Healthcare is one of the largest and most important industries in the world and healthcare organizations are among the most complex and dynamic institutions of our society. No other industry has taken greater stride in the last two decades than the healthcare industry. Healthcare organizations are conspicuous institutions of the society growing in size and complexity and incorporating the latest in science and technology. Not only this, healthcare is big business today. What was once limited to charity organizations and religious orders has been today taken over by private corporations and shareholders. With the opening of the service sector in India to multinationals in the year 2004, as per the WTO treaty, this will assume greater importance.

Among all these, the healthcare industry seems to have lost its focus, the very reason for its existence - the patients and their needs and expectations and their satisfaction. This has been a common theme for all the private healthcare institutions especially in India. There is an urgent need to make the patients and their satisfaction the primary focus of the healthcare organization not only for the sake of the patients but also for the organizations themselves. This work has been borne out of this need.

The study is in three sections. The first section, introductory, consists of three chapters. The first chapter gives an overview of healthcare marketing its basic concepts, its emergence and evolution and its function and scope. The second chapter reviews the current literature on healthcare marketing especially the status of customer satisfaction surveys as an essential and basic aspect of health care marketing. The third chapter deals with the need, scope, objectives and limitations of the study and the research methodology. Section two gives the analysis of the data and the interpretation of the results. One chapter each deals with each one setting of the study and one chapter is devoted to the comparison among the settings. The third section gives the conclusions and recommendations.
Like the field of medicine itself, medical institutions and hospitals are ever-changing organisations. There is a constant change in the external and internal environment of which the hospital functions. In a changing environment as is with healthcare today, the needs, wants, demands and expectations of the patients constantly keep on changing. As present expectations are met and even exceeded new expectation emerge, in never ending cycle. This reflects on the present study. The data, its analysis and consequent conclusions and recommendations may not be as valid today as they were at the time the study was performed. This is the reason why a periodic patient satisfaction assessment is recommended as a continuous ongoing exercise.

The scores and other data presented in the study below does not reflect the actual skill and capability of the doctors, nurses and other staff, their effort, dedication and motivation, and their responsiveness, empathy and their sense of responsibility toward the patient. Likewise it does not actually reflect the actual working of the administration or of the institution. The scores and other data reflect only the perception and the attitude of the responders, which may be quite different from the actual. For example the statement on doctors skill does not in any way measure the doctors skill rather it is a perception (not assessment) of the doctor’s skill by the patient. The two may be entirely different. Therefore the results of this survey cannot in anyway be used to qualify, quantify or compare the capacity, competence and capability of one hospital and its doctors and the staff, with another. These perceptions are a function of the patients knowledge of medical care and hospital, his exposure to other different hospitals, his past experience with the same hospital, his medical condition, physical and mental, at the time of the interview and a host of other factors. Also the perceptions are setting specific. This implies that the perceptions at on hospital may not be the same at the other. The expectation of the customers at one hospital may be different from the other and so the satisfaction would vary even if they both provided the same quality of care. Expectations in lesser-developed countries with regard to healthcare facilities differ widely from that in developed ones. Moreover, to be valid, comparisons among physicians or hospitals must be made only by carefully standardised survey methods. As has been detailed later, this study was intended to be setting specific.
The interpretation of the data and the results and the possible reasons and explanations offered for these results are entirely my own and based on my assessment. They may or may not be true. Recommendations to the four hospitals in the setting have been limited to what needs to be improved and where the focus of marketing should be directed. Specific recommendations as to how this can be achieved are not made. This task is left to the administration of these hospitals, as they are better equipped at deciding the strategies and the course of action that can effect the necessary improvement recommended in this study.

Finally, at many places in the text, patients are referred to only in the male gender. This is purely for the sake of convenience and reflects no bias.

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