CHAPTER -I

INTRODUCTION AND

RESEARCH DESIGN
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Perspicuously manifesting there is a paradigm shift from acquiring new customer to the retention of existing customers in the arena of staff competition oriented business environment and sustain the consistency in terms of customer satisfaction simultaneously creating the immediate impression that the supplier can catch to his future needs and after sales service. Obviously it reflects the comfort and confidence the supplier can response on the customers retrospectively manifestation presumption of stale business and profitability accomplishing the terms of essential principles of customer Relationship Management in the form of silver lining. Buttle\(^1\) continues with the statement, whatever it is called, CRM is clearly a business practice focused on customers. Meanwhile, Kerr and Anderson\(^2\) states CRM as a strategy, a tool or even a weapon that keeps the company on course and to be able to anticipate the changing landscape of the marketplace. According to these authors, CRM is a comprehensive approach for creating, maintaining and expanding customer relationships. Customer Relationship Management stands for different things for different people and different situations. The three letters, CRM are mostly referred by people as Customer Relationship Management. Others refer CRM as customer relationship marketing. Deans\(^3\) who states that CRM is a strategy for companies to build and manage long-term relationships with their customers.

According to the researchers, by implementing CRM, better customer service, as


well as improvement and management of customer expectations and loyalty can be provided. CRM can also be seen as a way to present a company's products, quality and services to its customers. Companies expect to improve profitability by gaining customer loyalty, customizing offerings, and lowering costs by implementing CRM solutions. Customer satisfaction and loyalty occurs since customers find each company to be more responsive and more in touch with their specific needs so customer will come back again.

For many years, commercial businesses have realized the benefits of deploying CRM systems that help them build long term relationships. In turn customers have grown accustomed to dealing with business that proactively understand and serve their needs. Through automated systems based on the concepts of loyalty and relationship-based marketing. On the other side for a customer loyalty to one organization reduces the risk of service variability, allows for the development of a social rapport with the provider, and the customization of services to his/her specification. The precise meaning of relationship marketing is not always clear in the literature and the attempts to define it have been many and varied. A rather comprehensive definition is offered by Gronroos⁴ where relationship marketing is defined as "to establish, maintain and enhance relationships with customers and other partners, at a profit, so that the objectives of the parties involved are met. This is done by a mutual exchange and fulfillment of promises".

Finally the key to establish customer relationships is to identify customer satisfaction. According to Deans⁵ customer loyalty, customization,

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community building, and unique services with branding contribute to high
customer satisfaction and retention. Delivering a higher level of customer
satisfaction that exceeds customer expectation will increase profitability, which is
a key objective of the relationship management strategy. In health care sector, the
hospital to enhance profitability and patient’s loyalty focusing on implementing
Customer Relationship Management (CRM) strategies that aim to seek, gather and
store the right information, validate and share it throughout the entire organization
could be a good solution.

The researcher prepared this thesis entitled CUSTOMER
RELATIONSHIP MANAGEMENT IN PRIVATE HOSPITALS (A
SPECIAL REFERENCE TO MADURAI CITY IN TAMILNADU ) to tackle
such type of situation. The thesis explains the reasons for maintaining patient’s
relationship and identifying the needs and improves the services.

1.1 IMPORTANCE OF THE STUDY

The biggest management challenge in the new millennium of
liberalization and globalization for a business is to serve and maintain good
relationship with the customer king. In the past, producers took their customers for
granted, because at that time customers were not demanding nor did they have
many alternative sources of supply or suppliers. Since the customer was passive
customer, the producer dictated terms and had very little customer commitment.
But today there is a radical transformation. The changing business environment is
characterized by economic liberalization, increasing competition, high consumer
choice, enlightened and demanding customer, more emphasis on quality and value
of purchase etc. Modern marketing calls for more than developing the product,
pricing of the product, promoting the product and making it accessible to target
customers. It demands building of trust, a binding force and a value added
relationship with the customers to win their hearts. The new age marketing aims at
winning customers permanently forever, by respecting the customers, creating products to suit their needs and developing life time customers through the principle of customer delight, approval and enthusiasm. Patient’s needs are the driver for efficient hospital services. Personal contact and relationships are very important in healthcare environment. As there is lot of potential demand for healthcare in the present scenario, healthcare is considered to be a sunshine industry. Presently, the perception of an individual on health has transformed from health consciousness to more health sensitivity. CRM in a hospital is a business strategy to manage customers to optimize long-term value. CRM requires a customer-centric business philosophy and culture to support effective marketing, sales, and service processes. Building relationship with customers may be easy but maintaining the built relationship is a must. CRM is a “chain relation” triggered by new strategic initiatives rather than by that which one can initiate at work process, or worse yet, at the technology level. In view of acute competition in the private hospitals is definitely one of the competitive advantages of the hospitals for survival. The effective CRM depends on the level of patient’s satisfaction for which a customer is ready to pay a price premium for customized services.

1.2 STATEMENT OF THE PROBLEM

Customer Relationship Management requires a customer-centric business philosophy and culture to support effective marketing sales and service process. All the service industries must adopt CRM Strategy in order to face keen competition. The health care industry is also not an exception because competition is severe among the corporate hospitals and an effective CRM Strategy is a must for the hospitals for survival. In future the hospitals must shift their paradigm from service-centric to patient-centric. The future of hospital rests in the ability to provide service levels that exceed beyond patient expectations. The patients don’t want multiple choices out simply expect that their demands be filled up to their
full satisfaction. The strength of hospital largely depends on strength of its relationship with patients. The hospitals may have efficient personnel; they may also have sophisticated amenities and facilities to improve the quality of services, but if they don’t find a friendly or conducive environment, the patients cannot be retained. In this context, there are different dimensions of customer relationship that hospital managers have to adopt, namely a) Relationship between hospital personnel and patients; b) Relationship among different categories of hospital personnel; c) Relationship between the Management and the employees. However, the aim of the study is to give an insight to the customer relationship management concept in hospital environment CRM in hospital is a business strategy to manage customers in the long run. An attempt has been made in this research work to study the Customer Relationship Management adopted by the private hospitals Madurai through a well-structured questionnaire aimed to analyze the perception of the patients (Customers) and suggest measures to improve CRM in that corporate hospital.

Customer Relationship Management (CRM) is the buzzword in today's highly competitive and rapidly fluctuating business domain. CRM is a strategy used to learn more about the customer's needs and behaviors in order to develop stronger relationships with them. After all, good customer relationships are at the heart of business success. Organizations find that all business processes from customer service to payroll have an impact on the end user. Customer Relationship Management helps the service users achieve the following goals:

- Customer retention and loyalty.
- Rapid return on investment.
- Reduction in sales cycle.
- Post-Implementation Support.
- Integration with other systems.
In the light of the developments, it has been pertinent to focus the study on customer relationship management in private hospitals. In this process the following questions arise:

- What is the current status of private sector hospitals?
- CRM strategies and perception –what is the relevance to the healthcare providers?
- What are the correlation of patients’ expectation and the scenario of health care providers?
- In what way or what ways the individual healthcare provider present its characteristics in order to correlate with patient satisfaction on the overall basis?
- In what way the overall patient satisfaction reflects the service quality singularly and collectively?
- What are the perceptions of improvement of patients’ satisfaction?

1.3 RESEARCH GAPS

The following research gaps are CRM practices for hospital services can be described as organized endeavors to establish and improve relationship between the hospital and the patient and his/her relatives, with the twin objective of assisting the patient; and the hospital to enjoy a good reputation in the community. CRM practices also have a major implication for the vision, mission, values, culture, processes and services structure of a hospital. CRM practices not merely relate to just being nice to the patient, these are concerned with providing service of the highest degree with uncompromising sincerity (Sims 2000). Normally, more cordial relationships may exist where patients may have more frequent and personal contact. CRM strategies may help hospitals to enhance many of their relationships with patients and their relatives and stakeholders like hospital administrators, medical and paramedical staff, and community at large.
The CRM in hospitals should be seen as strategy to serve, satisfy, retain and attract patients. The CRM could be viewed as hospital-wide growth strategy aimed at knowing and serving patients using the latest technology to create a personal, caring and service-oriented interface. **Mr. Govinda raj (2004)** also accomplished in the title of CRM in telecommunication sector. He concluded CRM is collective aspect depend upon the staff and department of every organization and transparency in functioning of departments play very important vital role to maximize the customers.

The above mentioned research gaps are useful in developing a model research proposition and research design to ascertain the CRM in patients and hospital executives.

### 1.4 SCOPE OF THE STUDY

The study aims to find out how the Customer Relationship Management strategies are viewed by patients and healthcare providers. Hence it will indicate whether the existing strategies are to be modified or not. The study also aims to find out the level of satisfaction of patients on different services provided to them and the areas of their dissatisfaction which will indicate how far they are satisfied and on what fronts dissatisfaction exists so that remedial measures can be undertaken by hospitals.

### 1.5 OBJECTIVES OF THE STUDY

1. To study the theoretical backdrop of Customer Relationship Management (CRM) in General.
2. To study the CRM in Health care Sector
3. To Examine whether or not the CRM between Patients and Hospital Executives on different Elements of CRM
4. To assess the attitude of patients towards CRM process in hospitals
5. To Present a Profile of healthcare sector in Tamil Nadu with special reference to Madurai city.
6. To analyze the satisfaction of Patients on CRM practiced by Hospital Executives and the relationship of demographic variables and private hospitals related variables with their Relationship.

1.6 HYPOTHESIS

1. There is no significant difference between Patients and Hospital Employees in their Opinion about Initial services.
2. There is no Significant difference between Patients and Hospital Employees in their Opinion about Facilities for Inpatients and Out Patients
3. There is no significant difference between Patients and Hospital Employees in their Opinion about Maintenance.
4. There is no significant difference between Patients and Hospital Employees in their Opinion about Innovative Technology.
5. There is no significant difference between Patients and Hospital Employees in their Opinion about Loyalty.
6. There is no significant difference between Patients and Hospital Employees in their Opinion about Management Process and Polices.

1.7 PILOT STUDY REPORT

The pilot study revealed that frequencies distribution of demographic variables age, gender, education, income, marital status, family show slight deviations at 5% level in normal plot. It is also found the skewness, is varying from -.846 to 2.515 which is in the appreciable limit.
1. The researcher is advised to meet rural level educated patients young as well as aged patients in the data collection area.

2. The CRM elements advise offering, infrastructure facilities of the hospitals, staff interaction, and doctors' approach having cronbach α value .847, .858, .897, .912 and .849 respectively for all the elements.

3. It is also found on the whole the reliability statistics is .890. It is also found the statements included in the questionnaire are highly reliable for more than 89%.

4. The respondents and their opinion in likert’s 5 point scale from the required normal distribution satisfying necessary and sufficient conditions for data analysis and interpretations.

It is concluded that researcher has explained to the respondents about different stages of CRM and its ultimate impacts sufficient number of yes or no type questions have been incorporated to make the domain suitable for various applications of regression and logistic regression analysis.

1.8 FRAME WORK ANALYSIS

The data collected from both the sources are scrutinized, edited, and tabulated. The data are analyzed using SPSS (statistical package for social science).

- Factor analysis is applied to find out the major factors of patients hospital relationship management between patients and hospital staff.
- Discriminate analysis has been carried out to know the important variables that patients and hospital staffs.
- The common statistical tools like percentage, mean, standard deviation have also been used to express the personal profile and CRM by hospital executives.
The Influence of independent demographic variables’ elements of patient’s relationship in hospital is analyzed by using ANOVA.

K Means cluster analysis - it is used to identify different levels of influence the strategies as deep influence so ever patients in obtaining the needs and services.

T test to identify the opinion of staff regarding patients hospital relationship management

Association among various clusters of patients. A non parametric chi square test is required in this context to find the association between different types of clusters of patients.

1.9 SAMPLE SIZE

Sample selected for the study covers ten different private hospitals of Madurai Corporation. Totally 720 persons are selected on simple random. Out of sampling, only 540 questionnaires are filled by patients and remaining 180 filled by hospital staffs. It includes six attributes for the present research. These attributes chosen for the research are Initial services, Facilities for Inpatients and out patients, Loyalty, Maintenance, Innovative technology, Opinion about Hospital Executives.

1.10 QUESTIONNAIRE DESIGN

This research entirely depends on both primary and secondary data. As established in the pilot study the primary data is collected through well framed questionnaire comprising optional type and lickert 5 point scale type questions. The questionnaire is divided in to 6 major attributes namely Initial services, Maintenance, Facilities for inpatients and out patients, Loyalty, Innovative technology, Opinion about hospital executives. The first part consists of optional type questions to ascertain the details of demographic backgrounds of
customer of private hospitals in Madurai city. This section is useful to ascertaining place, gender, age, education, occupation, income, etc. Another section deals with they maintain CRM or not? It consists in yes or no format. All the CRM attributes are sought on a 5 point scale viz strongly agree, agree, neutral, dis agree, strongly dis agree. the scores awarded to the response of each component under attitude head were viz 5, 4, 3, 2, 1.

1.10.1 CRM TO PRM

There has been an increasing tendency in recent times to apply marketing, business and consumerist models to the provision of care of modern medicine. This reflects changes in the way the health service is perceived both by the providers and the recipients of care. Along with these changes have come alterations in the terminology employed by the health service and those observing it. Reflecting their training in business related disciplines; the administrators of the health service have led many of these changes as they oversee what has become an expensive and complex service. Although the provision of a more efficient and effective service is obviously laudable, we have noted that in using certain business related terminology the fundamental basis of the health service, the actual provision of health care to individuals and their relationship with their individual doctors, may be somewhat overlooked. A typical example is in referring to people as “clients” or “customers” of the doctor or hospital. Although it has been shown that people tend to vacillate between the “consumerist” and “passive patient” positions in their interactions with doctors, our results demonstrate that people still definitely view themselves as being in a relationship that is different to one of dependency or simply a business style terminology undermines and overlooks the complex process occurring when a stick person presents for treatment to their doctor. It is also demand efficiency and professionalism, if we continue to reduce the provision of health care to a service in which the stick represent merely the
paying customers we certainly risk alienating a population who also expert a traditional caring attitude. Better understanding and communication are the goals that should guide the administrators of the service; the doctor's rendering care and the patients attending in order to provide optimal care.

1.11 SOURCES OF DATA

Primary data and secondary data were required for the study. Primary data relating to the views of hospital executives about the CRM —were collected through a structured interview schedule issued to hospital staffs. For the purpose of assessing patient satisfaction, the sample patients were personally contacted and interviewed by the researcher in the hospital premises and out of hospital premises, to elucidate the necessary information, as per interview schedule, designed for the patients and hospital executives.

The secondary data are collected from journals, magazines, publications, reports, books, dailies, periodicals, articles, research papers, websites, company publications, manuals, booklets etc.

1.11.1 DATA ANALYSIS

All data analysis was conducted using for the application to Sample means, standard deviation and N are presented in the analysis chapter for all the variables of the study. Factor analysis, cluster analysis, one way analysis of variance, Karl Pearson's co-efficient of correlation, t-test, ranking analysis are discussed among CRM between patients and hospital executives.

1.11.2 VALIDITY EVALUATION

Validity is synonymous with the accuracy of the measuring instrument. It is defined as the degree to which what is observed or measured, is
the same as what was purported to be measured. External validity relates to the
degree of generalizing ability, and internal validity which relates to the degree of
validity of statements made about whether X causes Y.

The method used in the thesis has its own inherent external validity
issues related to the CRM in private hospitals of inpatients and out patients. Its
external validity is limited as it is unlikely that respondents will recommend (by
word-of-mouth) or purchase a product of the companies that they have seen
before. The highly usable products are more likely to be recommended. However,
respondents differ in their perceptions of CRM Practices mainly relating to the
constraints and the attrition rate of patients, which is the main issue being
investigated. Determining validity is considered the most important consideration
in questionnaire evaluation and involves content-related validity, criterion-related
validity and construct-related validity. Construct-related validity refers to the
question of what the instrument is, in fact, measuring. It addresses the
psychological qualities contributing to the relation between X and Y. There is no
direct measure of construct-validity, but it can be discovered via the emergence of
meaningful factors through factor analysis. In the case of the scales used in this
thesis, construct-validity is shown through exploratory or confirmatory factor
analysis and the fact is that the scales have been validated in previous research
contexts.

Constant-related validity focuses on the adequacy of the domain of the
characteristics captured by the measure and is also known as face validity. It refers
to whether the test adequately samples the relevant material it purports to cover.
One of the best ways to determine face validity is by the researcher defining what
the variable is and what is not and then to take a large sample to be measured and
refined. Criterion-related validity refers to the degree to which the test correlates
with one or more outcome criteria. Criterion-related validity is characterized by
prediction of an outside criterion and checking the instrument against some outcome. In the case of this thesis, this can be seen by the expected changes in respondents reactions depending on the CRM maintained by inpatients /out patients and hospital executives.

1.11.3 RELIABILITY EVALUATION

Reliability refers to the similarity of results provided by independent but comparable measures of the same object, trait, or construct. A similar definition, noting the amount of agreement between independent attempts to measure the same theoretical concept, was proposed by Bagazzi. In essence, it is a method that describes the degree to which observations or measures are consistent or stable or accurate and precise. Reliability was assessed based on Cronbach Alpha as presented in Table below:
### CRONBACH ALPHA TABLE

Table 1.1

<table>
<thead>
<tr>
<th>Measure</th>
<th>Items</th>
<th>Range</th>
<th>Factor</th>
<th>Variance</th>
<th>Mean</th>
<th>SD</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial services</td>
<td>13</td>
<td>1−5</td>
<td>2</td>
<td>69.98</td>
<td>3.8</td>
<td>0.9</td>
<td>0.82</td>
</tr>
<tr>
<td>Maintenance</td>
<td>17</td>
<td>1−5</td>
<td>3</td>
<td>61.75</td>
<td>4.1</td>
<td>1.01</td>
<td>0.84</td>
</tr>
<tr>
<td>Facilities for inpatients and out patients</td>
<td>13</td>
<td>1−5</td>
<td>2</td>
<td>71.72</td>
<td>3.9</td>
<td>0.8</td>
<td>0.79</td>
</tr>
<tr>
<td>Innovative technology</td>
<td>10</td>
<td>1−5</td>
<td>2</td>
<td>69.91</td>
<td>3.9</td>
<td>1.1</td>
<td>0.91</td>
</tr>
<tr>
<td>Loyalty</td>
<td>10</td>
<td>1−5</td>
<td>3</td>
<td>72.71</td>
<td>4.2</td>
<td>0.6</td>
<td>0.87</td>
</tr>
<tr>
<td>Opinion about doctors/nurses</td>
<td>5</td>
<td>1−5</td>
<td>2</td>
<td>71.04</td>
<td>3.9</td>
<td>1.2</td>
<td>0.91</td>
</tr>
<tr>
<td>Opinion about executives</td>
<td>5</td>
<td>1−5</td>
<td>1</td>
<td>70.14</td>
<td>4.1</td>
<td>1.1</td>
<td>0.87</td>
</tr>
</tbody>
</table>
The Cronbach Alpha reflects both the number of items and their average correlations. Thus, when a cronbach alpha value is small, the test is either too short or the items have very little in common and vice versa. This method has been recommended by Churchill G⁶ and Nunnally and Bernstein⁷ and used in numerous other studies Crook and Booth⁸. Other factors that could not be assessed using Alpha were determined. Through correlations it was determined that the higher the Cronbach Alpha value, the greater is the internal consistency, and therefore the greater is the reliability of the measure.

1.11.4 DATA ANALYSIS

All data analysis was conducted using SPSS V-15. Sample means, standard deviation and N are presented in the analysis chapter for all the variables of the study. The data were screened in order to obtain the variance between various CRM competencies. Factor analysis, cluster analysis, one way analysis of variance, Karl Pearson's co-efficient of correlation, t-test, ranking analysis are discussed here.

1.11.5 FACTOR ANALYSIS

Both Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were used in this thesis. Factor analysis is a branch of

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multivariate analysis that is concerned with the sharp internal relationship of a set of variables. The numerous variables used in a multi-item scale such as those utilized in the thesis, can be analyzed to note if those variables could be seen as approximately explaining a single factor De Groot et. al. 1982⁹. EFA refers to the determination of the number of common factors necessary and sufficient to account for the inter correlations of a given set of variables De Groot et. Al 1982¹⁰. It is traditionally used to explore the possible underlying structure of a set of items without imposing any structure.

CFA, on the other hand, is where the number of factors is assumed to be known and the main issue is to fit a postulated pattern of zero and non-zero loading to a given correlation matrix De Groot et. al 1982¹¹. CFA is more of a theory testing, rather than a theory rating method, as it is based on strong theoretical and empirical foundations Hair J.F Jr., Anderson, R.E., Tatham, R.L., & Black, W.C 1998¹². Data obtained were investigated by an exploratory factor analysis to determine the number of latent constructs underlying the variables. This was then used in the CFA carried out by utilizing the first or second order CFA for the various scales used in the tests.

1.11.6 CLUSTER ANALYSIS

This procedure attempts to identify relatively homogenous groups of cases based on selected characteristics using an algorithm that can handle large


¹⁰ De Groot et. al ibid

¹¹ De Groot et. al ibid


17
number of cases. However, the algorithm requires specifying the number of clusters. It allows the researcher to analyze the existence of different perceptions of the respondents. The number of clusters may be derived by trial and error method or by computing the large scale differences among co-efficient obtained from hierarchal clusters. This technique is considered appropriate, whenever the research is concerned with a comparison of mean scores, especially in the case of experimental study, involving manipulations such as in the case of this thesis. The basic assumptions of cluster analysis are the variables should be quantitative at the interval or ratio level. The distances are computed using simple Euclidean distance among the appropriate variables. In the case of this thesis, clusters are formed with respect to the factors obtained though factor analysis.

1.11.7 ANALYSIS OF VARIANCE (ANOVA)

ANOVA allows for the study of a single factor or several factors, but will only measure one variable Bray and Monwall 1985\(^\text{13}\). An ANOVA works by measuring the variance of the population in two different ways; the first is by noting the spread of values within the sample; the second is by the spread out of the sample means. If the samples are from identical populations, these methods will give identical results. The basic assumptions for ANOVA are random sampling independent measurements, normal distribution and equal variance Townsend, 1994\(^\text{14}\).


1.11.8 NON-PARAMETRIC CHI-SQUARE ANALYSIS

Chi-square association test is a non parametric test useful to establish an association between two categorical variables. The frequency dumping in each cell of the cross tabs allows identification of the association between two types of heterogeneous groups and also the nature of cases in that particular cell. It also exhibits linear by linear relationship, and Crammer’s Phi-statistics to study the relationship.

1.11.9 T-TESTS

T-tests are used in situations where the research wants to compare two statistics. The basic utility of a t-test is that it produces a straight forward easy to interpret results of significance. In the case of this thesis, two failed t-tests were used after all other analysis was completed only to note the differences of assumed mean and computed mean directly. The basic assumptions for T-tests- one random sampling, independent measurements, normal distribution and equal variance. The t-tests were further strengthened by the use of the Bonferroni correction test which uses t-tests to perform pair-wise comparison between group means. It controls overall error rate by setting the error rate for each test, to the experiment-wise error rate divided by the total number of tests. Hence, the observed significance level is adjusted and the multiple comparisons are being made SPSS in 2001.

1.12 LIMITATION OF THE STUDY

The study is based on the Primary data collected through interview method, which generally suffers from recall bias. Even though adequacies Care has been taken at every stage to eliminate this error through cross out since this study is confined to quality of services provided out CRM in private
hospital the result and final implications of this study have to be generalized with caution. This study covers only individual patients and their existing Patients. The major limitation of the study is the researcher ignored the services of Government hospitals and the health schemes and facilities provided by the state and Central Governments.

1.13 CHAPTERS SCHEME

The study is termed as CUSTOMER RELATIONSHIP MANAGEMENT IN PRIVATE HOSPITALS (A SPECIAL REFERENCE TO MADURAI CORPORATION TAMILNADU). A case study of private Hospitals at Madurai has been ordered into six chapters.

CHAPTER-I

The first chapter being Introduction, Statement of the Problem, Objectives of the Study, Importance of the Study, Sources Analysis of Data, Hypothesis, Methodology, Limitations of the Study Expected Contribution from the Study and Ends with Chapter Scheme.

CHAPTER-II

Review of Literature sketches a detailed Review of Literature relevant to present study. Previous studies and research findings on Customer Relationship Management, Patients Relationship Management, Initial Services to the Patients, Maintenance, Innovative Technology, Loyalty, Services, Management Process and Polices are included in this chapter.
CHAPTER-III

This third chapter describes Theoretical concepts of CRM, CRM in Service sectors, and CRM in Hospital industry and deals the related subjects.

CHAPTER-IV

This chapter presents the factors influencing the Patient’s Relationship Management-An analysis on perception of patients, the T’test to identify the opinion of patients regarding patient’s hospital relationship management, Influence of independent demographic variables on various elements of Patients Relationship Management in Hospitals, Association among various clusters of Patients, Analysis of variances among patients and hospital staffs.

CHAPTER-V

This chapter being analysis the T’test to identify the opinion of patients regarding patient’s hospital relationship management, Association among various clusters of patients and Analysis of variances among patients and hospital staffs.

CHAPTER-VI

This Chapter aims to list out findings of the study and to give suggestions to enhance the relationship between patients and hospital staffs and conclusions arrived from the study in the private Hospital, Madurai.