are nearly satisfied (3.82) regarding menu and containers and those in the primary level group are just satisfied (3.46) regarding the temperature of the food served.

5.5.28 The inpatient respondents in the students group are highly satisfied (4.84) regarding timeliness, more satisfied (4.39) regarding diet, satisfied (4.00)
regarding menu and containers and nearly satisfied (3.77 and 3.62 respectively) regarding the taste and the temperature of the food served.

5.5.29 With regard to timeliness and diet of the food served, the inpatient respondents in the income group of Rs.25,001 and above are more satisfied (4.33 and 4.28 respectively) and with regard to menu, these respondents are nearly satisfied (3.79). The inpatient respondents in the income group of Rs.10,001 – 15,000 are nearly satisfied regarding containers and the taste of the food served (3.81 and 3.69 respectively). Regarding the temperature, the inpatient respondents in the income group of upto Rs.5,000 are just satisfied (3.50).

5.5.30 The inpatient respondents in the urban area group are more satisfied (4.18) on timeliness, satisfied (4.06) on diet, nearly satisfied (3.69) on containers and just satisfied on the temperature of the food served. Regarding the menu and taste, the inpatient respondents in the rural area group are nearly satisfied (3.59 and 3.60 respectively).

5.5.31 With regard to location, facilities and the consulting time of the outpatient department, the outpatient respondents in the age group of 61 years and above are satisfied (4.00 – 4.17) and those in the age group of 41 – 50 years are nearly satisfied (3.91) regarding the space available in the outpatient department.

5.5.32 Regarding the location, space and facilities available in the outpatient department, the male outpatient respondents are nearly satisfied (3.66-3.94). Regarding the consulting time, the female outpatient respondents are nearly satisfied (3.83).

5.5.33 The outpatient respondents in the illiterates group are satisfied (4.00 - 4.18) on the location, space and consulting time of the outpatient department and these respondents in the primary level group are nearly satisfied (3.93) on the facilities available in the outpatient department.
5.5.34 With regard to location and space available, the outpatient respondents in the agriculturists group are satisfied (4.09) and nearly satisfied (3.86) respectively. With regard to facilities, the retired persons are nearly satisfied (3.92) and with regard to consulting hours, the outpatient respondents in the house wives group are nearly satisfied (3.94).

5.5.35 The outpatient respondents in the income group of Rs.15,001-20,000 are satisfied (4.02) regarding the location of the outpatient department. With regard to availability of the space, the outpatient respondents in the income group of upto Rs.5,000 are nearly satisfied (3.88) and those in the income group of Rs.25,001 and above are nearly satisfied (3.70 and 3.80 respectively) regarding the facilities and consulting hours of the outpatient department.

5.5.36 The outpatient respondents in the urban area group are nearly satisfied (3.70 and 3.79 respectively) regarding the space and consulting time and those in the rural area group are nearly satisfied (3.96 and 3.69 respectively) on the location and facilities available in the outpatient department.

5.5.37 The level of satisfaction among the respondents in the age group of 61 years and above, with regard to skill and knowledge of the supportive staff, their promptness in meeting patients needs, care and concern shown by them and their appearance is nearly satisfied (3.70 – 3.93)

5.5.38 The respondents in the male group are nearly satisfied (3.78) on the skill and knowledge of the supportive staff. Regarding the care and concern, the male respondents are nearly satisfied (3.61). With regard to the promptness and appearance, the female respondents are nearly satisfied (3.60 and 3.62 respectively).

5.5.39 The respondents in the diploma level group are satisfied (4.00) with regard to the skill and knowledge and the care and concern shown by the supportive staff. There respondents are nearly satisfied (3.67) regarding the
promptness of the supportive staff. With regard to appearance, post graduates are nearly satisfied (3.73).

5.5.40 The respondents in the agriculturists group are nearly satisfied (3.90) on the skill and knowledge of the supportive staff. With regard to the promptness, the respondents in the students group are nearly satisfied (3.70). The respondents in the employees group are nearly satisfied (3.68 and 3.66 respectively) on the care and concern shown and the appearance of the supportive staff.

5.5.41 The respondents in the income group of Rs.10,001-15,000 are nearly satisfied (3.84 and 3.77 respectively) on the skill and knowledge and the care and concern of the supportive staff. With regard to the promptness and appearance, the respondents in the income group of 25,001 and above are nearly satisfied (3.68).

5.5.42 The level of satisfaction among the respondents in the rural area group is nearly satisfied (3.85 and 3.57 respectively) regarding the skill and knowledge and the appearance of the supportive staff. With regard to their promptness and care and concern, the respondents in the urban area group are nearly satisfied (3.55 and 3.62 respectively).

5.5.43 The inpatient respondents in the age group of upto 20 years are more satisfied (4.33) with regard to presentation and explanation of the bill and with regard to discharge summary. The inpatient respondents in the age group of 51 – 60 years are nearly satisfied (3.98) with regard to discharge instructions and all the inpatients irrespective of their age group are less satisfied (2.78-3.17) regarding the time taken to leave the hospital.

5.5.44 With regard to the presentation and explanation of the bill, discharge instructions and discharge summary, the female inpatient respondents are nearly satisfied (3.77 – 3.95) and with regard to time taken to leave the hospital, all the respondents irrespective of their sex are less satisfied (2.90 and 2.91).
5.5.45 The inpatient respondents in the diploma level group are more satisfied (4.33) with regard to presentation and explanation of the bill and discharge summary. With regard to discharge instructions, the inpatient respondents in the post graduation level group are nearly satisfied (3.96) and with regard to time taken to leave the hospital, the inpatient respondents in the diploma level group and professional level group are nearly satisfied (3.67).

5.5.46 Regarding the presentation and explanation of the bill, the inpatient respondents in the housewives group are satisfied (4.00) and regarding the discharge instructions and time taken to leave the hospital, the inpatient respondents in the agriculturists group are nearly satisfied (3.83) and just satisfied (3.07) respectively. The inpatient respondents in the retired persons group are satisfied (4.04) on the discharge summary given by the hospitals.

5.5.47 The inpatient respondents in the income group of Rs.25,001 and above are more satisfied (4.11) regarding the presentation and explanation of the bills and those in the income group Rs.20,001-25,000 are nearly satisfied (3.80) on the discharge instructions. Regarding the discharge summary, the inpatient respondents in the income group of upto Rs.5,000 are nearly satisfied (3.94) and regarding the time taken to discharge, the inpatient respondents in the income group of Rs.15,001-20,000 are just satisfied (3.00).

5.5.48 The inpatient respondents in the urban area group are nearly satisfied (3.85) on the presentation and explanation of the bill and are less satisfied (2.93) regarding the time taken to leave the hospital. With regard to discharge instructions and summary, the inpatient respondents in the rural area are nearly satisfied (3.75 and 3.88 respectively).
5.6 Factor Analysis

Factor analysis with principal component is carried out to identify the important factors influencing the level of satisfaction among the inpatient and outpatient respondents. The important factors are identified for each aspect with the criterion “the extraction value more than 0.5”. The results are summarised below.

- It is found that time taken for registration (0.570) and registration procedure (0.593) are the important factors identified among the inpatient respondents. All the factors- reception (0.526), availability of information (0.573), time taken for registration (0.608) and procedure for registration (0.544) are identified as important among the outpatient respondents. Reception (0.526), time taken for registration (0.570) and procedure for registration (0.569) are identified as important factors among both the inpatients and outpatients together.

- It is found that all the factors-physicians competence (0.841), time spent by the physician for diagnosis (0.627), explanation about health condition and treatment (0.825), attitude and behaviour (0.739), willingness to listen and answer patient questions (0.604), psychological support (0.793), health education provided (0.866), daily room visit (0.801) and professional appearance (0.703) are identified as important among the inpatient respondents. It is found that physicians’ competence (0.575), time spent by the physician for diagnosis (0.584), willingness to listen and answer patients’ questions (0.534), psychological support (0.559) and health education provided (0.650) are identified as important among the outpatient respondents. It is found that physicians competence (0.576), time spent by the physician for diagnosis (0.568), explanation about health condition and treatment (0.530), willingness to listen and answer patient questions (0.532), psychological support (0.610) and health education provided (0.634) are identified as important among both the respondents put together.
• It is found that all the factors i.e. skills of the nursing staff (0.777), their attitude and behaviour (0.665), promptness in meeting needs (0.737), medication at regular intervals (0.795), psychological support (0.824) and their appearance (0.611) are identified as important among the inpatients respondents.

• It is found that cleanliness (0.546) and ventilation (0.524) are important factors identified among the inpatient respondents with regard to room environment.

• It is found that all the factors i.e. timeliness (0.532), diet (0.727), menu (0.566), taste (0.515), temperature of food served (0.503) and containers (0.529) are important among the inpatient respondents regarding dietary services.

• It is found that all the factors - location (0.556), space (0.719), facilities (0.574) and consulting time (0.635) are identified as important with regard to the outpatient department among the outpatient respondents.

• It is found that all the factors - skill and knowledge (0.870), promptness in meeting needs of the patients (0.730), their care and concern (0.551) and their appearance (0.546) are identified as important among the inpatient respondents regarding the quality and care of the supportive staff. Among the outpatient respondents, promptness in meeting their needs (0.566) and care and concern (0.608) shown by the supportive staff are identified as important factors. The factors-skill and knowledge (0.569), their care and concern (0.529) promptness in meeting needs (0.549) and their appearance (0.606) are identified as important among the inpatient respondents.

• It is found that all the factors regarding the discharge process and billing i.e the presentation and explanation of the bills (0.706), discharge instructions (0.812), discharge summary (0.689) and the time taken to discharge the patients (0.801) are identified as important factors among the inpatient respondents.
5.7 Opinion of the inpatient and outpatient respondents about the hospital charges

Opinion of the inpatient and outpatient respondents about the hospital charges is analysed by using average score technique and the summary of the results are as follows.

5.7.1 The respondents in the age groups of up to 20 years and 51-60 years are of the opinion that intensive care unit charges and room/bed charges are high (3.76-4.00). The inpatient respondents in the age group of 21-30 years expressed that the physicians' charges and room/bed charges are relatively high (3.79 and 3.70 respectively). Physicians' charges, dietary charges and room/bed charges are found to be relatively high (3.74-3.78) among the inpatient respondents in the age group of 31-40 years. The inpatient respondents in the age group of 41-50 years opined that physicians' charges and room/bed charges are relatively high (3.72 and 3.76 respectively). The inpatient respondents in the age group of 61 years and above stated that the room/bed charges are relatively high (3.77). The outpatient respondents in the age group of up to 20 years are of the opinion that physicians' charges are relatively high (3.70). The outpatient respondents in the age groups of 21-30 years, 31-40 years, 51-60 years and 61 years and above viewed that all hospital charges are normal (2.79-3.54). The respondents in the age group of 41-50 years opined that physicians' charges and cost of medicines are relatively high (3.75 and 3.71 respectively).

5.7.2 The male inpatient respondents are of the opinion that room/bed charges are relatively high (3.76). The female inpatient respondents expressed that the physicians' charges and the room/bed charges are relatively high (3.73 and 3.77 respectively). All the outpatient respondents irrespective of their sex viewed that all types of hospital charges are normal (2.89-3.56).

5.7.3 The inpatient respondents in the illiterates group stated that the physicians' charges, dietary charges, ICU charges and room/bed charges are relatively
high (3.73-3.91). The inpatient respondents in the primary and higher secondary level groups opined that room/bed charges are relatively high (3.71). The inpatient respondents in the diploma level group expressed that all types of hospital charges are normal (3.00 -3.47). The inpatient respondents in the graduation level group are of the opinion that physicians' charges and room/bed charges are relatively high (3.84 and 3.81 respectively). The inpatient respondents in the post graduation level group stated that room/bed charges are relatively high (3.76) and the professional level group stated that canteen charges and room/bed charges are high (3.75 and 4.00 respectively). All the outpatient respondents irrespective of their educational level are of the opinion that all types of hospital charges are normal (2.67-3.59).

5.7.4 The inpatient respondents in the agriculturists group stated that the ICU charges and room/bed charges are relatively high (3.70 and 3.80 respectively). The inpatient respondents in the business people group, employees group and retired persons group are of the opinion that the room/bed charges are relatively high (3.73, 3.72 and 3.74 respectively). The inpatient respondents in the professionals group are of the opinion that canteen rates and the room/bed charges are relatively high (3.75 and 3.88 respectively). The inpatient respondents in the housewives group and students group are of the opinion that the physicians and room/bed charges are relatively high (3.73 – 4.08). All the outpatient respondents except those in the students group expressed that all types of hospital charges are normal (2.77-3.61). The outpatient respondents in the students group opined that physicians and radiology/laboratory charges are relatively high (3.80 and 3.70 respectively).

5.7.5 The inpatient respondents in the income group of upto Rs.5,000 are of the opinion that all types of hospital charges are relatively normal (2.92-3.58). The inpatient respondents in the income group of Rs.5,001 -10,000 and
Rs.25,001 and above opined that room/bed charges are relatively high (3.81 and 3.94 respectively). The respondents in the income groups of Rs.10,001-15,000, Rs.15,001-20,000 and Rs.20,001-25000 expressed that physicians and room/bed charges are high (3.71-4.08). All the outpatient respondents except those in the income groups of Rs.15,001-20,000 and Rs.25,001 and above expressed that all types of hospital charges are normal (2.47-3.57). These two groups of the outpatient respondents opined that physicians charges are relatively high (3.72 and 3.70 respectively).

5.7.6 All the inpatient respondents irrespective of their area of residence opined that hospital charges are normal (2.95 and 3.67), except room/bed charges. They opined that room/bed charges are above normal (3.76). All the outpatient respondents irrespective of there area of residence are of the opinion that all types of the hospital charges are normal (3.06-3.58).

5.8 Expected and Perceived quality of health care services

Patients perceptions are compared with their expectations on various aspects of health care services of the selected hospitals relating to five quality dimensions tangibles, reliability, responsiveness, assurance and empathy. Gap analysis is performed to know whether there exists significant difference between expected and perceived quality aspects through t-test at 5 percent level of significance among the inpatients and outpatients separately. The results are as follows.

- It is found that the mean expected level of each factor is significantly more than the perceived level among the inpatients. It is concluded that the managements have to initiate suitable steps and measures to improve the level of perceptions of the inpatients on the various quality aspects.

- It is also found that the mean expected level of each factor is significantly more than the perceived level among the outpatients. It is concluded that the managements have to initiate suitable steps and measures to improve the level of perceptions of the outpatients on the various quality aspects.
Suggestions

On the basis of the findings of the study, the following suggestions are made which may contribute in enhancing the patient care and service quality of the healthcare providers who play an important role in building a healthy society.

Suggestions for the hospitals

❖ Patient care is one of the essential components of the organizational activities and services rendered by a hospital. As the hospitals deals with human beings who are under stress and strain, persons concerned with patients’ relation should provide service of the highest degree. This necessitates the hospitals to have separate well motivated disciplined and highly professionalised patient relations department.

❖ Patients under treatment in general are psychologically affected. A timely and regular counselling will remove their fear and agony and will instill the needed confidence in them. Programs such as yoga and meditation will enhance patients’ positive thoughts and aid them for quick recovery.

❖ Efforts should be taken to minimize the waiting time in hospitals. The patients and providers to remain on schedule as much as possible. Appointments through telephones may help the patients to be at scheduled time. The facilities in the waiting rooms should ensure comfort for the patients during their waiting hours at the hospital and the patients who are in emergency should be given priority.

❖ A consortium of experts from various hospitals in a particular area may be formed to take decisions regarding the treatment for the more critical and acute cases, thereby reducing the risk on individual physicians and also assists in providing confirmed treatment for patients. It would also enhance patients’ confidence and trust.

❖ It is difficult to gain commitment from the hospital staff for providing quality services if their environment is not upto their expectations. The health care
providers should take every effort to enhance the morale of their staff and their effectiveness through training programs. They should create an environment of staff support and rewards for service performance. Everyone on staff – from the physicians to the people who do laundry should realise they are responsible for their patients pleasant stay in the hospital. Staff relations will reflect on patients’ relations. Providers should understand regularly the employees’ satisfaction with their jobs. Continuous and ongoing training programs for all medical staff should be arranged from time to time to know the latest developments in their fields.

❖ After the need of the patients for prompt attention by the provider, they get concerned about the actual treatment they receive. The quality of treatment is quite difficult for patients to assess. They tend to evaluate the treatment when there is no improvement in the condition of the patient or the condition deteriorates further. Explanation by the providers to the patients and their attendants in an understandable manner regarding the nature of illness, options for treatment and their plan of treatment will help to alleviate their anxiety. Visual transparency of operation theatre services and ICU services for the attendants waiting will make them understand the patient’s position.

❖ The hospitals on one hand bear the responsibility of making the health care services affordable, while on the other hand they also need funds to invest in the latest developments in the medical field regularly. This necessitates the modern hospitals to have innovative pricing strategy. It is suggested that the charges should be linked to the income level of the patients. For this purpose the patients may be grouped into high, medium and low income groups. The low income patients should be given treatment at subsidised rates. The middle income group charges should cover the cost of services. High income groups should be charged sufficiently to cover cost and the losses on account of the low income group charges.
Creating awareness among the public is a must for the private hospitals to survive. Advertising should be made at regular intervals and also whenever new facilities and specialities are introduced and reputed physicians are available for consultation in hospitals. Health education programmes, health camps etc. should be organised by the private hospitals as a part of their awareness programmes.

The hospitals should be prompt in meeting the needs of the patients as it helps to create a positive image in the minds of the patients and their relatives.

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

Hospitals may consider telemedicine, mobile care and home care in expanding their services and achieving faster growth.

- Telemedicine is a meaningful and economical integration of the communication technology, information technology and the medical technology. This facility enables the specialist physician and the patient separated by geographical distance to see each other and communicate regarding diagnosis, treatment and referral.

- Mobile care involves providing health care facilities at the door steps of the patients by using mobile medical unit. It may consist one or two physicians, nurses and pharmacist. Diagnostic tools (simple) and full range of medicines, syringes, IVFS may be in the mobile medical unit.

- Home delivery system involves providing health care to patients at their home. This facility can be used with patients who had surgery and spend their recovery time at home instead at the hospital. Nurses visit patient’s home to change dressings, administer for pain and do physiotherapy. Such facility is extended to patients based on the physical condition, complexity of care required and location of patients’ residence.
High quality standards create confidence in the minds of the patients and attract them. Accreditation by an independent organisation is a way of achieving and maintaining these quality standards and lets the patients to know that the hospital is maintaining some specific standards on the basis of which a patient can judge the quality of the services.

Private health care providers should take up community welfare programmes with the objective of improving health care standards for the public. They can provide health care services and free check ups in rural areas; can offer subsidised health packages to special sections of the society and can collaborate with other philanthropists and NGOs to sponsor surgeries and organize health awareness activities.

Private hospitals may also initiate health care facilities in rural areas by constructing hospitals with all basic facilities like CT scan, X-ray laboratory services, blood bank and minor operation theatres. The private hospitals may adopt specific villages with the aim of providing basic health services and health information to the residents. Basic medicines may be provided at free or concessional rates.

Suggestions for the public

Every individual should be conscious of his/her health and aware of health related issues. Expenditure on preventive care is considered as an investment and people should allocate at least minimum amount from their family budget to maintain good health among the members of the family.

Health clubs may be formulated among the public. These clubs should educate its members and create and administer health fund from the contributions of its members. The immediate and contingent health care needs of the members may be assisted from this fund.
Suggestions for the government

❖ Government should stimulate private sector investment in health care industry- a highly capital intensive industry with long gestation period. It should accord priority sector status to the industry to have easy access to institutional borrowing of funds. It should identify specific areas that need health care facilities and stimulate the private sector investment in these areas through land at subsidised rates, tax holidays and exemption from import duties for medical consumables and equipments.

❖ Quality enhancements in hospitals may be insisted by defining and enforcing standards for health care facilities such as minimum standards for infrastructure, manpower and information. These standards must be defined by the central government in consultation with the states and should be enforced by the statutory bodies.

❖ The government should set up a statutory body for accreditation of hospitals which assists in promoting quality medical services and improving patient satisfaction. Accreditation can communicate assurance to patients of institutions meeting some specific standards certified by a panel of experts.

Conclusion

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

- Studies on marketing strategies of the private health care providers could be carried out to understand their efforts in providing health care to patients.
- Patient satisfaction studies in small, medium and speciality hospitals could be attempted to supplement the current research.
- To understand the states efforts as a provider of health care services, studies on quality care of the state owned hospitals and the primary care centres could also be attempted.
- An attempt can also be made in understanding the relationship between the patient satisfaction and service quality.