



INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE AND MANAGEMENT

CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	A STUDY OF RETURN, LIQUIDITY OF SECTORAL INDICES, MARKET INDEX RETURN OF INDIAN FINANCIAL MARKET (BSE) <i>PASUPULETI VENKATA VIJAY KUMAR & PIYUSH KUMAR SINGH</i>	1
2.	CROSS CULTURAL DIFFERENCES IN MULTINATIONAL COMPANIES AND IT'S AFFECT ON INTERNATIONAL BUSINESS <i>ROSINA ABDULLAH & SALMA UMER</i>	9
3.	BALANCE OF PAYMENT ADJUSTMENT: AN ECONOMETRIC ANALYSIS OF NIGERIA'S EXPERIENCE <i>ALEX EHIMARE OMANKHANLEN & DICK OLUKU MUKORO</i>	16
4.	REVIEW OF PERFORMANCE ASSESSMENT TOOLS USED BY HEALTH CARE ORGANIZATIONS IN LOW RESOURCE SETTING COUNTRIES <i>OM PRAKASH SINGH & SANTOSH KUMAR</i>	24
5.	FOREIGN EXCHANGE MARKET AND THE NIGERIA ECONOMY <i>DR. OFURUM CLIFFORD OBIYO & LEZAASI LENE TORBIRA</i>	29
6.	GROWTH IMPLEMENTATION STRATEGIES IN APPAREL RETAILING – A CASE STUDY <i>DR. GIBSON G VEDAMANI</i>	33
7.	TOURISM IN INDIA: VISION 2020 <i>VISHWANATH V SIDDHANTI & DR. RAMESH AGADI</i>	39
8.	A STUDY OF THE VARIOUS PERFORMANCE MANAGEMENT SYSTEMS ADOPTED BY SELECT INDIAN PRIVATE SECTOR ORGANISATIONS <i>BINDU NAIR & DR. ASHISH PAREEK</i>	43
9.	FACTORS INFLUENCING MOBILE USERS IN SELECTING CELLULAR SERVICE PROVIDERS IN INDIA: AN EMPIRICAL STUDY BASED ON STRUCTURED EQUATION MODEL <i>G. N. SATISH KUMAR</i>	47
10.	TRAINING AS A TOOL FOR HUMAN RESOURCE DEVELOPMENT: A CASE STUDY OF TATA TELESERVICES LTD., JAMMU (INDIA) <i>DR. JAYA BHASIN & VINOD KUMAR</i>	53
11.	WOMEN EMPOWERMENT AND COOPERATIVES- A COMPARATIVE STUDY OF GENERAL COOPERATIVES AND FISHERIES COOPERATIVES <i>DR. PRAMEELA S. SHETTY & DR. T. N. SREEDHARA</i>	62
12.	LIQUIDITY MANAGEMENT IN MAA FRUITS PVT. LTD. <i>DR. G. RAMANAIAH</i>	68
13.	SELF EMPLOYMENT PROGRAMME IN ORISSA: A CASE STUDY W.R.T. KHURDA DISTRICT <i>PRAVASH RANJAN MOHAPATRA</i>	72
14.	TURNAROUND STRATEGIES: A CASE STUDY OF NTC <i>DR. HIMA GUPTA & J. R. DIKSHIT</i>	75
15.	PATIENTS' PERCEPTIONS OF OUTPATIENT SERVICE QUALITY - A CASE STUDY OF A PRIVATE HOSPITAL IN SOUTH INDIA <i>RAMAIAH ITUMALLA & DR. G. V. R. K ACHARYULU</i>	80
16.	REDRESSAL OF CUSTOMERS' GRIEVANCES IN BANKS: A STUDY OF BANK OMBUDSMAN'S PERFORMANCE IN INDIA <i>DR. TEJINDERPAL SINGH</i>	84
17.	EXCELLENT PRACTICES AMONG BANKS FOR INCLUSIVE GROWTH – EMPIRICAL EVIDENCES FROM RECENT LITERATURE SURVEY <i>ASHA ANTONY. P</i>	91
18.	PERFORMANCE EVALUATION OF PUBLIC SECTOR BANKS IN INDIA: AN APPLICATION OF CAMEL MODEL <i>K. V. N. PRASAD, DR. D. MAHESHWARA REDDY & DR. A. A. CHARI</i>	96
19.	ESOP DESIGN PRACTICES IN INDIAN IT & ITES AND PHARMACEUTICAL INDUSTRIES <i>DR. G. SRIDHARAN & AMARAVATHI. M</i>	103
20.	AN ANALYSIS OF THE FACTORS OF ACADEMIC STRESS AMONG MANAGEMENT STUDENTS <i>DR. N. P. PRABHAKAR & MRS. CH. GOWTHAMI</i>	109
21.	LIQUIDITY, PROFITABILITY ANALYSIS OF INDIAN AIRWAYS SECTOR - AN EMPIRICAL STUDY <i>SUVARUN GOSWAMI & ANIRUDDHA SARKAR</i>	116
22.	UNDERSTANDING POSITION OF COMMERCIAL GINGER CULTIVATION IN LOWER DIBANG VALLEY DISTRICT OF ARUNACHAL PRADESH <i>SRI. PHILIP MODY</i>	123
23.	FINANCIAL INCLUSION THROUGH MOBILE WAY: A CASE STUDY OF M – PESA <i>BHAVIK M. PANCHASARA & HEENA S. BHARADIYA</i>	126
24.	FOREIGN INSTITUTIONAL INVESTORS (FIIS) INVESTMENT IN INDIA: A TREND ANALYSIS OF MONTHLY FLOWS DURING JANUARY 2004 - AUGUST 2010 <i>DR. VINOD K. BHATNAGAR</i>	131
25.	MAKING FINANCE ACCESSIBLE THROUGH FINANCIAL INCLUSION: EVIDENCES FROM ASSAM <i>RESHMA KUMARI TIWARI & DR. DEBABRATA DAS</i>	138
	REQUEST FOR FEEDBACK	151

A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories

Indexed & Listed at: [Ulrich's Periodicals Directory ©, ProQuest, U.S.A.](#), [The American Economic Association's electronic bibliography, EconLit, U.S.A.](#) as well as in [Cabell's Directories of Publishing Opportunities, U.S.A.](#)

Circulated all over the world & Google has verified that scholars of more than sixty-six countries/territories are visiting our journal on regular basis.

Ground Floor, Building No. 1041-C-1, Devi Bhawan Bazar, JAGADHRI – 135 003, Yamunanagar, Haryana, INDIA

www.ijrcm.org.in

CHIEF PATRON

PROF. K. K. AGGARWAL

Chancellor, Lingaya's University, Delhi
Founder Vice-Chancellor, Guru Gobind Singh Indraprastha University, Delhi
Ex. Pro Vice-Chancellor, Guru Jambheshwar University, Hisar

PATRON

SH. RAM BHAJAN AGGARWAL

Ex. State Minister for Home & Tourism, Government of Haryana
Vice-President, Dadri Education Society, Charkhi Dadri
President, Chinar Syntex Ltd. (Textile Mills), Bhiwani

CO-ORDINATOR

DR. SAMBHAV GARG

Faculty, M. M. Institute of Management, Maharishi Markandeshwar University, Mullana, Ambala, Haryana

ADVISORS

PROF. M. S. SENAM RAJU

Director A. C. D., School of Management Studies, I.G.N.O.U., New Delhi

PROF. M. N. SHARMA

Chairman, M.B.A., Haryana College of Technology & Management, Kaithal

PROF. S. L. MAHANDRU

Principal (Retd.), Maharaja Agrasen College, Jagadhri

EDITOR

PROF. R. K. SHARMA

Dean (Academics), Tecnia Institute of Advanced Studies, Delhi

CO-EDITOR

DR. BHAVET

Faculty, M. M. Institute of Management, Maharishi Markandeshwar University, Mullana, Ambala, Haryana

EDITORIAL ADVISORY BOARD

DR. AMBIKA ZUTSHI

Faculty, School of Management & Marketing, Deakin University, Australia

DR. VIVEK NATRAJAN

Faculty, Lomar University, U.S.A.

DR. RAJESH MODI

Faculty, Yanbu Industrial College, Kingdom of Saudi Arabia

PROF. SANJIV MITTAL

University School of Management Studies, Guru Gobind Singh I. P. University, Delhi

PROF. ROSHAN LAL

Head & Convener Ph. D. Programme, M. M. Institute of Management, M. M. University, Mullana

PROF. ANIL K. SAINI

Chairperson (CRC), Guru Gobind Singh I. P. University, Delhi

DR. KULBHUSHAN CHANDEL

Reader, Himachal Pradesh University, Shimla

DR. TEJINDER SHARMA

Reader, Kurukshetra University, Kurukshetra

DR. SAMBHAVNA

Faculty, I.I.T.M., Delhi

DR. MOHENDER KUMAR GUPTA

Associate Professor, P. J. L. N. Government College, Faridabad

DR. SHIVAKUMAR DEENE

Asst. Professor, Government F. G. College Chitguppa, Bidar, Karnataka

MOHITA

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadholi, Yamunanagar

ASSOCIATE EDITORS

PROF. NAWAB ALI KHAN

Department of Commerce, Aligarh Muslim University, Aligarh, U.P.

PROF. ABHAY BANSAL

Head, Department of Information Technology, Amity School of Engineering & Technology, Amity University, Noida

DR. V. SELVAM

Divisional Leader – Commerce SSL, VIT University, Vellore

DR. PARDEEP AHLAWAT

Reader, Institute of Management Studies & Research, Maharshi Dayanand University, Rohtak

S. TABASSUM SULTANA

Asst. Professor, Department of Business Management, Matrusri Institute of P.G. Studies, Hyderabad

TECHNICAL ADVISOR

AMITA

Faculty, E.C.C., Safidon, Jind

MOHITA

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadholi, Yamunanagar

FINANCIAL ADVISORS

DICKIN GOYAL

Advocate & Tax Adviser, Panchkula

NEENA

Investment Consultant, Chambaghat, Solan, Himachal Pradesh

LEGAL ADVISORS

JITENDER S. CHAHAL

Advocate, Punjab & Haryana High Court, Chandigarh U.T.

CHANDER BHUSHAN SHARMA

Advocate & Consultant, District Courts, Yamunanagar at Jagadhri

SUPERINTENDENT

SURENDER KUMAR POONIA

CALL FOR MANUSCRIPTS

We invite unpublished novel, original, empirical and high quality research work pertaining to recent developments & practices in the area of Computer, Business, Finance, Marketing, Human Resource Management, General Management, Banking, Insurance, Corporate Governance and emerging paradigms in allied subjects. The above mentioned tracks are only indicative, and not exhaustive.

Anybody can submit the soft copy of his/her manuscript **anytime** in M.S. Word format after preparing the same as per our submission guidelines duly available on our website under the heading guidelines for submission, at the email addresses, **info@ijrcm.org.in** or **infoijrcm@gmail.com**.

GUIDELINES FOR SUBMISSION OF MANUSCRIPT

1. **COVERING LETTER FOR SUBMISSION:**

Dated: _____

The Editor

IJRCM

Subject: Submission of Manuscript in the Area of _____

(e.g. Computer/Finance/Marketing/HRM/General Management/other, please specify).

Dear Sir/Madam,

Please find my submission of manuscript titled ' _____ ' for possible publication in your journal.

I hereby affirm that the contents of this manuscript are original. Furthermore it has neither been published elsewhere in any language fully or partly, nor is it under review for publication anywhere.

I affirm that all author (s) have seen and agreed to the submitted version of the manuscript and their inclusion of name (s) as co-author (s).

Also, if our/my manuscript is accepted, I/We agree to comply with the formalities as given on the website of journal & you are free to publish our contribution to any of your journals.

Name of Corresponding Author:

Designation:

Affiliation:

Mailing address:

Mobile & Landline Number (s):

E-mail Address (s):

2. **INTRODUCTION:** Manuscript must be in British English prepared on a standard A4 size paper setting. It must be prepared on a single space and single column with 1" margin set for top, bottom, left and right. It should be typed in 12 point Calibri Font with page numbers at the bottom and centre of the every page.
3. **MANUSCRIPT TITLE:** The title of the paper should be in a 12 point Calibri Font. It should be bold typed, centered and fully capitalised.
4. **AUTHOR NAME(S) & AFFILIATIONS:** The author (s) full name, designation, affiliation (s), address, mobile/landline numbers, and email/alternate email address should be in 12-point Calibri Font. It must be centered underneath the title.
5. **ABSTRACT:** Abstract should be in fully italicized text, not exceeding 250 words. The abstract must be informative and explain background, aims, methods, results and conclusion.

6. **KEYWORDS:** Abstract must be followed by list of keywords, subject to the maximum of five. These should be arranged in alphabetic order separated by commas and full stops at the end.
7. **HEADINGS:** All the headings should be in a 10 point Calibri Font. These must be bold-faced, aligned left and fully capitalised. Leave a blank line before each heading.
8. **SUB-HEADINGS:** All the sub-headings should be in a 8 point Calibri Font. These must be bold-faced, aligned left and fully capitalised.
9. **MAIN TEXT:** The main text should be in a 8 point Calibri Font, single spaced and justified.
10. **FIGURES & TABLES:** These should be simple, centered, separately numbered & self explained, and titles must be above the tables/figures. Sources of data should be mentioned below the table/figure. It should be ensured that the tables/figures are referred to from the main text.
11. **EQUATIONS:** These should be consecutively numbered in parentheses, horizontally centered with equation number placed at the right.
12. **REFERENCES:** The list of all references should be alphabetically arranged. It must be single spaced, and at the end of the manuscript. The author (s) should mention only the actually utilised references in the preparation of manuscript and they are supposed to follow **Harvard Style of Referencing**. The author (s) are supposed to follow the references as per following:

- All works cited in the text (including sources for tables and figures) should be listed alphabetically.
- Use **(ed.)** for one editor, and **(ed.s)** for multiple editors.
- When listing two or more works by one author, use --- (20xx), such as after Kohl (1997), use --- (2001), etc, in chronologically ascending order.
- Indicate (opening and closing) page numbers for articles in journals and for chapters in books.
- The title of books and journals should be in italics. Double quotation marks are used for titles of journal articles, book chapters, dissertations, reports, working papers, unpublished material, etc.
- For titles in a language other than English, provide an English translation in parentheses.
- Use endnotes rather than footnotes.
- The location of endnotes within the text should be indicated by superscript numbers.

PLEASE USE THE FOLLOWING FOR STYLE AND PUNCTUATION IN REFERENCES:

Books

- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio," Ohio State University.

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

- 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.

Conference papers

- Chandel K.S. (2009): "Ethics in Commerce Education." Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–22 June.

Unpublished dissertations and theses

- Kumar S. (2006): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

Online resources

- Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

Website

- Kelkar V. (2009): Towards a New Natural Gas Policy, Economic and Political Weekly, Viewed on February 17, 2011 <http://epw.in/epw/user/viewabstract.jsp>

PATIENTS' PERCEPTIONS OF OUTPATIENT SERVICE QUALITY - A CASE STUDY OF A PRIVATE HOSPITAL IN SOUTH INDIA

RAMAIAH ITUMALLA
RESEARCH SCHOLAR
SCHOOL OF MANAGEMENT STUDIES
UNIVERSITY OF HYDERABAD
HYDERABAD - 500 046

DR. G. V. R. K ACHARYULU
READER
SCHOOL OF MANAGEMENT STUDIES
UNIVERSITY OF HYDERABAD
HYDERABAD - 500 046

ABSTRACT

Managing the quality in hospitals is one of the vital concerns for the hospitals. Use of patient perception in measuring quality of care has been shown to be useful in screening problems and in planning for improvement of quality of health care delivery. Traditionally, quality of care has been measured using professional standards, neglecting patients' opinions which may leave psychosocial needs unattended. The objective of the present descriptive cross-sectional study was to assess patients' perceptions of quality of care given at outpatient department (OPD) at a private hospital in Kanyakumari District, Tamilnadu. Hospital based exit interviews were conducted to the patients or caregivers of children attending the hospital. Information on perceptions on care provider-patient interaction, cost of service, availability of medicines, equipment and health personnel was sought from the participants. Overall OPD was perceived to have several shortcomings including, lack of responsiveness to patients' needs, delays, unreliable supply of medicines in hospital, maintaining cleanliness and inadequate availability of diagnosis services. Cost of service was perceived to be reasonable provided medicines were available. In conclusion, provider-patient interactions, timely services and supply of medicines were the major factors affecting quality of service at the hospital. Efforts should be made to address the shortcomings so as to improve quality of care and patients' perceptions.

KEYWORDS

Out patients, Patients' perceptions, Private Hospital, Service quality.

INTRODUCTION

Healthcare industry in India has been emerging as one of the biggest service sectors. It constitutes 5% of GDP and its revenue is estimated around \$ 30 billion. Opportunities according to Investment Commission of India, the sector have witnessed a phenomenal expansion in the last four years growing at over 12% per annum. As per a recent CII-McKinsey report, the growth of this sector can contribute to 6-7% of GDP by 2012 (CII Report, 2010). The Indian healthcare provider needs to be benchmarked to international quality and efficiency standards to provide the quality service to the patients to meet the expectation.

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 OPD services to the patients.

Many quality Gurus and scholars has been given many definitions of quality by focusing on the identification and satisfaction of customer needs and requirements. The service quality can be defined as the difference between expected service (customer expectations) and perceived service (customer perceptions). (Parasuraman et al., 1985) Here the "Expectations" refers to the wants of the consumers that they feel a service provider should offer and the "Perceptions" refer to the consumers' evaluation of the service provider. Based on Parasuraman's definition to the service quality, the healthcare service quality can be seen as "the difference between expected service and perceived service in a healthcare organisation by the patients". Quality of health care is the degree of performance in relation to a defined standard of interventions known to be safe and that have the capacity to improve health within available resources. It can also be defined as meeting the health needs at the lowest cost and within regulations (Øvretveit, 1992).

SERVICE QUALITY IN HEALTHCARE

FUNCTIONAL AND TECHNICAL QUALITY

The quality of service – both technical and functional – is a key ingredient in the success of service organizations (Grönroos, 1984). Technical quality refers to the basis of technical accuracy and procedures. In health care context, it is defined on the basis of the technical accuracy of the medical diagnoses and procedures or the compliance of professional specifications (Lam, 1997). Technical quality also refers to the competence of the staff as they go about performing their routines. These include the clinical and operating skills of the doctors, the nurses' familiarity with the administration of drugs and the laboratory technicians' expertise in conducting tests on blood samples (Tomes and Ng, 1995).

Functional quality refers to the manner in which service is delivered to the customer. In health care setting, patients usually rely on functional aspects (facilities, cleanliness, quality of hospital food, hospital personnel's attitudes) rather than technical aspects when evaluating service quality. Research has shown that technical quality is not the useful measure for describing how patients evaluate the quality of a medical service encounter (Bowers et al., 1994). Even though technical quality has high priority with patients, most patients do not have the knowledge to evaluate the quality of the diagnostic and therapeutic intervention process effectively. In fact, they are unable to evaluate the technical quality due to lack of expertise (Babakus 1991; Soliman (1992) found that non-technical interventions influenced patients' ratings on the overall quality of health care and perhaps more important than technical aspects. Although various techniques such as peer review or medical protocols have been recommended for evaluating technical quality, this information is not generally understood or available to patients. As a result, patients base their evaluation of quality on interpersonal and environmental factors, which medical professionals have regarded as less significant (Lam, 1997). In such cases, most patients cannot distinguish between the "caring" (functional) performance and the "curing" (technical) performance of medical care providers

IMPORTANCE OF THE STUDY

Traditionally quality of health care has been measured using professional standards and neglecting the importance of patient perception (Haddad *et al.*, 2000). Patients’ perceptions are now considered to be important source of information in screening for problems and developing an effective plan of action for quality improvement in health care organization (WHO, 2004). Documentation and use of patients’ perceptions, however, is still not given adequate emphasis in developing countries like India. Patient’s perceptions of care directly influences his or her compliance with treatment and the continuity of patient-physician relationship and hence outcomes. Health service should be able to meet both medical and psychosocial needs. However, most often care provided is costly and substandard, and imposes a heavy financial burden on poor households (WHO, 2000). Sometimes patients’ expectations are not met by professionals (Jung *et al.*, 1997). Issues of concern to patients include care givers’ interaction with patients, accessibility of health services, availability of drugs and equipment, and cleanness (Haddad *et al.*, 1998, 2000; Baltussen & Ye, 2006). Health services provision in India are constrained by a number of factors in terms of structure, process and outcome Out-patient department (OPD) is the gateway to almost all of the hospital services. Globally, 80% of patients are attended at OPD (WHO, 2000). India is not exceptional from these figures. It follows that if quality of outpatients services are improved a large part of health services in the country would be appreciated by many. In order to do that, it is important to establish and address factors which play a role in determining whether a patient’s judgment of the health care received is positive or negative. This would help health care providers and hospital management to focus their changes on these factors and hence improve health care delivery.

OBJECTIVE OF THE STUDY

The broad objective of this study was to identify patients’ perceptions of quality of outpatient services at private hospital in Kanyakumari District of South India. The sub objectives includes to find out the most responsive factors affecting the perceptions of patients regarding the OPD Services and to find out as to how much these parameters rate are as per the expectations of the patients.

STUDY AREA

The present study has been conducted in selected hospital in Kanyakumari district, Tamilnadu, Southern part of India. The study is further restricted to a private hospital from Marthandam region. The hospital provides both out- and in-patient services. It has a sixty bed-capacity and acts as a referral for primary health facilities in the region. On average the hospital outpatient department attends 80 patients per day (Hospital Annual Report, 2010).

STUDY DESIGN AND DATA COLLECTION

This was a cross sectional descriptive study using quantitative (hospital-based) Research methods. The population used in this study was outpatients at selected hospital in Kalaikkavala. It was a cross-sectional study based on the data collected from a survey using a structured questionnaire administered by the author at hospital for 5 hours, at the same time between 10 am and 12:30 pm and 2 pm and 5:30 pm. The time period of the survey was sixteen days i.e. from 16th February to 5th March, 2010.

Exit interviews were conducted to patients who were adult males and females aged 18-80 years attending OPD services using systematic random sampling based on the projected attendances and list of attending patients for the day. A sample size of participants for survey was 128. Per day 10% of the sample was taken from the total 80 OPDs:

Population (N) : All OPD Patients
 OPDs per Day : 80
 Sample size: 16 Days x 8 Questionnaires = 128 (10%)

Out of 128 responded questionnaires one was incomplete. Hence 127 respondent’s questionnaires were used for the analysis. Interview guide was used to explore the patients’ perceptions on interpersonal relationship, technical competence of hospital staff, physical environment, adequacy of health workers, availability of medicines in the pharmacy and quality of services offered. This study used a questionnaire adopted from Haddad *et al.* (1998). Exiting patients were interviewed to seek their opinions on various aspects of health care.

ETHICAL CONSIDERATION

This study was a part of the authors’ internship programme. Since the Official permission was not obtained from the hospital management, the name of the hospital is masked to maintain the confidentiality.

DATA ANALYSIS

The process of data analysis followed thematic framework of analysis as described by Pope *et al.* (2000). The data was entered into a computer twice and again checked for consistency by running frequencies of all variables before being analyzed using SPSS version 17.0 software. Likert scale was used to rank the responses. Due to low number of people in the categories, the five point scale was merged into three level scale; very unfavorable and unfavorable becoming “unfavorable”, neutral remaining as it is and favorable and very favorable becoming “favorable”. However, the following table 1 will give the general characteristics of the data.

RESULTS

TABLE 1: GENERAL CHARACTERISTICS OF THE SAMPLE DATA

Contents	Frequency	Percentage	Contents	Frequency	Percentage
Gender	37	29.1%	Occupation		
Male	37	29.1%	Agriculture	68	53.5%
Female	90	70.9%	Employee (Govt)	10	7.8%
Age			Employee (Private)	29	23%
Mean Age	32.8		Small entrepreneurs	20	15.7%
Range	8-80		Distance from Hospital		
Age group 20-40	50%		Within 5 Km	71	55.9%
Education			Above 5 Km	56	44.1%
Illiterates	15	11.8%	Response Rate		
Primary Education	45	35.4%	Answer all questions	118	93%
High School	31	24.4%	Answer 90% and above questions	8	6.3%
College	23	18.2%	Below 50% questions	1	0.7%
Graduates and above	13	10.2%	Total Sample	127	
Marital status					
Married	80	63%			
Unmarried	47	37%			

Source: Primary data

GENERAL CHARACTERISTICS OF THE SAMPLE DATA

A total of 127 participants were recruited for the present study and majority i.e. 70.9% of the respondents were female where as 29.1% were male. The overall mean age of the sample respondents was calculated and it was 32.8±1.5 years (range= 18-80 years). Out of the total respondents, 50% were in the age group 20-40 years. The majority of the respondents were married. It is found that 63.0% of the participants were married and 37% of them were unmarried by the time the primary data was collected. The questionnaire was administered to the respondents from different occupational back ground. It can be understood from the above table that 53.5% of the respondents were belongs to agriculture, 7.8% and 15.7% were belongs to government employees and small entrepreneurs respectively. The respondents of private employees with 23% were the second large occupational category after the agriculture peasants from Marthandom region. When it comes to the educational background of the respondents, majority of the respondents i.e., 35.4% had primary school education, 24.4% had higher education, 18% had college level education and 10.2% of the respondents had graduation and above education. It is important to notice that 11.8 percent of the respondents were illiterates.

The accessibility of the healthcare facility plays a major role in the delivery of the services to the patients. Therefore the study collected the data about the distance from the hospital to respondent's residency. It is found that 55.9% of respondents have been living within 5 Kilometers and 44.1% were have been living above 5 Kilometers from the hospital. The response rate of the study was 93% and the total sample of the study was 127.

VIEWS OF RESPONDENTS ON VARIOUS ASPECTS OF SERVICE QUALITY

The following table provides the views of the patients on various aspects of the OPD service quality in the hospital (Table 2). The study has taken four aspects of the service quality such as Health personnel conduct and practices, Adequacy of resources and services, healthcare delivery and financial and physical accessibility to study the out patients perception about the service quality in the hospital. As shown in the table 2, under each of these four aspects, some sub-characteristics were taken.

TABLE 2: VIEWS OF RESPONDENTS ON VARIOUS ASPECTS OF SERVICE QUALITY (N=127)

Aspect of Service Quality	Percentage in category			Aspect of Service Quality	Percentage in category		
	Unfavourable	Neutral	Favourable		Unfavourable	Neutral	Favourable
Health personnel conduct and practices				Health care delivery			
Show compassion and support patients	0.8	1.6	97.6	Diagnosis services are available	15.8	5.8	78.4
Show respect for patients	0.8	1.6	97.6	Clinicians prescribe good drugs	0.8	0.8	98.4
Receives patients well	7.0	15.8	57.2	Quality of drugs is good	0.8	0.8	98.4
Is honest	0.8	0	99.2	Treatment is effective	0.8	0.8	98.4
Listens to patients adequately	0.8	1.6	97.6	Total	5.8	0.8	93.4
Does a good clinical examination	1.7	0	98.3	Financial and physical accessibility			
Total	13	0.6	84.4	Payment arrangement made	3.4	1.1	95.5
Adequacy of resources and services				Cost are affordable	7.9	3.4	88.4
Medical equipment is adequate	1.6	0	98.4	Drugs can be obtained easily	4.7	0	95.3
Rooms are adequate	3.1	0	96.9	Distance to the health facility is within reach	6.3	12.8	80.9
Waiting for consultation was not too long	29.1	15.7	55.1	Clinicians allow sufficient time for patients	3.1	0.8	96.1
Sufficient good clinicians	9.4	4.7	85.8				
Drugs are available all the time	29	8.7	62.3				
Maintenance Cleanliness	28.3	0	71.7				
Total	8.8	5.0	86.2	Total	4.1	1.2	94.7

Source: Primary data

The study found in the aspect of health personnel conduct and practices that the responsiveness towards receiving the patients was low in the hospital. It is found that more than the 97% of the respondents were favuirable to the other aspects of service quality such as compassion and patients' support, showing the respect towards patients, honesty of the health personnel, listening to the patient's needs and clinical examination. In general 84.4 % of participants responded favourably about the health personnel conduct and practice hospital care.

In the second aspect of service quality, 98.4% of the patients responded favourably about the adequacy of medical equipment, 96.9% of them were favourable about the adequate rooms and 85.8 of the patients responded that the hospitals has good clinicians. The study found that 29.1% percent of the patients were reported that the waiting for consultation was too long i.e. more than one hour and 29% of them reported that the drugs are not available all the time in the hospitals. The respondents were also reported that sometimes they were asked to purchase the medicine from outside medical shops. Another problem reported by the respondent in the aspect of adequacy of resources and services was the maintenance of cleanliness in the hospital. It is found that 28.3% of the respondents reported that the maintaining of the cleanliness was not good in the hospital. Over all 86.2% of the patients responded favourably about adequacy of resources and services in the hospital.

When it comes to the aspects of healthcare delivery, 98.4% of the patients responded favorably except diagnosis services of the hospital. 15.8 % of the respondents reported that the diagnosis services are not adequately available in the hospital. However the overall response to this aspect of the service quality was reported favourably by 93.4% of the patients.

The response rate to the financial and physical accessibility is quite high (94.7%) as compare to the rest of the service quality aspects (Table 2).

More than 95% of the respondents reported favourably on arrangement made for payment, easy accessibility of drugs, when they are available and the time spend by the clinicians with the patients. Cost of affordability and accessibility of hospital services have reported 88.4 and 80.9 respectively in the study.

The study found that the waiting time for consultation ranked least as only 55.1% responded favourably while 29.1% responded unfavourably. In case of responsiveness in receiving the patients, 57.2 % percent responded favorably where as 27 percent responded unfavorably. The third aspect which ranked least was the unreliable supply of drugs i.e. 62.3 percent responded favorably and 29 percent responded unfavorably. 71.7 percent of the responded favorably about the cleanliness of the hospital where 28.3 percent responded unfavorably. In case of the availability of the diagnosis services 78.4 percent responded favorably where as 15.8 percent responded unfavorably (Table 2).

CONCLUSIONS

The present study explains patients' perception of quality of outpatient care in a rural private hospital in Kanyakumari District. Patients have pointed out several shortcomings including lack of responsiveness to patients' needs, delays, unreliable supply of medicines in hospital, maintaining cleanliness and inadequate availability of diagnosis services. Health personnel conduct and practices was rated lowest with 84.4% out of four aspects of service quality. Overall respondents in hospital based study perceived quality of care at the hospital OPD as favorable.

In conclusion, this study has highlighted the importance of patients' feedback in hospital settings. The findings indicate areas for improvement including removal of poor interpersonal relationships between providers and patients, delays in provision of care, unreliable supply of medicines, maintain cleanliness and

improving the availability of diagnosis services in the hospital. Addressing the identified weaknesses will improve quality of care and hence patients' perception and better health status of the population. 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. Continued supply of essential medicines should be maintained. The hospital administration, especially the top management should pay attention to all sections and address the gaps in order to provide the quality healthcare service to the patients.

REFERENCES

1. Babakus, E., Mangold, W.G. (1992), "Adapting the SERVQUAL scale to hospital services: an empirical investigation", *Health Services Research*, Vol. 26 No.6, pp.767-86.
2. Baltussen, R. & Ye, Y. (2006) Quality of care of modern health services as perceived by users and non-users in Burkina Faso. *International Journal for Quality in Health Care* 18, 30-34.
3. Catherine Pope, Sue Ziebland, Nicholas Mays. (2000), "Qualitative research in health care: Analysing qualitative data," *British Medical Journal*, Vol. 320.7227.114
4. Confederation of Indian Industry Report, 2010.
5. Gronroos, C. (1984), "A service quality model and its marketing implications," *European Journal of Marketing*, Vol. 18 No.4, pp.36-44.
6. Haddad, S., Fournier, P., Machouf, N. & Yatara, F. (1998) What does quality mean? Community perception of primary health care services in Guinea. *Social Science & Medicine* 47, 381-394.
7. Haddad, S., Potvin, L., Roberge, D., Pineault, R. & Remondin, M. (2000), "Patient perception of quality following a visit to a doctor in a primary care unit", *Family Practice* Vol. 17, pp. 21-29.
8. Jung, P., Weising, M. & Grol, R. (1997), "What makes a good general practitioner: do patients and doctors have different views?", *British Journal of General Practice* Vol. 47, pp. 805-809.
9. Lam, S.S.K. (1997), "SERVQUAL: a tool for measuring patients' opinions of hospital service quality in Hong Kong," *Total Quality Management*, Vol. 8 No.4, pp.145-52.
10. Michael R. Bowers, John E. Swan, William F. Koehler, (1994), "What attributes determine quality and satisfaction with health care delivery?," *Health Care Management Review*, Vol. 19(4), pp.49-55
11. Øvretveit, J. (1992), "Health Service Quality". Blackwell Scientific Press, Oxford.
12. Parasuraman, A., Zeithaml, V., Berry, L. (1985), A conceptual model of service quality and its implications for future research, *Journal of Marketing*, Vol. 49 No.1, pp. 41-50.
13. Soliman, A. (1992), "Assessing the quality of health care: a consumerist approach", *Health Marketing Quarterly*, Vol. 10 pp.121-41.
14. Tomes, A., Ng, S.C.P. (1995), "Service quality in hospital care: the development of in-patient questionnaire," *International of Health Care Quality Assurance*, Vol. 8 No.3, pp.25-33.
15. WHO (2000), *Better Out-Patient Services are the Key to Health Gains for the Poor*. World Health Organization, Geneva (WHO/47).
16. WHO (2004), *Quality Improvement in Primary Health Care*, World Health Organization, Geneva.

REQUEST FOR FEEDBACK

Esteemed & Most Respected Reader,

At the very outset, International Journal of Research in Commerce and Management (IJRCM) appreciates your efforts in showing interest in our present issue under your kind perusal.

I would like to take this opportunity to request to your good self to supply your critical comments & suggestions about the material published in this issue as well as on the journal as a whole, on our E-mails i.e. info@ijrcm.org.in or infoijrcm@gmail.com for further improvements in the interest of research.

If your good-self have any queries please feel free to contact us on our E-mail infoijrcm@gmail.com.

Hoping an appropriate consideration.

With sincere regards

Thanking you profoundly

Academically yours

Sd/-

Co-ordinator