

Systemic Review of Patients' Satisfaction for Effective Health Care Management

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ABSTRACT

Purpose of the paper is to study and analyze the level of satisfaction among adult patients which plays a vital role in effective and efficient management of health care services and thereby driving it towards growth. The research design adopted for this study is exploratory in nature. Hypotheses are formulated and proved. The researcher makes use of convenient base to select the required number of samples. The primary data are collected through the distribution of structured questionnaires to adult patients. Literature outlining fundamental aspects and role of management of services in health care sector is summarized, serving as a foundation for reviewing the potential value of patients' satisfaction in strategic role as methods for enhancing organizational effectiveness in competitive environment. Patients' satisfaction play a vital role in managing services and thereby empower the organization by strengthening its interface with external system. This in turn helps in driving the business for excellent growth and achievements.

“Service to Mankind is Service to God”

“When the satisfaction or security of another person becomes as important to one as one's own, then a state of love exists.” -

Harry Stack Sullivan

INTRODUCTION

Customer satisfaction and qualitative service have been the buzzword in business today. They have affected the industries across the globe. The health care industry has recently shown a heightened awareness of

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and new interest in quality issues (Nelson and Goldstein 1989). A long-term commitment to developing a service-oriented culture is essential for health care organizations in order to improve their competitive advantage. The healthcare deals with different services such as hospital services, diagnostic services, and physician consultancies etc. Patients' satisfaction is a critical business issue for today's health care organizations. Over the years, the marketplace has become much more competitive and consumers are demanding ever-higher levels of service. Health care organizations that fail to respond to this new reality face declining patient populations and financial instability. According to Lynch and Schuler (1990) service quality has been shown to be an important element in the customers' choice of hospitals. Korwar (1997) found that quality in health care is totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs. As a result, health care executives have come to recognize the correlation between improved patients' satisfaction through better services and organizational performance. To ensure that patients' satisfaction is a number – one priority, health care employees need to provide the best possible patient care-and service, work effectively on teams to coordinate all the activities, set clearly defined rules, and be highly engaged and motivated to perform at a high level. Hence the present research proceeds with the aim to study and analyze the level of satisfaction among adult patients which plays a vital role in effective and efficient management of health care services and thereby driving it towards growth and excellence.

LITERATURE REVIEW

Managing health care service processes has a very special significance in the service industry as it offers a process for delivery of the services. Efficient service offering creates unique customer experiences which would motivate the consumers use the services. The quality of medical services provided to patients affects hospital performance under severe competition amongst large-sized hospitals and increases the rights of patients. A hospital, specifically a large-sized one, can demonstrate successful performance when it satisfies the factors of quality a customer expects, enhances the value of care and invests its resources to improve the factors of quality and satisfaction. An increasing number of hospitals are faced with competitive circumstances owing to recent competition

amongst hospitals and the open-door policy for the medical services market; the economic growth and changed appreciation toward health have continuously increased particular wants and needs within the general public. Hence, large-sized hospitals are striving to expand medical facility investment, high-quality human resources, system design, and medical and collateral services in order to develop and enhance competitive power. Consumer-centered marketing concerns the creation of customer value and customer satisfaction, and sets the comprehension of a customer's wants and needs and the satisfaction of them as its primary objectives (Kotler & Clarke, 1992). This minimizes customer secession and ensures ultimate competitive advantage.

ASSESSMENT

Patients' satisfaction depends upon medical services quality. The development of SERVQUAL to measure the quality of service from a user's perspective in service industries (Parasuraman et al., 1988) has led to active discussions on medical services quality from the perspective of patients and medical services consumers. Parasuraman et al. (1985) proposed measuring the quality of service through recognized performance by users and discordance of expectations based upon five dimensions of service quality such as tangibility, reliability, responsiveness, assurance and empathy. Subsequently, Woodside et al. (1989) defined medical services quality as a gap between consumers' expectations and the actual performance, and positively verified a model leading to satisfaction and intention to buy based upon medical services quality measurements using the SERVQUAL model. According to John (1991) medical services quality can be enhanced by promoting communication between patient and medical doctor. He referred to the concept of technical care and emotional care based upon the definition set forth by Brook and Williams (1975). Technical care implies the accuracy of diagnosis and treatment process, while emotional care, including the physical environment of the hospital, implies the behaviour of the service provider and communication between patient and medical doctor.

Lytle and Mokva (1992) conceptualized medical services quality in three dimensions – relationship with a medical doctor, relationship with other medical services professionals and physical environment. As per Ware et al. (1978) patient satisfaction is affected by the characteristics of the service provider and medical services, and patients demonstrate

distinct behaviour toward each of those characteristics. Mortazavi, Kazem, Shirazi, and Aziz-Abadi (2009) found that the patient overall satisfaction was mostly affected by the nursing care, meal, patient room as well as admission and administrative services, respectively. Further, they found that patient overall satisfaction and loyalty were positively correlated so that one unit increase in patient overall satisfaction increases patient loyalty by 54% to 77%. Kessler & Mylod (2011) found that there is a statistically significant link between satisfaction and loyalty.

The study conducted by Otani, Kurz, and Harris (2005) aimed to identify which attributes of a primary healthcare experience have the most impact on patient satisfaction as well as which aspects of each attribute are most significant in patients' response to the services they receive. The three attributes examined by them are access, staff care, and physician care. They analyzed the aspects of each attribute controlled for age, gender, and race. Through the multiple regression analyses they found that among the three attributes, physician care is most influential, closely followed by staff care, with access having much less influence. Further analyses revealed that specific aspects of each attribute are more influential on patients' satisfaction. Within the physician care attribute, patients are found to be rational consumers who look for surrogate indicators of correct diagnosis and treatment options among the measures available to them. They are much less likely to be influenced by so-called bedside manner. Within the staff care attribute, willingness and compassionate behaviors of staff and prompt service are most important. Within the access attribute, patients look for caring interaction with appointment personnel.

Examining survey data from 95,499 nurses, Mathew and et al (2011) found patient satisfaction levels are lower in hospitals with more nurses (who directly care for patients in hospitals) who are dissatisfied or burned out. This finding signals problems with quality of care. Improving nurses' working conditions may improve both nurses' and patients' satisfaction as well as the quality of care.

According to Hibbard and Jessica (2013) patient engagement is an increasingly important component of strategies to reform health care. They reviewed the available evidence of the contribution that patient activation-the skills and confidence that equip patients to become actively engaged in their health care-makes to health outcomes, costs, and patient experience. There is a growing body of evidence showing that patients who are more activated have better health outcomes and care experiences,

but there is limited evidence to date about the impact on costs. Emerging evidence indicates that interventions that tailor support to the individual's level of activation, and that build skills and confidence, are effective in increasing patient activation. Furthermore, patients who start at the lowest activation levels tend to increase the most. We conclude that policies and interventions aimed at strengthening patients' role in managing their health care can contribute to improved outcomes and that patient activation can- and should-be measured as an intermediate outcome of care that is linked to improved outcomes.

Vladimir and Veljko (2013) opined that, it is becoming increasingly important in the healthcare setting to treat patients as consumers and measure their satisfaction with medical services rendered. As such, patient satisfaction should be considered an important output of a country's healthcare system, basically reflecting the stage of its development. They found that three main factors such as personal relationships, promptness and tangibility significantly affect patient satisfaction; with personal relationships having the strongest impact. Such results suggest that healthcare providers should encourage their doctors to devote more time to their patients and show genuine concern for patients' problems if they wish to improve overall satisfaction of their patients with the delivered services.

OBJECTIVES OF THE STUDY

Realizing the importance of patients' satisfaction in health care industry, which is the need of the hour for every hospital and after extensive review of the literature, this research work has been preceded with the following objectives:

- To find the reasons of patients' dissatisfaction.
- To identify and report on the patients' perceived strengths and weaknesses of the health care services provided.
- To analyze the views of doctors regarding the effectiveness of services provided in the hospital.

SCOPE OF THE STUDY

The study has been undertaken in one of the reputed hospitals in Mumbai.

HYPOTHESES OF THE STUDY

Based on the objectives as stated earlier, the following hypotheses have been proposed to be tested:

H1n: There is no significant relation between patients' liking of the wards and cleanliness maintained in the hospital.

H1a: There is significant relation between patients' liking of the wards and cleanliness maintained in the hospital.

H2n: There is no significant relation between patients' liking of the wards and the food quality maintained in the hospital.

H2a: There is significant relation between patients' liking of the wards and the food quality maintained in the hospital.

H3n: There is no significant relation between patients' liking of the wards and the quality of medical care and treatment provided.

H3a: There is significant relation between patients' liking of the wards and the quality of medical care and treatment provided.

H4n: There is no significant relation between the way doctors look after the patients and patients' satisfaction.

H4a: There is significant relation between the way doctors look after the patients and patients' satisfaction.

H5n: There is no significant relation between patients' satisfaction regarding the medical care and treatment and patients' references.

H5a: There is significant relation between patients' satisfaction regarding the medical care and treatment and patients' references.

METHODOLOGY OF THE STUDY

Sources of Data

The data for the present study have been collected from two sources i.e. primary and secondary. (i) The primary data referring to patients' satisfaction and doctors' opinion were collected by administering structured questionnaire to the adult patients in general and fracture ward and to doctors and wherever felt necessary interviews were held with them (ii) Data relating to the history of the organization, size and structure of manpower, and various factors of patients' satisfaction have been collected from secondary sources like hospitals records, leaflets, bulletin, and websites etc.

Sample Technique and Size

For the purpose of present study the samples were selected randomly from general and fracture wards. The questionnaires were distributed to 55 patients in the general and fracture ward out of which 50 were received. Similarly in case of doctors out of 40 questionnaires distributed, 25 were received. Proper attention has been paid in the selection of the sample.

Research Design

Experimental research design has been followed.

DATA ANALYSIS AND FINDINGS

Descriptive Statistics

The tables 1, 2 and 3, below shows the descriptive statistics of the respondents.

As shown in Table-1, 44 patients were from general ward, where as only 6 patients were from fracture ward.

Table 1 Frequency of Ward

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	General	44	88.0	88.0	88.0
	Fracture	6	12.0	12.0	100.0
	Total	50	100.0	100.0	

As shown in Table-2 maximum number of patients i.e. 29 (58%) came to the hospital as referred patients by doctors. 12 patients came due to reference by friends and only 9 came due to reference by relatives. This implies doctors are prone to refer patients to large and renowned hospital in expectation of better medical facilities and care.

Table 2 Frequency of Reference

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Friend	12	24.0	24.0	24.0
	Doctor	29	58.0	58.0	82.0
	Relative	9	18.0	18.0	100.0
	Total	50	100.0	100.0	

As depicted in Table-3 majority of the patients i.e. 42 (84%) came to the hospital were from city of Mumbai, where as very few were from other places like Alibag, Nasik, Pune, Ratnagiri, Roha, and Sangli etc. This implies that people in small cities prefer to go to local hospital either due to distance or financial constraints.

Table 3 Frequency of Places

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alibag	1	2.0	2.0	2.0
	Mumbai	42	84.0	84.0	86.0
	Nasik	2	4.0	4.0	90.0
	Pune	2	4.0	4.0	94.0
	Ratnagiri	1	2.0	2.0	96.0
	Roha	1	2.0	2.0	98.0
	Sangli	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

Hypotheses Testing

Table 4 Cleanliness Maintained in the Hospital * Patients' Liking of the Ward Cross Tabulation

Count Good		Patients' liking of the ward			Total
		Alright	Not good		
Cleanliness maintained in the hospital	Yes, always clean	12	15	0	27
	Not always clean	9	13	1	23
	Total	21	28	1	50

From Table-5 it is found that in case of Pearson Chi-Square the p-value of 0.533 is much higher than the commonly accepted level of 0.05. In case of Phi, Cramer's V, and Contingency Coefficient the p-value is also 0.533. So the null hypothesis i.e. "H₁n: There is no significant relation between patients' liking of the wards and cleanliness maintained in the hospital" can't be rejected. In other words, the null hypothesis is accepted and the alternative hypothesis is rejected.

From Table-7 it is found that in case of Pearson Chi-Square the

p-value of 0.018 is lower than the commonly accepted level of 0.05. In case of Phi, Cramer's V, and Contingency Coefficient the p-value is also 0.018. So the null hypothesis i.e. "H2n: There is no significant relation between patients' liking of the wards and the food quality maintained in the hospital is rejected and the alternative hypothesis i.e. "H2a: There is significant relation between patients' liking of the wards and the food quality maintained in the hospital" is accepted. This implies that the quality of food provided in the hospital has major impact on patients' satisfaction.

Table 5 Chi-Square Tests 1

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.259 ^a	2	.533
Likelihood Ratio	1.639	2	.441
Linear-by-Linear Association	.406	1	.524
N of Valid Cases	50		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .46.

Table 6 Quality of Food Given in the Hospital * Patients' Liking of the Ward Cross Tabulation

Count		Patients' liking of the ward			
Quality of food given in the hospital		Good	Alright	Not good	Total
	Good	10	12	0	22
	Tolerable	11	12	0	23
	Useless	0	4	1	5
	Total	21	28	1	50

Table 7 Chi Square Tests 2

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	11.931 ^a	4	.018
Likelihood Ratio	9.567	4	.048
Linear-by-Linear Association	2.910	1	.088
N of Valid Cases	50		

5 cells (55.6%) have expected count less than 5. The minimum expected count is .10

Table 8: Quality of Treatment and Medical Care Provided *Patient's Liking of the Ward Cross Tabulation

Count		Patients' liking of the ward			
Quality of treatment and medical care provided		Good	Alright	Not good	Total
	No	0	6	0	6
	Can't say	8	6	1	15
	Yes	13	16	0	29
	Total	21	28	1	50

From Table-9 it is found that in case of Pearson Chi-Square the p-value of 0.087 is little higher than the commonly accepted level of 0.05. In case of Phi, Cramer's V, and Contingency Coefficient the p-value is also 0.087. So the null hypothesis i.e. "H3n: There is no significant relation between patients' liking of the wards and the quality of medical care and treatment provided" is accepted and the alternative hypothesis i.e. "H3a: There is significant relation between patients' liking of the wards and the quality of medical care and treatment provided" is rejected.

Table 9 Chi-Square Tests 3

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	8.131 ^a	4	.087
Likelihood Ratio	10.368	4	.035
Linear-by-Linear Association	2.070	1	.150
N of Valid Cases	50		

a. 5 cells (55.6%) have expected count less than 5. The minimum expected count is .12.

Table 10 Care from Doctors * Satisfaction due to Concern of the Doctors Cross Tabulation

Count Yes, completely satisfied	Satisfaction due to concern of the doctors		Total
	Not completely satisfied		

Care from doctors	They cared a lot	21	23	44
	They cared inadequately	0	5	5
	They were careless	0	1	1
	Total	21	29	50

From Table-11 it is found that the in case of Pearson Chi-Square the p-value of 0.085 is little higher than the commonly accepted level of 0.05. In case of Phi, Cramer's V, and Contingency Coefficient the p-value is also 0.085. So the null hypothesis i.e. "H4n: There is no significant relation between the way doctors look after the patients and patients' satisfaction" is accepted and the alternative hypothesis i.e. "H4a: There is significant relation between the way doctors look after the patients and patients' satisfaction" is rejected.

Table 11 Chi-Square Tests 4

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	4.937 ^a	2	.085
Likelihood Ratio	7.123	2	.028
Linear-by-Linear Association	1.503	1	.220
N of Valid Cases	50		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is .42.

Table 12 Reference Helping in Better Treatment * Quality of Treatment and Medical Care Provided Cross Tabulation

Count		Quality of treatment and medical care provided			Total
		Can't say	Yes		
Reference helping in better treatment.	No	0	2	5	7
	Can't say	2	6	3	11
	Yes	4	7	21	32
	Total	6	15	29	50

From Table-13 it is found that the in case of Pearson Chi-Square the p-value of 0.168 is higher than the commonly accepted level of 0.05. In case of Phi, Cramer's V, and Contingency Coefficient the p-value is also 0.168. So the null hypothesis i.e. "H5n: There is no significant relation

between patients' satisfaction regarding the medical care and treatment and patients' reference" is accepted and the alternative hypothesis i.e. "H5a: There is significant relation between patients' satisfaction regarding the medical care and treatment and patients' reference" is rejected.

Table 13 Chi-Square Tests 5

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	6.444 a	4	.168
Likelihood Ratio	7.288	4	.121
Linear-by-Linear Association	.019	1	.891
N of Valid Cases	50		

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is .84.

Table-14 exhibits the summarization of results of hypotheses proof.

Table 14 Summarization of Results of Hypotheses Proof

Hypotheses	Findings
H1n: There is no significant relation between patients' liking of the wards and cleanliness maintained in the hospital.	Accepted
H1a: There is significant relation between patients' liking of the wards and cleanliness maintained in the hospital.	Rejected
H2n: There is no significant relation between patients' liking of the wards and the food quality maintained in the hospital.	Rejected
H2a: There is significant relation between patients' liking of the wards and the food quality maintained in the hospital.	Accepted
H3n: There is no significant relation between patients' liking of the wards and the quality of medical care and treatment provided.	Accepted
H3a: There is significant relation between patients' liking of the wards and the quality of medical care and treatment provided	Rejected
H4n: There is no significant relation between the way doctors look after the patients and patients' satisfaction.	Accepted
H4a: There is significant relation between the way doctors look after the patients and patients' satisfaction.	Rejected
H5n: There is no significant relation between patients' satisfaction regarding the medical care and treatment and patients' references	Accepted
H5a: There is significant relation between patients' satisfaction regarding the medical care and treatment and patients' references.	Rejected

From Table-15 it is found that 58% of respondents said that there is delay in their treatment due to factors like lack of coordination among various departments, not arrival of doctors in right time and delay in getting pathology reports etc.

Table 15 Frequency of Delay in Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	15	30.0	30.0	30.0
	Can't say	6	12.0	12.0	42.0
	Yes	29	58.0	58.0	100.0
	Total	50	100.0	100.0	

From Table-16 it is clear that majority (64%) of the respondents viewed that reference help in getting better treatment, which shows the hospital does not believe in equal treatment for all the patients.

Table 16 Frequency of Reference Helping in Better Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7	14.0	14.0	14.0
	Can't say	11	22.0	22.0	36.0
	Yes	32	64.0	64.0	100.0
	Total	50	100.0	100.0	

From Table-17 it is found that only 24% of respondents consider the hospital as excellent from overall angle. It implies that many things have to be done to maintain effective place in this competitive world.

Table 17 Frequency of On the Whole How is the Hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	An excellent	12	24.0	24.0	24.0
	A good hospital	21	42.0	42.0	66.0
	An average hospital	17	34.0	34.0	100.0
	Total	50	100.0	100.0	

Also from the data analysis it is found that cleanliness is not at par due to inadequate number of housekeeping people, their negligence towards cleanliness, and higher expectations from patients and their relatives.

The term cleanliness has different levels in the minds of patients and housekeeping people, hence clashes aroused. There is lack of place for relatives to sleep, some patients are elder enough to take care of themselves, and hospital has assured the family members that they would take care of the patients in their absence.

Data Analysis of Doctors

From Table-18 it is observed that majority of the respondents i.e. 92% agree that there are various reasons for patients' dissatisfaction. The reasons are such that a particular service or facility is liked by one patient but it is not liked by other patients. Hence doctors think that even if they provide best facilities there are chances for dissatisfaction.

Table 18 Frequency of Any Reason of Dissatisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	92.0	92.0	92.0
	No	2	8.0	8.0	100.0
	Total	25	100.0	100.0	

It is observed from Table-19 that majority of the respondents i.e. (80%) agree that political interference is disturbing their services. This is because some politicians invest their money and hence expect the hospital management to work according to them. Again a particular political party having strong influence in that area, in which hospital is situated, influences the working of the hospital.

Table 19 Frequency of Interference by Politicians

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	80.0	80.0	80.0
	No	5	20.0	20.0	100.0
	Total	25	100.0	100.0	

76% of the respondents opined that they require more equipment to increase patients' satisfaction, while 72% said that more beds are required to improve hospital wards and satisfaction of patients. 60% of the respondents opined that, it is necessary to inform patients about their illness and its treatment because it helps them to get know how to take care

of themselves, the side effects of a particular illness, and cost of treatment etc. From Table-20 it is observed that maximum percentage i.e. 96% of respondents opined that the hospital requires more public relations work to make the community conscious of limitations because a person cannot depend totally on a single hospital for its treatment. There are many such illnesses which only a single hospital cannot cure. This is also a message for the general community. The community always expects much more from a hospital, it is because they think that every big hospital has the capacity to treat each and every illness, which is not a true scenario.

Table 20 Frequency of Hospital Requires More Public Relations Work to Make the Community Conscious of its Limitation

	Frequency	Percent	Valid Per-cent	Cumulative Percent
Valid Yes	24	96.0	96.0	96.0
No	1	4.0	4.0	100.0
Total	25	100.0	100.0	

68% of the respondents opined that there is lack of co-ordination between various people and departments which reduces hospital's efficiency to a great extent because it creates misunderstanding among patients and doctors, doctors and management, delay in treatment and because of all these reasons trust of patients on hospital reduces. Majority of the respondents i.e. 88% said that behaviour of class IV employees is responsible for much of the dissatisfaction among patients because they are one who directly comes into contact with the patients for maximum number of time.

SUGGESTIONS

The various suggestions recommended by the researcher are as follows:

1. The hospital may design registration procedures and examination processes as patient-oriented rather than hospital personnel-oriented. Specifically, patients visiting a particular large-sized hospital for the first time generally waste time and commit mistakes due to insufficient information on the formalities connected with the visit or admission to the hospital. Thus, hospitals may establish schemes to simplify appointment, payment, and examination processes. Special enquiry counter may be set up to guide the illiterate, seniors, and poor patients in order to make it easier for them to fill forms,

understand rules and regulations, search wards etc. The reception space may be large enough so that patients may feel convenient during waiting period.

2. Patients generally consider large-sized hospitals more reliable than smaller-sized hospitals. Thus relevant schemes may be established. In particular, large-sized hospitals support the organic cooperation of medical services provided by specialized medical doctors, and the hospital may amplify a concrete and organic mutual-assistance system of care rather than a simple transfer of care per medical specialization.
3. Management may give proper training to nurses, ayah's, and ward boys and other people who directly come in contact with the patients.
4. The number of staff may be increased so that they can cater to large number of patients and also satisfy the need of ever increasing patients.
5. The quality of food may be improved by giving contract of canteen or mess to one of the good caterer as it forms one of the basic elements in the treatment of patients.
6. The ward may be made more spacious. Proper ventilation, proper lighting, enough fans, and alarming bells may be provided. Systematic computerized method or arrangement may be installed to call the nurses, ayahs, ward boys and even doctors in emergency.
7. Credit facilities may be given to patients coming in emergency, poor people, etc. as it would increase their trust towards the hospital.
8. Comforting and professionally stable medical service personnel, who are easily reachable by patients may be promoted. They may look personally to every patient keeping in mind that serving patients is their sole responsibility. Excellent medical services personnel and their attitude and behavior are the most important factors of patient satisfaction. But in due course of time the care levels of medical services professionals have been significantly reduced due to automation and development of new medical devices and technologies.
9. The doctors may put an effort into offering patient-oriented medical services for enhanced patient satisfaction. Therefore, the development of user-friendly service guidelines for care in which a concrete code of conduct is specified by the hospital for medical service encounters may be advised. This will boost the morale and trust of the patients.

10. The hospital may undertake continuous research on developing attractive service qualities which patients demand. It is necessary to meet the competitive environment.

CONCLUSIONS

Patient satisfaction is one of the important concerns for hospitals in today's world. Numbers of patients are increasing and hence it is important to treat them till they are satisfied. When seeking healthcare, patients have both cure expectations and care expectations that ultimately set the standard by which they measure their satisfaction with the hospital. This research helped to know the problems of patients, doctors as well as hospital management and their limitations to fully satisfy each other. Certain steps from all sides will be responsible for patient's satisfaction. There is need of well trained doctors, technologically advanced and cost effective resources to make treatment innovative, easy and quick. This in turn will make the hospital competent enough to sustain its existence in this competitive world.

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