CHAPTER - 4
RESEARCH METHODOLOGY

The main purpose of this chapter is to indicate the steps followed in carrying out the research. Giving an in-sight on the problem statement, justification for the study and the research gap, questions and objectives. Also listing the hypotheses for the study along with the research design, sampling framework, data collection methods and tools used for analysis based on objectives. The chapter ends with the limitations of this study and indications for future research.

4.1 MOTIVATION AND PROBLEM STATEMENT

India is becoming a global hub for medical tourism with various ranges of health care centers catering to patients, a spectrum of health care services like homeopathy, ayurvedic, yoga and many more are providing various medical solutions. Health organizations are facing intensified global competition which compels them to develop and improve their performance in delivering services. Global competition has brought forth new technology and advanced treatment facilities in some of the major hospitals in India. With global hospitals entering in to tie up with the best hospitals in India, the patients stand to gain. In all these hospitals patients are given details about their ailment and the treatment options available. As a result there has been a significant change in the behavior of patients, demanding the best treatment at reasonable cost.

Health care services being intangible products, require direct contact between service provider and patients. Winning in today’s marketplace entails the need to build customer relationship and not just building the services; building customer relationship means delivering superior value over competitors to the target customers [214]. Whether an organization provides quality services or not will depend on the customers’ feedback on the satisfaction they get from consuming the products, since higher levels of quality lead to higher levels of customer satisfaction [215].
Therefore Indian health care sector needs to design a mechanism to deliver quality service to the patients. But unless the constituents of quality service is known, no design will deliver quality service successfully. Hence the Service quality model developed by Parasuraman and Zeithaml was taken as the base for this research work. This model consists of various dimensions of service quality such as reliability, assurance, tangibility, empathy, responsiveness, accessibility and pricing, which enable hospital management to develop approaches that effectively improve service quality.

This study aims to recognize the differences between the various dimensions of service quality such as reliability, assurance, tangibility, empathy, responsiveness, accessibility and pricing, which enabled hospital management to improve service quality. A study like this on the service quality dimensions would be essential as it would improve service design, service positioning and service delivery, and monitoring relationship which will provide the management with necessary data to formulate strategy and plan for betterment of the hospital. This would also enable the patients to meet their expectation ‘best treatment at reasonable cost’.

4.2 JUSTIFICATION FOR STUDY

There has been a haphazard growth of medical institutions within the country realizing that enlarging the health connectivity has become the need of the hour. Therefore the presence of larger number of medical support is beneficial to the society and it is become necessary to examine whether the enlarged healthcare services confirm to the service quality norms. It has become evident that monitoring of the service quality alone can ensure better delivery of quality which benefit the community. Adding to these, India is emerging as a major health care hub in the world for “high quality of service at reasonable cost”. This necessitates continuous review of service quality of health care and patients’ satisfaction, else India might loss this primary status in the provision of health care services. Therefore this study is focusing on service quality in three different healthcare environments to make an objective assessment of monitoring effectiveness of quality of service.
4.3 RESEARCH GAPS

Earlier studies on patients’ satisfaction in health care sector have used SERVQUAL dimensions in a limited way. Either the respondents belonged to one category of hospitals or one specialty. Further the variables under different dimensions were not comprehensive.

4.4 RESEARCH QUESTIONS

One of the major concerns in healthcare industry is quality of service. As this industry involves a number of people in different processes, ensuring uniformity in service quality is very difficult. But without uniformity in service quality, patients’ satisfaction would suffer. Therefore, the following questions need to be addressed:

- What are the dimensions of service quality?
- Whether service quality affects patients’ satisfaction in all categories of hospital?
- Is the patients’ satisfaction influenced by their socio-demographic factors?

4.5 RESEARCH OBJECTIVES

1. To assess the significant difference between expectations and perception of the various service quality dimensions for the selected hospitals.

2. To determine the level of patients’ satisfaction with respect to the different categories of hospitals.

3. To examine the significant difference between the various dimensions of service quality with the patients’ satisfaction in the selected hospitals.

4. To analyze whether the level of patients’ satisfaction varies with respect to their socio-demographic factors.
4.6 HYPOTHESES SET

List of null hypotheses set for this study have been listed below

4.6.1 Reliability

HO-1: There is no significant difference between corporate and medical college hospitals with regards to Health care provided suits patient needs.

HO-2: There is no significant difference between corporate and medical college hospitals with regards to the availability of treatment capabilities matching patient needs.

HO-3: There is no significant difference between corporate and medical college hospitals with regards to Health care service is provided appropriately.

HO-4: There is no significant difference between corporate and medical college hospitals with regards to treating physician takes care of specific pain site.

HO-5: There is no significant difference between corporate and medical college hospitals with regards to Doctors and nursing staff have teamwork spirit.

HO-6: There is no significant difference between corporate and medical college hospitals with regards to Doctors gives sufficient time for examination.

HO-7: There is no significant difference between corporate and medical college hospitals with regards to Patients can talk openly and freely with his doctor.

HO-8: There is no significant difference between corporate and medical college hospitals with regards to the hospitals has expert medical professionals.

HO-9: There is no significant difference between corporate and medical college hospitals with regards to the hospitals has various medical treatments.

HO-10: There is no significant difference between corporate and medical college hospitals with regards to the hospitals has professional lab technicians.
HO-11: There is no significant difference between corporate and medical college hospitals with regards to Doctors would easily diagnose the immediate cause of disease.

HO-12: There is no significant difference between corporate and medical college hospitals with regards to Doctors carefully prescribe appropriate medicine to patient.

HO-13: There is no significant difference between corporate and medical college hospitals with regards to relevant cooperation is perceived between doctors and lab technicians.

HO-14: There is no significant difference between corporate and medical college hospitals with regards to reliability in handling the patient’s problem.

HO-15: There is no significant difference between corporate and medical college hospitals with regards to Health care facilities provide their services at the time they promise to do so.

4.6.2 Assurance

HO-16: There is no significant difference between corporate and medical college hospitals with regards to maintenance of patient confidentiality.

HO-17: There is no significant difference between corporate and medical college hospitals with regards to the Doctors is competent to diagnose the case.

HO-18: There is no significant difference between corporate and medical college hospitals with regards to Doctor explains lab test results to patient clearly.

HO-19: There is no significant difference between corporate and medical college hospitals with regards to clear message communicated to patients by personnel.
HO-20: There is no significant difference between corporate and medical college hospitals with regards to Health care facilities employees are sympathetic and reassuring.

HO-21: There is no significant difference between corporate and medical college hospitals with regards to feeling confidence and trust in the doctor treating.

HO-22: There is no significant difference between corporate and medical college hospitals with regards to the behavior of doctors and medical staffs instill confidence in patients.

HO-23: There is no significant difference between corporate and medical college hospitals with regards to Health care facility employees are courteous and polite.

4.6.3 Tangibility

HO-24: There is no significant difference between corporate and medical college hospitals with regards to the hospitals having modern equipment.

HO-25: There is no significant difference between corporate and medical college hospitals with regards to the usable equipment’s and devices readily available to doctor.

HO-26: There is no significant difference between corporate and medical college hospitals with regards to the suitable equipment’s and supplies available for radiology section.

HO-27: There is no significant difference between corporate and medical college hospitals with regards to the suitable equipment’s and supplies available for lab department.

HO-28: There is no significant difference between corporate and medical college hospitals with regards to PC s, printers, and other computer terminals available to doctors and personnel.
4.6.4 Empathy

HO-29: There is no significant difference between corporate and medical college hospitals with regards to the Hospital personnel treat patients with respect.

HO-30: There is no significant difference between corporate and medical college hospitals with regards to the Doctor speaks humanely, encouraging, and relief my pains.

HO-31: There is no significant difference between corporate and medical college hospitals with regards to the personnel treat patients welcomingly.

HO-32: There is no significant difference between corporate and medical college hospitals with regards to the personnel show courteousness to patients.

HO-33: There is no significant difference between corporate and medical college hospitals with regards to the personnel maintain secrecy of patient medical record.

HO-34: There is no significant difference between corporate and medical college hospitals with regards to Doctor discuss patient cases individually.

HO-35: There is no significant difference between corporate and medical college hospitals with regards to hospital careful about quietness and noise.

HO-36: There is no significant difference between corporate and medical college hospitals with regards to the receptionists would never keep patient caller hold any longer.

4.6.5 Responsiveness

HO-37: There is no significant difference between corporate and medical college hospitals with regards to Hospital's staff always willing to help.

HO-38: There is no significant difference between corporate and medical college hospitals with regards to Doctors and medical service provided as per promise.
HO-39: There is no significant difference between corporate and medical college hospitals with regards to Doctors and medical staff provides prompt services to patients.

HO-40: There is no significant difference between corporate and medical college hospitals with regards to Doctor explains lab test results to patient clearly.

HO-41: There is no significant difference between corporate and medical college hospitals with regards to Doctors has willingness to listen to patient.

HO-42: There is no significant difference between corporate and medical college hospitals with regards to the given adequate information about health condition.

HO-43: There is no significant difference between corporate and medical college hospitals with regards to clear message communicated to patients by admission personnel.

HO-44: There is no significant difference between corporate and medical college hospitals with regards to Health care facility employees tell patients exactly when services will be performed.

HO-45: There is no significant difference between corporate and medical college hospitals with regards to patients receive prompt service from health care facility employees.

HO-46: There is no significant difference between corporate and medical college hospitals with regards to employees are sympathetic and reassuring.

HO-47: There is no significant difference between corporate and medical college hospitals with regards to the admissions staff was friendly and courteous.

HO-48: There is no significant difference between corporate and medical college hospitals with regards to providing prompt service to customers.
4.6.6 Accessibility

HO-49: There is no significant difference between corporate and medical college hospitals with regards to can make appointment on phone.

HO-50: There is no significant difference between corporate and medical college hospitals with regards to back and forth transportation easily available.

HO-51: There is no significant difference between corporate and medical college hospitals with regards to making appointment on phone takes short time.

HO-52: There is no significant difference between corporate and medical college hospitals with regards to can make appointment online.

HO-53: There is no significant difference between corporate and medical college hospitals with regards to guidance signs available to lead to destination.

HO-54: There is no significant difference between corporate and medical college hospitals with regards to can access to my doctor.

HO-55: There is no significant difference between corporate and medical college hospitals with regards to noon appointments scheduled for specialized inpatient.

HO-56: There is no significant difference between corporate and medical college hospitals with regards to the lab work hours meet patient needs.

HO-57: There is no significant difference between corporate and medical college hospitals with regards to Hospital's location is convenient.

HO-58: There is no significant difference between corporate and medical college hospitals with regards to various parking lots available nearby main entrance.

HO-59: There is no significant difference between corporate and medical college hospitals with regards to appropriate lights amiable in parking lots.
HO-60: There is no significant difference between corporate and medical college hospitals with regards to guiding signs available at parking lots.

HO-61: There is no significant difference between corporate and medical college hospitals with regards to security guards available at parking lots.

HO-62: There is no significant difference between corporate and medical college hospitals with regards to pharmacy outlets available in varied places and close to outpatient clinics.

HO-63: There is no significant difference between corporate and medical college hospitals with regards to Hospital locations is in healthy climate and cleanse vicinity.

HO-64: There is no significant difference between corporate and medical college hospitals with regards to labs available at appropriate points.

HO-65: There is no significant difference between corporate and medical college hospitals with regards to labs available with sufficient numbers to meet patient needs.

4.6.7 Pricing

HO-66: There is no significant difference between corporate and medical college hospitals with regards to Patients receives treatment with fair rate.

HO-67: There is no significant difference between corporate and medical college hospitals with regards to Patients can have lab tests for good price.

HO-68: There is no significant difference between corporate and medical college hospitals with regards to medication available at competitive prices.

HO-69: There is no significant difference between corporate and medical college hospitals with regards to surgical operations conducted at competitive prices compared with private hospitals.
HO-70: There is no significant difference between corporate and medical college hospitals with regards to Doctors visit price commensurate with patients’ financial capability.

HO-71: There is no significant difference between corporate and medical college hospitals with regards to radiography rates fit patients’ financial capability.

HO-72: There is no significant difference between corporate and medical college hospitals with regards to endoscopy rates suits patients’ financial capabilities.

HO-73: There is no significant difference between corporate and medical college hospitals with regards to radiotherapy rates appropriate.

HO-74: There is no significant difference between corporate and medical college hospitals with regards to Patients’ would have C.T. Scan at fair rates.

4.7 RESEARCH DESIGN

Considering the nature of the study, descriptive research method was adopted for the study. The name itself implies “descriptive research” provides a comprehensive and detailed explanation of the phenomena under study.

4.8 SOURCES OF DATA

Both primary data and secondary data were used for conducting this study

(a) Primary data

Survey method was adopted for collecting the primary data. Structured questionnaire was designed and pre-tested.

(b) Secondary data

The secondary data were collected from the earlier research finding, scholarly reports, journals, magazines, newspapers, etc. from 1985 to 2014.
4.9 SAMPLING DESIGN

The sampling design reasons out the sample size determination, justification of sampling framework and distribution of samples hospital wise.

4.9.1 Sample size determination

Bartlett, Kotrlik and Higgins (2001) suggested for social sciences research alpha level of 0.05 and the level of acceptable error at 5% [126]. The population in Bangalore city as off 2013 was 95,56,945 (India Online/Bangalore-population).

Sample Size Determination (when population is known)

\[
Z^2 \frac{N \sigma^2_p}{(N - 1)^2 (e^2) + Z^2 \sigma^2_p} = \frac{n}{(N - 1) \times (0.80)^2 + (2.57)^2 \times (2)^2} = 413
\]

Thus the sample size determined was 413. However to improve the reliability and representativeness of the data, sample size was increased to 875. This sample required was to be distributed among the selected hospital equally among the hospitals selected.

4.9.2 Justification of Sampling Framework

i) Scope of the study

This research has addressed the research gaps and focuses on earlier SERVQUAL dimensions, along with two more additional dimensions viz., price and
accessibility, to make the study comprehensive. The study was undertaken in five specialties viz., emergency medicine, gynecology, pediatrics, orthopedics and dermatology. In order to compare the status of SERVQUAL in different types of hospitals, three categories of hospitals were included viz., ESI hospitals, Corporate hospitals and Medical college hospitals. This is expected to bring to light whether the determinants of SERVQUAL remain the same between three categories of hospitals.

This study was undertaken at Bengaluru, a metropolitan city, as it has become a medical hub for the entire country. Further major hospitals in the city provide patients’ support in large number of specialties. Each of the hospital selected for the study offers patients’ support in the above five selected specialty areas. As these five specialties were found to be highly patient-centric, in-patients in these five specialty wards were included as respondents. The hospitals taken for the study were government hospital viz., ESI hospital, corporate hospitals viz., BGS Global Hospital, Fortis Hospital, Columbia Asia Hospital, and medical college hospitals viz., St. John’s Medical College Hospital (SJMCH), Raja Rajeswari Medical College Hospital (RRMCH) and Kempegowda Institute of Medical Science (KIMS). Among the hospital selected, the above specialties found in these hospitals alone were chosen for this study. The study included only in-patients in the five selected specialties in the three categories of hospitals.

ii) Selection of Hospitals

Seven hospitals belonging to 3 different categories viz., Government Hospitals, Corporate Hospitals and Medical College Hospitals, were focused. In all these categories only hospitals which had the five select specialties alone were chosen. Further only hospitals which were in existence for more than five years were considered. This way, the following hospitals were selected category wise.
Table No 4.1: Year of existence of hospitals Category wise

<table>
<thead>
<tr>
<th>Category</th>
<th>Name of the Hospitals</th>
<th>Year of Establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Hospitals</td>
<td>ESI</td>
<td>1996</td>
</tr>
<tr>
<td>Corporate Hospitals</td>
<td>BGS Global</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>Fortis</td>
<td>1990</td>
</tr>
<tr>
<td></td>
<td>Columbia Asia</td>
<td>2006</td>
</tr>
<tr>
<td>Medical College Hospitals</td>
<td>SJMCH</td>
<td>1975</td>
</tr>
<tr>
<td></td>
<td>RRMCH</td>
<td>1992</td>
</tr>
<tr>
<td></td>
<td>KIMS</td>
<td>1980</td>
</tr>
</tbody>
</table>

4.9.3 Distribution of samples hospital wise

About seven selected hospitals constituting all the three categories of hospitals have the sample distribution as listed below

Table 4.2: Distribution of Sample Respondent

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Emergency medicine</th>
<th>Gynecology</th>
<th>Orthopedic</th>
<th>Pediatrics</th>
<th>Dermatology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESI</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>BGS GLOBAL HOSPITAL</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>FORTIS HOSPITAL</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>COLUMBIA ASIA HOSPITAL</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>SJMCH</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>RRMCH</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>KIMS</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>175</td>
<td>175</td>
<td>175</td>
<td>175</td>
<td>175</td>
<td>875</td>
</tr>
</tbody>
</table>
4.10 SAMPLING METHOD

Purposive sampling method was followed for selecting the respondents adopting the following steps:

(a) In-patients in the five selected specialties were identified after enquiring the type of services used by them.

(b) Respondents of all age groups were included.

4.11 PERIOD OF THE STUDY

(a) For Primary data, pre-tested structured questionnaire was designed. Sample survey was conducted between July 2013 to March 2014

(b) Secondary data were collected from 1985 onwards from journals, periodicals, reports, etc.

4.12 RESEARCH INSTRUMENT

The research instrument used for this study is the questionnaire method. The questionnaire consisted of four sections, wherein the first section was about the patients’ demographic profile, second section on basic details, third section on the seven service quality dimensions and the last section was on customer satisfaction. The items in the questionnaire was rated by the responded on a 5 point Likert type scale (1 = strongly disagree and 5 = strongly agree). About 118 variables were grouped under 3 factors such as Reliability, Assurance and Empathy based on literature review and were taken for analysis using SPSS 20th version.
### Table 4.3 Distribution of Questions

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>No. Of Questions in the questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Demographic Profile</td>
<td>08</td>
</tr>
<tr>
<td>2</td>
<td>Basic Details</td>
<td>09</td>
</tr>
<tr>
<td>3</td>
<td>Service Quality Dimensions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Reliability</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(2) Assurance</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>(3) Tangibility</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>(4) Empathy</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>(5) Responsiveness</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(6) Accessibility</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(7) Price</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Customer Satisfaction</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>118</strong></td>
</tr>
</tbody>
</table>

### 4.13 RELIABILITY AND VALIDITY

#### 4.13.1 Reliability

Reliability is the degree to which an assessment tool produces stable and consistent results. Through SPSS 20 package, reliability of questionnaire was tested and the value of Cronbach alpha was found to be 0.9.

#### 4.13.2 Validity

Internal and External validity were checked with the respective experts to verify the content validity. Every hypothesis is backed by questions in the questionnaire so that they could be tested and measured. And they were verified with respective literature study to check the face validity.
4.14 PILOT STUDY

Before finalizing the questionnaire it was subjected to field test with 125 respondents. This helped in fine tuning the questionnaire and the pilot study was performed in St. Johns medical college hospital, at Bangalore.

4.15 DATA PRE-PROCESSING

Before proceeding for analysis the data underwent 3 steps such as data cleaning, database normalization and data transformation.

4.15.1 Data cleaning

Data cleaning also called as data scrubbing, is the process of cleaning up data in the dataset that is incorrect, incomplete or duplicated. Before processing for any analysis with the collected data through questionnaire, data cleaning was performed.

4.15.2 Database normalization

The questions in the questionnaire were of Likert scale type, hence all the attitudinal scores were converted into standardized scores. By transformation using Z score data were normalized.

4.15.3 Data transformation

The data collected were subjected to curve fitting. It was found as to it was nonlinear fitting. As it was a necessary to have linearity to proceed for further analysis, the data collected for analysis was transformed to linear.

4.16 DATA ANALYSIS

Tools used for the analysis objective wise have been stated below
### Table 4.4 Justification for selecting the tools for Analysis

<table>
<thead>
<tr>
<th>S. No</th>
<th>Objectives</th>
<th>Tool</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To assess the significant difference between expectation and perception of the various service quality dimensions for the selected hospitals</td>
<td>Perceptual Mapping</td>
<td>Perceptual mapping is a used in an attempt to visually display the perception of patients’ between expectation and perception of the various service quality dimensions.</td>
</tr>
<tr>
<td>2</td>
<td>To determine the level of patients’ satisfaction with respect to the different categories of hospitals</td>
<td>Regression Analysis</td>
<td>To determine the relationship between patient satisfaction and the service quality dimensions multiple regression analysis was used. This helped to capture the extent to which each of the 81 variables influenced service quality.</td>
</tr>
<tr>
<td>3</td>
<td>To examine the association between the various dimensions of service quality with the patients’ satisfaction in the selected hospitals</td>
<td>MANOVA</td>
<td>Is applied to find the significant factors that differentiate the dimensions of service quality with the patient’s satisfaction</td>
</tr>
<tr>
<td>4</td>
<td>To analyze whether the level of patients’ satisfaction varies with respect to their socio-demographic status</td>
<td>Discriminant Analysis</td>
<td>It is used to extract discriminant functions that are capable of producing accurate classification between the socio-demographic status and patients’.</td>
</tr>
</tbody>
</table>

### 4.17 LIMITATIONS OF STUDY

In the process of data collection few inherent problems was faced by the researcher.

1 As all the hospitals had CCTV and patient were reluctant to answer and also close supervision by nurses in the in-patients ward was a setback which leads to the probability of patients remaining neutral.
Interpretation of the questionnaire in the local language was found to be another limitation.

Some patients’ were unable to express their feelings exactly. However, this was covered using researcher’s personal observations and oral interviews. The questionnaire was filled up with the support of attendants.

There was also set backs faced from the management side while collecting data. There was a sort of fear perceived by management which led to the probability of not getting the accurate information.

4.18 INDICATIONS FOR FUTURE RESEARCH

- The current research was confined to establish the relationship between service quality dimensions and customer satisfaction with the in-patients in the selected hospitals. Similar study can be conducted with the other hospitals too. To extend the research a step forward the same study can be conducted in different categories of hospitals or in Tier2, Tier 3 and rural areas.

- The current study highlights the importance of better understanding between service quality dimensions and patients’ satisfaction in five different specialties. Also research can be conducted to examine difference between in-patients and out-patients in the same hospital or across different specialties as only five major specializations was considered for this study.

- Future research on the relationship between patients’ satisfaction with nursing has grown in importance for researchers for a number of reasons. Assessing patients’ satisfaction provides a means of monitoring the quality of nursing care and evaluating effectiveness of nursing interventions. Satisfaction with nursing care is also the most important predictor of overall satisfaction with hospital care.

- For further research it is suggested that the researchers could also adopt interviews technique in order to get more details. The reason for suggesting interviews technique is because it is possible to explain the questions as well as ask follow up questions. It is also possible to analyze more details such as difference between different age groups.