

A COMPARATIVE STUDY OF PATIENT SATISFACTION OF ACCREDITED PRIVATE, NON ACCREDITED PRIVATE AND GOVERNMENT HOSPITALS IN KOLKATA

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Abstract : The patient satisfaction is become a big issue in today's health care industry. The functions of the hospitals are modified because the needs of the patients are changing day by day. The private hospitals are always trying to improve their quality of the service and the patient satisfaction is the main way to look at it. Patient satisfaction is regarded as one of the most useful indicator of the quality of the service provided by the hospitals. The process of accreditation is the way of enhancement of the quality of the service. The accredited hospitals means, they are maintain a certain level of quality of service. The accredited hospitals are able to draw more patients than that of nonaccredited and Government hospitals. In this paper patient satisfaction are calculated in accredited private, nonaccredited private and Government hospitals. Primary data are collected from 283 patients of three types of hospitals by the use of close ended questionnaire. Analysis of variance is used with the help of SPSS 17 version. The result of ANOVA shows that there is significant difference between accredited private, nonaccredited private and Government hospitals in respect to patient satisfaction.

IndexTerms - Patient satisfaction, Hospitals, quality, health care industry.

Introduction

The health care industry is one of the largest industries, in India it is most difficult job to meet the need of the patient as it is the second most populated country of the world after China. This is the main aim of the Millennium. The health care industry has no past histories because previously the hospitals are ruining by the medical personnel, now the cost-effectiveness, cost benefit and quality of care, are became the most desired areas to be improved and this is done by those personnel who are good administrator. The customers are the main target of every industry; they are the bull's eye of every organization. Due to their existence every industry is in the existence. So fulfillment of the customer should be the prime target for every industry and healthcare industry is not an exception. According to the concept of Total Quality Management, the business goal and the customer need are same. To be existed in the ever building competitive market in the health care industry, every hospital must be looked upon the fulfillment of the customer need. The satisfaction of the patient and the delight of the patient is the main success of any hospital. The main concern of every hospital manager is to give total service to the patient till the patients get discharged from the hospital. To meet the customer need the hospital organization should always plan, guide, evaluate and control the management process. Many accreditation bodies came into existence to meet the target of implementing the Total Quality Management to satisfy patient more. Every organization should be looking for the proper utilization of the human resource as they are all want to sustain in the competitive market. The up gradation of the human resource is the key of the success. The core function of the organization must be taken seriously. It is depending upon several factors such as social, economical, goal of the organization etc. It is the main factor of the success of any organization. Human resource is the intellectual property of nay organization, for that reason the employers can get good advantages from them,

if the employees are handled properly (Houger 2006). The training is the only way to do it. It makes the employee more skilled and effective for the organization. For that reason every organization must design the human resource management system and by that they can achieve their goal and targets. In this system necessary skills are taught. Also it is helpful to build the desired level of knowledge among the employees. Some time human resource management is difficult as some negative issues are associated, such as political instability, corruption, bureaucracy, poor infrastructure. One of the most vital aspects of any organization is the retention of the employees; society became more and more knowledgeable and skilled. So the organization should always thrive for growing attracting environment in the organization (Hallen 2007). Health care industries are fighting for the employee retention problem in many developing countries, brain drainage is become a dangerous situation now a days (Oyelere, 2007).

Understanding the Patient Satisfaction

Patient satisfaction measures the quality of the care the patient got from the health care sector as this is the main way to do it. (Huang et. al. 2004), it determines the mental satisfaction of the patient towards the health care institution. (Al- Refaie 2011). Different important aspect of the health care organization can be identified such as malpractice, litigation, level of prognosis etc (Huang et. al. 2004). Over the last decades, the patient satisfaction is in lime light as it is the main measurement tools for the patient satisfaction; the patient satisfaction is dealing with the experience of the service of the hospital i.e. waiting time, quality of care. (Bleich et.al. 2009). The assessment of the patient satisfaction is necessary as it is able to give the value for the money the patient spend for the service, patient satisfaction ensures the retention on the service (Patwardhan and Spencer 2012). Many researchers have conducted to see the relation between the patient satisfaction and many other factors like performance of the health care organization, demographic and economical factors (Bleich et. al. 2009, Mummalaneni and Gopalakrishna 1995, Gordo, 2006, Popescu et. al. 2007). Some researchers have found that the patient satisfaction is depending upon some other factors such as the expectation of the patient, health status, type of immunization coverage. (Bleich et.al.2009). Some socio economic factors are also associated with the patient satisfaction such as age, sex, occupation, employment status, education, income. (Mummalaneni and Gopalakrishna 1995). In 2006 Gordo found that the long term unemployment and patient satisfaction is strongly associated with each other, and whereas t in case of the short term unemployment is not associated strongly with patient satisfaction. Also gender is not in a good association with the patient satisfaction when it comes with the short termed unemployment. Relation between the level of health expenditure and the patient satisfaction are closely related with each other also reporting a good and bad health is also related with the patient satisfaction. (Popescu et.a l. 2007). Measurement of the patient satisfaction is not an easy job. In the year 1998 William,et. al. found that the patient satisfaction towards the health care organization can be measured but the perception of each patient's perception regarding the service delivered, cannot be measured. Many researchers have concluded that a single tool for the measure of the patient satisfaction is not able to measure the response rate of the patient on every aspect of the treatment given. The satisfaction of the patient is depending upon the level of the fulfillment of the customer need so it is very difficult to measure because all the tools measure only the satisfaction of the patient but there are some hidden factors which can create dissatisfaction. Apart from the measurement of the level of fulfillment of the patient expectation the health care organization must give value to other things such as personal value. The way of collection of the patient satisfaction is a vital issue, it is found that the in case of close ended questionnaire the patient are giving more positive answer where as the open ended questionnaires gives more negative response to the health care organization, so a multidimensional way of study is necessary for the assessment of the patient satisfaction (Mulchahy and Trutter 1998). Different measurement techniques give different level of satisfaction. Williams in the 1994 suggested that the function of the organization are to be improved, he also develops the way of measurement of assessment techniques and the techniques to measure the individual perception of the quality. Kinnersley, et. al. (1996), found that the patient who are surveyed in home after discharged from the hospital for some days, they are more likely to give low satisfaction towards the health care providers. In the year 2001 Larrabee et. al. found that – provision of the need, pleasant behavior, caring attitude, promptness in the service is main aspect of the patient satisfaction toward the nursing care. Satisfaction

towards the doctors, management practice, availability of the doctors, waiting time is the main factor of the patient satisfaction of OPD patient (DiTomasso et.al. 1991). Some researchers including Baer et. al. (1999), suggests that the knowledge, access, competences and trust is the main factor of the patient satisfaction. In the year 2001 Alexander nursing quality and competencies are accounting 45.6% of the variance of being the factor of the patient satisfaction. Measuring the patient satisfaction is extremely difficult as the expectation of the patient is valuable factor for that reason Cole et. al. (1999), evaluated a psychometric property of the patient which decides the satisfaction of the patient, some of them are effectiveness and ineffectiveness, comprehensiveness of care and the caring behavior. Access to the treatment is some time proves most important factor of the patient satisfaction also competency level of the hospital and the appropriateness of the treatment is also an important factor. (Oermann, 1999). The perception of the nursing care is some time proves to be an important factor of the patient satisfaction. (Bear et.al. 1998). The communication style, client participation, is also an important factor of the nursing satisfaction (Courtney and Rice 1997). In the year 1999, Marsh, develop a scale to measure the patient satisfaction by doing factor analysis of data of patient satisfaction. The scale considered few things - access, humaneness, quality and general satisfaction. The research also found that the age, gender, ethnicity, type of health care providers plays a vital role in the patient satisfaction.

Patient Satisfaction is the key to measure the quality of health care service

The patient use to enjoy the service and give their opinion about the service. The quality of the service is judged by the patient (Choi et. al. 2004). There are two types of dimensions of the service quality technical dimension and process dimension. The technical dimension is the main service provided by the health care organization and the process dimension is the way the providers give the service (Gronroos, 2001). A useful model known as SERVQUAL suggested by Parasuraman et. al in the year 1988. He found some attribute are existing between perception and expectation of the customer. The attributes are reliability, responsiveness, assurance, empathy and tangibles. Many researchers have conducted by many researchers to identify the link between the service quality and the patient satisfaction (Brandy Robertson 2001; Rust and Oliver 1994; Andaleeb 2001). In the year 2000, Chahal suggested tri component model which measures the loyalty of the patient, and this is identified by three dimensions UPAD, UPAS and RPO. UPAS means using providers again for same treatment, UPAD means using providers again for different treatment and RPO referring providers to others. Chahal also identifies some hidden items which decides the service quality, they are- physicians performance, nursing performance and the operational quality. In the next year, which is in the year 2001 Brandy and Cronin, came with other kinds of model known as hierarchical model. According to the model three dimensions are there i.e. interaction quality, physical environment quality and outcome quality. Physical quality is ambience, design; interaction quality includes attitude, behavior; and the outcome quality means waiting time, tangibility and value. In the year 2003 Aragon et. al. identifies three variables which is related with the patient satisfaction while conducting the research on emergency department . The variables are physician's service, waiting time, and nursing care. these indicators are useful to measure the patient satisfaction. He also shows that relationship between the patient satisfaction and with those indicators. Apart from that two more indicators are associated with the patient satisfaction – recommendation of the health care and the satisfaction of the patient whether the service they get from the health care organization is enough they spend money for that. In the year 2005 Shi and Singh the term quality is explained in a different way. According to them quality is the measurement of satisfaction which is depending upon the expectation of the patient regarding comfort, dignity, privacy, security, independence, decision making ability and attainment of personal preferences. Also they see quality is the degree of satisfaction of life and perception about the healthcare service. In the year 2006 Safavi recommends that the quality is depending upon the perception of the patient about the quality of the healthcare service, how good the healthcare provider is and how good the healthcare organization is.

Patient Satisfaction in India

In the year 2011 Sharma et. al. found that some improvement is needed in the care of the patient and the service provided by the medical personnel i.e. doctors in a tertiary level of hospitals at Chandigarh. Also

some infrastructural modifications are needed. In the year 2010 Padma et. al. service quality and its impact on the patient satisfaction in respect of some variables like infrastructure, way of clinical care, safety, responsibilities, brand image of the hospitals etc. Those variables have significant impact on the patient satisfaction.

In west Bengal

The patients are showing dissatisfaction towards the service provided by the Central Government Health Scheme Dispensaries at Kolkata. The patients are showing dissatisfaction towards efficiency of the service, waiting time etc (Chattopadhyay et. al. 2013). The patients of Intensive Cardiac Care Unit in North Bengal Medical College are showing satisfied with the availabilities of the drugs, good communication, neat and cleanliness in the ward. (Aikat and Biswas 2011). According to Dutta et. al. (2011), improvements are required like interaction time between patient and health worker are to be increased, should decrease the overuse of antibiotic, decrease the faulty dispensing process. The study was conducted to look in to the prescribing and dispensing process at south 24 pargana district.

Need of Quality Health care and patient satisfaction

The quality decides whether the service is excellent in nature and has it competitive ability. (Jabnoun and Rasasi, 2005). The quality is the prime need for the healthcare industry (Darzi, 2009). The level of quality of the infrastructure of the hospitals tells the quality of the infrastructure, advancement of technology and the efficiency of the human resource (Erinoso 2006, Ademiluyi et. al. 2009). The health of the population is deciding the quality of the care to the community. The quality care and the patient satisfaction are now coinciding with each other (Boston et. al. 2007). Now days the health care policy makers are now improving the quality of care to uplift the performance of the health care sectors (Rao, 2010). The Indian standard of living is increasing due to globalization and it helps to increase the awareness of healthcare need of the people. For that reason the Indian healthcare providers upgrade the quality of the service by enhancing their skills (Kumaraswamy, 2012). The patient is the main driving force of the health care market. The globalization, increasing literacy rate, income rate, awareness of the health, leads to develop the need of the quality health. (Itumalla, 2012). To promote the private health care development the Government of India has taken many decisions like tax Holidays. (Finance Act, 2008). The people of India are now more attracted to the private health care sectors as they found good quality of service, physical facilities, human resource etc. (Chanda, 2009; Itumalla et. al. 2012). In this regard the accreditation is playing a pivotal role in it, accreditation assures that the particular health care organization who are accredited is providing a certain level of quality of health care. Many private and Government health care organizations are going to be accredited. (Rao, 2012). The Quality Council of India (QCI), has formed NABH or National Accreditation Board for Hospital and Health Care Providers. NABH body is entitled to formulate many health care quality standards and those who meet the requirements will be accredited. (Prasad et. al. 2010; Hittinahalli et. al. 2013). The quality of the service can be identified by finding out the gap between expected service and the perceived service (Acharyulu et. al. 2007). The patient satisfaction is the main health indicator of quality health care. The level of patient satisfaction is the main way to measure the level of quality health service of a particular health care organization. (Itumalla R, 2012). The customer satisfaction has positive correlation with the quality of health care service. (Boulding et. al. 1993; Johns et. al. 2004; Kara et. al. 2005). Many researchers have mentioned that the customer satisfaction and the service quality are closely related with each other, though they are different things (Cronin et. al. 1992; Oliver 1993). On the basis of existing gap between service expectation and the perception of the service, the quality of the service is measured (Parasuraman et. al. 1988). The customer satisfaction is the main structure and the quality is the precursor of the satisfaction. (Sachdev et. al. 2004). Like other service industry the patients have choice to select the health care sector of their health care, the patient is the customer of the health care system (Wadhwa, 2002). For that reason the quality of the health care and the patient satisfaction is now an important issues related with the health care industry (Ygge et. al. 2001; Jackson et. al., 2001; Zineldin, 20006). The patient satisfaction is the most important health indicator of the quality of health care service. (Garner et. al.

1990;Baltussen et. al. 2002; Shrestha et. al. 2008;Ahmad et. al. 2010). The need of the patient is fulfilled and that is how the high quality standard is achieved (Ramachandran et. al. 2005). So they became the prim of health care quality plan (Badri et.a l. 2007). The measurement of the patient satisfaction is the monitoring system of the quality of the health care. (Ravi et. al. 2002, al-Habdan I, 2004).

Objective of the Study

The main objective of the study is to see whether the satisfaction level of patient of accredited, non accredited and government hospitals are significantly differ from each other or not. Analysis of variance has done to see whether the level of patient satisfaction from different types of hospitals differ from each other or not.

Methodology

A **Patient Feedback Survey** was conducted in 5 reputed accredited private hospitals, 5 reputed non accredited hospital and 10 government hospitals. In each of the hospitals about 300 patients were given a questionnaire comprising 20 questions in the form of Likert Scale. Initially data of 300 patients are collected but then total 288 number of patient feedback is taken as rest of them are given vague answer.

Ethical consideration

All the patients are informed about the purpose of the interview; only the agreed and volunteered patients are included in the survey methods. Some time the patient relatives are included in the survey as some of them are not in a position to talk. The survey has decided some of the inclusion criteria for the patient like- the patient those who are mentally stabled, who are aged more than 18, who are willing to give answer, who knows the local language and have some knowledge on English. Some patients are not included in the study those who are not mentally healthy, whose conditions are not stable and need immediate care, patient who gave vague and incomplete answer.

Sampling Methods and questionnaire

The Sampling Plan used in this research was Stratified random sampling. Stratified Sampling was chosen because as the hospitals are divided into three group, non Accredited, Accredited and government. The design of the questionnaire has made in such a way that it could be easily understood by the patient and patient relatives. Close ended questionnaire is used to get the satisfaction rate from the patient and simple English language is used in the questionnaire. Long and open ended questions are avoided as it produces difficulties. Questions were so formulated that it can identify the patient satisfaction and the maximum score that a questionnaire could have is 100 whereas the lowest score that a questionnaire could have was 20. The primary data were collected and directly from patient. The data that was collected was primary data as it was collected and those were collected directly from the patients. Likert scale methods are followed. In the questionnaire the questions have five parameters. It started from 1 to 5. To make the research easy each question in the questionnaire has five parameter or options they are as follows - Fully Agreed, Agreed, Undecided Disagreed and Fully Disagreed.

Analysis

Table 1: Descriptive analysis

Type of Hospital	Number of Respondents	Mean score	Standard Deviation
Government Hospital	135	2.7359	.18086

Non Accredited Private Hospital	82	3.3213	.24470
Accredited Private Hospital	66	4.5561	.17531
Total	283	3.3300	.74875

The descriptive analysis shows that the total 135 patients are from Government hospitals, 82 are from non accredited private hospitals and 66 are from accredited private hospitals. From the above chart it can be concluded that the mean of the patient satisfaction more in the accredited hospital (4.5561) followed by the nonaccredited (3.3213) and the government hospital (2.7359). The result of one way ANOVA performed and it gives the output below

Table 2: ANOVA

	Sum of Squares	Df	Mean Square	F	Significance
Between Groups	146.864	2	73.432	1830.731	< .001
Within Groups	11.231	280	.040		
Total	158.095	282			

From the ANOVA table it can be concluded that there are significant differences among the three types of hospitals on patient satisfaction towards ward Boy. $F(2, 280) = 1830.731$, and the significant value is less than .001. The post Hoc test reveals the significant differences between accredited, nonaccredited and Government hospitals. So there are indeed differences of patient satisfaction of different kinds of hospital.

Table 3: Comparison

Hospitals (1)	Hospitals (2)	Mean Difference (1-2)	Std Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Government	Non Accredited Private	-.58542	.03119	< .001	-.6593	-.5115
	Accredited Private	-1.82013	.02661	< .001	-1.8832	-1.7571
Non Accredited Private	Government	.58542	.03119	< .001	.5115	.6593
	Accredited Private	-1.23472	.03458	< .001	-1.3166	-1.1528
Accredited Private	Government	1.82013	.02661	< .001	1.7571	1.8832
	Non Accredited Private	1.23472	.03458	< .001	1.1528	1.3166

The above analysis reveals that the level of patient satisfaction is significantly differ from each other. The level of significance is less than .001.

Conclusion

The patients now days are more quality conscious. Every industry either service or production are looking for the patient satisfaction, because they will decide the fate of the business. The hospital industry changes dramatically too. The private hospitals are now looking for the provision of the desired quality of the service according to the need of the patient. The accreditation helps the hospital industry to uplift their quality of service and the brand value of the hospital is also increased by that. People now a day's are showing interests on the accredited hospitals to get treated because the quality of the care is assured from the accredited hospitals. In this scenario the Government hospitals are really lagging behind as most of them is not intended to address the need of the patients. The non accredited private hospitals are also suffering from

the same problems. The patients are showing more satisfied and became more loyal to those hospitals which are more serious about the patient need.

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Annexure:1

Question	Strongly Agreed	Agreed	undecided	Disagreed	Strongly disagreed
Were you Satisfied with the services provided to you by the hospital					
Were you Satisfied with the number of doctors in the hospital					
Were you Satisfied with the communication and personal care given by the Doctors					
Were you satisfied by the skills of the doctor					
Were you satisfied by the number of nurses in the hospitals					
Were you satisfied with the communication and personal care given by the Nurses					
Were you satisfied by the skills of the nurses					
Were you satisfied by the number of ward boys in the hospitals					
Were you satisfied with the communication and personal care given by the ward boys					
Were you satisfied by the skills of the ward boys					
Were you satisfied by the number of paramedical staff in the hospitals					
Were you satisfied with the communication and personal care given by the paramedical staff					
Were you satisfied by the skills of the paramedical staff					
Were you satisfied by the number of housekeeping staff in the hospitals					
Were you satisfied with the communication and personal care given by the housekeeping staff					
Were you satisfied by the skills of the housekeeping staff					
Were you satisfied by the number of administrative staff in the hospitals					
Were you satisfied with the communication and personal care given by the administrative staff					
Were you satisfied by the skills of the administrative staff					
Were you satisfied with the overall experience of the hospital					