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CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	SERVICE QUALITY DIMENSIONS IN RETAIL SETTINGS: AN EMPIRICAL STUDY AT SELECTED APPAREL SPECIALTY STORES OF MUMBAI <i>DR. SUDHEER DHUME</i>	1
2.	REDUCING HEALTH INEQUALITIES: KERALA COMPREHENSIVE HEALTH INSURANCE SCHEME A ROLE MODEL FOR DEVELOPING COUNTRIES <i>DEVI NAIR & KORA TUSHUNE</i>	6
3.	FACTOR AFFECTING FOREIGN DIRECT INVESTMENT (FDI) INFLOW IN THE BUILDING AND CONSTRUCTION SECTOR <i>DR. S.A. BUSTANI, I.S. YESUFU, E.A. UFUAH & DR. S.M. JIMAH</i>	13
4.	ESTABLISHING CRM IN SMALL ENTERPRISES <i>BORIS MILOVIC</i>	18
5.	FINANCIAL DEVELOPMENT AND AGRICULTURAL SECTOR GROWTH IN CAMEROON <i>DR. ARMAND GILBERT NOULA & NEBA CLETUS YAH</i>	22
6.	ECONOMIC COST IMPLICATIONS OF THE USE OF GENERATORS AS ALTERNATIVE SOURCE OF ENERGY IN KANO METROPOLIS - NIGERIA <i>DR. AHMAD MUHAMMAD TSAUNI & ABUBAKAR HASSAN</i>	28
7.	FACTORS INFLUENCING PATIENT'S DECISION OF SELECTING A HOSPITAL <i>MOHAMMED ARIF RAZA</i>	34
8.	AVAILABILITY AND AWARENESS OF MICROFINANCE IN JAMMU & KASHMIR STATE <i>MUBASHIR NABI & DR. ASHOK AIMA</i>	40
9.	RURAL LIVELIHOOD MARKETS AND ECONOMIES <i>DR. NITIN RAGHUNATH ZAWARE</i>	48
10.	NREGA UNDER SOCIAL AUDIT: A SWOT ANALYSIS <i>S.P. NAGANAGOUD & DR. H. H. ULIVEPPA</i>	51
11.	PERCEPTION AND PRACTICES OF INDIVIDUALS ON PUBLIC HEALTH CENTRES <i>V. SANGEETHA, DR. G. PAULRAJ, DR. S. RAMESHKUMAR & L. DINESH.</i>	56
12.	THE EFFECT OF MERGERS AND ACQUISITIONS ON SHAREHOLDERS' WEALTH – AN EMPIRICAL ANALYSIS <i>DR. S. VANITHA & DR. M. SELVAM</i>	59
13.	A STUDY ON ROADSIDE FOOD STALLS IN TIRUCHIRAPPALLI CORPORATION WITH SPECIAL REFERENCE TO FOOD INDUSTRY AND HOTEL INDUSTRY <i>DR. J. MOHAN RAJ</i>	70
14.	BIOFUELS CONSUMPTION IN EASTERN HIMALAYAS HOUSEHOLDS - AN EMPIRICAL ANALYSIS <i>DR. RABINJYOTI KHATANAR & DR. BIDYUT JYOTI BHATTACHARJEE</i>	75
15.	IMPACT OF WOMAN EMPOWERMENT THROUGH MICRO FINANCE INSTITUTES: SOCIO-ECONOMIC AND BEHAVIORAL PERSPECTIVES AFFECTING TO RULER SEGMENT WOMAN OF GANDHINAGAR IN GUJARAT <i>URVI AMIN & BANSI PATEL</i>	81
16.	A STUDY OF BANK TRANSACTION COST OF PCARDBS IN MYSORE DISTRICT <i>DR. C. MAHADEVA MURTHY & DR. VEENA. K.P</i>	89
17.	WOMEN ENTREPRENEURSHIP THROUGH SELF-HELP GROUPS: A CASE STUDY OF TIRUNELVELI DISTRICT, TAMIL NADU <i>A. ANGEL ANILA</i>	93
18.	HANDLOOM AS AN ACTIVITY TO ENSURE FOOD SECURITY SPECIAL REFERENCE TO WEST BENGAL <i>CHITTARANJAN DAS</i>	97
19.	AGRICULTURAL INFRASTRUCTURE DEVELOPMENT IN THE GENERATION OF INCOME AMONG THE SMALL AND MARGINAL FARMERS <i>DR. C. GUNASEKARAN</i>	102
20.	FACTORS INFLUENCING THE EFFECTIVE FUNCTIONING OF THE SELF-HELP GROUPS - AN ANALYTICAL STUDY <i>DR. M. GURUPANDI</i>	104
21.	PUBLIC DISTRIBUTION SYSTEM IN TAMIL NADU NEEDS DEFINITE OVERHAULING <i>DR. S. MAYILVAGANAN & B. VARADARAJAN</i>	108
22.	PERCEPTION OF ORGANIZATIONAL CLIMATE: A STUDY OF SMALL ENTERPRISES IN AMRITSAR <i>DR. GURPREET RANDHAWA & KULDEEP KAUR</i>	110
23.	ROLE OF EXCESS OF MALES IN MARRIAGE SQUEEZE OF INDIA AND ITS EAG STATES <i>RANJANA KESARWANI</i>	114
24.	PERFORMANCE EVALUATION OF MUTUAL FUNDS IN INDIA: AN APPLICATION OF RISK-ADJUSTED THEORETICAL PARAMETERS <i>JOITY TOMER</i>	120
25.	SMALL FAMILY NORMS IN INDIA AND ITS QUALITATIVE IMPLICATIONS ON CHILD CARE: A MULTIVARIATE ANALYSIS <i>RITWIKA MUKHERJEE</i>	134
	REQUEST FOR FEEDBACK	142

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CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

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FACTORS INFLUENCING PATIENT'S DECISION OF SELECTING A HOSPITAL

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ABSTRACT

Patient's decision to select a hospital for treatment depends upon several factors. Hospitals need to understand what factors are considered important by patient while selecting a hospital, and how much is its level of influence. This will help hospital management to cater for those factors and make their hospital as a hospital of choice for patients. This study aims to identify and quantify the level of influence that each factor creates on patient's decision. A survey was conducted amongst potential patients to get their response on importance they place on various factors while selecting a hospital. After analyzing the response of 369 patients it was revealed that several factors are important to patients. Within these 'Availability of facilities', 'Previous experience with the hospital' and 'Reputation of doctors attached with the hospital' are the most important ones.

KEYWORDS

Factors, Hospital, Patient's choice.

INTRODUCTION

In terms of revenue and employment, healthcare is India's one of largest sectors. By 2012, India's healthcare sector is projected to grow to nearly Rs. 3000 billion (PriceWaterHouseCooper). Within healthcare, hospitals are one of the most important components and are recognized as healthcare delivery segment. Where healthcare industry is estimated to grow by 2012 to Rs. 3,163 billion at 13% CAGR, hospital industry within this sector is growing at 14% CAGR (Cygnus). Out of this private sector accounts for nearly 80% of the healthcare market. Improving economic status and awareness of many Indian households is spurring demand for high-quality medical care, transforming the healthcare delivery sector into a profitable industry (Cygnus). It is projected that private healthcare will continue to be the largest component in 2012. It could rise by an additional €6.5 billion if health insurance cover is extended to the rich and middle class (The Indo-Italian Chamber of Commerce & Industry). The emerging private sector is sensing a huge untapped opportunity in delivery of quality healthcare to the Indian masses (The Indo-Italian Chamber of Commerce & Industry).

Various favourable factors are attracting investors from across the world towards Indian hospitals. In recent years hospital business in India has been more competitive and challenging due to insurgence of large number of hospital projects from private players. Corporatisation of healthcare, position of India as a sought after medical tourism destination and mushrooming of new hospitals have made it increasingly difficult for hospitals these days to depend on mere word of mouth promotion to attract patients

A hospital manager needs to make extra efforts to make their hospital more appealing to patients. Hospitals, today are adopting various marketing measures to differentiate themselves and face the competition. Getting accredited, luring reputed doctors, improving the standard to services, developing hospitality, tying up with corporate are only a few examples of various strategies.

One of the crucial information required for promoting a hospital is to understand how does a patient makes their choice in case of healthcare organization. There have been various studies on patient satisfaction. All these studies have given important information regarding patient's preferences, based on which many hospitals are making themselves more patients friendly. The assumption made in these studies is that a satisfied patient becomes a loyal customer and also spreads word of the mouth publicity. However, patient satisfaction surveys can be conducted only on patients who came to the hospital. Equally important is to know the needs and expectation of potential clients. Also, there are several factors other than satisfaction which influence patient's decision to select a hospital. In Indian hospital industry, no formal study had been conducted to identify and rank these factors.

Identifying factors responsible for patients' choice for hospitals will help hospitals focus and address those factors thus making it more likely for patients to chose. Since patient population comprise of all segments of population, it is also important to understand the difference in level of influences created by these factors on different segments.

LITERATURE REVIEW

Study conducted by Bin Saeed KS on Factors affecting patient's choice of hospitals identified that the two most influential factors for patients when selecting a hospital were reputation or expertise of a surgeon or consultant, followed by a clean and comfortable environment with an average weighting of 93%. Patients want good quality care by specialist consultants with thought being given to the environment in which they are treated. The study also revealed five underlying dimensions that influence a patient's choice of a hospital: convenient administrative procedures, quality of services, hospital image, cost of treatment, and health insurance coverage.

In the study conducted on 'Factors that influence general practitioners' choice of hospital' by Ann Mohan, Carl Whitehouse, David Wilkin and Andrew Nocon, it was found that when referring patients for elective surgery most common influences on the choice of hospital were its proximity and convenience, knowledge of the consultant, the general standard of clinical care, the patient's own preferences and the patient's previous attendance at the hospital.

James Hendersen in his book on Health Economics and policy stated that the demand for medical care is determined to a great extent by patient need. Major factors that influence demand for medical care can be categorized as patient factors and physician factors. Patient factors include health status, demographic characteristics and economic standing, while physician factors affect demand through their standing as both providers of medical services and advisers to their patients.

Studies by the Central Bureau of Health Intelligence have shown that a majority of Indians trust private healthcare despite a higher average cost of US\$ 4.3 compared to US\$ 2.7 in government owned healthcare agencies. Only 23.5 percent of urban residents and 30.6 percent of rural residents choose government facilities, reflecting the widespread lack of confidence in the public healthcare system.

Syed Habib Anwar Pasha, in his study on patient satisfaction in tertiary private hospital in Dhaka: a case study on square hospital ltd, indicate that patients satisfaction mostly comes from doctors and nurse services, reasonable cost, physical evidence as well as feedback from the patients.

Similar studies have been conducted in sectors other than hospitals to identify influencing factors on consumer choice.

In retail banking sectors a study by S Venkata Seshiah and Vunyal Narender, identified fifteen different factors with variable level of influence on consumer choice for retail banking. These factors exert great, moderate and relatively low influence on consumer's choice.

A study on 'Influencing factors on consumer choice towards online shopping', by Yasmin Hassan and Nik Fadrizam Akimin Abdullah showed that trust, website quality, internet knowledge and internet advertising are the four factors that exerts, significant influence on consumers choice towards online shopping, and internet knowledge is the factor that contribute most.

All this studies have shown that there are various factors which affect consumer's choice and healthcare and hospitals are no different. However, there have not been any formal studies in Indian population to identify influencing factors for selection of hospitals.

Due to different scenario of healthcare in India and different level of awareness amongst Indians the factors which influence patient's decision could be different. Thus it is important to identify pertinent factors and their level of influence on Indian patients so that necessary focus can be made by service providers in Indian hospital industry.

RESEARCH QUESTIONS

With multiple and increasing choice available to patients in India, for hospital care, how does a patient makes his/her preference? What factors are important to patients when it comes to hospital care? What level of influence is caused by various factors on patient's decision? What is the difference in level of influence of these factors in population with different gender, education level and economic status?

OBJECTIVE

1. Identify factors that influence patient's decision of selecting a hospital
2. Rank these factors according to the level of influence exerted by them
3. Identify the difference in the influencing power of these factors according to gender, educational level and economic status

METHODOLOGY

The study was conducted on patients visiting general practitioners in Ahmedabad, Gujarat, India. With the help of a local hospital, initial interview was conducted with 12 patients and 2 doctors to prepare a list of various factors that a patient considers while selecting a hospital for treatment. On the basis of suggestions received a survey questionnaire was developed to obtain response from patients.

Survey questionnaire was in two parts. The first part captures their personal details like age, gender, level of income, etc. Second part captures their feedback regarding level of influence that various factors cause on their decision of selection of hospital. The response to be given was based upon 5 point likert scale of very important to not important at all.

The first draft of questionnaire was pilot tested on 20 patients to identify areas for improvement. On the basis of pilot testing necessary modifications were done and survey questionnaire finalized.

For survey, patients visiting general practitioner were targeted as they are the patients who are more likely to require the services of a hospital. From internet, database of all general practitioner clinics in Ahmedabad was prepared. From the list, 16 such clinics were selected using computer generated random numbers. The doctors of these clinics were contacted and informed about the survey and its purpose. They were requested to grant permission to conduct survey on the patients visiting their clinic. Out of 16, 3 GP refused while 13 permitted the request. Students of hospital management were used as surveyors. After initial training and orientation of all surveyors they were placed in each clinic to take the survey feedback from patients visiting the clinic. Survey was conducted in morning and evening hours according to the timings of the clinic. The patients who waited for their turn for consultation were approached by surveyor and requested to provide their feedback. After their agreement the survey questionnaire was given to them. They were requested to fill the survey form there itself. Help in understanding the questions was provided by the surveyor. However, surveyors were trained not to influence the patient's answer in any way. As most of the public in Ahmedabad are Gujarati speaking, a Gujarati version of the questionnaire was also developed and used. In case of patient being a child, response was taken from their parent/guardian.

From every clinic 30 patients were surveyed. Thus the total sample size surveyed was 390.

The filled forms were collected and an initial screening of all forms was done. Out of 390 forms filled, 21 were improperly filled, hence removed. 369 forms were taken for analysis.

Profile of sample patients surveyed is given below

PROFILE OF PATIENTS SURVEYED

No. of properly filled forms: 369

Male: 225 (60.98%)

Female: 144 (39.02%)

Graduate and above: 135 (36.59%)

Below graduate: 234 (63.41%)

High economic status: 72 (19.51%)

Middle economic status: 135 (36.59%)

Low economic status: 162 (43.90%)

DATA ANALYSIS

The data from filled survey questionnaire were entered in excel sheet. The responses for individual factor were weighted using a linear scale i.e. boxes ticked as very important were weighted as 4, important weighted as 3, neither important nor unimportant weighted as 2, unimportant as 1 and not at all important as 0. Total of all weighted scores for every question was done to arrive at total weighted score of the factor. Subsequently the total weighted score was normalized by a maximum score (Number of responses X maximum weight) and multiplied by 100 to derive percentage. The calculation done can be summarized by following formula:

"Percentage weighted score for each factor = $(\sum \text{individual weighted scores of the factor} / \text{total possible score}) \times 100$ "

EXAMPLE

From 369 filled survey forms, 3 forms stated that brand name of hospital was very important, 12 rated it as important 21 considered brand name as minimally important and 1 considered it to be unimportant or not at all important. Calculation was done as follows

27 x 4	=	108	(very important)
108 x 3	=	324	(important)
189 x 2	=	378	(Moderately important)
36 x 1	=	36	(Minimally important)
9 x 0	=	0	(not at all important)

$[(108+324+378+36+0) / (369 \times 4)] \times 100\% = 846/1476 \times 100\% = 57.32\% = 57\%$ (round off) -- Level of influence

This score for level of influence was calculated for every factor. The factors were ranked according to the score of their level of influence. Factors having higher score were ranked higher. Using same procedure, score for level of influence of every factor was also calculated according to gender, education level and economic status.

FINDINGS**OVERALL**

Table 1 gives an overview of the findings sorted as per the ranking of various factors.

TABLE 1: LEVEL OF INFLUENCE AND RANK OF FACTORS – OVERALL

Factors	Score	Rank
Availability of comprehensive facilities within the hospital	88%	1
Previous experience with the hospital	80%	2
Reputation of the doctor attached to the hospital	79%	3
Affordability to cost of hospital services	77%	4
General Image of the hospital in society	74%	5
Availability of latest and Hi-tech equipments	73%	6
Ease of access to hospital	70%	7
Recommendation by someone who has already taken treatment in the hospital	69%	8
Hospital building and infrastructure	68%	9
Recommendation by your local doctor	65%	10
Proximity of the hospital	63%	11
Any friend / relative working in the hospital	60%	12
Type of hospital (private/government/trust)	59%	13
Brand name of hospital	57%	14
Accreditation and affiliations of the hospital	57%	14
Years of existence of the hospital	57%	14
Reviews on internet/media	53%	17
Religious / cultural preferences	18%	18

ACCORDING TO GENDER, EDUCATION LEVEL AND ECONOMIC STATUS

The level of influence for every factor was also calculated according to gender, education level and economic status. The findings are presented in tables 2, 3 and 4 below, simultaneously.

TABLE 2: LEVEL OF INFLUENCE AND RANK OF FACTORS - GENDER WISE

Factors	Male		Female	
	Score	Rank	Score	Rank
Availability of comprehensive facilities within the hospital	88%	1	89%	1
Previous experience with the hospital	79%	4	83%	2
Reputation of the doctor attached to the hospital	80%	3	77%	3
Affordability to cost of hospital services	80%	2	73%	5
General Image of the hospital in society	77%	5	70%	6
Availability of latest and Hi-tech equipments	72%	6	75%	4
Ease of access to hospital	69%	9	70%	6
Recommendation by someone who has already taken treatment in the hospital	70%	8	67%	8
Hospital building and infrastructure	72%	6	63%	10
Recommendation by your local doctor	67%	11	61%	11
Proximity of the hospital	63%	12	64%	9
Any friend / relative working in the hospital	68%	10	48%	17
Type of hospital (private/government/trust)	60%	13	56%	12
Brand name of hospital	54%	16	53%	13
Accreditation and affiliations of the hospital	58%	15	55%	16
Years of existence of the hospital	60%	13	52%	14
Reviews on internet/media	53%	17	53%	14
Religious / cultural preferences	21%	18	13%	18

TABLE 3: LEVEL OF INFLUENCE AND RANK OF FACTORS - EDUCATION WISE

Factors	Graduate and above		Below graduate	
	Score	Rank	Score	Rank
Availability of comprehensive facilities within the hospital	89%	1	83%	2
Previous experience with the hospital	79%	3	88%	1
Reputation of the doctor attached to the hospital	79%	2	75%	4
Affordability to cost of hospital services	76%	4	83%	2
General Image of the hospital in society	75%	6	71%	5
Availability of latest and Hi-tech equipments	76%	4	58%	10
Ease of access to hospital	71%	7	58%	10
Recommendation by someone who has already taken treatment in the hospital	69%	9	71%	5
Hospital building and infrastructure	70%	8	58%	10
Recommendation by your local doctor	65%	10	63%	8
Proximity of the hospital	65%	10	54%	14
Any friend / relative working in the hospital	60%	12	63%	8
Type of hospital (private/government/trust)	57%	15	67%	7
Brand name of hospital	59%	13	46%	16
Accreditation and affiliations of the hospital	56%	13	58%	16
Years of existence of the hospital	59%	16	46%	10
Reviews on internet/media	54%	17	50%	15
Religious / cultural preferences	18%	18	17%	18

TABLE 4: LEVEL OF INFLUENCE AND RANK OF FACTORS - ECONOMIC STATUS

Factors	Low economic status (< 1.5 lac per annum)		Middle economic status (1.5 to 8 lacs per annum)		High economic status (>8 lacs per annum)	
	Score	Rank	Score	Rank	Score	Rank
Availability of comprehensive facilities within the hospital	94%	1	82%	2	88%	1
Previous experience with the hospital	76%	3	85%	1	85%	4
Reputation of the doctor attached to the hospital	75%	6	78%	3	88%	1
Affordability to cost of hospital services	81%	2	77%	4	72%	7
General Image of the hospital in society	69%	9	75%	5	84%	5
Availability of latest and Hi-tech equipments	76%	3	62%	8	88%	1
Ease of access to hospital	76%	3	60%	11	72%	7
Recommendation by someone who has already taken treatment in the hospital	67%	10	68%	7	75%	6
Hospital building and infrastructure	74%	7	62%	8	69%	10
Recommendation by your local doctor	57%	13	70%	6	72%	7
Proximity of the hospital	72%	8	53%	17	63%	10
Any friend / relative working in the hospital	57%	13	60%	11	69%	17
Type of hospital (private/government/trust)	58%	11	62%	8	53%	13
Brand name of hospital	56%	16	55%	14	61%	14
Accreditation and affiliations of the hospital	58%	11	55%	14	59%	14
Years of existence of the hospital	57%	13	55%	14	59%	14
Reviews on internet/media	47%	17	57%	13	59%	14
Religious / cultural preferences	15%	18	17%	18	21%	18

DISCUSSION**OVERALL**

The findings presented in table 1 show that although different factors scored differently, the differences are generally not remarkable. Other than 'religious or cultural preferences, which scored 18%, all other factors have got value score between 53% and 88%. Mean and median of value scores of all factors are 64.87% and 66% respectively. This indicates that except 'religious or cultural preferences' almost all factors have substantial effect on patient's choice for hospital. This also indicates that patient's choice of hospital is influenced by multiple factors and no single factor can be considered as dominating.

As per score obtained by factors, 'Availability of comprehensive facility within the hospital' is ranked first with score of 88%, followed by 'previous experience with hospital' (80%) and reputation of doctor affiliated with the hospital (79%). Thus, within closely valued factors patient's choice is affected most by the top ranked ones. Highest ranking to 'availability of facilities within hospital' indicates that patients expect and place high importance to availability of comprehensive services and facilities under one roof. Second highest rank to 'previous experience with hospital' shows the importance of quality of service and patients' satisfaction with the hospital. 'Reputation of affiliated doctors' with third ranking indicates that patients give high importance to affiliated doctors while selecting a hospital.

On the lower side, 'religious and cultural preferences' with last ranking and very low score of 18% indicates that patient keeps this factor as least important when it comes to hospital care.

ACCORDING TO GENDER

Table 2 summarises the findings of survey according to gender. Mean and median of value scores of all factors given by males are 64% and 68% and by females are 59% and 63%. This shows that male patients' decision is relatively more influenced by these factors than female patients. Similar to overall findings, scores of both males and females shows that except for 'religious or cultural preferences' almost all factors have substantial effect on choice of hospital.

Both genders ranked 'availability of facilities within hospital' as first which matches overall findings. While female ranked 'Previous experience with hospital' on second position consistent with overall finding, male ranked 'Affordability to cost' at second position. Both genders have ranked 'Reputation of affiliated doctor' on third position. Amongst other factors no noticeable difference were found between ranking given by males and females other than for 'Hospital building and infrastructure' where Males ranked it 6 (value score 72%), females ranked 10 (value score 63%) while overall ranking was 9 (value score 68%).

ACCORDING TO EDUCATION

Table 3 summarises the findings of survey Mean and median scores of value scores given by graduate and above are 65% and 67% respectively and for below graduate is 61.% and 61% respectively. It implies that graduate and above patients are relatively more influenced by these factors than below graduate patients.

Top three factors ranked by graduate and above are 'availability of facilities within hospital', 'reputation of doctor attached to hospital' and 'previous experience with hospital' respectively. For below graduate, top ranked factor was 'previous experience with hospital' while 'availability of facilities within hospital' and 'affordability to cost of hospital services' was ranked at second position with value score of 83% to each. In this category also 'religious or cultural preferences' was least influencing factor with score of 18% and 17%

ACCORDING TO ECONOMIC STATUS

Findings given in table 4 shows that there is a difference in level of influence exerted by various factors on patients with different economic status. For patients with low economic status, mean and median scores of all factors are 65% and 68% respectively. For patients with middle economic status mean and median scores are 63% and 62% and for patients with high economic status it is 69% and 71%. This indicates that within these three economic groups, high economic groups are more conscious about these factors and have placed high importance on most of the factors. This is also reflective from the findings that top three factors ranked by high income group patients have same score of 88%. These are, 'availability of facilities within hospital', 'reputation of doctors attached with the hospital' and 'availability of latest and Hi-tech equipments'. For patients with middle economic status, 'previous experience with the hospital' (85%), 'availability of facilities within hospital' (82%) and 'reputation of doctors attached with the hospital' (78%) are the top ranked ones. For patients with low economic status, top three influencing factors are 'availability of facilities within hospital' (94%), 'affordability to cost of hospital services' (81%) and 'previous experience with the hospital' (76%). The findings reflect that within these three economic groups the influencing factors are different.

SUGGESTIONS

On the basis of the study following suggestions are made to the hospitals

1. Comprehensive facilities should be made available within the hospital as respondents of all categories have placed high importance this factor
2. Achievement of patient satisfaction is important as previous experience with the hospital is an important factor for patient to decide about a hospital
3. Hospitals should ensure that reputed doctors should get affiliated with their hospital. This will help in attracting more number of patients
4. Within other measures, hospital should look after affordability, hi-tech equipments availability and the general image of hospital in society

CONCLUSION

It can be concluded that selection of hospital is based on multiple factors. Most of these factors are close in terms of influence they create on patients' choice. Hence, almost all factors needs to be considered by hospitals if they want to become patients' choice. Within these factors hospitals can prioritize according to the rank given by patients.

Hospitals need to understand these factors better and make efforts to strengthen them and become a choice for patients.

REFERENCES

- Ann Mohan, Carl Whitehouse, David Wilkin and Andrew Nocon (1993), "Factors that influence general practitioners' choice of hospital when referring patients for elective surgery," *British Journal of General Practice*, Vol. 43, pp. 272-276
- Bin Saeed KS (1998), "Factors affecting patient's choice of hospitals," *Ann Saudi Med.*, Vol.18 (5), pp. 420-424.
- Chul-Young Roh, Keon-Hyung Lee and Myron D. Fottler (2008), "Determinants of Hospital Choice of Rural Hospital Patients: The Impact of Networks, Service Scopes, and Market Competition," *J Med Syst*, Vol. 32, pp. 343-353
- Cygnus Business Consulting and Research (2008), "Industry Insight-Hospital Industry,"
- James W. Henderson (2004), "Health Economics and Policy," Cengage South Western, Florence
- Kotler, P and G. Armstrong (2006), *Principles of Marketing*, New Jersey: Pearson Prentice Hall
- PriceWaterHouseCooper (2007): "Healthcare in India: Emerging Market Report,"
- RNCOS Industry Research Solutions (2011): *Indian Healthcare Market on a Fast Growth Path*, Press release, viewed on December 16, 2011, http://www.rncos.com/Press_Releases/Indian-Healthcare-Market-on-a-Fast-Growth-Path.htm
- Rupa Chandra (2009), "Foreign Investment in Hospital in: Status and Implications," Report on Trade Agreements and Health, Core Programme Clusters, World Health Organization.
- S Venkata Seshiah and Vunyale Narendra (2007), "Factors Affecting Customers' Choice of Retail Banking," *The IUP Journal of Bank Management*, Vol. 06, pp. 34-46
- Sabena Isroliwala, Charles Wainwright and Kamal Sehdev (2004), "A Local View of Factors Affecting Patient Choice," *Healthcare Management Research Group*, Cranfield University, Bedfordshire

Syed Habib Anwar Pasha (2011), "Patient satisfaction in tertiary private hospital in Dhaka: A case study on Square hospital ltd.," *International Journal of Research in Computer Application and Management*, Vol.1, Issue No. 2 (April), pp.9-16.

The Indo-Italian Chamber of Commerce and Industry (2008), "*The Healthcare Industry in India*," Short Market Overviews

Yasmin Hassan, Nik Fadrizam Akimin Abdullah (2010): "Consumer choice towards online shopping - an exploratory study" Paper presented at the *2nd International Conference on Entrepreneurship (2nd ICE 2010)*, Kuala Lumpur, Malaysia, 11-12 October.



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