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JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

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**AN APPRAISAL OF QUALITY OF SERVICES IN URBAN HOSPITALS
(A STUDY ON THREE URBAN HOSPITALS IN GUNTUR DISTRICT, ANDHRA PRADESH)**

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ABSTRACT

A hospital is an institution of health care providing treatment with specialized staff and equipment, but not always providing for long-term patient stay. Today hospitals are centers of professional health care provided by physicians and nurses. Hospitals are usually funded by the state, health organizations, health insurances or charities, including direct charitable donations. The important goals of hospitals are to deliver high quality health services and to respond to the needs of the patients. Patient satisfaction is one of the most sensitive indicators of the quality of their services. The concept of patient satisfaction has encouraged the adoption of marketing culture in service sector including health care services. This article reports the findings of a survey aimed at understanding the extent of patient satisfaction with patient services. In this study the patient refers to Outpatient.

KEYWORDS

Hospitals, Physician, Patient Satisfaction, Quality.

INTRODUCTION

Patient Satisfaction is the important goals of the any health care system, but it is difficult to measure the satisfaction and gauge the responsiveness of the health systems as not only the clinical but also non-clinical outcomes of care influence the patient satisfaction.^[1] The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Hospitals are shifting from viewing patients as uneducated and with little health care choice, to recognizing that the educated consumer has many service demands and health care choices available.^[2] Quality information is important to consumers and providers alike. However, the essential elements of "quality" may be understood in quite different ways and ranked with different priorities among various consumer and professional groups.^[3] The success or failure of any hospital is largely depends on the satisfaction met by the patients on various services offered. Patients' satisfaction is a combination of psychological, physiological and other health care related factors that make a patient to feel happy. Patient satisfaction has been considered as a state where patients express their feelings, prepares to attend for the same hospital more number of times, accept the services and promote the image and goodwill of the hospital more happily. Satisfaction of patients is an emotion, a feeling and a matter of perception. It arises from the patients' appraisal of experience in hospital services; it involves likes and dislikes which are internal and external to the patients.^[4] Satisfaction is a psychological concept which is defined in different ways. Sometimes satisfaction is considered as a judgment of individuals regarding any object or event after gathering some experience over time.^[5]

Outpatient department is the Patients' first point of contact in the Hospital. It is the shop window of hospital. The service quality provided by this department would makes or mars the hospital image. A quality OPD service can reduce the load on in-patient services and also improve the perception of the patients and his/her attendants about the hospital. In the today's' healthcare competitive environment it is very important to provide the quality Outpatient Department (OPD) services to the patients.^[6] The up to date technological growth and advancement in equipment, subject knowledge of doctors and other experts lead to improve and perceive the service quality of hospitals and satisfaction of patients who are visiting the hospitals.^[7]

Out patient Department in any hospital is considered to be shop window of the hospital. There are various problems faced by the patients in out patient department like over crowding, delay in consultation, lack of proper guidance etc that leads to patient dissatisfaction. Now days, the patients are looking for hassle free and quick services in this fast growing world. This is only possible with optimum utility of the resources through multitasking in a single window system in the OPD for better services.^[8] Patient (Consumer) satisfaction is one of the established yardsticks to measure success of the services being provided in hospitals.^[9] It is assumed that these patients have formed a positive attitude with regard to the service performance of the provider based on prior use of services.^[10] Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience.^[11] Assessment of quality of services provided by the hospitals in these days has been a serious concern for the hospitals and health care organizations owing to the excessive demands imposed on them by the users, consumers, government and the society at large. As a result, many hospitals have resorted to such assessment not only for the reasons of compliance but for the improvement of the services to the satisfaction of the users.^[12] The concept of patient satisfaction is rapidly changing to customers' delight which means the patient is not only cured of his ailment during the hospital stay.^[13] The degree of patient satisfaction can be used as a means of assessing the quality of health care and the personnel. It reflects the ability of the provider to meet the patients' needs. Satisfied patients are more likely than the unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens.^[14] In order to find out the performance and users satisfaction in sample hospital an attempt has been made to elicit the opinions from outpatients. In this part of the questionnaire, the researcher tried to elicit the information from the outpatients. The important areas covered include Registration procedure, consultation and treatment facilities, Investigation procedure, Behaviour of the staff and other related items.

PATIENT SATISFACTION

It is essential to have an overview of theoretical notions of satisfactions and expectations of the customers, generalities in planning intensive care units, social system, doctor patient relationships, physician role and behavior, nurse behavior patient role and opinions. An organization exists to achieve its goal, the goal of hospital, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary.

There are various factors which influence customer's expectations of services. They include efficiency, confidence, helpfulness, personal interest reliability. These are intrinsic factors. They influence the response of the hospital staff to the patient and his relatives. Intrinsic factors are susceptible to training. They can be improved by training when the performance does not reach the set standards. Accordingly, external factors exist. These are the outside reasons given by the employee. They include media influence, experience of others and contributes to customers expectations.

AIMS AND OBJECTIVES OF THE STUDY

In order to find out the performance and users satisfaction in sample hospital an attempt has been made to elicit the opinions from patients. In this part the researcher administered questionnaire to elicit the information from the patients. The important areas covered include Registration procedure, consultation and treatment facilities, Investigation procedure, Behaviour of the staff and other related items.

1. To study the satisfaction levels of the patient in sample hospitals.
2. To suggest measures to strengthen the administrative practices that improves patient satisfaction in hospitals in India.

COLLECTION OF DATA

The data has been collected from both sources i.e. primary and secondary. For collection of data from primary sources, efforts were made to elicit the opinions of almost all key personnel in the organisations through observation, personal interviews, questionnaire and schedules. The data for the study was collected by administering the questionnaire schedules and through observation method. Observation method is one of the most important and extensively used method. All the times it is not possible to use quantitative techniques. In those circumstances, observation method bridges the gap. On the other hand questionnaire is widely used for data collection in social sciences research particularly in surveys.

Procedure: First of all permission was sought from the selected three hospitals. Then the researcher went to them as and when time was given. Questionnaire was distributed to personnel who were selected as sample and in some cases researcher explained the implications of the questions. Respondents were asked to fill up the set of questions as per instructions mentioned on them. They were specifically requested not to read all the items at once but to go through each individual statement and answer it and then only move the next. Respondents were assured of the confidentiality of their responses. All respondents were encouraged to express their opinion freely and fairly. Precautions were also taken to obtain unbiased results. Schedules are explained by the researcher personally in a vernacular language and were filled by him personally.

Methodology for Data Analysis: The count of responses are considered and for each type of response (Strongly Agree, Agree, Can't say, Disagree and Strongly disagree) and for each hospital the percentage are calculated.

Selection of Sample size and its justification: There are more than 800 hospitals in Guntur district. It is difficult for a researcher to take up all the hospitals and study the existing management patterns. For this reason a detailed study of three hospitals that run on direct lines were taken up for study. In each hospital, the sample is taken from patients. Questionnaire was prepared for patients. The sample respondents were drawn through stratified random sampling. The patients were taken based on average number of patients per day for each hospital.

TABLE 1: SELECTED HOSPITALS – RESPONDENTS (PATIENT)

Public/Govt.	Autonomous	Private/Corporate
GGH – 110	SJGH – 90	NRI – 120

The schedules were distributed to 120 patients in GGH and 110 respondents were selected for final analysis. In case of NRI, out of 125 respondents 120 respondents opinion were taken for final analysis. In SJGH, out of 100, 90 respondents opinion were taken for final analysis.

TABLE 2: SOCIO – ECONOMIC INFORMATION OF SAMPLE PATIENTS

S. No.	Particulars	GGH	SJGH	NRI	
1	Age	Below 30 Years	41	41	56
		31-50 years	52	27	32
		Above 50 years	17	22	32
		Total	110	90	120
2	Sex	Male	63	55	60
		Female	47	35	60
		Total	110	90	120
3	Education	No formal Education	30	22	35
		Below X Class	47	49	49
		X class to Degree	23	08	21
		Above Degree	10	11	15
		Total	110	90	120
4	Profession	Govt./Public Sector	27	17	30
		Private Sector	13	16	24
		Business	21	13	22
		Agricultural Labourers	24	25	28
		Unemployed	25	19	16
		Total	110	90	120
5	Income	Below Rs.2,000	41	38	35
		Rs.2,001-Rs.5,000	35	23	41
		Rs.5,0001-Rs.10,000	20	24	30
		Above Rs.10,000	14	05	14
		Total	110	90	120
6	Nativity	Rural	50	44	58
		Urban	60	46	62
		Total	110	90	120

PERCEPTION OF PATIENTS

In order to find out the performance and users satisfaction in sample hospital an attempt has been made to elicit the opinions from patients. In this part of In this part the researcher administered questionnaire to elicit the information from the patients. The important areas covered include Registration procedure, consultation and treatment facilities, Investigation procedure, Behavior of the staff and other reacted items.

TABLE 3: PERCEPTIONS OF THE PATIENTS TOWARDS REGISTRATION PROCEDURE

No.	Particulars		GGH	SJGH	NRI
1	Reception Services are good	Strongly Agree	18.18	77.78	69.17
		Agree	10.90	04.44	08.33
		Can't Say	05.46	05.56	05.83
		Disagree	50.91	08.89	13.34
		Strongly Disagree	14.55	03.33	03.33
		Total	110	90	120
2	Counters provided for registration are enough	Strongly Agree	26.36	61.11	73.33
		Agree	13.64	07.77	06.67
		Can't Say	07.27	03.33	03.33
		Disagree	30.91	21.11	09.17
		Strongly Disagree	21.82	06.68	07.50
		Total	110	90	120
3	Present Queue system at registration is satisfactory	Strongly Agree	23.64	72.22	70.83
		Agree	13.64	07.78	06.67
		Can't Say	09.09	06.67	05.83
		Disagree	49.09	07.78	07.50
		Strongly Disagree	4.54	05.55	09.17
		Total	110	90	120
4	People at registration counter are supportive	Strongly Agree	03.63	28.89	20.83
		Agree	03.64	36.67	30.83
		Can't Say	02.73	03.33	04.18
		Disagree	50.91	21.11	35.83
		Strongly Disagree	39.09	10.00	08.33
		Total	110	90	120
5	Registration time is reasonable	Strongly Agree	11.82	27.78	24.16
		Agree	06.36	31.11	26.67
		Can't Say	08.18	05.56	04.17
		Disagree	42.73	21.11	27.50
		Strongly Disagree	30.91	14.44	17.50
		Total	110	90	120
6	Seating Arrangements at registration counter is good	Strongly Agree	05.45	34.45	15.83
		Agree	04.55	25.56	30.83
		Can't Say	08.18	04.44	05.83
		Disagree	52.73	24.44	30.83
		Strongly Disagree	29.09	11.11	16.68
		Total	110	90	120
7	On the whole, the registration procedure is good	Strongly Agree	16.36	37.78	67.51
		Agree	04.55	26.67	03.33
		Can't Say	05.45	04.44	02.50
		Disagree	30.91	06.67	13.33
		Strongly Disagree	42.73	24.44	13.33
		Total	110	90	120

From the above discussion it can be concluded that majority of respondents in SJGH expressed their satisfaction towards the reception services. Considerable part of GGH respondents are opined that counters provided for registration are not sufficient. Present queue system is good in SJGH and NRI. In government hospital registration counter people are not supportive. Registration time is good in SJGH. Seating arrangements are not good in Government hospital. On whole registration procedure is good in NRI.

TABLE 4: PERCEPTIONS OF THE PATIENTS TOWARDS CONSULTATION AND TREATMENT FACILITIES

No.	Particulars		GGH	SJGH	NRI
1	Procedure adopted before consulting the doctor is satisfactory	Strongly Agree	23.63	82.12	78.33
		Agree	06.36	04.44	04.17
		Can't Say	03.64	04.44	03.33
		Disagree	32.73	04.56	12.50
		Strongly Disagree	33.64	4.44	1.67
		Total	110	90	120
2	Time interval between patient arrival and consulting the doctor is reasonable	Strongly Agree	18.19	54.44	86.67
		Agree	06.36	05.56	03.33
		Can't Say	03.64	04.44	04.17
		Disagree	36.36	26.67	04.17
		Strongly Disagree	35.45	08.89	1.66
		Total	110	90	120
3	Space and physical facilities at consulting room are satisfactory	Strongly Agree	24.55	77.78	81.67
		Agree	11.82	06.67	04.17
		Can't Say	09.09	04.44	05.83
		Disagree	30.91	06.67	03.33
		Strongly Disagree	23.63	04.44	05.00
		Total	110	90	120
4	Doctor has given enough time to narrate the illness	Strongly Agree	33.64	76.67	81.67
		Agree	05.45	13.33	07.50
		Can't Say	6.36	04.44	03.33
		Disagree	28.19	05.56	04.17
		Strongly Disagree	26.36	0	03.33
		Total	110	90	120
5	Are you satisfied with doctor after consultation	Strongly Agree	23.63	36.67	24.17
		Agree	12.73	31.12	23.33
		Can't Say	04.55	02.22	02.50
		Disagree	36.36	21.11	25.83
		Strongly Disagree	22.73	08.88	24.17
		Total	110	90	120
6	Facilities at investigation room are good	Strongly Agree	06.35	34.44	26.67
		Agree	03.64	35.56	23.33
		Can't Say	04.55	03.33	02.50
		Disagree	60.91	21.11	25.83
		Strongly Disagree	24.55	5.56	21.67
		Total	110	90	120

From the above discussion it can be said that consulting procedure is good in SJGH. Time interval between patient arrival and consulting doctors is not good in GGH. Space and physical facilities are sufficient in SJGH. Government hospital doctors are not give enough time to narrate the illness. SJGH Patients are happy with the doctor after consultation. Facilities are not good in Government hospitals.

TABLE 5: PERCEPTIONS OF THE PATIENTS TOWARDS INVESTIGATION PROCEDURE

No.	Particulars		GGH	SJGH	NRI
1	Many Investigations are done for the ailment	Strongly Agree	61.82	58.89	74.17
		Agree	07.27	08.89	04.17
		Can't Say	03.64	06.67	07.50
		Disagree	17.27	14.44	08.33
		Strongly Disagree	10.00	11.11	05.83
		Total	110	90	120
2	Investigations done at outpatient department are satisfactory	Strongly Agree	12.73	74.44	77.5
		Agree	13.64	08.89	05.83
		Can't Say	03.64	03.33	04.17
		Disagree	45.44	05.56	06.67
		Strongly Disagree	24.55	07.78	05.83
		Total	110	90	120
3	Required medicines are available in the hospital premises	Strongly Agree	26.36	86.68	81.67
		Agree	04.55	02.22	06.67
		Can't Say	02.73	03.33	04.17
		Disagree	27.27	04.44	05.83
		Strongly Disagree	39.09	03.33	01.66
		Total	110	90	120
4	Sophisticated equipment is used for investigation	Strongly Agree	25.45	71.11	84.17
		Agree	03.64	03.33	02.50
		Can't Say	04.55	04.45	03.33
		Disagree	40.91	08.89	06.67
		Strongly Disagree	25.45	12.22	03.33
		Total	110	90	120
5	Laboratory tests were done in time	Strongly Agree	06.35	35.56	28.33
		Agree	03.64	25.56	30.83
		Can't Say	04.55	03.33	03.33
		Disagree	50.91	26.67	20.83
		Strongly Disagree	34.55	8.88	16.68
		Total	110	90	120
6	Facilities at investigation room are good	Strongly Agree	06.35	34.44	26.67
		Agree	04.55	35.56	24.17
		Can't Say	03.64	03.33	02.50
		Disagree	60.91	21.11	25.83
		Strongly Disagree	24.55	5.56	20.83
		Total	110	90	120

In the sample hospitals, it is observed that many investigations are done for the ailment and high percentage of respondents told that the investigations are done satisfactorily. Required medicines are not available at government hospital premises. Sophisticated equipment is being used for investigation in SJGH. Laboratory tests were not done in time and investigation procedures are not good in government hospitals.

TABLE 6: PERCEPTIONS OF THE PATIENTS TOWARDS THE BEHAVIOUR OF THE STAFF

No.	Particulars		GGH	SJGH	NRI
1	Doctor behaviour is good	Strongly Agree	26.36	68.89	85
		Agree	4.55	5.56	5.83
		Can't Say	3.64	4.44	3.33
		Disagree	36.36	13.33	4.17
		Strongly Disagree	29.09	7.78	1.67
		Total	115	90	120
2	Nursing Staff behaviour is good	Strongly Agree	18.18	75.56	77.74
		Agree	3.64	3.33	8.33
		Can't Say	4.54	4.44	5.83
		Disagree	44.55	5.56	4.77
		Strongly Disagree	29.09	11.11	3.33
		Total	115	90	120
3	Staff are sympathetic	Strongly Agree	26.36	74.44	84.17
		Agree	13.64	4.44	2.5
		Can't Say	4.55	3.33	3.33
		Disagree	30	11.12	4.17
		Strongly Disagree	25.45	6.67	5.83
		Total	115	90	120
4	Staff listen your version	Strongly Agree	19.1	82.22	78.33
		Agree	7.27	5.56	5.84
		Can't Say	6.36	4.44	3.33
		Disagree	29.09	3.33	10.83
		Strongly Disagree	38.18	4.45	1.67
		Total	115	90	120
5	Staff services and level care is good	Strongly Agree	17.39	47.78	51.67
		Agree	4.35	13.33	8.33
		Can't Say	5.22	6.67	3.33
		Disagree	38.26	22.22	30.83
		Strongly Disagree	34.78	10	5.84
		Total	115	90	120

From the above discussion it can be said that, doctor’s behaviour is good in voluntary hospital and corporate hospital. Nursing staff behaviour is not supportive at Government hospitals and staff are sympathetic in NRI and SJGH. Government hospital staff are not listen their patient’s version. Level of care and staff services is good in SJGH and NRI.

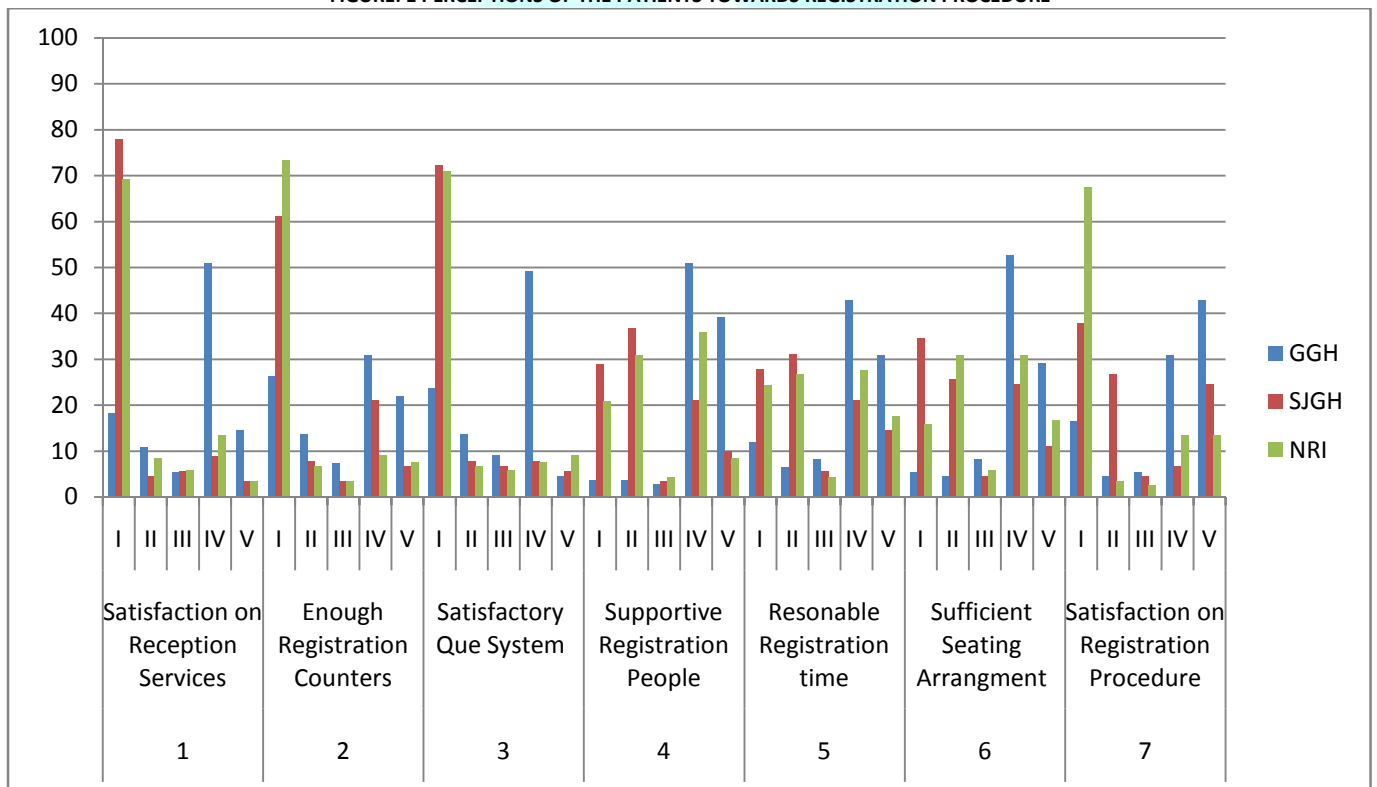
TABLE 7: PERCEPTIONS OF THE PATIENTS TOWARDS OTHER RELATED ITEMS

S.No.	Particulars		GGH	SJGH	NRI
1	Timing of the outpatient department are satisfactory	Strongly Agree	26.36	68.89	84.17
		Agree	4.55	5.56	5.83
		Can't Say	3.64	4.44	2.5
		Disagree	36.36	13.33	3.33
		Strongly Disagree	29.09	7.78	4.17
		Total	110	90	120
2	Do you recommend this hospital to your friends and relatives if necessary	Strongly Agree	18.17	75.56	78.33
		Agree	3.64	3.33	8.33
		Can't Say	4.55	5.56	5.83
		Disagree	44.55	4.44	4.18
		Strongly Disagree	29.09	11.11	3.33
		Total	110	90	120
3	Performance of the outpatient department is satisfactory	Strongly Agree	26.36	74.45	83.33
		Agree	13.64	4.44	2.5
		Can't Say	4.55	3.33	4.17
		Disagree	29.09	11.11	5.83
		Strongly Disagree	26.36	6.67	4.17
		Total	110	90	120
4	Do you prefer to come to this hospital again if necessary	Strongly Agree	19.09	82.22	78.33
		Agree	7.28	5.57	5.84
		Can't Say	6.36	4.44	3.33
		Disagree	29.09	3.33	6.67
		Strongly Disagree	38.18	4.44	5.83
		Total	110	90	120
5	Pharmacy services are good	Strongly Agree	10.91	71.11	67.33
		Agree	8.19	7.78	4.16
		Can't Say	6.36	4.44	3.36
		Disagree	38.18	11.11	15.15
		Strongly Disagree	36.36	5.56	10
		Total	110	90	120

From the above discussion it can be concluded that outpatient department timings are good in SJGH and NRI. Government hospital respondents are not recommended this hospital again. Performance of outpatient department is not good GGH. SJGH and NRI hospitals are preferred by patient. Pharmacy services are not good in GGH.

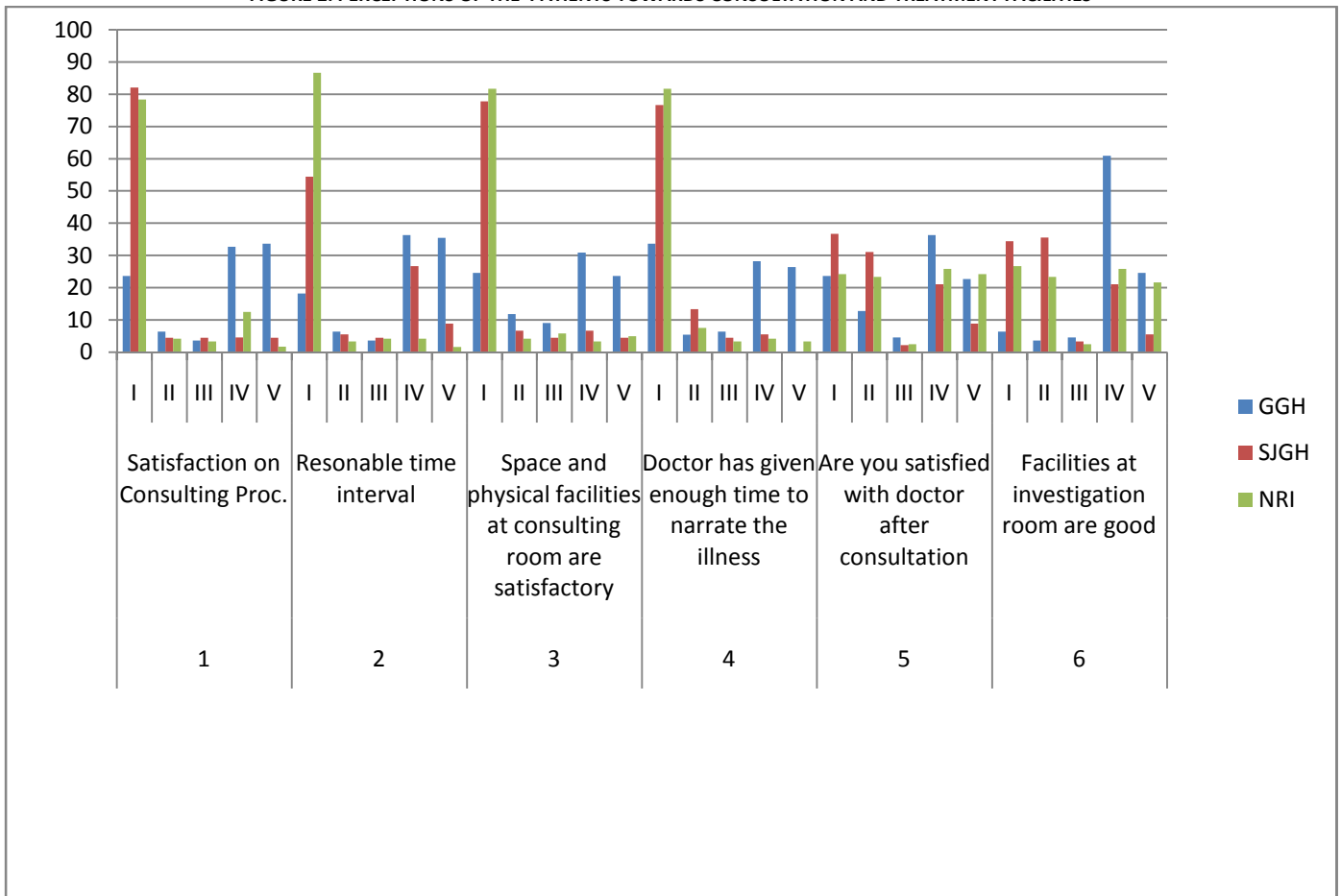
COMPARATIVE STUDY ON PATIENT PERCEPTIONS IN SAMPLE UNITS

FIGURE: 1 PERCEPTIONS OF THE PATIENTS TOWARDS REGISTRATION PROCEDURE



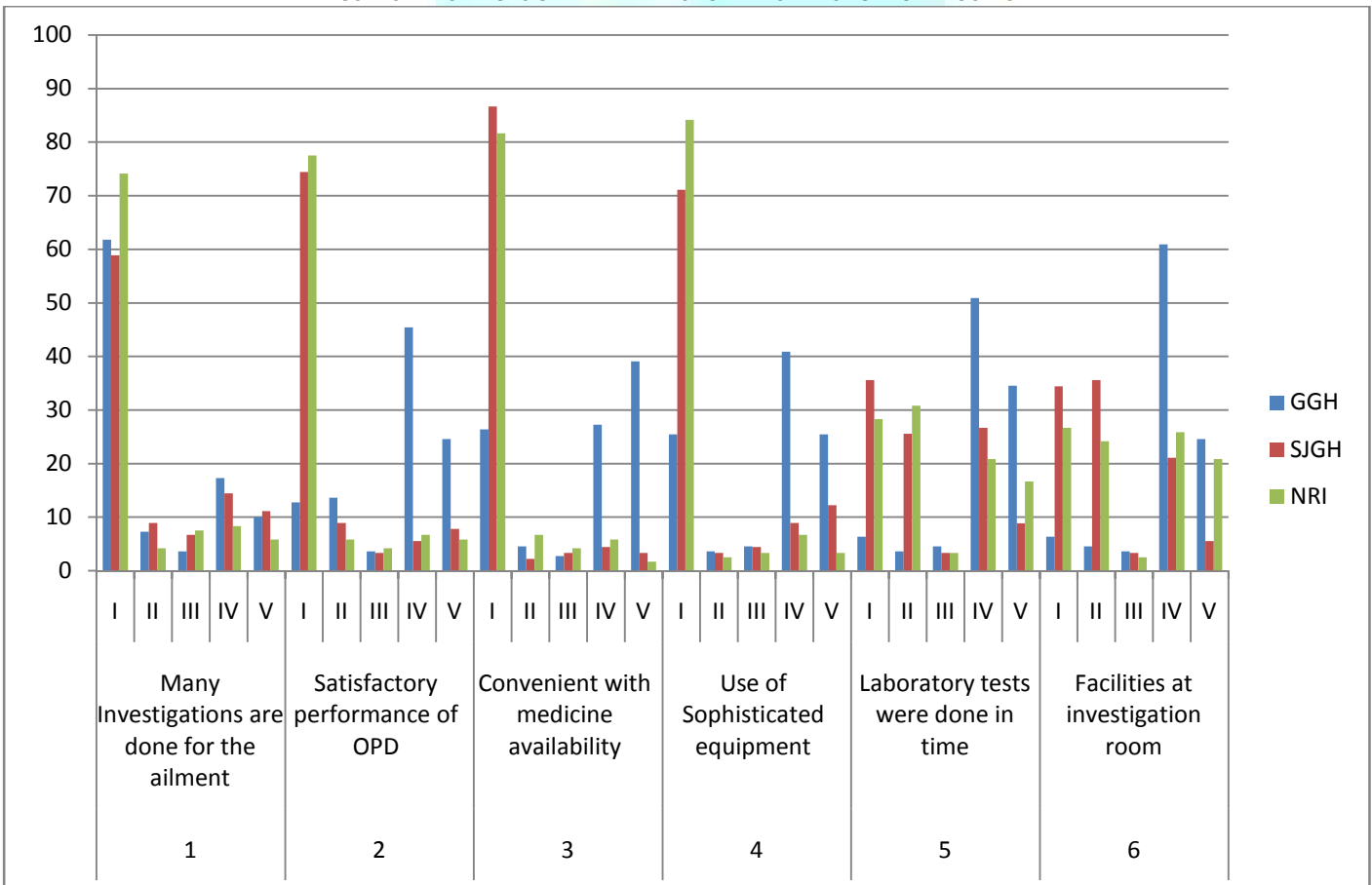
I – Strongly Agree; II – Agree; III – Can't Say; IV – Disagree; V – Strongly Disagree

FIGURE 2: PERCEPTIONS OF THE PATIENTS TOWARDS CONSULTATION AND TREATMENT FACILITIES



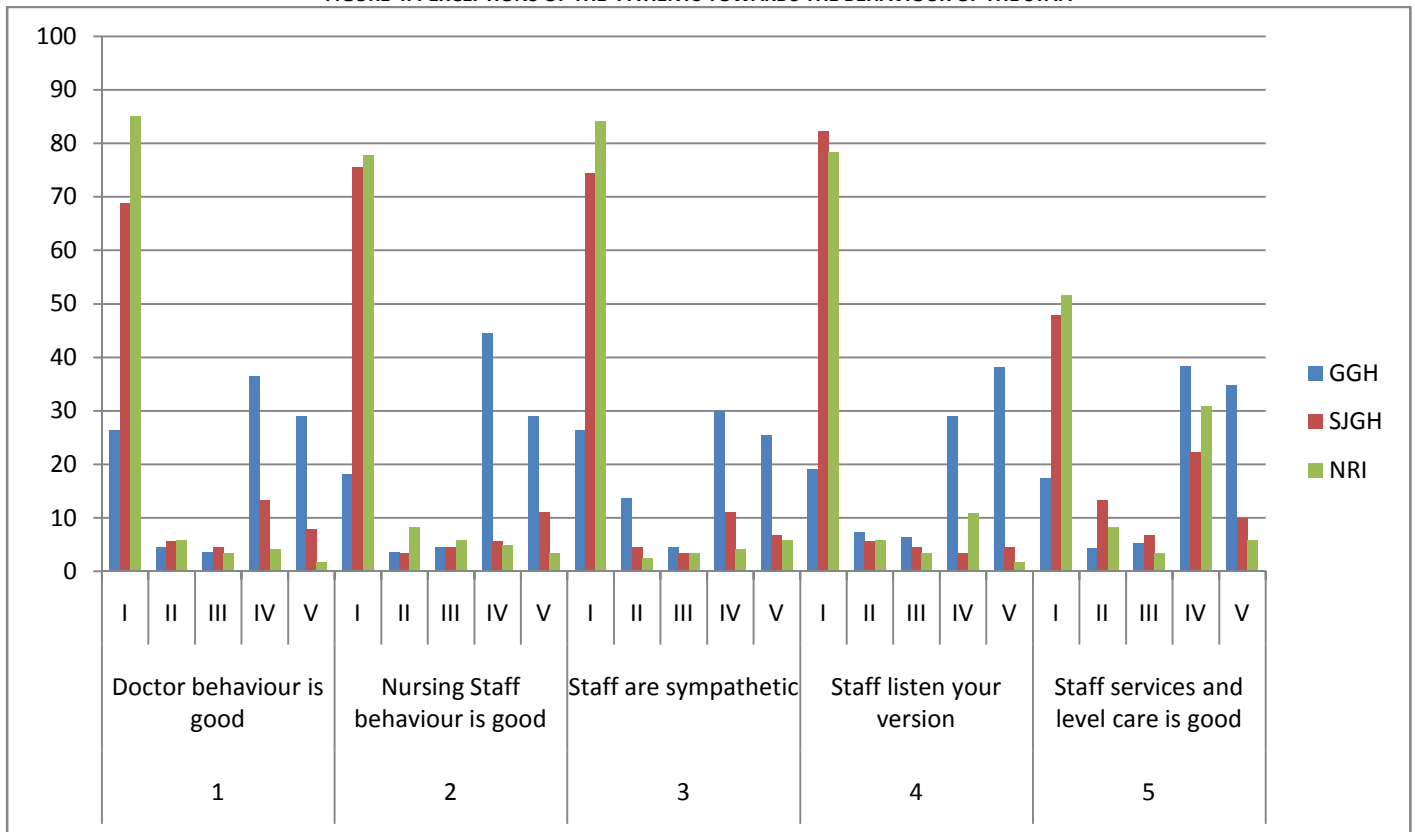
I – Strongly Agree; II – Agree; III – Can’t Say; IV – Disagree; V – Strongly Disagree

FIGURE 3: PERCEPTIONS OF THE PATIENTS TOWARDS INVESTIGATION PROCEDURE



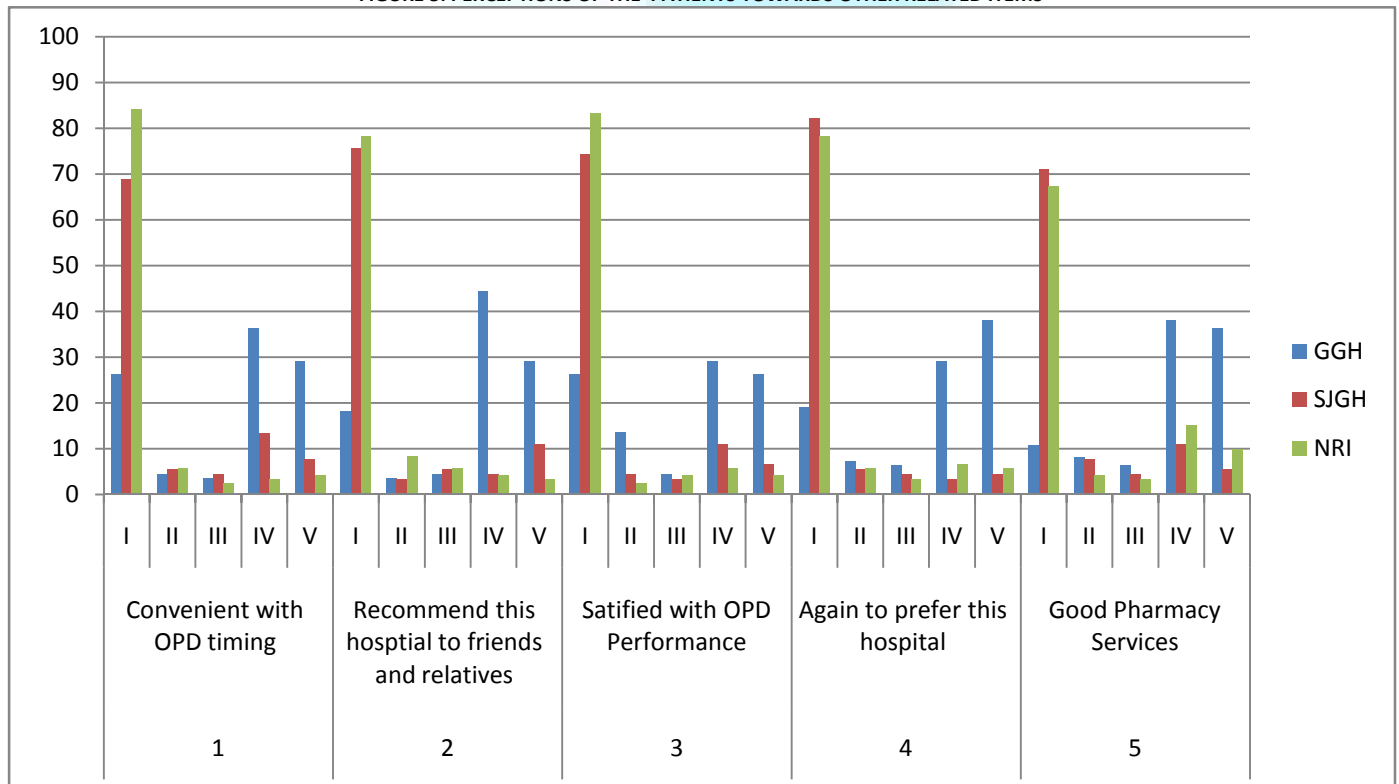
I – Strongly Agree; II – Agree; III – Can’t Say; IV – Disagree; V – Strongly Disagree

FIGURE 4: PERCEPTIONS OF THE PATIENTS TOWARDS THE BEHAVIOUR OF THE STAFF



I – Strongly Agree; II – Agree; III – Can’t Say; IV – Disagree; V – Strongly Disagree

FIGURE 5: PERCEPTIONS OF THE PATIENTS TOWARDS OTHER RELATED ITEMS



I – Strongly Agree; II – Agree; III – Can’t Say; IV – Disagree; V – Strongly Disagree

SUGGESTIONS TO IMPROVE THE PATIENT SATISFACTION IN SAMPLE UNITS

In present scenario where the hospital is recognized as a social institute and patient is the only reason for its existence, the hospital must strive for patient oriented services. Healthcare is one of India’s largest sectors, in terms of revenue and employment, and one can well witness the sector to expand rapidly. With the fast growing purchasing power, Indian patients are willing to pay more to avail health care services of international standard. In the era of globalization and heightened competition, it has been observed that delivery of quality service is imperative for Indian healthcare providers to satisfy their indoor as well as outdoor patients. Hence, it is essential to be aware of how the patients and patient parties evaluate the quality of health care service. Such an understanding facilitates hospital administration to enhance quality of service and satisfy patients to a great extent as well.

GENERAL SUGGESTIONS**1. Strengthening of Infrastructure**

Despite the financial crunch, the government has to strengthen the physical facilities at the sub-centers, public health centers and central health centers so that their performance is improved. The incomplete buildings are to be completed, the equipment as per the standard list are to be made available, the vacant posts are to be filled.

2. Keep special eye on Tertiary and Secondary Health Services

The emphasis on consolidation of primary health care, the strengthening of secondary care services and optimisation of tertiary care services are also to be given due place. The sub divisional and district hospitals are the secondary level medical care institutions facing multi-dimensional problems like inadequacy of manpower and required facilities to discharge their responsibilities satisfactorily.

3. Improve the Quality

Hospitals provides a framework within which managers/ professionals can create a quality programme that enhances working life and services to patients, a programme which is appropriate for the complex reality of the modern professional services and appropriate to the beliefs and abilities of the people who use and work in such organizations.

4. Innovate Strategic Decisions

Both the Government and Private hospitals are required to innovate their strategic decisions so that all categories of users get the needed services. Scientific inventions and innovations have paved the ways for qualitative improvement for improving the medical and healthcare services.

5. Rational fee structure

A rational fee strategy which provides an opportunity even to the poorest of the poor to avail the services. Set the structure on the basis of income. This enables hospitals in generating finance for initiating qualitative-cum-quantitative improvements in the medical services.

6. Inculcating Mass awareness

It was found that unconsciousness or unaware causes ailments. The hospitals with the support of professionals can innovate mass awareness among the people it reduces pressure on hospitals.

7. Avoid the Exploitation of Users (Patients)

The first and foremost thing of an hospital is to satisfy the users by making available to them the quality services. Exploit the user (patient) leads to the user (patient) dissatisfaction; it reflects the hospital reputation and fame.

8. Impart the Psychological principles among the staff

Indian hospitals expect a few almost all the hospitals and their personnel hardly find the behavioural dimensions significant. All hospitals give weightage to the behavioural dimensions among the staff.

9. Promotion of Alternative systems and integrations of various systems of medicine

The important resources of traditional and alternative healing systems needs to be encouraged, reasonable standards need to be introduced and it should be integrated with the modern medical system. This would entail enhanced public system support of AYUSH (Ayurveda; Unani; Siddha; Homeopathy) systems with appointment of practitioners, both at primary level and inform of specialized clinics, at various levels in the public health system.

10. Improve the Hospital Community Relationship

The ultimate purpose of the health services is to meet effectively the total health needs of the community. A good hospital would build its services on the knowledge and understanding of the community it is to serve, its success will depend upon the involvement of many groups, both professional and nonprofessional within and outside the hospital.

11. Services based on market forces

Most hospitals established are less subject to market forces for they have a captive population to serve. A solution is to market the services in a right fashion. Hospitals will be catering more and more to the needs of patients in fragments, which will lead to more and more specialised hospitals in place of general hospitals which provided medical, surgical, obstetric and gynaecological, Ear Nose Throat (ENT), paediatrics, etc under on roof.

12. Organise Medical Audit regularly

The purpose of medical audit is to evaluate and decrease the financial burden on the patient. In the recent past, the conditions in the hospitals are worsening, as they are under the control of state Government. There is a need to set up committees to ensure sufficient and effective medical audit.

13. Corporate Social Responsibility (CSR)

The corporate sector should continue to play an active role in building health system to improve the delivery of health services. The corporate sector has a responsibility to serve the economically weaker sections of out society, without comprising on quality of service. Other areas of CSR include social health insurance, telemedicine, and health check up camps in remote areas, through public private partnership. CSR should form part of long term strategy of the corporate sector.

14. Respect the dignity of the patient

It is one of the most basic right and need of the patient. Concern for the care of the human being as a whole needs contribution from everyone working in the hospital. Patient is the most important person to the hospital.

SPECIFIC SUGGESTIONS**1. Minimise Waiting time**

Longer waiting time had a progressively larger negative effect on outpatient satisfaction. The patients waiting time were prolonged and that the friendliness of the nursing staff needs to be improved.

2. Importance of patients' feedback in hospital settings

The Outpatient Department services form an important component of Hospital services and feedback of patients are vital in quality improvement.

3. Improving Inter-personnel relationship

Efforts made to reduce patient overload so that doctors and other staff can give more attention and time to the patients.

4. Impart training

Efforts should be put to see that hospital staff is compassionate and respecting to patients. This can be achieved by training and motivation of the staff.

5. Quality of care

The quality of care can be improved more in aggregate by raising the level of performance of all providers rather than finding a few poor performers and punishing them, and continuously making small changes to improve their individual processes. This approach can be very powerful if embraced over a period of time.

6. Continued supply of essential medicines should be maintained

The medicines have the potential to sustain life and/or prevent further complications and are prescribed for out-patients. The availability of these medicines in hospitals has not posed a serious problem forcing patients to buy these medicines from hospital pharmacy.

7. Amenities like drinking water and clean toilets made available

It is suggested that, the hospitals provide basic amenities like drinking water for not only for the patient and also for their attendees. Maintaining cleanliness in the units, both internally and externally.

8. Patients, in particular the uneducated and the elderly found it difficult to access the departments to which they were referred. They suggested some sign boards and volunteers would ease the situation.

9. Providing regular report regarding the patients' progress without waiting for them to demand

REFERENCES

1. Andrabi Syed Arshad, Hamid Shamila, Rohul, Jabeen, Anjum Fazli, Measuring patient satisfaction: A cross sectional study to improve quality of care at a tertiary care hospital, Health line, Volume 3 Issue 1 January-June 2012.
2. B.S. Akoijam, K. Konjengbam, R. Biswalatha and T.A. Singh, Patient's Satisfaction with Hospital care in a Referral Institutes in Manipal, Indian Journal of Public Health, Vol. 51, No.4, Oct-Dec. 2007.
3. Dr. D. Rama Mohan, Dr. Kanagaluru Sai Kumar, A Study on the Satisfaction of Patients with reference to Hospital Services, International Journal of Business Economics and Management Research, Vol.1 Issue 3, 15-25.
4. Dr. Kashinath K R , Dr. Bharateesh J V, Dr. Chandan Agali, Dr. Mythri H, Dr. Darshana Bennadi, Dr. Mohan Kumar CT, Factors Affecting Patient Satisfaction among those Attending an Outpatient Department of a Dental College in Tumkur City – A Survey, Journal of Dental Science and Research, Vol.1, Issue 2, September, 2010, 01-10.
5. Dr. Ranjith Chakrabarth, Anirban Mazumda, Measuring the Consumer Satisfaction in Health Care: The Applicability of Serqual, Journal of Arts, Science and Commerce, Vol-II, Issue – 4, October, 2011, 149-160.
6. Dr. S. K. Jawahar, A Study on Out Patient Satisfaction at a Super Specialty Hospital in India, Internet Journal of Medical Update, Vol. 2, No. 2, Jul-Dec 2007, 13-17.
7. K.Francis Sudhakar, M.Kameshwar Rao, T.Rahul A Study of Gap Analysis in Hospitals and the Relationship between Patient Satisfaction and Quality of Service in the Health Care Services, International Journal of Research in IT & Management, Volume 2, Issue 1(January 2012), 39-51.
8. K.Francis Sudhakar, M.Kameshwar Rao, T.Rahul, An Emprical Study of Quality of healthcare Services and Patint Satisfaction in Private and Public Hospitals in Hyderabad, Andhra Pradesh, Asian Journal of Research in Business Economics and Management, Volume 2, Issue 2 (February, 2012) ISSN: 2249-7307.
9. Manimaran.S, Sindhya.R, Venkateshwaran.P.S, A Study of Patients Expectation and Satisfaction in Dindigul Hospitals, Asian Journal of Management Research, ISSN 2229 – 3795, 31-43.
10. Prahalad Rao Sodani, Rajeev K. Kumar, Jayati Srivatsava, Laxman Sharma, Measuring the Patient Satisfaction: A Study to Improve Quality of Care at Public Health Facilities, Indian Journal of Community Medicine, Vol.35, No.1, January, 2010, 52-56.
11. R D Sharma and Hardeep Chahal , A Study of Patient Satisfaction in Outdoor Services of Private Health Care Facilities, Vikalpa, Vol. 24, No. 4, October-December 1999.
12. Ramaiah Itumulla, Dr. GVRK Acharyulu, Patients Perceptions of Outpatient Service Quality – A Study on Private Hospitals in South India, International Journal of Research in Commerce and Management, Vol.2, Issue No.6, June 2011, 80-83.
13. Talluru Sreenivas, G.Prasad Patient Satisfaction - A Comparative Study, Vol. 15, No. 2 (2003-07 - 2003-12), Journal of Academy of Hospital Administration.
14. Yousef Hamoud Aldebasi, Mohamed Issa Ahmed, Patients' Satisfaction with Medical Services in the Qassim Area, Journal of Clinical and Diagnostic Research. 2011 August, Vol-5(4): 813-817.

APPENDIX

APPENDIX-I: HISTORY OF SAMPLE HOSPITALS

Guntur General Hospital (GGH): It was established as a District Head quarters Hospital in 1848 in a rented tiled house over the Madras Trunk Road. It grew in stages, changed locations and in 1954 was upgraded to a Teaching Hospital and named Govt. Gen. Hospital, Guntur occupying an area of 10.85 acres. The bed strength was 12 in 1861 and over the years it has been increased to the present strength of 1177. There are on the whole 24 departments functioning. A diet canteen has been functioning since 1987 for the benefit of both patients & doctors.

St. Joseph General Hospital (SJGH): The St. Joseph's Hospital in Guntur has celebrated centenary of its establishment in 1904 as a small clinic at the same place where the modern hospital stands today. Seven members of the Jesus, Mary and Joseph Missionaries from Holland started the dispensary with one Mohamed as their first patient on March 22. The foundation for the present hospital was laid by Sister Mary Glowry, an Australian in 1924 with three beds for in-patients, to cater the medical needs of the people specially women and children. The 250-bed hospital was one of the first Catholic hospitals in South India. It is a non-profit voluntary organization administered by the "Society of Jesus, Mary Joseph". It has a 15 bedded state-of-the art Emergency Medical Unit with facilities for providing multi-parameter haemodynamic monitoring and total ventilatory support for the critically ill patients.

NRI General Hospital: N.R.I Academy of Sciences is promoted by a small consortium of 32 N.R.I doctors from USA who were all born and brought up in Guntur and Krishna Districts of Andhra Pradesh. They started the Medical College in the year 2003-2004. The College and the Hospital are situated in a sprawling campus and has a total built-up area of 10,00,000 sq. ft comprising of 8 buildings. The entire necessary infrastructure is composed of fully-equipped laboratories, air-conditioned lecture halls attached with a 550 bed Teaching Hospital as per Medical Council of India (MCI) norms. There are approximately ten wards catering to the needs of respective departments including Critical care units (NICU, PICU, and ICU). Special Rooms are available at an affordable cost. Their Causality consists of 26 beds supported by two ambulances and is fully equipped with state of art equipment attached with Emergency operation theatre.

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Looking forward an appropriate consideration.

With sincere regards

Thanking you profoundly

Academically yours

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Co-ordinator

ABOUT THE JOURNAL

In this age of Commerce, Economics, Computer, I.T. & Management and cut throat competition, a group of intellectuals felt the need to have some platform, where young and budding managers and academicians could express their views and discuss the problems among their peers. This journal was conceived with this noble intention in view. This journal has been introduced to give an opportunity for expressing refined and innovative ideas in this field. It is our humble endeavour to provide a springboard to the upcoming specialists and give a chance to know about the latest in the sphere of research and knowledge. We have taken a small step and we hope that with the active co-operation of like-minded scholars, we shall be able to serve the society with our humble efforts.

Our Other Journals

