Monthly Multidisciplinary Research Journal

Review Of Research Journal

Chief Editors

Ashok Yakkaldevi
 A R Burla College, India

Flávio de São Pedro Filho
Federal University of Rondonia, Brazil

Ecaterina Patrascu
Spiru Haret University, Bucharest

Kamani Perera
Regional Centre For Strategic Studies,
Sri Lanka

ORIGINAL ARTICLE

PATIENT SATISFACTION LEVELS AND THEIR DETERMINANTS: A STUDY OF PATIENTS AVAILING CARE FROM PRIVATE SECONDARY CARE PROVIDERS IN DAVANGERE, A TIER II CITY IN KARNATAKA.

NAVIN NAGARAJ , SADANANDA HALAGERI AND V. MOHANA SUNDARAM

Lecturer,   Bapuji Academy of Management and Research Lakeview Campus, Davangere.
Professor , MBA Programme Bapuji Institute Of Engineering and Technology Davangere.
 Professor and HOD , Vivekanandha Institute of Engg & Tech for Women , Tiruchengode.

Abstract:

Improvement of quality in healthcare services has attained the status of a universal goal. Quality improvement directly hinges on the satisfaction levels derived by the patients availing the services. While patient satisfaction has been a richly researched domain internationally, the focus of research in India has been more intense on public sector care providers.

The present study is an attempt to chronicle the levels of perceived satisfaction among the patients that have availed secondary care from private sector nursing homes in Davangere, a tier II city, which is centrally located in the state of Karnataka, India.

The objectives of the study were: to measure the levels of perceived satisfaction among the patients that had availed secondary care from private sector healthcare providers; to break-down the overall satisfaction into doctor related, support-structure related and support-staff related elements; and to investigate into possible relationships between variables like age, education and income and the reported levels of perceived satisfaction.

Perceived levels overall satisfaction was moderately high at about 72.54 percent. The Doctor-centric variables reported a higher level of satisfaction; the support-structure related variables were moderately satisfactory while those reflecting on the support-staff reported the lowest levels of satisfaction. The other important findings were that: the lower and upper age categories reported lower levels of satisfaction as compared to the intermediate age groups; satisfaction levels across different education categories was statistically similar; and middle income groups reported higher levels of satisfaction.

KEYWORDS:

Patient satisfaction; Secondary healthcare; private, for-profit hospitals.

INTRODUCTION

The need to improve the overall quality of healthcare is a universally accepted goal. Any meaningful improvement in this direction obviously depends on a general enhancement of the quality of the healthcare systems. With this end, a lot of research has taken place to find ways and means to improve the

quality of healthcare systems and consequently the quality of the healthcare. Internationally, the quality of healthcare industry has been very intensely researched into.[1] One of the most commonly employed outcome measure to judge the quality of healthcare systems has been patient satisfaction. It is important to note that critical components of patients' behaviours like: their preparedness to utilize the healthcare services in the future; adherence to the prescribed treatment plans; their perceptions about well-being; their propensity to recommend the particular healthcare facilities to other persons within the realms of their influence, etc, all depend upon the levels of satisfaction they derive from their hospitalization and treatment experiences. In the recent past, an important change has taken place regarding doctor-patient relationships, and this has lead to a state where satisfaction derived by the patients with the achieved outcome has become a highly important element in judging the efficacy of the healthcare systems.[2]

Notwithstanding the recent intensification of focus on the importance of measuring patient satisfaction to found the efforts at improving the quality of healthcare systems on such findings, the research efforts in India have been perfunctory. There appears to be a predominant research focus on outpatients and very few studies have been carried out covering 'in-patients'.[3] The research covering the private sector healthcare providers has been very limited, though they have been providing healthcare services in much higher magnitude, as compared to the public sector healthcare providers.[4]

Patient satisfaction is multifaceted and possibly is multilayered.[5] Access, attitudes, interpersonal communication, clinical thoroughness, availability and efficacy of support facilities, cost are only some of the major determinants of the quality of care. There is a strong need to evaluate these aspects with a view to improve the quality of the healthcare industry. The need for quality in private sector healthcare facilities is even more important in the light of the fact that the relative costs that the patients will incur are much higher in comparison to the public sector facilities.

NEED FOR THE STUDY

The Indian healthcare industry is a veritable study in contrasts. There are islands of high-quality healthcare facilities that offer world-class services that are highly cost-efficient, as viewed from a global standpoint. At the lower levels, supply is extremely short of the demand. The public sector healthcare providers suffer from major systemic difficulties like the crippling paucity of funds, lack of trained human resources, lackadaisical cultural milieu, etc. The private sector has come to occupy the vast space created for it by the inability of the public sector to provide better quality healthcare. In fact, the private sector healthcare providers have become so dominant that the public sector providers have been relegated into a distant second position. Some estimates put the magnitude of the healthcare services provided by the private sector in India at as high as three-quarters of all the services.[4]

MATERIALS AND METHODS

Study Design:

The specific design employed for the purposes of the present study is cross-sectional in nature. The purpose of the study is to descriptively chronicle the extant level of satisfaction among the patients that have availed secondary healthcare from the private sector nursing homes in the study area.

Population Frame and Response Unit:

In-patients receiving secondary healthcare from private sector healthcare providers in the city of Davangere – a city well-known for offering a range of healthcare services in the state of Karnataka, India -, in a variety of areas like Orthopaedics, Obstetrics & Gynaecology , Paediatrics and General surgery were the population frame for the study. The response unit was composite, including the patient herself and the person tending to her in the nursing homes during the period of stay for treatment as in-patient. The purpose of employing the composite response unit involving the patient and the attendant was because of the reasons that the patient alone may not be fully experiencing the different elements relating to the quality of healthcare. Many a times, the attendant relative would be a better judge of the relevant experiences.

Sampling issues:

A sample of 317 patients who received healthcare services during the period of October 2013-December 2013 was chosen from 5 private nursing homes, offering secondary healthcare services in the city of Davangere. The sample size was determined using the statistically suitable formula which is

extensively used in studies of the present nature, viz. n=Z2 pq/d2. The relevant input values were: Z = 1.96 for 95% confidence level and 'p' was taken at a calibrated value of 0.75, while some of the similar studies have found much higher levels of satisfaction of 90 percent plus for private sector hospitals, others have reported values close to 75%.[6] The resultant formulaic value was adjusted upwards by 10%, which resulted in the final sample value of 317. The respondents were selected by using a two-stage random sampling technique: in the first stage, 5 hospitals were picked out of 32 operating in Davangere city and then the individual patients were selected randomly with quotas for each of the hospitals assigned based on the total number of patients served by each of the hospital during the previous year.

The necessary data from the respondents was gathered using a pre-tested questionnaire. Data was collected within a week of the patient having been discharged from the healthcare facility. The researcher administered the questionnaire on a personalised basis. Wherever a necessity was felt, the investigator explained and guided the respondents on aspects where there was a felt need for help on the part of the respondents to enable them to provide the relevant information.

RESULTS AND DISCUSSION

Complexion of the respondents: 169 out of the 317 respondents were male, accounting for 53.31% while the rest of 148 were female. With regards to age grouping, 61 (19.24%) belonged to the youngest grouping of less than 16 years; 50 (15.77%) were in the 16 to 29 years grouping; 57 (17.98%) were in the 30 to 44 years category; 45 to 59 years' class had 71(22.40%) respondents while the oldest age group of above 60 years had a relatively higher concentration of 78 (24.61%).

Educationally, 28 (8.83%) respondents had no formal education while 122 (38.49%) were accounted for by the two categories of moderately educated class covering "up to secondary" and "up to graduation" groupings. 124 (39.12%) belonged to the "Graduation" category and the rest of 43 (13.56%) were post-graduates. As regards to monthly household income, the lowest category of less than ⬜ 20,000 accounted for 57 (17.98%); 113 (35.65%) were found in the category of between ⬜ 20,001 to ⬜ 50,000; 105(33.12%) belonged to the category of ⬜ 50,0001 to ⬜ 1,00,000 while the rest of 42 belonged to the highest income grouping of more than ⬜ 1,00,000 per month household income.

Table – 1			
Socio-economic-demographic Composition of the Respondents			
Major Factors	Sub-Categories	Number	Percentage
SEX	Male	169	53.31%
	Female	148	46.69%
AGE GROUP	Less than 16 years	61	19.24%
	16 to 29 years	50	15.77%
	30 to 44 years	57	17.98%
	45 to 59 years	71	22.40%
	60 years and above	78	24.61%

	No Formal Education	28	8.83%
	Up to Secondary	60	18.93%
EDUCATION LEVEL	Up to Graduation	62	19.56%
	Graduation	124	39.12%
	Post-Graduation	43	13.56%
	Below ☐ 20,000	57	17.98%
HOUSEHOLD	☐ 20,0001 to ☐50,000	113	35.65%
INCOME	☐ 50,0001 to ☐ 1,00,000	105	33.12%
	Above ☐ 1,00,000	42	13.25%

Patient Satisfaction Measures

Albeit the clinical measures form the core of patient satisfaction, other measures like quality of care and services received and experienced by the patient are substantive measures that influence the overall satisfaction.[7] In view of this fact, a judicious mix of clinical measures, support measures and behaviours was chosen to measure the overall satisfaction derived by the patients during their stay as inpatients in the hospitals under study. The specific elements employed are listed below:

1.Observed Clinical outcomes after the completion of treatment (Clinical outcomes);
2.Doctors' demeanour, interpersonal communication and furnishing relevant information about the illness to the patient (Doctor's interaction);
3.Thoroughness of the diagnostic process employed (Diagnostic thoroughness);
4.Laboratory, intensive care, pharmacy and other support facilities (Lab and other facilities);
5.Attitude and professionalism of support staff (Attitude of support staff);
6.Maintenance of hygiene in the wards (Maintenance of Hygiene);
7.The degree of Coordination with which the various personnel worked as a team (Coordinated team tasking);
8.Prognostic regime thoroughness and explanation provided thereon (Prognostic Guidance); and,
9.Reasonableness of the costs charged for various services (Reasonableness of cost).

A standardised five point Likert scale was adopted for measuring the relative strength of the perceptions about satisfaction with the rating of one assigned to the weakest level of perceived satisfaction and five assigned to the strongest level of satisfaction. Appropriate measures like mean, standard deviation, standard error, and confidence intervals were computed using the MS-Excel application. The results have been arranged in a descending order of mean value scores of the elements that were employed to measure the satisfaction levels. The summarised results in terms of mean values of satisfaction, standard deviation, and confidence intervals at 95% level of confidence are presented in Table-2.

Table – 2: List of Satisfaction Elements Ranked by Mean Scores

Elements Measured	Mean	S. E.	S. D.	CI Lower	CI Upper	Percentage
Clinical Outcomes	3.972	0.045	0.793	3.884	4.059	79.43%
Doctors' Interaction	3.968	0.051	0.910	3.868	4.069	79.37%
Diagnostic Thoroughness	3.874	0.051	0.912	3.773	3.974	77.48%
Maintenance of Hygiene	3.754	0.043	0.761	3.670	3.838	75.08%
Prognostic Guidance	3.599	0.046	0.823	3.509	3.690	71.99%
Lab & other facilities	3.555	0.043	0.772	3.470	3.640	71.10%
Coordinated Team tasking	3.495	0.049	0.870	3.399	3.591	69.91%
Reasonableness of Cost	3.489	0.058	1.024	3.376	3.602	69.78%
Attitude of Support staff	2.934	0.043	0.758	2.850	3.017	58.68%

Satisfaction level was highest for 'Clinical outcomes' which received a mean score of 3.972 (CI 3.884-4.059). 'Doctors' interaction and interpersonal skills' with a mean score of 3.968 (CI 3.868-4.069), was a close second. 'Diagnostic thoroughness' was ranked third with a mean score of 3.874 (CI. 3.773-3.974). 'Maintenance of Hygiene' and 'Prognostic Guidance' were the next two elements that achieved mean scores of 3.754 (CI. 3.670-3.838) and 3.599 (CI. 3.509-3.690).

Availability and efficacy of 'Lab & other facilities' stood at the sixth position with a mean score of 3.555 (CI. 3.470-3.640). 'Coordinated team' at play in healthcare facilities studied received a score of 3.495 (CI. 3.399-3.591). 'Reasonableness of cost' was the second worst performing element with a score of 3.489 (CI. 3.376-3.602). The worst performing dimension was the 'Attitude of Support staff' which received the lowest score of 2.934 (CI. 2.850-3.0`7). The mean scores received by the various elements investigated into translated into percentage equivalents are presented in the last column of table-2. It may be observed that the highest rating in percentage terms stood at 79.43 percent while the lowest satisfaction score in terms of percentage was placed at 58.68 percent. The overall satisfaction score was at 3.782 in terms of scale value. This translates into a percentage score of 75.64 percent.

The results reported here are largely in line with those reported by Sharma et al[6], but superior as compared to those reported by Sarkar and Chatterjee [5]. However, the results found by Pushp Lata et al [8] were much superior at about 97 percent for inpatients.

Relationship between Overall Perceived Satisfaction and key Socioeconomic-Demographic factors:

The more important dimension of the present study was its attempt to explore the possible relationships between major socioeconomic-demographic factors and the levels of perceived satisfaction reported by the respondents. For measuring the possible relationship, one-way Anova tests were conducted using the SPSS platform with overall level of reported perceived satisfaction as the dependent variable and age, education and household income levels as categorical independent variables. 'The overall level of perceived satisfaction', for the purposes of this analysis was calculated as the arithmetic mean value of the nine elemental levels of satisfaction measures. Age, Education and Income levels were the three independent socioeconomic/demographic variables that were investigated into, for determining their possible influences on the levels of derived satisfaction. The ensuing paragraphs present the details of the Anova tests that were conducted on the SPSS platform and the results thereof.

Relationship between Age and Perceived overall satisfaction:

Among the five age groups that were developed for the purposes of the study: a) less than 16 years; b) 16 to 29 years; c) 30 to 44 years; d) 45 to 59 years; and e) Above 60 years, the highest level of satisfaction was reported by the age-group of 30-44 years with the mean score of 3.99. It was moderate for the groups 16-29 years (mean score 3.8690) and 45-59 years (mean score 3.8733). Lowest level of perceived overall satisfaction was reported by the youngest age group of below 16 years (mean score 3.6267), followed by the oldest age group of more than 60 years (mean score 3.6854).

Table – 3: Descriptives

OVERALL SATISFACTION

AGE GROUPS	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
LESS THAN 16	75	3.627	0.47344	0.0547	3.5177	3.7356
16 TO 29	58	3.869	0.35054	0.0460	3.7768	3.9611
30 TO 44	42	3.995	0.40119	0.0619	3.8702	4.1203
45 TO 59	60	3.873	0.33541	0.0433	3.7867	3.9600
60 AND ABOVE	82	3.685	0.40979	0.0453	3.5953	3.7754
Total	317	3.782	0.42042	0.0236	3.7352	3.8282

The Anova test results with post-hoc analysis of all possible group comparisons bring the contrast between the different age groups quite lucidly. The results show that the youngest and the oldest age groups were quite similar to each other regarding their perceptions about derived satisfaction the 'p' value between these two groups was 0.891; at 5% significance level, this proves that these two groups have strong similarities. Similarly the two groups of 16 to 29 years and 45 to 59 years were strongly similar to each other about perceived levels of overall satisfaction; the 'p' value was at its highest of 1.000 between these two groups suggesting that the null hypothesis that 'the mean values of overall satisfaction between age groups 16 to 29 years and 45 to 59 years were not different' is accepted.

Table – 4: Multiple Comparisons

OVERALL SATISFACTION
Tukey HSD

(I) AGE GROUP	(J) AGE GROUP	Mean Difference (I-J)	Std. Error	Sig.
LESS THAN 16	16 TO 29 YEARS	-.24230[*]	0.0703	0.006
LESS THAN 17	30 TO 44 YEARS	-.36857[*]	0.07748	0.000
LESS THAN 18	45 TO 59 YEARS	-.24667[*]	0.06963	0.004
LESS THAN 19	60 YEARS AND ABOVE	-0.0587	0.06424	0.891
16 TO 29	30 TO 44 YEARS	-0.1263	0.08146	0.531
16 TO 29	45 TO 59 YEARS	-0.0044	0.07403	1.000
16 TO 29	60 YEARS AND ABOVE	0.1836	0.06898	0.062
30 TO 44	45 TO 59 YEARS	0.1219	0.08088	0.559
30 TO 44	60 YEARS AND ABOVE	.30987[*]	0.07629	0.001
45 TO 59	60 YEARS AND ABOVE	.18797[*]	0.0683	0.049

*. The mean difference is significant at the 0.05 level.

Other notable observations from the results are that the less than 16 years group as well as above 60 years group had 'p' values of less than 0.05 when pitted against the three intermediate age groups. This implies that the mean values of overall satisfaction of these two groups were significantly different, thus rejecting the null hypothesis of equality of means between these paired groups. The results are lucidly brought out by the plot of mean scores presented in the form of Graph – 1.

Graph – 1:
Plot of Mean Scores of Overall Satisfaction by Age Groups
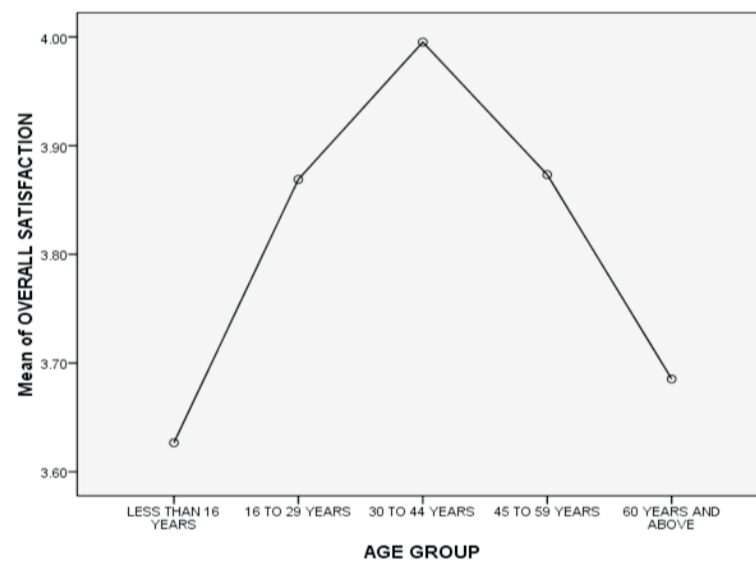
Relationship between level of Education and Perceived overall satisfaction:

The second relationship that the study investigated was between level of education of the respondents and the perceived overall satisfaction. The results are presented in the table below. It might be seen that there is an optical relationship between level of education and overall satisfaction. The highest level of satisfaction was observed among the respondents belonging to the first group of 'no formal education' respondents with a mean score of 3.924 (CI. 3.760-4.088). The next three groups of level of education reported almost equal levels of perceived overall satisfaction with mean scores of 3.896 (CI. 3.806-3.895); 3.823 (CI. 3.732-3.914); and 3.817 (CI. 3.738-3.896). The category of respondents with highest level of education reported the lowest level of perceived overall satisfaction with a mean score of 3.750 (CI. 3.615-3.885).

However, one-way Anova test revealed that the 'p' value was at its lowest of 0.341 (between the contrast of up to secondary education and post graduation and others) and it's highest of 1.000 between up to graduation and graduation. Hence the null hypothesis that the mean values of overall satisfaction did not differ significantly was accepted for each possible pairs of the age categories. Hence, we could infer that education level and perceived overall satisfaction are independent.

Table – 5: Descriptives						
OVERALL SATISFACTION						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
NO FORMAL EDUCATION	21	3.924	0.360	0.079	3.760	4.088
UP TO SECONDARY	67	3.896	0.366	0.045	3.806	3.985
UP TO GRADUATION	69	3.823	0.378	0.046	3.732	3.914
GRADUATION	116	3.817	0.428	0.040	3.738	3.896
POST-GRADUATION AND OTHERS	44	3.750	0.444	0.067	3.615	3.885
Total	317	3.833	0.404	0.023	3.788	3.877

Relationship between Household Income and Perceived overall satisfaction:

The study made a further attempt to explore the relationship between household income and the perceived level of satisfaction. Four categories of income were considered as shown in table 1. The lowest category included less than □20,000 while the highest covered more than □1,00,000 per month. The two intermediate categories ranged from □20,001 to □50,000 and from □50,001 to □1,00,000. A one-way Anova test was carried out using the SPSS platform to test the null hypothesis that the means of the overall satisfaction reported by the different income categories do not significantly differ from each other.

Table – 6: Descriptives						
OVERALL SATISFACTION						
INCOME CATEGORIES	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
LESS THAN RS. 20,000	43	3.753	0.390	0.059	3.633	3.874
RS. 20,001 TO RS. 50,000	114	3.767	0.430	0.040	3.687	3.846
RS.50,001 TO RS. 100,000	106	4.074	0.285	0.028	4.019	4.128
MORE THAN RS. 100,000	54	3.785	0.434	0.059	3.667	3.904
Total	317	3.871	0.407	0.023	3.826	3.916

It may be clearly seen from the multiple comparisons reported in table – 6. Out of all possible paired comparisons, all of those pairings in which the income group of between ⬜ 50,001 to ⬜ 1,00,000 is present, the mean differences are significant. The 'p' values are 0.000 in each of these pairings, implying that the mean value of this particular income group is significantly different from each of the other three groups.

Table – 7: Multiple Comparisons				
OVERALL SATISFACTION				
Tamhane				
(I) HOUSEHOLD INCOME	(J) HOUSEHOLD INCOME	Mean Difference (I-J)	Std. Error	Sig.
LESS THAN RS. 20,000	RS. 20,001 TO RS. 50,000	-0.01318	0.07181	1.000
LESS THAN RS. 20,000	RS.50,001 TO RS. 100,000	-.32010[*]	0.06558	0.000
LESS THAN RS. 20,000	MORE THAN RS. 100,000	-0.0317	0.08382	0.999
RS. 20,001 TO RS. 50,000	RS.50,001 TO RS. 100,000	-.30692[*]	0.04883	0.000
RS. 20,001 TO RS. 50,000	MORE THAN RS. 100,000	-0.01852	0.07149	1.000
RS.50,001 TO RS. 100,000	MORE THAN RS. 100,000	.28840[*]	0.06522	0.000
*. The mean difference is significant at the 0.05 level.				

CONCLUSIONS:

As regards to the levels of perceived satisfaction reported by the respondents, the overall results

were satisfactory with 72.54 percent. The elements of satisfaction associated with the Doctors were at higher levels of 78.76 percent, which was significantly higher as compared to the elements reflecting on the support structures and support staff. The lowest level of satisfaction was reported on elements pertaining to the support staff, both with regards to their attitudes and demeanors as well as their propensity to act in accordance with the instructions of the doctors. The scores relating to support structures like lab, pharmacy, ICU, hygiene etc were moderately ranked. The most important area that calls for attention is relating to the attitude and professionalism of the support staff. This might be explained in terms of the lack of availability of well-trained staff as well as higher levels of attrition. This might also be a reflection on the human resources management capability of the managements of the hospitals under study.

With regards to the relationship between the socioeconomic/demographic variables and the levels of perceived satisfaction, it was observed that the youngest and the oldest age categories reported significantly lower levels of satisfaction. An obvious explanation could be that the levels of expectation among the patients belonging to these categories would be naturally high, causing the perceived levels of derived satisfaction to be comparatively low. Education did not appear to have a strong influence on the levels of perceived satisfaction. Thought there was an optical difference between the least educated – who reported higher mean values of satisfaction - , and the most educated – where the mean values of perceived satisfaction were lower -, statistically the differences were insignificant. In relation to income, the middle income category of between 50,001 and 1,00,000 reported significantly higher levels of perceived satisfaction while the lower and the upper segments reported lower levels of satisfaction which were statistically significant. A plausible explanation could be that the lower income categories were weighed down by the lower levels of satisfaction with regard to the higher costs while the upper segments expected much superior levels of facilities. The healthcare providers that formed the basis for the present study were more suitable for the middle-income group.

END NOTES:

[1] Lochman E. John, "Factors related to Patients' Satisfaction with their Medical Care", Journal of Community Health, Vol.9, No.2, winter 1983.
[2] Lipkin M Jr, Putnam SM, Lazare A, editors. The Medical Interview: Clinical Care, Education, and Research. New York, NY: Spinger-Verlag; 1995.
[3] Sodani PR, Kumar KR, Srivastava J, Sharma L. "Measuring patient satisfaction: A case study to improve quality of care at public health facilities". Indian Journal of Community Medicine, 2010; 35(1): 52-56.
[4] Kumar S, Haque A, Tehrani HY. "High Satisfaction rating by users of private-for-profit healthcare providers-evidence from a cross-sectional survey among inpatients of a private tertiary level hospital of north India", North American J Med Sci, 2012; 4: 405-10.
[5] Sarkar J, Chatterjee B. An experience of health services provided by a peripheral government teaching hospital in India: Patients' perspective, Indian J Med Sci 2011; 65: 321-30.

[6] Sharma Raman, Sharma Minakshi and Sharma R.K. The Patient Satisfaction study in a multispecialty tertiary level hospital PGIEMR, India, Emerald 24, 2011.
[7] Kumari R et al, Study on Patient satisfaction in the government allopathic health facilities of Lucknow District, India. Indian J of Community Med 2009; 34: 35-42.
[8] Lata, Pushp, Ingle, G.K, and Singh, Saudan, Perceptions of Users about Healthcare Services in a General and Superspecialty Hospital of Delhi, National Institute of Health and Family Welfare, 1999, New Delhi.

REFERENCES

1.I.Nageswara Rao. "A Study on In-Patient Satisfaction of Private Health Care Service Providers" Research Journal Of Social Science and Management.
2.Kumari R et al, Study on Patient satisfaction in the government allopathic health facilities of Lucknow District, India. Indian J of Community Med 2009; 34: 35-42.
3.   Kumar S, Haque A, Tehrani HY. "High Satisfaction rating by users of private-for-profit healthcare providrs-evidence from a cross-sectional survey among inpatients of a private tertiary level hospital of north India", North American J Med Sci, 2012; 4: 405-10.
4.] Lata, Pushp, Ingle, G.K, and Singh, Saudan, Perceptions of Users about Healthcare Services in a General and Superspecialty Hospital of Delhi, National Institute of Health and Family Welfare, 1999, New Delhi.

5.Lipkin M Jr, Putnam SM, Lazare A, editors. The Medical Interview: Clinical Care, Education, and Research. New York, NY: Spinger-Verlag; 1995.

6.Lochman E. John, "Factors related to Patients' Satisfaction with their Medical Care", Journal of Community Health, Vol.9, No.2, winter 1983.

7.Maddali Arvind,Pallutla Nagamani "A study On Customer (Patient's) Satisfaction On Medical Hospitals in Guntur "Arth Prabhand: A Journal of Economics and Management ,Vol.2,August 2013.

8.] Sarkar J, Chatterjee B. An experience of health services provided by a peripheral government teaching hospital in India: Patients' perspective, Indian J Med Sci 2011; 65: 321-30.

9.Shergill Sarabjit Singh , Lal Roshan "Customer Perception Towards Private Nursing Homes: A Study Of Punjab and Haryana".International Journal Of Marketing,Financial Services and Mangement Research,Vol.1No.1,January 2012.

10.Sharma Raman, Sharma Minakshi and Sharma R.K. The Patient Satisfaction study in a multispecialty tertiary level hospital PGIEMR, India, Emerald 24, 2011.

11.S.Sharmila,Jayasree Krishnan. "Measuring the inpatients satisfaction of Service Quality Dimensions with Reference to Physical aspects and affordability in Chennai Hospitals". Indian journal of Applied Research,Vol.3 July 2013.

12.Sodani PR, Kumar KR, Srivastava J, Sharma L. "Measuring patient satisfaction: A case study to improve quality of care at public health facilities". Indian Journal of Community Medicine, 2010; 35(1): 52-56.

NAVIN NAGARAJ
Lecturer,   Bapuji Academy of Management and Research Lakeview Campus, Davangere.

Publish Research Article
International Level Multidisciplinary Research Journal
For All Subjects

Dear Sir/Mam,
        We invite unpublished research paper.Summary of Research Project,Theses,Books and Books Review of publication,you will be pleased to know that our journals are

Associated and Indexed,India

* International Scientific Journal Consortium Scientific
* OPEN J-GATE

Associated and Indexed,USA

* DOAJ
* EBSCO
* Crossref DOI
* Index Copernicus
* Publication Index
* Academic Journal Database
* Contemporary Research Index
* Academic Paper Databse
* Digital Journals Database
* Current Index to Scholarly Journals
* Elite Scientific Journal Archive
* Directory Of Academic Resources
* Scholar Journal Index
* Recent Science Index
* Scientific Resources Database