

CHAPTER NUMBER FOUR

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CHAPTER NUMBER FOUR

RESEARCH METHODOLOGY

4.1 RESEARCH METHODOLOGY:

The researcher has attempted to outline various areas of the research methodology which includes key terms, scope and coverage, rationale of the research study as well as its, research design, objectives and hypothesis of the research study, sources of information, and sampling decisions.

4.1.1 KEY WORDS OF THE RESEARCH STUDY:

Health, Satisfaction, Patient, Hospital, Hospital Services, Health Care, Patient satisfaction.

The key terms are defined as follows.

4.1.1.1 Health:

World Health Organization's (WHO) has defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (www.who.int).¹

4.1.1.2 Satisfaction:

Satisfaction is a person's feelings of pleasure or disappointment resulting from comparing a product's perceived performance or outcome in relation to his or her expectations (Philip Kotler and Kevin Lane Keller, 2006).²

4.1.1.3 Patient:

There is considerable lack of agreement about the precise meaning of the term patient. It is diversely defined by different experts with different perspectives. To illustrate, Patient is a person who requires medical care; A person receiving medical or dental care or treatment; A person under a physician's care for a particular disease or condition; A person who is waiting for or undergoing medical treatment and care; An individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward maintenance, improvement or protection of health or lessening of illness, disability or pain (Medicinenet.com; and www.medterms.com).³

4.1.1.4 Hospital:

As per the Directory of Hospitals in India, 1988, a hospital is described as an institution which is operated for the medical, surgical and/or obstetrical care of in-patient and it is treated as a hospital by the Central/State Government/Local body/Private and licensed by the appropriate authority (R.C. Goyal, 2005).⁴

4.1.1.5 Hospital Services:

Hospital service is a term that has been referred with reference to medical and surgical services and the supporting laboratories, equipment and personnel that make up the medical and surgical mission of a hospital or hospital system (www.surgeryencyclopedia.com).⁵

4.1.1.6 Health Care:

Healthcare has been defined as the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions (The Free Dictionary; www.thefreedictionary.com).⁶

4.1.1.7 Patient Satisfaction:

The degree to which the individual regards the health care service or product or the manner in which it is delivered by the provider as useful, effective, or beneficial (Biology-Online.org, <http://www.biology-online.org>).⁷

4.1.2 SCOPE AND COVERAGE OF THE RESEARCH STUDY:

The scope of research study was restricted to selected hospital services as provided to patients by doctors, paramedical staff, and also administrative staff amongst selected hospitals such as Government hospitals (GHs); Trust hospitals (THs); as well as Private hospitals (PHs); located in the Baroda City of the State of Gujarat, India.

4.1.3 RATIONALE OF THE RESEARCH STUDY:

An attempt in this research study has been made to put forward findings and results of the research study aimed at measurement of selected patients' overall satisfaction / dissatisfaction on selected criteria, who were conveniently drawn from selected hospitals of the Government Hospital (GHs), Trust Hospital (THs), and private Hospital (PHs).

4.1.4 RESEARCH DESIGN:

The research design followed has been essentially descriptive one in nature considering objectives identified and hypothesis tested in this research study.

4.1.5 OBJECTIVES OF THE RESEARCH STUDY:

The research study was undertaken mainly keeping in mind following major objectives.

- (i) To measure patients' overall satisfaction /dissatisfaction as experienced and reported by selected patients on selected hospital services;
- (ii) To collect selected patients' opinion on selected criteria on hospital services, and
- (iii) To evaluate the actual experience of selected patients' on selected hospital services.

4.1.6 HYPOTHESES OF THE RESEARCH STUDY:

An illustrative list of hypotheses tested has been given as follows.

The average opinion of selected patients' in the selected type of hospitals (GHs; THs; and PHs), on selected criteria used to measure selected patients' responses for the selection of a given type of hospital (GHs; THs; and PHs), is equal.

The average opinion of selected patients' in the selected type of hospitals (GHs; THs; and PHs), on selected criteria used to measure selected patients' responses, for the various medical; paramedical; and administrative services provided to him/her as well as the environment (physical facilities), and tangible facilities, of the given type of hospital (GHs; THs; and PHs), is equal.

The average opinion of selected patients' in the selected type of hospitals (GHs; THs; and PHs), on selected criteria used to measure selected patients' responses for the reliability of services; responsiveness of service providers; assurance from hospital services; empathy experienced by from hospital services; dignity maintained by service providers, and accessibility and affordability of hospital services, of a given type of hospital (GHs; THs; and PHs), is equal.

The overall response of the patients in the selected type of hospitals, with respect to their overall satisfaction with regard to medical treatment, nursing staff services, administrative staff, and environment facilities, on selected criteria, is equal.

Selected patients' overall experience in the selected type of hospital, on the selected criteria, is equal.

The average opinion of selected patients, in the selected type of hospitals, on selected criteria, with respect to their post purchase behaviour, is equal.

Mean of patients' view about selected type of hospitals is equal in terms of decision regarding selection of hospital; medical, paramedical, and administrative services; as well as environment (physical facilities) of hospitals; and tangible facilities of hospitals.

Mean of patients' response about selected category of hospitals is equal in terms of reliability criteria; responsiveness criteria; assurance criteria; empathy criteria; dignity criteria, and accessibility and affordability of hospital services.

4.1.7 SOURCES OF INFORMATION & DATA:

The researcher has made possible efforts in order to collect available information from various secondary sources that have been outlined in brief as follows.

4.1.7.1 Secondary Data:

The researcher has collected Secondary data mainly from various sources, such as, Business Newspapers viz., The Economic Times, The Times of India, and Express Healthcare etc. The researcher has referred various magazines viz., Economic Political Weekly, Gujarat Health line. Research Journals that were reviewed by the researcher viz., Vikalpa The Journal for Decision Makers; Psychiatric Services; International Journal of Healthcare Quality Assurance; Journal of the Academy of Hospital Administration; Journal of Child and Family Studies; Managing Service Quality; Journal of Healthcare Marketing; Australian and New Zealand Journal of Psychiatry; Psycho-Oncology; Journal of Nursing Care Quality; International Journal for Quality in Healthcare; Journal of Clinical Psychology; Journal of Retailing; Journal of Marketing; Health Manpower Management; Journal of Management Development; Journal of Management in Medicine; Journal of Economic and Social Research; Journal of Ecotourism; Journal of Managerial Issue. The researcher research has studied few Reports viz., Human development in South Asia by Mahbulul Haq Human Development Center; Gujarat Human Development Report; Human Development Report; World Health Statistics; The World Health Report; Government Publications such as.; National Health Policy; Report of the National Commission on Macroeconomics and Health; The Economic Survey; Annual Report of Health & Family Welfare, etc. The researcher has also used Internet and few of the search engines to collect data and information on this study.

4.1.7.2 Primary data:

The Primary data were collected by the researcher, during September to December 2007, from the total number of 519 patients who were hospitalized and had availed hospital services from amongst selected Government Hospitals, Trust hospitals and Private Hospitals located in the city of Baroda in the State of Gujarat (The list of the name of the hospitals from which patients' were selected is given in Appendix XXI). Out of total number of 519 responses 500 responses were finally considered for data analysis and interpretation. The Structured Non-Disguised Questionnaire was also thereafter translated in Gujarati language to help patients to better understand and to respond to it.

It consisted of total number of fifteen questions, apart from questions related to profile of respondents viz., personal aspects on patients' selected background variables viz., types of hospitals from where selected patients had availed hospital services; duration of hospitalisation; type of medical treatment availed by selected patients; availability of supporting medical facilities nearby hospitals; issues related to selection of hospitals by the patients; overall opinion on selected statements on selected criteria of hospitals pertaining to actual experience as reported by selected patients; and suggestions to improve hospital services.

4.1.8 SCALE DEVELOPMENT FOR MEASUREMENT OF PATIENTS' SATISFACTION:

A brief outline of literature on methodological issues and scale development with regard to patients' satisfaction survey has been given as follows.

Clara Martinez Fuentes (1999) had developed a methodological analysis for the use of the SERVQUAL measure scale in the Spanish public health sector to focus on the analysis of the quality of the service given by public hospitals, on one hand, and on the dimensions of this service, which were appreciated by customers, on the other hand. The conceptual basis of this study centered on the quality of service in public hospitals and measured satisfaction by focusing on structure, process and result. In the literature on service quality, two models have emerged and the first model was posited by Gronroos (1982) known as the Image Model which advocated that perceived total quality will depend basically on two variables that is, what the customer already expects of the service; and the manner in which this service has been performed in its technical and functional aspects. The second model, known as the Gap Model was developed by Parasuraman et al. (1985), also from the idea that the quality of a service depends on experience and perception and it presented five kinds of gaps. By synthesizing these two models, quality in a service, in a positive sense, will exist when perceived quality exceeds the expected quality. Cronin and Taylor (1992, 1994) made most criticisms of the SERVQUAL gap model that measurement of quality exclusively by means of perceptions of the result is more valid than by the difference between expectations and perceptions of the result. This scale, which they call SERVPERF, is equivalent to SERVQUAL but excluding the statements about expectations, and the weightings. To carry out the research a questionnaire defined based on the SERVQUAL was administered on 170 patients in the city of Valencia, and findings were presented in to three important measures aimed at measuring service quality which included, tangibles, reliability or technical quality and process of performance of the service or functional quality of the process (Clara Martinez Fuentes, 1999).⁸

Reva Berman Brown, Louise Bell (1998) described the research process and the development of the instrument employed in auditing patients' perceptions of quality and it also described the adaptation processes used in order to place the Parasuraman SERVQUAL instrument into the health setting in the UK. The researcher examined the issue of auditing from a new perspective that focused solely on the views of the service user. It was guided by two already-validated research instruments that is, the first model Parasuraman SERVQUAL instrument (Parasuraman et al., 1988), and second model developed by the Heywood- Farmer instrument (Heywood-Farmer and Stuart, 1990), which looked at professional service quality, and was originally used to audit the quality of service provided by General Practitioner (GPs) (Reva Berman Brown, Louise Bell, 1998).⁹

Emilie Roberts et. al., (1994) developed a method of assessing the quality of health care to highlight the areas of greatest concern to patients designed to examine patients' experience with care starting with the concerns expressed by patients and using it as a basis for evaluating and ranking different aspects of the service which needed improvement. The paired comparison technique was successfully used and validated in a variety of commercial and business environments. The aim of this case study was to assess the feasibility of the paired comparison technique in rating patients' satisfaction with aspects of their care in a hospital. The results of the study indicated that the paired comparison technique, at least in its present form, cannot be recommended as a tool to aid understanding of patients' satisfaction. The findings from this case study also indicated that there were drawbacks in using the paired comparison technique to assess service quality in a highly specialized hospital setting dealing with an acute and potentially life threatening condition (Emilie Roberts et. al., 1994).¹⁰

Thomas Meehan et. al. (2002) conducted a research study to report on the development, testing and psychometric properties of a brief consumer satisfaction measure for use with psychiatric inpatients. Focus group discussions with inpatients were used to develop a pool of items related to satisfaction with hospital stay. Instrument development employed three separate but related phases. In Phase I, focus group discussions with 66 inpatients at three acute care units with the aim to generate a pool of items related to patients' satisfaction with hospital stay was conducted. In Phase II, a second sample of 72 patients from the same three acute units was asked to rate the 51 items in terms of importance in contributing to their satisfaction. During Phase III, the draft questionnaire was administered to 494 consecutive inpatients who were approaching discharge in acute and rehabilitation facilities, and 356 completed surveys were returned. Factor analysis yielded three factors comprising a staff-patients alliance; doctor/treatment issue, and an environmental component. The Inpatients' Evaluation of Service Questionnaire addresses many of the shortcomings of existing satisfaction measures. It was developed through extensive consumer involvement, it is simply worded, easy to score and appears to perform well with acute and rehabilitation inpatients (Thomas Meehan et. al., 2002).¹¹

Reva Berman Brown, Louise Bell, (2005) conducted study aimed to describe the research process, and the development of the instrument now employed in auditing patients' perceptions of quality improvement in a community health care trust in a coastal town in Essex, England. The questionnaire was administered in two ways that is, by means of face-to-face meetings in the respondents' homes, and through the mail and 123 patients out of the sample of 210 participated in the research. The instrument had measured health outcomes in terms of quality improvement from the users' perspective, and had also highlighted gaps between what the service offers in terms of quality and users' perceptions of what is delivered. Factor analysis was carried out and three factors or areas of importance emerged which includes, physical surroundings; treatment by staff; and understanding of treatment. It offered that patient-centered quality improvement audit should be undertaken regularly so that both non-clinical managers and health care professionals can establish whether or not they are providing services that are patient-friendly and effective from the user's viewpoint or not (Reva Berman Brown, Louise Bell, 2005).¹²

Zack Z. Cernovsky et. al., (1997) made efforts to explore the relationship of treatment satisfaction to another personality questionnaire, the Zuckerman's Sensation Seeking Scales. Satisfaction of 119 addicts with an addiction treatment program was measured by an 11 item satisfaction scale. The Sensation Seeking scales included 40 items. In the questionnaire, the patients' were asked to rate their satisfaction with psychotherapeutic interventions, psychological tests, medical laboratory tests, with hospital rules, and hospital meals and snack foods. Results indicated overall high level of satisfaction with the programme (Zack Z. Cernovsky et. al., 1997).¹³

Ingemar Eckerlund et. al. (1997) presented a pilot study at three departments of ophthalmology in Sweden and the data were collected via questionnaire involving a new method which met reasonable demands for validity and reliability, and was explicitly change-oriented. A method called quality, satisfaction, and performance (QSP) was used to measure quality and to focus on quality improvement and consisted of three integrated components. One component measured the degree of patients' satisfaction, and different aspects thereof, among different patients groups. Second component measured patients'-perceived quality levels of various quality dimensions. Finally, the model also contained a component on goals, with questions directed at what patients' satisfaction should ultimately lead to, viz., increased trust, increased likelihood for positive recommendations, etc. The questionnaire addressed eight different quality dimensions viz., accessibility; hospitality; service commitment; environment; information advice,; staff knowledge; participation influence, and continuity freedom of choice. What distinguishes this model from most others used in healthcare is that it not only it measured the degree of satisfaction but also the impact that various quality dimensions/ factors had on patients' satisfaction. Another advantage with the QSP method is the linkage to the goal side, which secured validity in the model.

This aspect of the model required the user to specify organizational goals. A department obviously cannot aim only towards satisfying patients. Other longer-term goals are also important to an organization's future (Ingemar Eckerlund et. al., 1997).¹⁴

Ulf Goran Ahlfors et. al. (2001) focused on development and clinical evaluation of a brief consumer satisfaction rating scale (UKU-ConSat). UKU (Udvalg for Kliniske Undersøgelser that is Committee for Clinical Trials), a working group within the Scandinavian Society for Psychopharmacology (SSP), had designed a brief consumer satisfaction rating scale, the UKU-ConSat. A field trial of UKU-ConSat took place at three clinical study sites (Sites A, B, and C) during 1994–1996 in Finland and Sweden. The UKU-ConSat rating scale consisted of eight items in two groups viz., structure and process and outcome, and these items included, availability of care covering access to treatment as well as waiting list issues; environment of the clinic; availability and access to various treatment modalities and specialists; information regarding state of health, drug treatment, attitude to psychosocial measures, patients' assessment of the outcome, patients' opinion of his/her general well-being after the treatment. Its results showed that it could be applied to several relevant patient categories viz., psychotic; affective; neurotic, organic and alcohol and substance abuse disorders. According to both patients and staff the rating scale promises to become useful both for research and for improvement of routine psychiatric services. The construction of the scale permitted both an overall assessment of patients' satisfaction and a more detailed assessment of specific ingredients of the structure and process of care and the outcome (Ulf Goran Ahlfors et. al. 2001).¹⁵

Ugur Yavas, Natalia Romanova (2005) made efforts partially to address various decidedly critical questions, related to hospitals and conducted study aimed at introduction of a measure to assess the perceived effectiveness of Multi-Hospital organizations (MOs). The data were collected by mailing survey questionnaire were to top managers of non-profit hospitals based on list compiled by American Hospital Association and usable responses were obtained from 189 hospitals. (Ugur Yavas, Natalia Romanova, 2005).¹⁶

Susan Michie, Che Rosebert (1994) described the stages involved in developing a satisfaction survey for out-patients attending a London teaching hospital, using existing expertise within the organization. The Service Development manager approached the Health Psychologist for scientific and technical advice and a psychology student provided the practical work of carrying out the pilot study. Of the 377 patients approached, 330 agreed to complete the questionnaire. Its results showed that overall, greatest dissatisfaction was expressed about the length of time spent waiting to see a doctor, one of the clinical support services and the facilities such as car parking and refreshments.

Greatest satisfaction was expressed for the personal consideration shown by doctors, nurses and other clinic staff, the manner of being received at the hospital clinic and reception, and the contact with the hospital when booking the appointment (Susan Michie, Che Rosebert, 1994).¹⁷

Jessie L. Tucker, Sheila R. Adams (2001) investigated the apparent methodological shortcomings of the literature that considered patients' evaluations of their care. The multidimensional aspects of satisfaction suggested by previous studies to predict satisfaction were access, communication, and outcomes. As suggested by other previous studies, the independent variables used to predict quality were caring, empathy, reliability, and responsiveness. Its results suggested that just two distinct dimensions of the care experience were found to capture 74 per cent of the variance in satisfaction-quality, with patients' socio-demographic differences accounting for only 1 per cent. These two distinct dimensions include provider performance aspects and access (Jessie L. Tucker, Sheila R. Adams, 2001).¹⁸

Binshan Lin, Eileen Kelly, (1995) focused on how to reassert the importance of studying patients satisfaction surveys and to clarify and illuminate some of the methodological problems. Attention was focused on four aspects of the problems which were of general interest to those conducting surveys, namely the sampling frames, quality of survey data and instrument, non-response problems, and reporting of results and the interpretation. This article provided several implications for researchers (Binshan Lin, Eileen Kelly, 1995).¹⁹

Steven A, Taylor and J, Joseph Cronin Jr., (1994) attempted to clarify and extend the conceptualization and measurement of consumer satisfaction and service quality in health services. Although, the two constructs SERVQUAL and SERVPERF served as cornerstones in the design and implementation of health care marketing strategies, a literature review suggested that satisfaction and service quality are difficult to distinguish, both conceptually and operationally, in health care settings. The findings from two studies conducted by the authors to distinguish the nature of these two important constructs within a health care marketing context revealed that a non-recursive relationship between service quality and patients' satisfaction. Health services marketers should be careful about trying to apply broad theories and scales—such as SERVQUAL and SERVPERF—used in other service settings because they may translate poorly to health care. (Steven A, Taylor and J, Joseph Cronin Jr., 1994).²⁰

Eileen Evason, Dorothy Whittington, (1997) presented some of the results of a focus group exercise conducted in July 1993 with ten groups of people who had been in-patients, or who had children who had been in-patients, at a complex of hospital facilities in Northern Ireland. It was found that the focus group methodology was successful in amplifying feedback previously gleaned from surveys.

It also highlighted patients' tolerance of shortcomings and their appreciation of staff providing high quality care while under pressure. It was concluded that patients regarded the National Health Service as deteriorating generally (Eileen Evason, Dorothy Whittington, 1997).²¹

A. Gigantesco, P Morosini, A. Bazzoni, (2003) conducted study with an objective to validate a brief self-completed questionnaire for routinely assessing patients' opinions on the quality of care in inpatients' psychiatric wards (Rome Opinion Questionnaire for Psychiatric Wards). It concluded that the questionnaire seemed to be adequate for evaluating patients' opinions on care in inpatient psychiatric wards. Because of its user-friendliness, it may be particularly suitable for routine use (A. Gigantesco, P Morosini, A. Bazzoni, 2003).²²

Hana Kasalova, (1995) demonstrated that the apparent generosity error that is, subjectivity in rating service quality may be compensated for by a mathematical process that is, rectification, which is derived from the assessment of every respondent's general scale. A questionnaire was designed after many preliminary interviews, tested in a preliminary survey (101 respondents out of 150 addresses) and eventually sent to 1,110 ex-patients of a Prague hospital University Hospital Královské Vinohrady, out of which 545 patients have responded. In all cases (545 persons) the patients' satisfaction was found to be very high in spite of the fact that the originally used five-point scale was changed to a nine-point one in order to give respondents the chance to measure more accurately the quality of individual services. However, the generosity error intervened again: even with detailed instructions that five points would mean "good, fair quality", most questions again elicited an "excellent" (nine points) as answers. (Hana Kasalova, 1995).²³

While designing the study questionnaire various dimensions, variables and sub variables (statements or questions), as per details provided in Table Number 4.1 and 4.2, were selected from which Structured Non-Disguised questionnaire developed with the help of some of the earlier research studies with necessary alterations.

Table Number 4.1: List of References of Selected Criteria Used in Design of Structured Questionnaire for Measurement of Patients' Actual Experience, Overall Satisfaction / Dissatisfaction on Selected Hospital Services

Name of Author	Time Period and Place of Research Study Conducted	No. of Criteria used in the questionnaire.	Total No. of Criteria
Demographic Criteria			
Prof.(Dr.) Parimal H. Vyas & Shri P.D.Thakkar (2005) ²⁴ .	2002-20003 (Baroda)	03	* 07
De Dennis McBride, Jonathan Lindsay, Morgan Wear, Genevieve Smith, and Terri Villanueva (2002/2003) ²⁵ .	2002-2003 (Washington)	02	
Prof. R.D. Sharma & Hardeep Chahal (1999) ²⁶ .	April 1996 to March 1997 (Jammu City)	01	
General information about Hospital, Reasons for selection of Hospital, Type of Medical treatment undergone and Availability of Medical Facilities within & Nearby Hospital (Q-1 to Q-7).			
Prof.(Dr.) parimal H. Vyas & Shri P.D. Thakkar (2005) ²⁴ .	2002-20003 (Baroda)	17	27
De Dennis McBride, Jonathan Lindsay, Morgan Wear, Genevieve Smith, and Terri Villanueva (2002/2003) ²⁵ .	2002-2003 (Washington)	01	
Prof. R.D. Sharma & Hardeep Chahal (1999) ²⁶ .	April 1996 to March 1997 (Jammu City)	07	
Puay Cheng Lim & Nelson K.H. Tang (2000) ²⁷ .	October 1998 (Singapore)	01	
Rob Baltussen & Yazoume Ye (2005) ²⁸ .	{Burkina Faso (Rural Area), Nouna District situated at the Border of the Sahel Region in West Africa}	01	
Criteria for Measuring Patients' Actual Experience with Hospital service (Q-8 01 to 64)			
Naceur Jabnoun & Mohammed Chaker (2003) ²⁹ .	(2002) Abu Dhabi, Sharjah and Dubai in UAE.	07	* 64
Mik Wisniewski & Hazel Wisniewski (2005) ³⁰ .	October 2000 to August 2001. (Scotland)	07	
Anne E. Tomes & Stephen Chee Peng Ng (2000) ³¹ .	(1993) NHS Trust Hospital, U.K.	09	
Prof.(Dr.) Parimal H. Vyas & Shri P.D. Thakkar (2005) ²⁴ .	2002-2003 (Baroda)	01	
Prof. R.D. Sharma & Hardeep Chahal (1999) ²⁶ .	April 1996 to March 1997 (Jammu City)	24	
Rob Baltussen & Yazoume Ye (2005) ²⁸ .	Burkina Faso (Rural Area) situated at the Border of the Sahel Region in West Africa, Nouna District.	09	
De Dennis McBride, Jonathan Lindsay, Morgan Wear, Genevieve Smith, and Terri Villanueva (2002/2003) ²⁵ .	2002-03 (Washington)	03	
Four criteria added based on suggestion during pilot study	Result of Pilot Study	04	

Overall Satisfaction Experienced by Patients from Overall Hospital Services (Q-9 to Q-14)			
Prof. R.D. Sharma & Hardeep Chahal (1999) ²⁶ .	April 1996 to March 1997 (Jammu City)	04	* 17
Prof.(Dr.) Parimal H. Vyas & Shri P.D. Thakkar (2005) ²⁴ .	2002-2003 (Baroda)	01	
De Dennis McBride, Jonathan Lindsay, Morgan Wear, Genevieve Smith, and Terri Villanueva (2002/2003) ²⁵ .	2002-03 (Washington)	11	
One question (No. 14) added on the basis of suggestions received during (Pilot Study) based on discussion about Research Instrument that is, questionnaire, with doctors.		01	
<p>²⁴. Prof.(Dr.) Parimal H. Vyas & Shri P.D. Thakkar (2005); "Market Performance Analysis and Measurement of Patients' Satisfaction in Healthcare Services"; "The Indian Journal of Commerce", Vol.58, No.1, January – March, 2005, PP.150-161. Quarterly Publication of the Indian Commerce Association, School of Management Studies, IGNOU, New Delhi.</p> <p>²⁵. De Dennis McBride, Jonathan Lindsay, Morgan Wear, Genevieve Smith, and Terri Villanueva (2002/2003); "Western state hospital Consumer & Visitor Satisfaction Survey 2002/2003"; Survey report Published by The Washington Institute – For Mental Illness Research and Training – western Branch, 2003 (www.wimirt.washington.edu).</p> <p>²⁶. Prof. R.D. Sharma & Hardeep Chahal (1999); "A Study of Patients' Satisfaction of Private Health Care facilities"; "Vikalpa The Journal for Decision Makers", Vol, 24 No. 4, October- December 1999, PP. 69-76. Indian Institute of Management, Ahmedabad, India.</p> <p>²⁷. Puay Cheng Lim & Nelson K.H. Tang (2000); "A Study of Patients' Expectations and Satisfaction in Singapore Hospitals"; "International Journal of Health Care Quality Assurance", Vol. 13, No. 7, 2000, PP. 290-299. MCB University Press.</p> <p>²⁸. Rob Baltussen & Yazoume Ye (2005); "Quality of Care of Modern Health Services as perceived by Users and Non-users in Burkina Faso"; "International Journal for Quality in Health care, Vol. 18, No. 01, 2005, P.No. 30-30. Advance Access Publication. (Published by Oxford University Press on Behalf of International society for Quality Health Care).</p> <p>²⁹. Naceur Jabnoun & Mohammed Chaker (2003); "Comparing the Quality of Private and Public Hospitals"; "Managing Service Quality", Vol. 13 No. 4, 2003, PP. 209-299. MCB University Press .</p> <p>³⁰. Mik Wisniewski & Hazel Wisniewski (2005); "Measuring Service Quality in a Hospital Colposcopy Clinic"; "International Journal of Health Care Quality Assurance", Vol. 18, No.3, 2005, PP. 217-228. Emerald Group Publishing Limited.</p> <p>³¹. Anne E. Tomes & Stephen Chee Peng Ng (2000); "Service Quality in Hospital care: the Development of an in-patient Questionnaire"; "International Journal of Health Care Quality Assurance", Vol. 8, No. 3, 2000, PP. 25-33. MCB University Press.</p>			

* Adapted as per Objectives of the Study

Table Number 4.2: Table Showing Summary of Factors and Major Criteria Used in Study (Please Refer Question Number 08)

Factors Used in study	Major Criteria Used in The Study				Total
	Medical Services	Paramedical Services	Administrative Services	Environment (Physical Facilities)	
Number of Criteria used in Study					
Tangibility	01	-	-	14	15
Reliability	03	02	-	-	05
Responsiveness	02	04	07	01	14
Assurance	03	04	-	-	07
Empathy	06	01	03	-	10
Accessibility & Affordability	01	-	-	04	05
Dignity	01	04	03	-	08
Total	17	15	13	19	64

Source :Parsuraman et al., 1988³²; Puay Cheng Lim et al. 2000²⁷; and Anne E. Tornes et al., 1995³¹

In all, total 07 number of statements were used for collection of data on Demographic information about selected patients (Prof. (Dr.) Parimal Vyas et al., 2005;²⁴ De Dennis McBride et al., 2002/2003,²⁵ and Prof. R.D. Sharma et al., 1999).²⁶

Total numbers of 27 statements were used for collection of general information such as, hospital in which treatment was given to patients; reasons for selection of the hospital; type of medical treatment received and availability of medical treatment within and nearby hospital. (Prof. (Dr.) Parimal Vyas et al., 2005;²⁴ De Dennis McBride et al., 2002/2003;²⁵ Prof. R.D. Sharma et al., 1999;²⁶ Puay cheng Lim et al., 2000;²⁶ and Rob Baltussen et al., 2005)²⁸.

64 statements were selected for measuring patients' actual experience with regard to hospital services. (Naceur Jabnoun et al., 2002;²⁹ Prof. (Dr.) Parimal Vyas et al., 2005;²⁴ and Prof. R.D. Sharma et al., 1999).²⁶

All the above mentioned 64 statements were grouped in to four major variables such as, behaviour of doctors; behaviour of medical assistant; quality of administrative service and physical environment (Parsuraman et al., 1988;³² Puay Cheng Lim et al., 2000;²⁷ and Anne E. Tornes et al., 1995).³¹

Total number of 16 statements were put to use for measuring overall satisfaction / dissatisfaction as experienced by selected patients from overall hospital services (Prof. (Dr.) Parimal Vyas et al., 2005;²⁴ Prof. R.D. Sharma et al., 1999;²⁶ and Dennis McBride et al., 2003).²⁵

A five point Likert scale was used defined as 01 = Least Important; and 5 = Most Important (Question number 07); 01 = Strongly Disagree; and 5 = Strongly Agree (Question number 08, 12, 13 and 14) and 1 represents Highly Dissatisfied and 5 represents Highly Satisfied (Question number 10).

4.2. RELIABILITY AND VALIDITY OF RESEARCH INSTRUMENT USED FOR MEASUREMENT OF PATIENTS' SATISFACTION / DISSATISFACTION:

4.2.1 RELIABILITY:

Reliability refers to the extent to which a scale produces consistent results if repeated measurements are made on the characteristics. One of the popular approach for assessing reliability includes the Internal Consistency Reliability method which is used to assess the reliability of a summated scale where several items are summed to form a total score. The simplest measure of internal consistency is split-half-reliability. A popular approach of overcoming this problem is to use the Coefficient Alpha or Cronbach's Alpha, which is the average of all possible split – half coefficients resulting from different ways of splitting the scale items. This coefficient varies from 0 to 1, and average of 0.6 or less generally indicates unsatisfactory internal consistency reliability.

In our study, reliability tests were run to determine how strongly the attitudes were related to each other and to the composite score. All dimensions of the questionnaire related with measuring patient satisfaction were tested and the Cronbach's alpha ranged from 0.671 to 0.894 (Appendix XXIV to Appendix XXXVII) which really shows Internal reliability of the scale. The reliability of a scale as measured by coefficient alpha reflects the degree of cohesiveness among the scale items (Naresh K. Malhotra, 2007; ³³ Jum C. Nunnally, 1981, ³⁴ and Puay Cheng Lim & Nelson K. H. Tang, 2000). ²⁷

Certain abbreviations were used in following table as well as in Appendix XXIV to Appendix XXXVII namely, SD = Strongly Disagree; SA = Strongly Agree; GHs = Government Hospitals; THs = Trust hospitals; and PHs = Private Hospitals, and total number of respondents were 200, 200, and 100 for GHs, THs, and PHs respectively.

Appendix XXIV to Appendix XXXVII provides detail about item wise Mean Score for all the three types of hospitals as well as the score of Cronbach's Alpha for Group of variables against selected items used to measure patients' satisfaction / dissatisfaction. The summary of Cronbach's Alpha score for all 14 groups of criteria is given in the table number 4.3.

Table Number 4.3: Table Showing Summary of Indicators and Reliability Alpha Score

Sr. No.	Grouped Indicator Items	Cronbach Reliability Alpha Coefficient
01	Patients' Perceptions for Doctors' Performance	0.864
02	Patients' Perceptions for Paramedical Staff Performance	0.883
03	Patients' Perceptions for Administrative Staff Performance	0.894
04	Patients' Perceptions for Environment (Physical Facilities) of Hospital Staff Performance	0.695
05	Patients' Perceptions of hospital service against Tangible Criteria	0.836
06	Patients' Perceptions of hospital service against Reliability Criteria	0.714
07	Patients' Perceptions of hospital service against Responsiveness Criteria	0.839
08	Patients' Perceptions of hospital service against Assurance Criteria	0.720
09	Patients' Perceptions of hospital service against Empathy Criteria	0.779
10	Patients' Perceptions of hospital service against Dignity Criteria	0.795
11	Patients' Perceptions of hospital service against Accessibility/Affordability Criteria	0.716
12	Patients' Perceptions of hospital service against Overall Responses against Selected Criteria	0.671
13	Patients' Perceptions of hospital service against Best Thing of the Hospital against Selected criteria	0.770
14	Patients' Perceptions of hospital service against Worst Thing of the Hospital against Selected criteria	0.725

4.2.2 VALIDITY

In our empirical research study while undertaking the pilot study the structured questionnaire was given to people, who were related with medical discipline, for their valuable feedback and opinion on design of questionnaire to be used for collection of primary data on measurement of patients' satisfaction. It had total number of 14 questions (Total 110 criteria), which consists of Demographic variables (06 criteria); General variables of hospital information relating to patients' medical treatment (27 criteria grouped under Q. No. 01 to Q. No. 07); variables related to measurement of patient satisfaction (60 criteria under Q. No. 08), and overall satisfaction (17 criteria under Q.No. 09 to Q. No. 14) (Naresh K. Malhotra, 2007;³² R.D. Sharma & Hardeep Chahal, 1999;²⁵ Parasuraman et. al., 1991).³⁵

Table Number 4.4: Table Showing Comparison of Mean Scores of Extent of Patients' Satisfaction / Dissatisfaction

Patients' Satisfaction with respect to		Patients' Satisfaction with respect to		Patients' Satisfaction with respect to		Patients' Satisfaction with respect to	
Rating Scale 1 (Strongly Agree) to 5 (Strongly Disagree)							
(Q-8 -1 to 64)	Mean Score (Rank)	(Q-9 -1 to 4)	Mean Score (Rank)	(Q-12 -1 to 4)	Mean Score (Rank)	(Q-13 -1 to 4)	Mean Score (Rank)
Medical Services	4.31 (1)	Overall Satisfaction with Medical treatment	4.63 (1)	Best Service is Medical Treatment in Hospital	4.62 (1)	Worst Service is Medical Treatment in Hospital	1.38 (1)
Paramedical Services	4.03 (3)	Overall Satisfaction with Nursing Staff services	4.23 (3)	Best Service is Nursing Staff Services in Hospital	4.19 (3)	Worst Service is Nursing Staff Services in Hospital	1.78 (3)
Administrative Services	3.86 (4)	Overall Satisfaction with Administrative Staff	4.02 (4)	Best Service is Administrative Staff Services in Hospital	4.00 (4)	Worst Service is Administrative Staff Services in Hospital	1.94 (4)
Environment (Physical Facilities) of Hospital	4.21 (2)	Overall Satisfaction with Environment	4.37 (2)	Best Service is Environment in Hospital	4.33 (2)	Worst Service is Environment in Hospital	1.69 (2)
Overall Average	4.10		4.31		4.29		1.70

The researcher has measured convergent validity by comparing mean scores of scale with other measures of the same construct. It becomes clear from above given table number 4.4, that the means of same construct were measured and less variation was observed in the given question categories and average satisfaction score was found to be as similar. Majority of the respondents were found placed between Strongly Agree to Agree.

If we give rank to average score of the patients' satisfaction, it reveals the uniform preference in case of all the four categories of questions group, that is, medical services; environment (physical facilities); paramedical services; administrative services. It supports the strength of linkage between the three statements thus fulfills the condition of convergent validity.

4.3. A BRIEF ABOUT SAMPLING DECISIONS:

In view of available time and other constraints being faced by the researcher, it was decided to conduct a sample survey, to measure selected patients' overall satisfaction / dissatisfaction based on evaluation of his/her own actual experience, using structured non-disguised questionnaire which was put to use based on a pilot study conducted in the city of Baroda.

A representative sampling unit was defined as a patient who was actually hospitalized, amongst any of the Government Hospital, Trust Hospital and Private Hospital, and had availed hospital services located in the Baroda. The non-probability sampling approach was put to use based on convenience sampling method supported with Personal interviews for drawing of sampling units.

The hospitals were selected based on sources such as, Directory of Medical College of Baroda as well as available information from Baroda Municipal Corporation and also through various other sources such as Yellow Pages of the Telephone Directory, and a Guide to Medical Services in Baroda City.

4.4 DESIGNING OF STRUCTURED NON-DISGUISED QUESTIONNAIRE:

The pilot study questionnaire consisted of total 14 number of questions (Total 110 criteria), subdivided in to Demographic Variables (06 criteria); General Variables of Hospital Information in which patient had availed medical treatment (27 criteria grouped under Q. – 1 to Q. - 7); It also included variables related to measurement of patients' satisfaction / dissatisfaction (60 criteria under Q. – 8), and variables related to measurement of patients' overall satisfaction / dissatisfaction (17 criteria under Q. – 9 to Q. – 14). The pilot study questionnaires were provided to 19 persons, who were related with medical discipline, for their valuable feedback suggestions and opinion to facilitate on capability of questionnaire instrument to collection of the data and information for measuring patients' satisfaction / dissatisfaction.

The composition of such 19 persons include 02 Doctors (MBBS), 03 Doctors (MD - Medicine), 01 Doctor (MD - Anesthesia), 01 Doctor (MD - Pathology), 02 Doctors (MS - General Surgeon), 01 Doctor (MS – Orthopedic), 01 Doctor (MS – ENT), 01 Doctor (BDS), 01 Doctor (DHMS), 01 Doctor (Gynecologists), 01 Doctor (Physiotherapists), 01 Nurse (Matron), 02 Administrator of Hospital and 01 Patient}.

Based on feedback/opinion on received from the doctors and other persons, the questionnaire is rephrased few questions and an additional 04 criteria (No. 17, 28, 33, 60 under Q. – 08) and 01 question (Q. – 14) were added. So the questionnaire after pilot study (Opinion of Doctors) has 15 questions consists of total 116 criteria. The structured questionnaire was designed as given in Annexure XXII (in English language) and Annexure XXIII (in Gujarati language).

4.4.1 EXPLANATORY NOTES:

The researcher has used five scale questions (Question Nos. 07 to 08, 09, 12 and 13) to know the patients' reasons for selection of hospital as well as to measure patients' responses on their overall experiences with regard to doctors, paramedical staff, administrative staff behaviour and environment (physical facilities). The five scale response categories defined as: Least Important to Most Important which were clubbed together, as important and unimportant, to evaluate rated importance (Q. No. 07) as first three response categories: Least Important, Unimportant and somewhat important provided negative importance whereas remaining two response categories: Important and Most Important revealed positive importance of the Internet users.

It was followed consistently to measure patients' overall experiences on selected criteria by using five scales defined as: Strongly Agree to Strongly Disagree which were clubbed together, as agree and disagree, to evaluate rated importance (Q. No. 08, 12, and 13) wherein first three response categories provided Negative, and remaining two revealed response categories provided Positive responses.

Further, another five scale response category is used defined as: Highly Dissatisfied to Highly Satisfied which were clubbed together, as Satisfied and Dissatisfied, to evaluate rated importance (Q. No. 09) wherein first three response categories provided Negative, and remaining two revealed response categories provided Positive responses. Similarly the responses were combined as Important – Unimportant (Q. No. 7) or Agree – Disagree (Q. No. 08, 12 and 13) or Satisfied – Dissatisfied (Q. No. 09). The Chi-square at 5 Per cent level of Significance has been applied to test hypotheses relating to measurement of patients' overall experience with regard to services provided to medical, paramedical, and administrative staff environment (physical facilities).

4.5 CHAPTERISATION SCHEME:

The thesis consists of seven chapters as follows.

Chapter number one titled as 'Healthcare Sector of India: An Overview', consists of review of Health Care Sector of India based on several Government publications and Research Reports viz., National Health Policy, Report of the National Commission on Macroeconomics and Health, The Economic Survey, Annual Report of Health & Family Welfare, Human development in South Asia, Gujarat Human Development Report, Human Development Report, World health statistics, The World health report etc. It also incorporates the review of literature in the area of healthcare.

Chapter number two, titled as 'Marketing of Health care Services', includes review of Marketing of Healthcare facilities in India based on the brief review of role of healthcare industry and private sector in India; marketing of healthcare services; marketing of hospitals; marketing mix strategies of hospitals as well as corporate hospitals; healthcare marketing from global perspectives, and healthcare insurance in India. The chapter ends with brief discussion on future of healthcare marketing.

Chapter number three, titled as 'Review of Literature' incorporates the review of literature, in the area of Customers' satisfaction and Patients' Satisfaction, in which an attempt was made to highlight some of the related studies with respect to present study.

Chapter number four, titled as 'Research Methodology' contains the details about research methodology of the study, which includes the areas like sources of information, research instruments, sampling decision, data collection and data processing for analysis etc. It also contains a brief outline of literature on methodological issues and scale development with regard to patients' satisfaction survey.

Chapter number five, titled as 'Data Analysis and Interpretations', deals with analysis and interpretation of the collected information from selected patients.

Chapter number six, titled as 'Findings of the Research Study', presents the findings and implications of the research study based on results of the various statistical techniques and test applied to test various hypotheses of the research study.

Chapter number seven, titled as 'Conclusions' summarizes the Research Study by presenting findings, conclusions, and suggestion or recommendations of the Research Study.

Finally thesis also includes the list of selected Bibliography and Webliography, Tables, Graphs, Abbreviations, etc.

4.6 LIMITATIONS OF THE RESEARCH STUDY:

- The present study is limited to the study of measuring patients' satisfaction on the hospital services in case of selected type of the located hospitals in Baroda city only.
- The present study is restricted to patients selected as the sample for the purpose of collecting required information.
- Willingness of the hospitals to allow the researcher to meet the patients for data collection and willingness of patients for providing information has influenced the results.
- Due to constraints of time, the study could not be broad based and was confined to only Baroda city.
- The limitation of threat of the secondary data sources employed to the research project does prevail.
- The patients' responses are subject to their own personal biases, as patients have a complex set of important beliefs that cannot be captured through questionnaire or research instrument used.
- In present study, though data were collected from selected three types of hospitals (GHs, THs and PHs), the researcher has made an overall analysis based on all collected data, rather than analyzing each type of hospitals separately.
- Though, results of the study obtained from selected samples are fairly meaningful, due care should be exercised in extending its conclusions to other healthcare service providers.
- The quantitative method used is valuable in establishing relationships between variables, but is considered weak in identifying the reasons for those relationships when an attempt is made to do so.
- The generalizability of the study findings are limited by the small sample size.
- Errors due to question misinterpretation or misunderstanding or patients' inattention might or might not have affected results systematically.

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WEL COME TO THIS QUESTIONNAIRE

I am a faculty member of the Faculty of Commerce, M.S. University of Baroda, pursuing a research study on measuring Patients' Satisfaction. I will be grateful to you if you spare your valuable time and provide me your valuable views on the subject of the research study. I assure you that it is purely an academic exercise and the information supplied by you would be kept strictly confidential.

Thank you.

ABOUT YOU

Name : _____

Gender : Male Female

Your -

Personal Status : Single Married

Education : Below 10 th std. Under Graduate Graduate Post Graduate

Age : Below 30 Years 30-45 years 45-60 years Above 60 Years

Occupation : Business Service Dependents

Monthly Income : Below Rs. 8,000 Rs.8,001 to Rs.14,000

Rs. 14,001 to Rs. 20,000. Rs.20,001 to Rs. 30000

More than Rs.30,000

Date: _____

(Please put a tick (✓) as applicable to you)

[Q-1] Please state the Name of the hospital in which you underwent your last major treatment _____

[Q-2] Hospital belongs to which category?

(1) Government Hospital (2) Hospital of Trust (3) Private Hospital

(4) Any Other, (Please specify) _____

[Q-3] Period of Hospitalization: From (Date) _____ to (Date) _____ = ____ days.

{(1)Week or Less (2)1 Month or Less (3) 3 Months or less (4)More than 3 Months }

[Q-8] Please encircle ANY ONE of the following numbers given against each of the statements relating to your actual Experiences that represent your feelings about the features of your health care service organization. (***Actual Experience* = Degree of Excellence with which service is provided. 1= Strongly Disagree. 2= Disagree. 3= Somewhat Agree. 4= Agree. 5= Strongly Agree**).

Sr. no.	Health Care Service Major Variables and its Features	*Actual Experience*				
During my Hospital Stay						
(1)	On the basis of explanation given by Doctor about my treatment I felt Doctor has good Knowledge and Efficiency.	1	2	3	4	5
(2)	I felt Doctors were better in extending Cooperation to me/patients.	1	2	3	4	5
(3)	I experienced that doctors were polite in dealing with me/patients.	1	2	3	4	5
(4)	I experienced Impartial Attitude of Doctors.	1	2	3	4	5
(5)	I felt comfortable during doctors' Examination.	1	2	3	4	5
(6)	On the basis of the way he treated me/patients I found doctor was well Experienced in curing Patient.	1	2	3	4	5
(7)	I experienced thorough checkup by Doctor.	1	2	3	4	5
(8)	I experienced that doctors work according to Patient Expectation	1	2	3	4	5
(9)	I felt Doctors give Individual consideration and maintain confidentiality.	1	2	3	4	5
(10)	I felt Doctors show respect and support patients.	1	2	3	4	5
(11)	On the basis of my recovery from illness I felt Doctor makes a good diagnosis.	1	2	3	4	5
(12)	I felt Doctors prescribe good drugs.	1	2	3	4	5
(13)	For performing any test on me Doctors ask for my permission.	1	2	3	4	5
(14)	I felt Comfortable asking question to Doctors about my Treatment and Medications.	1	2	3	4	5
(15)	I felt Doctor is honest in dealing and treating me.	1	2	3	4	5
(16)	I felt sufficient good doctors remain present for providing treatment.	1	2	3	4	5
(17)	I felt doctor were easily available or remain present for providing treatment in case of emergency.	1	2	3	4	5
During my Hospital Stay						
(18)	On the basis of explanation given by Nurse about my treatment I felt Nurse had good Knowledge and Efficiency.	1	2	3	4	5
(19)	I felt Nurses were better in extending cooperation to me/ Patients.	1	2	3	4	5
(20)	I experienced that nurses show politeness in dealing with me/patients.	1	2	3	4	5
(21)	I Experienced Impartial Attitude of Nurses and ward boys.	1	2	3	4	5
(22)	On the basis of feedback provided about my health I felt Nurse maintains proper records of patients' treatment.	1	2	3	4	5
(23)	On the basis of regular response I felt that Nurses handled patient quarries properly.	1	2	3	4	5
(24)	On the basis of the way she treats me/patients I found Nurse is well Experienced in curing me/Patient.	1	2	3	4	5

(25)	I had good experience about approach of those who perform the test on me/patient.	1	2	3	4	5
(26)	I experienced that Nurses give personal attention to patients.	1	2	3	4	5
(27)	I experienced that Nurses provide prompt service.	1	2	3	4	5
(28)	I felt the Nurses and other staff responded well and remains present for providing treatment in case of emergency.	1	2	3	4	5
(29)	I experienced that Nurses explain procedure and take permission before applying any test on me.	1	2	3	4	5
(30)	I experienced that Nurses explain the rules, regulation in ward.	1	2	3	4	5
(31)	I experienced that Nurses are kind, gentle and sympathetic all the time.	1	2	3	4	5
(32)	I was given Information about how to manage my side effects of my medication.	1	2	3	4	5
(33)	I felt good for prompt services provided by sanitation staff like 'Ayas', 'Mahetarani' or Mehtar'.	1	2	3	4	5
During my Hospital Stay						
(34)	I felt less Waiting Time for Consultation & treatment.	1	2	3	4	5
(35)	I felt less Waiting Time for Tests.	1	2	3	4	5
(36)	I felt Hospital has Simple Checking Procedure.	1	2	3	4	5
(37)	I experienced Speed and ease of Admission and Discharge from hospital.	1	2	3	4	5
(38)	I found Convenient Office hours in the hospital.	1	2	3	4	5
(39)	I felt Staff gives Prompt services	1	2	3	4	5
(40)	I experienced No Overcrowding in hospital.	1	2	3	4	5
(41)	I appreciate good Grievances Handling System in hospital.	1	2	3	4	5
(42)	I felt Administrative staff welcome and implement patients' suggestion.	1	2	3	4	5
(43)	I felt Staff gives patients Personal attention.	1	2	3	4	5
(44)	I am treated with dignity and given adequate privacy during stay in hospital.	1	2	3	4	5
(45)	I felt that staff shows good concern for my Family and Visitor.	1	2	3	4	5
(46)	I experienced Simple Billing Procedure in hospital.	1	2	3	4	5
During my Hospital Stay						
(47)	I found hospital Well-equipped units.	1	2	3	4	5
(48)	I found Proper Sitting and Bedding Arrangements in hospital.	1	2	3	4	5
(49)	I felt Physical Comfort in Examination and waiting room.	1	2	3	4	5
(50)	I found sufficient Natural light or Illumination in hospital.	1	2	3	4	5
(51)	I observed sufficient number of Dust Bins and Spittoons are provided.	1	2	3	4	5
(52)	I experienced No Flies/ Mosquitoes in hospital.	1	2	3	4	5
(53)	I found adequate Parking Arrangements made by hospital.	1	2	3	4	5
(54)	I felt surroundings of Hospital were Clean.	1	2	3	4	5
(55)	I felt Pleasing and appealing room of he Hospital.	1	2	3	4	5
(56)	I felt Good food served by Hospital.	1	2	3	4	5
(57)	I found Staff neat in appearance.	1	2	3	4	5

(58)	I experienced the noise occurring inside and outside ward was kept at minimum.	1	2	3	4	5
(59)	I found the hospital ward well decorated and ventilated.	1	2	3	4	5
(60)	I felt better for music facilities provided in the morning hours for the betterment and liveliness of indoor patients or I feel such music facilities should be provided	1	2	3	4	5
(61)	I found Quick Payment arrangements made by hospital.	1	2	3	4	5
(62)	I found Costs were adequate or affordable.	1	2	3	4	5
(63)	I experienced that Drugs would be obtained easily in the hospital.	1	2	3	4	5
(64)	I found that Distance to the health centre is adequate.	1	2	3	4	5

[Q-9] Overall how satisfied you are with your hospital on following aspects? Please state your score against each of these aspects.

1=Highly Dissatisfied; 2=Disatisfied; 3=Somewhat Satisfied / Can't Say / Undecided; 4=Satisfied; 5= Highly Satisfied

Sr. no.	Reasons	Your Score				
		1	2	3	4	5
(1)	On Medical Treatment that was provided to you.	1	2	3	4	5
(2)	On Supporting Medicare services provided to you by the nursing staff.	1	2	3	4	5
(3)	On Supporting services provided to you by the administrative staff.	1	2	3	4	5
(4)	On Physical Environment or Atmospherics	1	2	3	4	5

(Please put a tick (✓) as the case may be)

[Q-10] Overall Satisfaction Experienced by you from Overall Hospital Services.

(1) Highly Dissatisfied (2) Dissatisfied (3) Somewhat Satisfied (4) Satisfied
(5) Highly Satisfied

[Q-11] Would you prefer to recommend this hospital to others in future?

(1) Definitely yes (2) Probably Yes (3) Undecided
(4) Probably No (5) Definitely No

[Q-12] I felt the **best service** of the hospital is: (Give your Score - 1= Strongly Disagree. 2= Disagree. 3= Somewhat Agree. 4= Agree. 5= Strongly Agree).

Sr.no.	Reasons	Your Score				
		1	2	3	4	5
(1)	Treatment provided to cure my illness.	1	2	3	4	5
(2)	Supporting Medicare services provided to me by the nursing staff.	1	2	3	4	5
(3)	Supporting services provided to me by the administrative staff.	1	2	3	4	5
(4)	Environment and/or facilities.	1	2	3	4	5
(5)	Any other please specify _____ _____	1	2	3	4	5

[Q-13] I felt the **worst service** of the hospital is: (Give your Score - 1= **Strongly Disagree**. 2= **Disagree**. 3= **Somewhat Agree**. 4= **Agree**. 5= **Strongly Agree**).

Sr.no.	Reasons	Your Score				
		1	2	3	4	5
(1)	Treatment provided to cure my illness.	1	2	3	4	5
(2)	Supporting Medicare services provided to me by the nursing staff.	1	2	3	4	5
(3)	Supporting services provided to me by the administrative staff.	1	2	3	4	5
(4)	Environment and/or facilities.	1	2	3	4	5
(5)	Any other please specify _____ _____	1	2	3	4	5

[Q-14] On the basis of my experience I prefer that all kinds of Medical facilities should be available in the same hospital.

- (1) Strongly Disagree (2) Disagree (3) Somewhat Agree (4) Agree
 (5) Strongly Agree

[Q-15] Please give your valuable suggestions to improve the services of this hospital.

Thank You

Questionnaire in Gujarati Language

આપશ્રી નું આપ્રસ્નાવલી માં સ્વાગત છે.

હું મ. સ. યુનીવર્સિટી ની કોમર્સ ફેકલ્ટી માં અધ્યાપક તરીકે જોડાયેલ છું. હોસ્પિટલો ધ્વારા અપાતી સેવાઓથી દરદીઓ ના સંતોષ બાબતે હું એક સંપોધનાત્મક અભ્યાસ કરી રહ્યો છું. આપના બહુમુલ્ય પ્રતીભાવ બદલ અને તે માટે ફાળવેલ સમય બદલ હું આપનો આભારી રહીશ. હું આપને ખાત્રી આપું છું કે આપે આપેલ સંપુરણ માહિતી ખાનગી રખાશે, અને આ ફક્ત શૈક્ષણિક વપરાશ માટે જ છે.

આપના વિશેની માહિતી

નામ : _____

જાતી : પૂરૂષ સ્ત્રી

આપ : કુંવારા છો પરણેલા છો

શીક્ષણ : દશ ધોરણથી ઓછું અનુસ્નાતક સ્નાતક (ગ્રેજ્યુએટ) સ્નાહોત્તર (પોસ્ટ ગ્રેજ્યુએટ)

ઉંમર : ૩૦ વરસ કરતાં ઓછી ૩૦ થી ૪૫ વરસ ૪૫ થી ૬૦ વરસ ૬૦ વરસ થી વધું

નોકરી / ધંધો : ધંધો નોકરી આજીવ

માસિક આવક : રૂ. ૮૦૦૦ કરતાં ઓછી રૂ. ૮૦૦૧ થી ૧૪૦૦૦ રૂ. ૧૪૦૦૧ થી ૨૦૦૦૦ રૂ. ૨૦૦૦૧ થી ૩૦૦૦૦
રૂ. ૩૦૦૦૧ થી વધું

તારીખ: _____ (ઉપરોક્ત માહિતીનાં માં ✓ નું નિશાન જરૂર હોય તે મુજબ લગાડો)

(નીચેની માહિતીનાં માં ✓ નું નિશાન જરૂર હોય તે મુજબ લગાડો)

[પ્ર-૧] આપે છેલ્લે (હાલમાં સારવાર ચાલતી હોય) જે હોસ્પિટલમાં સારવાર લીધી હોય તેનું નામ આપો:

[પ્ર-૨] કયા પ્રકારની તે હોસ્પિટલ હતી ?

(૧) સરકારી હોસ્પિટલ (૨) ટ્રસ્ટ ની હોસ્પિટલ (૩) ખાનસી હોસ્પિટલ

(૪) બીજી કોઈક (મહે રખાની કરીને જણાવો) _____.

[પ્ર-૩] હોસ્પિટલ માં રહ્યાની અવધી (તારીખ) _____ થી (તારીખ) _____ = _____ દિવસો.

{(૧) એક અઠવાડિયું કે તેથી ઓછું (૨) એક મહીનો કે તે થી ઓછું (૩) ત્રણ મહીનો કે તે થી ઓછું

(૪) ત્રણ મહીનો થી વધુ }

[પ્ર-૪] હોસ્પિટલ ધ્વારા આપની પાસેથી જે ચાર્જ લેવાયો તે વિષે આપ શું માનો છો?

(૧) ધણું જ વધારે (૨) વધારે (૩) વ્યાજબી (૪) ઓછું (૫) ધણું જ ઓછું

[પ્ર-૫] આપે જે વૈદ્યકીય સારવાર હોસ્પિટલમાં લીધી હોય તેનો પ્રકાર :

અનુ.નં.	વૈદ્યકીય સારવાર નો પ્રકાર	કૃપ્યા (✓) આ નીશાન મુકો.
(૧)	હૃદય ને લગતી	
(૨)	મુત્રપિંડ ને લગતી	
(૩)	આંખ, કાન, નાક ને લગતી	
(૪)	કેન્સર ને લગતી	
(૫)	હાડકા નાં દદોને લગતી શસ્ત્રક્રીયા	
(૬)	કોઈક બીજા દદોને માટે (કૃપ્યા વર્ણવો)	

[પ્ર-૬] સહાયક વૈદ્યકીય સગવડો ની લભ્યતા: [કૃપ્યા (✓) આ નીશાન મુકો.]

અનુ.નં.	વૈદ્યકીય સગવડો	હોસ્પિટલમાં જ	હોસ્પિટલમાં નહીં
(૧)	દવાઓની દુકાન		
(૨)	રોગ નિદાન માટેની લેબોરેટરી		
(૩)	બલ્ડ બેન્ક		
(૪)	ક્ષ-કીરણ લેબોરેટરી		
(૫)	સોનોગ્રાફી		
(૬)	બિજા તજજ્ઞો ની સેવાઓ		

[પ્ર-૭] આપની હોસ્પિટલની પસંદગી માટે ના કારણો બાબતે કોઈ પણ એક વિધાન સામે આપેલ અનુક્રમ નંબરની આસપાસ કુંડાળું (O) કરશો. (૧ = સૌથી ઓછું અગત્યનું; ૨ = અગત્યનું નહીં; ૩ = સાધારણ અગત્યનું; ૪ = અગત્યનું; ૫ = સૌથી વધું અગત્યનું)

અનુ.નં.	કારણો	આપનું મૂલ્યાંકન				
(૧)	મેં પોતે નિર્ણય લીધો	૧	૨	૩	૪	૫
(૨)	અમારા સગાઓએ સુચન કર્યું	૧	૨	૩	૪	૫
(૩)	અમારા મિત્રોએ સુચન કર્યું	૧	૨	૩	૪	૫
(૪)	અમારા ફ્રેન્ડી ડોક્ટરે સુચવ્યું	૧	૨	૩	૪	૫
(૫)	હોસ્પિટલ ના ભૂતકાળની સિધ્ધીઓ / ડોક્ટરોની કાર્યક્ષમ સિધ્ધીઓ ના આધારે નિર્ણય લીધો.	૧	૨	૩	૪	૫
(૬)	આ એકજ એવી હોસ્પિટલ છે કે જેમાં આ પ્રકારની વૈદ્યકીય સારવાર લભ્ય છે.	૧	૨	૩	૪	૫
(૭)	હોસ્પિટલ ની સમગ્ર પણે પ્રતિષ્ઠા.	૧	૨	૩	૪	૫
(૮)	હોસ્પિટલ નજીક સથિત છે.	૧	૨	૩	૪	૫
(૯)	હોસ્પિટલ ની સેવાઓ સરતી છે.	૧	૨	૩	૪	૫
(૧૦)	દવાઓ મેળવવાની અને રોગ નીદાન માટે ના ટેસ્ટ ની સગવડો સુલભ છે.	૧	૨	૩	૪	૫
(૧૧)	હોસ્પિટલ માં સ્વચ્છતા સારી છે.	૧	૨	૩	૪	૫

[પ્ર-૮] આપની સ્વાસ્થ્ય સારસંભાળની સેવાઓ આપતી સંસ્થા વિષે, આપના જાત અનુભવ પર આધારીત લાગણીઓ બાબતે, નિમ્નલીખીત કોઈ પણ એક વિધાન સામે આપેલ અનુક્રમ નંબર ની આસપાસ કુંડાળું (O) કરશો.

(*વાસ્તવીક અનુભવ * = ઉપલબ્ધ સેવાઓની શ્રેષ્ઠતાની માત્રા, ૧= દૃઢપણે અસહમત. ૨= અસહમત. ૩= સાધારણ પણે સહમત. ૪ =સહમત., ૫= દૃઢપણે સહમત). (ગમે તે એક આંકડા પર કુંડાળું (O) કરો.)

અનુ.નં.	સ્વાસ્થ્ય સારસંભાળ સેવા વિષેના મુખ્ય મુલ્યો અને લક્ષણો.	* વાસ્તવીક અનુભવ *				
મારા હોસ્પીટલમાં રહેણાંક દરમ્યાન						
(૧)	મારી સારવાર બાબતે ડોક્ટરે મને જે સમજણ આપી એના આધારે મને લાગ્યું કે ડોક્ટર સારું જ્ઞાન અને કાર્યક્ષમતા ધરાવે છે.	૧	૨	૩	૪	૫
(૨)	મને લાગ્યું કે ડોક્ટર મને / અન્ય દર્દીઓ ને સહકાર સારી રીતે આપતા હતા.	૧	૨	૩	૪	૫
(૩)	મને અનુભવ થયો કે ડોક્ટરો મારી / અન્ય દર્દીઓ સાથે નમ્રતા પૂર્વક વર્તતા હતા.	૧	૨	૩	૪	૫
(૪)	મને ડોક્ટરની નિશ્ચયપાતી વલણનો અનુભવ થયો.	૧	૨	૩	૪	૫
(૫)	ડોક્ટરની તપાસણી દરમ્યાન મને નિશ્ચીતતાની લાગણી થઈ	૧	૨	૩	૪	૫
(૬)	જે રીતે ડોક્ટર મને/ અન્ય દર્દીઓને સારવાર આપતા હતા એને આધારે મને ડોક્ટર દર્દીઓને સાજા કરવામાં સક્ષમ જણાયો.	૧	૨	૩	૪	૫
(૭)	મેંએવું અનુભવ્યું કે ડોક્ટર તરફથી મને સંપૂર્ણ તપાસણી અપાઈ છે.	૧	૨	૩	૪	૫
(૮)	મેંએવું અનુભવ્યું કે ડોક્ટરો દર્દીઓની આશા મુજબ કામ કરે છે.	૧	૨	૩	૪	૫
(૯)	મને લાગ્યું કે ડોક્ટરો વ્યક્તિગત ધ્યાન આપે છે.	૧	૨	૩	૪	૫
(૧૦)	મને લાગ્યું કે ડોક્ટર દર્દીઓને સહાય કરે છે તેમજ તેમનું સન્માન રાખે છે.	૧	૨	૩	૪	૫
(૧૧)	મારા સાજા થવાના આધાર મને લાગ્યું કે ડોક્ટર સારી રોગ પારખ કરે છે.	૧	૨	૩	૪	૫
(૧૨)	મને લાગ્યું કે ડોક્ટર સારી દવાઓ લખી આપે છે.	૧	૨	૩	૪	૫
(૧૩)	મારા પર કોઈ ટેસ્ટ કરતા પહેલા ડોક્ટર મારી પરવાનગી લે છે.	૧	૨	૩	૪	૫
(૧૪)	મને અપાતી સારવાર અને દવાઓ વિષે ડોક્ટરને પ્રશ્નો પુછવામાં મને સગવડની લાગણી થઈ.	૧	૨	૩	૪	૫
(૧૫)	મને લાગ્યું કે ડોક્ટર મારી સાથેના વર્તનમાં અને મારી સારવારમાં પ્રામાણીક છે.	૧	૨	૩	૪	૫
(૧૬)	મને લાગ્યું કે સારવાર માટે પુરતા સારા ડોક્ટરો હાજર હોય છે.	૧	૨	૩	૪	૫
(૧૭)	મને લાગ્યું કે કટોકટીની પરીસ્થિતિમાં સારવાર આપવા સારું ડોક્ટરો લભ્ય હતા અને આવી સારવાર માટે ખંડેપગે હાજર હતા.	૧	૨	૩	૪	૫
મારા હોસ્પીટલમાં રહેણાંક દરમ્યાન						
(૧૮)	મારી સારવાર બાબતે નર્સે મને જે સમજણ આપી એના આધારે મને લાગ્યું કે નર્સો સારું જ્ઞાન અને કાર્યક્ષમતા ધરાવે છે.	૧	૨	૩	૪	૫
(૧૯)	મને લાગ્યું કે નર્સો મને/અન્ય દર્દીઓને સહકાર સારી રીતે આપતા હતા.	૧	૨	૩	૪	૫
(૨૦)	મને અનુભવ થયો કે નર્સો મારી/અન્ય દર્દીઓ સાથે નમ્રતા પૂર્વક વર્તતા હતા.	૧	૨	૩	૪	૫
(૨૧)	મને નર્સોના/વોર્ડબોયના નિશ્ચયપાતી વલણનો અનુભવ થયો.	૧	૨	૩	૪	૫
(૨૨)	મારા સ્વાસ્થ્ય બાબતે મને જે પ્રતીમાહીતી મળી તેને આધારે મને લાગ્યું કે નર્સો દર્દીઓને મળતી સારવાર વિષે યોગ્ય નોંધ જાળવે છે.	૧	૨	૩	૪	૫
(૨૩)	તેઓના નિયમીત પ્રત્યતરના આધારે મને લાગ્યું કે નર્સો દર્દીઓના પ્રશ્નોને યોગ્ય રીતે સંભાળે છે.	૧	૨	૩	૪	૫
(૨૪)	મને/અન્ય દર્દીઓને મળેલ સારવારને આધારે મને નર્સો દર્દીઓને સાજા કરવા માટે ખુબ અનુભવી જણાઈ.	૧	૨	૩	૪	૫
(૨૫)	મને/અન્ય દર્દીઓ પર ટેસ્ટ કરતી વખતે દખાડેલ દક્ષતા વિષે મને સારો અનુભવ થયો.	૧	૨	૩	૪	૫
(૨૬)	મેં અનુભવ્યું કે નર્સો દર્દીઓને વ્યક્તિગત ધ્યાન આપે છે.	૧	૨	૩	૪	૫

(૨૭)	મેં અનુભવ્યું કેનસોં ત્વરિત સેવા આપે છે.	૧	૨	૩	૪	૫
(૨૮)	મને લાગ્યું કે કટોકટીની પરસ્થિતીમા સારવાર આપવા સારું નસોં તેમજ અન્ય સ્ટાફનો પ્રતીસાદ ઉત્તમ હતો અને તેઓ ખંડપગે હાજર હતા.	૧	૨	૩	૪	૫
(૨૯)	મેં અનુભવ્યું કે નસોં મારા પર કોઈપણ ટેસ્ટ કરતા પહેલા મને કાર્યપદ્ધતિ સમજાવી મારી પરવાનગી લેતી.	૧	૨	૩	૪	૫
(૩૦)	મેં અનુભવ્યું કે નસોં ધારાધોરણ વોર્ડમાજ સમજાવે છે.	૧	૨	૩	૪	૫
(૩૧)	મેં અનુભવ્યું કે નસોં હંમેશા માયાળુ, નમ્ર અને સહાનુભૂતપૂર્ણ વ્યવહાર કરે છે.	૧	૨	૩	૪	૫
(૩૨)	દવાઓની આડઅસરો કેવી રીતે નિયંત્રીત કરવી એ વિષે મને માહિતી આપવામાં આવી.	૧	૨	૩	૪	૫
(૩૩)	મને લાગ્યું કે સાફસફાઈ સ્ટાફ (આચા, મહેતર, મહેતરણી વગેરે) ધ્વારા સારી અને ત્વરિત સેવા અપાય છે.	૧	૨	૩	૪	૫
મારા હોસ્પિટલમાં રહેણાંક દરમ્યાન						
(૩૪)	મને અભિપ્રાય આપવામાં અને સારવારમાં ઓછી રાહ જોવી પડી એવું લાગ્યું.	૧	૨	૩	૪	૫
(૩૫)	મને ટેસ્ટ માટે ઓછી રાહ જોવી પડી એમ લાગ્યું.	૧	૨	૩	૪	૫
(૩૬)	મને લાગ્યું કે હોસ્પિટલની તપાસણી માટેની કાર્યપદ્ધતિ આસાન છે.	૧	૨	૩	૪	૫
(૩૭)	હોસ્પિટલમાં દાખલ કરવાનું અને રજા આપવાનું કામ સહેલાઈથી અને ત્વરિત રીતે કરાતું હતું એવું મેં અનુભવ્યું.	૧	૨	૩	૪	૫
(૩૮)	મને હોસ્પિટલના કાર્યાલયના કામકાજના કલાકો અનુકૂળ જણાયા.	૧	૨	૩	૪	૫
(૩૯)	મને લાગ્યું કે સ્ટાફ ત્વરિત સેવા આપે છે.	૧	૨	૩	૪	૫
(૪૦)	હોસ્પિટલમાં મને કોઈ ગીર્દાનો અનુભવ ન થયો.	૧	૨	૩	૪	૫
(૪૧)	હું હોસ્પિટલની ફરીયાદ નિવારણ પદ્ધતિની કદર કરું છું.	૧	૨	૩	૪	૫
(૪૨)	મને લાગ્યું કે વહીવટી સ્ટાફ દર્દીઓના સુચનોને આવકારે છે અને તેના પર અમલ કરે છે.	૧	૨	૩	૪	૫
(૪૩)	મને લાગ્યું કે સ્ટાફ દર્દીઓને વ્યક્તિગત ધ્યાન આપે છે.	૧	૨	૩	૪	૫
(૪૪)	મારી સાથે માનપૂર્વક વ્યવહાર કરાય છે અને મને પુરતું એકાંત મળી રહે છે.	૧	૨	૩	૪	૫
(૪૫)	મને લાગ્યું કે સ્ટાફ મારા કુટુંબ ને મુલાકાતીઓ પ્રત્યે હિતચિંતક તરીકે વર્તયા.	૧	૨	૩	૪	૫
(૪૬)	હોસ્પિટલની બિલંગ પદ્ધતિ આસાન છે એવું મેં અનુભવ્યું.	૧	૨	૩	૪	૫
મારા હોસ્પિટલમાં રહેણાંક દરમ્યાન						
(૪૭)	મેં જોયું કે હોસ્પિટલમાં સાધનસામગ્રી થી લેસ એકમો છે.	૧	૨	૩	૪	૫
(૪૮)	મેં જોયું કે હોસ્પિટલમાં ખેસવા અને સુવાની યોગ્ય વ્યવસ્થા છે.	૧	૨	૩	૪	૫
(૪૯)	પ્રતિશ્લાલય અને તપાસકક્ષમાં મને ભૌતિક સગવડોની હાજરી જણાઈ	૧	૨	૩	૪	૫
(૫૦)	હોસ્પિટલમાં મને પુરતો કુદરતી પ્રકાશ સર્વત્ર દેખાયો.	૧	૨	૩	૪	૫
(૫૧)	મારા જોવામાં પુરતી કચરાપેટીઓ અને શુક્રાનીઓ આવી.	૧	૨	૩	૪	૫
(૫૨)	મને હોસ્પિટલમાં માખી/મચ્છરનો ત્રાસ જણાયો નહીં.	૧	૨	૩	૪	૫
(૫૩)	હોસ્પિટલમાં પુરતી પાર્કિંગની વ્યવસ્થા કરી છે એવું મને જણાયું.	૧	૨	૩	૪	૫
(૫૪)	મને લાગ્યું કે હોસ્પિટલની આસપાસનો વિસ્તાર સફાઈપૂર્વક રખાય છે.	૧	૨	૩	૪	૫
(૫૫)	મને હોસ્પિટલના કક્ષો આકર્ષક અને સુખદાયી લાગ્યા.	૧	૨	૩	૪	૫
(૫૬)	હોસ્પિટલ ધ્વારા અપાતો ખોરાક સારો છે એવું મને લાગ્યું.	૧	૨	૩	૪	૫
(૫૭)	મને સ્ટાફ દેખાવમાં સાફસુથરો જણાયો.	૧	૨	૩	૪	૫
(૫૮)	મેં અનુભવ્યું કે વોર્ડમાંનો અને બહાર થતો અવાજ જેમ બને તેમ ઓછો રહે તેની તકેદારી રખાતી હતી.	૧	૨	૩	૪	૫
(૫૯)	હોસ્પિટલના વોર્ડ સારા હવા ઉજાસવાળા અને સુશોભીત જણાયા.	૧	૨	૩	૪	૫
(૬૦)	હોસ્પિટલમાં રહેરણાંક દરમિયાન દર્દીઓના સ્વાસ્થ્ય વર્ધન માટે અને મનસુખાકારી માટે સંગીતની સગવડો હોવી જોઈએ એવું મને લાગે છે.	૧	૨	૩	૪	૫
(૬૧)	નાણા ભરવા માટેની વ્યવસ્થા મને ત્વરિત જણાઈ.	૧	૨	૩	૪	૫

(૬૨)	ચાર્જીસ પુરતા અને પોષાય તેવા જણાયા.	૧	૨	૩	૪	૫
(૬૩)	મેં અનુભવ્યું કે હોસ્પિટલમાં દવાઓ સહેલાઈથી મેળવી શકાય છે.	૧	૨	૩	૪	૫
(૬૪)	મેં અનુભવ્યું કે આરોગ્ય કેન્દ્ર સુધીનું અંતર સામાન્ય છે.	૧	૨	૩	૪	૫

[પ્ર-૯] સમગ્ર રીતે આપ હોસ્પિટલ સાથે કેટલા સંતુષ્ટ છો તે નિમ્નલિખિત મુદ્દાઓની સામે આપનું મુલ્યાંકન કરીને જણાવો. (૧=ખૂબજ અસંતુષ્ટ ૨=અસંતુષ્ટ ૩= સાધારણ સંતુષ્ટ ૪ =સંતુષ્ટ ,૫= ખૂબજ સંતુષ્ટ).
(ગમે તે એક આંકડા પર કુંડાળું (O) કરો.)

અનુ.નં.	કારણો	આપનું મુલ્યાંકન				
(૧)	તમને વૈદ્યકીય સારવાર મળી તે બાબતે.	૧	૨	૩	૪	૫
(૨)	તમને જે સહાયક વૈદ્યકીય સેવાઓ નર્સો તરફથી મળી તે બાબતે.	૧	૨	૩	૪	૫
(૩)	તમને જે સહાયક સેવાઓ વહીવટી સ્ટાફ તરફથી મળી તે બાબતે.	૧	૨	૩	૪	૫
(૪)	ભૌતિક વાતાવરણ અને પરિસ્થિતી બાબતે.	૧	૨	૩	૪	૫

[કૃપ્યા (✓) આ નીશાન મુકો.]

[પ્ર-૧૦] આપે હોસ્પિટલ વિષે અનુભવેલ સમગ્ર સંતુષ્ટી

(૧) ખૂબજ અસંતુષ્ટ (૨) અસંતુષ્ટ (૩) સાધારણ સંતુષ્ટ (૪) સંતુષ્ટ (૫) ખૂબજ સંતુષ્ટ

[પ્ર-૧૧] શું તમે આ હોસ્પિટલ વિષે અન્યને ભવિષ્યમાં ભલામણ કરશો?

(૧) ચોક્કસ (૨) કદાચ (૩) અનિર્ણીત (૪) કદાચ નહીં (૫) ચોક્કસ નહીં

[પ્ર-૧૨] આ હોસ્પિટલ વિષે મને જે સૌથીએષ્ઠ લાગણી થઈ તે જણાવો.

(૧= દૃઢપણે અસહમત, ૨=અસહમત, ૩= સાધારણ પણે સહમત, ૪ = સહમત. , ૫= દૃઢપણે સહમત).

(ગમે તે એક આંકડા પર કુંડાળું (O) કરો.)

અનુ.નં.	કારણો	આપનું મુલ્યાંકન				
(૧)	મારી માંદગી મટાડવા માટેની સારવાર	૧	૨	૩	૪	૫
(૨)	નર્સીંગ સ્ટાફ દ્વારા મને અપાવેલ સહાયક સ્વાસ્થ્ય સેવાઓ	૧	૨	૩	૪	૫
(૩)	વહીવટી સ્ટાફ દ્વારા મને અપાવેલ સહાયક સેવાઓ	૧	૨	૩	૪	૫
(૪)	ભૌતિક વાતાવરણ અને/અથવા સગવડો	૧	૨	૩	૪	૫
(૫)	બીજા કોઈ (કૃપ્યા વર્ણવો.) _____ _____	૧	૨	૩	૪	૫

[પ્ર-૧૩] આ હોસ્પિટલ વિષે મને જે સૌથી હિન લાગણી થઈ તે જણાવો.

(૧= દૃઢપણે અસહમત, ૨= અસહમત, ૩= સાધારણ પણે સહમત, ૪ =સહમત., ૫= દૃઢપણસહમત).
(ગમે તે એક આંકડા પર કુંડાળું (O) કરો.)

અનુ.નં.	કારણો	આપનું મુલ્યાંકન				
		૧	૨	૩	૪	૫
(૧)	મારી માંદગી મટાડવા માટેની સારવાર	૧	૨	૩	૪	૫
(૨)	નર્સીંગ સ્ટાફ ધ્વારા મને અપાયેલ સહાયક સ્વાસ્થ્ય સેવાઓ	૧	૨	૩	૪	૫
(૩)	વહીવટી સ્ટાફ ધ્વારા મને અપાયેલ સહાયક સેવાઓ	૧	૨	૩	૪	૫
(૪)	ભૌતિક વાતાવરણ અને/અથવા સગવડો	૧	૨	૩	૪	૫
(૫)	બીજા કોઈ (કૃપયા વર્ણવો.) _____ _____	૧	૨	૩	૪	૫

[પ્ર-૧૪] મારા અનુભવને આધારે મારી પસંદ એ છે કે એકજ હોસ્પિટલમાં બધાજ પ્રકારની વૈદ્યકીય અને સંલગ્ન સગવડો હોવી જોઈએ.

(૧) દૃઢપણે અસહમત, (૨) અસહમત, (૩) સાધારણ પણે સહમત, (૪) સહમત
(૫) દૃઢપણ સહમત.

[પ્ર-૧૫] કૃપયા આ હોસ્પિટલના તંત્રને સુધારવા આપના બહુમૂલ્ય સૂચનો આપો.

આભાર