"An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects"

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DECLARATION

I, Shalini Chittora, a research scholar of Doctor of Philosophy-Management, University of Kota declare that Title **"An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects" prepared and submitted here is my original research work which has been carried out in last two years 19-8-2013 to 30-4-2016.**

Under the guidance of **Dr. Nand Singh Naruka Ex. Head of the Management, Accounting and Finance Department Government College, Bundi. Now Hon'ble Member Rajasthan Subordinate and Ministerial Services Selection Board, Jaipur.**

Further, declare that the report of this research work has not been earlier submitted.

Elsewhere to any other university/ institute/ research body for award of any degree or diploma.

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CERTIFICATE

This is to certify that SHALINI CHITTORA worked on the thesis titled **"An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects"** and submitted to **UNIVERSITY OF KOTA, KOTA.** This Research work has been completed under my guidance and supervision. It is her original work and this research thesis has not been submitted to any other university/ institution for award of any degree. For completion of her Thesis she worked dedicatedly.

I wish her all success in life.

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Date

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Date: **Shalini Chittora**

Place:

PREFACE

The safe delivery of the healthy baby to the care with dignity of the frail-elder, Health systems have a vital and continuing responsibility to people throughout the life span. They are crucial to the healthy development of individual, families and societies everywhere".

The professional area of organization is influenced by its user's satisfaction. It is the individual organization which produces goods, commercial organization involved in trade or the service sector. Hospital care is multi-dimensional. It is a service provided by a coordinated group of professional, technical, supportive, and other workers under the direction of an Administrator. The quality of the care received by patients is affected by the adequacy of the hospital facilities and their maintenance, by the administrative and professional organizations of the hospital, by the competence of the personnel, and by the interpersonal relations among the staff as well as between the staff and the patients.

Today a hospital is a place for the definition and treatment of human ills and restoration of health and well-being of those temporarily deprived of these. A large number of professionally and technically skilled people apply their knowledge and skill with the help of complicated equipment and appliances to produce quality care for patients. The excellence of the product – the reasons for a hospital, therefore, depends on how well the human and material resources are applied to promote patient care. The majority of the hospitals are unable to achieve their targets and some of them have become non-viable because of the poor Professional Management system in respect of Man and Money or Materials, Methods and Mobility of ideas, the famous M's.

The Researcher had chosen two hospitals the government and corporate hospitals; all have an organizational size that calls for Professional Management. System. The two hospitals fall under two different categories, (1) The Government General Hospitals (GGH), wholly managed by the Government (2) Corporate hospitals, wholly managed by privately managed.

The hypotheses developed for the study are based on commonly held notions about the functioning of hospitals. **(1)** Eight selected hospitals disastrous in creating a patient centered environment due to their own inherent problems. **(2)** There is a gap in the perceptions of the doctors, nursing and paramedical staff on the environment created for achieving patient centered hospital. **(3)** There is a gap between the service promised and the service provided in addition to the expectations and perceptions of the patients in selected hospitals.

This thesis is an attempt to analyze from the point of view of the patient both hospitals and to suggest satisfaction and to suggest, improving their services in order to create and promote patient centered hospitals.

All the personnel engaged in patient care must keep the following definitions of a "patient" in their minds.

The patient is the most important person in the Hospital:

The patient is not dependent upon us – we are dependent upon him.
The patient is not an interruption of our work – he is the purpose of it.
The patient is not an outsider to our business – he is our business.
The patient is a person and not a statistic. He has feelings, emotions,
Prejudices and wants. It is our business to satisfy him.

This motto shows a facility of health care society, its problems, but shows solution factual factors and to feel good but not worse. This positive emotion of the patient's feelings and achievement provider's respondents need and provide which is same thing accordance to positive systematic orders. This thesis has introduction, facilities, review of literature, profiles of selected hospitals, data analysis, findings, suggestions, conclusions, discussions, limitations, future directions of the study and comparison between the facilities of government and corporate hospitals after visiting there in Hadauti region.

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LIST OF ABBREVIATION

ABBREVIATION	FULL FORM OF ABBREVIATION
%	Percentage
NRHM	*National Rural Health Mission*
PHC$_S$	*Primary Health Centers*
CHC$_S$	*Community Health Centers*
IMR	Infant Mortality Rate
MMR	Maternal Mortality Rate
IEC	Information Education and Communication
RCH	Reproductive and Child Health
NDCP	National Disease Control Program
RNTCP	Revised National TB Control Program
NPP	National Population Policy
NHP	National Health Policy
NVBDCP	National Vector Borne Disease Control Program
NPCB	National Program for control of Blindness
NLEP	National Leprosy Eradication Program
IDDCP	Iodine Deficiency Disorder Control Program
ASHA	Accredited Social Health Activist
NGO$_s$	Non-Governmental Organizations
IDSP	Integrated Disease Surveillance Program
ICT	Information and communication technology
DMCs	Designated Microscopy Centers
SCs	Sub Centers
TB	Tuberculosis

IOL	Intraocular lens
JSY	Janani Surakha Yojana
IPHS	Indian Public Health Standards
ANM	Auxiliary Nurse Midwifery
MPW	Male Health Worker
LHV	Lady Health Visitor
MO	Medical Officer
GOI	Government of India
MVA, NSV	Manual Vacuum Aspiration, No-Scalpel Vasectomy
CEmOC/BEmOC	Comprehensive and Basic Emergency Obstetric Care Services
TPA	Third Party Administrator
ESI	Employees State Insurance
ECHS	Ex-servicemen contributory health scheme
ICICI	Industrial Credit Investment Corporation of India
NPP	National Population Policy
NHP	National Health Policy
ISM and H	Indian System of Medicine and Homeopathy
TFR	Total Fertility Rate
TV	Television
HCFs	Health Care Facilities
GDP	Gross Domestic Product
WHO	World Health Organization
CROs	Contract Research Organizations
BPL	Below the Poverty Line

RCH	Reproductive and Child Health Services
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
DOTS	Direct Observed treatment, short course
MoHFW	Ministry of Health and Family Welfare
ROI	Return on Investment
CBR	Crude Birth Rate
CDR	Crude Death Rate
CSR	Child Sex Ratio
SCP	Schedule Caste Population
STP	Schedule Tribe Population
TLR	Total Literacy Rate
MLR	Male Literacy Rate
FLR	Female Literacy Rate
PPP	Pulse Polio Program
BPL	Below the Poverty Line
PIP	Program Implementation Plan
NMR	Neonatal Mortality Rate
NMBS	National Maternity Benefit Schemes
HCF$_S$	Health Care Facilities
SERVQUAL	Service Quality
TQM	Total Quality Management
UN	United Nations

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CHAPTER -I

INTRODUCTION:

ABOUT HEALTH CARE FACILITIES:-

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CHAPTER-I

INTRODUCTION

1.1 Introduction: About Health Care facilities:-

Human in global natural views are dependent on environmental locations, climate and power sources of nature. All lives irrespective of rural and urban areas depend on all facilities of the universe which is available in the form of environmental processing factors, natural sources, and climate factors, location of residential, life status, earning fields and feeding systems.

All available systems, as the nervous system and the organic parts of the body depend on health of the person, and health is dependent on the environmental and global sources and nature.

The deficiency in health functions can be due to lack of duties and responsibility, lack of the disciplinary actions, lack of decision making at all levels and ineffective communications and changes in primitive health systems.

There is poor co-ordination, poor physical situations, inadequate infrastructure and poor maintenance of records. There is inadequacy of high technology equipment, negligence in deterioration in the standards of health care, lack of emphasis on patient centered service, lack of quality and supply of food. Lack of in service education for staff, high cost of technical staff, unavailability of machines in government hospitals and high cost of treatment incorporation hospitals.

In India health Care facilities (HCFs) are provided by both private and public sectors. The nature of services provided by public sector differs significantly from that of private sector.

Besides providing curative service, the public sector also provides a number of preventive services. It also aims to educate the population towards environmental, cleanliness and some preventive measures to combat certain disease are highly subsidized by the public sector.

Corporate sector are more profit oriented. In such condition the responsibility (HCFs) in part of country is mainly with the public sector, hence the provision preliminarily concerned with the public (HCFs) availability, accessibility and utilization. All health quality resources that are available are called a facility.

Health facility is in general terms are where health care is provided. Health facilities range from small clinics and doctors' offices to urgent centers. The large hospitals mainly elaborate emergency rooms and trauma centers.

The number and quality of health facilities in country or regions is on common measure of that area's prosperity and quality of many countries. The health's facilities are regulated to some extent by law and licensing by regulatory agencies is often required before a facility may open for business. Health facilities are owned and operated for profit business, nonprofit organization, and government and in some cases by individuals with varying proportions in the country. India is second largest populated country, 70% Population is living in semi urban and rural areas. Hospitals and health Care services are vital components and any well-ordered and woman society will indisputably be the recipients of social resources. The hospitals should be places of safety not only for the patient, but also for the staff and for the general public**.** [1] **[Dr. Vilas A.Tergaonkar, 2010]**

During the past couple of decades, in line with the "New Public Management" philosophy, public service organizations have started to focus on productivity improvement, on customer satisfaction and generally, on a more effective management. In such scenario, a renewed interest about the role of intangible resources in determining organizational performances has risen. This is particularly valuable for health Care services. Recently, several scholars have discussed the relevance of intangible resources as drivers of outstanding performance in hospitals.[2] **[Carlucci, D. and Schiuma G. (2007)]** [3]**[Forehand G.A and Von H. Gilmer. (1964)]** [4]**[Payne, R.L. and Mansfield R.M. (1977)].** Patient satisfaction is one of the established yardsticks to measure success of the service being provided in the hospitals. [5] **[Talluru Sreenivas, G.Prasad. Patient satisfaction].**

Human dimension regards the employees' perceptions of the organizational context and includes, for example, knowledge of the organization's structure, autonomy, motivation, initiative, teamwork capacity, satisfaction, well-being, and so on. [6] **[Bergh, Z.C & Theron, A.L. 2006 Psychology in the Work Place. 3rd ed. Cape Town: Oxford]** Satisfaction and its level have been found variable which is governed by different matters like the personality of a person, salary, working, condition, allied benefits, relationship with the colleagues.

A patient is the ultimate consumer of the hospital. He is the person in distress. He expects comfort, care and cure from a hospital. Patient forms certain expectations about the hospital prior to visit. [7] **[Talluru Sreenivas, Op. Cit.p.11]**• Let us look through a few definitions of the term hospital.

According to the directory of hospitals in India, 1988, "A hospital is an institution which is operated for the medical, surgical and/ or obstetrical care of inpatients and which is treated as hospitalized by the Central/ State Government/ Local body or licensed by the appropriate authority."[8] **[Directory of hospitals in India, 1988]**•

The World Health Organization defines modern hospitals, thus: "The modern hospital is an integral part of social and medical organization, the function of which is to provide for the population complete health care both curative and preventive and whose outpatient services reach out to the family in its home environment. The hospital is also a center for training of health workers and for bio-social research."[9] **[http://www.who.int/whr/en/]**•

The patients are selected according to their satisfaction as; the government and the corporate hospitals.

1.1.1 Comparison of government and corporate hospitals:

- We can see the overall picture of the government and corporate system.
- We can do gap analysis between what is actual and what is expected.
- This study is helpful to make the facilities better.
- We can send suggestions to the government for improvement.

- Demand for health care services is also growing due to demographic changes, disease patterns and patient awareness.
- Patients evaluate service quality by comparing what they expected with what they perceive and what they received from the particular service supplier.
- We will get to know in spite of all efforts made by Government, the patient still prefers other corporate hospitals from Government institutions.
- We will get to know about resources available for the patients are sufficient or not.
- To minimize the gap between the demand for quality health care and health care delivery by providing accessible, affordable, accountable strategies and ideal enterprise models that should bring equitable health care system.
- To deal with upcoming problems.
- To understand the employee surplus or deficit.
- To find out the importance of training and motivation for employees.
- Make health facilities, friendly to the layman (with essential domestic services like: - water, electricity, clean toilets, waiting area, security etc.)
- Ensure quality assurance through the National Accreditation Board for Hospitals (NABH) /International Organization for Standardization (ISO) / Family Friendly Hospital certification of Government health facilities through State Health Services Resource Centre (SHSRC).

1.1.2 Role of public hospital facilities:

The government formulated several schemes for providing health services to citizens, especially for those who are Below the Poverty Line (BPL), Reproductive and Child Health (RCH), DOTS and tuberculosis patients. The government has also launched the NRHM throughout the country with special focus on the states which have relatively poor health indicators and infrastructures. This includes Rajasthan national maternity benefit scheme

Linked to the provision of better diet for pregnant. [10] **[http://www.financialexpress.com Accessed on: 08/01/2009.]**

Rajasthan is also a state with relatively higher 63/1000, MMR 380/1000, maternal mortality ratio (MMR; 388/100,000 live births) year and total fertility rate (TFR; 3.3) in the country has proposed to address it in their 2010-11.PIP, NMR, IMR, all statics is available all facilities on government health care hospitals. [11] **[Report of Swastya Bhavan Jaipur (Rajasthan)]**

A review of literature of various studies related to Management of health care facilities for patients clearly show that very limited research has been done related to management of -health care facilities. Which are, having been carried out in the Indian context, especially in the health care sector?

1.1.3 Role of Corporate hospital facilities:

The medical profession has widened its horizon worldwide and India is no exception. Corporate Hospitals are emerging as a new breed in the health care industry in India. These Hospitals are attracting a number of patients because of their super-specialties. There is a strong competition among these hospitals for market share. The emphasis is not only to provide specialized service more efficiently and effectively, but also to maintain the quality of overall services.

The major concern for corporate hospitals is on consumer satisfaction. In the service marketing, [12] **[S.M. Jha, "Service Marketing", Himalaya Publishing House, New Delhi,1997].** It is evident that just not that four P's, i.e. Product, Price, place and Promotion play a vital role, but also other P's like People, Physical Evidence and process play an important role in satisfying the consumer. Today, customer satisfaction is growing field of research and teaching. [13] **[Philip Kotler and Robert D Clarke, "Marketing for Health Care Organization", Prentice Hall, Inc. Engle Wood Cliffs.]**

Views of my research;

I was in General nursing student when I went to various Government and Corporate hospitals for my study. I witnessed a large number of patients suffering from different type of diseases at the hospitals.

Poor patients were more interested in government hospitals. The rural population due lack of knowledge and awareness roams around seeking for treatment and guidance. At that time I felt a desire to research in this field and I decided that I will work in this field. There are such problems that I have seen in both of the hospitals.

1.1.4 Problems in Government and corporate hospitals:

1.) The crisis faced by Health Care Sector in India– Necessity of Service Quality:

The majority of the hospitals, particularly the government hospitals are severely under pressure due to the crisis being faced in delivery of qualitative services. This is found very significant factors among the all challenges faced by these hospitals. [14] **[Mr. H.K.S. Kumar Chanduri, Jan., 2011]**. Even corporate hospitals, at times, are not exempted from these shortfalls. The more increase in awareness of patients, more crises being faced by the hospitals. The demands of the government hospitals are severely under pressure due to the crisis being faced in delivering of are increasing day by day, as well the hopes. The lack of ability of providing the anticipated services to patients, leading hospitals to be on toes to search for a way wherein they can come out of this; proceed towards shore.

India, in the past one decade is fast becoming a global hub of medical tourism with a wide range of health care centers catering to a spectrum of medical fields, namely, Allopathic, Homeopathy, Ayurvedic, Yoga centric and so on for providing medical solutions to physical and mental related problems. The recent boom in the organized sector of medical hospitals, comparison to small, medium, large hospitals and hospital chains, not to be left behind, the

medical transcription fields as well signifies the dawn of a new era of successful phase in Indian health care services sector.

The exceptional growth in fitness centers across the country, coupled with the rush in traditional pharmaceutical industries at global level suggests that India has been viewed as a reliable hub for medical solutions at competitive costs and more excellently with appreciable customer care. Touching upon this critical aspect of 'customer care' this determines the satisfaction level of customers of any service organization, more specifically, the hospital services. The Indian hospital sector has woken up to this reality and working more on service quality aspects viz. reliability and responsiveness which score over everything else in clinching clientele for hospital services. The current buzz word in this industry is 'customer centric' operations.

Many incidents are reported daily in media exhibiting the inability of hospitals in passing in the required level of service to patients. Failure to attend the specific needs of patients making these hospitals to have a perception as what exactly they are doing and explore the ways to modify them in order to gain the confidence of patients again.

Good quality health care facilities are going to be one of the best solutions for these problems. The researchers here attempted to study this in very large. Some hospitals, though practicing few service quality aspects, a gap is potentially existent. Measuring that gap in service quality is the point of the need.

2.) Availability of capable and appropriately qualified staff:

As the hospitals are growing, as the needs of patients growing, the requirement for competent and qualified staff is also growing. Most of the hospitals are finding this problem. The reasons may be multiple. The country may not be producing enough number of required staff or the number of the patient's need the services may be growing or even it may be possible that the number of hospitals offering the services may be growing. Yet another typical

complexity may be the existing staff may not be equipped with the dynamic requirements of the patient community.

3.) Coercion from the staff to attend the 'appropriate' facility:

It could be the experience of some patients that during their visit to a hospital. It could have been happened that some of the staff members usable by the capacity of highest rank doctor the lower category member of a hospital; a compounder might have not willing to attend the required support to them. It may be very less in degree in the staff holding higher capacities, but it cannot be said that the coercion is absent.

4.) Level of fees to be borne by the patients in various forms, including diagnostics, consultation, attendants, bed, nursing and other services:

These problems are not only evident in corporate hospitals, but also are quite visible and experienced in the government hospitals. Some patients have expressed that though the government hospitals do not charge for consultation, bed and nursing charges, they are needed to spend money to external facility centers for services like diagnostics etc., due to the unavailability of the important services in the hospitals. Coming to the corporate and some private hospitals most of the patients are experiencing the pinch of fees and charges.

5.) Transport cost, including ambulance services:

Except a few trust based hospitals, it is the experience of relatives of patients while shifting the patients to hospitals. The ambulance service providers are charging them just ad hoc and bargain based on the need and urgency of people. Though, this is part of hospital services and must have been fixed priced, the majority of times. It goes unorganized in another situation; there are few corporate and medical colleges combined hospitals in India which need special transportation services. Sometimes this costs the patients more than the normal and some other times. It is tough for them to find the travel mode.

6.) Availability of diagnostic and therapeutic facilities:

In some of the hospitals the patients have to either go out to distance places or opt out of the hospital, due to the absence of some of the critical facilities like: diagnostics and therapeutics. This could sometimes become very problematic to the patients because of scarcity of time and urgency of the services for further treatment.

7.) Availability of 24 hour specialty services:

This may not be a chance for big branded corporate hospitals, but there can be a few secondary care hospitals and nursing homes without the availability of 24 hours, specialty services causing very inconvenient for the patients who could have come to these hospitals with lots of expectations and urgency. Though this may not be a mistake of these hospitals it is the patients who are not able to get the needy in time, in particular times of causality.

There are instances of few patients who visited the multi-specialty corporate hospitals for a seemingly uncomplicated health problem. Most of these hospitals follow a method of facilities called "group technology" which allows concentrating their resources of one kind in one place. A patient will be made to move between these clusters in the process of consultation, treatment, diagnostics etc., as many times as the patient becomes a patient of moving so. In some of the government hospitals this problem can be due the size of the hospital geographically.

Miscellaneous Problems:

The below are some of the other problems which are equally worrying the administrators and researchers.

1. Community Involvement

2. Availability of drugs

3. Waiting time

4. Duration of consultation

5. Qualification of staff

6. Experience of staff

7. Efficient design of the building (ensures privacy, user friendly and efficient patient flow)

8. Patient satisfaction.

1.1.5 Importance:

Patient satisfaction depends upon many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences.

The service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations.

Through this study we can find out the profile of patients coming to the hospital every day, whether they are satisfied with all these services or not and After all these facilities is there any preference of corporate hospitals over government hospitals or vice versa.

Rajasthan is an important state in India with reference to area demographic and economic profile of the people here, we will have concerns over the public spending to get better health care facilities. The purpose of the study is to use the result and recommendation to manage it better.

Through this study we can find out the patients coming to hospital, whether they are satisfied with the available services or not. **We will get to know about the facilities available with reference to clinical, technological and essential services in government and corporate hospitals. How these can be managed better to improve for better health of the people.**

1.1.6 Types of health facilities required:

1) Hospital: - Health care, inpatient disease, primary health care, Health insurance and charities.

A hospital is a health care institution providing patient treatment by specialized staff and equipment emergency department. It is typically a major health care facility in its region with a large bed for intensive care, specialized hospitals include trauma centers rehabilitation hospital children long (geriatric) hospitals. It is dealing with specific medical needs such as: psychiatric problems. Psychiatric hospitals and certain disease categories, specialized hospitals can help reduce to people with teaching medical student and nurses.

The medical facility is smaller than a hospital is generally called a clinic. Some hospitals have outpatient department and some have chronic treatment units.

Common support units include a pharmacy, pathology and radiology.

Hospitals are usually funded by public sector health organizations for profit and nonprofit by health insurance companies and by charities including direct charitable donation.

Historical, Hospitals were often founded and funded by religions for us charitable individual and leader. Today, hospitals are largely staffed by professional physician, surgeon and nurses. Where is in the past this work was usually performed by the founding religions orders.

1. **Health care centers: -** Clinics, doctors, offices, urgent, ambulatory and surgery centers.

   Health care center including clinics, doctors′ offices, urgent care centers and ambulatory surgery centers serve as first point of contact with a health profession provided outpatient nursing dental and other types of care services.

2. **Medical, nursing home: -** Residential centers, geriatric care facilities.

   Medical, nursing home, including residential treatment centers and generic care facilities are health care institutions. These have accommodation facilities which engaged in providing short term or term medical treatment of the general. The specialized nature, not performed by hospitals in patients with any of a wide variety of medical conditions.

1. **Pharmacies and drug stores: -**Pharmacies and drug stores comprise establishment engaged in retailing prescription or none prescription drug and medicines and other types of medical and the orthopedic goods regulated pharmacies may base in a hospital or clinic or they may privately operate and are usually staffed by pharmacists' pharmacy technicians' aids.

2. Medical laboratory and research, biomedical research, Health, patient, microbiology, hematology, clinical, biochemistry, immunology, serology, histology, cytology, cytogenetic, virology, general practitioners, basic research, applied research, medicine, clinical trials and preclinical research facilities in government hospitals for care of patients in Rajasthan is more satisfactory than in corporate hospitals.

Main article medical laboratory and medical research laboratory when tests are done on biological specimens in order to general information about the health of a patient, such laboratories may be divided into categorical departments such as microbiology, hematology, clinical, biochemistry, immunology, serology, cytology, histology, cytogenetic and virology. In many countries, there two main types, labs that process the majority of medical specimen.

Hospital laboratory is attached to a hospital and perform tests on these patients. Private and community laboratories receive samples from general practitioners. Insurance companies are other health clinics for analysis.

A biomedical research facility is where basic research or applied research conducted to aid the body of knowledge in the field of medicine and medical research can be divided into two general categories evaluated of new

treatments for both safety if you can see in what are termed clinic trials and all other research that contributes to their development of new treatments the latter in termed preclinical research if its goal is specifically to elaborate knowledge for the development of new therapeutic strategies.[15] **[http://en.wikipedia.org/wiki/Halth_facility#Types_of_health_facility]**

1.1.7 Recently uses the facilities:

During and after my MBA degree, I studied various magazines, met peoples, went hospitals and also studied some research work and websites related to this matter. I found some important research articles and websites; some content of those are as follows:-

A solution to affordable and accessible health care is growing and we can divide it between rural and urban India, in terms of salaries and standard of living. But the biggest of all divisions of health care is private and government health care services, in which government sector is seen to be polarized establishments of health care services which are seen to be, polarized more towards urban areas.

The health care scenario in India indicates that it is the need for the hour to minimize the gap between the demand for quality health care delivery by providing accessible, affordable, accountable strategies and ideal enterprise models that should bring an equitable health care system in India. [16] **[http://www.sistersourceworldbank.org Accessed on: 13/12/2008]**

The Government formulated several schemes for providing health services to citizens, especially for those who are below the poverty line (BPL). These include programs for providing Reproductive and child health (RCH) services, DOTS program for Tuberculosis patients, Pulse Polio Program etc., which is a big contribution of the Government towards General Wellbeing. The control of communicable and non communicable diseases, providing curatives as well as preventive and primitive care through a chain of primary, secondary and tertiary health care institutions.[17]**[http://www.financialexpress.com Accessed on: 08/01/2009]•**

The government has also launched the National Rural Health Mission (NRHM) through the country with special focus on18 states which have relatively poor health indicators and infrastructures. These include 8 empowered action group state [Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan]. [18] **[http: //www.expresshealthcaremanagement .com Accessed on: 10/01/2009]**

Janani Suraksha Yojna (JSY) under the overall umbrella of National Rural Health Mission (NRHM) is being proposed by way of modifying the existing National Maternity Benefit Schemes (NMBS). While NMBS is linked to the provision of better diet for pregnant women from BPL families, JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health center by establishing a system of coordinated care by the field level health worker. The JSY would be a 100% centrally sponsored scheme.[19] **[http://india.gov.in/citizen/health/ prenatal_dignostics.php Accessed on].**

Rajasthan, a state with a relatively higher infant mortality rate (IMR; 63/1000 live births), maternal mortality ratio (MMR; 388/100,000 live births) year and total fertility rate (TFR; 3.3) in the country has proposed to address it in their 2010-11.State Program Implementation Plan (PIP) by strategically focusing on reduction in neonatal mortality rate (NMR), population stabilization and quality maternal care in the facilities with assured referral. The goal by 2012 (11thFive-Year Plan goals) is to bring the IMR to 32, MMR to 148 and TFR to 2.1. These benchmarks on IMR, MMR, and TFR set for 11th Five-Year Plan period has become the basis for refining objectives of RCH-II in 2010-11. Arresting gender imbalance, restructuring of the health care delivery system, human resource development and capacity building and decreasing the burden of diseases and promoting a healthy lifestyle are at the heart of formulating objectives for the RCH-II 2010-11. [20] **[Report of swastya bhavan Jaipur (Rajasthan)].**

There are different types of facilities available in Government and Corporate hospital for care of patients. Whatever the hospital, irrespective of it, faces lots of problems and patient is the ultimate sufferer. So we need a patient centered

hospital. The following are the common problems that are identified in the hospitals:-

Lack of information system regarding hospital services, Lack of forward planning, Lack of delegation and decentralization of authority, Lack of clarity in duties and responsibilities, Lack of disciplinary actions, Lack of decision making at all levels, Ineffective communication, Primitive health information systems, Lack of co-ordination, Poor physical conditions and inadequate infrastructural facilities, Improper record system and poor maintenance of records, Inadequate high technology equipment, Negligence– deterioration in the standards of health care, Lack of emphasis on patient centered service, Inadequate supply of drugs, Lack of quality food supply, Inadequate sanitary facilities, Lack of in-service education for staff and high cost of health care in corporate hospitals or Non-courteous attitude of employees in the wards.

Indifference among the doctors and other categories of staff, lack of staff availability in the Government hospital, Lack of technical staff availability operate the machines in government hospitals, high cost of treatment in corporate hospitals.

In India, health care facilities (herein after HCFs) are provided by both private and public sectors. The nature of services provided by public sector differs significantly from that by private sector. Besides providing curative services, the public sector also provides a number of preventive services. It also aims to educate the population towards environmental cleanliness and some preventive measures to combat certain diseases. Where the services are provided by the private sector, mainly create the services provided by public sector may be highly subsidized, whereas the one provided by the private sector are profit oriented. In such a situation the responsibility for the provision of HCFs in the remotest part of the country lies mainly with the public sector. Hence, the present study is primarily concerned with the public HCFs while discussing the provision, availability, accessibility and utilization of HCFs in the study area. The above scanning of the problems reveals the concept of health services changed and the people's expectations also changed a great deal.

Thus, there is a wide-spread belief that better management of health services is essential if higher standards of health care are to be achieved. The best services will lead to greater success.

Following all institutes, data are taken from institutes sectors as are;

1.1 Demographic, Socioeconomic and Health profile of Rajasthan State as compared to India figures:

Item	Rajasthan	India
Total Population (Census 2011) (In Crore)	6.86	121.01
Decadal Growth (%) (Census 2011)	21.44	17.64
Crude Birth Rate (SRS 2011)	26.2	21.8
Crude Death Rate (SRS 2011)	6.7	7.1
Natural Growth Rate (SRS 2011)	19.6	14.7
Infant Mortality Rate (SSRS 2011)	52	44
Maternal Mortality Rate (SRS 2007-09)	318	212
Total Fertility Rate (SRS 2011)	3.0	2.4
Sex Ratio (Census 2011)	926	940
Child Sex Ratio (Census 2011)	883	914
Schedule Caste population (in crore) (Census 2001)	0.97	16.67
Schedule Tribe population (in crore) (Census 2001)	0.71	8.43
Total Literacy Rate (%) (Census 2011)	67.06	74.04
Male Literacy Rate (%) (Census 2011)	80.51	82.14
Female Literacy Rate (%) (Census 2011)	52.66	65.46

Source:http://nrhm.gov.in/nrhm-in-state/state-wise-information/rajasthan.html#health_profile (11 Oct., 2013) [21]

When I went to Swasthya Bhavan, Jaipur in administrative block where they provided me a report and Through I got to know that in Rajasthan there are currently available health care facilities/institutions are 7 medical colleges, 34 district hospitals, 12 sub-district hospitals, 5 satellite hospitals, 376 community health centers, 1517 primary health care centers in rural, 37 primary health care centers in urban, 199 dispensary, 11487 health sub centers and 45078 beds available. Why the patients move to corporate hospitals when all facilities are available in government hospitals.

When I went in the Government and Corporate hospitals, I found that there are so many problems which are not fulfilled and the patient's need what

they want, therefore my research problem statement are written on the notice board and I carefully observed them so as above:

1.2 Statement of the problem:-

"An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects".

1.3 Objective of the study:-

The present paper aims to examine the problems and prospects of health services in Rajasthan. The specific objectives of the study are as under:

- ✓ To know about the facilities available in Government and Corporate hospitals for patients in Rajasthan.
- ✓ To know about the accessibility/quality of health care services for patients.
- ✓ To know about the patient satisfaction from the available services.
- ✓ To know the difference of services and patient satisfaction with government and corporate hospitals.

1.4 Hypothesis:-

H_0: There is **no** association between the satisfaction level of facilities available in Government and Corporate hospitals.

Ha: There is an association between the satisfaction level of facilities available in Government and Corporate hospitals.

H_0: Overall facilities do not have significant difference between Government and Corporate hospitals.

Ha: Overall facilities are significant difference between in Government and Corporate hospitals.

1.5 Scope of the study:-

The study was confined to the hospitals of the Hadauti region in Rajasthan province in India. It was restricted to select public and private

hospital units of Hadauti in Rajasthan. The scope was related to the patient satisfaction from the health care facilities provided in hospitals.

1.6 Sample size:

200 patients of government and corporate hospital

- Indoor and outdoor patients.
- Their attendants.
- Government as well as corporate hospital staff.

1.7 Area of research: -My area of research there are some selected Government and corporate hospitals of the Hadauti region in Rajasthan those are here;

- **Pandit Brij Sundar Sharma government hospital, Bundi.**
- **Anurag nursing home, Bundi.**
- **Maharav Bhim Singh government hospital (MBS), Kota.**
- **Sudha Hospital, Kota.**
- **Government hospital, Baran.**
- **Goyal hospital, Baran.**
- **Government hospital, Jhalawar.**
- **Sanjeevani Vyas hospital, Jhalawar.**

1.8 Sources of information:

For collecting data in primary source the researcher used questionnaire, observation and interview method for information about hospitals but only questionnaire were used for patients. The gathering data in secondary source the researcher used different books, survey journals etc. related to the study.

1.9 Data analysis:-

Data were analyzed using the statically program for the social science (SPSS 19.0) for windows. Data were coded and entered into a personal

computer for analysis. Descriptive statics were used for data checking and correction. Pearson's Chi-square, t-test and Cross-Tabs analysis is used in this study.

1.10 Limitations of the study: - Every researcher, while doing Ph.D. thesis, has to face several limitations. Some limitations can be controlled and some limitations are out of control of the researcher. In this particular study, the researcher had some limitations as follows:

1) The researcher chose only medium size general hospitals for his thesis and all results related to public and private hospitals.

2) During the completion of the thesis the researcher found that there were some challenges regarding patients with the government and corporate hospitals.

3) The results were only highlighted during the research period.

1.11 Thesis presentation and chapter layout:

This thesis entitled **"An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects"** has been presented in nine chapters. The organization and brief contents of the chapters is as follows:

Chapter I Title **"Introduction: About Health Care Facilities"** present an overview of the topic, statement of the problem, scope, objectives, hypothesis and methodology of the study, Importance and the study limitations.

Chapter II Titled **"Health care Programs of Rajasthan and India"** presents about hospitals, programs available in government and corporate hospitals and functions of hospitals etc.

Chapter III Titled **"Review of literature"** details the conceptual foundations as contained in the literature on Health care facilities or Service quality with specific reference to the health care and government and the corporate hospital sector.

Chapter IV Titled **"Profile of selected Government and Corporate hospitals"** details about the sample of government and corporate hospitals completed framework Hadauti region of Rajasthan.

Chapter V Titled **"Methodology design and framework"** brings out involved in the design and extremely of such views adding the completed of the research instruments and discusses the pros and cons of the various methodological issues that can influence the study.

Chapter VI is presented that **"Analysis and Interpretation of the Responses on Health Care Facilities of Hadauti Region, Rajasthan"** analyze that satisfaction of patients about the hospitals in the Hadauti region in Rajasthan and findings through all these studies about hospitals.

Chapter VII is presented that **"Discussion, Findings and Conclusion"** I get the findings and conclusion of my thesis after data analysis that satisfaction of patients about this hospital.

Chapter VIII Titled **"Suggestions or Recommendations"** gives a short summary of the main suggestions based on the study results.

Chapter IX Titled **"Limitations and Future directions of the study"** gives a summary about what are the limitations of this study and what can do future related to this study.

The **"Select Bibliography"** section lists mainly the books, reports and journal articles that have been referred to in addition to those mentioned as references under each chapter of the thesis.

The **"Annexure"** Contains the questionnaire and interview schedule for administrator constructed for the study, the detailed tables for cross-tabs, t-test, chi-square and percentage analysis etc. as the summary of statically output tables, paper published and conferences certificates have been presented in the body of the thesis.

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CHAPTER -II

HEALTH CARE PROGRAMS OF RAJASTHAN AND INDIA:

2.1 Hospitals- previous acknowledgement:
2.2 Significance of Health care:
2.3 Health Care Delivery in India:
2.3.1Public Health Sector:
2.6 Private Health Sector:
2.7 Issues and Prospects:
2.8 THE HEALTH CARE INDUSTRY:
2.9 Market Trends
2.10 Health Care Indicators
2.11 Health Care Market Overview
2.12 Hospitals / Health Care Delivery:
2.13 Rapidly Increasing Private Sector
2.14 Hospital as a Service Organization:
2.15 Hospitals and Competitive Market:
2.16 CONCEPT OF A HOSPITAL:
2.17 Definitions of a Hospital:
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2.19 Classification (Typology) of the Hospitals:
2.20.1 Government or Public Hospital may be:
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2.21 FUNCTIONS OF A HOSPITAL:
2.22.1Line Services:
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2.22.3 Auxiliary Services:
2.23 Present State of Hospitals:
2.24 THE MODERN HOSPITAL– A COMPLEXENTITY:
2.25 NEED OF THE DAY – NEW ENVIRONMENT:
➢ **References**

CHAPTER-II

HEALTH CARE PROGRAMS OF RAJASTHAN AND INDIA

2. Health care programs of Rajasthan and India:

2.1 Hospitals- previous acknowledgement:

India has progressed as a global economic force, and this has carried the public to demand changes within the India's health care system.

The requirement of better health care for all is truly at the forefront of public debate in India, and decisions about health care all will impact now the entire Indian population for decades to come.

Since changing can be daunting, India is accustomed to accept and excel at challenges. In health care, India has the opportunity to "leap frog" the current status quo and make investments that improve truly the nation's desire to meet society's health care needs. However to transform this promise from potential into reality will require India to focus attention on several critical issues. These issues will not only affect the quality and accessibility of health care, but also determine the sustainability of the health care system itself.

The issue is about the access to health care facilities. It will be limited, or universal. While this will be a major debate, no doubt, it's an important discussion for a nation that is thinking for a major profile on the world stage. The issue of universal health care access continues to be of critical concern to citizens of the country, and having the dialogue and debate on basic health care package that should be available to all citizens is an important discussion a society must have.

India is the second largest populated country in the world and comprises about one sixth of the world population. The dilemma lies in the fact that 70% of the Indian populations are living in semi urban and rural areas that make the majority of its population suffer from lack of health care reach. India's position on health parameters compared to some of its neighboring countries, including China and Sri Lanka are continued to be unsatisfactory. There is a growing

divide between rural and urban India, in terms of salaries and living standard. But biggest dividers are health care. Even the private health care players have played a critical role in establishment of health care services, which are seem to be polarized more towards urban areas.

2.2 Significance of Health care:

The health care situation in India indicates that it is the need for the hour to minimize the gap between the quality health care and health care delivery by providing accessible, affordable and countable health care services to the citizens.

The needs to be innovative strategies ideal enterprises models that should bring equitable health care system in India. The numbers of hospitals in India are significantly less in compare with to the number of people requiring health care services in the country. In a country where medical infrastructure as well as medical man power is scarce the gap between provider and beneficiary can be bridged with technology.

Hospitals and health care services are vital components of any civilized will indisputably be the recipients of societal resources. Hospital should be a place of safety, not only for patients but also for the staff and the general public. [1] **[Dr. Vilas Tergaonkar, 2010]**

2.3 Health Care Delivery in India:

With the Indian economy enjoying a steady growth, the health care industry in India is heading towards growth phase. The health sector in India is characterized by a government sector that provides public financing and managed curative, preventive and promote health services from primary to tertiary level throughout the country free of cost to the people and a fee-levying private sector that plays a dominant role in the provisioning of curative care.

2.3.1Public Health Sector: The provision of health care by the public sector is a responsibility shared by the state government, Central Government and local governments. General health services are the primary responsibility of the states

with the Central Government focusing on medical education, drugs population stabilization and disease control. The National Health Programs of the Central Government related to reproductive and child health and to the control of major communicable diseases like Malaria and Tuberculosis have contributed significantly to the state health programs. Recently, under the NRHM, the Central Government has emerged as an important financier of state health system development. The government health care services are organized at different levels. Primary health care is provided through a network of over 146,036 health sub-centers, 23,458 PHCs and 4,276 CHCs. At the district level on an average, there is a 150-bedded civil/district hospital in the main district town and a few smaller hospitals and dispensaries spread over other towns and larger villages.[2] **[Sujatha K. April, 2012]**

The government has also launched the National Rural Health Mission (NRHM) through the country with special focus on 18 states which are providing district headquarters and relatively poor health indicators and infrastructures. This includes eight empowered action group states [Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan]. [3] **[http://www. expresshealthcaremanagement.comAccessedon:10/01/2009.]**

There are so many programs available in the Government hospitals in Rajasthan and some other district that are enlisted here:

2.4 MUKHYAMANTRI NISHULK JANCH YOJNA: -

The Mukhyamantri Nihsulk Janch Yojna has been started since 7 April, 2012 to provide comprehensive health care another important component of treatment i.e. basic diagnostic services are required. Thus the scheme is being planned for providing "Basic diagnostic Services". These services will be made available free of cost at all government institutions. This will help reducing the treatment cost to patients and decrease the out of pocket expenditure to the extent possible. Undesirable patients got suitable treatment by this yojna.

2.4.1 Vision: To provide quality of health and essential diagnostic services in all the government health care institutions and contribute to the fundamental right to get health facilities.

2.4.2 Mission: To Empower the existing laboratories and other diagnostic facilities (and to create additional facilities if required) in all the public health institutions so as to provide the essential diagnostic services free of cost to all patients visiting government hospitals. All kinds of requirement in, which may be got by mission.

The following advantages of the scheme are envisaged:-

1. Essential diagnostic services will be available to the patients.
2. Patients who are not able to afford the cost of diagnostic tests are able to undergo treatment.
3. Reducing out of pocket expenditure on the investigations.
4. Making available holistic health care services under one roof.-
5. The Scheme will be helpful in early diagnosis and contribute to a reduction in morbidity and mortality trends. IMR, Under 5 mortality rates and MMR are expected to come down.
6. Longevity is enhanced which is the ultimate aim of state's health services.
7. Increase in access to quality public health care services
8. Health seeking behavior is promoted.
9. Enhancing credibility of public health care institutions and health care providers.
10. The scheme will be a forbearer towards provision of "Right to Treatment" for the people of Rajasthan.

Sources: 2.1 http://www.rmsc.nic.in/mnjy/home.html

Source:2.2http://daily.bhaskar.com/news/RAJ-JPR-good-news-rajasthan-introduces-free-medical-tests-scheme-4228891-NOR.html

2.5 There are schemes in all over India, including Rajasthan:

2.5.1 BHAMASHAH SWASTHYA BIMA YOJANA:

* Launched from December 13, 2015 providing health insurance cover to beneficiaries of NFSA and Rastriya Swasthya Bima Scheme in Rajasthan.
* Cashless for beneficiary
* Only for IPD procedures.
* 1715 disease packages are covered under the scheme which includes 1148 packages for secondary illness, 500 for tertiary illnesses.
* 67 disease packages are reserved for government institutions. (All are secondary)
* For the families covered under NFSA and RSBY.
* To be coupled with Bhamashah Scheme.
* Treatment through government and accredited private hospitals.
* Coverage of Rs. 30,000 for generation illness and Rs. 3 Lakh for serious ailments.
* Provision for fund enhancement.

2.5.2 Rastriya Kishor Swasthya Karyakram (RKSK): The Ministry of Health and Family Welfare has launched a health program for adolescents, in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among other issues.

The Rashtriya Kishor Swasthya Karyakram was launched on 7th January, 2014. The key principle of this program is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders. The program envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well being and by accessing the services and support they need to do so.

To guide the implementation of this program, MOHFW in collaboration with UNFPA has developed a National Adolescent Health Strategy. It realigns the existing clinic-based curative approach to focus on a more holistic model based on a continuum of care for adolescent health and developmental needs.

The Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Program) will comprehensively address the health needs of the 243 million adolescents. It introduces community-based interventions through peer educators, and is underpinned by collaborations with other ministries and state governments.

Objectives:

- Improve Nutrition
- Improve Sexual and Reproductive Health
- Enhance Mental Health
- Prevent Injuries and violence
- Prevent substance misuse

2.5.3 Rashtriya Bal Swasthya Mission: is launched in 5 Jan., 2016. Under National Rural Health Mission, significant progress has been made in reducing mortality in children over the seven years (2005-12). Whereas is an advance in reducing child mortality there is a dire need to improving survival outcome. This would be reached by early detection and management of conditions that were not addressed comprehensively in the past.

According to March Dimes (2006), out of every 100 babies have born in this country annually, 6 to 7 have a birth defect. This would translate to around 17 lakhs birth defects annually in the country and accounts for 9.6% of all the newborn deaths. Various nutritional deficiencies affecting the preschool children range from 4 percent to 70 percent. Developmental delays are common in early childhood affecting at least to permanent disabilities including cognitive, hearing or vision impairment. Also, there are group of diseases common in children viz. dental caries, rheumatic heart disease, reactive airways diseases etc. Early detection and Management diseases including deficiencies bring and debilitating form and thereby reducing hospitalization and improving implementation of Right to Education.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D'S viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.

2.5.4 Reproduction of Child Health:-The overall goal of RCH programs is to reduce infant and infant status are weak to poverty maternal morbidity and mortality in the state. These goals will be achieved through improvement in quality, enhancing accessibility and availability, and coverage with the reproductive and child health services, including family welfare. The programs emphasize empowerment of women and communities for enhancing health service utilization to achieve reproductive goals and population stabilization.

2.5.5 Immunization:-Complete immunization of a child is an important step towards better health status of the child; hence Immunization has been kept as a major strategy. The complete Immunization in Rajasthan is poor as reported from independent surveys. This is provided by the government free service and saves to dangerous factors.

2.5.6 Disease control programs:-The National Disease Control Programs are being implemented in the state under NRHM with a view to achieve the MDG goals to halt the spread of major diseases and reverse the trend by 2015 so as to reduce the mortality and morbidity and increase life expectancy and quality of life. The NDCP encompasses: Revised National TB Control Program (RNTCP), National Vector Borne Disease Control Programs (NVBDCP), and National Program for control of Blindness (NPCB), The National Leprosy Eradication Program (NLEP), Integrated Disease Surveillance Program (IDSP), and Iodine Deficiency disorder control (IDDCP). All programs of governments are provided by above sections, and classification of health facilities which are called as work and give to name of them.

2.5.7 The National Vector Borne Disease Control Program (NVBDCP):- NVBDCP include major vector borne diseases of public Health importance, such as Malaria, Filariasis, Japanese Encephalitis, Dengue, and Kala azar. As per the National Health Policy 2002 the goal is to reduce morbidity and mortality by 50% by 2010. In Rajasthan only Malaria and Dengue are prevalent the strategy for control of vector borne diseases includes:

- Enhanced surveillance with support of community based volunteers (ASHA) and grass root level workers.
- Early diagnosis and proper case management through strengthening primary and secondary health institutions.
- Integrated vector management using bio-friendly methods and limiting use of insecticides.
- Epidemic preparedness and rapid response.

- Institutional strengthening and capacity building of health personnel.
- Behavior change communication.
- Intersect oral collaboration.
- Computerized management information system.

To save health components by all programs and control human health sources.

2.5.8 The National Leprosy Eradication Program:- Leprosy is a disease of public health concern in India. It is a disease of medico-social concern .Current prevalence is 1.8/10000. Rajasthan has achieved prevalence elimination level (prevalence below 1/10000) in 2000. Current prevalence Rate is 0.24/10000. Under the NRHM the strategies are drawn under the National Leprosy Eradication Project to be continued. The five components include Decentralization and institutional development, strengthening and integration of service delivery, disability care and prevention, IEC and training. Services will be continued to be provided at CHC, PHC, Additional PHC, and hospitals with support from the district nucleus. The sub-centers will be involved in delivery of second and subsequent doses of MDT. The NGO will continue to be involved in reconstructive surgery, disability care and prevention and IEC. Village and district Health plans will enable the identification and ensure referral of cases requiring disability treatment to the appropriate facility. CMHOs and medical officers will continue to be trained in Leprosy Program management.

2.5.9 Integrated Disease Surveillance Program (IDSP):-Objective of IDSP is to establish a state based system of surveillance through Information and communication technology (ICT) for communicable and non-communicable diseases, so that a timely and effective public health action can be initiated in response to the health challenges. IDSP will also improve the efficiency of the existing surveillance activities of the different disease control Programs. The surveillance system will be strengthened through Capacity building of medical officers and health workers and technicians, strengthening of laboratory

network and reporting system through ICT. This would [provide a strong foundation to the disease control Program under NRHM. ASHA being the link between community and the public health system will strengthen the community based surveillance system.

2.5.10 Revised National Tuberculosis Control Program (RNTCP):-The RNTCP is the vehicle through which through which the WHO recommended DOTS (Directly Observed Therapy Short course) is implemented in India. All the districts of Rajasthan are being covered. As part of the Program is Designated Microscopy centers (DMCs) have been established at PHC, CHC and district hospitals. RNTPC supports the salary of laboratory technicians, laboratory supplies and consumables. All medical officers are trained under RNTCP for diagnosis, management and referral. All SCs, PHCs, CHCs and district hospitals function as DOTS centers. Community level DOTS providers are also trained in the delivery of drugs. Para medical staff is trained in monitoring consumption of ant TB drugs. The RNTCP also involves the civil society organizations in its outreach of communication efforts. Under NRHM the ASHA will be the facilitator for early access to the diagnosis, referral and follow-up as a community DOTS provider.

2.5.11 National Blindness Control Program (NPCB):- The National Blindness Control Programs aims at reducing the prevalence of blindness from the current level of 1.5% to 0.34% of the 2010. Rajasthan state has set a target of about 3 lakh cataract operations every year to achieve the goal. Under NPCB apart from providing surgical treatment through IOL (Intraocular Lens) implant for cataract, which is a major cause of blindness, the other causes of blindness such as: childhood blindness, glaucoma and retinal disorders are also dealt. School health check up is also one of the major components of the Program. ASHA would play an important role in creating awareness of the Program and motivate people to seek treatment. NRHM would also seek to create synergy between the NPCB and Vitamin A supplementation Program, Careful and avoiding to powerful sounds and get good nutrients.

2.5.12 Accredited Social Health Activist: - The Government of India and Government of Rajasthan has launched a National Rural Health Mission to address the health needs of rural population, especially the vulnerable sections of the society. The sub center is the most peripheral level of contact with the community under the public health infrastructure. This caters to the population norm of 3000- 5000. The worker in sub center is an ANM who is directly involved in all the health issues of this population, which is spread over the wide area of many kilometers and covering 5 to 8 villages. Many a time the villages are not connected by public or private transport system. Making her more difficult to achieve the objectives and goals of providing quality health care for the poor and the oppressed the sections of the society. So the new band of community based functionaries, named as Accredited Social Health Activist (ASHA) is proposed in the NRHM who will serve the population of 1000 and 500 in hilly and desert terrain.

ASHA is the first port of call for any health related demands of deprived sections of the population, especially women, children, old aged, sick and disabled people. She is the link between the community and the health care provider.

Department of Medical and Health at State and at Center is looking at ASHA as a change agent who will bring the reforms in improving the health status of an oppressed community of India. The investment on ASHA will definitely result into better health indicators of state and at large the country.

2.5.13 Janani Suraksha Yojana (JSY):- Janani Surakha Yojana(JSY) is a centrally sponsored scheme under the NRHM umbrella to benefit pregnant women and certified poor families. It started from 12th April, 2005 by the prime minister of India states like: - Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, Jammu and Kashmir.

2.5.13.1 Objective

1. To decrease maternal mortality rate and infant mortality rates.
2. To increase Institutional deliveries amongst BPL and poor families.

2.5.13.2 Beneficiary

- Women of all categories, those who BPL or not.

2.5.14 IPHS: - Under National Rural Health Mission Strengthening of CHCs as per the norms of Indian Public Health Standards (IPHS) is an important component. Under this component all the CHCs of the State will be upgraded in phases. Under this component 64 CHCs have been selected for up gradation in the year 2005-6. In the year 2006-07 64 more CHCs has been selected for up gradation. Now the total number of CHCs selected for up gradation to IPHS is 325.

2.5.15 Health Facilities:- Strengthening of Public Institutions for Health Delivery

The Rural Health Care System forms an integral part of the National Health Care System. Provision of Primary Health Care is the foundation of the rural health care system. For developing vast public health infrastructure and human resources of the country, accelerating the socioeconomic development and attaining improved quality of life, the Primary health care is accepted as one of the main instruments of action. Primary health care is the essential health care made universally available and accessible to individuals and acceptable to them through their full participation and at a cost the community and the country can afford.

Although vast network of this infrastructure looks impressive, accessibility, availability of manpower and quality of services, and their utilization has been major issues in the Public health care delivery system.

Adequacy of coverage is an important issue. The number of facilities is not adequate when we consider the current population.

The primary Health Care structure in the country has been established as per the following norms:

- Center Population Norms
- Facility Plain areas Hilly/Tribal areas
- Sub-Centre 5000 3000
- Primary Health Centre 30,000 20,000
- Community Health Centre 1, 20,000 80,000

2.5.15.1 Sub-Centre: Sub Centre is the first peripheral contact point between the community and health care delivery system. A Sub Centre is manned by one Female Health Worker (ANM) and one Male Health Worker (MPW). One Lady Health Visitor (LHV) for six sub-centers is provided for supervision at the PHC level.

2.5.15.2 Primary Health Centre (PHC): PHC is the first contact point between the village community and the Medical Officer. Manned by a Medical Officer and 14 other staff, it acts as a referral unit for 6 Sub-Centers and has 4-6 beds for patients. It performs curative, preventive, primitive and family welfare services. These are established and maintained by the State Governments. Currently there are 23109 Primary Health Centers in the country.

2.5.15.3 Community Health Centers (CHCs): CHCs are established and maintained by the State Governments. Manned by four specialists, i.e. Surgeon, Physician, Gynecologist and pediatrician and supported by 21 paramedical and other staff, a CHC has 30 indoor beds with one OT, X- ray facility, a labor room and laboratory facility. It serves as a referral center for 4 PHCs. Currently there are 3222 Community Health Centers in the country.

Activities to be taken up for strengthening the facilities:

I. Strengthening of the Physical Infrastructure of the existing facilities:

- Buildings: Provision of proper buildings for the Subentries with Adequate residential facility, Electricity, water supply system, referral transport and furniture etc.
- Repair and Maintenance: Repair and maintenance of the centers having their own buildings and ensuring 24 hours water supply and electricity.
- Financial provision: S. no. Facility amount.

1. Sub center 10000

2. PHC 500000

3. CHC 1000000

- **New Facilities:** New centers need to be established in order to cover the entire population of the country as has been discussed before.

II. Manpower

The vacancies need to be filled up. In Rajasthan a decentralized mechanism exists for the appointment of Contractual appointments of MO. ANM, Lab Technician.

III Equipments, Drugs and other supplies:

A list of essential drugs, equipments and other supplies has been prepared by GOI. An Essential Drug list exists in Rajasthan. Streamlining of the Logistics and Warehousing systems needs to be done for timely supply of quality drugs

IV. Training

NRHM envisages an account system for delivery of quality services. For quality services, the skill of the health personnel needs to be improved. The attitudinal changes in the health personnel to be responsive to the health needs of the community will require orientation of health personnel. In this context, the induction training, in-service, skill development training and management training of the health personnel are being planned.

RCH Phase II: The training load of various categories of personnel is as follows:

I. Training of ASHA.

II. Orientation and Skill Development Training for ANMs.

III. Orientation and Skill Development Training for Male Health Worker.

IV. Orientation and Skill Development Training for LHVs / Female Health Supervisor.

V. Orientation and Skill Development Training for Health Assistant (Male).

VI. Orientation and Skill Development Training for Medical Officers at PHCs.

VII. Other skilled trainings include Anesthesia, Skilled Attendants, MV and NSV.

2.5.16 Emergency Obstetric care Services: Rajasthan Is the state with seconds the highest mother in maternal mortality in India. Extremely total number of Deaths of pregnant ladies in Rajasthan in one year is equivalent to the total number of deaths of pregnant mothers. Most of the deaths of pregnant mothers can be averted by addressing these delays.

1. First Delay: - Occurs at household levels in taking decision to seek medical help and there is no preparedness for delivery of the baby.

2. Second Delay: - Occurs during the transportation of the pregnant lady to the appropriate place. Many a times either vehicle is not available or the money is not available to hire the vehicle. There is a lack of knowledge regarding the right place where the pregnant lady should be transported in case of emergencies.

3. Third Delay: - Occurs at the facility level, when a pregnant lady reaches at the facility either trained manpower, equipments or drugs are not available. Hence initiation of treatment is delayed. To address all these delays and problems faced by a pregnant lady, in the state has been studied and multi pronged strategy has been developed. The following activities are planned and are being implemented by the Government of Rajasthan for reducing maternal mortality in the state.

(1) Training of field staff, posted in remote and far flung areas in the strengthening of referral transport.

(2) Awareness generation in the communities in preparedness of delivery of the baby.

Strengthening of facilities to provide comprehensive and basic emergency obstetric care services round the clock throughout the year.

2.5.17 Comprehensive and Basic Emergency Obstetrics Care Services (CEmOC/BEmOC): United Nation has developed certain criteria for labeling any institution as their **CEmOC/ BEmOC as well as distribution according the populations of the area.**

2.5.18 Basic Emergency Obstetric Care Center (BEmOC): BEmOC is a center which should cover a population of 1.25 Lac (four centers for a population of five lakh) and should provide the following services.

1. Parental administration of antibiotic.

2. Parental administrator of anticonvulsants.

3. Parental administration of oxytocics.

4. Assisted vaginal delivery.

5. Manual removal of Placenta.

6. Removal of retained products of conception.

2.5.19 Comprehensive Emergency Obstetric Care Services (CEmOC): CEmOC is a center to cater the needs of a population of approximately five lakh and should provide all the above six services with following services round the clock throughout the year.

1. Availability of blood and blood transfusion facility.

2. Facility for Caesarian section for delivery of fetus in emergency cases.

As per the UN process indicators a total number of 128 CEmOCs and 459 BEmOC are required to provide emergency obstetric care services to all the pregnant ladies, of the state.

In the regard a total number of 187 institutions have been identified to provide comprehensive emergency obstetric care services in the state keeping in view the geographical conditions and population of the state. These institutions will be strengthened in a phased manner; in the first phase 137 institutions will be strengthened in the second phase.

Similarly a total of 173 institutions are identified to provide basic emergency obstetric care services by the end of this year. [4] **[http://nrhmrajasthan.nic.in/Programmes .htm]**

2.6 Private Health Sector: At the time of independence only about 8% of all qualified modern medical care was provided by the private sector. But over the years the share of the private sector in the provision in the provision of the health care has at about 80% of all outpatient care and about 60% of all inpatient care. [5] **[The Hindu (2010), "Universal Healthcare – Media Push Needed", December 26].**

The private sector in India has a dominant presence in all the sub-markets medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services and finally, the provisioning and sale, hospital construction and ancillary services and, finally, the provisioning of medical care. Over 75% of the human resources and advanced medical technology, 68 percent of an estimated 15,097 hospitals and 37% of 623,819 total beds in the country are in the corporate sectors. Of these, most are located in urban areas. [6] **[Government of India, 2005]** The Corporate sector's predominance in the health sector has led to inequalities in access to health care. Hospitalization rates among the well-off are six times higher than those among the poor.

In the present age of population growth and demographic growth and demographic restructuring the burden of providing health care has increased. Many countries have pursued health service distribution to their citizenry through merely expanding services to non-governmental organizations (NGOs) assistance. This solution is not permanent, especially in developing democratic countries like: India, where the prime duty of the government is to provide better and equally accessible services to every strata of the population. However, concerns about the equally accessible services to every strata of the population. However, concerns about the ability of governments to health services. Adequately the poor performance of public health service delivery systems and the desire to expand the choices available to patients have led a number of Asian countries to encourage the expansion of private-sector health care (William & Patricia).[7] **[William N. and Patricia M., 1997]** India is not an exception corporate health care services are increasingly prevalent throughout the nation. Today, the corporate health care services are increasingly prevalent throughout the nation. Today the corporate sector provides almost 75% of health services in India (NRHM, 2005-12). [8] **[Government of India, 2005]**

* There are so many schemes available in the corporate hospitals in Rajasthan and some other district schemes **like: Paramount Health Services TPA Ltd.,**

Insurance, Pensioners, ECHS Polyclinic, Krishi Vipnan Board, Focus India TPA Services, Good health plan services, ICICI Lombard Gen. Insurance etc.

2.7 Issues and Prospects:- According to R. Sriniwasan Health Care India 2025 Wrote that Key linkages issues are that:-

2.7.1 Health and health care need to be distinguished from each other for no better reason than that the former is often incorrectly seen. As a direct function of latter. Besides health care arrangements many other factors outside the health sector play a key. Role, determining or health status of individuals and communities such as levels of poverty, inequality and joblessness access to basic minimum social services gender equity etc. Health is clearly not the mere absence of disease. Good health confers on a person or group's freedom from illness and the ability to realize one's potential. Health is therefore best understood the indispensable basis for defining a person's sense of well being. The health of the population is a distinct key issue in public policy discourse in every mature society often determining the deployment of huge public funds. A number of factors affect the evolution of health care arrangements in a society. They include its cultural understanding about health and illness. There are well known differences between diseases of affluence and those arising from various types of deprivation. It is in this context that a framework of public and private institutions often evolves into the health care system, to cover provision of care manners of funding and regulation to ensure quality and accountability. In a democratic society this framework must above all ensure that none is dire need is denied care merely on account of inability to pay.

2.7.2 Health care covers not only medical care, but also all aspects of preventive cares too. Nor can be limited care rendered by financed out of public expenditure within the government sector. Alone, but must include incentives and disincentives for self care and care paid for by private citizens to get over ill health. Where as in India private out-of pocket expenditure dominates the cost of financing health care. The effects are bound for regressive. Health care as its

essential core is widely recognized to be a public good. Its demand and supply cannot therefore be left to establish on considerations of utility maximizing conduct alone. All successful systems seek a balance of public expenditure and private fund and equitable risk sharing and supporting public policies to enhance the health of the population including vulnerable segments. But the crucial point remains that health is at the bottom and issue in the distribution is justice, where access to care and its quality is should not be left to the play of chance but brought within social development goals. Under our Constitutional mandate, the State shall endeavor to raise levels of nutrition, standards of living and to improve public health.

2.7.3. What makes for a just health care system even as an ideal? Four criteria could be suggested first universal access and access to an adequate level and access without excessive burden. The Second fair distribution of the financial costs of access and fair distribution of burden in rationing care and capacity and a constant search for improvement to a more just system, third training providers for competence empathy and accountability pursuit of quality care and cost effective use of the results of relevant research last, special attention to vulnerable groups such as children and women disabled and the aged. Forecasting in Health Sector,

2.7.4. Policies setting out related goals like in nutrition.-Old age support or population stabilization measures under the National Population Policy (NPP 2000) would all have a bearing on the profile of future health care. The National Health Policy 1983 (NHP – 83) is under revision and a draft put out in 2001 for public discussion. Similarly a draft policy for the development of ISM and H is available for public debate. NPP – 2000 has set out intermediate goals for 2010 in terms of universal immunization, TFR/2.1, IMR/30 and MMR/100. These national goals must be achieved not only for the country as a whole, but in various States too, if the long term population stabilization objectives for the country are to be realized. Further the period 2003-2012 spans across the tenth

and eleventh five-year plans, which should be seen as a platform from which to reach goals aimed at 2010 and beyond.

2.7.5. In general predictions about future health – of individuals and populations can be notoriously uncertain. Assumptions made regarding changes in individual behavior, health risks. Interventions and outcomes or regarding long term demographic, economic and disease trends will be affected by changes in levels and distribution of wealth and incomes and by the direction of scientific discoveries. For instance, it is well established that health care costs often are a key reason for indebtedness for poorer segments. Or consider the fact that we are on the threshold of new understandings of the origins of life and its genetic basis that may well redefine the goals of medicine in the 21st century. Equally problematic are the changing popular perceptions in a post-modern world about the meaning of health and disease. Such perceptions are vitally shaped by the relentless flow of global information by TV with its marketing images and the Internet with its accessible databases.

2.7.6. However, all projections of health care in India must in the end result of the overall changes in its political economy - on progress made in poverty mitigation (health care to the poor), in reduction of inequalities (health inequalities affecting access/quality), in the generation of employment / income streams (to facilitate the capacity to pay and to accept individual responsibility for one's health). In public information and development communication (to promote preventive care of self and risk reduction by conducive life styles) in personal lifestyle changes. (Often directly resulting from social changes and global influences). Of course it will also depend on progress in reducing mortality. The likely disease load efficient and fair delivery systems in private and public sectors. The attention is vulnerable section family planning and nutritional services or women's empowerment. The confirmed interest of the state to ensure just health care to the largest extent possible. To list them is to recall that Indian planning had in its best attempted to capture this synergistic approach within a democratic structure. It is another matter that it is now -

remembered only for its mixed success. [9] **[planningcommission.nic.in/reports/sereport/ser/vision2025/health.pdf]**

Health care is one of the most complex activities. In which human beings engage. Hospitals are basically service organizations. The professional area of an organization is influenced by its user's satisfaction. Health Care services make up a significant portion of national expenses and thus it is essential that the nature and quality of services be explored. Patient satisfaction is one of the primary outcome variables when considering health care services. Patient satisfaction has become an important performance indicator for the delivery of quality medical care services.

The hospital a major social organization, it offers considerable advantages to both the patient and the society. Certain health problems require intensive medical treatment and personal care which normally cannot be made available at home or in the clinic of a doctor. This is possible only in a hospital where a large number of professionals and technically skilled people apply their knowledge and skill with the help of world class advanced and sophisticated equipment. The first and foremost function of a hospital is to give proper care for the sick and injured without any social economic or racial discrimination. [10] **[Victoria Narichitti, 2010],**

Of late, the hospitals have been are set up with a motto to serve all sections of the society. In addition, some of them are also engaged in conducting and promoting medical education and training research. The development of health care facilities is influenced not only by the opening of hospitals or health care centers but also administration and management. If hospitals and health care centers are managed properly, there would be an expansion of the medical care facilities, even with the least possible investment.

The rapidly changing health care environment characterized by its high level of complexity, uncertainty and dynamic nature is faced with increased pressures to improve internal efficiency by cutting cost. The development of health care facilities is influenced not only by the opening of hospitals or health

care centers, but more so by their administration and management. Where overcrowded medical and hospital buildings, shortages of medical staff and lack of funds are the reality of today's health care system, it is ultimately the patient who suffers the highest cost.

These unfortunate realities that govern the health care system make it more difficult for health care managers to provide quality care. Hospitals in India have been organized along British lines with strict hierarchical structure. The term hospital means an establishment for temporary occupation by the sick and injured. Let us look through a few definitions of the term hospital.

Further, it is evident to any country that health care services are critical to their respective economies as they are required to reduce the mortality rate and enhance the quality of life. India has a vast health care system, which was estimated at Rs. 1,087 billion in 2002 ($24 billion), constituting 4.8 % of India's Gross Domestic Product (GDP) and translating to $23 per capita total health care expenditure. Broadly, health care in India is made up of services provided by two sectors: public and private. [11] **[Mr. H.K.S. Kumar Chunduri, 2011]**

After having the initial idea for hospitals, the discussion moves on to understand the health care industry wherein the position of public, private health sectors in India and different classifications of hospitals are discussed.

2.8 THE HEALTH CARE INDUSTRY:

The health care industry in India is growing at a promising rate. The World Health Organization (WHO) defines health as "not merely the absence of disease or infirmity, but rather a state of complete physical, mental and social wellbeing".

The WHO also defines a health system to include all the activities whose primary purpose is to promote, restore or maintain health. Taking this integrated view of health care, the sector would include:

- Contract research organizations (CROs)
- Pharmaceutical manufacturers
- Medical equipment manufacturers
- Diagnostic service centers and pathology laboratories
- Medical care providers: specialist clinics, nursing homes and hospitals
- Third-party support service providers (catering, laundry)

WHO on a periodic basis similar to any other country reviews the health status of the Indian population the size of the Indian health care spending the Government's approach with policies towards the sector in the size and types of medical care infrastructure in India? Besides, they also report highlights the key trends in the sector. The views are demanding the structural for financial impact the emergency private health insurers in the country. Within the integrated view, the "Medical care providers" category consists of:

- **Hospitals**
- **Pharmaceuticals**
- **Diagnostic centers**
- **Ancillary services (such as health insurance and medical equipment's)**

Of these, the first two segments account for nearly 75% of the total health care market.

2.9 Market Trends

Improving overall health status and socioeconomic pressures have resulted in changes in the demographic profile. With the decline in birth rates, the population aged 0-14 has declined while on the other hand improvement in life expectancy has led to an increase in the old age population. On average this has led to higher per capita demand for health services.

The type of health care service requirement has changed due to the rise of lifestyle- related diseases such as diabetes, cardiovascular diseases, and diseases of the central nervous system. There are around 700,000 new cases of cancer each year and approximately 2.5 million cases in total. It is estimated that there are around 40 million people in India with diabetes, 5.1 million HIV/AIDS patients, and 14 million tuberculosis cases. During the past year, the Indian pharmaceutical industry witnessed a growth of 7 percent; the cardiovascular segment recorded a growth of 15 to 17 percent and the anti-diabetes segment 10-12 percent growth.

Compared to a few private institutions primarily in the form of charitable trusts and small nursing homes recently a number of large sized Indian companies have ventured into health care delivery. Companies like Max India, Ranbaxy Laboratories, Escorts, Wockhardt and Birla have established Specialty Hospitals. There is increased interest is diagnostic service as well, with companies such as SRL-Ranbaxy, Nicholas Piramal, and Dr. Lal's laboratory venturing into this field. The emergence of corporate hospitals has led to increased Professionalism in medical practices and use of hospital management tools.

The demand for quality health care has increased with patients preferring to use private health care facilities. Private health care service varies in terms of quality and caters more to the needs of the rich in middle class and urban segments of the population. The growth in affluence of the Indian middle-class is adding to this demand. Since 1993-94 to 2001-2002, aggregate household 1expenditure on health services has increased at an annual rate of 9.3 percent.

According McKinsey& Co. the 2002 report on Health Care, only 14 percent of the population is covered through prepayment because of poor health care coverage. Of total health care spending 64 percent is out of pocket expenditure or direct household spending.

2.10 Health Care Indicators

This part of the study presents the health care indicators for India and discusses industry trends. Despite the improving health status of the Indian population health care infrastructure in India has a long way go to towards achieving 100% quality, technology and superior health care delivery systems.

While the Central (Federal) Government is limited to family welfare and disease control programs. The state governments are responsible for primary and secondary medical care with a limited role in specialty care. Looking at the health care indicators and the growing prevalence of non-communicable lifestyle related diseases, both the government and private sectors realize the need to meet this basic demand. Today the private sector provides 80 percent of the health care service.

Key Indicators The key indicators are provided (as per the Ministry of Health) here in the Table 2.1 to have an understanding of the existing health care situation in India.

Table 2.1: Key Indicators: Ministry of Health, Meditate Outlook Espicom report January 2005, ICRA report Indian Health Care.

Economic Indicators	
GDP (in $ billion, 2004)	674.8
Per Capita (in $, 2004)	603
Real Growth (in %, 2004)	6.4
Health Expenditure (in $ billion, 2003)	29.3
Health Expenditure as % of GDP	5.1
Public Expenditure as $ total	20
Private Expenditure as % of total	80
Demographic Indicators	
Population (in million 2004)	1,065,462

Population growth (in %, during 2004)				1.9
Demographic Profile	**Age/years**	**1991**	**2001**	**2010**
	0 – 4	36%	35%	29%
	5 – 54	55%	55%	59%
	54 and above	10%	12%	12%
Health Indicators				
Life expectancy (years)				65.4
Birth rate (per 1000)				25.4
Death rate (per 1000)				8.1
Infant mortality rate (per 1000)				66
Health Care Infrastructure				
Hospitals (numbers)				15,393
Public			4,049	
Private			11,344	
Hospital Beds (numbers)				875,000
Doctors				592,215
Nurses				737,000
Dentists				80,000
Medical Colleges				170
New Doctors every year				18,000
Retail Chemist (pharmacy) outlets				350,000
Size of Medical and Pharmaceutical Market				
Pharmaceutical market (in $ million for 2004)				8,790

Estimated growth rate per year (for 2004)	7 – 8 %
Medical equipment market (in $ million for 2004)	1,318
Estimated growth rate per year (for 2004)	6 – 7 %

Source: Ministry of Health, Meditate Outlook Espicom report January 2005, ICRA report Indian Health Care.

2.11 Health Care Market Overview

Increasing private sector participation in health care services is stimulating change in the Indian health care industry. According to an ICRA industry report on Health Care, India spends 5.1 percent of its GDP on health. The health market is estimated at Rs.1.408 billion ($30 billion) and includes retail, pharmaceutical, health care services, medical and diagnostic equipment and supplies. While India's overall expenditure on health is comparable to most developing countries. India's per capita health care expenditure is low due its large billion plus population and low per capita income. This scenario is not likely to improve because of rising health care costs and India's growing population (estimated to increase from 1 billion to 1.2 billion by 2012). [12] **[Peters et. al, 2002]**

The government's share in the health care delivery market is 20 percent, while 80 percent is with the private sector, as shared earlier.

2.12 Hospitals / Health Care Delivery:

It accounts for over 50% of the total health care market. CRISIL research has estimated the market size of the health care delivery market (hospitals) at around 2.29 billion treatments in 2006, which translated into Rs 1,253 billion in 2006. As a result, the market share of the hospital segment works out to be over 50% in 2006. [13] **[Deolalikar Anil, et.al, 1990]**

Brief Description of Government Health Care Service

- **Primary Care (in rural areas):** 22,271 primary health care centers and 137,271 Sub-centers.

- **Secondary Care (health care centers in smaller towns and cities):** 1,200 PSU (public sector units) hospitals, 4,400 district hospitals, and 2,935 community health scare centers.
- **Tertiary Care (hospitals):** 117 medical colleges and hospitals.

The Table 2.2 shows the number of centers opened up by the government of India during various Five Year Plans so far. The numbers include various Primary Health Centers, sub centers and Community Health Centers in India during this period.

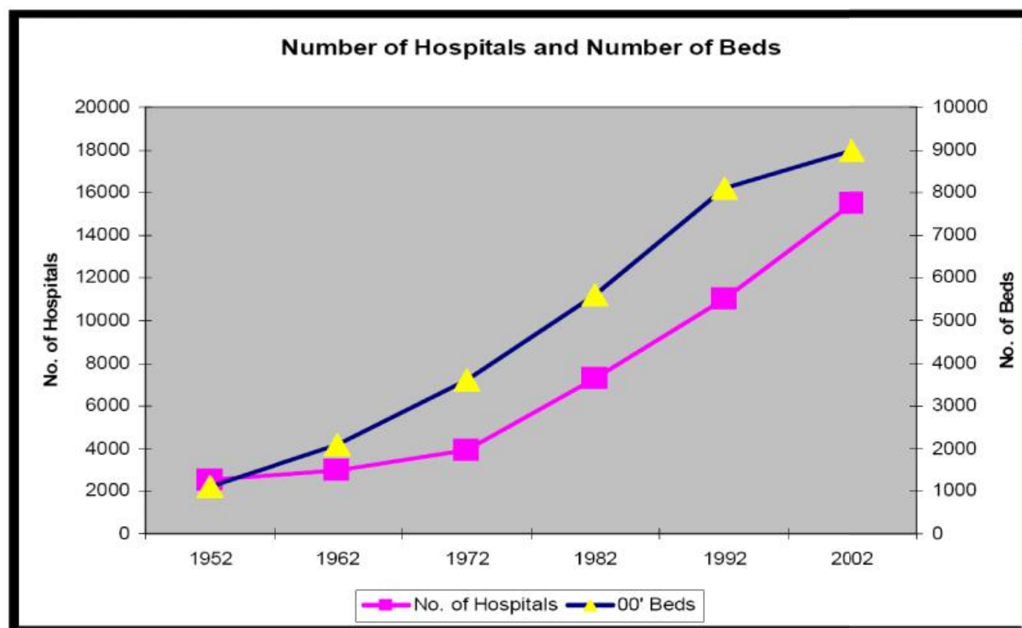
Similarly, the Chart 2.1 depicts the growth in the number of hospitals and at the corresponding time the growth in the number of beds in a span of 50 years in India

Table 2.2: Establishment of Primary Health Centers, sub centers and Community Health Centers in India– As per different Five Year Plans

Period		Community Health Centers	Primary Health Centers	Sub Centers
1st Five Year Plan			725	
2nd Five Year Plan			2565	
3rd Five Year Plan			4631	
Inter-Plan Period 3	March 1967		4793	17521
	March 1968		4946	21539
	March 1969		4919	22826
4th Five Year Plan			5283	33509
5th Five Year Plan		214	5484	47112
6th Five Year Plan		761	9115	84376
7th Five Year Plan		1910	18671	130165
Inter-Plan Period 7	March 1991	2070	20139	130984
	March 1992	2188	20407	131369
8th Five Year Plan		2633	22149	136258
9th Five Year Plan	Sept 2004	3222	23109	142655

(**Source:** Agency reported that the latest published data is as per R.H. Statistics in India, March-2002 Bulletin) **SOURCE: -** Infrastructure Division, MOHFW, GOI.

Chart 2.1: Number of hospitals and number of beds



Source: Ministry of Health and Family Welfare

The private health care providers consist of private practitioners, for profit hospitals and nursing homes, and charitable hospitals. They are numerous and fragmented. In the absence of a national regulatory body, some private provider practice without minimum standards and the quality of treatment varies from one provider to another. The average size of private hospitals and nursing homes is 22 beds, which is low compared to other countries. The Table 2.3 provides the percentage of private hospitals, which are established to cater (according to the bed size) the needs of patients.

Table 2.3: Percentage of Private Hospitals with different bed sizes

84 percent of private hospitals	< 30 beds
10 Percent	30 –100 beds
5 percent	100-200 beds
1 percent	> 200 beds

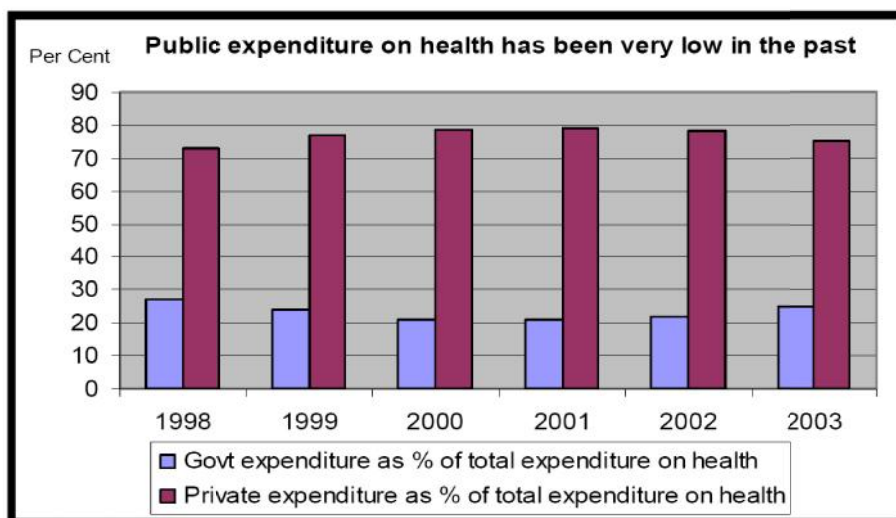
2.12.1 The Position of Public Health Sector in India

The state, central and local governments share the responsibility of providing health care in the country. The public sector accounts for 20-25 % of the total health care expenditure, which represents only around 1 % of the GDP – among the lowest in the world and ahead of only five countries: Burundi, Myanmar, Pakistan, Sudan and Cambodia. Hence, India's public health care is placed in the bottom 20% of the world. The World Bank's assessment of the Indian public sector reveals that it is underfunded and small in size to meet the current health needs of the country.

The central government pumps in around 15% of the total funds in the health care sector; mostly through national health programs. The low state of finances indicates that the public health expenditure is to be improved a lot to match the needs of the huge population. [14] **[http://www.who.int/whr/en/]**

The Chart 2.2 shows the comparative expenditures between public and private sectors in India. From 1998 to 2002 span of time, the difference in expenditures incurred show the thrust needed by the public sector. In addition, public health management is affected by structural problems such as overly centralized planning and control of resources, high political interference in staff postings and transfers in larger states, inflexibility and other bureaucratic roadblocks.

Chart 2.2: Comparative expenditures between Government and Corporate sectors in India:



Source: WHO

Over the last 2 decades, a majority of tertiary care institutions in the public sector has been facing a resource crunch and have not been able to obtain funds for equipment maintenance, supply of consumables and infrastructure up gradation, to meet the growing demand for complex diagnostic and therapeutic modalities. As a result, preference for private hospitals is increasing in spite of higher expenses.

2.12.2 The Existing Structure of Government Hospitals

Since Independence, India has sought to develop a health care system for all. However the historic urban-rural bias continues to persist until today. The public health care system that currently exists in rural India, where 75% of the population lives is largely dysfunctional. [15] [Peters, et al, 2002] the majority of public spending on health has been spread too thin to be effective. Although the public delivery infrastructure and staff are enormous, they have been under funded. [16] [Peters, et al, 2002]

Total Indian government spending on health, as a percentage of Gross Domestic Product (GDP), is among the lowest of any country in the world, at approximately one per cent of GDP. [17] [Peters, et al, 2002] Government primary

health care (PHC) resources in the form of manpower and drugs and supplies are scarce, and as a result, quality suffers. Due to this poor quality as well as for reasons of poor access, patients avoid government health centers, and often resort to the private sector, or refer them to government hospitals at the district headquarters, where the perceived quality of care is higher. [18] **[Deolalikar and Vashishtha, 1990].** This current pattern of care seeking is inefficient as it increases costs by directly utilizing higher levels of care for PHC.

Whatever little the government spends on primary health care is "being wasted" due to improper planning, financing and organization of the health care delivery system. [19] **[Duggal, 2000]**

The rural health care system is a four-tiered network consisting of facilities providing primary health care that are linked to hospitals providing secondary and tertiary care. The primary health care system is remarkably similar throughout the country and is characterized by the district and Taluka hospitals at the top, serving two million people and half a million people respectively, one community health center (CHC) per 100,000 population, one primary health center (PHC) per 30,000 population, and one sub-center per 5,000 population. [20] **[World Bank, 1995; Chatterjee, 1997]** the sub-centers mainly provide reproductive and child health services and are managed by auxiliary nurses and midwives (ANM). The primary and community health centers provide a combination of inpatient and outpatient care and are staffed by medical doctors and paramedical staff (nurses and physician attendants).

Trained doctors typically refuse to live in rural areas due to the lack of: educational opportunities for their children, transport, and recreational facilities. In addition, drugs and supplies in the government PHCs are often lacking. Several studies [21] **[Department of International Health, 1976; Taylor, 1983]** showed that the coverage of PHCs was essentially limited to people living within a radius of about two miles.

The government of India tried to address these problems by launching the community health volunteer scheme in 1977. However, these health workers

could not meet the needs of rural populations that had increasingly begun to demand "proper medical care" characterized by access to "doctors" and "western medicines." Consequently, unqualified private providers found a niche market and began to provide these services demanded by the rural population. [22] **[Prakasamma, 1993]**

2.13 Rapidly Increasing Private Sector

Although the state has played a central role in providing medical care in India, private interests were never curbed and as a result, they have grown over the years. A significant proportion of doctors are employed in the private sector and there has been a growth of private nursing homes and hospitals, in certain regions, especially after the late seventies. A few studies have examined various aspects of the private sector like magnitude characteristics, utilization of outpatient and inpatient services, expenditure incurred at the household level and efforts at regulating this sector. [23] **[Bhat 1993]**

These studies show that there is a significant presence of the private sector, which is largely dominated by individual practitioners, both trained and untrained. The institutions in this sector are heterogeneous with different sizes of operation. Some district and state level surveys on utilization patterns point to a high reliance on private practitioners for outpatient care. Private nursing homes and hospitals are largely spread around urban and suburban phenomenally with variation in their distribution across states. Some state and district level studies suggest that there is a strong association between the overall socioeconomic development of a region and growth of private institutions [24] **[Baru 1993, 1998; 963-967]**.

This seems by no means peculiar to India as several developing countries in the Asian region to share. With many of the countries in this region under the structural adjustment program of the IMF and the World Bank, there has been a push towards greater privatization of the health sector. However, there is a paucity of data across countries about details of the private sector, which needs to be studied in greater depth for similarities and differences.

While looking at the growth of private medical care in India; it is important to place the issue within an international context because prior to independence the British played a major role in introducing allopathic medicine. After independence the experience of the British in providing welfare services influenced the leadership of this country and shaped the structure of health care provision. Like in Britain, health care delivery was financed and supported by the state.

However, private interest in the form of practice by government doctors, private beds in government hospitals and supportive inputs like the pharmaceutical and medical equipment industries, which are largely controlled by private capital, were also accommodated. Eckstein's description of private institutions as essentially small and ill equipped in England during the early 1900s is applicable to most nursing homes and hospitals in India. The negative influence of retaining private interests within the public sector was demonstrated in the UK. These issues are extremely relevant to the Indian context as well.

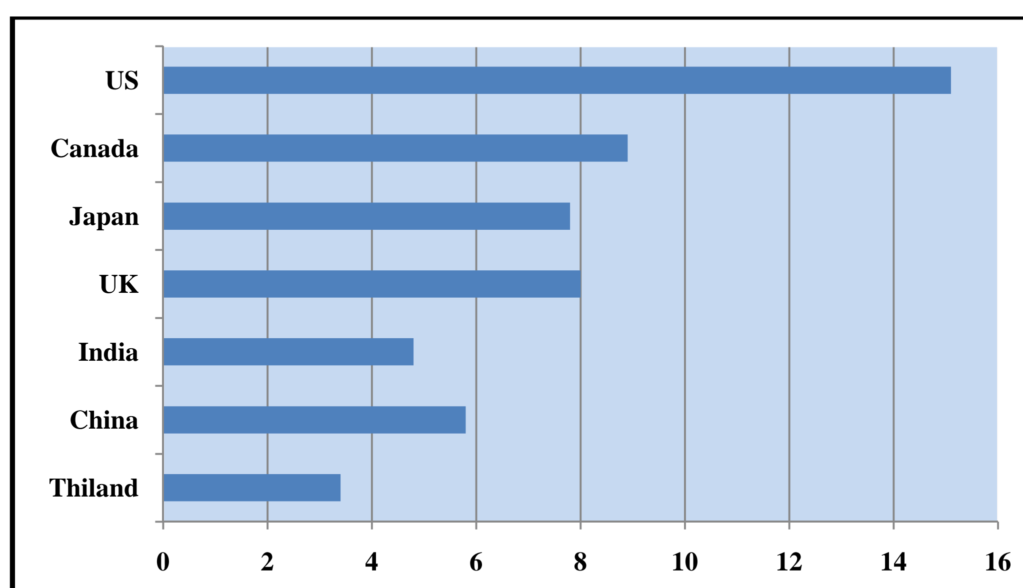
A district level study in Maharashtra on physical infrastructure in private nursing homes revealed that there are differences between small and large nursing homes. The former have little space and do not have adequate staffing or other supportive services. [25] **[Nandraj and Duggal 1997]**.

A similar study in Mumbai found that 62.5 % of the private hospitals were located on residential premises and 12.5 % were run from sheds which had asbestos roofs. Uneven inputs in physical infrastructure, staffing and equipment have implications, for quality of care provided by the private sector. The private sector accounts for 70% - 80% of total health care expenditure in India, which is among the highest proportions of private health care spending in the world. The sector has grown astonishingly in the past 15 to 20 years, making India one of the largest private health care sectors in the world.

The private sector in India comprises assorted providers such as not-for-profit, voluntary, for profit, corporate, trusts, stand-alone specialist services,

diagnostic laboratories pharmacy shops and unqualified. The private health sector accounts for 50% of inpatient care and 60%- 70% of outpatient care. In 2003, private expenditure on health, as a percent of total expenditure on health was estimated at around 75.2%, over three times the public spending. As a result, India's overall expenditure health in 2003 was 4.8% of GDP and, as seen in Chart 1.3, it compared well with other counterparts. [26] **[World Health Organization (http://www.who.int/whr/en/)]**

Chart 2.3: Health Expenditure as percent of GDP 2003:



Source: WHO.

2.13.1 The Existing Structure in Private Sector:

India has the largest private health sector in the world with over one million qualified doctors of various systems of medicine [27] **[CBHI in Peters, 2002]** and approximately 1.25 million unqualified rural medical practitioners [28] **[Rohde and Viswanathan, 1995]**. Available evidence suggests that private providers are a major source of care in rural areas of India. Surveys of health seeking behavior in India indicate that the poor increasingly prefer and use private providers of health care, as opposed to public providers. [29] **[Bennett, 1997]**

This preference is largely due to reasons of access and perceived quality- high of private providers, low of primary health centers (PHCs), in

spite of the fact that the services of public providers are free. Overall, high demand for unqualified private providers in rural India is attributable to a complex interaction of factors such as lower cost, accessibility, and the ability of these providers to combine traditional and allopathic medical systems to meet client demand/perceptions of quality care.[30] **[Khare, 1996]**

The growth of informal private health providers in India, especially in rural areas is attributable to a complex set of factors such as the lack of alternative and affordable health services and the popularity of the care that they provide. Compared to their urban counterparts, rural populations in India have very limited choice in terms of health services. As the government health system in India is beset by problems of physical distance, long waiting times, unavailability of doctors, the rural private practitioner is by default, the de facto primary care provider.

Unqualified private health providers are the primary sources of initial ambulatory care for the rural poor in India. In fact, they are often the first point of contact that the poor have with the health system. In four studies, rural private providers were found to be the mainstay of rural medical care, consulted first (and exclusively in most cases) for 60-80% of illness, especially for women and children.[31] The existing network of rural practitioners is the de facto primary health care system of rural India. [32] **[Rohde & Viswanathan]**

The private sector poses both threats and opportunities for provision of health care. The existing poor quality of private providers adds to the financial burden of already poor households. Because there is often a delay in correct diagnosis after help seeking and initial non-specific or incorrect treatment, patients often shop for treatment, sometimes visiting two or more providers in search of a cure.

These additional provider visits add unnecessary costs to the diagnosis and treatment of common diseases. Therefore, the current pattern of poor quality care in the private sector is inefficient. Because private providers often do not provide correct diagnosis and treatment of common illness, many

unnecessary consultations occur and many unnecessary drugs are prescribed before correct case-management is provided, if at all. The burden of unnecessary expenses falls disproportionately upon the rural poor.

Therefore, although the government spends very little on health care, overall health spending in India is quite substantial at approximately 5.4 % of gross domestic product (GDP) as over 80 % of all health spending in India occurs in the private sector. [33] **[Peters, 2002]** As most of this private money is inefficiently spent It could be captured and redirected to provide more effective health care for the rural poor.

Private providers have a comparative advantage because they are close to the community, both geographically and socially. Private providers are also trusted by the community so collaborating with them presents a unique opportunity to increase patient acceptance of care, such as family planning and reproductive health services. Past research has shown that clinic franchising programs that encourage providers to form ties with their local communities and promote family planning among existing clients may have better outcomes.[34] **[Field Briefings 1992 and Foreit 1998]**

Private providers that have been trained can also be useful agents of change in the community, for example to improve the status of women. The private practitioner can empower local village women by providing health education to patients regarding disease prevention and health promotion behaviors. In addition, due to their current work, rural private practitioners possess the basic skills required to learn how to counsel and provide family planning services (as opposed to lay community volunteers who do not have experience in providing health care). The strength of these providers is their responsiveness to client demands. For example, unqualified private providers understand the medical expectations of patients in India, which typically reflects a combination of traditional and allopathic medicine. [35] **[Nichter, 1980; Khare, 1996; Lambert, 1996]** consequently, client satisfaction is typically high. However, the responsiveness to client demands may also prove to be a weakness in that it may contribute to the poor technical quality of care.

The major weakness of unqualified private providers is their poor technical quality of care. Because most of the private providers that are consulted in the rural areas are not formally trained or qualified, due to the fact that they often respond directly to patient demand the treatment that they provide results in quick relief of symptoms, is usually temporary, and does not adequately treat the existing illness. Sometimes the treatment may even pose harm. Private providers often needlessly administer intravenous lines and misuse antibiotics (either by overuse or incomplete treatment) resulting in drug-resistant and other complications adding unnecessary costs to the health system. Good technical quality of care is closely related to health outcomes. Therefore, if unqualified private providers are to be involved in helping India meet its family planning and reproductive health goals, their technical quality of care must be improved.

NGO or governmental collaboration with informal private providers has the potential to improve access and quality of care, and lead to better health outcomes. Such collaboration is more likely to improve the technical quality of care; however, non-technical aspects of service delivery that can be measured by client satisfaction and are likely to improve as well. In sum, collaboration with private providers should prove to be a win-win situation for all by leveraging existing human capital in the community, mobilizing them to provide quality health care, and to act as a system of triage, appropriately referring cases to higher levels of care in the formal health system.

However, at present, there is no uniform nationwide system of registering either practitioners or institutions providing health care in the private voluntary sectors, nor is there a mechanism for obtaining and analyzing information on health care infrastructure in these sectors.

A discussion on the health care industry, a brief understanding of the existing structure of public and private sectors, now leads to focus on different possible classifications of hospitals.

2.14 Hospital as a Service Organization:

A hospital is an extremely complex organization and this is evident from the fact that it provides essential services which must be available 24 hours a day. Every hospital deals with the problems of life and death. Health care organization comes under the purview of the services. For example, one cannot avail one-self of the services of staying in a hospital without using other services like catering services, paramedical services, clinical services etc. The services offered by health care organization do not exist. They are generated as and when required. [36] **[Goel S.L, Kumar .R, 2004]**

The organizations engaged in hospital business provide a wide variety of services like providing beds, complete nursing to the patients or providing equipment for diagnosing all sorts of ailments, arranging transportation in the form of ambulances, catering services etc. to the patients. The example of providing services to the government can be traced back to the services given to the government officials and the persons who hold high positions in the government. The white card holders who are provide health services by creating a good atmosphere.

The hospitals are playing a vital role in maintaining the well-being of the people. While talking about services, Yakeshel Hasenfield and others have touched upon another important characteristic of services that of input and output, but unlike the manufacturing organizations where input is in the form of raw materials, there are both input and output are human beings. The difference between human beings as input and human beings as output is the changed behavior or condition of human beings after availing the some services or the satisfaction that they get which is reflected in the human being as output. This definition too fits in very well in the services offered by health care organizations.[37] **[Directory of hospitals, New Delhi, Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, 1988.]**

In the case of health care services also, there is no tangible raw material which is not processed. It is only the guidance which is given and the facilities

which are provided in the form of beds, tests, local transportation and nursing care.

All these services are finalized through an organized system. After availing these services a person gets satisfaction which is the output. Moreover, hospitals satisfy all characteristics of service organizations. As far as the facilities provided by health care organizations are concerned. They cannot be physically touched, but they can simply be felt. They are in the form of an organized system which makes the provision of service possible on time and effectively. A hospital has a network of medical services, paramedical services, clinical services and catering services to facilitate patient satisfaction. [38] **[Sharon Silow-Carroll, 2008.]** These organizations also have contacts throughout the world with leading hospitals and practitioners to provide updated facilities to the users.

The services cannot be stored. It is also true with services provided by hospitals that their expertise cannot be stored. They are perishable. If one is not hiring them. They get useless for the day. Hospital services also can be consumed during the process of production. One cannot carry accommodation home or bring a hospital service to the place of his/her stay. He/she has to go to the place and then avail himself/herself of the facility. The final result will be in the form of relief from the ailment and satisfaction. When the services cannot be stored they cannot be transferred to.

The above discussion underlines the fact that the hospital is a service organization. One can say that all the hospital services are linked with other supplementary services. For example, one cannot avail oneself of the services of staying in a hospital without using other services like catering services paramedical services, clinical services etc. for this reason stay in a hospital carries something more than the merely proportionate amount. In terms of existence also one finds that the services offered by a health care organization do not exist. They are generated as and when required. Only the physical part of those help-providing services exists. For example, if a patient needs a transfer from his house to the hospital. He gets the service from the hospital authorities

in the form of an ambulance followed by a suitable accommodation. [39] [Stewart, M., 2013]

The hospitals are now taking the phrase 'being hospitable' to a new level. With the changing era the typical concept of the hospital is being changed. The hospitals are now a combination of health care and hospitality.

There has been tremendous progress in the field of medicine in the last decade. Research on drugs and medical technology has played the most important role in curing the patients. The last decade lent a new meaning to health care industry. The 'feel good' factor seems to have stronghold everywhere. Improved socioeconomic status is easier access to medical care, increasing literacy information available at finger tip print and electronic media has changed the mindset of Indian patient and their attendees.

2.15 Hospitals and Competitive Market:

Today, the competitive market leaves no space for error. Slowly but surely the health care market is changing from being primarily a seller's market to a buyer's market. Today's mantra is "**patient focus care**". Satisfaction surveys are often regarded as the most accurate barometers to predict the success of any organization, because they directly ask about the critical success factors of the services. Customer satisfaction surveys can deliver powerful incisive information and provide ways to gain a competitive edge.

Hospitals are complex to manage where the highest caliber and best informed management is required. The management style of all developed, developing and under developed countries is different, but they are faced with similar problems with regard to claims of patients. In a developing country like India, the health care expenses are mostly out of pocket expenditures; health care consumer pays each and every penny for the services rendered. [40] [Valarie A. Zeithaml et al., 2008.] The patients search for the best available services and pay the affordable cost. This intensifies the competition in the health care providers to serve at the lowest possible cost without compromising the quality of services.

Health Care scenario is fast changing all over the world. Today Indian health care industry is business driven and one can see entry of all sorts of service providers to be part of this massive multi core business growing at the rate of 13% annually. Globalization and privatization have also changed the functioning of the health care system. The private health network is spreading fast throughout the country. Economic, political, social, environmental and cultural factors are influencing the health care and the delivery of the health care services.

Having viewed health care organization under the purview of services to the patient with a focus on patient centered approach, now it would be appropriate to center on the concept of a hospital.

2.16 CONCEPT OF A HOSPITAL:

Modern society has developed formal institutions for patient care. The hospital a major social institution offers considerable advantages to both the patient and the society. A number of health problems require intensive medical treatment and personal care which are possible only in a hospital where a large number of professionals and technically skilled people apply their knowledge and skill with the help of world class expertise advanced sophisticated equipment and appliances. The excellence of hospital services depends on how well the human and material resources are utilized for patient care. The first and the foremost function of a hospital is to give proper care to the sick and injured without any social, economic and racial discrimination. [41] **[Pragna Pai, 2007].**In a document of World Health Organization (WHO), it is stated that "The hospital is an integral part of a social and medical organization the function of which is to provide for the population complete health care both of curative and preventive nature".

In a modern, dynamic society, the administration and management of such a complex organization require a fair blending of technical and administrative excellence. All services are to be handled by the right persons in a right way. The administration and management of a hospital is an activity to

secure better output by utilizing inputs optimally. In this context, introducing management in a hospital becomes imperative. An organization does not exist in a vacuum. Every Organization consists of six important elements such as purpose, structure, work, coordination, people and environment. No organization can really exist without these elements. Hospitals are no exception. [42] **[World Health Organization, Technical Report Series No. 122.]**

2.17 Definitions of a Hospital:

Hospitals in India have been organized along British lines with strict hierarchical structure. The term hospital implies an establishment for temporary occupation by the sick and injured. The **World Health Organization** (WHO) defines modern hospitals thus:

"A hospital is an integral part of social and medical organization, the function of which is to provide complete health care for the population, both curative and preventive and whose out-patient services reach out to the family and its home environment. The hospital also is a center for training of health workers and for bio-social research" [43] **[World Health Organization, Technical Report Series No. 122.]**

The hospital is a unique institution of man. A WHO Expert Committee in 1963 proposed the following working definition of a hospital.

"A hospital is a residential establishment which provides short-term and long term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for persons suffering or suspected to be suffering from a disease or injury and for parturient. It may or may not also provide services for ambulatory patients on an outpatient basis". [44] **[Theirry, "Laying the Foundation" in world Health, March 1969, p.13.]**

Syed Amin Tabish, "The hospital can be defined as an institution whose primary function is the provision of a variety of diagnostic and therapeutic services for patients, both in the hospital and in the outpatient clinics. It is the umbrella organization under which many individual health care professionals provide some or all of their services. More than 30 disciplines are represented in

most hospitals, each having its own processional structure, body of knowledge, code of ethics, and technical procedures. A hospital is also a social institution, dealing daily with a broad panorama of human hopes, fears, and concerns. Finally, a hospital is a business, responsible for the efficient, cost-effective provision of wide range of services". [45] **[Syed Amin Tabish, 2003.]**

2.18 Changing Concept of Hospital:

With the passage of time, it is natural that a change in perception is visible. Yesterday, the hospitals were considered as alms houses. They were set up as a charity institution to take care of the sick and poor. Today, it is a place for the diagnosis and treatment of human ills, for the education, for imparting training for promoting health care activities and to some extent a center helping bio-social research. The viewpoints expressed in the WHO document have enlarged the functional areas of modern hospitals. Today, they demand modern and best possible means of medical care and health education. They want everything not only within the four walls of the hospital, but at their doorstep or in the vicinity of living places. This hospital is a major social institution for delivering health care, offering considerable advantages to both patients and society.

Broadly the role of modern hospital has two major aspects viz. The curative and preventive aspects.

2.18.1 The Curative Aspect: The curative or restorative function of the hospital remains its most important and best appreciated service. This involves firstly diagnosis as an out and inpatient service. Early diagnosis and prompt treatment is of prime importance not only for the individual patient but also for the general health and medical care system as well. The curative function includes, apart from diagnosis and treatment, rehabilitation of patients. Rehabilitation means to help the physically and mentally handicapped to resume their normal roles as useful members of the society.

2.18.2 The Preventive Aspect: In a developing country like India, with a large population, the importance of preventive aspect of health care cannot be under-

valued. The preventive aspect includes health education, maintaining hygienic conditions, immunization etc. In developing countries the bulk of preventive work needs to be decentralized and carried out by health centers situated at the periphery of health services as the majority of the population lives in rural areas. [46] [Syed Amin Tabish, 2005.] The role of modern hospital in this context would be to act as a referral base for health centers.

2.19 Classification (Typology) of the Hospitals

2.19.1 Hospitals are classified in two ways.

- According to the objective of the hospital or service offered to the patient
- According to the ownership or control

2.19.1.1 According to the objective, or service offered, hospitals are divided into:

- Teaching-cum- Research Hospitals
- General Hospitals
- Special Hospitals [47] [S.L. Goel and R. Kumar, 2007.]

The hospitals here are classified mainly focusing on the objectives. Some hospitals are set up with the motto of imparting medical education, training and research facilities whereas in some other hospitals, the prime attention is on health care.

2.19.1.1.1 Teaching-cum-Research Hospitals: These hospitals are teaching based. They are found engaged in advancing knowledge, promoting the research activities and training the medicos. Here the health care is secondary. For example, All India Institute of Medical Sciences, New Delhi, Post Graduate Medical Education and Research Institute, Chandigarh etc.,

2.19.1.1.2 General Hospitals: The main objective in the General Hospitals is to provide medical care. The General Hospitals also offer teaching and research facilities, but these objectives are secondary, for example, different General

Hospitals, District and Sub-divisional hospitals. In general hospital, care is given too many kinds of conditions such as medical, surgical, pediatrics and obstetrics. Nowadays, in many general hospitals, there are sections for psychiatry and communicable diseases. A special hospital limits its services to a particular condition or sex or age, such as tuberculosis, maternity and pediatric hospital, respectively.

2.19.1.1.3 Special Hospitals: The main objective of Special Hospital is to provide specialized medical services. These hospitals concentrate on a particular organ of the body or a particular disease.

2.19.1.3 According to ownership, hospitals are divided into:

- Government Hospitals
- Semi-Government Hospitals
- Voluntary Agencies, Hospitals
- Private Hospitals

The Government Hospitals are owned, managed and controlled by the Government whereas Semi-Government Hospitals are found acting as an autonomous body. The voluntary agencies, hospitals are owned by voluntary organizations, whereas the private hospitals are owned by private parties. [48]

[Syed Amin Tabish, Op.cit., pp. 158.]

2.19.1.4According to Medical System, hospitals are divided into:

- Allopathic Hospitals
- Ayurvedic Hospitals
- Homeopathic Hospitals
- Unani Hospitals
- Others

According to different systems of medicine, classification can be made as Allopathic, Ayurvedic, Homeopathic, Unani and hospitals of other systems of medicine.

2.20.2 Government or Public Hospital may be:

- Medical College Hospital
- District Hospital
- City or Town Hospital
- Primary Health Center
- Rural Hospital
- Employees of State Insurance Hospital

These government hospitals may be a general hospital or a special hospital, according to the need of the community.

2.20.2Non-Governmental or Private Hospital may be:

1. Medical College Hospital
2. Mission Hospital
3. Private Hospital
4. Industrial Workers Hospital

2.21 FUNCTIONS OF A HOSPITAL:

The following are the main functions of hospitals:

2.21.1 Investigation, Diagnosis and care of the sick and injured:

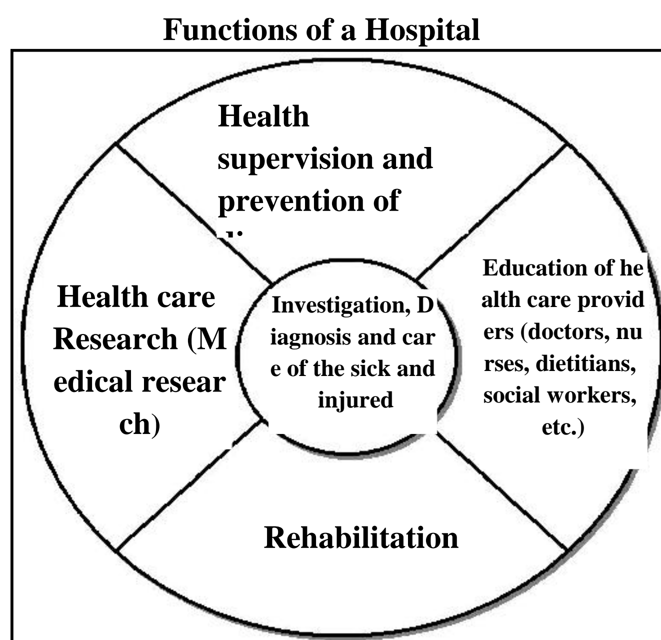
In modern times, the chief functions of the hospital; conduct the investigations, for diagnosis, and provide care for the sick and injured. According to the condition of the patient, they are examined or the necessary investigations are done in the outpatient or inpatient. When the condition of the patient requires a detailed investigation or due to many other reasons, the doctor

may advise the patient to stay as an inpatient. In undiagnosed conditions– the patient may be admitted for observation only. [49] **[Pragna Pai, Op.cit. pp-9-11.]**

For the care of the sick, the wards are of different types. According to the age of the patient, he is admitted to a general ward or pediatric ward. According to the type of disease, he may be admitted in a medical or surgical ward or in any special ward and according to the income and preference of the patient, he may select a general ward or pay award. Several others department, such as: clinical laboratory, kitchen, X-Ray, pharmacy, operating room etc. work under the control of the administration for a common goal, the care of the sick. So also, several categories of personnel as doctors and nurses and other technical and non-technical persons work together in the hospital for the common goal, care of the sick.

Chart – 2.4

Functions of a Hospital



Source: Mrs. L.K. Rathna. Dogiparthy, Dec., 2012.

2.21.2 Health Supervision and Prevention of Disease:

The prevention aspect of medical work has been given so much emphasis in all aspects of medical practice that hospitals and health centers are

involved in health supervision and preventive therapy. In the entire outpatient department provisions are available for the routine health examination and supervision of antenatal and postnatal mothers, health supervision and immunization of sick and healthy children and other services to persons in normal conditions. Hospitals prevent the spread of diseases by isolating the patients with communicable disease and help to raise the standard of health in the community by health education. Hospital staff and other medical, social workers render great services in dealing with the social problems and recurrence of psychiatric conditions and the adjustments of such persons in the community. Different types of home care are given to patients by community health program. [50] **[CM. Francis, Mario C de Souza, 2000.]** Modern hospitals extend their services to the community by arranging camps and clinics such as eye camps, detection of cancer, diabetic clinics, immunization camps, family welfare program, camps etc. by specialized doctors and other health supervisors in the health supervision and prevention of diseases in the community.

2.21.3 Education of Medical workers:

Doctors, nurses, dietitians, social workers, physical therapists, technicians, hospital administrators and other medical and paramedical people are taught within the hospital much of what they must learn in order to practice their profession. The theoretical part of their learning is conducted in an affiliated institution and they practice their knowledge in the actual situation of the hospital. Without hospitals or equivalents, It would be impossible to give an adequate preparation for almost any type of modern medical service because such experiences are not available anywhere in the community other than a hospital or health clinic.

"A little knowledge is dangerous"

2.21.4 Medical Research:

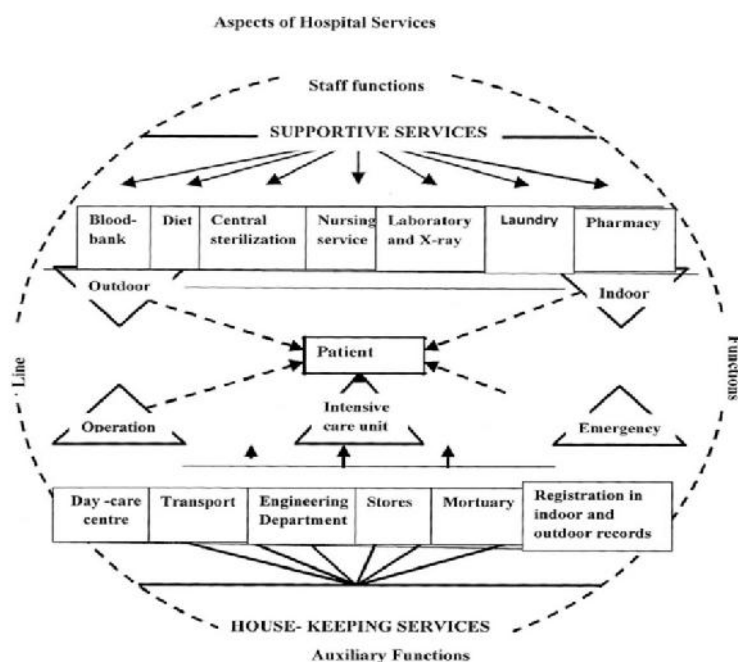
Hospitals offer medical workers opportunities for investigations in the form of laboratory facilities, trained personnel, Patients and accumulated records which are not available elsewhere. This research is thought to be an

important factor in the successful practice of medicine and the advancement of medical science. The modern trend is to establish a close association between the small rural hospitals, research centers and between all hospitals and other community health organizations in order that their personnel may have provision for an adequate research and diagnostic and therapeutic facilities. The large number of patients and workers in these research centers and district hospitals help promote should foster all kinds of medical research.[51] The statistical side of the research works in the hospital help to evaluate the occurrence and prevalence of particular diseases in the locality or society and the health status of a country.

2.21.5 Rehabilitation:

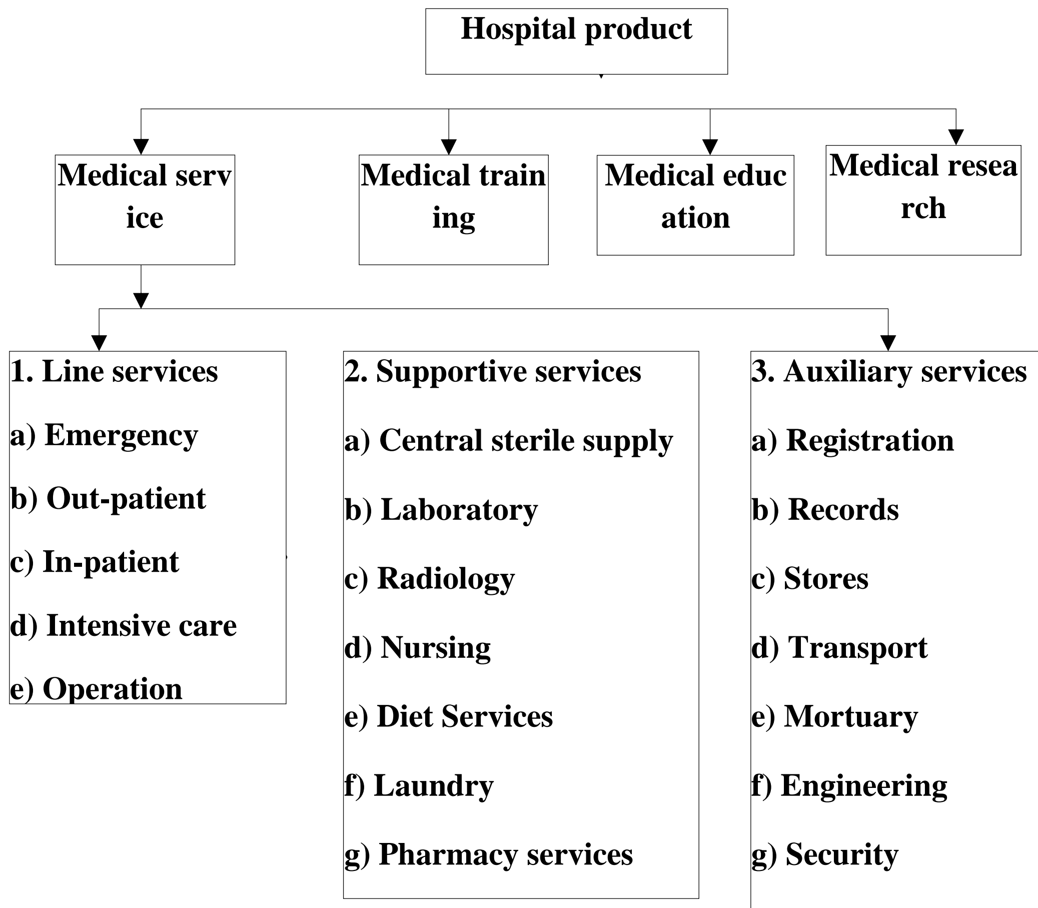
The rehabilitation in the hospital is a facility to provide additional help to recover from an injury for stabilizing patients who still need inpatient hospital care. They might require physical, occupational or speech therapy as their injuries, improve, and they might need social work assistance to determine how to live life once they are discharged.

2.5 ASPECTS OF THE HOSPITAL SERVICES



Source: Mrs. L.K. Rathna. Dogiparthy, Dec., 2012.

Chart – 2.6 **Aspects of the Hospital Services**



Rathna. Dogiparthy, Dec., 2012.

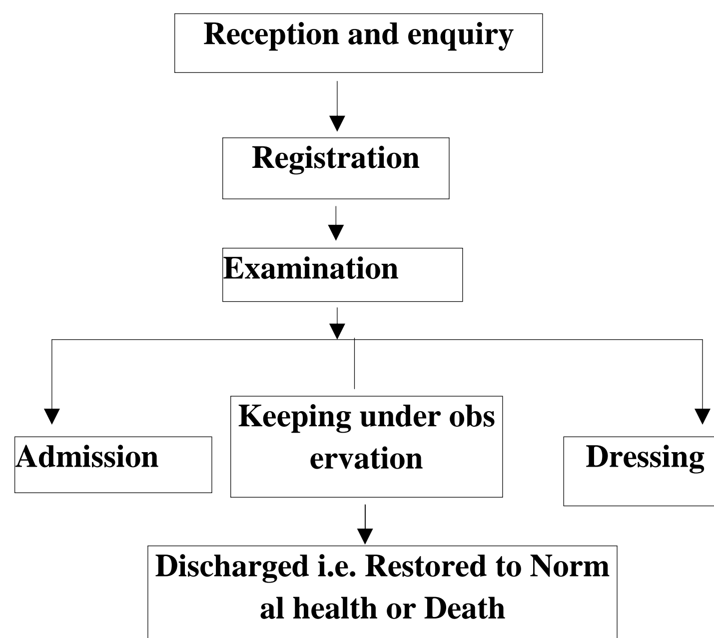
The above classification of products is based on different categories of hospitals. The medical colleges and some of the medical institutes impart medical education, training and research facilities. It is natural that concentration of product varies depending on the nature of the hospitals. However, it is right to believe that the ultimate aim of all the providers is to make available the best possible medical services and to prepare best medicos to simplify the task. Here it is essential that providers should be aware of the nature, behavior, requirements and status of the users. This helps in planning and development of services. [52] **[Ibid., pp. 33-41]**

2.22.1Line Services:

a) **Emergency (casualty) Services:** The casualty department provides round the clock service, immediate diagnosis and treatment for illness of an urgent nature and injuries from accidents. Cases of serious nature are admitted in emergency wards to provide immediate medical care. Now-a-days, emergency service is acquiring increasing importance due to modern problems arising out of urbanization and mechanization. Such patients are either discharged after two or three days or transferred to the inpatient wards. This procedure in an emergency is given below.

Chart – 2.7

Procedure in an Emergency Service



Source: Mrs. L.K. Rathna. Dogiparthy, Dec., 2012.

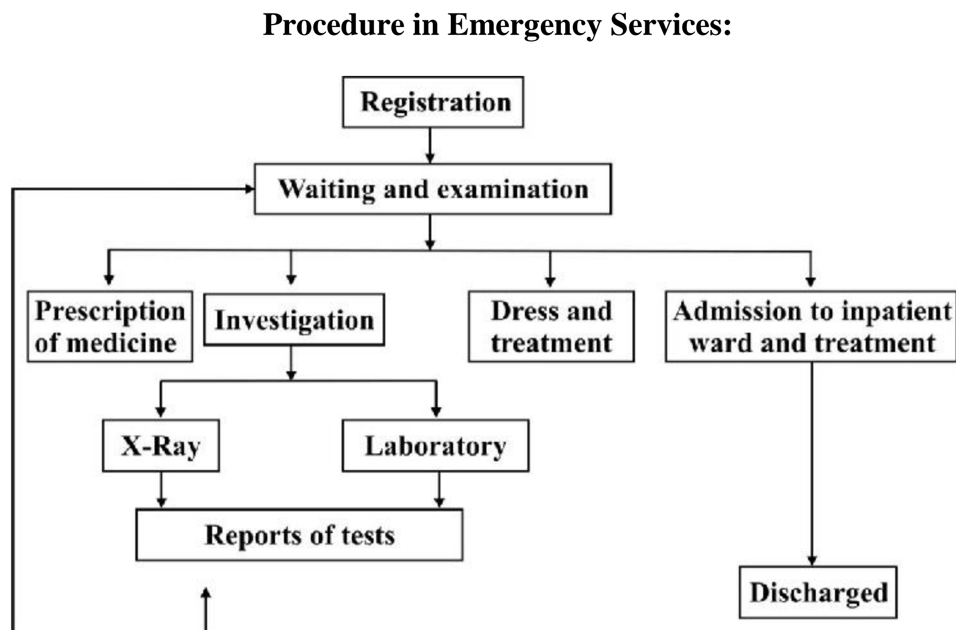
Out Patient Services: Here, all patients suffering from diseases of minor acute and chronic nature are analyzed. These services are designed to provide services to at least 1% of the population of the area. The functions of outpatient services are provided by diagnostic, curative

preventive and rehabilitative services on an ambulatory basis. [53][.Ibid., pp. 33-41]

b) This process of the outpatient department is explained in the following diagram.

Chart – 2.8

Procedure in Emergency Services:



Source: Mrs. L.K. Rathna.Dogiparthy, Dec., 2012.

C. **Inpatient Services (wards):** After the patient has been examined in the outpatient department or in the casualty, he may be advised admission into the wards. Each ward has generally a doctor's duty room, dressing room, central nursing staff station and other essential items needed for patient care.

d. **Intensive Care Unit:** Some of the patients admitted into the hospitals require acute, multi-disciplinary and intensive observation and treatment; hence it is desirable to have an intensive care unit for such patients.

e. **Operation Theatres:** Each operating room will have a pre-anesthesia room, sterilization room and scrub room. There is a trend to provide

simple laboratory facilities within the operating area to serve the purpose during an emergency.

2.22.2 Supportive Services:

3. Central Sterile Supply Services: The Central Sterile Supply Department is to store, sterilize, maintain and issue those instruments, materials and garments which are sterilized.

a. Diet Services: The catering department comprises the kitchen bulk food stores and dining rooms and supplies of food material throughout the hospital. This department is required to provide a general diet or special diet for patients suffering from certain diseases.

b. Pharmacy Services: The Pharmacy Services represent the functions of procurement and distribution of medicines through medical stores on the basis of Doctor's prescription by the persons hitherto known as Compounders, generally under the control of Medical Officers.

c. Laundry Services: There is a need for an efficient mechanical, laundry to ensure the availability of bacteria free linen. The aim of this service is to make available to the patients clean and sterile linen.

d. Laboratory and X-ray services: For proper diagnosis of ailments of patients, it is necessary to have a properly manned diagnostic laboratory facility. Laboratory and X-ray services play a prominent role in aiding the Doctor fulfill his.

e. Nursing Services: Nursing is a vital aspect of health care. It needs to be properly organized. A nurse is in frequent contact with the patients. Hence, her role in restoring the health and confidence of the patients is of utmost importance. The nursing services are managed by a matron who is assisted by a sister-in-charge of the ward and staff nurses. Nursing sisters control the ward. The quality of nursing care and the management of nursing staff reflect the image of the hospital.

2.22.3 Auxiliary Services:

a. **Registration and Record Keeping Services:** Registration is a must for a hospital which enrolls new patients with proper entry in the outpatient department and keeps the track record of the re-visits of patients. A medical record helps in regulating the admission of patients. It helps in codifying the records according to the internal disease index.

b. **Stores:** The central store receives and issues bulk items. Stores are of different types-Pharmacy Stores, Chemical Stores, Linen and Stores, etc. Stock policy should be devised in such a way that vital and essential items are always available. It should be managed by a competent stores officer.

c. **Transport Services:** Transport services are required for the carriage of supplies and patients, such as trolleys, stretchers and wheelchairs.

d. **Mortuary Services:** Each hospital has a cold storage where dead bodies are kept before they are claimed by their relatives. Sometimes post-mortem is needed for medico legal reasons. Unclaimed bodies will be disposed according to rules.

e. **Engineering and Maintenance Services:** Regular repairs and maintenance of the hospital building, furniture and other equipments are essential for the efficient functioning of the hospital, especially in a large hospital. Therefore, there is a need to have a separate department of engineering and maintenance services to provide immediate services and keep the hospital effective and efficient.

f. **Hospital Security:** The establishment of the hospital security force is essential to ensure the safety of the patients and the staff. This department will have active liaison with the local police in the area so that they can supplement each other’s effort.

2.23 Present State of Hospitals

There are different types of hospitals whatever the hospital, irrespective of it. A lot of problems and patient is the ultimate sufferer. So we need a patient centered hospital. The following are the common problems that are identified in the hospitals.

- Ineffective leadership
- Political interference
- Lack of information system regarding hospital services
- Inadequate supply of drugs
- Lack of quality food supply
- Inadequate sanitary facilities
- Lack of in-service education for staff
- High cost of health care
- Non-courteous attitude of employees in the wards.

Indifference among the doctors and other categories of staff the above scanning about the problems reveals the concept of health services changed and the peoples' expectations also changed a great deal. Thus, there is a wide-spread belief that better management of health services is essential if higher standards of health care are to be achieved. The best services will lead to greater success.

2.24 THE MODERN HOSPITAL– A COMPLEXENTITY:

That the modern hospital is an extremely complex organization is evident from the fact that it provides essential services which must be available 24 hours a day. Obviously the hospitals differ from other organizations in that they deal continuously with the problems of life and death. The hospital is faced with a unique set of issues and characteristics. These characteristics in the Indian context can be summed up thus:

a. Hospitals are operated continuously. This leads to high cost and causes personnel and scheduling problems.

b. There is a wide diversity of objectives and goals among the individuals, professional groups and various sub-systems. Hospital components are responsible for/or participate in patient care, education, research, prevention of prospective ailments, accommodation and intricate medical and surgical procedures. These activities are generally conflicting. Effective coordination is becoming difficult in minimizing this conflict and obtaining the maximum support in achieving hospital mission.

Hospital personnel range from highly skilled and educated to unskilled and uneducated employees. The major responsibility of the hospital manager is to get work from these diversified groups. Unionization among personnel complicates human resource management in hospitals.

d. Many components of hospital operation have dual lines of authority. Physicians are responsible for patient care, education and research. This necessitates unique skills and special working relationships.

e. Hospitals deal with the problems of life and death. This puts significant psychological and physical stress on all the personnel. The setting and outcome may cause consumers and their families to be hypercritical.

f. It is difficult to determine and measure the quality of patient care. There has been progress in determining what quality is, but many questions were unanswered and there is disagreement among experts as to how and what should be measured.

g. One major characteristic of hospital management is the over emphasis on medical care and the overriding of financial aspects of hospital operations. This results in distortion of management principles and their application to hospitals as compared with other undertakings.

h. The complexity of a hospital is characterized not only by its diversified activities, but also by the personalized nature of its services. Each patient is a special product.

Advances in technology, economics, political pressures and consumer demands add complexity and problems to hospital management at the rate equal to or greater than the rate at which managers solve them. [54] **[Ibid., pp. 17-20.]**

2.25 NEED OF THE DAY – NEW ENVIRONMENT:

The severe financial constraints, the selfish and flimsy staff relations demand an entirely new environment for the present day hospitals. There is a nursing shortage while quality and utilization standards are rising. In these turbulent times It can be said that the health care environment has a significant influence on hospitals. Now-a-days there are many criticisms leveled at the hospital industry such as pricing structure costs and productivity. The difference between a successful and an unsuccessful hospital may be due to luck as much as management. In order to survive in the ensuing decades a metamorphosis of the hospitals will become imperative. Every hospital has to come up with new and innovative ways to decrease their costs while continuing to provide a high quality of care and strong patient orientation. [55] **[Syed Amin Tabish, op. cit., pp. 19-22.]**The central theme of the above discussion is that hospital executives have to create and maintain a competitive advantage for their hospital.

Some of the strategies every hospital has to adopt to create a patient centered hospital include:

a. Technology Leadership

b. Quality Leadership

c. Cost Leadership.

Spitals should be equipped with the latest technology. But unfortunately Government hospitals are not in a position to cope with the current situation. The reason may be that these hospitals are in the control of the State or Central Government. Bureaucratic procedures, severe financial constraints and

considerable cut in the expenditure on health lead to problems with purchase of new machinery. The available equipment is defunct due to lack of timely and proper maintenance. Huge equipment with labels “Not Working” can be seen stacked for months together. To a large extent bureaucracy too contributes to the lack of maintenance of equipments. In case of private hospitals the authorities are providing technologically updated equipment in the hospitals. We can say to a certain extent that private sector succeeded in providing latest equipment.

b. Quality Leadership

The success of a hospital both in government and the corporate sector is measured by an accepted level of care. Quality of care is an essential and considerable aspect of a hospital structure. It is clear from our casual observation that the quality of services is good in corporate sector when compared to Government hospitals. But the problem is though care is high in the corporate sector, it is attracting only high income group. The quality of services is good in private (missionary) sector; it is attracting low, middle, and high income groups.

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c. Cost Leadership

One of the generic concepts cited by Michael E Porter for dealing with the competitive forces is cost leadership. One should provide services to all sections of people. But these costs are very high in the corporate sector and they are giving relatively qualitative services. Whereas in Government Hospital, though

providers are giving services free of cost, the care is at the lowest ebb. So, in this context, cost minimization in all areas is necessary. A great deal of managerial attention to cost control is necessary to achieve the aims. Cost reduction control is a critical factor in improving return on investment. Four strategies are identified for high 'Return on Investment' in hospitals (ROI). First, strict attention to length of stay appears to be of paramount problems in purchase of new machinery. The available equipment is defunct due to lack of timely and proper maintenance. Huge equipment with labels "Not Working" can be seen stacked for months together. To a large extent bureaucracy too contributes to the lack of maintenance of equipments. In case of private hospitals, the authorities are providing technologically updated equipment in the hospitals. We can say to a certain extent that private sector succeeded in providing latest equipment.

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housekeeping costs.[56] [**Anita W. Finkelman, "Leadership and Management in Nursing" First edition,2009,]**

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CHAPTER -III

REVIEW OF LITERATURE

(Present and post status):-

A) Literature related with hospital administration and management in Government and corporate hospitals.

B) Literature related to Patient Satisfaction in Government and corporate hospitals.

- **References**

CHAPTER-III

REVIEW OF LITERATURE (Present and post status)

A review of literature of various studies related to Management of health care facilities for patients clearly show that very limited research has been done related to management of -health care facilities. Which are, having been carried out in the Indian context, especially in the health care sector.

When I was in General nursing student, I went to various Government and Corporate hospitals in my study. I witnessed a large number of patients suffering from different type of diseases were coming to hospitals. Poor patient was more interested in government hospitals. Rural population, due to lack of knowledge and awareness roams around seeking for treatment and guidance. At that time I felt a desire to research in this field and I decided that I will work in this field.

During and after my MBA degree, I studied various magazines, met peoples, went hospitals and also studied some research work and websites related to this matter. I found some important research articles and websites; some content of those are as follows:-

A) Literature related with hospital administration and management in Government and corporate hospitals.

B) Literature related to Patient Satisfaction in Government and Corporate hospitals.

A) Literature related with hospital administration and management in Government and corporate hospitals:

T Sreenivas[1] et.al (2012) studied about the **Objectives:** 1. To studies the satisfaction levels of the patient in sample hospitals. 2. To suggest measures to strengthen the administrative practices that improves patient satisfaction in hospitals in India. **Settings:** Government General Hospital (GGH), St. Joseph General Hospital (SJGH) and NRI Hospital (NRI) in the state of Andhra Pradesh in South India. **Results:** 38 – Items scales having good reliability and

validity was developed. Seven dimensions of perceived quality were identified—Admission Procedure, Physical Facilities, Diagnostic Services, Behavior of the staff, Cleanliness, Dietary Services and Discharge procedure. The researcher observed that patient satisfaction is high in the case of SJGH and followed by NRI and GGH. **Conclusion:** The developed scale is used to measure perceived quality at a range of facility types for patients. Perceived quality of public facilities is only marginally favorable, leaving much scope for improvement. Better staff and physician relations, interpersonal skills, infrastructure, and availability of drugs have the largest effect in improving patient satisfaction. In this study patient refer to inpatient. [1]

Rahman, M et.al (2012) studied the problem of lack of financial resources and know-how of public health care sector in Bangladesh by utilizing government facilities and enhancing the distribution channel of the private sector, pharmaceuticals and revealed that BRAC's Health Program as a case study which tackled the problem to an extent with the help of community health volunteers. [2]

Zahida Abro et.al (2012) revealed that Health care comes under the basic need of the human being; it is a responsibility of the state to provide these facilities through health care units to prevent from common and fatal diseases to the society. Human capital is very unique and the most important element for the development of nations; healthy minds, can change the world around them with their creativity, efficacy and productivity. In Pakistan, there are mainly two types of health care units; Public and Private, in this study the former one has been taken under consideration in this study. Public sector hospitals are generally considered poor service providers, mismanaged, and politicized units. This study aims to assess the satisfaction level of the patients approaching public hospitals for health care services with a deep focus upon social demographic status of the patients. To analyze patients satisfaction certain service quality dimensions influencing patients overall quality perceptions are taken by using SERVQUAL Model, which has applied at one of the public sector hospitals "civil hospital Karachi". An analysis of 135 patients has been

taken from 15 wards of civil hospital Karachi. Results showed that the majority of the Patients were poor having income in between Rs 5000-10000 per month. Out of all variables Tangibility (Physical Infrastructure) has received lesser satisfaction by Patients but overall patients were found satisfied with the Services provided by Civil Hospital Karachi. [3]

Raggad et al. (2012) in their study revealed that effective marketing improves performance of government and private health care institutions. The research drew these recommendations (1) health care institutions must define their objectives clearly and this will include policies and strategies (2) Health care executives will need to have knowledge of multi- dimensional changes in the environmental conditions when adopting strategic management. (3) The marketing managers will have to treat consumer service as a function, rather than to whom something is to be sold. [4]

Dominic Montaguet.al July (2011) revealed this study Private health care providers deliver a significant proportion of health care services in low and middle income countries (LMIC). Poorer patients get sick and go without the care more frequently, and more expensive of their incomes on private health care than the wealthy. This review is focused on comparing health outcomes in private versus public care settings. It seeks to summarize what is known regarding the relative morbidity or mortality outcomes that result from treatment by public or private providers in LMIC.

Methods

We conducted a systematic review of studies evaluating the impact of public and private health care provision. We performed meta-analyses on data within identified studies, in order to estimate the effects of type of health care provider on identifying health outcomes.

Results

Twenty-one studies met our inclusion criteria and explicitly compared health outcomes between the public and private sectors. Of those, 17 were cohort studies, from 9 countries. Eleven studies were conducted in lower-

middle-income countries ($996–$3,945 GNI per capita) and 10 studies from upper-middle-income countries ($3,946–$12,195 GNI per capita). Eighteen studies were conducted in urban settings. Fifteen of the 21 studies provided mortality for a healthy outcome, and studies examined a wide range of diseases, with tuberculosis (TB) being the most represented.

A meta-analysis of all studies exploring the impact of health care type and mortality showed that patients in a private health care setting are less likely to die than patients are in a public health care setting (OR 0.60; 95% CI 0.41–0.88). The pooled analysis showed that patients are in a private health care facility is more likely to have unsuccessfully completed TB treatment than patients are in a public health care facility (OR 2.04; 95% CI 1.07–3.89). Regardless of outcomes, the quality of evidence is rated, by objective measures, as either low or very low.

Conclusion

More evidence is needed to compare health outcomes between the public and private sectors. Governments and researchers can play a critical role in improving the evidence base for decision making about the contributions of the public and private sectors in a given country's health system. Governments should encourage data collection in both public and private settings that would permit ongoing comparison of clinical data. When government facilities are absent or insufficient, contracting with private-sector facilities or providers would appear to be an acceptable option. Governments must consider appropriate profit margins, regulations and training for private providers. Further research is needed in this area, and should be included low-income countries and rural settings. Diseases of the poor– notably malaria and childhood illnesses– are largely absent from the current literature, with the exception of one study on HIV/AIDS and six on TB. [5]

Juliana A (2011) studied and revealed that clients in private hospitals were not satisfied with the cost of care while those are in public hospitals were not satisfied with the availability of modern equipment, cleanliness of the

environment, cost of care and overall time spent in hospital. It was recommended that policy makers should examine ways of establishing partnership between the public and private sector to expand access to quality health services. [6]

Oghenetega Ivwighreghweta revealed in this study that Records management is the field of management responsible for the efficient and systematic control of the creation and disposition of records, including processes for capturing and maintaining evidence of and information about a patient's transaction in the form of records (Health informatics 2006). The medical record is a permanent documentation of the history and progress of a patient's medical care. Records are used for continuity of a patient's care, verification of insurance claims, as a legal business document outlining the course of a patient's medical care, to provide statistical and factual information for hospital administrative, licensing and other regulatory bodies and medical research (Pickett 2011).

Methodology

The study employed the descriptive survey design. The population for the study was 50 (fifty) staff in the health record department in the Central Hospital, Sapele and Central Hospital, Oghara, both in Delta State, Nigeria. The instrument is used for data collection was the questionnaire. A total of 50 copies of the questionnaires were administered to the respondents and all were returned completed. Data were analyzed using simple percentage and frequency count.

Conclusion

The study concludes that in most health care organizations, medical record is the principal repository of a patient's health care information, so every health organization needs a medical records department that is organized and staffed to provide adequate information. [7]

Victoria Narichiti December (2010) writing thesis in hospital administrative with referred to Bombay’s Municipal Hospitals, written by Aloo Noshir Dalal3 the Functioning and Prevailing Organizational Stress of Three

Major Municipal Teaching Hospitals. In interviewing the informants, a stratified random sample was used. The findings of the studies are trainings are noticeably absent were most needed. It is found that there is no proper communication between patients and different categories of staff, which lead to insufferable problems in the management of hospitals. It is found that unionization has been regarded as the major obstacle in effective administration. Public relations in hospitals are completed neglected. In spite of their limitations and shortcomings, these hospitals were making a genuine attempt to serve the public with a wide range of medical services.

Hospital organization and administrative were written by M. Shankara Rao, 5 presents the current issues are involved in hospital administration. The book concentrates on health care and administrative infrastructure at various levels, development of hospitals from time to time, quantum of services, problems with human resources, patient satisfaction and opinions on various hospital services. The Researcher selected King George Hospital, Visakhapatnam, and Andhra Pradesh as a sample. It was found that the age old rules and bureaucratic practices cripple the working of hospitals. The effects of these can be minimized through recasting the rules and regulation and by providing training and orientation programs. This study made an attempt to find out the gaps in the present system, linkage with government and suggested ways and means to fill the gaps so as to improve its administrative potential.

Private Health Care in India was written by Rama V.Baru6 examines the trends in privatization of health care and its social basis. The book also deals with the future of public health services in India. It is based on empirical study of private hospitals in Hyderabad, Andhra Pradesh. It delineates the emerging patterns of medical care in the private sector with a historical and global perspective. It traces the growth of the private sector in India and examines the role of professionals, certain classes and international capital which have shaped the content of privatization. The author demonstrates, through an in deep study of the background of medical entrepreneurs, that there has been a movement of capital away from agriculture and business into the medical sector. Dr. Baru

shows how the growth of the private sector has had a negative impact on the public sector. [8]

Owusu Frimkong et al. (2010) revealed varying access experiences among public and private care users. The public is as opposite to private health care user experience unsatisfactory outcomes in relation to service climate factors. [9]

Sodani et.al (2009) conducted a study and revealed that the major reason of choosing the public health facility was inexpensiveness, infrastructure, and proximity of health facilities. Measuring patient satisfaction, were more satisfied with the basic amenities at higher health facilities compared to lower level facilities. It was also observed that the patients were more satisfied with the behavior of doctors and staff at lower health facilities compared to higher level facilities. [10]

Friesner, D. et.al (2009) revealed and present a methodology that measures improvement in customer satisfaction scores when those scores are already high and the production process is slow and thus does not generate a large amount of useful data in any given time period. The authors used these techniques with data from a midsized rehabilitation institute affiliated with a regional, nonprofit medical center. Thus, this article functions as a case study, the findings of which may be applicable to a large number of other health care providers that share both the mission and challenges faced by this facility. The methodology focused on 2 factors: use of the unique characteristics of panel data to overcome the paucity of observations and a dynamic benchmarking approach to track process variability over time. By focusing on these factors, the authors identify some additional areas for process improvement despite the institute's past operational success. [11]

Prakash L. Patil (2008) in his research entitles "A study of Quality Management of Medical Services in Hospital in Satara City." It is found that most of the private hospitals are being run by the doctor-owner himself without any assistance from other doctors or visiting consultants. The majority of the

hospitals have no provision for the doctors to be present round the clock. Hence, the availability of doctors is occasional and the hospitals are mainly looked after by unqualified lower-rung staff.

Similarly, the availability of staff for running the hospitals have full-time hospital administrator and the rest of the hospital are managed by the doctor owner himself.

Further, he had seen that, in both public and private hospitals, the actual experience of the staff fell short of their expectations, in almost all aspects, indicating that the staffs is not at all satisfied with their present job. He stated that, it is necessary to emphasize that as the proper management of the hospitals, rest on the shoulders of all the hospital staff, right of doctors to supportive staff to sanitary people, unless and until the entire staff becomes duty conscious and responsible the scenario of the hospital would remain the same. However, the job insecurity, low wages, heavy workload and poor working condition are bound to affect the quality of care provided to patients, since it does not generate a sense of belonging and loyalty among the staff. [12]

Kaul et al. (2013) studied and revealed that the patients are more inclined towards using the **private** hospitals rather than the **public** hospitals. The human factor that is the behavior of doctors and the paramedical staff are the key determinants of the patients overall satisfaction level. [13]

Lezovic M (2009) revealed conducted a study and revealed long– term care for people with chronic illness and disabilities present an urgent challenge around the world.

Method: For the data collection from health care facilities, we used questionnaire method.

Results and conclusion: The return rate of the questionnaire was very high, 70% questionnaires from health care facilities were returned. In health care facilities, the age structure of clients was highest in 76-85 years (41%)

The length of stay of a patient in a health care facility was in 73% patients up to 3 weeks. The most frequently performed activities of employees were health- nursing care (72%). For 31% health care facilities, the waiting time is 1 week. The length of stay of patients in health care facilities is impacted in 63% by a combination of health and social problems. For diagnosis structure of patients, the most frequent is ischemic heart disease, Heart attack, hypertension (37%), sudden cerebrovescular accident (25%), locomotive disease (25%) and dementia (22%) and dementia (22%). [14]

B. S. Ghuman (2009) revealed conducted the study that Economic and social development is complementary to each other. Empirical evidence suggests that more emphasis on economic development and neglect of social development results in lopsided development and ultimately slowing down the tempo of economic development. The top priority accorded to economic sectors and marginal policy attention to social sectors like education and health results in economic prosperity accompanied by social poverty. Social poverty, particularly in the fields like education and health finally eclipses economic development and ultimately quality of life. A balanced strategy of allocating resources between economic and social sectors, thus, is a very essential policy decision for a developing country like India. Assigning adequate priority to social sectors has also become non-negotiable in the light of knowledge emerging as a new found source of economic growth and also reaping the benefits of 'demographic dividends' which India has in the form of a large number of population in the working age group (15 to 64 years). It is in this backdrop of the growing importance of health service that the present paper has been initiated. [15]

Brand, C. et.al (2008) revealed by the study that OBJECTIVE: To identify patient safety measurement tools in use in Australian public hospitals and to determine barriers to their use. **DESIGN:** Structured survey, conducted between 4 March and 19 May 2005, designed to identify tools, and to assess the current use of, levels of satisfaction with, and barriers to use of tools for

measuring the domains and sub domains of: organizational capacity to provide safe health care; patient safety incidents; and clinical performance.

PARTICIPANTS AND SETTING: Hospital executives, managers and clinicians from a nationwide random sample of Australian public hospitals stratified by state and hospital peers grouping. **MAIN OUTCOME MEASURES:** Tools used by hospitals within the three domains and their sub domains; patient safety tools and processes identified by individuals at these hospitals; satisfaction with the tools; and barriers to their use. **RESULTS:** Eighty-two of 167 invited hospitals (49%) responded. The survey ascertained a comprehensive list of patient safety measurement tools that are in current use for measuring all patient safety domains. Overall, there was a focus on use of processes rather than quantitative measurement tools. Approximately half the 182 individual respondents from participating hospitals reported satisfaction with existing tools. The main reported barriers were lack of integrated support systems, resource constraints and inadequate access to robust measurement tools validated in the Australian context. Measurement of organizational capacity was reported by 50 (61%), of patient safety incidents by 81 (99%) and of clinical performance by 81 (99%).

CONCLUSION: Australian public hospitals are measuring the safety of their health care, with some variation in the measurement of patient safety domains and their sub domains. Improved access to robust tools may support future standardization of measurement for improvement. [16]

Tran Tuan et.al (2005) studied that quality of private and public health services in rural Vietnam and revealed that public health infrastructure, patient satisfaction, cost and services are superior, better and cheaper than that of private health care providers. [17]

Mahapatra et.al (2000) In their study on "Structure and Dynamics of Public and private Health sector in Andhra Pradesh"- The study revealed that, public sector hospitals were generally better endowed with the land and floor space. Maintenance of medical records were Comparatively better in public

sector hospitals than the private sector hospitals. The level of patient satisfaction was generally low and similar in both private and public hospitals, suggesting on environment of poor patient orientation in the health sector.

Further, they observe that the human resource problems non availability of skilled manpower, absenteeism and low productivity were the main problems encountered by private hospitals. The level of job satisfaction among staff with respect to physical working conditions tools and materials for practice was found to be particularly low in public hospitals. [18]

Aparnaa Somanathan (2000) Sri Lanka is well known for having achieved very good health outcomes at low cost. Analysis of a survey of health facilities in 1991 found that the average costs of care in public sector health facilities were very low by international standards. Nonetheless to considerable variation was identified among facilities offering similar services to suggesting that there is potential for improving efficiency. The objectives of the study were to (i) to explore different methods for quantifying the magnitude of technical and economic inefficiency in service provision by public sector providers. (ii) To identify institutional and behavioral factors which explain differences in efficiency?

The findings of this study led us to question the adequacy of microeconomic approaches to efficiency for understanding the way in which public hospitals in Sri Lanka operate. The neo-classical production model relies on several assumptions, such as perfect information and choice over inputs and outputs that do not necessarily hold in the context of Sri Lankan public hospitals. [19]

Harris, L. E. (1999) studied that Health plan enrollees to assess satisfaction with both the health plan and health care services. Therefore surveys may lack sensitivity to measure the effects of patient-focused quality improvement initiatives that could demonstrate results in a shorter time period.

OBJECTIVES: We describe the development and testing of a multidimensional visit-specific measure of satisfaction with primary care that may be used in quality improvement. **METHODS:** Conducted in five adults and pediatric primary care sites serving a commercial largely managed-care population. The survey includes the Medical Outcomes Study Visit-Specific Questionnaire of the American Board of Internal Medicine Patient Satisfaction Questionnaire and locally developed items. We assessed the instrument's reliability, validity, and utility for quality improvement. **RESULTS:** For both adult and pediatric samples. Three factors are emerging, satisfaction with the provider to satisfaction with access, and satisfaction with the office. Satisfaction with the provider and with the office was independently correlated with overall satisfaction in both samples; satisfaction with access was significantly correlated with overall satisfaction only for adults. For adults and patients who unrolled from the health plan were less satisfied with the office compared with patients who remained with the health plan. Finally, for adults .We detected significant differences across practice sites in terms of satisfaction with office and access; for children. There were interring site differences in terms of satisfaction with the provider office and access. **CONCLUSIONS:** We have support for the reliability and validity of this instrument that has identified differences in satisfaction between practice sites that these may be used to quality improvement. [20]

Zemencuk, J. K.(1999) revealed the study that Patients desires and expectations for medical care warrant scrutiny because their potential influence of health care use and patient satisfaction and their effects for patients' perceptions of quality of care. To determine if desires and expectations for selected elements of medical care and specialty referral differ between VA outpatients and non-VA outpatients. We conducted a cross-sectional survey of patients at a VA medical Centre site and 2nd primary care sites of its university affiliate. Of 390 eligible patients at the VA medical Centre site, 270 (69%) consented to participate and returned completed self-administered questionnaires. At its university affiliate sites 119 (73%) of the 162 eligible

patients completed questionnaires. Overall of patient desire and expectation for elements of medical care and specialty referral were similar and high at all study sites. Desire ranged from 33% for a blood test to check for anemia to 80% for heart auscultation. Desire for specialty referral for hypothetical scenarios averaged 71% and 61% among VA Medical Centre patients and university affiliate patients, respectively. Patient demographics and socioeconomic status were poor predictors of desire for care. These results suggest, of course (a) VA medical Centre outpatients' desires and expectations for preventive medical care are not significantly different from those of non-VA outpatients. (b) Desire is often higher for both highly recommended care and care that is not generally recommended or is controversial. (c) High levels of desire are not limited to patients with higher levels of socioeconomic status. To improve of effort for satisfaction. It is important to examine ways in which to address the patients' desires and expectations for medical care, even while faced with competing health care spending priorities. [21]

Sheela Prasad- (1996) has made a comparative study of public and corporate hospitals with reference to Hyderabad (A.P). She had assessed the issue like whether the growth of private sector leads to widening inequalities in health care. Is it correct to say that private health care widens choice for consumers and results in more efficient use of inputs? This study is based upon a very small sample of 3 government hospitals and 3 corporate hospitals. The important findings of the study are as under.

1. The development of private corporate hospitals in Hyderabad City has been able to attract the patients from rich and middle class groups. Thus, they are able to reduce the pressure on government hospitals and they are acting as higher order referral hospitals.

2. The study reveals certain interrelationship between the pace of urbanization and privatization of health services. This trend is not however unique to the Hyderabad City. It may be observed elsewhere in India and other countries.

3. There is a certain degree of competition between corporate hospitals and increasingly more competition between large and small private hospitals.

Sheela Prasad observes that: Private hospitals in Hyderabad are better placed than their government counterparts and it must be admitted that they rate a more positive image among the public. Unlike other cities, the private hospitals of Hyderabad are part of a chain and are all promoted by doctor and not industrialists. All these private hospitals have been set up with public funds in terms of borrowings from various funding agencies.

The author further suggests policy measures for the improvement of public sector hospitals and keeps silent about the emerging issues in the privatization of the health sector. This is the weak spot in the study. She also has not paid attention into collecting required data to prove the superiority of private hospitals over the public sector hospitals. [22]

Haward Barnum and Joseph Kurzin-(1993) in their study "Public Hospitals in Developing Countries: Resources, Cost and Financing." Explain different issue in keeping the health care public hospitals at the Centre of health care production and delivery. This study is very significant work on the health sector in less developed countries. According to these authors say the definition of hospital vary between countries. "Differences in case mix. Technical capacity and skills differentiate hospital levels. These differences may be also implying different sizes of facilities are roughly measured by the number of operational beds are upper level facilities are often having a larger size."

Further, they suggested that "Possibility for improving the internal efficiency of hospitals may be changing the mix of labor inputs in the production of hospital services. Many hospitals in developing countries are organized and staffed based on industrialized country models. The different resource endowments and epidemiological profile of low income countries suggest that such a model may not be appropriate here. This is a sensitive issue

because medical and paramedical professionals may be perceived such reallocation as a threat to the positions they have worked hard to attain. [23]

Vinit Sharma-(1992) [33] in his articles, "Optimal Utilization, of Medical Manpower in a Hospital in the Context of Health, for All"-makes an ironic observation that in spite of the prohibitive, cost of hospital treatment by specialists in hospitals are overworked and overburdened. He further points out that modern hospital with their predominantly urban base. Their reliance on sophisticated technology and curative bias has become costly, individual oriented and resource intensive establishment. This is an antithesis to the philosophy of primary health care and the ultimate objective of health for all. By virtue of their status and prestige in the community, hospital can play a very crucial role in the context of health for all through the economic and optimal use of resources, better distribution of services and the maximum satisfaction of patients. Concepts of team work and health education are two important prerequisites for the better utilization of resources. Explaining the teamwork concept, **Mr. Sharma** visualizes a closely woven network is dedicated worker health. The general practitioners and specialists are sound referral systems interlinking them all together. The specialists housed in the hospital, in close collaboration with the health workers and the general practitioners in the area under the hospital's jurisdiction should evolve a framework for referrals. Health workers should educate the people that hospital care should be considered only when there is no alternative left.

Health education of the community generally and the patients and their attendants, particularly is very important. A team of medical, social workers attached to the hospital should stress on the importance of health promotion and disease prevention. The health education may be as wellbeing with the patients waiting in the OPD and may proceed to the wards. Audio-visual aids can add extra glamour to such sessions. [24]

Venkatadri A. Critically examines the policies and practices of a modern health system in Municipal Corporation of Hyderabad. An attempt has been made to understand the role of various officials in promoting health of

citizens in the corporation. Discussion was initiated on the nature of preventive measures to be adopted against the spread of diseases. In this study it was found that health workers are hardly working for three hours a day and skip the remaining duty hours. The higher levels of people also are not showing an interest in these matters. [25]

C. V. Nagamani (1991) in his articles' titled "Hospital services: The Changing Scenario" (1991) Expressed the difficulties in providing health and hospital services in a country with a population exceeding 85 crore. There are differential pricing strategies based partly on the quality of services, but mainly on the patient's capacity to pay. He further explains that staff recruitment and equipment acquisitions require judicious planning on short-term as well as on a long term basis. Over staffing is as bad as under staffing in a hospital. For ensuring efficiency and viability a hospital requires a systematic approach to planning, budgeting and monitoring its activities are revenues and expenses. Computers are also important in hospital services. Finally, he concludes with the remark that achieving the target of 'Health for all by 2000AD' would require establishing more hospitals on the one hand and managing the existing ones in a better way. The other. [26]

Goutam Sen (1990) – In his paper "Hospital planning in a Developing Country: Cost and Care– A Critical Balance" (1990) highlights the obstacles / problems faced by the hospitals in the absence of planning in developing countries. He states that developed nations are increasingly facing the Dilemma of providing quality health care and reasonable cost. The Third World countries must take stock of their health care facilities and initiate corrective action in developing health care facilities if they aspire to catch up with the health care standards in the developed nations. It is only through realistic planning, 'appropriate' to the local community's and surrounding areas needs that a critical balance can be maintained between cost and care.

The author further explained the current scene in health care and health care providers and takes a review of their current problems. Like poor, inter-

sector conditions, shortage of health-planners and administrators¸ lack of basic information's in hospital designing etc.

Finally, he concludes that "Proper understanding of the community needs proper planning which is relevant and appropriate to local conditions through coordination and cooperation and evaluation of equipment and dedicates team of professionals in the project team and community participation are some of the main pillars of hospital planning. And then the nation can realistically look forward to the "Health for All by 2000 A D" [27]

Eisendrath151 noted that an intensive care unit has been considered a psychologically stressful environment, prolonged care of patients with much system failure and a poor prognosis was the most frequently described sources of stress for nurses and physicians.[28] **Trakroo152** listed some of the factors which affect the satisfaction level of patients utilizing outpatient services. They include unusually long time at the Registration and irritable behavior of registration clerk, lack of facilities for toilet, drinking water, and lack of proper space for waiting too long waiting time for doctor consultation, undesirable behavior of doctors and communication gap between doctor and patient. [29]

K. C.Ojha (1984) Examined his paper entitled "problems of Hospital Administration" and identified a number of problems facing hospitals. Such as:

a) Lack of educational and (in-services) training facilities.

b) Limited financial resources.

c) Overcrowding of existing hospitals because of shortage of hospital facilities.

d) Political interference in running of certain hospitals.

e) Over dependence on outside service agencies.

f) Lack of full authority to a hospital administrator and time wastage in calling and attending meetings with him.

g) Overcrowding in the hospital wards by the patients' relatives.

h) Use of illegal strikes (as a weapon) to fulfill the demand of employee union.

He suggests the following for alleviating these problems:

1) In order to run a hospital efficiently and effectively, it is imperative that there should be a full time hospital administrator.

2) The main responsibility of hospital administrator to develop and maintain a high moral among the personnel and satisfy the medical staff.

3) There should be prescribed training course in hospital administration in that at least one university in each state. **[30]**

In another article entitled "planning a New Hospital"- **(1982) K.C.Ojha** Explain the establishment of a new hospital from a different aspect. Firstly– he lies down that at the initiation stage the promoters should determine the goal and objective of the hospital- project. Next, he lists hospital's services, equipment and material needed to be kept ready all the time in almost all the departments. About the

Architectural aspect, the author says that, the design of a hospital building must suit the local public requirement and also take care of the local climate conditions. There should be the shortest walking distance between the hospital building and the transport area as Regarding financial provision He says that, there is a need of necessary fund for both capital and revenue expenditure.

The author concludes that better planning can reduce the expenditure on construction and equipment and that planning can also ensure delivery of quality medical services with minimum expenditure. (No need to overcharge on patients). **[31]**

Desai V.B. (1984) has revealed the study concentrates on the facilities and problems faced by the various patients. The Researcher discussed the internal administrative setup and the duties and responsibilities of the recruitment process and training facilities. The researcher feels that proper

management is the only solution for effect full functioning of hospitals. The article "Principles of Management as Applicable to Hospitals" written by V.B.Desai76, briefly explains the functions, principles and complexity of the hospitals. It says that management with a human touch is a must in the management of a modern hospital. [32]

Hardie Miles (1981) writing down in The article "Hospital Management Training" written by Miles Hardie77 discusses the issues and approaches to health services management training. Opinions were collected from 500 senior doctors, nurses and administrations from 80 countries who have attended a 10- week annual course. It emphasized on the manager's role in preparation of profiles, policies and programs or their implementation. The need for developing appropriate management training facilities was explained. [33] The article "Some Aspects of Hospital Management Requiring Personal Attention of a Hospital Administrator" by **Bhola and Anand (1978)** highlights the areas needing personal attention of the hospital administrator. This article concentrates on the aspects like application of Management principles to find existing conditions of doctor, patient and staff-patient with relationships for patient care or community satisfaction to optimizing the utilization of supportive hospital services. [34]

Dr. Krish Pennathur- (1980) writing down in his paper, "Management Techniques in Hospitals" Discusses some management techniques adopted by hospitals. According to him professionals like doctor must be interested in management techniques too. Therefore, they tend to shy away from the subject because of their misapprehensions about management. The author concludes that the medical professionals need not know in depth what the various management techniques are for them. They must know enough about them to enlist the services of the right person trained in the right discipline to help them out. [35]

Dr. Suresh D. Shinde- (1978) in his research article titled "The Distribution of Population and Medical Facilities in India"- (1978) with the remark that " health care in India currently faces a number of serious crises for

cost in quality of care and inequitable distribution of modes and standards of services to the population as a whole." He highlights the regional disparities in the medical facilities available in Maharashtra State. He presents the statistics of general hospital beds vis-à-vis population in the 26 districts of the state and calculating the workload factor (Population served in hundred divided by general use of inpatient beds) for each district. The exercise leads to certain startling revelations, that is, in 17 districts the situation is really serious needing government attention to improve medical facilities. The distribution of medical facilities clearly reveals that only 9% of the state's total population largely concentrated in the urban areas in relatively better served whereas over 90% remain under served. Dr. Shinde, However, Attributes this disparity to two hidden factors, first, the outpatient facilities effectively reduce the actual load on inpatient hospital facilities, and secondly, several diseases, mainly experienced in Maharashtra can fairly adequately by treating by dispensaries rather than through hospital attendance. [36]

Bridgeman R.F. (1974) writing down in the article "Hospital Management-past and present or future" written by R.F.Bridgeman79, discussed the role of hospitals in the past, present and predicted in the future. He developed different model systems in a hospital with particular reference to developing countries where financial and manpower resources are restricted. He suggests that hospitals have to widen the scope of their activities in becoming an essential tool in delivering total health care to the community. Beaufort B Longest in his key element in the success of an organization depends on maintenance of effective inter organization linkages. This article presents the conceptual framework of three classes of mechanisms with which health care organizations can manage their interdependencies with other organizations. [37]

B.) Literature related to Patient Satisfaction in Government and corporate hospitals:-

Eman Banerjee (2013) This paper attempts to conduct a comparative study between Government and Private Hospitals in Kolkata Municipal Corporation. Four Government hospitals and four private hospitals are selected

and along with the secondary data, some primary data, interviewing by 100 patients to reveal the differences on the basis of infrastructural facilities, treatment, workload, utilization and pricing of hospitals' services and also to offer suggestions to make overall service quality in private and government hospitals more effective and efficient. The major findings suggest that the whole health care facilities are better in the private hospitals. These disparities are shaped mainly by the overburden of patients, low infrastructural development and the lethargy of the staff in the government hospitals. In spite of that, this study reveals that the government hospitals still act as a pillar of hope for the poor and middle-class people, who cannot bear the high cost of the treatment in the private hospitals. [1]

Deepak Sharma (2012) writing down The importance of quality in the Healthcare sector has been recognized relatively recently, but it has been accelerated over the past years through the development of quality assurance, quality improvement programs and patients' agendas. Quality was very popular in the marketing literature where the notion of «satisfying the customer» was a dominant model of quality of service provided and consumer satisfaction. This movement initiated a global research on assessing customer satisfaction in the past years and articles on Medline measuring somewhat patient satisfaction with care. The vast majority of these articles developed and used a patient satisfaction scale. Only a few researchers developed a conceptual framework for conceptualization of service quality and patient satisfaction, before validating their scale.

Measurement of patient satisfaction lacks a conceptual soundness as it reflects dimensions considered important by researchers and not by respondents. In fact, several times we measure what researchers think that the quality of care consists of Perhaps the most consistent predictor of satisfaction is patient's age with older people being far more satisfied with health care than do younger people. This could be attributed to a halo effect as vulnerable patients give a socially favorable answer and are not willing to challenge a physician and nurse authority. It is difficult to distinguish between true

correlations and halo effects and that the density of the problem relates to the importance of service provided. Their meta-analysis state that although patient satisfaction has been assessed across various patient groups and care settings, few studies have focused specifically on vulnerable patients. This could indicate a low priority to the investigation of vulnerable patients' view of their care. The aim of this article is to explore and generate a holistic view of vulnerable patient satisfaction and its determinants. [2]

Montini, T. (2008) writing down the OBJECTIVE: To develop a standard taxonomy for in-patient complaints that could be adopted in a wide array of health service institutions.

DESIGN: Taxonomy was developed by merging the coding schemes from eight prior studies of patient complaints, and then by revising the received coding scheme in light of the codes and clarifications that emerged from a content analysis of patient complaints.

SETTING: Two Boston area hospitals. **PARTICIPANTS:** Stratified random sample of 1216 complaints from patients in 2004. INTERVENTION: s) None. Main outcome measure(s) Patient complaints codes, provider codes and inter-rater reliability.

RESULTS: A taxonomy comprising 22 patient complaint codes and five provider codes was developed. Inter-rater agreement for complaint codes was good (median Kappa statistic 0.66, interquartile range 0.55-0.80). Four codes were each used in more than 10% of the patient complaints filed: unprofessional conduct (19%); poor provider-patient communication (17%); treatment and care of patients (16%); and, having to wait for care (11%). Of the coding for the profession of the person complained about, 47% of the patient complaints were about staff in general or did not specify a particular profession; 22% identified a physician or dentist; 12% nursing staff; 11% administrative or support staff and 8% allied clinical health professionals. CONCLUSIONS: Standardized coding of patient complaint data may provide an opportunity for quality improvement, patient satisfaction and changes in patient care. [3]

Ekwall, A. (2008) writing down the Aims and objectives. To investigate the factors that influence satisfaction with emergency care among individuals accompanying patients to the emergency department and explore agreement between the triage nurse and accompanying person regarding urgency.

Background. Many patients seeking treatment in hospital are escorted by an accompanying person, who may be a friend, family member or care. Several factors influence patient satisfaction with emergency care, including waiting time and time to treatment. It is also influenced by the provision of information and interpersonal relations between staff and patients. Research on satisfaction has focused on the patient perspective; however, individuals who accompany patients are potential consumers. Knowledge about the ways accompanying persons perceive the patient's medical condition and level of urgency will identify areas for improved patient outcomes.

Design and methods. A prospective cross-sectional survey with a consecutive sample (n = 128 response rate 83.7%) was undertaken. Data were collected in an Australian metropolitan teaching hospital with about 32,000 visits to the emergency department each year. The Consumer Emergency Satisfaction Scale was used to measure satisfaction with nursing care. **Results.** Significant differences in perceptions of patient urgency between accompanying persons and nurses were found. Those people accompanying patients of a higher urgency were significantly more satisfied than those accompanying patients of a lower urgency. These results were independent of real waiting time or the accompanying person's knowledge of the patients' triage status. In addition, older accompanying persons were more satisfied with emergency care than younger accompanying persons.

Discussion. Little attention has been paid to the social interactions that occur between nurses and patients at triage and the ways in which these interactions might impact satisfaction with emergency care.

Relevance to clinical practice. Good interpersonal relationships can positively influence satisfaction with the emergency visit. This relationship can contribute to improved patient care and health outcomes. [4]

Cowan, J. (2008) writing down the Purpose-The purpose of this paper is to contribute to the current debate about problems with the NHS complaints system.

Design/methodology/approach-The paper examines, in light of a recent audit of the NHS complaint handling by the Health Care Commission, the underlying reasons for complaints and for dissatisfaction with the way a complaint is handled. It discusses the implications of various recommendations and research findings for enhancing and improving complaints handling.

Findings- More emphasis is needed on the quality of interpersonal interaction with complainants for successful resolution of complaints. Attending to the process alone will not reduce dissatisfaction among the complainants.

Practical implications-Learning from complaints to improve services is important to complainants as well as to health care providers and communicating this should be an integral part of the process.

Originality/value-The value of the paper is that it re-emphasizes the important role that complaints can play in the continuous improvement of services. It also sheds light on possible reasons for dissatisfaction with the way complaints are handled. [5]

Anderson, E. A. (1996) writing down that Quality management has become one of the most important and most debated topics within the service sector. This is especially true for health care, as the controversy rages on how the existing American system should be restructured. Health care reform aimed at reducing costs and ensuring access to all Americans cannot be allowed to jeopardize the quality of care. As such, total quality management (TQM) has become a vital ingredient in strategic planning within the health care domain. At the heart of any such quality improvement effort is the issue of measurement. TQM cannot be effectively utilized as a competitive weapon unless quality can

be accurately defined, measured, evaluated, and monitored over time. Through such analysis a hospital can elect how to expend its limited resources toward those quality improvement projects which will impact customer perceptions of service quality the most. Thus, the purpose of this report is to establish a framework by which to approach the issue of quality measurement, delineate the various components of quality that exist in health care, and explore how these elements affect one another. We propose that the issue of quality measurement in health care be approached as an integration of service quality attributes common to other service organizations and technical quality attributes unique to health care. We hope that this research will serve as a first step toward the synthesis of the various quality attributes inherent in the health care domain and encourage other researchers to address the interactions of the various quality attributes. [6]

Ammentorp, J. (2007) writing down in the BACKGROUND: Using paper questionnaires to measure quality of care from the perspective of the patient is a time consuming procedure resulting in very slow feedback. Response rates are low and patients who cannot read the local language are usually excluded.

OBJECTIVE: To investigate the applicability of an electronic questionnaire by evaluating the response rate. To study whether computer-based continuous monitoring could elucidate reasons for parents being less satisfied with care and treatment and to compare parent satisfaction with the results of a study performed in 2003.

METHODS: Parents were asked to assess the quality of care and treatment by answering questions on a touch screen computer. The questions, which were translated into seven languages, corresponded to the indicators selected by the department for monitoring parents' satisfaction. The system was developed in cooperation with a software company.

RESULTS: A total of 780 parents answered (69%). Of these, 2% parents answered in a foreign language. The main reasons for being less

satisfied we're perceived difficulties in getting in contact with the staff, having experienced unnecessary long waiting time and having the impression that the nurses did not have enough time. Significant improvements in satisfaction had occurred as compared to a study from 2003.

CONCLUSION: By using electronic questionnaires, it was possible to focus on the small percentage of parents not satisfied, to identify reasons for being less satisfied and to respond immediately to the feedback from the parents. Electronic surveys produce a satisfactory response rate. [7]

Hendriks, A. A. J. (2006) writing down the OBJECTIVE: We investigated to what extent personality is associated with patient satisfaction with hospital care. A sizeable association with personality would render patient satisfaction invalid as an indicator of hospital care quality. **DESIGN:** Overall satisfaction and satisfaction with aspects of care were regressed on the Big Five dimensions of personality, controlled for patient characteristics as possible explanatory variables of observed associations. **PARTICIPANTS:** A total of 237 recently discharged inpatients aged 18-84 years (M = 50, SD = 17 years), 57% female, who were hospitalized for an average of 8 days. **INSTRUMENTS:** The Satisfaction with Hospital Care Questionnaire addressing 12 aspects of care ranging from admission procedures to discharge and aftercare and the Five-Factor Personality Inventory assessing a person's standing on Extraversion, Agreeableness, Conscientiousness, Emotional stability, and Autonomy. **RESULTS:** Agreeableness significantly predicted patient satisfaction in about half of the scale. After controlling for shared variance with age and educational level, the unique contribution of Agreeableness shrank to a maximum of 3-5% explained variance. When one outlier was dropped from the analysis, the contribution of Agreeableness was no longer statistically significant. **CONCLUSION:** Patient satisfaction seems only marginally associated with personality, at least at the level of the broad Big Five dimensions. [8]

Trumble, S. C. (2006) writing down the Purpose - The purpose of this paper is to examine changes in patients' satisfaction after their doctor has participated in a brief educational intervention in medico legal risk management.

Design/methodology/approach- Questionnaire completed by ambulatory patients, measuring satisfaction with their doctor's communication skills before and three months after the doctor participated in a three hour workshop on medico legal risk management. 75 obstetrician/ gynecologists (O&Gs) and 99 general practitioners (GPs) were each rated by 60 of their patients following a consultation in their clinical rooms. **Findings -** Patient satisfaction as evidenced by the change to "complete satisfaction" with the doctor's communication skills and overall satisfaction with the clinical encounter. Practical implications - Participants had high initial patient satisfaction ratings and these were found to have improved across all parameters three months after the educational intervention. Originality/value - The educational intervention was successful in improving doctors' communication skills as evidenced by enhanced patient satisfaction in all key areas, including those most frequently associated with patient complaints, litigation and adverse outcome. [9]

Brown, A. D. (2005) writing down in the STUDY OBJECTIVE: Patient satisfaction is an important performance measure for emergency departments (EDs), but the most efficient ways of improving satisfaction are unclear. This study uses optimization techniques to identify the best possible combination of predictors of overall patient satisfaction to help guide improvement efforts. **METHODS:** The results of a satisfaction survey of 20,500 patients who visited 123 EDs were used to develop ordinal logistic regression models for overall quality of care, overall medical treatment, willingness to recommend the ED to others, and willingness to return to the same ED. Originally, 68,981 surveys were mailed, and 20,916 were returned, representing an overall response rate of 30.3%. We then incorporated these regressions into an optimization model to select the most efficient combination of predictors necessary to increase the 4 overall satisfaction measures by 5%. A sensitivity analysis was also conducted to explore differences across hospital peer groups and regions. **RESULTS:** Results differ slightly for each of the 4 overall satisfaction measures. However, 4 predictors were common to all of

these measures: "perceived waiting time to receive treatment," "courtesy of the nursing staff," "courtesy of the physicians," and "thoroughness of the physicians." The selected predictors were not necessarily the strongest predictors identified through regression models. The optimization model suggests that most of these predictors must be improved by 15% to increase the overall satisfaction measures by 5%. **CONCLUSION:** This study introduces the use of optimization techniques to study ED patient satisfaction and highlights an opportunity to apply this technique to widely collect data to help inform hospitals' improvement strategies. The results suggest that hospitals should focus most of their improvement efforts on the 4 predictors mentioned above. [10]

A cross sectional survey was conducted to assess the effectiveness of inpatient satisfaction questionnaire by **González N in 2002**.A sample of 1910 discharged patients from Four Acute Care General Hospitals was selected by random sampling technique. Data was collected through questionnaires. Results show that no social, demographic differences were found between respondents and non-respondents. Six dimensions were identified from the factor analysis, explaining 50% of the variance. All items, except two, revealed loadings above 0.4. Cronbach's alpha exceeded 0.7 for all dimensions, except privacy. Comfort was the dimension to the lowest level of patient satisfaction, whereas privacy was the most satisfactory. The inter scale correlations never exceeded the internal consistency of each scale. The analysis of the dimensions with two items of global assessment showed a positive correlation. It was concluded that the inpatient satisfaction questionnaire could become a useful instrument in quality-of-care assessment. [11]

Al-Mailam, F. F. (2005) studied the OBJECTIVES: To determine the extent of patient satisfaction with care provided at the hospital at all levels and to correlate patients' satisfaction with nursing care, in particular, with their overall satisfaction. Also assess the predictive value of patient satisfaction is on subsequent return to the hospital. **DESIGN:** A survey study of a random sample of 420 inpatients to determine the extent of their satisfaction with the overall

care provided at the hospital. **SETTING:** A 110-bed private hospital in Kuwait, January 1-March 31, 2004. **RESULTS:** The extent of overall patient satisfaction with the quality of care provided at the hospital was found to be quite high (Excellent, 74.7%; Very good, 23.7%). Individually, nursing care received the maximum patient satisfaction ratings (Excellent, 91.9%; Very good, 3.9%). A positive correlation (r = 0.31, P =.01) was noted between patients' perception of nursing care and their overall satisfaction with the health care provided at the hospital. Significant positive correlations (r = 0.36, P =.01) were also found between overall patient satisfaction and their reported intentions of returning and recommending the hospital to others. **CONCLUSIONS:** Patient satisfaction surveys can be of great value to health care providers not only in recognizing and improving the quality of care, but also as predictors of return-to-provider behavior of the patients. Overall patient satisfaction is linked to quality nursing care, which, in turn, depends on the quality of leadership practiced at the institution. Transformational leadership behavior promotes nurse satisfaction, which adds to their work effectively and motivates them to provide quality patient care. [12]

Toth, K. J. (2004) Quality expectations of emergency medicine are not fully formed yet. However client satisfaction examinations proved to be a valid tool for assessment of different parts of medical care. To define process parameters, turning to efficiently expand of maintenance-quality the authors developed and applied a client satisfaction questionnaire in Szent Imre Hospital Emergency Department. Answers for client satisfaction questionnaire collation of characteristics of patient’s demographic data, sociological situation, and quality of life were studied by multinomial regression analysis in a prospective pilot study. The returned questionnaires were represented in 28% of the examined patient group. To achieve the greatest improvement in patients, satisfaction painkilling patient information and interrelationship between patients and providers would be corrected in the emergency department. A compound client satisfaction questionnaire was proved to be a susceptible tool for identifying the relevant pairs of the process quality. [13]

Wofford, M. M. (2004) studied the PURPOSE: Health care institutions are required to routinely collect and address formal patient complaints. Despite the availability of this feedback, no published efforts explore such data to improve physician behavior. The authors sought to determine the usefulness of patient complaints by establishing meaningful categories and exploring their epidemiology. **METHOD:** A register of formal and unsolicited patient complaints collected routinely at the Wake Forest University Baptist Medical Centre in Winston-Salem and North Carolina was used to categorize complaints using qualitative research strategies. After eliminating complaints unrelated to physician that were then validated using complaints from January 2000 (122). Subsequently, all 1,746 complaints for the year 2000 were examined. Those unrelated to physician behavior (1,342) and with inadequate detail (182) were excluded to leaving 222 complaints further analysis. **RESULTS:** Complaints were most commonly lodged by patient (111) followed by a patient's spouse (33), (52), parent (50) relative/friend (15) or health professional (2). The most commonly identified category was disrespect (36%), followed by disagreement about expectations of care (23%), inadequate information (20%), distrust (18%), perceived unavailability (15%), interdisciplinary miscommunication (4%), and misinformation (4%). Multiple categories were identified in (19%) complaints. Examples from each category provide adequate detail to develop instructional modules. **CONCLUSION:** The seven complaint categories of physician behaviors should be useful in developing curricula related to professionalism, communication skills, practice-based learning. [14]

Dagdeviren, N. (2004) Seeking to understand patient perspectives are an important step in the efforts to improve the quality of health care. Developed by the EQuiP Task Force on Patient Evaluations of General Practice Care, the EUROPEP instrument aims to collect information on patient evaluations of general practice care. The recently patient’s satisfaction and makes international comparisons in order to expose. A study was conducted with relevant data collected from Turkey. The Turkish version of the EUROPEP instrument was

administered to 1160 patients in six different Turkish cities. Thirty-three medical practices were included in the study. In every practice a minimum of 30 adult patients who visited the practice for a consultation were consecutively included. The results were compared with previous values from European countries. "Helping you understand the importance of following his or her advice", "Getting through to the practice on the telephone" and "Providing quick services for urgent health problems" were evaluated best (76.7%, 76.3%, and 76.2%, 'good or excellent' ratings, respectively) and "Helping to deal with emotional problems related to the health status" was rated the worst (60.2%, 'good or excellent'). Other areas which had low ratings were: "Waiting time in the waiting room" (63.0%), "Quick relief of symptoms" (61.3%), and "Involving patients in decisions about medical care" (61.3%). Patient evaluations can help to educate medical staff about their achievements as well as their failures, assisting them to be more responsive to their patients' needs. In order to get the best benefit from EUROPEP, national benchmarking should be started to enable national and international comparisons. [15]

Henderson A (2004). The literature reveals little Australian academic study of the phenomenon of patient satisfaction and identifies several problems in current research practice. A theoretical discussion about the phenomenon of patient satisfaction is for the most part absent. The rigor in the methods applied is often dubious, a definition of patient satisfaction is not agreed and the patient experience is often not the focus of research. To address some of these issues inductive research was conducted with Australian patients to explore what they considered important for patient satisfaction to exist. A series of 52 interviews were conducted with twenty elective surgery patients in an Australian teaching hospital Patients were interviewed on admission to hospital within one week of discharge from hospital and between six and eight weeks after discharge. Research with patients identified 16 themes that were important to make a patient's hospital stay satisfied. Qualitative data have provided a foundation to better understand what patient satisfaction' means in its everyday use. Such an

approach is faithful to the concerns and priorities of the patients who are the users of health care services. [16]

Chahal, H. (2004). Writing in this paper is part of earlier research work conducted in the health care services sector. The customer relationship management concept has encouraged the adoption of a marketing culture not only in the private sector, but also in the public health care sector as well. In this paper the authors have analyzed the factors affecting patient satisfaction with public health care outpatient services. Patient satisfaction is measured with respect to technical and non-technical characteristics of health care service encounters, categorized into four basic components: attitude towards doctor's attitude towards medical assistant's quality of administration and quality of atmospherics. The authors hypothesize that all four factors are closely related to consumer satisfaction. The paper measures the degree of consumer satisfaction experienced by patients through the tested self-developed five point Likert scale and has highlighted the problem faced by them. The impact of age, education level and gender of the decision maker on satisfaction and dissatisfaction is analyzed using relevant statistical tools. The responses have been integrated into important factors on the basis of factor analysis after verifying the validity and reliability of the schedule. The paper concludes with the strategic actions necessary for meeting the needs of patients of the government health care sector in developing countries. [17]

Jaipaul, C. K. (2003) studied and revealed that although patient satisfaction is a widely used indicator of the quality of relationships between satisfaction and other indicators are poorly studied. The current study examined hospital-level correlations between patient satisfaction and severity-adjusted mortality for 29 hospitals in northeastern Ohio during 1993-1997. Satisfaction with 6 dimensions of care was measured using a validated survey of 42,255 randomly selected patients with medical diagnoses. Severity-adjusted mortality rates were determined in 200,562 consecutive patients with 6 high-volume medical diagnoses. The analyses found that satisfaction scores were inversely correlated with mortality rates. For the cumulative within 5 years correlations

were significant and of borderline significance for 5 to 6 dimensions (coordination [R = -0.40; P = .03], discharge instructions [R = -0.39; P = .04], overall quality [R = -0.38; P = .04], information provided [R = -0.37; P = .05], and nursing [R = -0.35; P =.06]). The correlation was weakest for physician care (R = -0.07; P =.72). These findings indicate that hospitals with higher patient satisfaction also tended to have lower severity-adjusted mortality. Associations were strongest for dimensions of satisfaction measuring patient communication, coordination of care and nursing care and weakest for physician care. [18]

Westaway MS (2003) writing a cross sectional study was conducted to assess the interpersonal and organizational dimensions of patient satisfaction; the moderating effects of health status by west away MS since 2003. A sample of 263 South African black diabetic outpatients from the diabetic clinics at two hospitals, 174 females and 89 males, aged between 16 and 89 years were selected by random sampling technique. Data was collected through questionnaires and patient satisfaction scale. Results showed that Factor analysis was conducted on the patient satisfaction scale and two factors, accounting for 71.6% of the variance, were extracted.180

The major items on Factor I was supportive, consideration, friendliness and encouragement or labeled the interpersonal dimension. Factor II emphasized availability of a seat and toilet in the waiting area and cleanliness labeled the organizational dimension. The two factors had very good reliability coefficients: 0.85 (organizational) and 0.98 (interpersonal). Multi-trait scaling showed that all items exceeded the item convergent ($r > 0.40$) and discriminate ($Z > 1.96$) validity criteria. Patients in poor general health were significantly less satisfied ($P = 0.007$) with the organizational quality of their care than patients in good health; patients in poor mental health were significantly less satisfied ($P = 0.04$) with the interpersonal quality of their care than patients in good mental health. It was concluded that the findings provided support for Donabedian's model. They demonstrated that attributes of providers and settings are major components of patient satisfaction, and showed that the scale is a

reliable and valid measure of patient satisfaction for this South African population. [19]

Palacio Lapuente et.al (2003) studied the OBJECTIVES: To identify the factors valued by users of health centers; to weigh the relative importance of each factor. **DESIGN:** Qualitative stage (4 focus groups) to identify the factors valued. Quantitative stage (questionnaire to 225 people) is to weigh their relative importance. **SETTING:** Primary care. **PARTICIPANTS:** Citizens from middle- high and middle-low social classes, urban, rural and over 65 were chosen through key informants for their interest in the health services. They were recruited with the assistance of various residents' associations and town councils. **METHOD:** The factors valued were identified through focus groups and classified in categories. Their relative importance was weighed through a questionnaire and a factorial analysis to identify the main components was run. **RESULTS:** 60 factors that could be valued by patients were identified. Eight of these referred to the Centre and concrete assets, nine to organization and accessibility 18 to a relationship with the health professionals and 25 to the services available. The most highly valued factor was: "The Centre has sufficent of material available for cures minor surgery, bandages, etc." The factorial analysis confirmed the categories established. Organization and accessibility, and relationship with professionals were the most highly valued dimensions. **CONCLUSIONS:** The combination of qualitative and quantitative methods seems very fitting for this kind of study. Although many of the factors were to be expected, other little-expected ones emerged. In addition, users seem to value certain factors in a different way from how the professionals do. [20]

Franchignoni, F.et.al (2002) studied the Satisfaction with the care functional and cognitive status in life satisfaction, anxiety and social demographic variables were correlated in 55 in patients admitted to a rehabilitation unit after hip or knee surgery. The study aimed at investigating whether as an index of care quality, patient satisfaction can be considered as a distinct domain or instead is subsidiary to other patient characteristics. Patient satisfaction with rehabilitation care was measured through a questionnaire SAT-

16. The SAT-16 scores were moderately correlated with a short form of the Life Satisfaction Index (LSI-11: r [s] = 0.41, p = 0.001) but did not correlate with the Functional Independence Measure (FIM), the STAI form X (the Spielberger State-Trait Anxiety Inventory), age or educational level. According to the "discrepancy model", the fair degree of correlation between SAT-16 and LSI-11 could be explained by connecting both expressions of satisfaction with personal background expectations and their perceived degree of fulfillment. The results confirm, also for rehabilitation care that patient satisfaction should be considered as a valuable specific outcome independent of most of the patient characteristics investigated (functional and cognitive status anxiety age and education) [21]

Demir, C.et.al (2002). The purpose of this study was to determine the aspects of hospital services that are most likely to affect patient satisfaction in a military teaching hospital in Turkey. Although there have been many studies on patient satisfaction in Turkey and other countries few studies have been done in military hospitals. A patient satisfaction questionnaire using a 4-point Likert scale was mailed to 500 patients after discharge, and 316 questionnaires were returned. The findings indicated that satisfaction with physician, nursing, physical plant, and food services were the main determinants of overall satisfaction with the hospital. The type of clinic in which the patients stayed also was an important determinant. The effect of patients' demographic characteristics on overall satisfaction with the hospital was also examined and only lower education level was a statistically significant determinant. [22]

Steele, L. L. et.al (2002) Writing the purpose of this study was to determine patient and caregiver satisfaction with a hospice program of care. The setting for the study was a home-care hospice in the southeastern. United States that provide a full range of services for patients with life- limiting illness and supportive services for family caregivers. Two Likert-type instruments were used to determine satisfaction with staff, communication, education and information provided or symptoms for management to promptness with service and overall satisfaction. Some 321 patients and 443 caregivers completed

surveys over a two-year period of time. Data indicates the majority of patients and their caregivers were very satisfied with hospice services and the care they received. Providing quality care at the end of life is the goal of hospice. Satisfaction with delivery of care, management of symptoms and communication with staff are all components of quality care and contribute to quality of life. [23]

Mira, J. J. et.al (2002) Introduction: Various methodological approaches (both quantitative as qualitative) are used in the health sector to identify the aspects of health care that are most important to the patients. These studies have been used to design instruments to evaluate patient satisfaction of identifying the dimensions that should be evaluated to better determine their opinion. **Objective:** To detect the aspects identified by patients as causes of satisfaction and dissatisfaction in several medical departments. **Method:** Qualitative design combining the methods of nominal and focus groups. In total 20 working groups with patients from 10 hospitals and four primary health centers were formed. Subjects: A total of 171 patients participated in our study. The patients had received medical care from the departments of medicine and surgery, obstetrics and pediatrics as well as from outpatient clinics the emergency department and primary care. The **Results:** Independently of the group in which they participated of patients identified the following factors as causes of satisfaction: human and personalized dealings with staff empathy for responsiveness the quality of the information received and comfort. In addition, patients considered the following factors as causes of dissatisfaction: lack of coordination between health and personnel waiting lists and delays in receiving care obtaining the results of tests and in receiving the diagnosis. Conclusions: Empathy personalized treatment and comfort are the most frequent reasons cited as "good experiences" while accessibility and certain organizational aspects are the dimensions that patients most commonly mentioned as causes of dissatisfaction. [24]

Hendriks, A. A. J. et.al (2002) OBJECTIVE: To establish the psychometric properties of the Satisfaction with Hospital Care Questionnaire (SHCQ) for measuring patient satisfaction and evaluations of hospital care quality. **DESIGN AND PARTICIPANTS:** Patients (n = 275) and staff members (n = 83) of four hospital wards completed the 57-item SHCQ addressing 13 aspects of care. Staff members completed the SHCQ from the patient's perspective. The data were analyzed within the framework of generalizability theory. **MAIN OUTCOME MEASURES:** Generalizability coefficients (GCs) and standard errors of measurement (SEs). **RESULTS:** GCs indicating differentiation among patients with different overall levels of satisfaction (SHCQ mean scores) were high (> 0.90). GCs indicating differentiation among patients as to satisfaction with aspects of care (SHCQ scale scores) were generally satisfactory (> 0.75) too high. Patients agreed well on the overall level of hospital care quality (GCs > 0.90) and differentiated reliably (GCs > 0.80) among aspects of care. No differentiation among wards was found with respect to quality of care. Patients and staff agreed to a considerable extent (0.78) on ranking the SHCQ items on care quality, but staff ratings were lower. Reliability and validity of patients' evaluations of quality of hospital care varied according to an aspect of care. **CONCLUSIONS:** The SHCQ reliably establishes both patient satisfaction and overall quality of hospital care. Whereas patients' ratings may be too lenient with their ranking of the items on care quality appears to be valid and is therefore suitable for monitoring and improving hospital care. Within scales, however, results should be interpreted more cautiously: for some items patients cannot really tell the difference in the quality of care. [25]

Magaret ND (2002) A study conducted by Magaret ND and others on patient satisfaction revealed that Parent satisfaction was associated with the quality of provider-patient interactions (R = 0.54, p = 0.0001), the adequacy of information provided (R = 0.47, p = 0.0001), and shorter waiting room times (R = -0.24, p = 0.01). Child satisfaction was associated with the quality of provider-patient interactions (R = 0.24, p 0.04), adequacy of information

provided (R = 0.51, p = 0.003), and resolution of pain (R = 0.25, p = 0.03). Parent estimates were similar to children's initial pain scores; however, children reported greater resolution of pain than appreciated by their parents (p = 0.006). It was concluded that Satisfaction can be validly and reliably measured in pediatric patients using a visual scale instrument. Factors that influence patient satisfaction were similar among both children and their parents. [26]

Prassanta Mahapatraet.al studied on A patient satisfaction survey was conducted by Prasanta Mahapatra, Srilatha.S, Sridhar.P in 25 Districts or Area Hospitals managed by the Andhra Pradesh Vaidya Vidhana Parishad (APVVP). The study obtained feedback from patients and, in case the patient could not be interviewed, the attendant, using a modified version of the Patient Satisfaction Questionnaire – III originally developed by Ware and others (Hays, Davies and Ware; 1987). The study refers to the period from May to July, 1999. Altogether 1179 persons were interviewed, including 237 attendants, at the rate of about 40-50 patients per hospital. In each hospital, patients were identified by stratified random sampling. Stratification was on the basis of sex and wards. Most patients had already stayed for more than three days in the hospital and were drawn from all areas of hospital service including surgical, medical and maternity wards. Female and male patients of different age area equitably represented in the sample. The majority of patients were poor and illiterate.

Overall, the level of patient satisfaction in APVVP (Andhra Pradesh Vaidya Vidhana Parishad) was about 65% of what could be achieved. Corruption appears to be very highly prevalent and was the top cause of dissatisfaction among patients. Other important areas of hospital services contributing to patient dissatisfaction were poor utilities like water supply, fans and lights etc., poor maintenance of toilets and lack of cleanliness, and poor interpersonal or communication skills. [27]

Hendriks, A. A. (2001) BACKGROUND: A self-report questionnaire is the most widely used method to assess (in) patient's satisfaction with (hospital) care. However, problems like unresponsive missing values and skewed score distributions may threaten the representativeness validity and

reliability of results. We investigated which of alternative item-response formats maximizes desired outcomes. **DESIGN:** Five formats were compared on the basis of sample characteristics, psychometric properties of the scale and item levels, and patients' opinions of the questionnaire. **SUBJECTS:** Consecutively discharged patients (n=784) were sampled of which a representative (sex, age, length of hospital stay) subsample of 514 (65%) responded. **MEASURES:** A 54-item satisfaction questionnaire addressing 12 aspects of care was used. Patients responded using either a 10-step evaluation scale ranging from "very poor" to "excellent" (E10), a 5-step evaluation scale ranging from "poor" to "excellent" (E5), or a 5-step satisfaction scale ranging from "dissatisfied" to "very satisfied" (S5). The 5-step scales were administered with response options presented as either boxed scale steps to be marked or words to be circled. **RESULTS:** E5 scales yielded lower means than S5 scales. However, at the item level to the S5 scale showed better construct validity to more varied and less peak score distributions. Circling words yielded fewer missing item scores than marking boxes. The E5 scale showed more desirable score distributions than the E10 scale, but construct validity and reliability were lower. **CONCLUSIONS:** No large differences among formats were found. However, if individual items are important carriers of information at (5-step) satisfaction response scale with response options presented in words next to each item appears to be the optimal format. [28]

Anderson, K. (2000) studied **OBJECTIVE:** to determine the number instigators nature and outcome of complaints concerning elderly patients treated at a single hospital over 1 year. **DESIGN:** descriptive analysis of computerized data gathered prospectively; follow-up of complaints until resolution. **SETTING:** large, urban university teaching hospital in Australia. **SUBJECTS:** all patients aged 65 years and above whose hospital care was the subject of the complaint. **METHODS:** analysis of a computerized database of all complaints made in a single year. **RESULTS:** 1.44 complaints were made per 1000 occasions of service to elderly people (95% confidence intervals, 1.19 - 1.69). This was similar to the overall complaint rate of 1.32 per 1000 occasions of

service for patients of all age groups (95% confidence intervals, 1.19- 1.45). However, 73% of complaints were made by advocates rather than by elderly patients they and 96% related to communication or treatment issues. Many complaints resulted in an explanation and/or an apology and, to date, none has resulted in litigation. **CONCLUSIONS:** complaints concerning older hospitalized people are as common as those concerning younger patients. Analysis of complaints provides pointers for improvements in quality of care. **[29]**

Burroughs, T. E. (2000) studied the **BACKGROUND:** Despite the considerable attention that health care organizations are devoting to the measurement of patient satisfaction there is often confusion about how to systematically use these data to improve an organization's performance. A model to use in applying traditional quality improvement methods and tools to patient satisfaction problems includes five primary steps: (1) Identifying opportunities, (2) Prioritizing opportunities, (3) Conducting root cause analysis (4) Designing and testing potential solution (5) Implementing the proposed solution. **PATIENT SATISFACTION SURVEYS:** A satisfaction survey serves well as a high-level screening device not as a tool to provide highly detailed information about the root causes of patient dissatisfaction. The primary purpose of the survey in the model is to identify improvement opportunities and areas of significant improvement or deterioration. Secondary tools such as brief patient interviews or focus groups may better serve to probe intensifies into the problem areas identified by the survey. These tools allow for a direct dialog with the patient to uncover root causes of dissatisfaction and establish potential solutions. **DISCUSSION:** Although the primary focus of this model has been patient satisfaction issues, the basic steps could easily be applied to virtually any improvement opportunity. Improvement teams should commit to a schedule of 90-minute weekly meetings for 7 weeks. The model, a simple translation of traditional improvement methods and tools to address the unique issues facing patient satisfaction improvement teams, can save improvement teams

considerable time, resources and frustration as they design and launch initiatives to improve patient satisfaction. [30]

Smith, J. E. et.al (2000) studied the BACKGROUND: A Value Compass has been proposed to guide health care data collection. The "compass corners" represent the four types of data needed to meet health care customer expectations: appropriate clinical outcomes improved functional status patient satisfaction, and appropriate costs. A collection of all four types of data is necessary to select processes in need of improvement guide improvement teams and monitor the success of improvement efforts. **INTEGRATED DATA AT BRYANLGH:** BryanLGH Medical Centre in Lincoln, Nebraska has adopted multiple performance measurement systems to collect clinical outcome, financial and patient satisfaction data into integrated databases. Data integration allows quality professionals at BryanLGH to identify quality issues from multiple perspectives and track the interrelated effects of improvement efforts. A **CASE EXAMPLE:** Data from the fourth quarter of 1997 indicated the need to improve processes related to cesarean section (C-section) deliveries. An interdisciplinary team was formed which focused on educating nurses, physicians and the community about labour support measures. Physicians were given their own rates of C-section deliveries. **RESULTS:** The C-section rate decreased from 27% to 19%, but per-case cost increased. PickerPLUS+ results indicated that BryanLGH obstetric patients reported fewer problems with receiving information than the Picker norm, but they reported more problems with the involvement of family members and friends. **CONCLUSIONS:** The data collected so far have indicated a decrease in the C-section rate and a need to continue to work on cost and psychosocial issues. A complete analysis of results was facilitated by integrating performance management systems. Successes have been easily tracked over time and the need for further work on related processes has been clearly identified. [31]

Woodward, C. A. et.al (2000) Studied the objective of this research was to examine the performance of a brief patient survey about the quality of care received in community-based diagnostic and therapeutic facilities. The survey

was administered to patients in 44 facilities that were also scheduled for a formal external assessment. The response rate was 53%. Patients generally rated their care positively; 18.5% of patients rated at least 1 item as fair or poor. The amount of information received about risks and complications was rated least favorably; concern and caring shown by the staff was rated most favorably. The 10 items which patients rated regarding aspects of quality formed an internally consistent scale (alpha =.93). Patients' ratings were not useful predictors of assessor ratings. Although patients' ratings cannot substitute for expert on-site assessments they are an important part of a quality management program. The patient survey provides additional complimentary information about components of quality care that is important to them. [32]

Hyrkas, K. et.al (2000) studied the INTRODUCTION: This article comprises two parts describing a research project for validating quality monitoring tools. This is part 1. **AIM:** To examine the problems of patient satisfaction inquiries by means of the literature, earlier research and an example. **BACKGROUND:** The topic is of current interest in quality management by way of research-based knowledge has become an increasingly common demand. In this context, patient satisfaction inquiries are a central method of data collection. Although problems of relationship the reliability of the methods and results of these inquiries have been identified, their comprehensive examination is to be done. Quality management is none the less a challenge to nursing administrators requiring a broad-based utilization of feedback data and this calls for a critical examination of the reliability of these results. **METHODS:** The exemplary material was collected using a questionnaire for patients (n = 282) on three different hospital wards. Different statistical methods and content analysis were used in the analysis. **FINDINGS:** The example used in the study indicates that the results of the inquiry were highly positive time after time. The reliability of the instrument presented a problem. The low amount of information collected in the open-ended question was another problem that can be criticized in relation to the amount of work required in the analysis. The results of the factor analysis showed that the questionnaire needs further development. **CONCLUSIONS:** To

conclude patient satisfaction inquiries yield a relatively small and limited amount of information on quality management and improvement, but this information is necessary specifically forward sisters for the follow-up of long-term trends in patient satisfaction. The second part of this article (part 2) examines the description of patient satisfaction by means of triangulation. [33]

Tengilimoglu, D. et.al (1999) writing in This article reports the results of a patient-satisfaction survey administered by interview to 2045 adults discharged from several major public and private hospitals in Turkey. The direct measurement of patient-satisfaction is a new phenomenon in this country. An instrument was designed similar to those available in the United States and administered during exit interviews. The two primary areas of analyses were determined in comparing service provided by these public and private hospitals: demographic factors with regard to accessibility and consumer perceptions of the quality of service provided. Relationships and percentages within and among the five public and two private hospitals are reported. Several statistically significant differences were found between the hospitals with the private hospitals achieving the greatest satisfaction on most of the quality of service issues examined. Future recommendations outline the need to take into account the public's perception of these hospitals and enhancing customer satisfaction as a means of increasing service utilization. [34]

Background: As expressed in the law of April 26th, 1996, French public and private hospitals must regularly conduct studies assessing patient satisfaction regarding in particular admission process and conditions of hospital stay. The Committee de Coordination de l'Evaluation Clinique et de la Qualite en Aquitaine (CCECQA), created by a grouping of public hospitals in Aquitaine proposed to its members to participate in a common project of patient satisfaction assessment. Objectives: The aim of this paper, the first of a series of two is to present a review of the literature conducted by the CCECQA, previous to the implementation of a regional survey of patient satisfaction. In this paper, the concept of satisfaction is developed and the main studies conducted in France and abroad are described. The Results: In opposition to the numerous

surveys conducted in the USA and the UK, very few studies have been released and published in France. The problems most frequently cited by the patients concern communication and patient information, patient' education about drugs and tests, pain management, and hospital discharge planning. Socio-demographic factors, technical aspects of care, and self-perceived health status may influence patients' ratings. Conclusion: Satisfaction is a multidimensional concept. Patient satisfaction and quality of technical care are two complementary approaches. In a second paper, methodological problems encountered when designing and validating satisfaction measures will be discussed. [35]

Teno, J. M. (1999) studied that Quality of care and quality of life change substantially for those with a serious chronic illness and nearing the end of their lives. As one dies, life takes on a new shape-values change and things once ignored become more important. Existing quality of care measures does not attend to the changes in priorities or two dimensions that acquire new significance (e.g., Spirituality and transcendence). An important impediment to addressing the inadequacies in the evidence base for palliative care, improving the shortcomings of care, and holding institutions or health care systems accountable for the quality of care is the lack of valid and reliable measurement tools. In this article an overview is presented of an ongoing research effort to develop measurement tools which will utilize the patient and family perspective to measure the quality of care. [36]

Bialor, B. D. et.al (1999) studied the **Objectives:** To determine (1) the proportion of responses to an open-ended question related to patient satisfaction that could be categorized into 1 or more of the 9 previously developed domains of outpatient care and (2) whether any other important aspects of care could be identified by adding the open-ended question to a satisfaction questionnaire. **Study Design:** A 3-month observational study was done at the internal medicine clinic of an urban teaching hospital. **Patients and Methods:** As part of a patient satisfaction study, 511 visitors were asked after their visit, "What are the 1 or 2 things that are most important to you when you see a doctor?" The responses

were categorized independently by 2 raters into 1 or more of the 9 domains. When these 2 raters disagreed, the responses were read to a third rater. When either all 3 raters disagreed, or at least 1 rater thought a new domain was mentioned, those responses were categorized by consensus. Inter observer reliability between raters 1 and 2 were calculated by using Cohen's K statistic. The Results: The 355 responses were categorized as follows: 303 (85.4%) identified one or more domains that were part of the previously developed taxonomy, 9 (2.5%) identified a new domain, 11 (3.1%) identified both old and new domains, and 32 (9.0%) could not be categorized. Cohen's x was 0.57 (P<.001). Cultural sensitivity and physician honesty were the additional domains identified, by 1.1% and 4.5% of respondent and respectively. **Conclusions:** The previously developed taxonomy of domains can be used in this setting to categorize the large majority of open-ended responses. Such responses can identify important aspects of care that were either previously unidentified or were already identified but given low ratings. This information then can help improve quality of care. [37]

Isenberg, S. F. (1998) studied our objective was to quantitatively measure the effect of quality improvement-based intervention on the improvement in patient satisfaction with physicians, office visits. A prospective, nonrandomized case-control protocol was used at multiple-site community-based medical and surgical office practices of members of Project Solo/Physicians Information Exchange. The study subjects were convenience samples of new and return patients seen between July 1996 and July 1997. One group of physicians (control group) surveyed patient satisfaction with office visits on two separate occasions with no intervention between the two occasions except for seeing their own results after the first survey. A second group of physicians (intervention group) also surveyed patient satisfaction with office visits on two separate occasions, but were provided with a quality improvement poster between surveys. Changes in patient satisfaction between the two surveys were measured. The visit rating questionnaire, a nine-item patient-based questionnaire was used to measure patient satisfaction; percentage excellent

responses in the summary categories of patient access physician attributes and overall visit were used. Overall, 6088 patients from 59 physician offices participated; 3815 patients from 29 physicians in the control group and 2273 patients from 30 physicians in the intervention group. The control group demonstrated small and no significant changes in patient satisfaction between the two survey periods (0.6-1.4% increase, P = NS), and the intervention group demonstrated statistically significant improvements in patient satisfaction between the two survey periods (4.2-5.7% increase, P = 0.05-0.001). In addition the two groups were compared directly using a stratified chi 2 analysis and the differences were also statistically significant (chi 2 = 3.7-8.3, P = 0.05-0.004). We conclude that the use of a quality improvement-based intervention had a significant positive effect on patient satisfaction with office visits, when compared to a group of physicians who did not use any intervention. [38]

Sixma, H. J. et.al (1998) studied Introduction: Patient views on quality of care are of paramount importance with respect to the implementation of quality assurance (QA) and improvement (QI) programs. However the relevance of patient satisfaction studies is often questioned because of conceptual and methodological problems. Here it is our belief that a different strategy is necessary. Objective: To develop a conceptual framework for measuring quality of care seen through the patients' eyes based on the existing literature on consumer satisfaction in health care and business and research. The Results: Patient and consumer satisfaction is regarded as a multidimensional concept based on a relationship between experiences and expectations. However, where most health care researchers tend to concentrate on the result patient dissatisfaction a more fruitful approach is to look at the basic components of the concept: expectations (or 'needs') and experiences. A conceptual framework--based on the sequence performance importance and impact--and quality judgments of different categories of patients derived from the importance and performance scores of different health care aspects is elaborated upon and illustrated with empirical evidence. Conclusions: The new conceptual model with quality of care indices derived from importance and

performance scores can serve as a framework for QA and QI programs from the patients' perspective. For selecting the quality of care aspects a category-specific approach is recommended including the use of focus group discussions. [39]

Fottler, M. D. et.al (1997) studied about the Patient perceptions of the quality of services provided are a key factor in determining a health care organization's competitive advantage and survival. This article examines the advantages, disadvantages and problems associated with nine different qualitative and quantitative methods of measuring patient satisfaction with service quality and conclude with guidelines for measurement of patient satisfaction and implementation of managerial follow-up. [40]

Ford, R. C. et.al (1997) studied about the Patient perceptions of the quality of services provided are a key factor (along cost effectiveness) in determining a health care organization's competitive advantage and survival. This article examines the advantages, disadvantages and problems associated with nine different methods of measuring patient satisfaction with service quality. The appropriateness of each of these techniques under different organizational conditions is also discussed. The article concludes with guidelines for measurement of patient satisfaction and implementation of managerial follow-up. [41]

Andrzejewski, N. et.al (1997) studied about the **OBJECTIVES:** To conduct a survey of health care providers to determine the quality of service provided by the staff of a regulatory agency; to collect information on provider needs and expectations; to identify perceived and potential problems that need improvement; and to make changes to improve regulatory services. **METHODS:** The authors surveyed health care providers using a customer satisfaction questionnaire developed in collaboration with a group of providers and a research consultant. The questionnaire contained 20 declarative statements that fell into six quality domains: proficiency, judgment, responsiveness, communication and accommodation or relevance. A 10% level of dissatisfaction was used as the acceptable performance standard. **RESULTS:** The survey was mailed to 324 hospitals, nursing homes and home care agencies, hospices,

ambulatory care centers and health maintenance organizations. Fifty-six percent of provider agencies responded; more than half had written comments. The three highest levels of customer satisfaction were in courtesy of regulatory staff (90%), efficient use of on-site time (84%) and respect for provider employees (83%). The three lowest levels of satisfaction were in the judgment domain; only 44% felt that there was consistency among regulatory staff in the interpretation of regulations, only 45% felt that interpretations of regulations were flexible and reasonable, and only 49% felt that regulations were applied objectively. Nine of 20 quality indicators had dissatisfaction ratings of more than 10%; these were considered priorities for improvement. **CONCLUSIONS:** Responses to the survey identified a number of specific areas of concern; these findings are being incorporated into the continuous quality improvement program of the office. [42]

Barkley, W. M. et.al (1996) studied the **BACKGROUND:** A disturbing trend in patient satisfaction research has been a willingness to accept low response rates as inevitable. However, it may not be appropriate to generalize data based on low responses to the full population of patients, since to do so may threaten the validity of the findings. **METHOD:** Satisfaction data were collected from 19,556 inpatients discharged in 1994 from 76 hospitals using the 69-item NCG Patient Viewpoint Survey, an instrument that primarily uses a set of five response options which are transformed to a 0- to 100-point scale. Surveys were sent to random samples of 100 to 1,400 patients, and were followed by postcard reminders. For each hospital sample, results for the "First 30%" were compared with those for "All Respondents," or the total number of respondents for which the average response rate was 58%. **FINDINGS:** Results on individual scale scores and the subsequent improvement priorities for individual hospitals had a 50-50 chance of being different when the First 30% response was compared with the All Respondents responses. For 9 out of 13 survey scales the scores were significantly different between the First 30% and All Respondents when data were aggregated across all hospitals. For 42% of the 76 hospitals, a different set of scales would be identified as those most in need

of improvement. **DISCUSSION:** The capriciousness of within-hospital differences based on the First 30% versus All Respondents brings into question the utility of patient satisfaction data based on low response rates even with a reliable instrument and with controlled consistent data collection methods across hospitals. Target response rates should be set at 50% or higher. Additional research on the effects of response rates in patient satisfaction data is recommended. [43]

Dyck, D. (1996) studied about the Measurement of client satisfaction is an important component of an effective occupational health service. The key to providing an effective health service is meeting or exceeding what clients expect from the service. 2. Gap analysis a methodology for measuring service quality gaps consists of identifying the type of gap(s) (1 through 5) that exist, preventing client satisfaction with the service(s) provided. 3. Although it has limitations, the SERVQUAL instrument is a valid and reliable tool that can be adapted to measure service quality gaps in occupational health services. [44]

Dyck, D. et.al (1996) studied about the **Purpose.** Patients' reports about their care, including reports about specific physician behaviors, are increasingly being used to assess quality of care. The authors surveyed physicians in an academic environment about their attitudes concerning the possible uses of these reports. **Method.** A survey was conducted of the 540 hospital- and community-based internists and house staff at Beth Israel Hospital in Boston, Massachusetts, in 1993-94. The survey instrument included seven items designed to assess the physician’s views about potential uses of patient reports about their care. The physicians were asked to rate the items on a five-point scale (ranging from 'strongly agree' to 'strongly disagree'). **Results.** A total of 343 (64%) of the physicians responded. Eighty-six percent agreed that patient judgments are important in assessing the quality of care. There was widespread agreement with four potential uses of patient judgements: for changing a specific physician behavior (94% agreed), for receiving feedback from patients (90%), for use in physician education programs (81%), and for evaluating students and house staff (72%). However, far fewer of the physicians agreed with two uses over which

physicians would have less control: publishing judgments to help patients select physicians (28% agreed) and the use of judgments to influence physician compensation (16%). While the house staffs were less likely to agree with the use of patient reports in house staff evaluations the house staff and faculty had similar opinions about all the other potential uses. **Conclusion.** The physicians believed that patients' reports about experiences with their physicians are valid indicators of quality. They responded that they would accept using these reports to improve care when the users are nonthreatening and within the control of physicians. In contrast, there was far less support when the users are external to physician control and potentially threatening. [45]

Cohen, G. et.al (1996) studied the **Objective -** To examine the consistency of survey estimates of patient satisfaction with interpersonal aspects of the hospital experience. Design - Interview and postal surveys, evidence from three independent population surveys being compared. Setting- Scotland and Lothian. Subjects - Randomly selected members of the general adult population who had received hospital care in the past 12 months. Main outcome measures - Percentages of respondents dissatisfied with aspects of patient care. Results - For items covering respect for privacy, treatment with dignity, sensitivity to feelings, treatment as an individual and a clear explanation of care there was good agreement among the surveys despite differences in wording. But for items to do with being encouraged and given time to ask questions and being listened to by doctors there was substantial disagreement. Conclusions - Evidence regarding levels of patient dissatisfaction from national or local surveys should be calibrated against evidence from other surveys to improve reliability. Some important aspects of patient satisfaction seem to have been reliably estimated from surveys of all Scottish NHS users commissioned by the management executive, but certain questions may have underestimated the extent of dissatisfaction, possibly as a result of choice of wording. [46]

Avis, M. et.al (1995) studied The measurement of patient satisfaction has been encouraged by a growing consumer orientation in health care, especially since it yields information about consumers' views in a form which

can be used for comparison and monitoring. However, drawing on literature from a variety of sources, this paper suggests that there remain several unresolved issues relating to the measurement of satisfaction, and some serious questions about the validity of the concept. It is argued that current approaches to measuring satisfaction may not be grounded in the values and experiences of patients; therefore satisfaction surveys could be denying patients the opportunity to have their opinions included in the planning and evaluation of health care services. [47]

Crow, R., Gage, et. al 2002, studied Medicine is a literature-based discipline. Ensuring that the literature review, which precedes a significant piece of medical research, has met predetermined standards is essential. A list of items reviewed carries no guarantees that all appropriate items have been included in the survey of the literature or that appropriate sources have been efficiently searched. This would be a matter for concern in any discipline. In medicine, it is a matter of life and death. Quality assurance procedures that offer guarantees of the standards built into the process rather than quality control which measures only outputs, can provide the necessary reassurance. The ISO 9000 quality standard offers a much needed quality assurance process. A methodology for applying the ISO 9000 standard to the task of searching the medical literature is outlined in this paper. A new role for medical librarians in promoting a rigorous methodology in the literature review equal to that of the research it supports is defined. [48]

Dull et.al (1994) studied the **BACKGROUND:** Patient satisfaction surveys are now in use in some form at most hospitals and health care systems. Yet it is unclear how well information collected meets the needs of all groups who might benefit from patient feedback. An evaluation was conducted at the Centre for Outcomes Research, Sisters of Providence Health System (Portland, Ore), to determine the extent to which the survey, then almost three years in use was satisfying its internal consumers and to guide the redesign of the entire survey process. **METHOD:** The evaluation of the survey process was designed to address several questions: who uses the results (consumers); what are their

objectives (goals); what results are useful (product); and what is done with the results (intervention utility). Techniques such as interviews of literature reviews and the supplemental data collection were used to explore the needs of each consumer group. **CONCLUSION:** The evaluation has led to a number of changes in the patient satisfaction survey process. Large-scale patient satisfaction surveys result in large-scale costs and therefore must be beneficial to multiple users in multiple ways. [49]

Westbrook, J. I. (1993) studied about the Patient satisfaction plays a significant role in the health care process. It influences the health care seeking behavior of patients, compliance with treatment and the health outcomes of patients. The use of ill-conceived and limited patient satisfaction questionnaires in conjunction with inadequate methods of administration have contributed to the poor reputation of patient satisfaction as an indicator of the quality of health care services. This paper addresses some of the methodological issues related to the measurement of patient satisfaction and describes validated and reliable tools which are available for use by hospitals in Australia. Research findings discussed demonstrate that patients are able to evaluate validly and reliably the quality of both clinical and non-clinical aspects of health care services. Australian health care organizations should implement patient satisfaction as a quality indicator and thereby actively seek to improve the health outcomes of their patients. [50]

Ehnfors, M. et.al (1993) studied about the Patient questionnaires are commonly used to assess patient satisfaction. This study reports on methodological experiences based on practical use of a Swedish questionnaire. The material consists of questionnaires from five different studies at some 60 wards in three hospitals. Four of the studies were performed by "routine procedure" while one was performed specially to study sampling non-response and other losses. The results showed that a large number of patients were not given a questionnaire despite the fact that they should have been included according to the sampling criteria. In the special study barely half of those discharged answered a questionnaire corresponding to only about one in four in

some studies performed routinely. Many of the patients excluded were probably in a difficult situation and their needs ought to be particularly noticed. This was true of patients who were older or confused, had language difficulties were seriously ill or who died during the care episode. [51]

Cleary, P. D. et.al (1992) studied about a nationwide telephone survey of 6,455 adult medical and surgical patients discharged from 62 general hospitals focused on aspects of hospitalization that affected the patients' overall evaluation of their care. Eighty percent reported the care they received was excellent or very good. The strongest predictors of patient evaluations were reported health status and the number of problems reported. Most of the associations between patient characteristics and summary evaluations were explained by differences in the number of problems reported. However, controlling for the number of reported problems, the associations between evaluations and age health status and preferences were still statistically significant. [52]

Schwartz, L. R. et.al (1992) studied about the Patient satisfaction is an integral component of the measurement of health care quality. Proper attention to patient complaints is one part of a patient satisfaction management strategy aimed at revealing and alleviating the causes of patient dissatisfaction. [53]

Soliman, A. A. (1992) studied that Recent investigations show that nontechnical interventions influence patients' ratings of the quality of health care and that these aspects of the medical encounter are as important to the patient as the technical aspects; perhaps more important. This paper adopts a consumerist approach and measures patients' perceptions of health care quality using a scale adapted from the consumer behavior literature (SERVQUAL). The study measures health care quality as well as five of its individual dimensions. The findings indicate that for the whole sample, patients' ratings of overall quality as well as the ratings of four of the five dimensions of care are negative. Further analysis indicates that many individual aspects (scale items) are rated negatively by each of two age groups (25-65 and over 65 years old), but the gap between perceptions of the younger group and their expectations is greater than that of

the senior group. The two dimensions of "assurance" and "empathy" are found to be the most discriminating dimensions between the two groups. Other analyses indicate that age, annual household income, and work status significantly relate to the overall quality rating. Marketing and strategic planning implications of the results are discussed. [54]

Cleary, P. D. et.al (1998) revealed in this review of the theoretical and empirical work on patient satisfaction with care the most consistent finding is that the characteristics of providers or organizations that result in more "personal" care are associated with higher levels of satisfaction. Some studies suggest that more personal care will result in better communication and more patient involvement, and hence better quality of care, but the data on these issues are weak and inconsistent. Further research is needed to measure specific aspects of medical care and the ways in which patient reports can complement other sources of information about quality. In addition, more research on the determinants of satisfaction and the relationship between quality and satisfaction among hospitalized patients is recommended. [55]

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CHAPTER -IV

PROFILE OF SELECTED GOVERNMENT AND CORPORATE HOSPITALS

a) **Pandit Brij Sundar Sharma government hospital, Bundi**
b) **Anurag nursing home, Bundi**
c) **Maharav Bhim Singh government hospital (MBS), Kota**
d) **Sudha Hospital, Kota**
e) **Government hospital, Baran**
f) **Goyal Hospital, Baran**
g) **Government hospital, Jhalawar**
h) **Sanjeevani Vyas hospital, Jhalawar.**

- **References**

CHAPTER-IV

PROFILE OF SELECTED GOVERNMENT AND CORPORATE HOSPITALS

INDUSTRY PROFILE:

Hospital: It may seem unnecessary to define a "hospital" since everyone knows the nature of a hospital. A hospital began as a charitable institution for the needy, aged, infirm, or young.

The word "hospital" comes from the Latin "Hospes" which refers to either a visitor or the host who receives the visitor. From "Hospes" came the Latin "hospitalia", an apartment for strangers or guests, and the Medieval Latin "hospitale" and the old French "hospital". It crossed the channel in the 14th century and in England began a shift in the 15th century to mean a home for the elderly or infirm or a home for the down-and-out.

"Hospital" merely took on its present meaning as "an institution where sick or injured are given medical or surgical care" in the 16th century. Other terms related to hospital includes hospice, hospitality, hospitable, host, hostel and hotel. The Hotel-dieu, a name often given in a hospital in France during the Middle Ages, is the Middle Ages, is the hotel (of) God.

A building in which the sick, injured, or infirm is received and treated; a government and corporate institution founded for the reception and cure, or for the refuge, of the persons diseased body or mind, or disabled, infirm, or dependent, and in which they are treated either at their own expense, or more often by charity in whole or in part; a tent, building, or other place where sick or wounded of an army cared for.

Result of hospitals is to provide a health facility where patients receive treatment. Even in the medical institution where sick and injured people are given medical or surgical care for patients.

The hospitals are divided in two parts one is government and corporate. Employees are trained, regularly to bring out the best in them to achieve quality improvement in service. Acknowledge the needs of the patients and afford

standards of professionalism to improve the level of patient satisfaction. It may be trying to provide quality service that is responsive, efficient, courteous and helpful.

The hospital provides care for all the patients, respectively, of the caste, creed, religion, age, sex, economic background, etc. in both government and corporate hospitals. In the government and corporate hospital doctor and nurses provide equal care and services to all classes of patients while treating.

It may provide hospital since the sick and injured nature of hospitals. A hospital began as a charitable institution for the needy, aged infirm or young.

Purpose is in the hospital increasing power of body's maintenance to provide good mind, physical good nervous system, good digestive system, respiratory system, blood circulation system which is a river of the body to provide energetic power. The cell classification system becomes systematically, regularly, successful. All body organs and processing power depend on good health and health is become by all successful systems. Good health become good health care which is seen, understood, taken, given, suggested and advised by hospital care. **[Dr. Vilas V Tergaonakar, Dec.,2010]**

"GOOD HEALTH HAS A GOOD MIND AND A GOOD MIND HAS GOOD THOUGHTS, GOOD FEELINGS"

HOSPITAL PROFILE:-

PROFILE OF THE SELECTED SAMPLE HOSPITALS

1) Profile of Pandit Brij Sundar Sharma (Government general hospital, Bundi):-

Government general hospital Pandit Brij Sundar Sharma was established in 1934. Firstly, this hospital established in the name of Maharaj Kumar Shri Raghvendra Singh ji hospital was opened by Mrs.W.F. WEBB ON 20th February 1934.this hospital allotted an area of 100 acres. The bed strength was 12 in 1861 and over the years, it has been increased to the present strength of 280. On an average more than 1300 patients stay in the hospital as in patients,

including the floor patients, about 1 to 2 thousand people throng the O.P.D daily for medical relief. It is said the clinical material that one gets here is of the highest order. There are so many National and Mukhyamntri health programs are in running for care of patients and also 400 kinds' of drug availability for all kinds of patients.

The geographical situation of this hospital:-Pandit Brij Sundar Sharma hospital situated between four directions in east agriculture science office situated in west Raghuveer Bhavan situated.

In north mosque is front of meera gate. There are three sonography Centers, private X-ray, investigation, than pathology lab, blood bank, PMO Chamber, rehabilitation Centre, drug distribution center, Bharat Vikas Parishad Park, fountain, boring for irrigation

In the south Gopal Singh Plaza, Red-cross Bhavan, TB hospital, District cooperative stock bhandarn, Mortuary (old-2 rooms, New-5 rooms), Bio-medical waste bhandaran, sishu matra kalian office, parivar kalian office, CMHO, Malaria, one side janana hospital, other side General hospital.

Main door situated in front of the roadways bus stand, Lifeline center, PMO office, Ren- basera, Mahila vishram grih for the rest, seven water coolers, nursing canteen, janjagran police chawki, 26 quarters for Doctors and Nursing staff, vehicle stand and three generators also they are available. In future may be made MCWC (Jaccha- Baccha hospital).

The hospital is adequately with surgical theatres and delivery rooms. There are on the whole 24 hours functioning departments are adequately equipped there remains much to be done to upgrade them to the changing trends in medical care. Before three years Telemedicine services were provided to patients.

A refreshment canteen has been functioning since 1996 for the benefit of patients and staff. Second floor also work in progress. There may be lift facility for disabled persons. Three generators to meet the frequently load shedding available. The central sterilization department is functioning to meet the

demands of all departments. A blood donation bank is testing facility for HIV also in operation.

The historic, approx. 78 years old Government general hospital is one institute on in the entire Bundi District. This hospital has qualified staff with good medical. Not only attention entire population of Bundi District but also to the suffering poor converging from various villages. In pursuit of this the hospital authorities have been striving to improve diagnostic services by acquiring advanced medical equipment to serve the economically weaker and less privileged sections of the people.

Mission Statement of the Hospital:

The hospital is started with the attainable mission of providing "better patient care to the needy and poor people at free of cost."

With the above said mission the poor, sick and wounded persons of Bundi district and other neighboring districts will be very much benefited.

Objectives of the Hospital:

To reach the above mentioned mission the authorities framed the following objectives. It is proposed:

1) To start super-specialty Departments those are not available now.

2) To extend the facilities those are not available now.

3) To achieve better patient care by optimizing the resources.

4) To help the medical students, to improve their experience.

Vision of Philosophy:

1. Government General Hospital philosophy is an attempt to conceive and present medical and surgical, special specific departments towards client extended services.

2. Inclusive and systematic view of the Universe and its main place in it. E.g.: Clients admission to till discharge care.

3. A philosophy for the Government General Hospital is department commitments or programs which were rendered to individuals or particular groups in the achievement of their purpose i.e. towards preventive, primitive, curative and rehabilitative.
4. Philosophy is the science which is concerned with casualty, i.e. therefore, care is effective, i.e. scientifically diagnosed for treatment purpose.
5. By this institution, they believe that client care is a close relation between the order of plan and order of action.
6. They believe that through this institution health education to the clients in service education to the medical, nursing paramedical staff.
7. Acquire and acceptable philosophy of both education and life and research activities for existing health problems.
8. Institution believes that every client has been satisfied with service provided regarding Bio-psychological and Spiritual needs.
9. Medical services for individual who are in need as the right to receive optimum are regardless of race, religion or social status.
10. They believe that administrative, nursing, medical cares are dynamic evolving from changing in health care and advice in medical science and technology.

Functions of Government General Hospital:

1. Client care – care of sick and injured and restoration of health.
2. Diagnosis and treatment of the disease.
3. Elevation of communicable diseases by immunization schedule at OPD basis
4. Promotion of Health by conducting Health Education in different needed aspects at various departments, e.g.: AIDS, TB, swine- flu, Medical and Surgical diseases.

5. Rehabilitative services.

6. Vocational Training for the following

a) Medical Education

b) Nursing Education

c) Paramedical Training

7. Medical and Nursing Research.

8. All out patient department's services for various specialties.

9. Extended services for inpatient in various departments.

10. Provision of extended community program **E.g.** Arogya Sri Serves to all categories of patients whoever comes to the hospital.

Different Departments available at Government General Hospital

1. Surgical Department

a) Male 2 units

b) Female 2 units

2. Orthopedic Department

3. Medical Department

a) Male 2 units

b) Female 2 units

4. Isolation Department

5. Eye Department

6. ICU Department

7. Burn Department

8. Trauma (Emergency)

9. Dental Department

10. ENT Department

11. Gynaec Department

12. Pediatric Department

a) MTC

b) FBNC

BUDGET:-

The financial year 2014-2015 for 1st of March 31.Various schemes under this Budget

- Water and Electricity
- The other office expenses (OOE)
- The use of payment. (i.e. Telephone Bills and Service postage, etc.)
- Diet Budget
- Daily wages for contract workers
- Budget from accounts (salaries). It is drawn directly from Treasurer Office.

MEDICAL RELIEF SOCIETY BUDGET:-

Source of income for MRSB is Directorate medical, NRHM etc.

AVAILABILITY AND REQUIREMENT OF PANDIT BRIJ SUNDAR SHARMA GOVERNMENT GENERAL HOSPITAL:-

Medical staff, Nursing Staff, Paramedical staff, Ministerial staff.

1. Medical Staff-

a) Senior specialist: - post-10, Availablity-4, Requirement-6 It means total of staff :-4

b) Junior specialist:-Post-19, Availability-12, Requirement-7 it means total of staff:-12

c) Deputy controller:-Post-1, vacant reason with retirement from1 may, 2014

d) Senior medical officer:-3

e) Senior medical officer against position:-1

f) Medical officer:-Post-32, Availability-26, Requirement-6

g) Urban primary health Centre:-1

STAFF PATTERN OF PANDIT BRIJ SUNDAR SHARMA GOVERNMENT GENERAL HOSPITAL:-

Doctors' staff:-

1. Pediatrician (PMO):– Senior surgeon-1, Junior surgeon-1, Medical officer-1
2. Medicine:- Senior physician-1, Junior physician-29 (vacant)
3. Ophthalmic:- Senior surgeon-1, Junior surgeon-1
4. Anesthetic: - Senior surgeon-1 (vacant), Junior surgeon-1 (vacant)
5. Trauma(Emergency):-Junior surgeon-1
6. Orthopedic:-Senior surgeon-Vacant, Junior surgeon –vacant, Medical officer-2
7. Surgeon:- Senior surgeon-Vacant, Junior surgeon –1, Medical officer-Vacant
8. Burn:- Senior surgeon-Vacant, Junior surgeon –1, Medical officer-Vacant
9. ENT:- Senior surgeon-Vacant, Junior surgeon –1, Medical officer-Vacant
10. Physiotherapist:- vacant, contractual-1
11. Gynecologist- Senior surgeon-Vacant, Junior surgeon – Vacant, Medical officer- 1
12. Dermatology and Venereal disease (VD):- Senior surgeon-Vacant, Junior surgeon – Vacant

13. Radiology: - Senior surgeon-Vacant, Junior surgeon –1
14. Pathologist: - surgeon-Vacant, Junior surgeon –1
15. Psychiatric: - Senior surgeon-Vacant, Junior surgeon – Vacant
16. Procedure and science(Vidhi aur Vigyan):- Senior surgeon-Vacant, Junior surgeon – 1
17. Senior medical officers:-3
18. Medical officers:-32
19. Dental:- Senior surgeon-Vacant, Junior surgeon –1, contractual-1
20. Ayurvedic-1
21. Homeopathic-1

Staff:

1. Office nursing superintendent-2
2. Nurse grade first- 11
3. Nurse grade second-37,
4. Samvidha-06
5. Female health worker-04
6. Hospital supervisor-01
7. Eye helper-01
8. Pharma-06,
9. Information helper-06
10. Driver-03
11. Mechanic-01
12. Electrician-01
13. MPW-01
14. Ward boy-31

Total-20

Through RMRS: -

1. Nurse grade second-02

2. Patient advisor-01

3. ICTC (AIDS) advisor-01

4. Lab.Technician-01

5. SID Counselor-01

6. Computer operator-19

7. JSY LDC-01

8. Pharmacist-03

9. Guard-08

10. Electrician-03

11. Plumber-01

12. Gardner + Driver-01

13. Helper-12

14. Sweeper-03

Total-59

Total-59+20=79

Ministerial staff:-

1. Office superintendent-1

2. Assistant office supervisor-1

3. Accountants-1

4. Junior accountant-1

5. Office associates-2

6. Upper division clerk (U.D.C.)-4

7. Lower division clerk (L.D.C.)-6

Recruitment procedure

- For Doctors recruitment by Rajasthan public service commissions (RPSC)
- For nurses through RPSC or NRHM.
- For class forth employees from employment scheme.
- Contract basis

Procedure: After the preparation of policies for admission is should be notified through local / national dailies

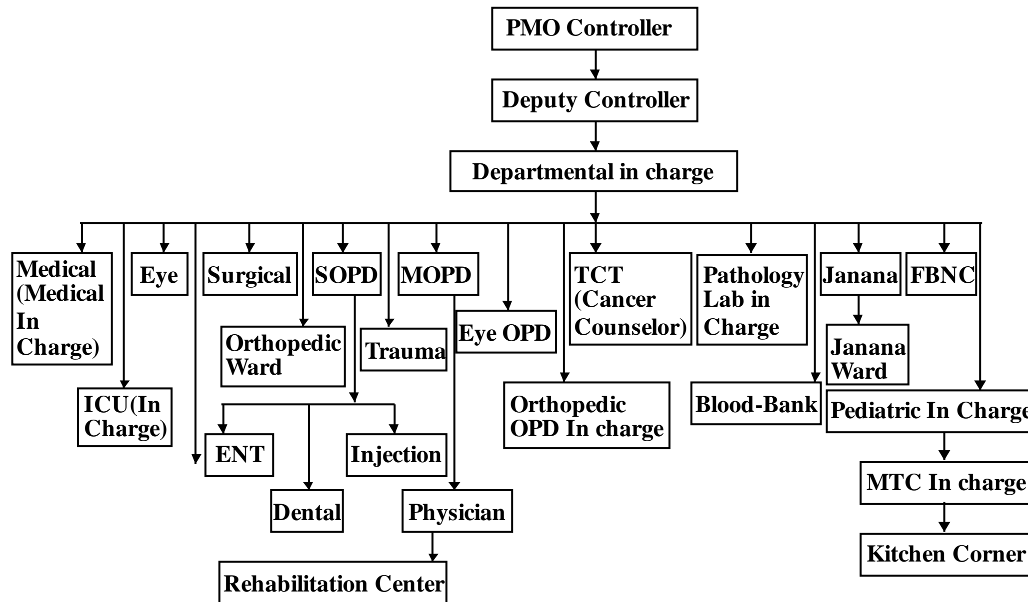
Sanctioned beds: Total 231 beds, Surgical-32, Medical-40, Orthopedic-10, Isolation-02, Eye-10, ICU-06, Gyanae-38, Paediatric-10, MTC-06, FBNC-12, Trauma-09, Burn-03, Dental-02, ENT-02

Census on 1-06-2014: Total bed strength-231, **in patients-**110/day, **out patients-**1100/day, **Inpatients-**3000/month, **outpatient-**33000/month.

Separate beds are granted for the benefit of hospital employees. Necessary medicines are provided to the employees. To render proper care to the sick and maintain an ideal hospital atmosphere the Entry of attendants has been strictly regulated by adhering to hospital visiting hours **I.e.** between 8.00 a.m. to 12.00 a.m., 5.00 p.m. and 7.00 p.m. in summer -9.00 a.m. To 1.00 a.m. 4.00p.m. To 6.00 in summer.

Figure: 4.1

ORGANIZATIONAL STRUCTURE OF PANDIT BRIJ SUNDAR SHARMA GOVERNMENT GENERAL HOSPITAL



2) Profile of Anurag Nursing Home, Bundi:-

When I interviewed Alankar Sharma he is the director of this nursing home, he gave me acknowledgement about this hospital and conveyed me all sections and facilities for patients I understand about this institute which is supplied healthcare facilities as per all profitable every kind of patient. This Corporate hospital was established 11 May, 1989 near to Khojagate road, Bundi. This is situated near to drizzly Resort at the present time. Here it has been located since 26April 2012. It is situated and built area of 5265 square feet. Its name to put the name of Doctor Anurag Sharma, who is the son of Doctor Madhusudhan Sharma. There were 20 beds in it at the starting. Today there are 50 beds in it. It is in Hadauti region in Rajasthan. Its owners are both Doctors' it is a multipurpose facility in this corporate hospital it is situated in backward areas of Hadauti region. It is near to Kheradi areas where the patients came more to more from rural area. All facilities are available in it.

Geographical location: As east side is situated game curriculum and west side farm and Khumbha stadium ki talai and in north side is drizzly resort and in south side is Khumbha stadium.

Doctor Madhusudan is famous for orthopedician but good leader and manager an employee and couple to give health care facility as all disease factors to cure and giving the best results for health every time. Doctor Gaytri Sharma is wife of Dr. Madhusudan Sharma, who is mother of Dr. Anurag Sharma. She is a gynecologist in this hospital. They give self-service for this institute and look for it well appreciate for good results. Doctor Anurag Sharma is a dermatologist at this hospital it is one of the first hair transplantation in Hadauti region. All patients felt as guest behavior as managing total and arranging the hostel so far other area patients come here to take facilities of health care. It is among situated of rural areas various parts. They may get this facility for self-treatment. There are human sources in their giving any advice, suggestion, guidance and cure nursing services any kind of problems.

The mission of this hospital: *"To provide all possible facilities under a single roof and categorize multispecialty term all ground level."*

The vision of this hospital: "*To become the most efficient and promising hospital to the provide health services mankind and characterizing our motto of "पहला सुख निरोगी काया" "First comfort is spirit of sickles."*

Objectives: *"To provide the best possible medical services and medical expertise to people."*

This institution is fulfilled all health care facilities such as:

Semi deluxe ward has two rooms; each room has four beds total eight beds. Deluxe room there is an LCD TV connection, AC, attached let-bath there are four rooms available with four beds.

Modernized and completely equipped operation theatres knee and hip joint replacement operation theatre, neurosurgery and spinal surgery facilities, laparoscopic procedures, colposcopic examination of cervical abnormalities, ICU facilities, dedicated oxygen supply for each bed, Centrally air cooled general wards, neonatal care, trained and competent nursing staff, dedicated nursing station on each level, clerical staff and accountant for courier and posts, there are two ambulance facilities, lift facility to carry patients along with their bed to different levels, digital X-ray, pathology lab, medical store, clean and hygienic and hygienic and nicely ventilated premises, Electricity back up 24x7 every time, solar water station in it there is two lifts one is small and other is big there is a personal head transformer of electricity. There is a parking space for patients there are fire accelerator. There are oxygen supply is a Centre portion. There is a waiting portion of middle of dug cooling. 42 CCTV cameras are vigilance and recording.

24x7 emergency facilities are available in these hospitals C-ARM machines, X-ray image facility available there is not any problems for operation theatre. There are digital X-rays, sonography, ventilator facilities are available.

Recruitment procedure: There recruitment procedure through direst interview, contact through recruitment agency, Recruitment through internal referrals.

Admissions: Planned and delivered.

Outpatient visit: April-1153, May-1263, June- 1265

Inpatients visit: April- 59, May-71, June- 104

Corporate Social Responsibility:

- Free medical camps, outdoor and indoor camps they are giving free consultation.
- Maa Gayatri Seva Simiti group of nutrias they are giving free medical camps**.**

- There is a medical waste management according to color coding.

Table 4.1: Department: Male wards and female wards corporate hospital divide these two sections.

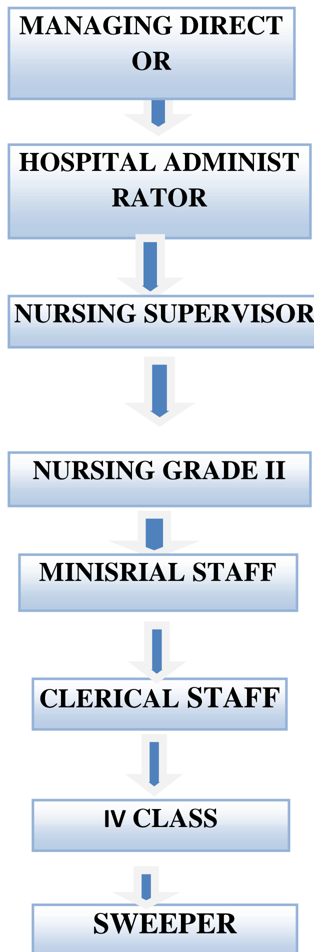
Departments				
S. No.	**Name**	**No.of rooms**	**No. of beds**	**Location**
1.	Laboratory			Basement
2.	Canteen			Basement
3.	X-ray			Basement
4.	Store area			Basement
5.	Minor OT			Basement
6.	Ward temporary ward unused			Basement
7.	OPD_S	6		Ground floor
8.	Female ward	1	12	Ground floor
9.	General ward	1	4	Ground floor
10.	Labor ward	1	2	Ground floor
11.	Nursing counter			Ground floor
12.	Reception			Ground floor
13.	Medical store			Ground floor
14.	Lobby waiting area	1		Ground floor
15.	Deluxe room	4	4	First floor
16.	Semi deluxe room	2	8	First floor
17.	Waiting area			First floor
18.	Nursing station			First floor

19.	Postoperative ICU	1	5	First floor
20.	Major OT	2	1	First floor
21.	Surgeon room	1		First floor
22.	Sterilization area			First floor

Regular Doctors:

There are seven regular doctors and 8 visiting doctors available in these regular doctors are orthopedician, obstetrician and gynecologist, general medicine, dermatologist, venerologist, cosmetic, laser surgeon and dentists are available. Visiting doctors are orthopaedician and joint replacement, cardiologist, neurologist, nephrologists, laparoscopic surgeon, plastic and burn surgeon, psychiatrist and ENT surgeon are available.

Figure 4.2: Organization structure of facilities:



(3.) PROFILE OF MAHARAV BHIMSINGH HOSPITAL (Government General Hospital, Kota):-

Government general hospital Maharav Bhim Singh hospitals was established on 22 September, 1958. Firstly, this hospital was established by respected home minister Kailashnath central. This hospital situated in an area of 3 acres. The bed strength is 430 and 150 extra beds total 600 beds are here. In these hospital 2000 patients of approx. OPD is daily and 100 IPD patients admit here for medical relief daily. There are so many national and Mukhyamntri health programs are in running for care of patients and also 600 kinds' of drug availability for all kinds of patients. If any accidental situation likes short circuits all safety measurements like fire safety instruments, not only at entry gate, but also available emergency gate in every room. New ventilated lab is made here. Emergency medicine, ICU has been built, but need of working staff is here. Second OST center of Rajasthan for smackchies is here in Kota first is in Ganganagar. Medical camps and blood donation camps are organized by superintended in villages time to time. CT scan machines are here organized by privately and free for BPL. Gynae ward is in J.K lone hospital it situated nearby MBS hospital. MRI test facilities are in new medical college, Shrinathpuram Kota. Diet canteen available for all is here. All four pathies are here-like-Ayurvedic, Homeopathic, Acupuncture and allopathic.

Three nursing colleges are here: BSC Nursing (Organized by superintendent), GNM (superintendent), and NM (CMHO). Living facility for attendants 50 rupees for two members in a room like: cancer patient's attendants for a week. There are three kinds of ward like: Cubical ward-150 rupees per patient 2 attendants attach wash- room, cottage ward-250 rupees if cooler than 10 rupees per day, deluxe ward-700 rupees per day A.C. is also available. Central lab, blood bank and stroke unit are there. 652 non-teaching staff sanctioned and 428 staff in working remaining vacant posts.

The geographical situation of this hospital: - Maharav Bhim Singh hospital situated between four directions in east quality control office is situated

In the west is a post office In north district court In south area senior secondary school army recruitment office and district information center.

YEARLY BUDGET:-

The financial year 2014-2015 March 31 to 1st, April. Various schemes under this Budget. Total budget- 26 crore 73 lakh 72 thousand

- Salary-23 crore
- Contract service-1 crore 80 lakh
- Medicine-2 crore, 60-70 lakh oxygen expenses
- Water and Electricity-90 lakh
- Beds and clothing-20 lakh
- Scholarship-13 lakh
- Office expenses-10 lakh
- Machinery-10 lakh
- Maintenance-8 lakh
- Employee dresses-7.50 lakh
- Cleaning-5 lakh
- Labour-3 lakh 50 thousand
- Medical allowance-3 lakh
- Vehicle expenses-3 lakh
- Small building expenses-1 lakh
- Medical allowance-3 lakh
- Travelling allowance-70 thousand
- Food material (like-Milk and daliya)-70 thousand

AVAILABILITY AND REQUIREMENT OF MAHARAV BHIMSINGH GOVERNMENT GENERAL HOSPITAL:-

Medical staff, Nursing Staff, Paramedical staff, Ministerial staff.

1. Medical Staff-

a) **Senior specialist:-** post-10, Availablity-4, Requirement-6 It means total of staff 4

b) **Junior specialist:-**Post-19, Availability-12, Requirement-7 it means total of staff 12

c) **Deputy controller:-**Post-1, vacant reason with retirement from1 may, 2014

d) **Senior medical officer:-**3

e) **Senior medical officer against position:-**1

f) **Medical officer:-**Post-32, Availability-26, Requirement-6

g) **Urban primary health center:-**1

STAFF PATTERN OF MAHARAV BHIMSINGH GOVERNMENT GENERAL HOSPITAL:-

Doctors' staff:-

1. **Pediatrician (PMO):–** Senior surgeon-1, Junior surgeon-1,Medical officer
2. **Medicine:-** Senior physician-1, Junior physician-29 (vacant)
3. **Ophthalmic:-** Senior surgeon-1, Junior surgeon-1
4. **Anesthetic:-** Senior surgeon-1(vacant), Junior surgeon-1(vacant)
5. **Trauma (Emergency):-**Junior surgeon-1
6. **Orthopedic:-**Senior surgeon-Vacant, Junior surgeon –vacant, Medical officer-2
7. **Surgeon:-** Senior surgeon-Vacant, Junior surgeon –1, Medical officer-Vacant

8. **Burn:-** Senior surgeon-Vacant, Junior surgeon –1, Medical officer- Vacant
9. **ENT:-** Senior surgeon-Vacant, Junior surgeon –1, Medical officer- Vacant
10. **Physiotherapist:-** vacant, contractual-1
11. **Gynecologist:-** Senior surgeon-Vacant, Junior surgeon– Vacant, Medical officer- 1
12. **Dermatology and Venereal disease (VD):-** Senior surgeon-Vacant, Junior surgeon – Vacant
13. **Radiology:-** Senior surgeon-Vacant, Junior surgeon –1
14. **Pathologist:-** surgeon-Vacant, Junior surgeon –1
15. **Psychiatric:-** Senior surgeon-Vacant, Junior surgeon – Vacant
16. **Procedure and science (vidhi aur vigyan):-** Senior surgeon-Vacant, Junior surgeon – 1
17. **Senior medical officers:-**3
18. **Medical officers:-**32
19. **Dental:-** Senior surgeon-Vacant, Junior surgeon –1, contractual-1
20. **Ayurvedic:**-1
21. **Homeopathic:-**1

Staff:

1. **Nurse grade first-** availability-32, Requirement-46,total-78
2. **Nurse grade second-** availability-124, Requirement-8,total-132
3. **Hospital supervisor-** availability-0, Requirement-4, total-4
4. **Female health worker-** availability-2, Requirement-0, total-2
5. **Pharmacist-** availability-2, Requirement-0, total-2
6. **Physiotherapist-**2
7. **Deputy supervisor-**1

8. **Occupational-**2

9. **Radiographer-**2

10. **Radiographer helper-**5

11. **Information helper-** availability-0, Requirement-2, total-2

12. **Speech therapist-** availability-0, Requirement-1,total-1

13. **Driver-** availability-2, Requirement-2, total-4

14. **Dental technician-**2

15. **ECG technician-**2

16. **X-ray technician-**4

17. **Dietitian-** availability-0, Requirement-1, total-1

18. **Lab technician-** availability-11, Requirement-3, total-14

19. **Nursing tutor-**21

20. **Mechanic-**01

21. **Electrician-** availability-2, Requirement-2, total-4

22. **Helper-**9.

23. **Medical legal advisor-**01

24. **Ward boy-** availability-100, Requirement-13, total-113

25. **Sweeper-** availability-30, Requirement-8, total-38

26. **Washer man-** availability-4, Requirement-3, total-7

27. **Cook-**8

Ministerial staff:-

1. **Office superintendent-** availability-4, Requirement-3, total-7

2. **Assistant office supervisor-**2

3. **Accountants-**1

4. **Junior accountant**-1

5. Office associates-2

6. Upper division clerk (U.D.C.) -7

7. Lower division clerk (L.D.C.) -11

Recruitment procedure

- For Doctors recruitment by Rajasthan public service commissions (RPSC)
- For nurses through RPSC or NRHM.
- For class forth employees from employment scheme.
- Contract basis.

Procedure: After the preparation of policies for admission is should be notified through local / national dailies

Table 4.2:

Sanctioned beds: Maharav Bhim Singh Hospital:-

Total 600 available 450 beds, extra beds 150.

S.No.	Ward name	Allowed beds	Extra beds	Total
1.	Male medical-A and C	50	15	65
2.	Male medical-B	30	09	39
3.	Female medical ward A, B, C	50	09	59
4.	ICU AND ICCU	12	0	12
5.	Male surgical ward-A	53	03	40 surgeries, 15 Neurosurgeries-1, dental total-56
6.	Male surgical ward B and C	47	05	52
7.	Female surgical ward A, B, C	30	06	36
8.	Orthopedic	60	29	80 Ortho wards and surgical-gallery of surgical A
9.	ENT	30	10	40
10.	Eye	30	0	30
11.	Burn	10	0	10
12.	Postoperative	16	03	Surgery-12, Ortho-4, Neuro-2, urology-01, total-19

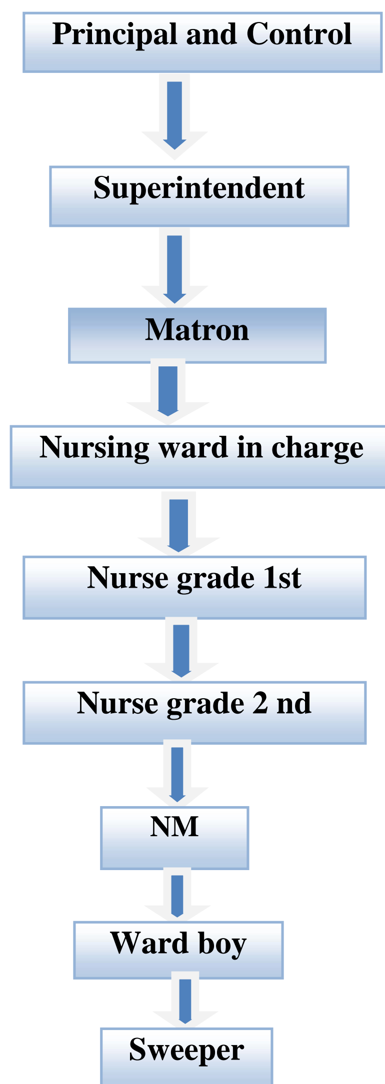
13.	Stroke unit	0	12	12
14.	Swine-flu	0	15	(old eye ward) -15
15.	Seasonal diseases and heat stroke	0	15	(old eye ward) -15
16.	Emergency	16	05	21
17.	Cottage ward	0	38	Deluxe-10, cottage-12, cubical-16, total-19
18.	Kaidi ward	10	0	10
19.	Cancer ward	30	10	40
20.	Cancer OPD	0	10	40
21.	Dialysis	0	03	03
22.	Main OT recovery bed	0	06	06
23.	Neurosurgery/neurosurgery ICU recovery bed	0	14	14
	Total	**474**	**217**	**619**

Census on 1-06-2014: Total bed strength-600, **in patients-**100/day, **out patients-**2000/day, **Inpatients-**3000/month, **outpatient-**60000/month.

Separate beds are allocated for the benefit of hospital employees. Necessary medicines are provided to the employees. To render proper care to the sick and maintain an ideal hospital atmosphere, the Entry of attendants has been strictly regulated by adhering to hospital visiting hours I.e. between In winters 9.00 am to 3.00 am, in summer -8.00 am To 2.00 am, doctors can call in emergencies. Three doctors are always available 9 a.m. to 3.00 p.m.

Figure 4.3: Organization Structure of Maharav Bhim Singh Hospital, Kota.

Organizational Structure



(4) Profile of Sudha Hospital, Kota:-

When I went to Sudha Hospital I met with Hospital Administrator Mr. Nilesh Kinkar they told me about this hospital in Brief:

Contact No.:- 09479714307

Overview

Sudha hospital is one of the largest multi-super specialty institutes located in Kota. It is an industrial and educational town in the Hadoti Region. Founded by eminent surgeons Dr. R. K. Agrawal and Dr. (Mrs.) Sudha Agrawal, under vision of Lt. Shrilal Agrawal, the institution has been envisioned with the aim of bringing to India the highest standards of medical care along with clinical research and education or training. Sudha Hospital is governed under the guiding principles of providing medical services to patients with care, compassion, commitment. Spread across 25,000 sq feet area the institute includes a research centre and nursing school. It has 220 beds and over 50 critical care beds with 8 operating theatres including a 2 OT which has an air handling system and catering to over 20 specialties.

Sudha hospital brings together an outstanding pool of doctors and clinical researchers to foster collaborative, multidisciplinary investigations, inspiring of new ideas and discoveries; and translating scientific advances more swiftly into new ways of diagnosing and treating patients and preventing diseases. One of the facilities all over the Rajasthan**.**

Sudha hospital through its research integrates modern and traditional forms of medicine to provide accessible and affordable health care.

Vision and values

Dr. R.K. Agrawal

"Sudha hospital works on the principle of providing affordable medical services to patient with care, compassion and commitment."

Director Dr. R. K. Agrawal says "Our aim is to bring health care of world class health facilities within the reach of every individual. We are

committed to the achievement and maintenance of excellence in education, research and health care for the benefit of humanity. Our mission is also to transcend the realm of curative care. With a new focus on preventive care, Sudha hospital is going beyond medicine. And as we grow in the 21st century, we stand committed to building an infrastructure that will create an environment that protects and nurtures our future and for all Sudha hospitalities who are dedicated over the path of health care for us.

Coming together is a beginning.

Keeping together is progress.

Working together is success.

"Sudha hospital works on the principle of providing affordable medical services to patients with care, compassion

Commitment...."

Departments and Special Clinics

Departments

- Dept of Dental Surgery
- Dept of ENT and Head Neck Surgery
- Dept of Endocrinology and Diabetic clinic
- Dept of GI and Bariatric Surgery
- Dept of Infertility
- Dept of Internal Medicine
- Dept of Integrative Medicine
- Dept of Microbiology
- Dept of Neurology
- Dept of Neurosurgery
- Dept of Nephrology
- Dept of Ophthalmology
- Dept of Obstetrics and Gynecology

- Dept of Oncology
- Dept of Orthopedics
- Dept of Pediatrics
- Dept of Pediatric Surgery
- Dept of Plastic Surgery
- Dept of Physiotherapy and Rehabilitation
- Dept of Pathology
- Dept of Respiratory Medicine
- Dept of Urology
- Emergency Trauma and Disaster Management center

Special Clinics

- Infertility clinic
- Laparoscopic clinic
- Cardiac clinic
- Diabetic clinic
- Obesity clinic
- Trauma center
- Pain clinic
- Geriatric clinic
- Breast clinic
- Wellness Programs

Table no. 4.3:

Departments of Sudha Hospital, Kota.

Departments			
S.no.	**Name**	**Number of beds**	**Location**
1.	EMERGENCY	4	Ground floor
2.	GYNE WARD	4	1st floor
3.	PVT.ARD	10	1st floor
4.	O.T.	GEN.-2	1ST FLOOR
5.		ORTH.-1	
6.		ENT-1	
7.		NEURO- 1	
8.		CARDIAC-1	
9.		EYE -1	
10.	CATHLAB		1st floor
11.	RECOVERY	10	1st floor
12.	CICU	7	1st floor
13.	ORTH WARD	10	2nd floor
14.	BURNWARD	6	2nd floor
15.	DIALYSIS	6	2nd floor
16.	NEPHROWARD	6	2nd floor
17.	SEMI PVT.	5	2nd floor
18.	MICU	13	3rdfloor
19.	SURGICAL ICU	7	3rdfloor
20.	NEW ICU	9	3rdfloor
21.	FEMALE G.WARD	10	3rdfloor
22.	MALE G. WARD	25	3rdfloor
23.	PAEDIATRICWARD	10	3rdfloor
24.	NEURO WARD	13	3rdfloor

Facilities and Services: Sudha Hospital, provide the necessary treatment to the masses at an affordable price and increasing their client-base by tapping the corporate sector that is aware of the Health Care and looking for Health Packages. As a result disease prone staff is identified and provided disease preventing advice, so that they have a healthy workforce for optimum output and meet the challenges in day-to-day working.

Dr. R.K. Agarwal and Dr. (Mrs.) Sudha Agarwal, besides keeping themselves busy in their professional responsibilities; have also taken a keen interest in expanding activities of the Hospital, modernizing the Infrastructure, addition of space to meet the increasing needs and make available the specialty-Services at the hospital, at an affordable price. Free Camps are being organized to give the benefits of Super Speciality Consultants to the masses, which normally they cannot access.

Sudha Heart Institute Since 2004 Sudha Hospital is taking a very bold and historic step by establishing Sudha Heart Institute to provide the best and complete Cardiac Care to the masses of Kota region.

In just short span of time Kota Heart Institute was in a position to install the following:

1. Fixed Cath Lab, which is used for conducting Angiographies and Angioplasties, giving results at par with International standards; exclusively available with us in Kota.

2. Cardiac Surgery Operation theatre for conducting Cardiac Surgeries along with a Cardiac Care Ward. The Ward is totally isolated from the other wards of the Hospital and always maintaining Zero Bacteria Standards in this area. Postoperative care is undertaken by Sudha Heart Institute Team.

More than 1200 Cardiac Surgeries have been conducted in the Specially Designed Operation Theatre of Sudha Heart Institute till date. Surgeries are being done by the Senior Cardiac Surgeons and Nursing Staff of Sudha Heart Institute.

Srijan Infertility Centre

- They are proudly announcing our new upgraded version of infertility centre with all new equipment.
- Some of the clinical services are available in the field of:
- ICSI
- Test tube baby
- Egg donation
- Sperm freezing
- Endoscopy
- MESA-IVF-ICSI
- Embryo freezing
- Ovarian Drilling

(A) SUPER SPECIALITY SERVICES:

- Cardiology
- Cardiothoracic Surgery
- Urology and Nephrology
- Endocrinology
- Oncology
- Gastroenterology
- Neuro Surgery and Neuro Spinal Department
- Plastic and Cosmetic Surgery
- Neurology
- Peripheral Vascular surgery
- Laparoscopies Surgery

- Anesthesiologist

(B) SPECIALITY SERVICES:

- General Medicine
- Paediatrics
- Psychiatry
- Skin and V.D
- E.N.T
- Dentistry
- Physiotherapy
- Pulmonary Medicine
- Orthopaedics
- Ophthalmology
- Gynaecology and Obstetrics
- Radiology
- Pathology
- Diabetic Foot Department

(C) DIAGNOSTIC FACILITIES

- Radiology
- Pathology
- Microbiology
- ECG and Others
- Echocardiography, TMT, and Holter

Led and Managed by Doctors

Sudha Hospital is led by a team of able doctors under the guidance of famous surgeons Dr. R. K. Agrawal and Dr. Sudha. Agrawal.

Patient Care

At Sudha Hospital, they are committed to provide personalized medical services to patients with care and compassion.

World Class Infrastructure:

At Sudha Hospital, they have 6 operating theatres, 185 beds and over 40 critical care beds catering to 20 different super specialties. Their aim to establish a world- class education and training centre with a vision to offer the best in clinical care and education or research.

Our Technology

At Sudha Hospital, they have the most advanced technology and state-of-the-art treatment facilities with the motto to deliver health care services at an affordable cost.

Special International services: They offer personalized services to International patients that include Appointment Scheduling, Treatment Packages, Visa Assistance and Hotel Reservations or among others etc.

Staff Pattern of the Sudha Hospital:

Medical staff, Nursing Staff, Paramedical staff, Ministerial staff.

Medical staff:- In Sudha Hospital have sufficient staff for providing care to patients.

Dr. R. K. Agarwal, *M.S. (Bariatric and Laparoscopic Surgeon)*

Dr. R.K. Agarwal, M.S., has to his credit an experience of 25 years and has learned Specialized Laparoscopic Surgery at Ethicon Institute of Bombay and urological surgeries which have been attending all the Surgical Conferences to keep abreast with the latest advances in Surgery and put them into practice. **Bariatric and Laparoscopic Surgeon**

Dr. (Mrs.) Sudha Agarwal, *Senior Gynecologist*

Dr. (Mrs) Sudha Agarwal is practicing Gynaecology and Obstetrics for more than 28 years. The state government of Rajasthan out, of which has been

processing for 15 years in health Services. Her constant care through with your pregnancy aims at safe and normal delivery. She is also running infertility centre with all recent equipment and well trained personnel.

Gynaecology and Obstetrics

- Pediatrics-3
- Opthalmologist-1
- ENT-3
- Audiologist and speech therapist-1
- orthopaedics-2
- Psychiatric-1
- Anaesthesia-3
- Pathologist-1
- Microbiologist-1
- Physiotherapist-2
- Neurologist-1
- Neuro surgery-1
- Nephrology-1
- Endocrinology-1
- Gastroenterology-1
- Plastic and cosmetic surgery-1
- Pulmonary medicine-1
- Oncology-2
- General medicine-2
- General and laparoscopic surgeon-6
- Gynaecology and obstratics-3

- Cardiology-2
- Cardio thoracic and vascular surgery-2
- Dermatology-1
- Dentistry-2

Table No.: 4.4

STAFF LIST- SUDHA HOSPITAL AND MRC PVT.LTD.

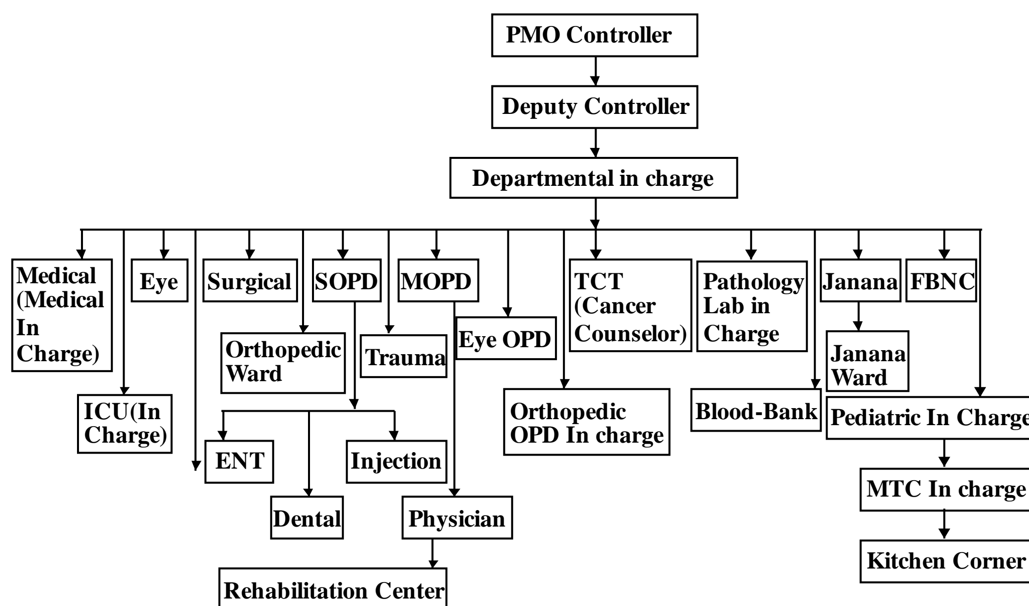
1.	HOSPITAL ADMINISTRATOR	1
2.	MANAGER - GENERAL and PRO	1
3.	MANAGER – HR	1
4.	MANAGER – PURCHASE	1
5.	BIOMEDICAL ENGINEER	1
6.	NURSING SUPERINTENDENT	1
7.	ASST. NURSING SUPERINTENDENT	1
8.	CHIEF ACCOUNTENT	1
9.	ACCOUNTENT	3
10.	BILLING STAFF	6
11.	RECEPTION STAFF	4
12.	STOREKEEPER	2
13.	PHARMACY STAFF	25
14.	HOUSEKEEPING SUPERVISOR	8
15.	WARDLADY/WARD BOY	30
16.	CLEANING STAFF	45
17.	CARPENTER	1
18.	GARDENER	2
19.	WASHER MEN	3
20.	TAILOR	1
21.	PAINTER	1
22.	ELECTRICIAN	4
23.	PLUMBER	1
24.	OPD ATTENDENT	15
25.	SECURIETY SUPERVISOR	3
26.	GUARD	32
27.	NURSING STAFF (SENIOR)	60

28.	NURSING STAFF (JUNIOR)	140
29.	OT TECHNICIAN	18
30.	LAB TECHNICIAN	15
31.	DIALYSIS TECHNICIAN	6
32.	MRI TECHNICIAN	2
33.	X-RAY TECHNICIAN	6
34.	CT TECHNICIAN	1
35.	CATHLAB TECHNICIAN	2

ORGANIZATIONAL STRUCTURE OF SUDHA AND MRC. PVT. LTD. HOSPITAL:

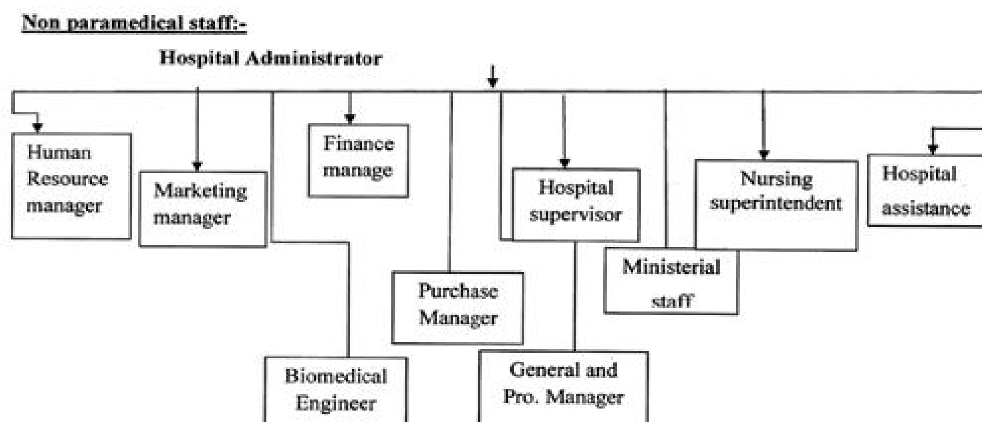
ORGANIZATIONAL STRUCTURE OF PARAMEDICAL STAFF:

Figure no. 4.4 Paramedical staff:-



ORGANIZATIONAL STRUCTURE OF NON PARAMEDICAL STAFF:

Figure no. 4.5



(5) PROFILE OF GOVERNMENT GENERAL HOSPITAL, BARAN:

Government general hospital is situated on opposite Dharmada Dharamshala Baran road in Baran. This hospital allotted an area of 19.4 Acre. Here visiting 15000 patients per month in OPD. This is 300 bedded hospitals. All kinds of wards are available here. Total 49 wards are available here. There is a charitable trust for poor people and children owned by Mr. Pramod Bhaya. 20 Bedded wards for Sahriya children, free nourished food for malnutrition children.

The geographical situation of this hospital:-Government general hospital Baran situated between four directions in East Girls College situated.

- In north MCH (Maternity and child health care) and TB clinic is situated.
- In the south it means face of government hospital shops, bicycle stand and krishi upaj mandi situated.

GENERAL HOSPITAL:-

Medical staff, Nursing Staff, Paramedical staff, Ministerial staff.

1. Medical Staff-

a) **Senior specialist:-** Post-10, Availablity-3, Requirement-7 It means total of staff 3

b) **Junior specialist:-**Post-22, Availability-14, Requirement-7 it means total of staff 12

c) **Deputy controller:-**Post-1

d) **Senior medical officer:-**3

e) **Senior medical officer against position:-**1

f) **Medical officer:-**Post-33, Availability-22, Requirement-11

g) **Urban primary health center: -**1

STAFF PATTERN OF GOVERNMENT GENERAL HOSPITAL, BARAN-

Doctors' staff:-

1. **Pediatrician (PMO)**: – Senior surgeon-1, Junior surgeon-2, Medical officer-1
2. **Medicine**:- Senior physician-0, Junior physician-2 (vacant)
3. **Ophthalmic**: - Senior surgeon-0, Junior surgeon-0
4. **Anesthetic**: - Senior surgeon-1 (vacant), Junior surgeon-1 (vacant)
5. **Trauma (Emergency)**: -Junior surgeon-1
6. **Orthopedic**:-Senior surgeon-Vacant, Junior surgeon –vacant, Medical officer-2
7. **Surgeon:-** Senior surgeon-Vacant, Junior surgeon –1, Medical officer-Vacant

8. **Burn**:- Senior surgeon-Vacant, Junior surgeon –1, Medical officer- Vacant

9. **ENT**:- Senior surgeon-Vacant, Junior surgeon– vacant, Medical officer-Vacant

10. **Physiotherapist**:- vacant, contractual-1

11. **Gynecologist:** - Senior surgeon-Vacant, Junior surgeon– 2, Medical officer-1

12. **Dermatology and Venereal disease (VD)**:- Senior surgeon- Vacant, Junior surgeon – 1

13. **Radiology**: - Senior surgeon-Vacant, Junior surgeon –1

14. **Pathologist**: - surgeon-Vacant, Junior surgeon –1

15. **Psychiatric**: - Senior surgeon-Vacant, Junior surgeon – Vacant

16. **Procedure and science (Vidhi aur Vigyan)**:- Senior surgeon-Vacant, Junior surgeon – vacant

17. **Senior medical officers**: -3

18. **Medical officers:**-32

19. **Dental:-** Senior surgeon-Vacant, Junior surgeon –1, contractual-1

Staff:

1. Office nursing superintendent-2

2. Nurse grade first- 10

3. Nurse grade second-46,

4. Samvidha-06

5. Female health worker-01

6. Hospital supervisor-vacant

8. Pharma-04,

9. Information helper-05

10. Driver-03

11. Mechanic-01

12. Electrician-01

13. MPW-01

14. Ward boy-12

Total-20

Ministerial staff:-

1. Office superintendent-1

2. Assistant office supervisor-1

3. Accountants-1

4. Junior accountant-1

5. Office associates-2

6. Upper division clerk (U.D.C.) -4

7. Lower division clerk (L.D.C.) -6

Total-115 staff

Budget: Planned-7.26 lakh, Non planned-1011.86, Total-1011.86 lakh

- Total bed strength -300, In patients- 5000/month, Outpatient-15000/month
- Entry of attendants has been strictly regulated by adhering to hospital visiting hours
- I.e. between 8.00 a.m. to 12.00 a.m. 5.00 p.m. and 7.00 p.m. in summer 9.00 a.m. to 1.00am.. 4.00 p.m. to 6.00 in winter

(6) Profile of Goyal hospital and Emergency care center, Baran:

- Goyal Hospital is100 bedded hospital. There are 1000 approximately patients daily visited.
- MD of Goyal hospital Dr. Hemant Goyal -9414190441.

Located: - Baran government hospital is situated in front of the Dharmada Dharmshala hospital road Baran.

Establishment:-Started from 25th July, 2010.

There isn't any kind of diet canteen, there are such schemes: Janani Suraksha Yojna, Mukhyamantri Shubh Lakshmi Yojna, vaccination, insurance and free bill for government employee or pension yojna schemes. There are these departments: Surgery, gynae, pediatric and orthopedic or physicians.

Mission: Service free all time.

Budget:-

- One crore took from the government and for vasectomy operations to patients.
- Fifty lakh for National health insurance scheme.

Staff members:-

There are 50 staff members in these 50 staff members in these 7 Doctors, 19 nursing staff and Ministerial administration 22 and 9 sweepers.

Figure No. 4.6:

ORGANIZATION STRUCTURE of Goyal hospital and Emergency care center, Baran:

(7) Profile of Rajendra Prasad hospital, Jhalawar:

Government general hospital Rajendra Prasad Jhalawar was established in 1960-61. This hospital is a PMO office since year 1960-65 to 2007. In year of 4th April, 2008 the society took it under the control. Vasundhra Raje opened a medical college that name was Jhalawar hospital and medical college society. PMO office presently known as Shri Rajendra Prasad (SRG) and Gynae hospital known as Heera baa Kunwar. After MCI survey, it got the complete authorization in 2008 two P.G. Orthopedics and Medicine. These three hospital Medical College SRG hospitals and Heera baa Kunwar hospital in an area of 36 acres. This hospital is 500 bedded and 250 kinds of drugs available in this hospital. There are 1900 OPD and 150 IPD daily. There are so many national and Mukhyamntri health programs are in running for care of patients and also drug available for all kinds of patients. Nursing training center opening very soon. NM center training is there. Diet canteen is there and CMHO camp and family planning and welfare or blood camp organize time to time. There is no cottage ward for patients and family members. Waiting area available one patient one attendant is available there. There are no staffs quarters available.

Technical staff available there for a CT scan, Sonography and digital X-ray. Child ward and pediatric wards are separate there Rehabilitation center, physiotherapy and CT scan is there. Doctors timing 9 am to 3 pm on casualty way doctors come to call in an emergency. The air ambulance facility is available there. In future may be made maternity and child health care ward. Psychiatric ward is available there. Pediatric ward is separate over here.

Budget: Planned: Salary- 20-22 Lakh for salary recurring cost, quarterly 6 crore 86 lakh, Yearly Mukhyamantri Nihsulk Dawa Yojna 1.2 crore per year, nihsulk janch yojna 50 lakh.

None planned: 2.62 crore

Income source: Immovable income: through major shops 14 shops, medical shops and central bank of India ATM in main gate (1 crore 32 lakh)

Movable Income: Through central alb, OPD, IPD Ticket, student fees 4.50 crore,100 seats 50 all India, 35 payment seats, 15 NRI quota seats, donations, canteen, cycle stands approximately 32 lakh. From medical education Jaipur we get donated.

Geographical situation of this hospital:-

Shri Rajendra Prasad hospital situated between four directions in East BSNL office, Dwarka hotel, PWD office and agriculture land.

- In west Jhalawar Darbar land and Kothi road is there.
- In north national highway 12.
- In the south is a pond where is farming and Kothi road.

RECRUITMENT:

Recruitment through RUHS.

STAFF PATTERN OF RAJENDRA PRASAD GOVERNMENT GENERAL HOSPITAL:-

1) Senior doctors: Posts-12, granted-0, Requirement-12.

2) Deputy controller: Post-01, Available-01, Requirement-0.

3) **Senior specialist:** Post-16, Available-07, Requirement-09.

4) **Junior specialist:** Post-04, Available-03, Requirement-01.

5) **Medical officer:** Post-28, Available-17, Requirement-01.

6) **Medical officer (Dental):** Post-01, Available-01, Requirement-0.

7) **Office nursing superintendent:** Post-01, Available-0, Requirement-01.

8) **Nursing superintendent (First):** Post-01, Available-0, Requirement-01.

9) **Nursing superintendent (Second):** Post-04, Available-01, Requirement-03.

10) **Nurse grade first:** Post-22, Available-22, and Requirement-00.

11) **Nurse grade, second:** Post-62, Available-24, and Requirement-38.

12) **Prasavika:** Post-04, Available-04, Requirement-00.

13) **Physiotherapist:** Post-01, Available-01, Requirement-00.

14) **Radiographer Superintendent:** Post-01, Availability-00, Requirement-01.

15) **Senior Radiographer:** Post-03, Available-00, Requirement-03.

16) **Radiographer:** Post-05, Available-02, Requirement-03.

17) **Radiographer Helper:** Post-08, Available-01, Requirement-07.

18) **Care Taker:** Post-02, Available-01, Requirement-01.

19) **Eye Helper:** Post-02, Available-00, Requirement-02.

20) **Senior lab technician:** Post-02, Available-02, Requirement-00.

21) **Lab Technician:** Post-03, Available-03, Requirement-00.

22) **Dental Technician:** Post-02, Available-00, Requirement-02.

23) **Accountant Helper:** Post-01, Available-01, Requirement-00.

24) **Office Associates:** Post-01, Available-01, Requirement-00.

25) **Upper division clerk (U.D.C.):** Post-03, Available-03, Requirement-00.

26) **Lower division clerk (L.D.C.):** Post-05, Available-02, Requirement-03.

27) **Driver:** Post-02, Available-02, Requirement-00.

28) Electrician: Post-01, Available-00, Requirement-01.

29) Junior Accountant: Post-01, Available-00, Requirement-01.

30) Pharmacist: Post-16, Available-07, Requirement-09.

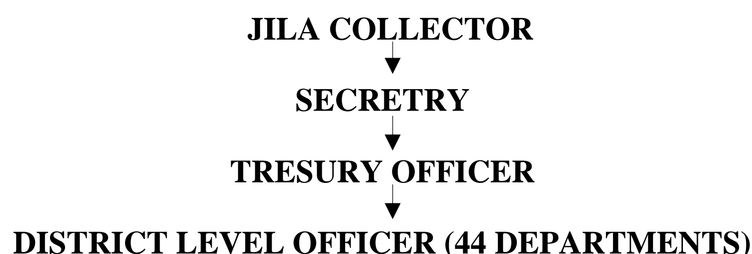
31) Fourth class: Post-35, Available-26, Requirement-09.

32) GNM: Post-00, Available-179, Requirement-00.

Note: In Jhalawar hospital and medical college society Jhalawar not G .N. M. post not granted. There are 179 GNM are posted.

Figure No. 4.7:

ORGANIZATIONAL STRUCTURE OF PANDIT SHRI RAJENDRA PRASAD GOVERNMENT GENERAL HOSPITAL



(8) Profile of Sanjivani Vyas hospital Jhalawar:

Sanjeevani Vyas Anusandhan Kendra Ltd. (Sarvey Santu Niramya) "Apke Behtar Swasthya Ke Liye Prayasrat". It is situated in the area of 65000 square feet. This hospital was established on 9 may, 2005. This hospital is 50 bedded. There are 2 ambulances, one big and one is small. There are three floors, ground, first and second floor. On the ground floor there is one general ward (10 beds, male and 10 bed female). There are 30 rooms and 10 halls (Super Deluxe-4, deluxe-6, Semideluxe-4). 12 Free of cost rooms for staff. NICU, emergency, labour room, sonography room, Help desk, store keeper. All facilities are for normal and cesarean delivery. Labour room and child's room are separate. There have been organized more than 200 camps like: free check-up of maternal diseases, general diseases, Blood donation camp etc. OPD- 13-14 per day and IPD- 4 to 5 per day. Yearly HR review and planning for Dharamshala for attainders.

Geographical Situation:

- **In east:** NH. 12
- **In west:** Rail track line
- **In north:** Kota road
- **In south:** Jhalrapatan road.

STAFF:

Doctors: There are 5 regular doctors and 3 are visiting doctor in this gynecologist and MBBS doctors are available.

Staff Position:

1. Nurse Grade I-10
2. Nurse Grade II-10
3. Nurse Grade III-15
4. Sweeper-11
5. Guard-3
6. Ward boy/ward lady-10

Ministerial staff:

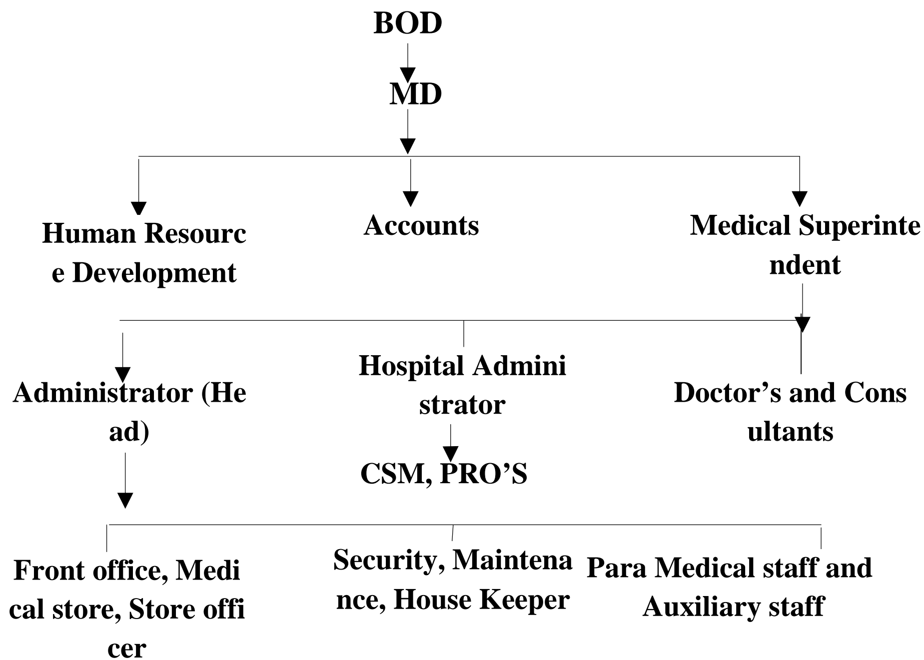
1. Clerical-10
2. Accountant-1
3. Cashier-1
4. Medical store-6
5. Sonography-1
6. Assistant-2
7. Electrician-1
8. Gardner-1
9. Canteen-1

Budget:

Medicine- 1 Crore, Hospital-1 Crore, Budget through medical receipt and fees.

Figure No. 4.8:

Organization Structure of Sanjeevani Vyas Hospital, Jhalawar-



About Hospital

Information on business and technology practices for their information and operation in their respective areas and thus looks to the organization is committed to offer its client with cutting edge. The hospital provides a stage to industry professionals and decision makers to interchange their views on an issue that special they can use for strategic to realistic aims. Hospital facility thought provoking, unbiased and research oriented business brainpower products through best mix of Conferences, workshops and exhibitions or In-house training programs.

All the workshops and conferences are planned in research and everyday interaction with the industry, hospital is designed by the industry to help the industry. Thus hospital forms the "Bond" making a chance to network and

exchange opinions with the business communities and look to the encounters and trends of the industry, issues and resolve as it is a learning and re-learning procedure.

Hospital Mission

To provide clients with knowledge and understandings they need to sustain a valuable competitive advantage for their professional and personal progress.

Hospital Vision

Hospital empower their people to offer our clients state-of-the-art and inspirational or vital products promoting pro-active by inspiring them to innovate and incorporate best practices with high emphasis on wisdom and knowledge seeking skills.

Public Seminar

Conferences and seminars or conclaves have become the best knowledge generating platforms, providing the delegates with an unparalleled networking opportunity to learn and relearn or unlearn with business leaders from across the industry. Their constant focus lies in providing a thoroughly relevant and specific or researched content that enables. Their minds delegate to stretch and widen existing knowledge or open up to new opportunities that lie beyond the traditional tried and tested.

Each conference, seminar and briefing or webinar enable you to update your agenda for action with the latest findings from the area.

Corporate Performance	Corporate Strategy
Environment /Utilities / Energy	Finance / Insurance
Food / Beverage	General Business
Health Care	HR
Information Technology	Investment
Legal	Life Sciences/Pharmacy
Management Training	Manufacturing
Marketing/Sales	Mining
Professional Training	Property/Engineering
Retail	Supply Chain /Transport
Telecommunications	Accountancy &Financial Training
Language Training	Corporate Hospitality

4.5 In house Training:

The hospital is also dealing with seasoned companies who want to maximize their employee's talents and skills or function is completed an overhaul of their business ideology. They have trained employees at all levels of companies providing comprehensive training, speaking, coaching and business training services to organizations worldwide.

The benefits of in-house training:

- Significant savings to be made on attending a public event Time – they take care of everything - design, preparation, trainer and delivery or evaluation.
- Specific to you - they will create the event and just for you.
- Convenience - date and venue for their workforce.

- Resolving sensitive internal issues - in a safe and confidential environment

SOPNSORSHIP

Sanjeevani Vyas Hospital Strategic has provided a sophisticated platform for their business partners to reach out to the relevant target audience.

As their event's sponsor, we can be assured of maximum impact being achieved in terms of brand awareness, on-site product demonstration and networking opportunities.

Their sponsors want to create and keep customers. They want to spend their money on those things that produce paying customers. And they want to be able to measure their results.

They believe that their total package conferences, webinars, podcasts, short videos and newsletters or display Ads when merit their social media portals and event sites or produces the synergistic effect required for cost-effective advertising in today's turbulent economy.

Their Treatment Specialties are:

- Gynecology and Obstetrics.
- General and Laparoscopic Surgery
- Infertility
- Pediatric
- Orthopedic
- General Medicine
- Ophthalmology
- ENT
- Dental
- Physiotherapy

Their Medical Specialties are:

- ✓ Advanced Laparoscopic/Endoscopic diagnostic and Therapeutic facilities/ Procedure.
- ✓ Accidental cares different operation theatre with a C-arm machine for ortho surgery.
- ✓ Neonatal radiant Warner.
- ✓ Multi Para Monitor.
- ✓ Defebiretior.

Care during Pregnancy:

- ✓ Antenatal package.
- ✓ Informed schedule for regular ante-natal checkup.
- ✓ High risk pregnancy management.
- ✓ Painless delivery.
- ✓ Cesarean section.
- ✓ Ante/post natal exercise and rehabilitation.
- ✓ Dietary consultation.
- ✓ Management of recurrent pregnancy loss.
- ✓ Laparoscopic surgery for ectopic pregnancy.
- ✓ Cardiotocography for fetal heart monitoring.

Their Treatment Specialties are:

- ✓ Gynecologist and obstetrics.
- ✓ General and laparoscopic surgery.
- ✓ Infertility
- ✓ Pediatric
- ✓ Orthopedic

- ✓ Ophthalmology
- ✓ ENT
- ✓ Dental
- ✓ Physiotherapy

Their Medical Specialties are:

- ✓ Advanced laparoscopic/Endoscopic diagnostic and therapeutic facilities/ procedure.
- ✓ Accidental care different operation theatre with C- arm machine for ortho surgery.
- ✓ Neonatal radiant Warner.
- ✓ Multi Para Monitor
- ✓ Defebiretior.

Care during Pregnancy:

- ✓ Ante natal package.
- ✓ Informed schedule for regular ante- natal checkup.
- ✓ High risk pregnancy management.
- ✓ Painless delivery.
- ✓ Cesarean section.
- ✓ Ante/post natal exercise and rehabilitation.
- ✓ Dietary consultation.
- ✓ Management of recurrent pregnancy loss.
- ✓ Laparoscopic surgery for ectopic pregnancy.
- ✓ Cardiotocography for fetal heart monitoring.

Sanjeevani Vyas's patient care facilities:

- ✓ Multispecialty hospital.

- ✓ OPD Regular, OPD managed by full time/part time specialist and assisted by sr. Residents.
- ✓ 24 hrs. Emergency services (casualty ward).
- ✓ NICU
- ✓ ICU
- ✓ MODULAR OTS
- ✓ Excellent, most model well equipment operation theatres.
- ✓ Labour rooms with facilities or high risk pregnancy treatments.
- ✓ General/semi private/semi deluxe, deluxe and super deluxe ward
- ✓ Medical store
- ✓ Ambulances
- ✓ Conference room and library.
- ✓ Reception and patient help counter.
- ✓ Internet facilities.
- ✓ Cafeteria.

Sanjeevani Vyas's diagnostics facilities:

A) Fully equipment, laboratory:

- All bio-chemical examination with semi auto analyzers.
- All micro biological examinations [blood, urine, stool, sputum and biological matter.]

B) Modern radiology department:

- X-rays 100m.a. X-ray machine and i.i.t.v's
- 2-D color sonography having all types of probes used or different specialties, sono guided procedures like biopsy aspiration, drainage etc. being regularly carried out

C) Infertility department:

- U. I
- Sperm test
- DHL
- Harmon test
- Laparoscopic surgery

Utilities:

- Telephone
- Canteen with room service facilities
- Public Transport-taxi
- Space for patients attendants
- Boarding and lodging facilities
- Security 24*7
- Separate parking

Careers:

- What sanjeevani Vyas hospital has to offer?
- Excellent remuneration package.
- Performance- based career advancement.
- Learn essential negotiation and leadership skills that can be applied to all business.
- Continuous training.

REFERENCES:

INTERVIEWS:

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- Face to Face Interview with Anurag Sharma, Director, of Anurag Nursing Home.
- Face to face interview with a questionnaire admin staff of Maharav Bhim Singh Hospitals and doctors.
- Face to face interview with questionnaire Hospital administrator Nilesh Kinkar in Kota Sudha hospital and interviews with doctors.
- Face to face interview with a questionnaire admin staff of Government hospital Baran and doctors' staff.
- Face to face interview with questionnaire administrator Hemant of Goyal Hospital, Baran and the doctor's staff.
- Face to face interview with the questionnaire administrator of the Rajendra Prasad government hospital, Jhalawar and doctors' staff.
- Face to face interview with the questionnaire administrator of the Sanjeevani Vyas hospital, Jhalawar and doctors'

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CHAPTER -V

METHODOLOGY DESIGN AND FRAMEWORK

5.1 Introduction:

5.2 Need for The Study:

5.3 Significance of the study:

5.4 Scope of the study:

5.5 Research Approach:

5.6 Objectives of the Study:

5.7 Research Hypothesis:

5.8 Pilot Study:

5.9 Research Methodology and Design:

5.10 Presentation of the study:

5.11 Tools of data collection:

5.12 Presentation of work:

5.13 Limitations of the study:

5.14 Writing of Research Report:

5.15 Conclusion:

- **References**

CHAPTER-V

METHODOLOGY DESIGN AND FRAMEWORK

5.1 INTRODUCTION: India has more population and globalization than any other country. Human being needs resource of environmental and globalization which is compared and operated by Human resources. So under such situation to make better maximum efforts to increase the productivity of every individual and employees working capacity. Through the organizations is effective utilization of the available human resources.

Population is an effective factor of generally the misunderstanding availability of any country, but fact idea makes the best achievement by researching assent of Indian economy. A matter of fact and importance of human resource needs good management. All resources depend on health care facilities, managing and employer is working capacity. The government of India has recognized the importance of human resources by developing and establishing a separate ministry in center in the recent time. Now this is known as scenario of globalization.

It is an organization to give serious thoughts and effective use of available human resources. Management and employer is main path leading to attainment of sustained economic development known in Japan-They developed in spite of heavy odds the shortage of land, capital and other resources, but there was high technology developed by research in health care its effect is human resources but there is the destruction caused by the atom bomb in 1945. It is obvious that human being is an important and distinguished part in any organization of society and economy at large which is provided by human being resources is depending. On good health care facilities there are two sectors government and corporate hospitals.

Thus, Modern tools, equipment and computers or technical development at large have huge strength in today's organization. They can't work effectively without the potentiality of human resources, but it does best without any health,

human being who is depended on health care facilities it is the main spring of technological development or innovation.

The rapid spread of computer need not undermine the uniqueness of human resource all factual depend on healthy human being's capacity without nothing to gain really infrastructure by health care facilities. It is the main role of human resources and quality developed by research.

Management is invaluable without empowering of "HUMAN BEINGS" human resource of an organization has become all too important become unless the effectiveness of the organization will not be up to the mark. Human being is the key of organization effectiveness it strategic positioned properly.

Under all adverse circumstances the same resource could foil every positive move and induce "atrophy" Management system which underlines various techniques relating improvement of efficiency of human resources or reducing wastage 'any type to help organization to control their cost production and improve the result.

Management involves proper selection, placement, training and development moral boosting improved productivity of available resources.

Management science not only in commerce and industry, but also in that sector depends on employment. The government and private hospitals are exception medical science is developing very fast more and more specialized by personal.

Hospitals are becoming fast the centers not only cure but also promotion of health and prevent of diseases.

This requires two things, first professionalization in medical services provided in private hospitals. Hospitals are second professional management of these hospitals. Human resource functions as a management tool is fast changing unlike any other industry advent technology and modernization and computerization newer diagnostic and in the need of human's labour hospital which is a technique. It depends on a human beings' capacity, which is provided by good health care facilities. The good health care facilities are amended as a

reality, there is a maker of human lives and cure of many diseases and suitable treatment is provided by researching power and capacity.

Health care is divided in two type government and corporate hospitals, which are related with any kind of sickness and lack of health. All managing health factors depended on human being power strength. It is maintained by researching to develop health and may bold physical strength or can take good result of human being power so all done by research.

5.2 NEED FOR THE STUDY

Before this study was commenced, very limited studies in literature were identified relating to Health care facilities for the care of patients, hospitals of the Hadauti region in Rajasthan within the India. As per best of my knowledge Studies related to hospitals in the Hadauti region may be or not, but more important the focus need to be on the reason for selection of hospitals by consumers rather they sought to identify the health care needs of the patients.

This study uses a rather sufficient and reliable sample determined that Health care facilities were the important reason patients select hospitals in the city of Bundi, Kota, Baran and Jhalawar in Rajasthan. This study differs by utilizing the questions on over 200 patients and Interviews with staff members (paramedical or Non paramedical in the selected eight hospitals).

It builds and extends the study contributed by others by actually questioning patients and hospital staff and comparing their results on similar questions.

Most of the studies so far addressed various aspects of the relationship between patients' expectations and perceptions about health care facilities quality, but the unit delivering the service quality is uniquely ignored. We believe this to be trail-blazing research that offers a substantial new avenue for research into one of the important areas; that of the service provider understanding what the patients seek and need.

India, in the past one decade is becoming fast a global hub of medical tourism with a wide range of health care centers catering to a spectrum of

medical fields, namely- allopathic, homeopathy, Ayurvedic, yoga centric and so on for providing medical solutions to physical and mental related problems. The recent boom in the organized sector of medical hospitals, comprising small, medium, large hospitals and hospital chains not to be left behind the medical transcription fields as well signifies the dawn of a new era of successful phase in Indian health care service sector.

The phenomenal growth in fitness centers across the country, coupled with the surge in traditional firm of industries at global level suggests that India has been viewed as a reliable hub for medical solutions at competitive costs and more admirably with appreciable customer care.

Touching upon this critical aspect of 'customer care' which determines the satisfaction level of customers of any service organization, more specifically The hospital services the Indian hospital sector has woken up to this reality and working more on service quality aspects viz. Reliability and responsiveness which score over everything else in clinching clientele for hospital services.

Rajasthan is an important state of India with reference to area demographic and economic profile of the people, here we have concerns over the public spending to get better health care facilities. The purpose of the study is to use the result and recommendation to manage it better.

Through this study we can find out the patients arriving to hospital, whether they are satisfied with the available services or not. **We will get to know about the facilities available with reference to clinical, technological and essential services in government and corporate hospitals. How can these be managed better to improve for better health of the people.**

5.3 SIGNIFICANCE OF THE STUDY:

Patients' perception about health care systems should be given due importance by health care managers in developing countries. Patient satisfaction depends upon many factors such as: Quality of clinical services

provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences.

Mismatch between patient expectation and the service received relates to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice which can make public health services more responsive to people's needs and expectation.

Through this study we can find out the profile of patients coming to the hospital every day, whether they are satisfied with all these services or not and After all these facilities is there any preference of corporate hospitals over government hospitals or vice versa.

The main aim of this Chapter is to define the objectives of the study outline the methodology employed for carrying out the research study and elucidate various concepts related to this problem and to review the existing literature on Patient Centered Care/ Patient Satisfaction, quality of service, differences between the selected Government and corporate Hospitals at Hadauti region in Rajasthan State.

5.4 SCOPE OF THE STUDY:

The present study deals with ***"An analysis of facilities in Government and corporate hospitals for care of patients in Rajasthan: Problems and prospects"*** The geographical scope of the present study is restricted only to some district of the Hadauti region in Rajasthan, Which has only some Government and Corporate hospitals of Bundi, Kota, Baran and Jhalawar. The topical scope covers the Health care facilities adopted by the selected Government and Corporate hospitals in Hadauti region. The analytical scope covers the fulfillment of the objectives set out in the study. The functional scope is confined to offering certain meaningful suggestions for improving the health care facility in existing Government and Corporate hospitals through judicious use of appropriate hospital management.

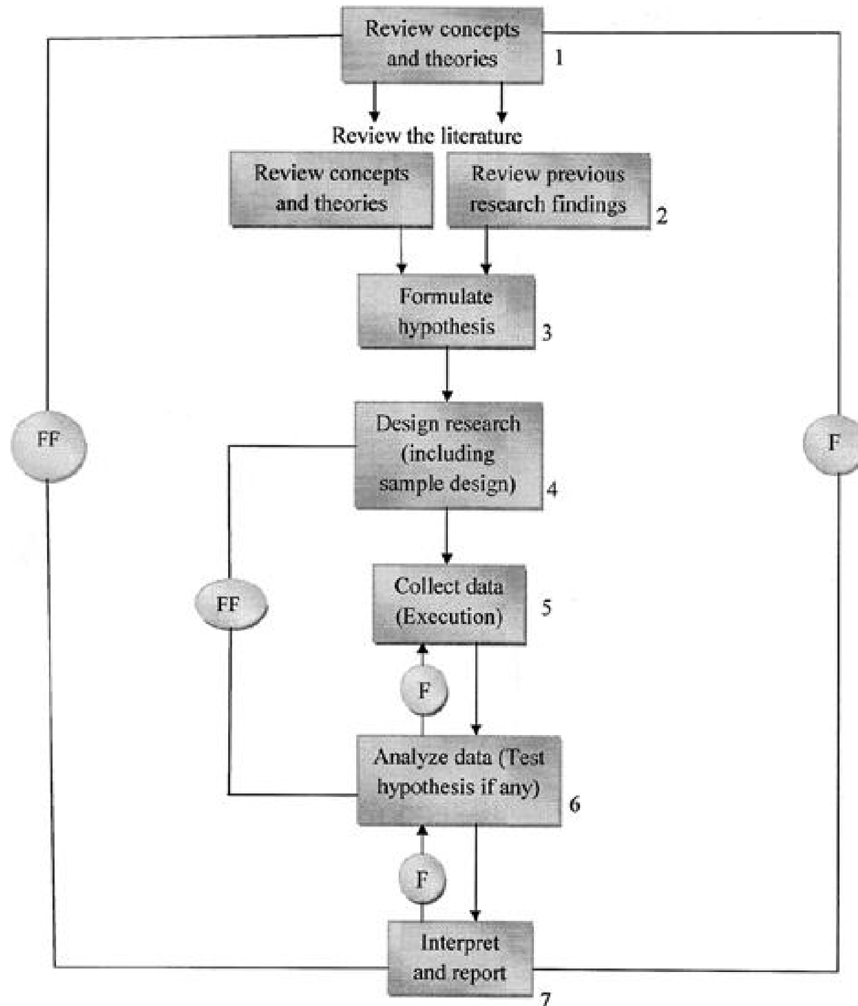
The study focuses on Patients' perception about health care system should be given due importance by health care managers in developing countries. Patient satisfaction depends upon many factors such as: Quality of clinical services provided availability of medicine and behavior of doctors, other health staff, cost of services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences. An attempt has been made to elicit the opinions from patients, because every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. It gives new ideas and suggestions. One must admit that there are lots of things which could be altered.

In the next step mismatch between patient expectation and the service received relates to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations.

Through this study we can find out the patients arriving to hospital, whether they are satisfied with the available services or not. **We will get to know about the facilities available with reference to clinical, technological and essential services in government and corporate hospitals. How can these be managed better to improve for better health of the people.** Hence, a study is undertaken to identify the various factors influencing patients' satisfaction in the six sample hospitals that are having similar and identical facilities.

Figure No. 5.1:

RESEARCH PROCESS IN FLOW CHART:



Where F = feedback (Helps in controlling the sub-systems to Which it is transmitted)

FF = feed forward (Serves the vital function of providing Criteria for evaluation)

5.5 RESEARCH APPROACH:

1. The Research Approach in the study is Descriptive Method. It includes a collection of information, opinion and attitude directly from the subjects of the study using a structured Questionnaire Schedule and open ended questions. The major purpose of the descriptive method is used to assess and analyze a study on the health care facilities provided for the patients in a selected Government and Corporate hospital.
2. Primary data have been collected using structured Questionnaire to patients and open ended questions or Interview basis questions to administrators and Medical superintendent of government and corporate hospital. Secondary data have been collected from observation of records, which maintain data about patients and interactions with the administrators and medical superintendent of government and corporate hospitals.
3. The population consists of patients and relatives. And even the staffs like administrators and medical superintendent of government and corporate hospital.
4. The data has been collected by using random sampling techniques from 120 patients in government and corporate hospitals. From the staffs like administrators and medical superintendent of government and corporate hospital.

5.6 OBJECTIVES OF THE STUDY:

It is in this background that this research study has been taken up to find how far the hospitals in Rajasthan have become patient centered hospitals. The type of problems the administrators and doctors are encountering in modifying the traditional hospitals into modern hospitals and suggest some measures for providing better health care while satisfying and delighting the patients. The study especially aims at the following objectives:

The present paper aims to examine the problems and prospects of health services in Rajasthan. The specific objectives of the study are as under:

- ✓ To know about the facilities available in Government and Corporate hospitals for patients in Rajasthan.
- ✓ To know about the accessibility/quality of health care services for patients.
- ✓ To know about the patient satisfaction from the available services.
- ✓ To know the difference of services and patient satisfaction in government and corporate hospitals.

5.7 RESEARCH HYPOTHESIS:-

The answers to the research questions below are intended to test the research hypotheses and provide important guidelines for managers/administrators of these hospitals about quality improvement efforts. Areas identified were: the evaluation of general medical practices offered, the sequence of events in the delivery of care and the interactions between patients and medical staff the physical facilities and equipment, staffing patterns and qualifications of health personnel the change in the patient's health status as a result of care availability and accessibility or overall effect on the community of the hospital. Most of the hypotheses developed for the study are based on commonly held notions. The hypotheses framed for this purpose are-

H_0: There is **no** association between the satisfaction level of facilities available in Government and Corporate hospitals.

Ha: There is an association between the satisfaction level of facilities available in Government and Corporate hospitals.

H_0: Overall facilities do not have a significant difference between Government and Corporate hospitals.

Ha: Overall facilities are significant difference between Government and Corporate hospitals.

5.8 Pilot Study:

The questionnaires and interview schedules were pre-tested with ten respondents from Government and Corporate hospital head or hospital staff else

patients, respectively to test the validity, clarity and comprehensiveness of questions to ensure that the language used was clear to the respondents. This helped to rephrase some of the questions and fine-tune the questionnaires or interview schedules. During the pilot interviews with hospital head, staff and patients or the researcher came to know that and there is need to change some questions in questionnaire / interview schedule. After the pilot study, some modifications were made in the original questionnaire / interview schedule to make the statements clearly understandable to the respondents. Thus, the original draft after refinements was finally applied by administering to selected respondents.

5.9 Research Methodology and Design:-

Research is a process of systematic and depth study of any particular topic in, subject or area of investigation backed by the collection, compilation, presentation and interpretation of involvement details as data methodology involves a series of steps which says the path of study systematically begins with the statement of problems and concluded with the limitations of the study. This chapter deals with the Research Methodology adopted by the investigator to assess and analyze a study on health care facilities provided for the patients in a selected government and corporate hospital of the Hadauti region in Rajasthan.

5.9.1 RESEARCH METHODOLOGY:

- **Research Type:** - Descriptive as well as qualitative and quantitative.

1) In Indian health care industries, there is a visible need gap
2) This research tries to identify manifest and latent dissatisfaction of the patients and staff with existing ways of satisfying customers' needs in health care services since.

Universe and sample size: - 200 Patients of government and corporate Hospital

- Indoor and outdoor patients
- Their Attendants
- Government as well as corporate hospital Staff

Data Collection:

- ✓ **Primary data: -** Primary Data will be collected through:-
- ✓ Using a structured questionnaire to patients.
- ✓ Open ended questions to administrators and medical superintendent of government as well as a private hospital.
- ✓ **Secondary data:-**
- ✓ Secondary data to collect from observation of records (Annual and monthly Reports), which maintains data about all patients, interactions with the administrator, medical superintendent of government as well as corporate hospital.
- ✓ **Sampling techniques:-**
- ✓ The proposed sample of 200 will include both patients and staff. Out of total sample patients from urban and rural belongings and Government and Corporate hospitals will be selected using suitable sampling technique.

5.9.2 Sources of Data Collection

The present study has used both primary as well as a secondary source of data-

[I] Primary Data: - Primary data has been collected through structured questionnaires and in-depth interview of the selected respondents. There were three distinct sets of respondents rendering primary data through the method of administration of pre-tested questionnaires. The additional information was sought through interviews with the persons knowledgeable or expert in various areas of human resource management and hospital management. The

researcher also used discussion and observation method to gain firsthand insights into certain human resource aspects in selected hospitals like, reception counter, nursing station, residential accommodation, facilities of staff, layout of the wards, cleanliness, uniform, canteen facilities, service infrastructure and welfare facilities as also made detailed notes on them for while being used for analyzing and interpreting the data.

(a) Questionnaires (Interview Schedules):-

For the study and three sets of structured or detailed questionnaires (interview schedules) were prepared and a pilot study was conducted to pre- test the validity of the questions. With the help of these pre-tested questionnaires and system of inquiry was suitably amended, the questionnaires were accordingly redrafted and necessary information collected.

The first set of questionnaires deals with different aspects of Government and corporate hospitals like, Demographic details of patients told about it. The second set of questionnaires factor responsible for avail those facilities. The third set of questionnaire patient satisfaction through service quality, medical facilities and support services or staff strength of the hospital and their administration, nursing services, laundry and canteen services or ambulance facilities etc.

The fourth set of questionnaires tells about comparative analysis of facilities between Government and corporate hospitals. The fifth set of questionnaires for administrators focuses on human resources practices in government and corporate health care units concentrate on medical services provided to patients or their relatives by the hospital staff.

(b) Discussion and Interviews-

Apart from above questionnaires the detailed discussion with persons directly and indirectly related to the various aspects of hospital patients. The human resource, in particular and hospital management in general was conducted. In interviews open- ended questions were asked to gather the

information (that was rather difficult to collect with the help of questionnaires) the interviews thus conducted were unstructured.

[II] Secondary Data:-The secondary data necessary for this investigation, which was collected from several sources. The researcher visited various government offices, Hospitals, hospital staff websites of nic, publications, newspapers, articles and magazines or books, in patients outpatients statistics Thesis's etc.

5.9.3 DATA ANALYSIS:

The questionnaire consists of different questions represented on a 5 point scale. The percentages for each question for all four hospitals have been tabulated and analyzed. A detailed interpretation wherever necessary has been given.

Statistical tools like: Chi-square and t-test Analysis have been used for data analysis using SPSS 19.0. Multiple Regressions are used to understand about dependent variable, i.e. satisfaction and the influence of independent variables on the dependent variable.

- ✓ The statistical analysis will include tabulation of data and representation of data using graphs and charts for a diagrammatic representation of data.
- ✓ The collected primary and secondary data will be statistically analyzed to get the status of available facilities to patients and compared between government and corporate hospitals.

Chi-square test basically test it is an important test amongst the several tests of significance developed by stasticians ky square

Symbolically- **2** ky square

It is an analysis to use for the measure of statically context sampling or comprising variance to a theoretical variance. It can also be used to make comparison between theoretical population and actual data when categories are used.

This test is in fact a technique through the use of which is possible for all researchers.

The test is goodness of fit. The test is significance of association between attributes.

Tests are homogeneous or the significance of population variance.

It is used to add a collection of square quantities and have distributions that are related to **2** distribution.

Sample variances divided by the non-population variance and multiply these

$$2 = \quad (O_{ij}-E_{ij})^2 / E_{ij}$$

Oij = Observed frequency of the cell in ith row and jth column.

Eij = Expected frequency of the cell in ith row and jth column.

T-Test basically distribution and considered on appropriate. The government hospitals and private hospitals, which are two samples we judged through SPSS 19.0 software the importance between both the population variance in case two samples of hospitals are related. We used paired t-test means judged, signified and considered the difference between government hospital and corporate hospital. The variance this relevant test statics calculated from data base compared with the probable value based on quality service, cost and benefits, infrastructure facilities, accreditation and edge over distribution to be read from a table that gives probable value in different levels of significance for different degree freedom from accepting and rejecting the null hypothesis.

H_1: μ (Government) μ (Corporate)

When the population variance is unknown only applies in the case. The Independent samples t-test compares the means of two independent groups in order to determine whether there is statistical evidence that the associated population means are significantly different.

5.10 PRESENTATION OF THE STUDY:

Keeping in view of the objectives mentioned earlier the study is organized into nine chapters. The details of chapterization are as follows:

This thesis entitled **"An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects"** has been presented in nine chapters. The organization and brief contents of the chapters is as follows:

Chapter I Title "Introduction: About Health Care Facilities" presents an overview of the topic, statement of the problem, scope, objectives, hypothesis and methodology of the study and Importance of the study limitations.

Chapter II titled "Health care Programs of Rajasthan and India", presents about hospitals, programs available in government and corporate hospitals and functions of hospitals etc.

Chapter III titled "Review of literature" details the conceptual foundations as contained in the literature on Health care facilities or Service quality with specific reference to the health care and government or corporate hospital sector.

Chapter IV titled "Profile of selected Government and Corporate hospitals" details about the sample of government (Pandit Brij Sundar Sharma Bundi, M.B.S hospital, government Hospital Baran, Government hospital Jhalawar) and corporate hospitals (Anurag nursing home Bundi, Sudha hospital Kota, Goyal hospital Baran, Sanjeevani Vyas hospital, Jhalawar) completed framework Hadauti region of Rajasthan.

Chapter V titled "Methodology design and framework" brings out involved in the design and extremely of such views adding the completed of the research instruments and discusses the pros and cons of the various methodological issues that can influence the study.

Chapter VI is presented that **"Analysis and Interpretation of the Responses on Health Care Facilities of Hadauti Region, Rajasthan"** analyze that

satisfaction of patients about the hospitals in the Hadauti region in Rajasthan and findings through all these studies about hospitals.

Chapter VII is presented that **"Discussion, Findings and Conclusion"** I get the findings of my thesis after data analysis that satisfaction of patients about this hospital.

Chapter VIII titled "Suggestions or Recommendations" gives a short summary of the main conclusion and suggestions based on the study results.

Chapter IX Titled **"Limitations and Future directions of the study"** gives a summary about what are the limitations of this study and what can do future related to this study.

The **"Select Bibliography"** section lists mainly the books, reports and journal articles that have been referred to in addition to those mentioned as references under each chapter of the thesis.

The **"Annexure"** Contains the questionnaire and interview schedule for administrator constructed for the study, the detailed tables for t- test, chi-square, percentage analysis etc. as the summary of statically output tables, papers published and conferences certificates have been presented in the body of the thesis.

5.11 Tools of Data Collection:

Primary data constituted of 200 respondents included the patients of the hospital under consideration, doctors' views and opinion of officials in hospitals, policy makers, academicians and experts from healthcare sector. The data helped to judge the respondents authenticity.

5.12 PRESENTATION OF WORK:

For interpretation of data and graphs or simple bar diagrams have been used. For the comparative and analytical study, tabular presentation has been used. Bivariate tables have been used for applying statistical tools like a chi-square for establishing hypotheses and achieving objectives of the research.

5.13 Limitations of the Study:

Every researcher while doing the Ph.D faces several limitations. Some limitations can be controlled and some limitations are out of control of the researcher. In this particular study, the researcher had some limitations as follows:

- The size of the sample selected for the study constitutes only a small segment of the population.
- It is an exploratory and descriptive study, which is a comparative study between government and corporate hospitals
- As the study is conducted for the Government and Corporate Hospitals situated at Bundi in Rajasthan, the study may have the limitation of generalizing the findings of an entire industry of Government and Corporate Hospitals in India.

The researcher chose only medium size general hospitals for the thesis and all the results related to public and private hospitals.

The present study is constrained by the limitation of time and cost. The study is restricted to the some selected Government and Corporate hospitals in the Hadauti region in Rajasthan. At the same time, individual capacity of researcher in exploring crucial social sector, i.e. health care facilities: Problems and prospects is a challenging task.

Despite all constraints, limitations the findings, conclusion derived thereof suggestions or recommendations given at the end of the study would go a long way in improving and enhancing health care facilities at Hadauti region in Rajasthan. These suggestions will guide the health care policies of not only the Government of Hadauti region in Rajasthan but also the State Governments of the other states in the country. At the same time the results of the study will open new frontiers for young researchers to carry this study further to other regions and states of the country.

5.14 Writing of Research Report:

Report writing is the final stage of a research study. The purpose of report is to present the problem investigated the results of the investigation and the conclusion and suggestions drawn from the result. A research work remains incomplete if it is not given the shape of a report, it would have presented to the public lay renders as well as Specialists. Keeping in mind the importance of report writing the researcher proposes to present his thesis under the following format.

5.15 Conclusion: The methodology for this study has been evolving as a medical is developing very fast more and more specialized, personalized and sophisticated introduces the government and corporate hospitals. The medical fitness of any hospital depends wholly quality of services it offers. In most of the government hospital and corporate hospitals the problems of getting competent never people retain them keeping up their motivation and moral keeping them to both continuously go their best to organize.

Today's government and corporate hospitals are very complex Organization. In service sector they run not only by medical people, but other paramedical and technical or non-medical people. The analysis of the study has been derived from both primary and secondary data. The researcher has visited all the samples government hospitals and corporate hospitals interviewed the head of the organizations, their staff, and patient's attendants for being the ad in the questionnaire (interview schedule). I used some statically tools, technique, tabulation, processing, analysis and interpretation of collecting data to arrive meaningful conclusion and suggestions.

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CHAPTER -VI

ANALYSIS AND INTERPRETATION OF THE RESPONSES ON HEALTH CARE FACILITIES OF HADAUTI REGION, RAJASTHAN

6.1. Introduction:

6.2. Scope of the Study

6.3. Objectives of the study:

6.4. Hypothesis of the Study:

6.5. Research Methodology:

A. Universe:

B. Sample

C. Tools of Data Collection:

D. Presentation of Data:

E. Analysis of Data:

6.6. Analysis of the Responses of the Respondents:

Part I- Profile of the Respondents:

Part II- Question- wise Analysis of the Responses of the Respondents on Health Care Facilities in Facilities in Government and Corporate Health Care Centers Hadauti Region in Rajasthan.

6.7. Achievements of objectives:

6.8. Establishment of Hypothesis:

6.9. Conclusion:

CHAPTER-VI

ANALYSIS AND INTERPRETATION OF THE RESPONSES ON HEALTH CARE FACILITIES OF HADAUTI REGION, RAJASTHAN

6.1. Introduction: Human resources of a country have to be analyzed on the basis of these two concepts: Government and Corporate hospital. These are health care centers, which provide human health and good fitness of body as processing lives. Health Care in India consists of universal is systematically which is organized and managed according to response and respondents.

The health care system is run by the respective state governments per rules national health policy. The constitution of India Change every state government with the raising of the level of nutrition and the standard of living the people and the improvement of public health as among primary duties.

National health policy was endorsed by the parliament of India 1983 updated in 2002 AIIMS government hospitals provides treatments either free, at minimal changes, for example and outpatient or at primary health care (PHC_S).

Primary care is focused free cost treatment available facilities of the government and solution of any government Medicare and society of respondents

Part I. Profile of the respondents: This part of the questionnaire deals with profile of respondents eight chosen for the purpose of field survey. Various demographic parameters such as age education level and family income of nature to dwelling or frequency of visits to hospitals have been considered for studying their impact an accessibility of health care services by these people.

Part II. Question– Wise Analysis of the response of the respondents on health care facilities in government and corporate hospitals in selected areas Hadauti region in Rajasthan.

All the questions have been analyzed in the same order as they appear in the questionnaire to maintain the flow of the questions and the responses given by the respondents.

6.2. The scope of the study: The Hadauti region of Rajasthan which is situated in south east area this region is called developing command and net of rivers here are Bundi, Kota, Baran and Jhalawar. The whole area is covers with medium black soil there are much health care facility in this region such as government and corporate Kota is famous for health care center there are government and corporate hospitals are running estate age people take Medicare and health care facilities in Hadauti region the functional scope is confined to offers certain meaningful suggestion for improving the health scare facility in existing government and corporate hospital judicious use of appropriate hospitals management. All over area is situated in nearby rivers. There are many people live rural and far flat area there are industries which is famous for production as Chambal fertilizers and Chambal oil miles or rice miles. Kota is known for industrial and educational city, there may be pollution every season and may create infections to any disease. So this region alarmed for health conditional circumstance. There is every person to need Medicare and health care facilities available of two kinds: Government and corporate.

The research study focuses on patients perception about health care systems should be given the importance by health care managers in developing countries as patients depends upon many factors such as quality of clinical services provided availability of medicines behavior of doctors, nurses, cost of services, hospital infrastructure and physical comfort. Which is emotional support every human being carrying particularly set off thoughts feelings and need? Kota is center of Hadauti region.

6.3. Objectives of the study: This thesis references in **- "An Analysis of Facilities in Government and Corporate Hospitals for Care of Patients in Rajasthan: Problems and Prospects".** It is taken this background that this research study has been find how far the hospitals in Rajasthan have become patient centered hospital's problems health service in Hadauti region availability of government and corporate hospitals. This study related concept of inequality in the distribution, government and corporate hospitals in this region here is problems administrators and doctors or encountering in

modifying the tradition into modern health care and suggest some measures for providing better health satisfying and delighting the patients. The description in this study why the poor patient wants to spend corporate hospital instead government hospital. The study really followed, especially aims at the following objects. The patient paper aims to examine the problems and prospects of health service in Rajasthan. According to background of study seeks to achieve the objective study is as under:

The present paper aims to examine the problems and prospects of health services in Rajasthan. The specific objectives of the study are as under:

- ✓ To know about the facilities available in Government and Corporate hospitals for patients in Rajasthan.
- ✓ To know about the accessibility/quality of health care services for patients.
- ✓ To know about the patient satisfaction from the available services.
- ✓ To know the difference of services and patient satisfaction with government and corporate hospitals.

6.4. Hypothesis:

These two hypotheses have been tested by employing the null hypothesis through chi- square test.

H_0: There is **no** association between the satisfaction level of facilities available in Government and Corporate hospitals.

Ha: There is an association between the satisfaction level of facilities available in Government and Corporate hospitals.

H_0: Overall facilities do not have a significant difference between Government and Corporate hospitals.

Ha: Overall facilities are significant difference between Government and Corporate hospitals.

6.5. Research Methodology:

The various components of research methodology are as follows:

A. Universe: All Governments and corporate hospitals situated in the region of Hadauti in Rajasthan entire population of Hadauti region the present study that corporate hospital all differently every prospect.

Sample: Planning the urban and rural population as for census 2011 more population living in the rural area which connects district hospitals as government and corporate hospital; my thesis study included the areas: **(1) Bundi (2) Kota (3) Baran (4) Jhalawar.**

Some of the government hospitals, which people in the above areas for their health related problems, are:

Government hospitals:

(1) Pandit Brij Sundar Sharma government general hospital, Bundi.

(2) Maharav Bhim Singh Hospital, Kota.

(3) Government general hospital, Baran.

(4) Government general hospital, Jhalawar.

Corporate hospitals:

(1) Anurag nursing home, Bundi.

(2) Sudha Hospital, Kota.

(3) Goyal Hospital, Baran.

(4) Sanjeevani Vyas hospital, Jhalawar.

A sample of 200 respondents has been selected randomly from the above areas to seek responses of people, especially rural and urban dwellers, on health care facilities provided by the government hospitals and corporate hospitals in their areas.

B. Tools of data collection: Primary data constituted of 200 respondents included the patients of the hospital under consideration, doctors views and opinion of officials in hospitals, policy makers, academicians and experts from healthcare sector. The data helped to judge the respondents authenticity.

C. **Presentation of data:** Data graphs for interpretation. Pie charts and simple bar diagrams are used for comparison and analytical study Tabular presentation is used.

Analysis of Data: Primary data was analyzed through appropriate statistics, data collected was cross-tabulated, chi-square and t-tests was used to achieve the objectives and test the hypotheses under consideration.

6.6. Analysis of the responses of the respondents:

Two parts of divided into the questionnaires:

Part1. The profile of the respondents: This part of the questionnaires deals with the profile of respondents chosen for the purpose of field survey. Demographic parameter such as: age, educational level, income of family and nature of dwelling or hospitals visits frequency of respondents considered for studying the impact on accessibility of health care services by these people.

Part2. Analysis of the responses of the respondents is wise analyses: Health Care facilities in government and corporate hospitals in region of Hadauti which is selected in the Rajasthan state.

The same order all the questions have analyzed as they appear in questionnaires to maintain the flow of the questions and responses given by respondents.

Part I- Profile of the Respondents:

SECTION-A

(1) Age wise Distribution of Respondents:

Table No. 6.1

Table showing Age Distribution of samples (CROSS-TAB)

Age group	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Below 30 years	18	18%	21	21%
31-60 years	24	24%	28	28%
61 and above	58	58%	51	51%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.1 and figure 6.1 show age-wise distribution of the respondents selected for the present study: belonged

- 18% of the government hospital respondents and 21% of the corporate hospital respondents belonged to the age- group of below 30 years.
- 24% of the government hospital respondents and 28% of the corporate hospital respondents belonged to the age- group of below 31-60 years.
- 58 % of the government hospital respondents and 51% of the corporate hospital respondents belonged to the age- group of below 60 and above.

Total Respondents (N) =200

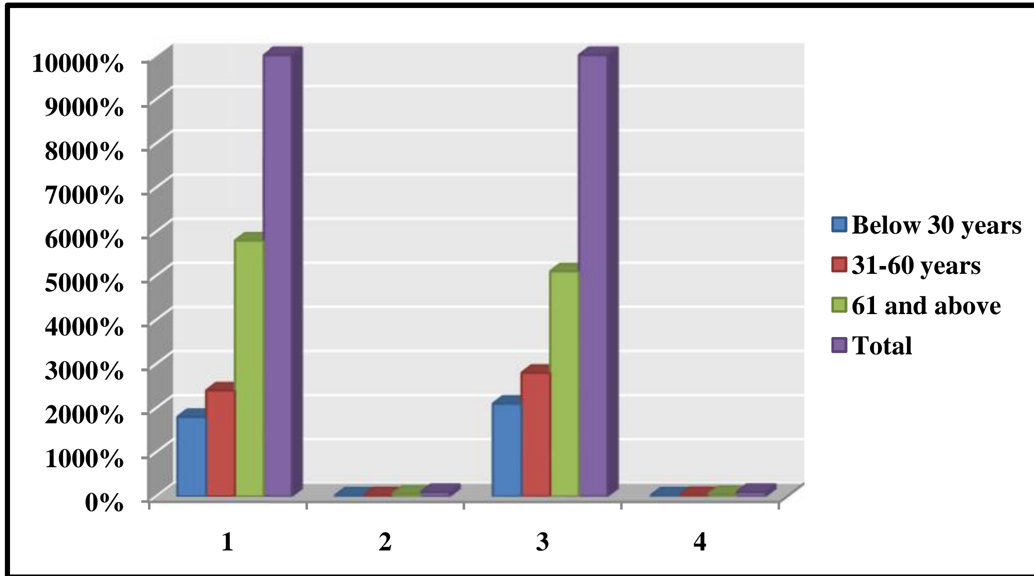


Figure No. 6.1: Age-wise Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

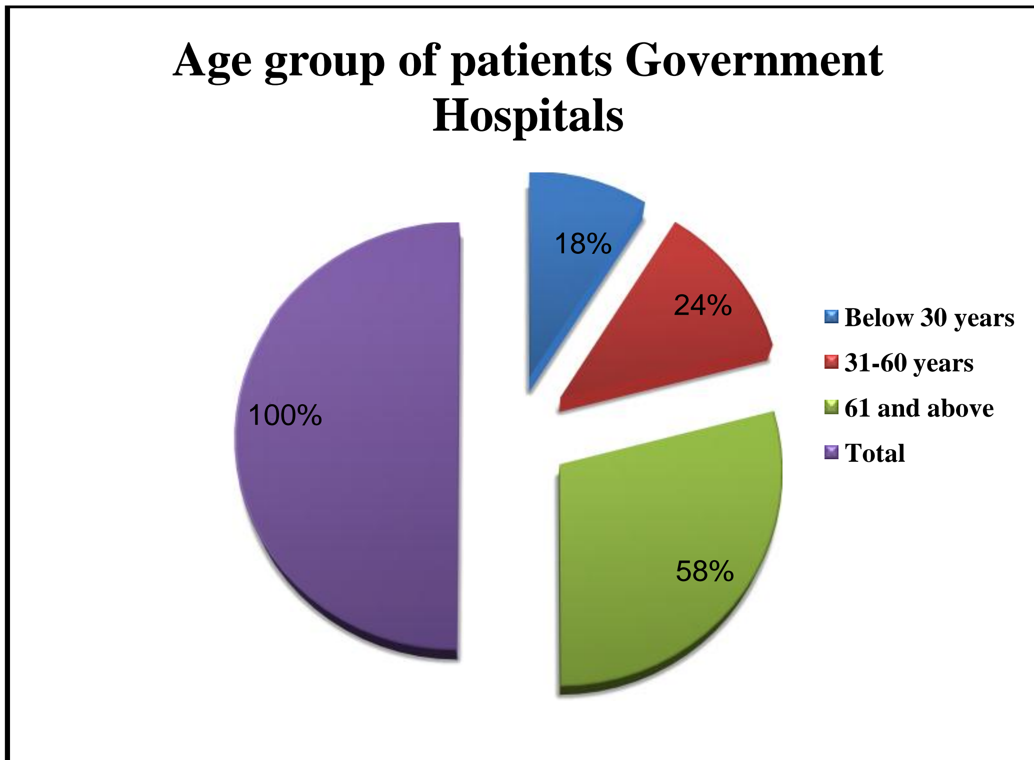


Figure No. 6.1(a) Age group of patients Government Hospitals:

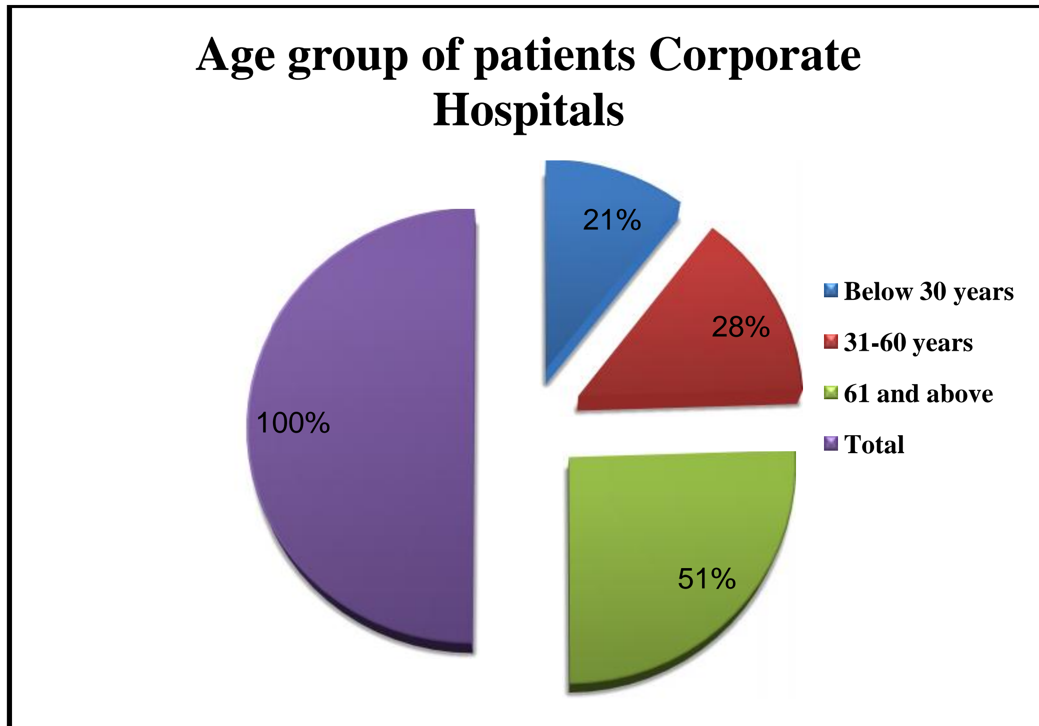


Figure No. 6.1(b) Age group of patients Corporate Hospitals:

Table 6.2 Showing Gender-wise Distribution of samples.

CROSS-TAB

Gender-wise	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Male	42	42%	54	54%
Female	58	58%	46	46%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.2 and figure 6.2 give gender-wise distribution of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 42% of the government hospital respondents and 54% corporate hospital respondents were male.

- 58% of the government hospital respondents and 46% corporate hospital respondents was Female.

Total Respondents (N) =200.

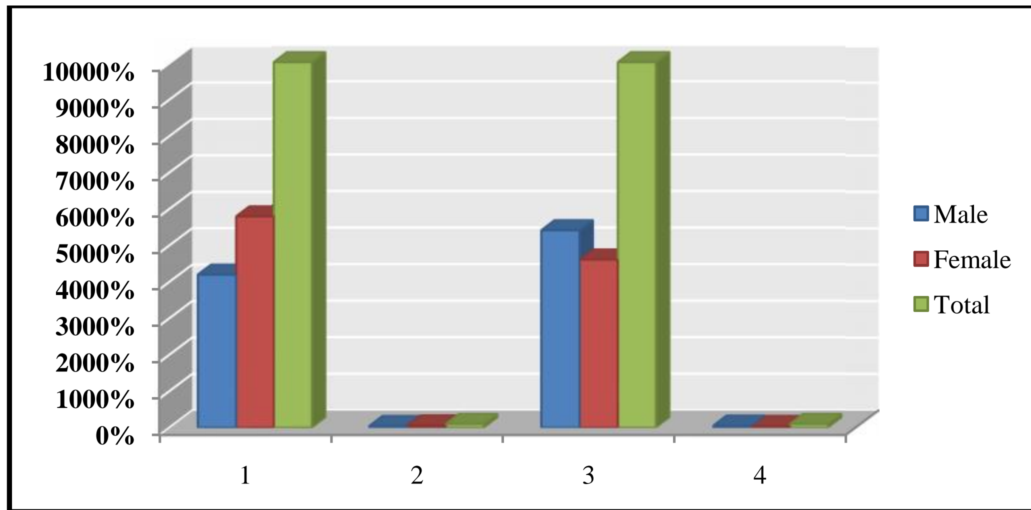


Figure No. 6.2: Gender-wise distribution of Government and Corporate hospitals Respondents selected for Field Survey.

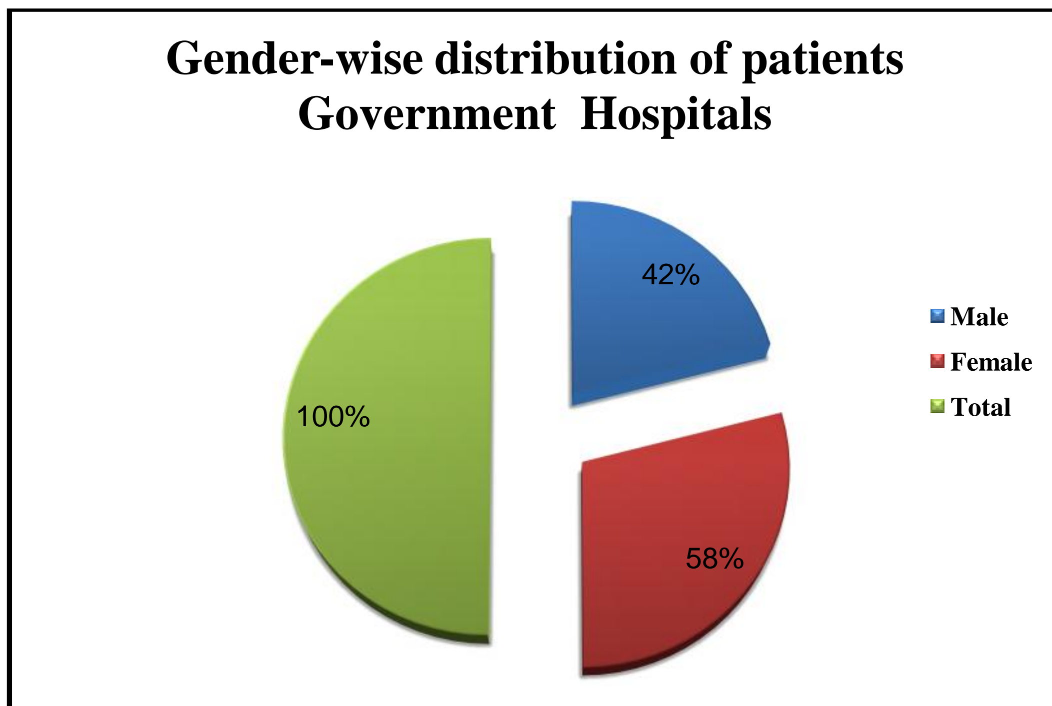


Figure No. 6.2(a) Gender-wise distribution of patients Government Hospitals:

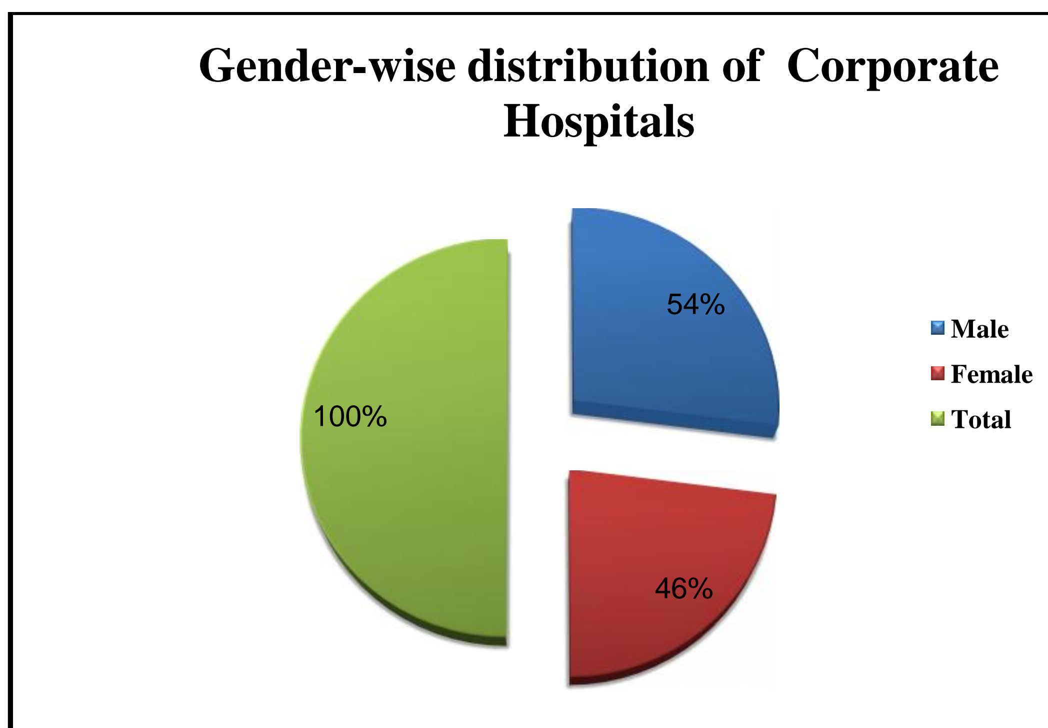


Figure No. 6.2(b) Gender-wise distribution of patients Corporate Hospitals:

(3.) Education wise:

Table 6.3: Showing Education- wise Distribution of samples

CROSS-TAB 6.3

Education	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Illiterate	26	26%	23	23%
Literate	74	74%	77	77%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.3 and figure 6.3 give the distribution of respondents on the basis of their literacy levels.

- 26% of the government hospital respondents and 23% of corporate hospital respondents were found to be illiterate.
- 74% of the government hospital respondents and 77% of corporate hospital respondents were found to be literate.

Total Respondents= 200

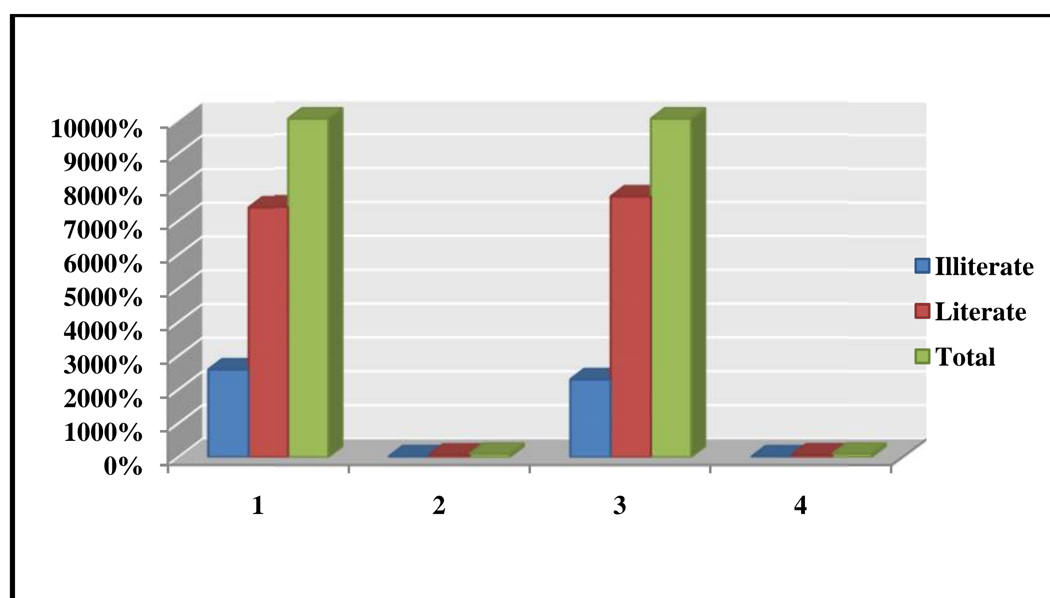


Figure No. 6.3 Frequency distribution education wise in both hospitals

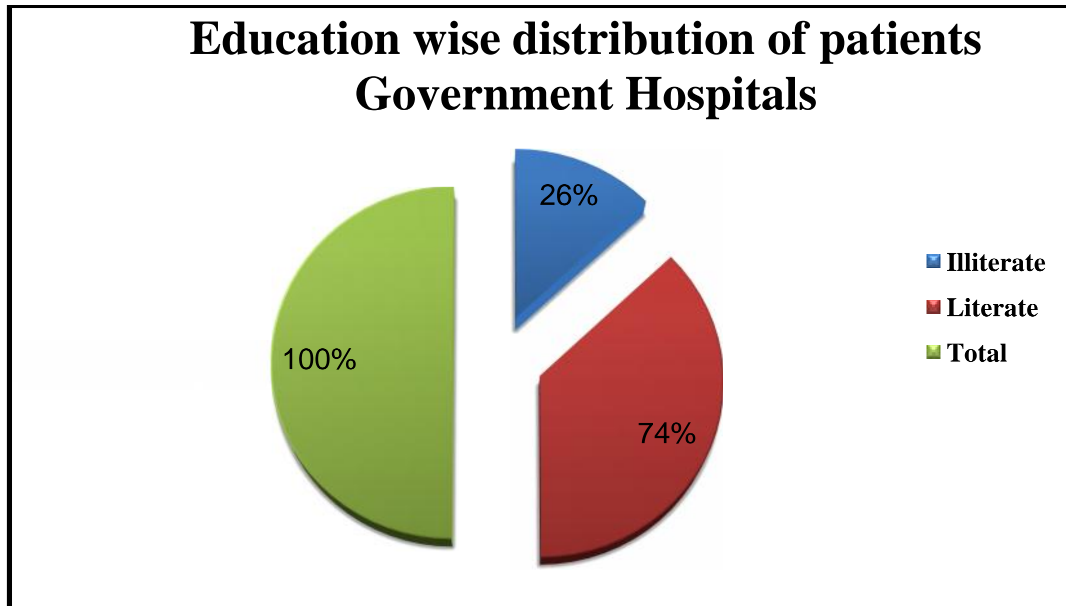


Figure No. 6.3(a) Education wise distribution of patients Government Hospitals

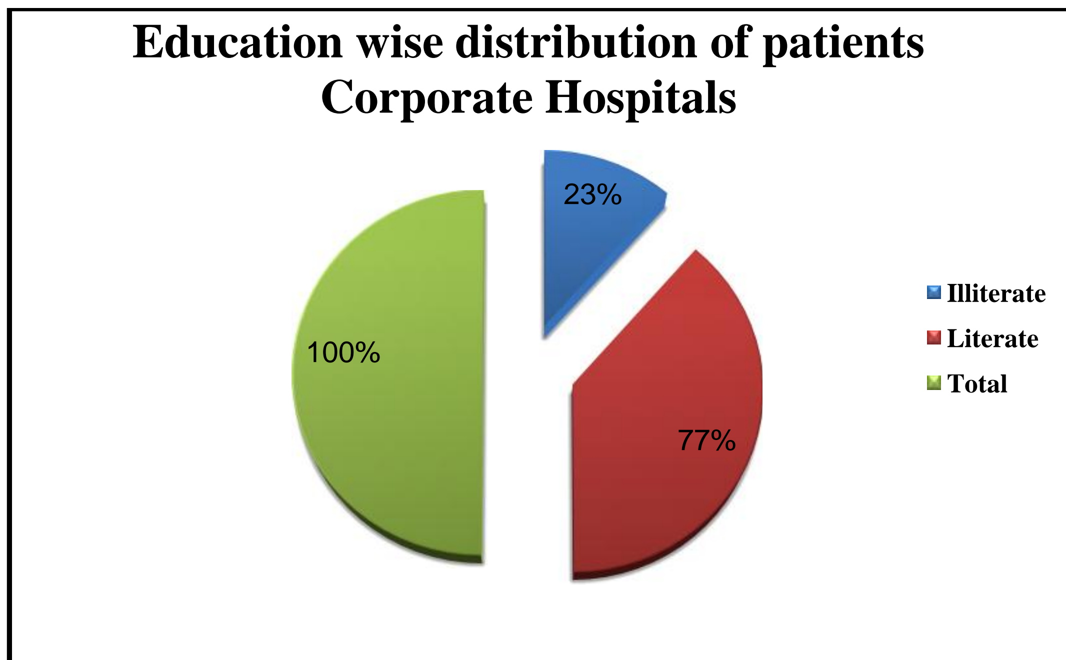


Figure No. 6.3(b) Education wise distribution of patients Corporate Hospitals.

The researcher found in difficult to procure information from illiterate respondents. Again language was another hurdle. In some cases are assistance was sought from their attainders' and staff members to make these people

comfortable in sharing information and bridging communication gap to make suitable information's by again the language as literate. It is learning and understanding factor for respondents and patient.

(4.) Monthly income wise:

Table 6.4: showing Income Distribution of samples

CROSS-TAB 6.4

Income group	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Below 5000	24	24%	7	7%
5000-10000	19	19%	13	13%
10000-20000	15	15%	24	24%
20000 and above	42	42%	56	56%
Total	100	100%	100	100%

Source: Field Survey.

Ñ **Monthly income means the average monthly income of all family members.**

Table 6.4 and figure 6.4 show monthly income-wise distribution of the respondents selected for the present study.

- 24% of the government hospital respondents and 7% of corporate hospital respondents had an average monthly income from below 5000.
- 19% of the government hospital respondents and 13% of corporate hospital respondents had an average monthly income from 5000-10000.
- 15% of the government hospital respondents and 24% of corporate hospital respondents had an average monthly income from 10000-20000.

- 42% of the government hospital respondents and 56% of corporate hospital respondents had an average monthly income from 20000 and above.

Total Respondents (N) =200

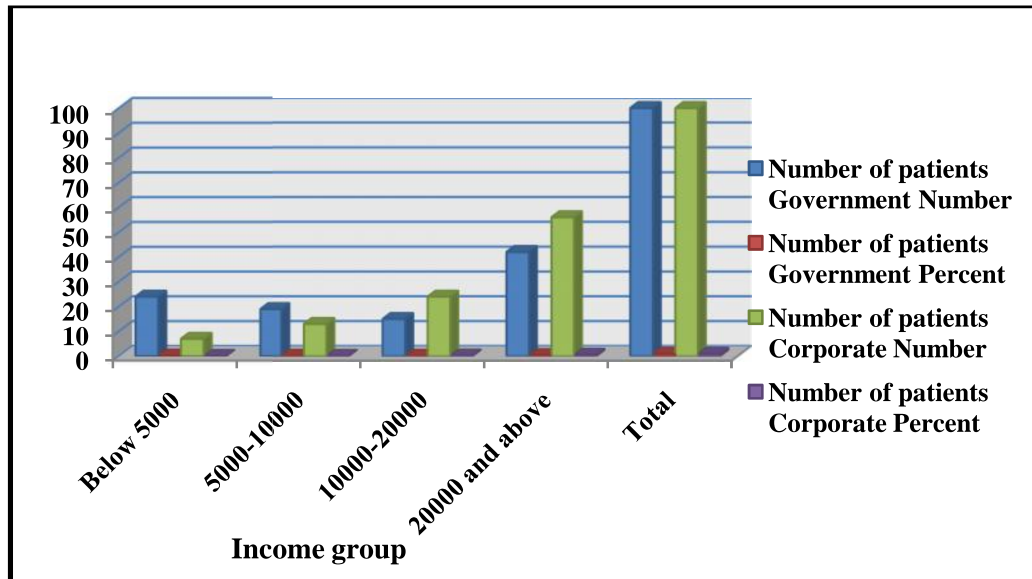


Figure No. 6.4: Monthly income-wise Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

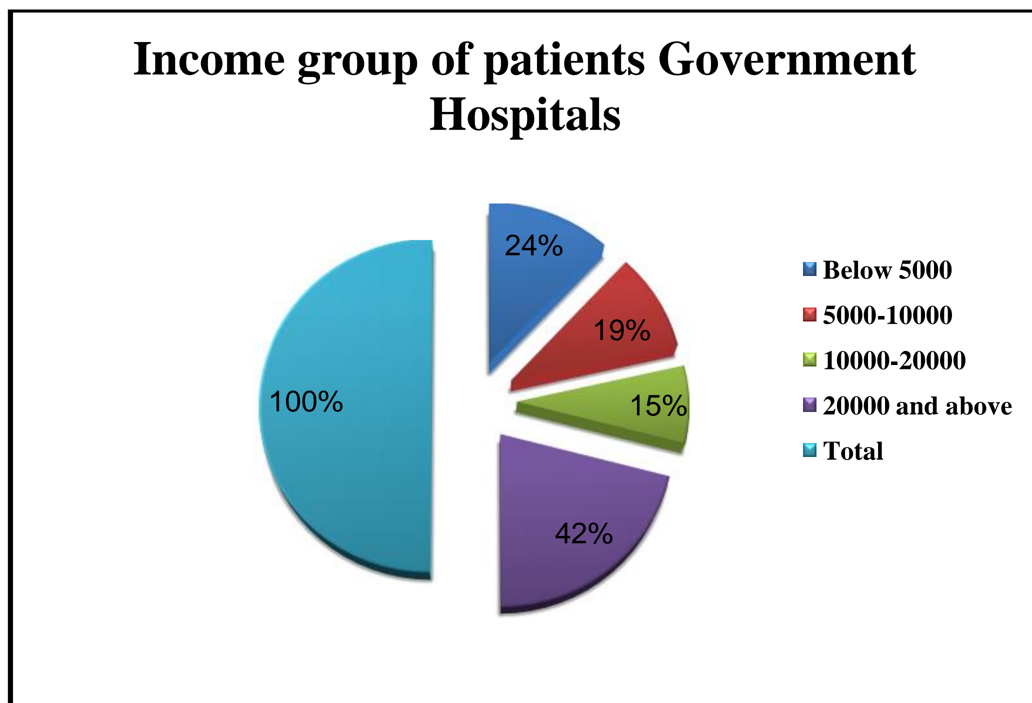


Figure No. 6.4 (a) Income group of patients Government Hospitals

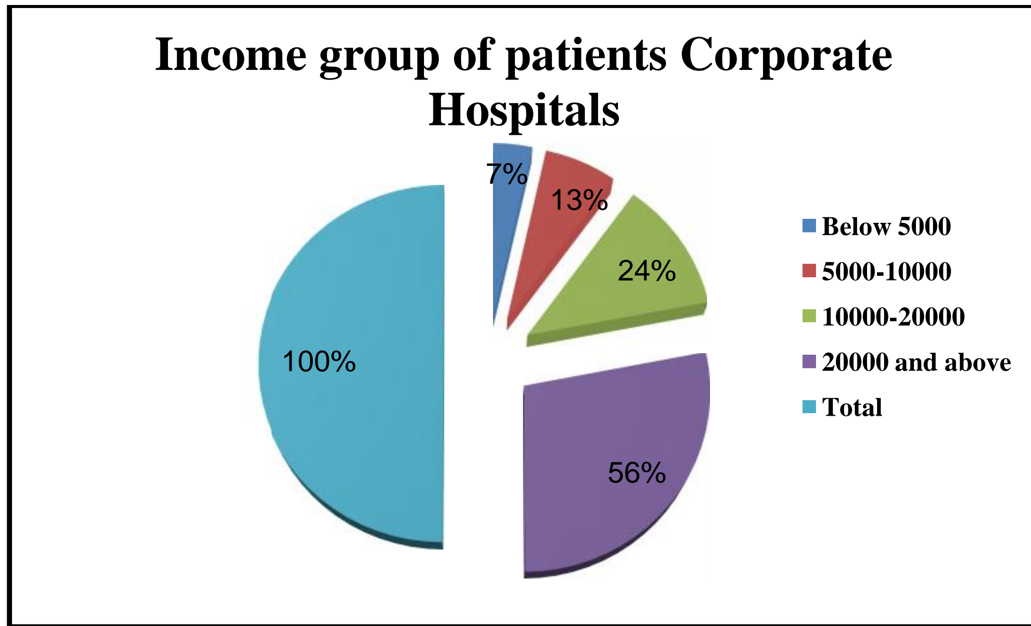


Figure No. 6.4(b) Income group of patients Corporate Hospitals.

(5.) Marital- status wise:

Table 6.5: Showing Marital- status Distribution of samples:

CROSS-TAB 6.5

Marital status	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Single	22	22%	26	26%
Married	78	78%	74	74%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.5 and figure 6.5 give details on marital status of the respondents selected for the present study.

- 22% of the government hospital respondents and 26% of the corporate hospital respondents were singles.

- 78% of the government hospital respondents and 74% of the corporate hospital respondents were married.

Total Respondents (N) =200.

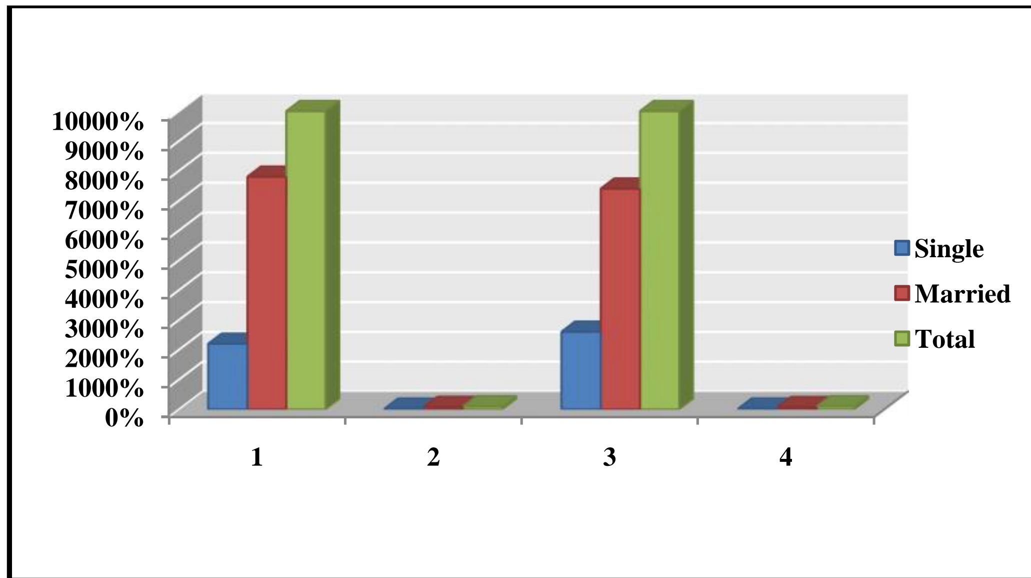


Figure No. 6.5: Marital-status wise Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

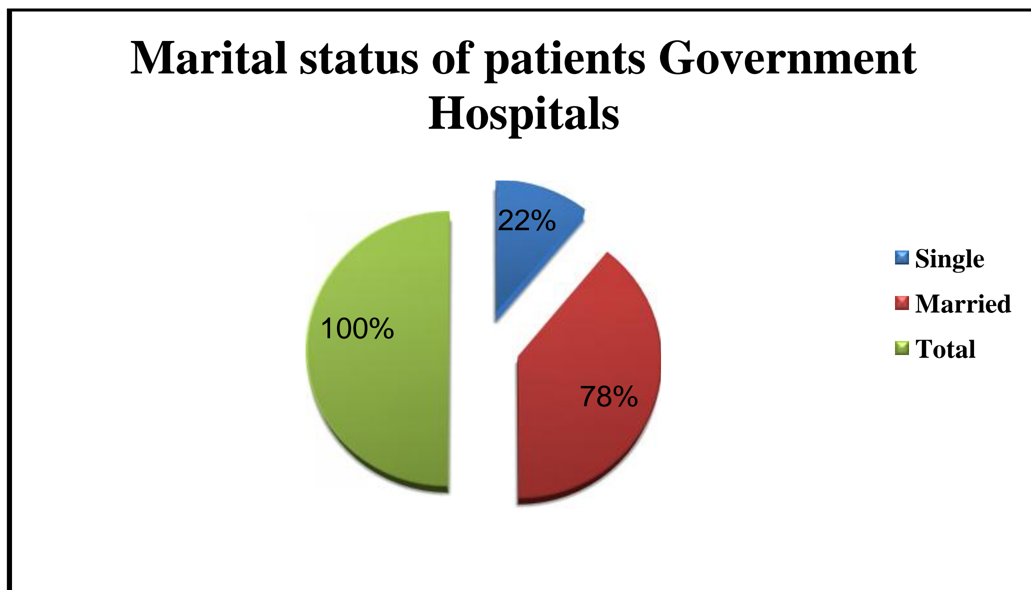


Figure No. 6.5(a): Marital status of patients Government Hospitals

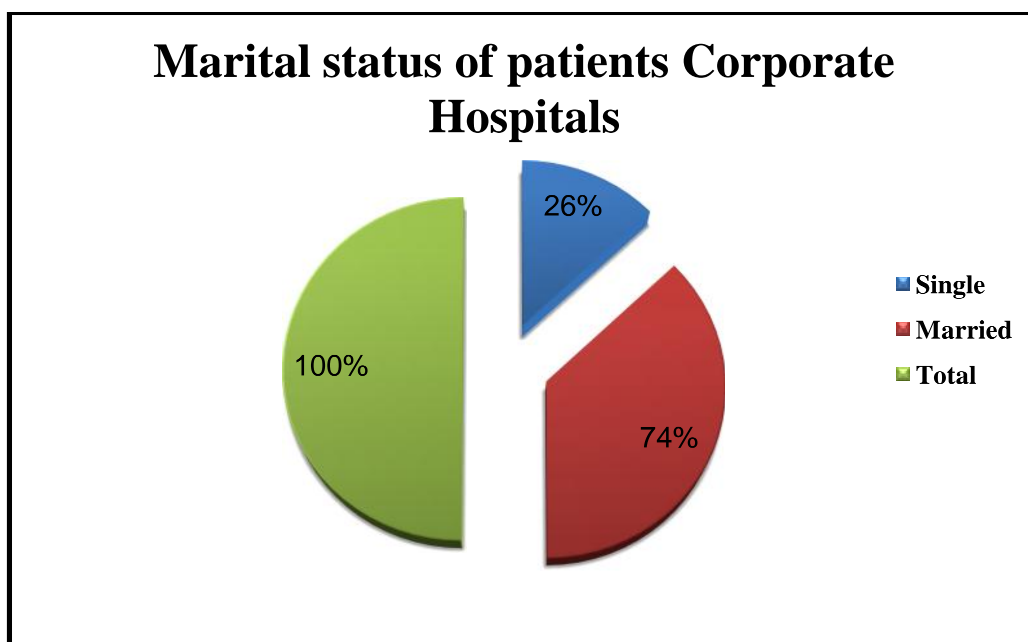


Figure No. 6.5(b): Marital status of patients Corporate Hospitals

(6.) Area of residence:

Table 6.6: Showing Area of Residence of visitors Distribution of samples

CROSS-TAB 6.6

Area of Residence	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Rural	73	73%	37	37%
Urban	27	27%	63	63%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.6 and figure 6.6 show area- wise distribution of the respondents selected for the present study.

- 73% of the respondents of government and 37% of the respondents of corporate hospital respondents belonged to the urban area.
- 27% of the respondents of government and 63% of the respondents of corporate hospital respondents belonged to the rural area.

Total Respondents= 200

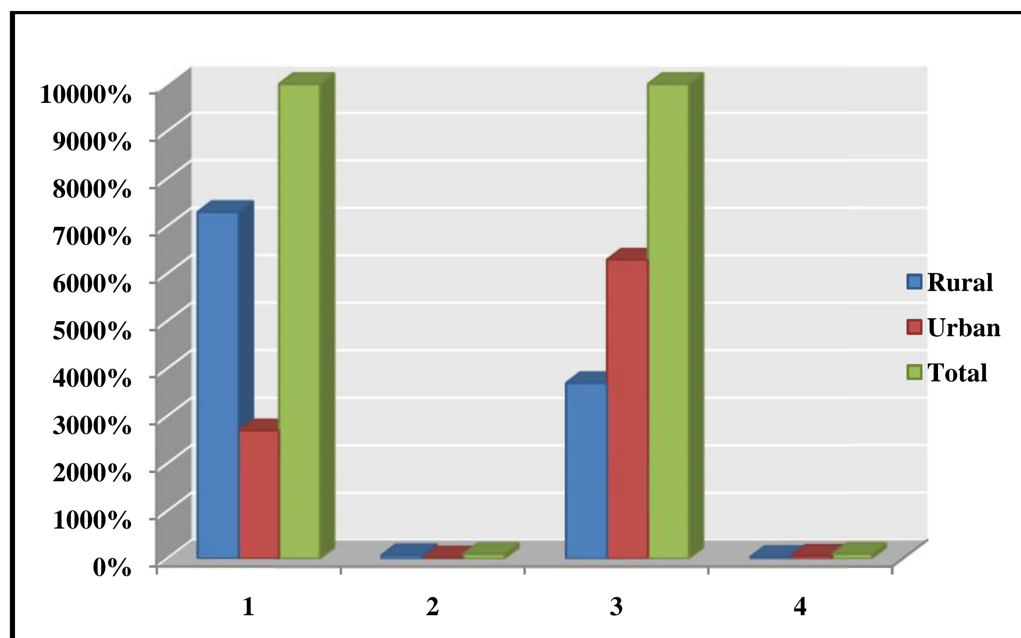


Figure No. 6.6: Area of Residence-wise Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

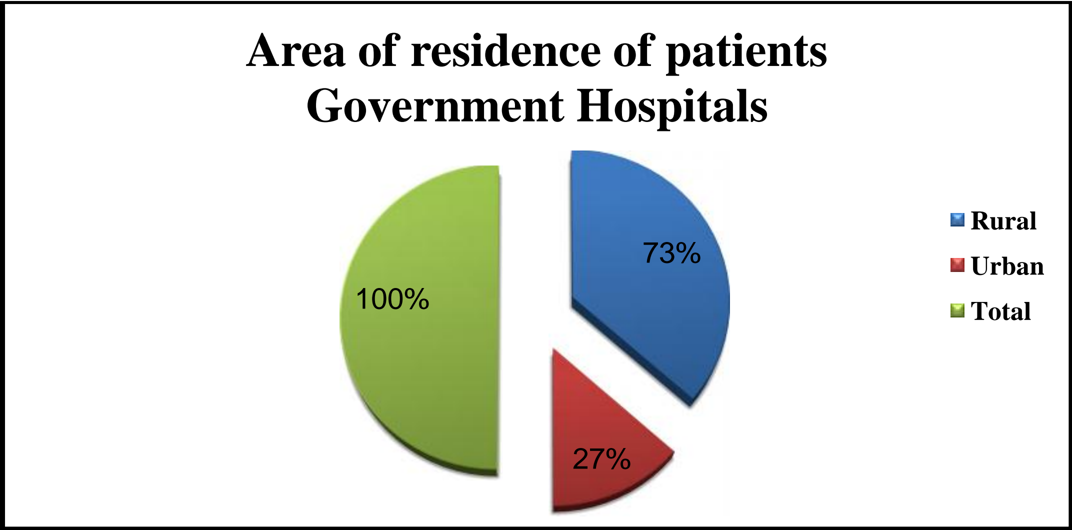


Figure No. 6.6(a): Area of residence of patients Government Hospitals

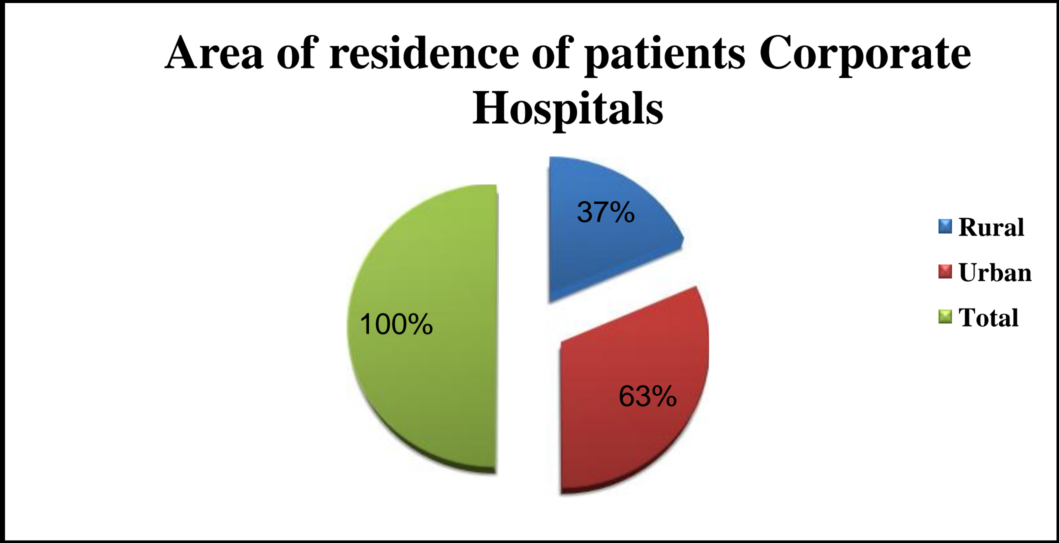


Figure No. 6.6(b): Area of residence of patients Corporate Hospitals

Section B:

Q.1 Order of visit:

Table 6.7: showing the Order of visit Distribution of samples.

CROSS-TAB 6.7

Order of visit	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
New visit	29	29%	52	52%
Revisit	71	71%	48	48%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.7 and figure 6.7 give the distribution of respondents on the basis of their order of visitation.

- 29% of the government hospital respondents and 52% of corporate hospital respondents were found by new visit in the both hospitals.
- 71% of the government hospital respondents and 48% of corporate hospital respondents were found by Revisit in the both hospitals.

Total Respondents (N) = 200.

Figure: 6.7

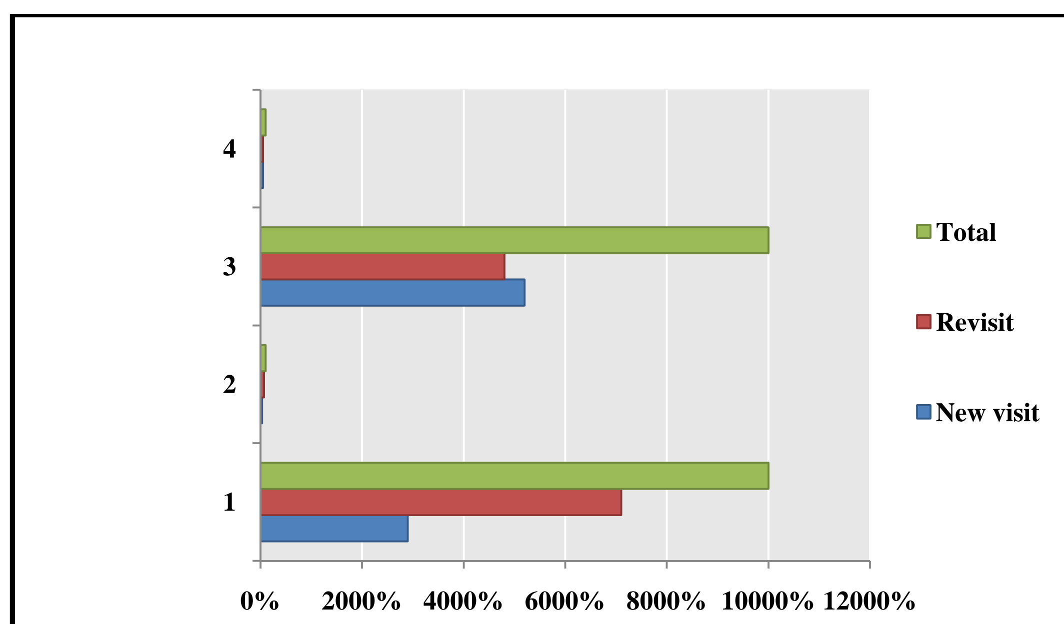


Figure No. 6.7: Frequency of distribution with order of visit in both hospitals.

Q.2 what are the considerations for you to select a dispensary or hospital for treatment? (You may choose more than one opinion)

Table 6.8: showing considerations for select the hospitals Distribution of samples

CROSS-TAB 6.8

Considerations for selecting a dispensary or hospital for treatment	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Cost	73	73%	4	4%
Distance	5	5%	22	22%
Time factor	3	3%	14	14%
Quality of Service	19	19%	60	60%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.8 and figure 6.8 give the distribution of respondents on the basis of their consideration to found figure of them select the both hospitals for necessary health care and Medicare as follows data's.

- 73% of the government hospitals respondents and 4% of corporate hospitals respondents were found by attributed cost to be one of the most important considerations for them while selecting a dispensary/ hospital for treatment in the both hospitals.
- While selecting a dispensary or a hospital for treatment, 5% of the government hospital respondents and 22% of corporate hospitals respondents considered its distance from their place to be an important factor in the both hospitals.

- 3% of the government hospital respondents and 14% of corporate hospital respondents considered time to be important as many of them were daily wage earners and they could not afford to wait for a long time for availing treatment in the both hospitals.
- Only 19% of the government hospital respondents and 60% of corporate hospital respondents considered quality of treatment to be an important consideration for selecting a dispensary/hospital for treatment in the both hospitals.

Total Respondents (N) =200

Figure: 6.8

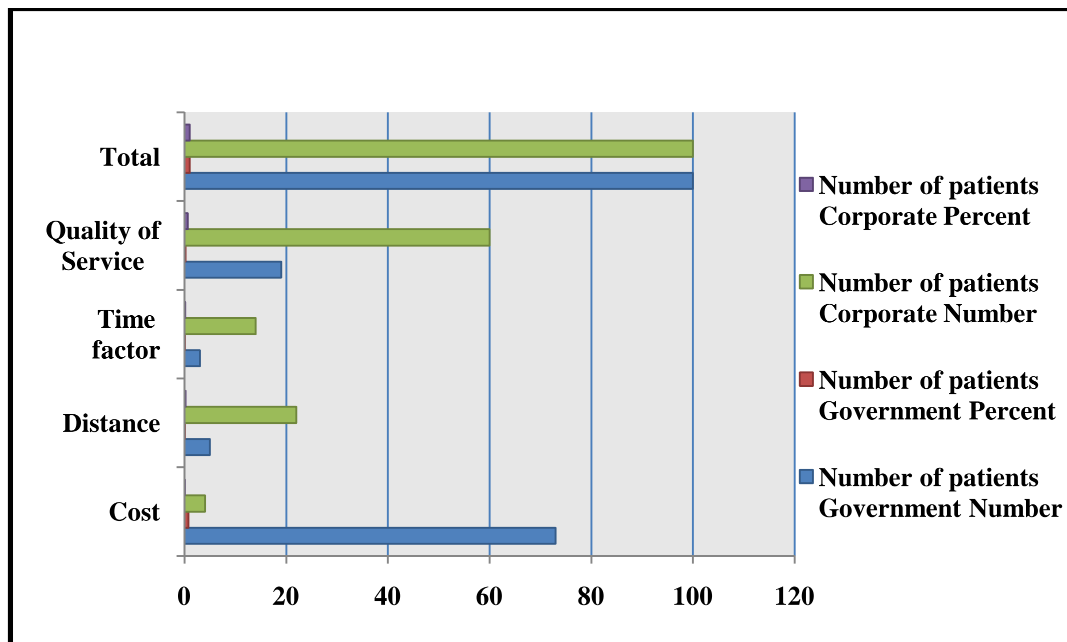


Figure no. 6.8 Responses of Respondents on considerations for selecting a dispensary or hospital for treatment (%)

Q.3 Has anyone in your family been admitted to hospital for the treatment of any major illness?

Table 6.9: Showing any patient admitted and receiving for major illness to select the both hospitals Distribution of samples:

Admit for major illness	Number of Patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Yes	53	53%	76	76%
No	47	47%	24	24%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.9 and figure 6.9 give the distribution of respondents showing any patient for major illness to select both positive and negative admitted.

- 53% of the government hospital respondents and 76% of corporate hospital respondents were found by selecting and getting positive results in both the hospitals for major illness to select.
- 47% of the government hospital respondents and 24% of corporate hospital respondents were found by negation in the both hospitals for major illness to select.

Total Respondents (N) = 200.

Figure:6.9

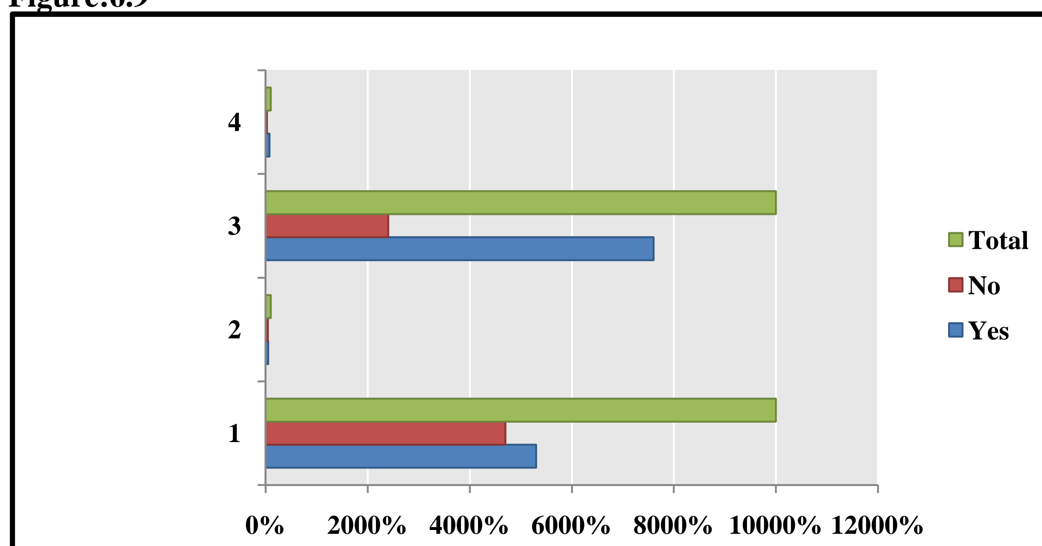


Figure No. 6.9: Frequency of admit of any patient for major illness in both hospitals.

Q.4- How much expenditure you incurred for services availed?

Table 6.10: showing expenditure admitted incurred for services availed in select the hospitals Distribution of samples

CROSS-TAB 6.10

Expenditure incurred for services availed	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Nil	16	16%	0	0%
Less than rupees 100	54	54%	5	5%
Rupees 100-500	23	23%	21	21%
Above rupees 500	7	7%	74	74%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.10 and figure 6.10 give the distribution of respondents expenditure admitted for services availed in select the both hospitals distributions as following.

- 16% of the government hospital respondents and 0% of corporate hospital respondents were found by according nil acceptances in the both hospitals.
- 54% of the government hospital respondents and 5% of corporate hospital respondents were found by less than 100 the both hospitals.

- 23% of the government hospital respondents and 21% of corporate hospital respondents were found between rupees 100 - 500 accordance in the both hospitals.
- 7% of the government hospital respondents and 74% of corporate hospital respondents were found above rupees 500 in the both hospitals.

Total Respondents (N) =200

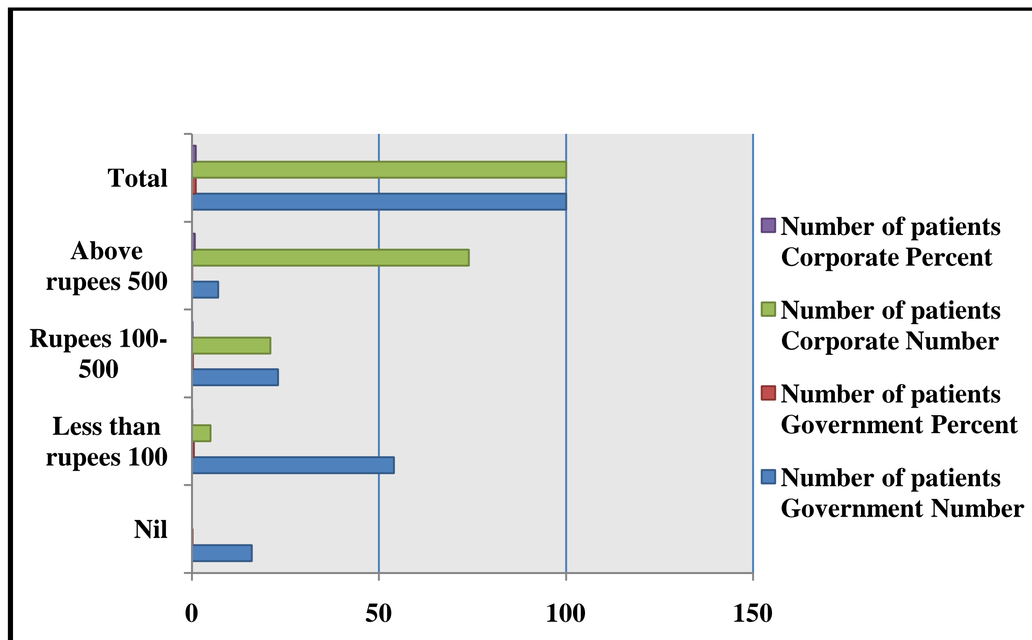


Figure: 6.10.

Q.5 what kind reasons have you about local doctors and corporate hospital's patients go there don't like long waiting time of government hospitals? ***(You can answer this question irrespective of the answer to the earlier question).***

Table 6.11: showing the reason of moving from government to corporate long waiting time for services availed in select the hospitals Distribution like and dislike of samples.

CROSS-TAB 6.11

Long waiting time	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Yes	48	48%	69	69%
No	52	52%	31	31%
Total	100	100%	100	100%

Source: Field Survey.

- 48% of the government hospital respondents and 69% of corporate hospital respondents were found long waiting time for a positive response in the local doctors and corporate hospitals.
- 52% of the government hospital respondents and 31% of corporate hospital respondents were found negation response in the local doctors and corporate hospitals.

Total Respondents= 200

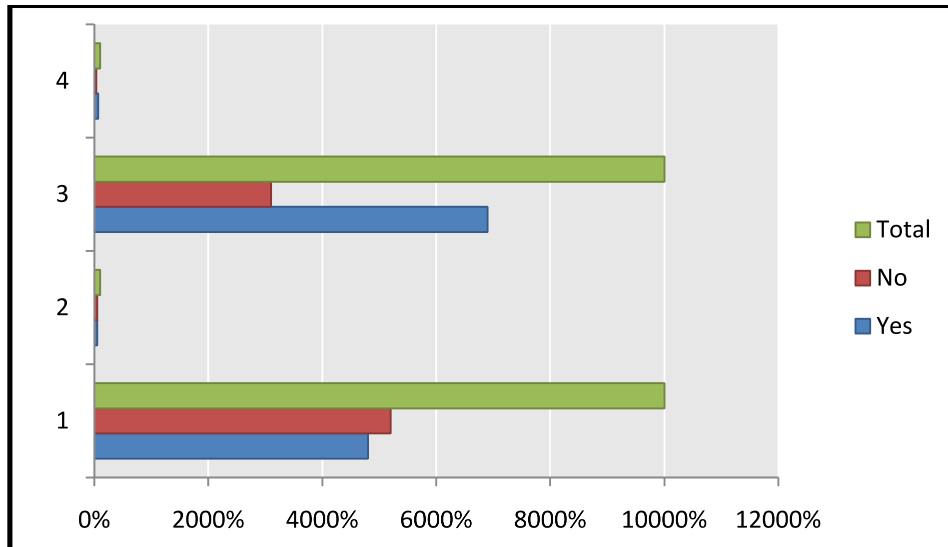


Figure: 6.11.

Q.6 Have you faced any problem in the hospital? If yes, specify in the below mentioned space.

Answer: User's feedback was undertaken as a part of the study in order to establish a comparison between government and corporate hospitals on the basis of the following indicators-

1. Government hospital is a better quality service provider as compared to the government.

2. In terms of cost and benefits, corporate hospitals prove to be more effective and efficient vis-à-vis a government hospital.

3. Corporate hospitals have good infrastructure facilities as compared to government hospitals.

4. Both corporate and government hospitals should be accredited.

5. In recent times corporate sector has an edge over the government sector.

Problems perceived in the government hospital by the users:

- There was no cleanliness and hygiene in government facilities as noted by few even a healthy person will fall sick if stayed for a while in government hospital.

- Lack of space and over- crowding. Hence, the patient has to wait for a long to get a bed.
- Lack of infrastructure, at times use of old equipment's and machines are also important constraints.

As against this, users were of the opinion that in the government sector though the charges are higher, there are advanced machines for diagnosis to state the nature of illness/ disease. Besides, the attitude of the doctors serving patients in the government hospitals, the Registered Medical Officers RMOs, or the interns examining of the patient always raises doubts in their minds regarding the treatment given. This may be completely without basis but it is given here as the opinions are expressed by large number of respondents. Apparently, this too leads to their preference of seeking care from corporate hospitals.

Factors determining the user's preference for seeking care from the corporate hospitals can be summarized as follows:

- ✓ User's responses indicate that in there need for the regulation of the government hospital. Also there is a need for thr regulation of the public sector hospitals. Also there is a need for certain minimum standards in order to improve efficiency of the hospitals.
- ✓ The feedback given by the users also indicated preference for the corporate hospitals for a number of reasons like the quality of care they provided, better infrastructure, vicinity of the corporate hospital etc. Also due to problems with the government sector like inconvenient timings or location, long queues, rude staff, inadequate equipment's, poorly maintained equipment's, lack of manpower etc. are the reasons quoted behind use of corporate hospital facility in spite of lack of affordability.
- ✓ Users held the opinion the doctors attending them in corporate hospitals were very competent. Also, most of the users gave a good opinion of the services of the other staff such as nurses/ ayahs/ ward boys. In fact they gave a positive feedback regarding their behavior in terms of being

corporative, helpful and being tolerable with the patients. This is also one of the reason why people prefer corporate services as in government health centers it has been observed that the other staff is very rude.

Government hospitals need to improve their functioning by setting things right in terms of personnel; infrastructure and diagnostic facilities lower and middle class people definitely find it a burden of treatment costs in the corporate hospital when it comes to out of the pocket expenditure. However, the truth remains that there is a line of distinction between government and corporate healthcare providers. The more money you put the better care you get.

The various attributes of the corporate hospitals in this research study has helped us to know that though corporate hospitals have basic facilities, yet there are many areas in terms of utilization of infrastructure, personnel etc. where they need to improve. Further, with the help of efficiency indicating parameters identified through the attributes of the corporate hospitals. While analyzing user's responses we observed that there is clear preference towards corporate hospitals and for seeking healthcare from these hospitals. This contradiction is sorted through responses gathered from the reasons for user's regarding their perceptions about quality of care, infrastructure etc. and the reasons for preferring corporate hospital.

6.7. Achievement of Objectives:

6.8. Establishment of hypothesis:

The chi square test is an important test amongst the several tests of significance developed by statisticians. Chi- square is symbolically written as 2 [pronounced as ki-square] is a statistical measure used in the context of sampling analysis for comparing a variable to a theoretical variance. As a non-parametric test, it "can be used to determine if categorical data shows dependency or the two classifications are independent. It can also be used to make comparisons between theoretical populations and actual data when categories are used." Thus, the chi-square test is applied in a large number of problems.

The chi-square test is used to determine whether there is a significant difference between the expected frequencies in one or more categories. Based on the outcome of the chi- square test we will either reject or fail to reject null hypothesis.

$$2= \quad (O-E)^{2}/E$$

Where, **2** = Chi-square

O = Sum of the observed frequencies.

E = Sum of the expected frequencies.

E = Expected frequency.

Chi-square compared with the tabulated value and value of computed. If the tabulated value of chi-square is less than the calculated value and H_0 is rejected at the desired level of significance generally taken to by 5%.

Step I: Null hypothesis is: There is **no** association between the satisfaction level of facilities available in Government and Corporate hospitals.

Table No. 6. (a):

Step II: **OBSERVED TABLE:**

Group	Highly Unsatisfied	Unsatisfied	Neutral	Satisfied	Highly Satisfied	Total
Government	**146**	**451**	**132**	**549**	**222**	**1500**
Corporate	**14**	**87**	**67**	**994**	**337**	**1500**
Total	**160**	**538**	**199**	**1544**	**559**	**3000**

Table No. 6. (b):

EXPECTED TABLE:

Group	Highly Unsatisfied	Unsatisfied	Neutral	Satisfied	Highly Satisfied	Total
Government	80	269	99.5	772	279.5	1500
Corporate	80	269	99.5	772	279.5	1500
Total	160	538	199	1544	559	3000

Formula of expected value:

$$\frac{\text{Row total* Column total}}{\text{Grand Total}}$$

Table No. 6. (c):

ANALYSIS TABLE:

Government	O	E	O-E	$(O-E)^2$	$(O-E)^2/E$
1	146	80	66	4356	54.45
2	451	269	182	33124	123.1375
3	132	99.5	32.5	1056.25	10.61558
4	549	772	-223	49729	64.4158
5	222	279.5	-57.5	3306.25	11.82916
Corporate					
1	14	80	-66	4356	54.45
2	87	269	-182	33124	123.1375
3	67	99.5	-32.5	1056.25	10.61558
4	995	772	223	49729	64.4158
5	337	279.5	57.5	3306.25	11.82916
Total					528.8962

Level of significance: 5% (0.05)

Degree of freedom= (R-1) (C-1)

= (2-1) (5-1)

=1*4=4

Decision= 2=9.480

Step III: The level of significance is 5% (0.05) and the Degree of freedom is

=(R-1) (C-1)

= (2-1) (5-1)

= 1*4=4

Step IV: Critical value or tabulated value at 5% level and 4 degrees of freedom the critical value of **2 0.05** is **9.488**

Step V: Decision- The computed value of **2 is 528.89** which are greater than the critical value of **$2_{0.05}$=9.488** so null hypothesis can be rejected and concludes that the facility and satisfaction level differs among the corporate and government hospitals.

SECTION C:

Q.1. Are you satisfied with the diagnosis test and test reports given on response time?

Table no. 6.12: Showing satisfaction with diagnosis test and test reports.

Diagnosis test and test reports	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	6	6%	0	0%
Unsatisfied	18	18%	9	9%
Neutral	2	2%	4	4%
Satisfied	54	54%	68	68%
Highly satisfied	18	18%	21	21%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.12 and figure 6.12 give **satisfaction with diagnosis test and test reports** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 6% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 18% of the government hospital respondents and 9% corporate hospital respondents are unsatisfied with this statement.
- 2% of the government hospital respondents and 4% corporate hospital respondents are neutral with this statement.
- 54% of the government hospital respondents and 68% corporate hospital respondents were satisfied with this statement.

- 18% of the government hospital respondents and 21% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) = 200

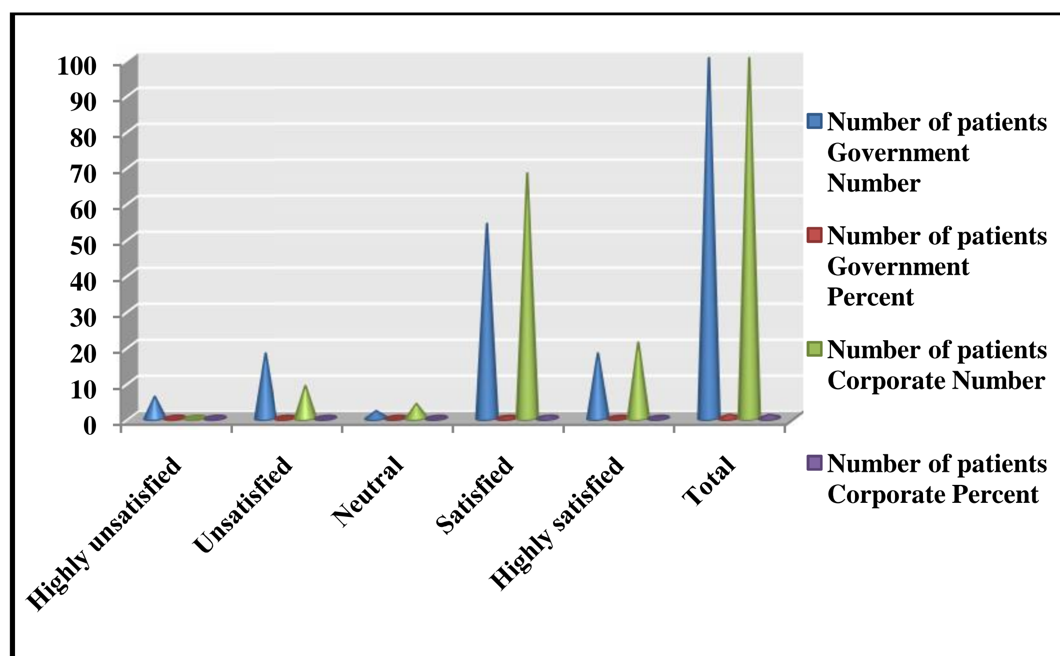


Figure: 6.12

Q.2 Have an overall rating of the accommodation / physical facilities?

Table no. 6.13: Showing satisfaction with accommodation and physical facilities.

Accommodation and physical facilities	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	16	16%	3	3%
Unsatisfied	38	38%	11	11%
Neutral	11	11%	3	3%
Satisfied	26	26%	57	57%
Highly satisfied	9	9%	26	26%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.13 and figure 6.13 give **Overall rating of the accommodation/ physical facilities** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 16% of the government hospital respondents and 3% corporate hospital respondents are highly unsatisfied with this statement.
- 38% of the government hospital respondents and 11% corporate hospital respondents are unsatisfied with this statement.
- 11% of the government hospital respondents and 3% corporate hospital respondents are neutral with this statement.
- 26% of the government hospital respondents and 57% corporate hospital respondents were satisfied with this statement.
- 9% of the government hospital respondents and 26% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

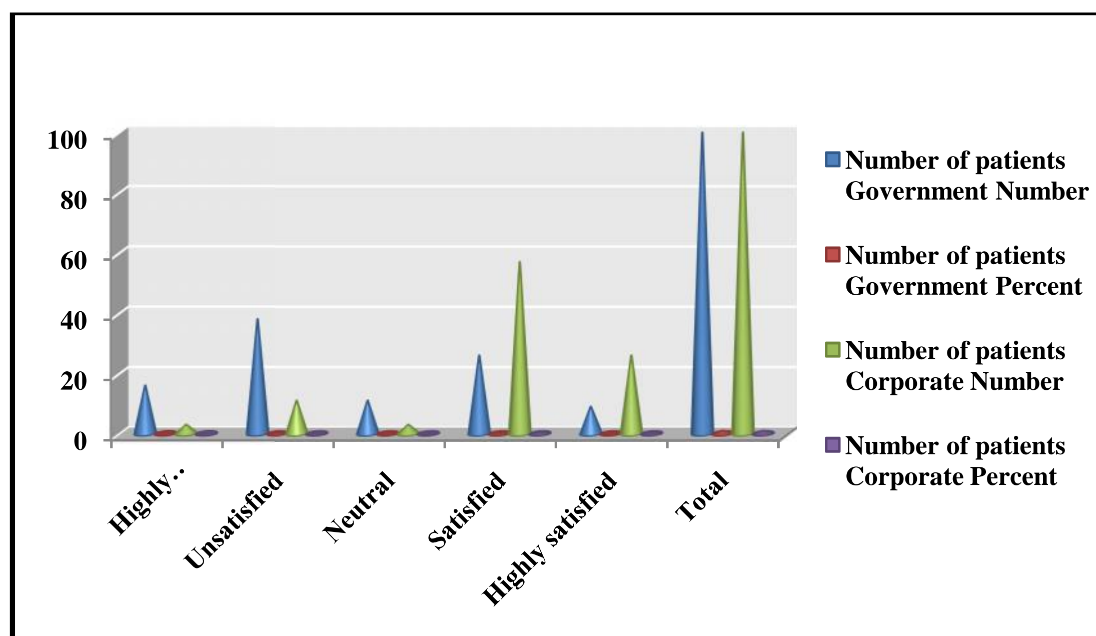


Figure: 6.13.

Q.3. Are you satisfied with the attitude and behavior of the doctor while treating?

Table no. 6.14: Showing satisfaction with the attitude and behavior of the doctor while treating.

Attitude and behavior of the doctor	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	17	17%	0	0%
Unsatisfied	23	23%	4	4%
Neutral	5	5%	1	1%
Satisfied	37	37%	66	66%
Highly satisfied	18	18%	29	29%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.14 and figure 6.14 give **attitude and behavior of the doctor while treating** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 17% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 23% of the government hospital respondents and 4% corporate hospital respondents are unsatisfied with this statement.
- 5% of the government hospital respondents and 1% corporate hospital respondents are neutral with this statement.
- 37% of the government hospital respondents and 66% corporate hospital respondents were satisfied with this statement.

- 18% of the government hospital respondents and 29% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

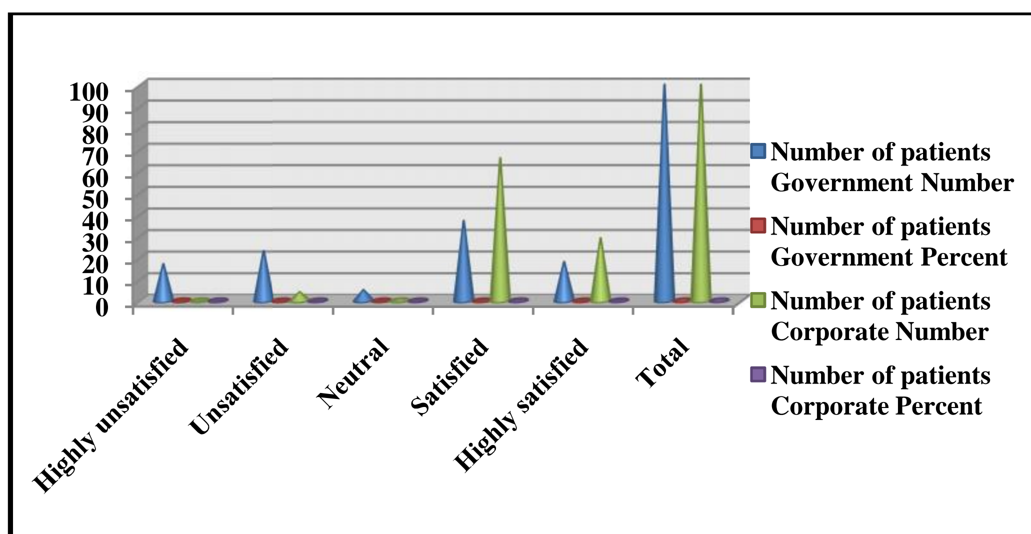


Figure: 6.14

Q.4. Are you satisfied with spent the time by the doctors for consultation?

Table no. 6.15: Showing satisfaction with spent the time by the doctors for consultation.

Spent the time by the doctors for consultation	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	12	12%	1	1%
Unsatisfied	23	23%	7	7%
Neutral	9	9%	2	2%
Satisfied	43	43%	59	59%
Highly satisfied	13	13%	31	31%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.15 and figure 6.15 giving **spent the time by the doctors for consultation** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 12% of the government hospital respondents and 1% corporate hospital respondents are highly unsatisfied with this statement.
- 23% of the government hospital respondents and 7% corporate hospital respondents are unsatisfied with this statement.
- 9% of the government hospital respondents and 2% corporate hospital respondents are neutral with this statement.
- 43% of the government hospital respondents and 59% corporate hospital respondents were satisfied with this statement.
- 13% of the government hospital respondents and 31% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) = 200

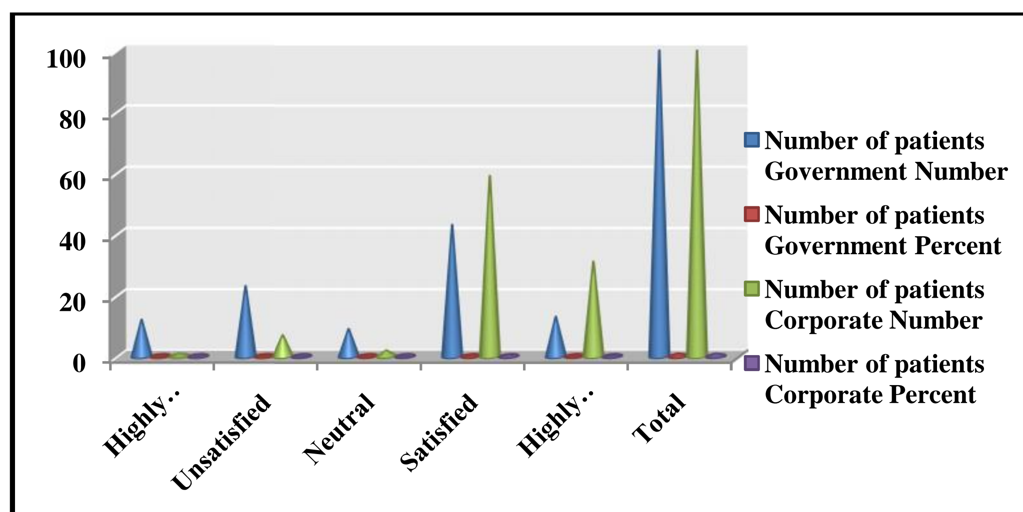


Figure: 6.15

Q.5. Are you given enough privacy when being examined or treated?

Table no. 6.16: Showing satisfaction with given enough privacy when being examined or treated.

Enough privacy during examined and treated	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	15	15%	0	0%
Unsatisfied	36	36%	5	5%
Neutral	8	8%	4	4%
Satisfied	24	24%	74	74%
Highly satisfied	17	17%	17	17%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.16 and figure 6.16 is **given enough privacy when being examined or treated** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 15% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 36% of the government hospital respondents and 5% corporate hospital respondents are unsatisfied with this statement.
- 8% of the government hospital respondents and 4% corporate hospitals respondents are neutral with this statement.

- 24% of the government hospital respondents and 74% corporate hospital respondents were satisfied with this statement.
- 17% of the government hospital respondents and 17% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

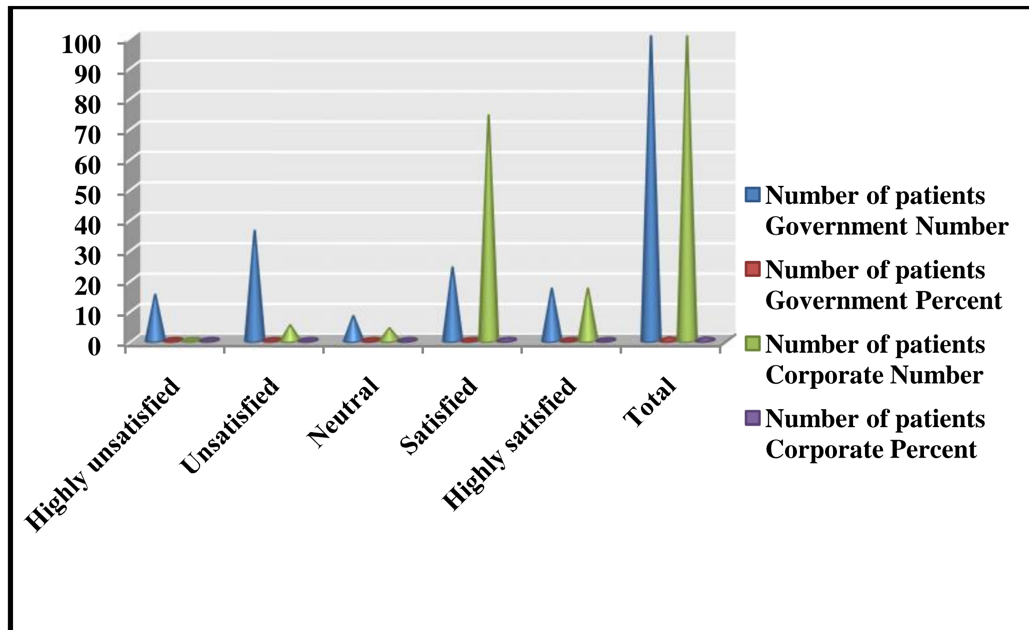


Figure: 6.16.

Q.6. Do you think that services provide by the hospital is adequate?

Table no. 6.17: Showing satisfaction services provide by the hospital is adequate.

Services provided by hospital is adequate	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	5	5%	2	2%
Unsatisfied	21	21%	8	8%
Neutral	4	4%	5	5%
Satisfied	57	57%	69	69%
Highly satisfied	13	13%	16	16%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.17 and figure 6.17 giving **services provide by the hospital is adequate** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 2% corporate hospital respondents are highly unsatisfied with this statement.
- 21% of the government hospital respondents and 8% corporate hospital respondents are unsatisfied with this statement.

- 4% of the government hospital respondents and 5% corporate hospital respondents are neutral with this statement.
- 57% of the government hospital respondents and 69% corporate hospital respondents were satisfied with this statement.
- 13% of the government hospital respondents and 16% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

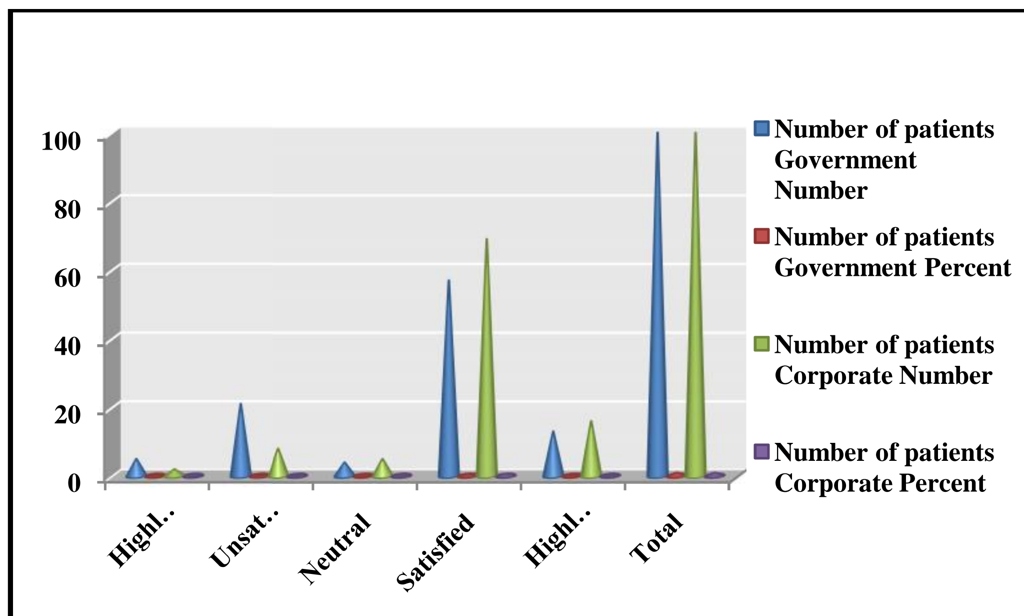


Figure: 6.17.

Q.7. Does the doctor/staff listen to the problems?

Table no. 6.18: Showing satisfaction with listening problems by doctor and staff.

Doctor/staff listen to the problems	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	12	12%	0	0%
Unsatisfied	31	31%	6	6%
Neutral	13	13%	2	2%
Satisfied	33	33%	71	71%
Highly satisfied	11	11%	21	21%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.18 and figure 6.18 showing **listened problems by the doctor and staff** of the Respondents distribution of Government and Corporat**e** hospitals Respondents selected for Field Survey.

- 12% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 31% of the government hospital respondents and 6% corporate hospital respondents are unsatisfied with this statement.

- 13% of the government hospital respondents and 2% corporate hospital respondents are neutral with this statement.
- 33% of the government hospital respondents and 71% corporate hospital respondents were satisfied with this statement.
- 11% of the government hospital respondents and 21% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

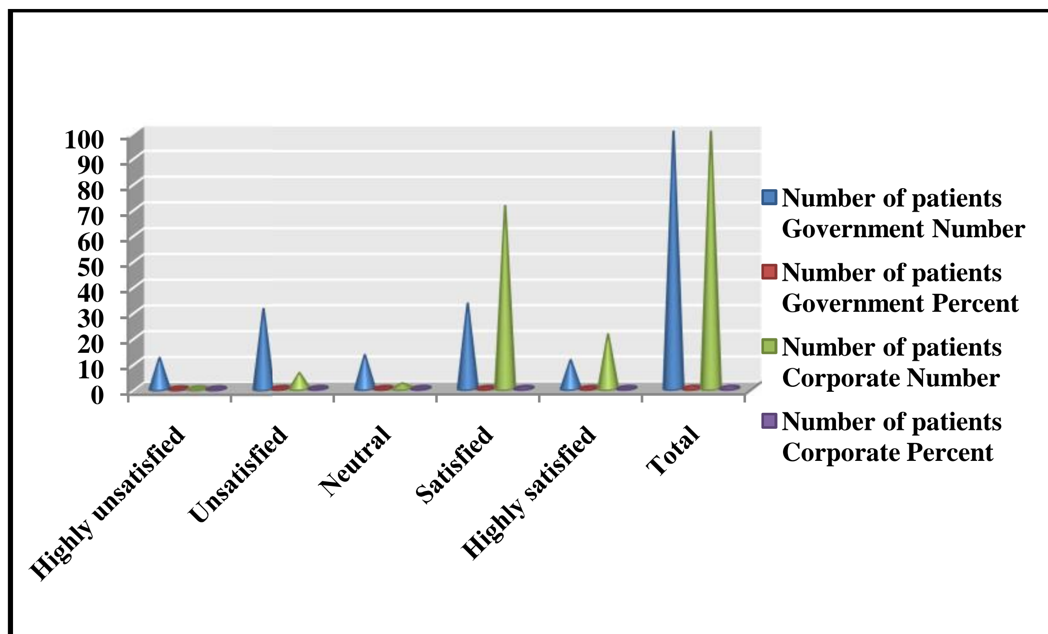


Figure: 6.18.

Q.8. Do you get enough privacy during treatment?

Table no. 6.19: Showing satisfaction with getting enough privacy during treatment.

Enough privacy during treatment	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	8	8%	0	0%
Unsatisfied	21	21%	2	2%
Neutral	10	10%	3	3%
Satisfied	34	34%	67	67%
Highly satisfied	27	27%	28	28%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.19 and figure 6.19 is given **enough privacy during treatment** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 8% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 21% of the government hospital respondents and 2% corporate hospital respondents are unsatisfied with this statement.
- 10% of the government hospital respondents and 3% corporate hospital respondents are neutral with this statement.

- 34% of the government hospital respondents and 67% corporate hospital respondents were satisfied with this statement.
- 27% of the government hospital respondents and 28% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

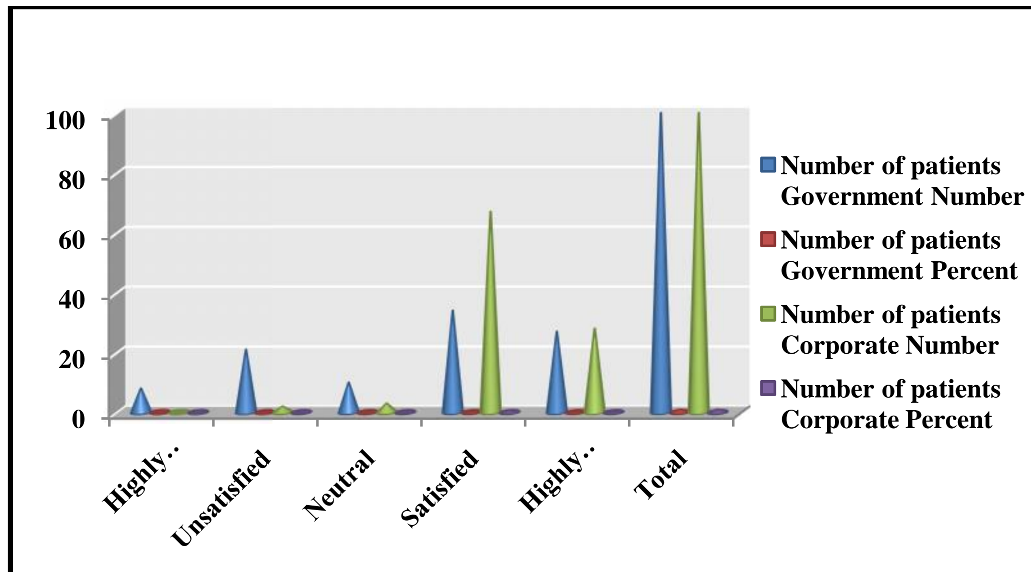


Figure: 6.19.

Q.9. Are you satisfied with the facilities provided throughout your stay in the hospital?

Table no. 6.20: Showing satisfaction with gets facilities provided throughout stay in the hospital.

Get facilities stay in hospital	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	13	13%	0	0%
Unsatisfied	31	31%	2	2%
Neutral	6	6%	1	1%
Satisfied	36	36%	73	73%
Highly satisfied	14	14%	24	24%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.20 and figure 6.20 are given **facilities provided throughout stay in the hospital** with the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 13% of the government hospital respondents and 0% corporate hospitals respondents are highly unsatisfied with this statement.
- 31% of the government hospital respondents and 2% corporate hospitals respondents are unsatisfied with this statement.
- 6% of the government hospital respondents and 1% corporate hospital respondents are neutral with this statement.

- 36% of the government hospital respondents and 73% corporate hospital respondents were satisfied with this statement.
- 14% of the government hospital respondents and 24% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

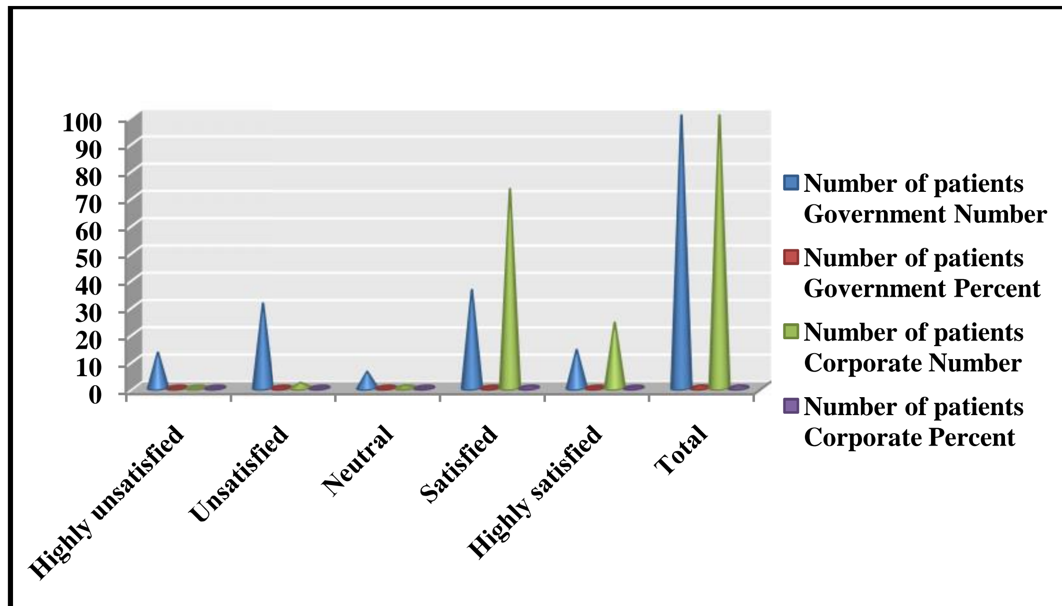


Figure: 6.20.

Q.10. Does you convenient waiting space available in OPD, dietary, quality of service, hygiene cleanliness and parking in Hospital?

Table no. 6.21: Showing satisfaction with finding convenient waiting space throughout your stay in the hospital.

Convenient waiting space	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	5	5%	2	2%
Unsatisfied	34	34%	7	7%
Neutral	14	14%	4	4%
Satisfied	26	26%	68	68%
Highly satisfied	21	21%	19	19%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.21 and figure 6.21 is given **convenient waiting space in OPD, dietary, quality of service, hygiene, cleanliness and parking space during your stay in the hospital** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 2% corporate hospital respondents are highly unsatisfied with this statement.

- 34% of the government hospital respondents and 7% corporate hospital respondents are unsatisfied with this statement.
- 14% of the government hospital respondents and 4% corporate hospital respondents are neutral with this statement.
- 26% of the government hospital respondents and 68% corporate hospital respondents were satisfied with this statement.
- 21% of the government hospital respondents and 19% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200.

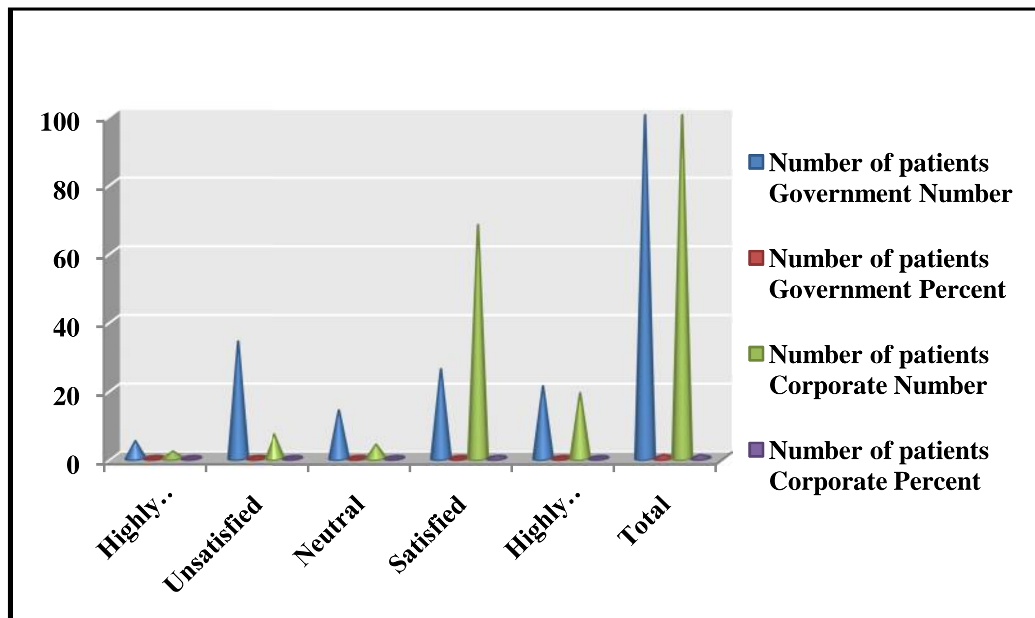


Figure: 6.21.

Q.11. Do you discuss with doctors the discharge of medical care to the hospital?

Table no. 6.22: Showing satisfaction, discharge of medical care from the hospital.

Discharge from medical care	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	8	8%	0	0%
Unsatisfied	20	20%	2	2%
Neutral	11	11%	3	3%
Satisfied	47	47%	77	77%
Highly satisfied	14	14%	18	18%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.22 and figure 6.22 is given **a discharge of medical care from staying in the hospital** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 8% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 20% of the government hospital respondents and 2% corporate hospital respondents are unsatisfied with this statement.
- 11% of the government hospital respondents and 3% corporate hospital respondents are 1neutral with this statement.

- 47% of the government hospital respondents and 77% corporate hospital respondents were satisfied with this statement.
- 14% of the government hospital respondents and 18% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) = 200

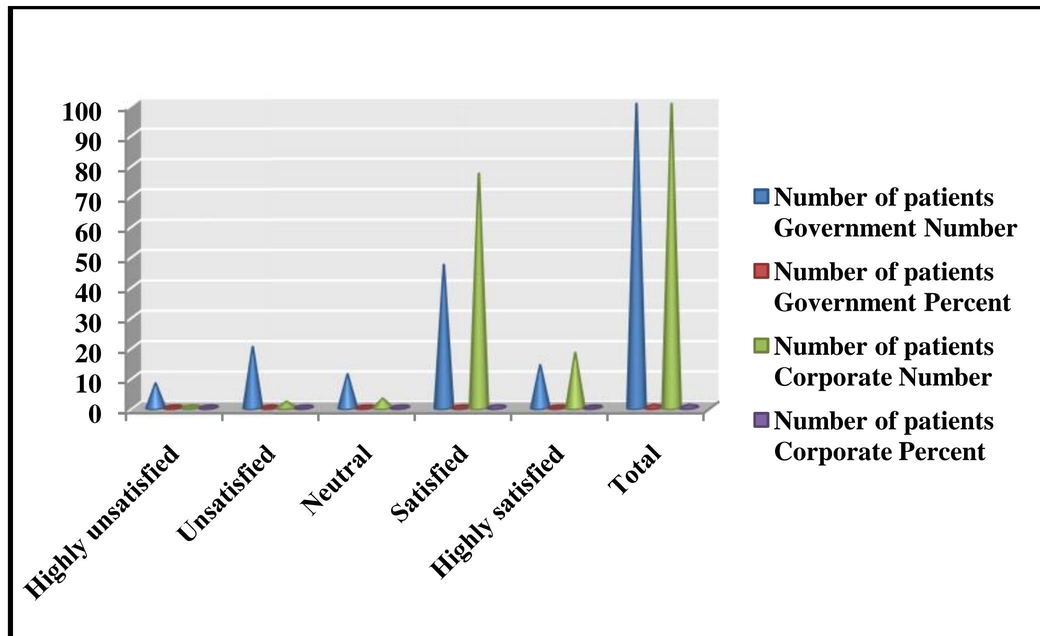


Figure: 6.22.

Q.12. Is there proper drug distribution in the hospital?

Table no. 6.23: Showing satisfaction with proper drug distribution in the hospital.

Drug distribution	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	13	13%	6	6%
Unsatisfied	39	39%	14	14%
Neutral	8	8%	23	23%
Satisfied	31	31%	44	44%
Highly satisfied	9	9%	13	13%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.23 and figure 6.23 is given **proper drug distribution during treatment in the hospital** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 13% of the government hospital respondents and 6% corporate hospital respondents are highly unsatisfied with this statement.
- 39% of the government hospital respondents and 14% corporate hospital respondents are unsatisfied with this statement.
- 8% of the government hospital respondents and 23% corporate hospital respondents are 1neutral with this statement.

- 31% of the government hospital respondents and 44% corporate hospital respondents were satisfied with this statement.
- 9% of the government hospital respondents and 13% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) = 200.

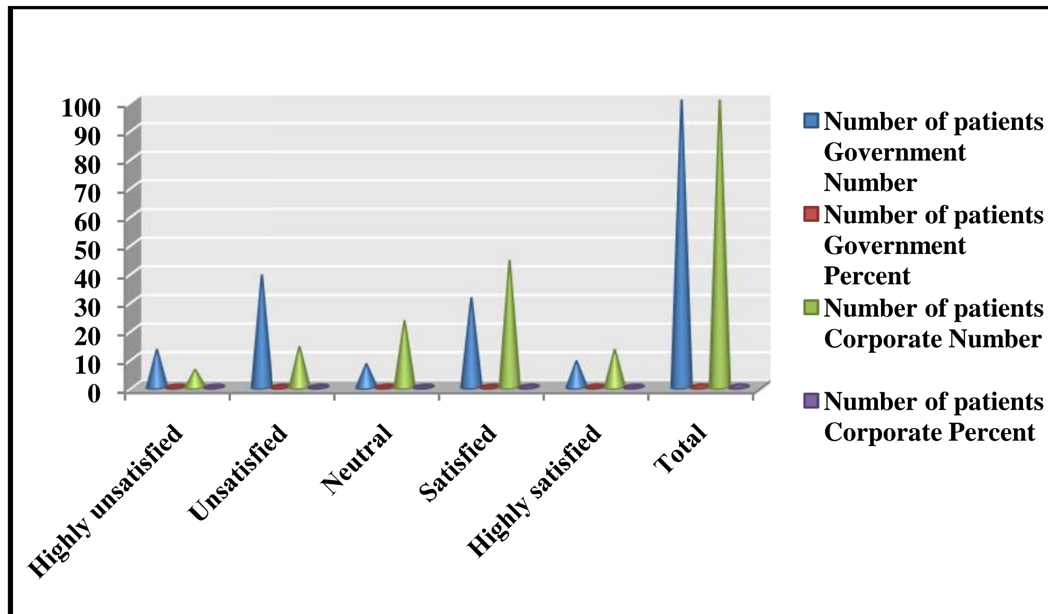


Figure: 6.23.

Q.13. Are the doctors and Support staff equally polite anxieties and concerns are handled by the staff to all patients?

Table no. 6.24: Showing satisfaction politeness of doctors and staff in the hospital.

Politeness of doctors and staff	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	5	5%	0	0%
Unsatisfied	43	43%	4	4%
Neutral	9	9%	6	6%
Satisfied	32	32%	63	63%
Highly satisfied	11	11%	27	27%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.24 and figure 6.24 is given **proper politeness by doctors and Support staff and anxieties or concerns are handled by the staff to all patients during your stay in the hospital** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.

- 43% of the government hospital respondents and 5% corporate hospital respondents are unsatisfied with this statement.
- 9% of the government hospital respondents and 6% corporate hospital respondents are neutral with this statement.
- 32% of the government hospital respondents and 63% corporate hospital respondents were satisfied with this statement.
- 11% of the government hospital respondents and 27% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

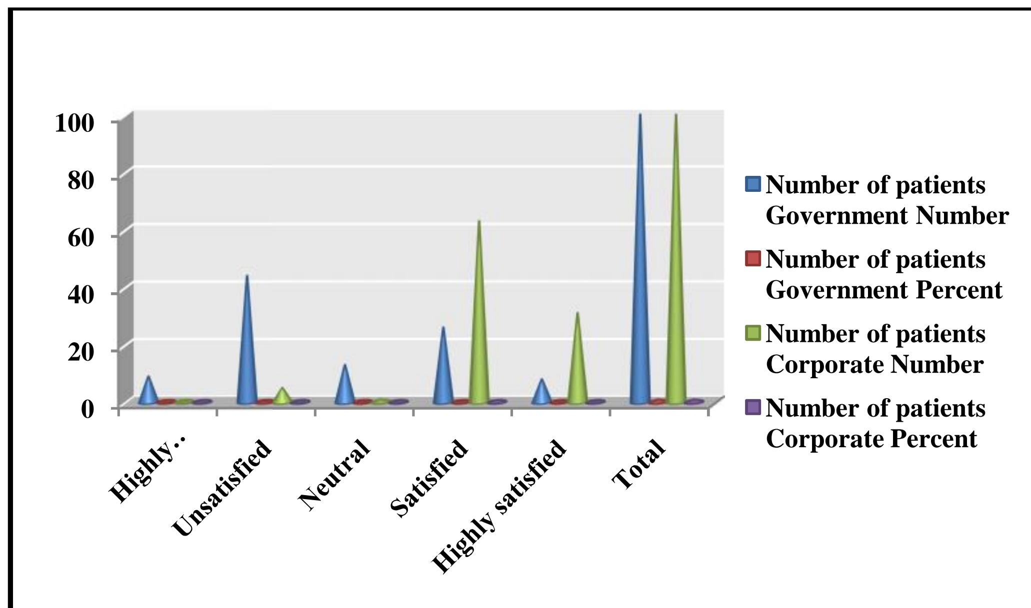


Figure: 6.24.

Q.14. Are easily all hospital employees (doctors, nurses, support staff) with their uniforms identified by you?

Table no. 6.25: Showing satisfaction, staff easily identifiable by their uniforms in the hospital:

Easily identifiable the staff by their uniforms	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	5	5%	0	0%
Unsatisfied	43	43%	4	4%
Neutral	9	9%	6	6%
Satisfied	32	32%	63	63%
Highly satisfied	11	11%	27	27%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.25 and figure 6.25 shows **all hospital employees (doctors, nurses, and support staff) easily identifiable by their uniforms during stay in the hospital** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 0% corporate hospital respondents are highly unsatisfied with this statement.
- 43% of the government hospital respondents and 4% corporate hospital respondents are unsatisfied with this statement.

- 9% of the government hospital respondents and 6% corporate hospital respondents are 1neutral with this statement.
- 32% of the government hospital respondents and 63% corporate hospital respondents were satisfied with this statement.
- 11% of the government hospital respondents and 27% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) = 200

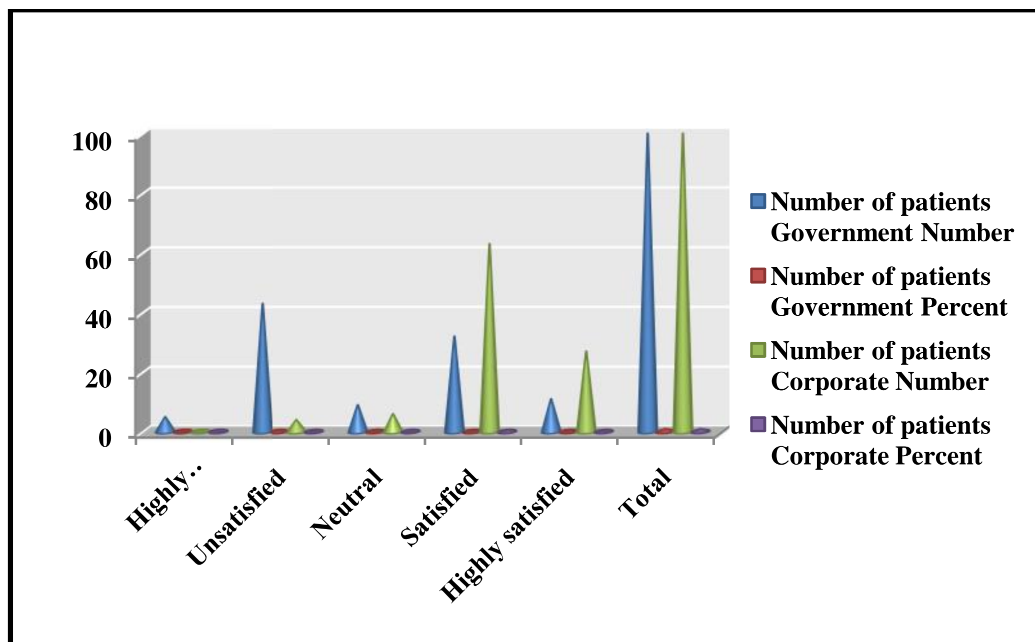


Figure: 6.25.

Q.15. Are the Nurses given you instructions to help take the medications on your own during the hospital stay?

Table no. 6.26: Showing satisfaction own helps take medication by nurses in the hospital.

Take own help medication	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Highly unsatisfied	2	2%	0	0%
Unsatisfied	29	29%	1	1%
Neutral	7	7%	7	7%
Satisfied	43	43%	76	76%
Highly satisfied	19	19%	16	16%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.26 and figure 6.26. Showing **nurses given instructions to help take the medications on your own during your stay in the hospital** of the Respondents distribution of Government and Corporat**e** hospitals Respondents selected for Field Survey.

- 2% of the government hospital respondents and 0% corporate hospitals respondents are highly unsatisfied with this statement.
- 29% of the government hospital respondents and 1% corporate hospitals respondents are unsatisfied with this statement.

- 7% of the government hospital respondents and 7% corporate hospitals respondents are 1neutral with this statement.
- 43% of the government hospital respondents and 76% corporate hospital respondents were satisfied with this statement.
- 19% of the government hospital respondents and 16% corporate hospital respondents were highly satisfied with this statement.

Total Respondents (N) =200

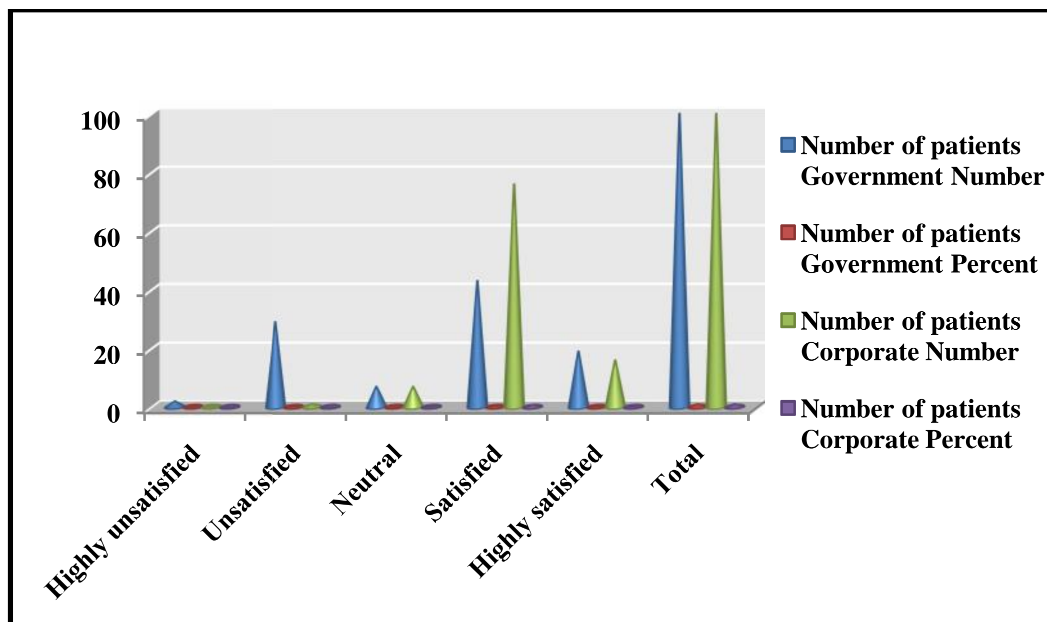


Figure: 6.26.

Hypothesis 1: Facilities at Government and corporate hospitals for care of patients.

H_0: Overall facilities do not have significant difference between Government and Corporate hospitals.

Ha: Overall facilities are significant difference between Government and Corporate hospitals.

T-Test:

T-Test basically distribution and considered an appropriate. The government hospitals and corporate hospitals, which are two samples we judged through

SPSS 19.0 software the importance between both the population variance in case two samples of hospitals are related. We used cross-tabs, paired t-test means judged, signified and considered the difference between government hospital and corporate hospital. The variance this relevant test statics calculated from data base compared with the probable value based on quality service, cost and benefits, infrastructure facilities, accreditation and edge over distribution to be read from a table that gives probable valued in different levels of significance for different degree freedom from accepting and rejecting the null hypothesis.

H_1: μ (Government)   μ (Corporate)

When the population variance is unknown only applies in the case.

The Independent samples t-test compares the means of two independent groups in order to determine whether there is statistical evidence that the associated population means are significantly different.

SECTION D:

Q.1. Are corporate hospitals better quality service providers than government hospitals?

Table no. 6.27: Showing comparison between better quality service providers.

Better quality service	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	5	5%	1	1%
Disagree	10	10%	3	3%
Undecided	16	16%	0	0%
Agree	47	47%	71	71%
Strongly agree	22	22%	25	25%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.27 and figure 6.27 give better **quality-wise service distribution** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 1% corporate hospital respondents are strongly disagreeing with this statement.
- 10% of the government hospital respondents and 3% corporate hospital respondents are disagreeing with this statement.
- 16% of the government hospital respondents and 0% corporate hospital respondents are undecided with this statement.
- 47% of the government hospital respondents and 71% corporate hospital respondents were agreed with this statement.
- 22% of the government hospital respondents and 25% corporate hospital respondents were strongly agreed with this statement.

Total Respondents (N) = 200

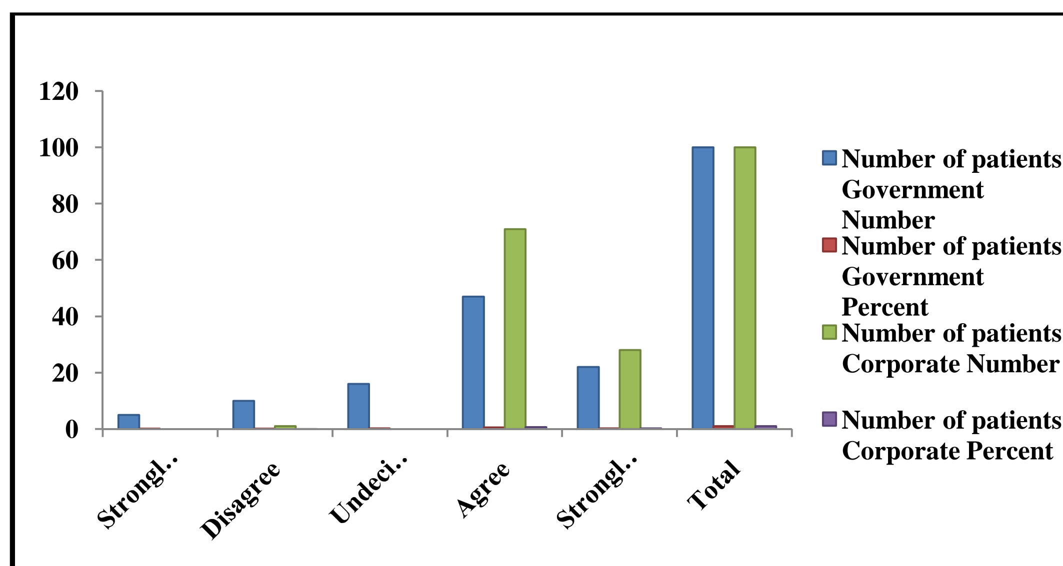


Figure: 6.27.

Table No. 6.27 (a): Services Provider:

	T-Value	P-Value	Significant Value
Services Provider	3.562	.000	.01

Interpretation of this value: The significance (2 tailed) value is .000 this value is less than .01, Because of this. We can conclude that there is a statically significant difference between the two groups, hence we reject the null hypothesis which states that the overall services do not differ in government and corporate hospitals and therefore accepting the alternate hypothesis we conclude the services provided differ in both the hospitals.

Q.2. Weighing the cost and benefits, corporate hospitals prove to be more effective and efficient.

Table no. 6.28: Showing comparison between cost and benefits service providers.

Cost and benefits	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	24	24%	0	0%
Disagree	48	10%	1	0%
Undecided	11	11%	6	6%
Agree	10	10%	68	66%
Strongly agree	7	7%	25	27%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.28 and figure 6.28 give better **cost and benefits distribution** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 24% of the government hospital respondents and 0% corporate hospital respondents are strongly disagreeing with this statement.
- 48% of the government hospital respondents and 1% corporate hospital respondents are disagreeing with this statement.
- 11% of the government hospital respondents and 6% corporate hospital respondents are undecided with this statement.
- 10% of the government hospital respondents and 68% corporate hospital respondents were agreed with this statement.
- 7% of the government hospital respondents and 25% corporate hospital respondents were strongly agreed with this statement.

Total Respondents (N) =200

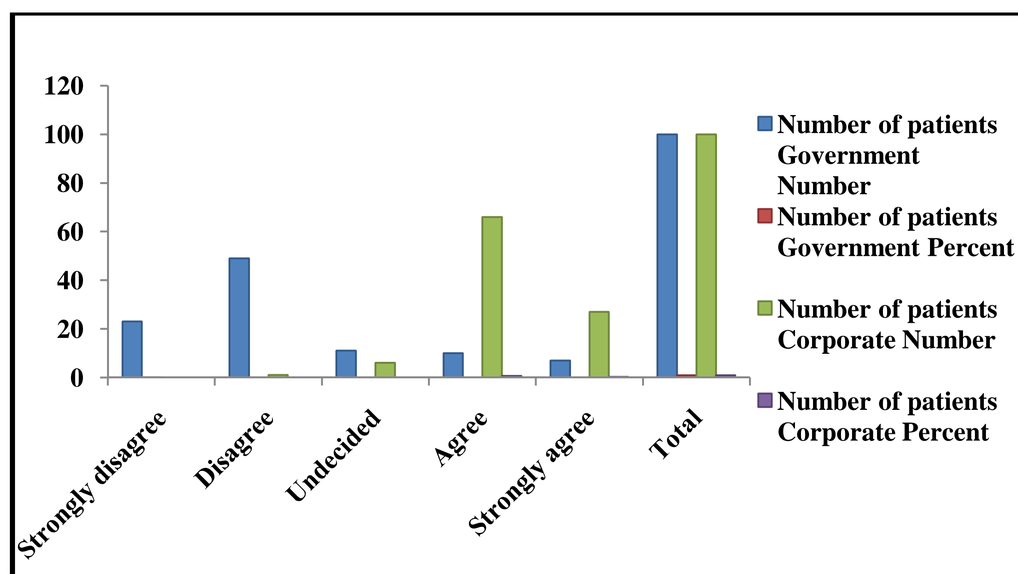


Table 6.28 and figure 6.28 give better **cost and benefits distribution** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 23% of the government hospital respondents and 0% corporate hospitals respondents are strongly disagreeing with this statement.
- 49% of the government hospital respondents and 1% corporate hospital respondents are disagreeing with this statement.
- 11% of the government hospital respondents and 6% corporate hospital respondents are undecided with this statement.
- 10% of the government hospital respondents and 66% corporate hospital respondents were agreed with this statement.
- 7% of the government hospital respondents and 27% corporate hospitals respondents were strongly agreed with this statement.

Table No. 6.28 (a): Cost and Benefits:

	T-Value	P-Value	Significant Value
Cost and Benefits	**14.763**	**.000**	**.01**

Interpretation of this value: The significance (2 tailed) value is .000 this value is less than .01, Because of this. We can conclude that there is a statically significant difference between the two groups, hence we reject the null hypothesis which states that the overall cost and benefits do not differ in government and corporate hospitals and therefore accepting the alternate hypothesis we conclude the services provided differ in both the hospitals.

Q.3. Have corporate hospitals good infrastructure facilities than public hospitals?

Table no. 6.29: Showing comparison between good infrastructure facilities providers.

Good Infrastructure facilities	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	5	5%	0	0%
Disagree	10	10%	1	1%
Undecided	7	7%	2	2%
Agree	54	54%	49	49%
Strongly agree	24	24%	48	48%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.29 and figure 6.29 give **good infrastructure facility's distribution** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 0% corporate hospital respondents are strongly disagreeing with this statement.
- 10% of the government hospital respondents and 1% corporate hospital respondents are disagreeing with this statement.
- 7% of the government hospital respondents and 2% corporate hospital respondents are undecided with this statement.

- 54% of the government hospital respondents and 49% corporate hospital respondents agreed with this statement.
- 24% of the government hospital respondents and 48% corporate hospital respondents were strongly agreed with this statement.

Total Respondents (N) = 200

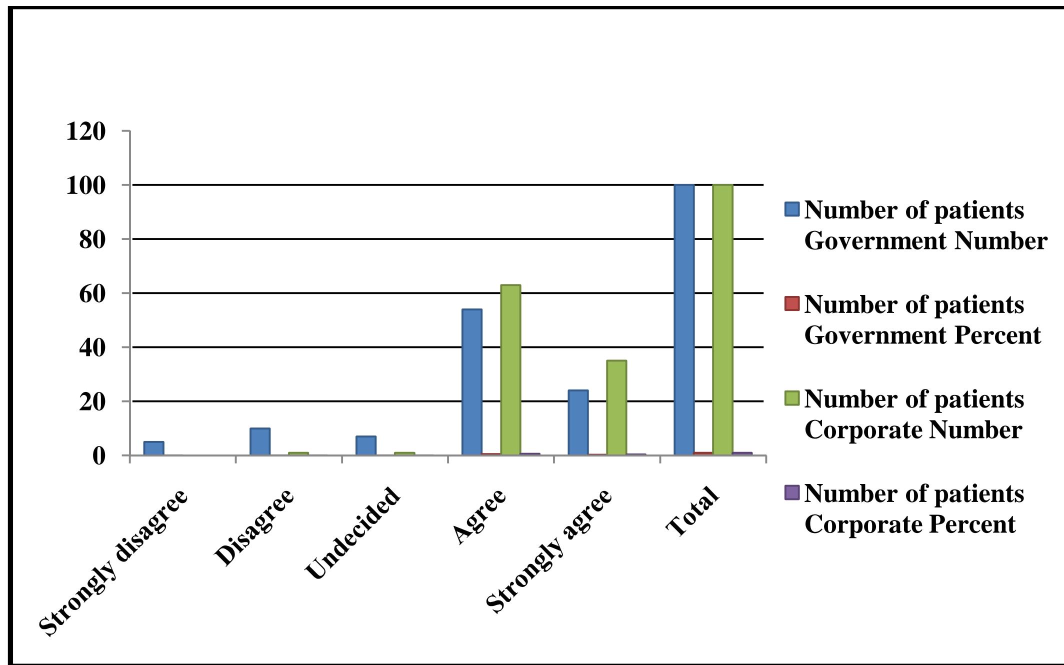


Figure: 6.29.

Table No. 6.29 (a): Infrastructure:

	T-Value	P-Value	Significant Value
Infrastructure	5.081	.000	.01

Interpretation of this value: The significance (2 tailed) value is .000 this value is less than .01 Because of this. We can conclude that there is a statically significant difference between the two groups, hence we reject the null hypothesis which states that the overall infrastructure do not differ in government and corporate hospitals and therefore accepting the alternate hypothesis we conclude the services provided differ in both the hospitals.

Q.4. Should both corporate and Government hospitals be accredited?

Table no. 6.30: Showing comparison regarding accreditation.

Accreditation	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	5	5%	0	0%
Disagree	10	10%	10	1%
Undecided	7	7%	4	1%
Agree	54	54%	51	63%
Strongly agree	24	24%	35	35%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.30 and figure 6.30 give **t- accreditation distribution** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 5% of the government hospital respondents and 0% corporate hospital respondents are strongly disagreeing with this statement.
- 10% of the government hospital respondents and 10% corporate hospital respondents are disagreeing with this statement.
- 7% of the government hospital respondents and 4% corporate hospital respondents are undecided with this statement.
- 54% of the government hospital respondents and 51% corporate hospital respondents agreed with this statement.
- 24% of the government hospital respondents and 35% corporate hospital respondents were strongly agreed with this statement.

Total Respondents (N) =200

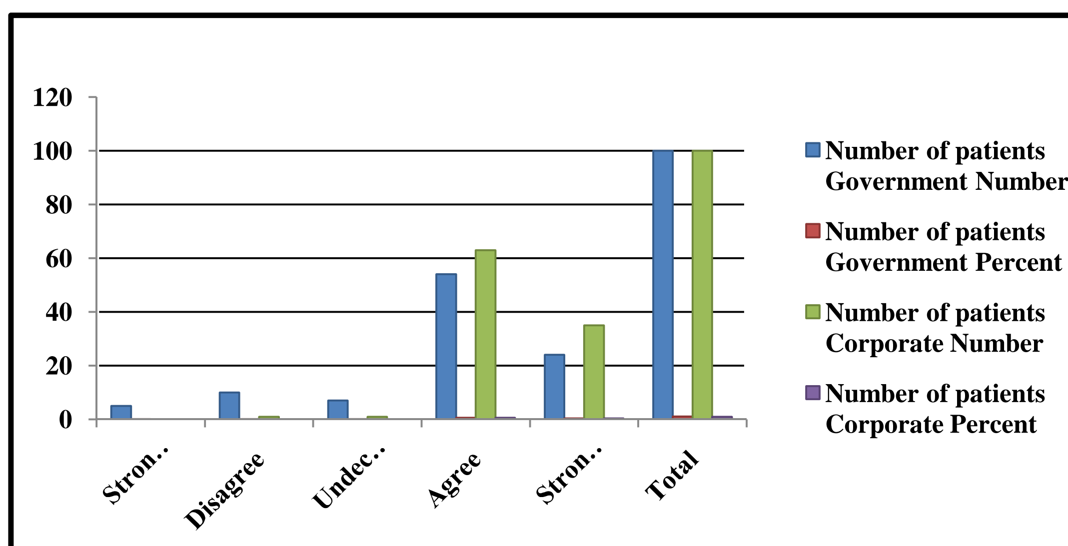


Figure: 6.30.

Table No. 6.30 (a): Accreditation.

	T-Value	P-Value	Significant Value
Accredited	2.593	.010	.05

Interpretation of this value: The significance (2 tailed) value is .010 this value is less than .05, Because of this, we can conclude that there is a statically significant difference between the two groups, hence we reject the null hypothesis which states that the overall Accreditation do not differ in government and corporate hospitals and therefore accepting the alternate hypothesis we conclude the services provided differ in both the hospitals.

Q.5. Has recent time's corporate sector in an edge over the government sector?

Table no. 6.31: Showing comparison regarding edge over.

Edge over	Number of patients			
	Government		Corporate	
	Number	Percent	Number	Percent
Strongly disagree	8	5%	0	0%
Disagree	15	10%	0	1%
Undecided	8	7%	1	1%
Agree	33	54%	51	63%
Strongly agree	36	24%	48	35%
Total	100	100%	100	100%

Source: Field Survey.

Table 6.31 and figure 6.31 give **corporate sectors has an edge over the government sector** of the Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.

- 8% of the government hospital respondents and 0% corporate hospital respondents are strongly disagreeing with this statement.
- 15% of the government hospital respondents and 1% corporate hospital respondents are disagreeing with this statement.
- 8% of the government hospital respondents and 1% corporate hospital respondents are undecided with this statement.
- 33% of the government hospital respondents and 51% corporate hospital respondents agreed with this statement.
- 36% of the government hospital respondents and 48% corporate hospital respondents were strongly agree with this statement.

Total Respondents (N) =200

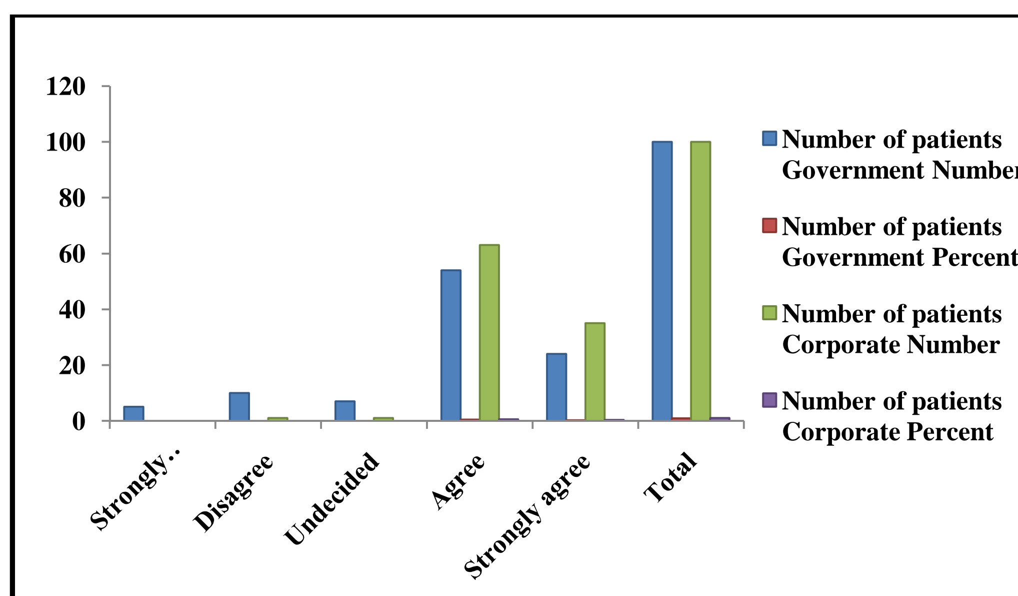


Figure: 6.31.

Table No. 6.31 (a): Edge Over:

	T-Value	P-Value	Significant Value
Edge Over	**5.186**	**.000**	**.01**

Interpretation of this value: The significance (2 tailed) value is .000 this value is less than .01, Because of this. We can conclude that there is a statically significant difference between the two groups, hence we reject the null hypothesis which states that the edge over do not differ in government and corporate hospitals and therefore accepting the alternate hypothesis we conclude the services provided differ in both the hospitals.

6.9. Conclusion: It may be concluded respondents and response analysis from secondary data collected various published sourced and the result of hypothesis testing that public health care system in Hadauti region areas as urban areas in adequate to meet the rising requirement of the city population since independence 1% of GDP the government spending on health care sector continuous. It is significantly to question whether it is only the low investment in health the present status of the health system or frame work design and approach with in which the policies have been planned.

(1.) The government must increase health expenditure in order to achieve the objective of health care; this requires integration between the budget local self-government by state government and the central government.

(2.) Public health infrastructure in the city is not being utilized properly the present public health. There is lack of centralization planning and innovations.

Traditionally, the system is a health infrastructure to be found in both. The entire system needs to meet the existing health care needs of the city population, which to need the health care facilities.

Data analysis and interpretation: Data collected from primary sources have been analyzed through appropriate statically tools such as: percentages and chi-

square test or t-test to achieve objectives and established hypothesis under consideration, analysis or interpretation of respondents on health care facilities in government and corporate sector Health Care centers are appropriate establishment of hypothesis under any sources from primary sources.

Source field data: The present survey was mainly conducted in the surrounding area as the very objective of the present research is to analysis the accessibility of government health care services in the city.

All facilities are provided at corporate hospitals in big cities not rural area is available. There may be Government hospitals only for suitable treatment as primary stage.

Hospitals final analysis for prevention of any disease error, we use such hospitals.

All variable have also been provided along with the diagrams and tables for comprehension or comparison this pattern has been followed consistently for all tables histograms.

The percentage for both Government and Corporate hospitals are readily comparable. A short description, analysis and relationship between variables have under each table for the analysis of the data the researcher with the help of software (MS-Excel and SPSS 19.0 has used some models).

(i) **Such as:** Chi-square hypothesis testing and relationship between variables: Government and Corporate hospitals.

(ii) General frequency and percentages histograms.

Keeping in mind all factors are discussed: Which are the objectives of this thesis. It also planned to test in two Hypotheses with a view to compare the job satisfaction of nurse in the government and corporate hospital’s practices regarding to the satisfaction level of patients.

CHAPTER -VII

DISCUSSION, FINDINGS AND CONCLUSION

CHAPTER-VII

DISCUSSION, FINDINGS AND CONCLUSION

Discussion: There have been numerous examples of government and corporate facility unneeded intervention and significant information that have called to look at our health care delivery systems.

Some rich and poor people link to health care is often constant by low or high quality which transports cost, long waiting times and inconvenient opening hours. Things on quality of health facilities have been generated lately because of ascending awareness among patients to recognize both of them.

Now the comparative quality of health care facilities and chosen goal of health care organization facilities in hospitals are a process continuous improvement which enables hospital demonstrating commitment to quality health care. It raises confidence of the community, the services provided by the hospital. It also provides opportunity to one health care a unit with the best processing.

The patients being the biggest Profitable of facilities; the opinion of the patients accepting different standards of services is very significant. Satisfaction survey is one of the chief responsibilities of the hospital to record the level of satisfaction and try to find out the system for improving patient satisfaction. Patient's satisfaction is an impressive tool for assessing the quality of services offered by hospitals.

The database has been collected from 200 respondents from seven hospitals during their stay in patient ward/admission.

- ✓ **Sample:** government and corporate hospitals
- ✓ Universe
- ✓ Tools of data collection
- ✓ Presentation of data
- ✓ Analysis of data

- ✓ Analysis of the response of the respondents: Profiles of the respondents.
- ✓ Age wise distribution of respondents
- ✓ Monthly income wise
- ✓ Gender wise
- ✓ Marital- status wise
- ✓ Area of residence
- ✓ Literacy wise
- ✓ Order of visit
- ✓ Selecting samples
- ✓ Admit for major illness
- ✓ Expenditure incurred for services availed
- ✓ Long waiting time
- ✓ The problem facing statement of patients
- ✓ Diagnostic test and test reports
- ✓ Accommodation and physical facilities
- ✓ Attitude and behavior of the doctor
- ✓ Time spent by the doctors for consultation
- ✓ Enough privacy during examined and treated
- ✓ Service provide by the hospital is adequate
- ✓ The Doctor / staff listens to the problems
- ✓ Enough privacy during treatment
- ✓ Get facilities stay in hospital
- ✓ Convenient waiting space
- ✓ Discharge from medical care
- ✓ Proper drug distribution

- ✓ Politeness of doctors and staff
- ✓ Easily identifiable the staff by their uniforms
- ✓ Take own help medication
- ✓ Better quality service distribution
- ✓ Cost and benefits distribution
- ✓ The good Infrastructure facilities distribution
- ✓ Accreditation distribution
- ✓ Edge over distribution.

Findings: Analysis of the responses of the respondents which are divided part I profile of the respondent's part II response of the respondent's health care facilities government and corporate hospital in the region of Hadauti.

(1) Age wise distribution of Respondents:

Frequency distribution show age wise 30 years patients below 18% government and 21% corporate.

31-60 years below patients 24% government and 28% corporate here patient motivate to corporate sample because facilities enable than expenditure but fundamentally facilities available here anyhow. These category dwellers remain all necessary more other than.

61 and above 58% patients in government and 51% corporate this reason concern because this age group like to go free health care facilities and take profit legislative rights.

Samples are taken 200.

2) Gender wise distribution of samples: Government hospitals are common health care patients are not safe whereas according staff. They want to need some guard at night and for emergency period. These factors are responsible for weak government health care facilities. So 42% male patient wants to take

Medicare/health care facility, but 54% people want to take facility of corporate hospital.

58% Female patient like government health care facility and 46% like corporate. There is some security

24 hours force and every patient is recorded by employee staff and nursing staff is processed their treatment female to female otherwise male doctors with female staff half and half facilities are available at operation theatre, ICU, ICCU, OPD, IPD etc. and wards are divided in male and female. Today Medicare facility is free of cost in government hospitals.

3) Education- wise Distribution of samples:

Education wise distribution as like to government and corporate hospitals percentage 26 and 23 the reason behind this of literacy power. 26% illiterate patient wants to get government health care facility. They know the importance of government health care facility. It provides free and less expenditure facility. They know only for facility that is provided by government scheme.23% feelings with corporate hospitals.

Literate person, do not take serious attention to waste money but they want good health care facility. 77% want to go for corporate facility and 74% like government facility, money is less important for them than health.

They need high facility of health care and Medicare.

These education wise distribution samples have been taken 200.

(4) Monthly income wise distribution of sample:

Monthly income means the average monthly income of all family members various income sources 24% patients want to take facility of government hospitals and 7% want to take facilities of corporate whose monthly income below 5000. This income less than their earning lives so they like and attempt free facilities as government.

Patients and member of patient whose income is below 5000-10000 rupees in a month, 19% of the most want to go government facility and 13% want to take

corporate health care facility earning standard and status of income ties patient to take government hospital facility.

The families whose monthly income is 10000- 20000 rupees. 15% patient government and 24% patients are in corporate hospitals. That they have gotten more than expenditures and save some money in the future. They like good health to get the immediate facility of Medicare and health care their choice is corporate hospitals.

Patient whose income is Rupees 20000 and above monthly income want to take hygienic health care facilities which are available in corporate hospital, so 56% patient concerned corporate hospital and 42% like to government hospital health care facility. This variance shows income factors to getting health care facilities.

Total samples have been taken 200.

(5.) Marital- status distribution of samples:

Marital person linked member of the family any kind, they take some help from any member of the family. So may be fell sick due to any germs, bacteria, virus, infection and genetic or non genetic relationship. These factors conclude the reason of disease so single person can avoid factors of sickness, even if he sick, got by any disease he would like to go to 26% of them with corporate hospital and 22% with government. His income is large for single and available facilities are sufficient for him.

Married person wants government hospital for treatment is 78% for it and 74% for corporate hospital. The first reason is income sources that are divided in various parts as expenditure and their need income and growth, average is so facilities are less. He wants to get free health care facility that It is found in government hospitals.

This status has been taken from 200 samples.

(6.) Area of Residence of visitors Distribution of samples:

Hadauti region belongs with rural and urban area; rural area's patients like to go government hospital rather corporate hospital. Their income is average, mostly

less. They like most free and available government facilities whose percentage is 73% and 37% of them are not satisfied with their life standard.

Urban dwellers mostly like to high standard of life. They have mostly higher education and higher job site. They maintain standard of life and attempt to save lives. Their average money income is high, so the urban person wants to save time and health for this they need to high level treatment and cure immediately.

They need standard facilities but government hospitals have poor common facilities so they don't like these. 63% like to go corporate hospitals and 27% like to go government hospitals.

These samples have been taken from 200.

(7.) Order of visit Distribution of samples:

Some people visit to health care facilities but new visitor don't know about any heath care center newcomers firstly like to earlier to take treatment so they want private hospital. They mostly like to get treatment it. 52% like corporate hospital. 29% want to go at government only. When revisits some person want to go at the government hospital according to its facilities. It is related to government hospital they like to 71% and 48% to like corporate hospital.

There are taken 200 samples for distribution.

(8.) Considerations for selecting a dispensary or hospital for treatment:

Every person likes to save money any kind way patient takes to profit by free facility, it is found in government hospital not in so free Medicare and facility available in government hospital which is provided by Indian and state policy. All patients want to take 73% health care facilities by government hospitals and cost accordance corporate hospitals are expenditures so people want to go only for patient in cost able hospitals which are found the corporate hospital and 4% in corporate.

Some people live very far rural area there are full facility not full hospitals. Primary stage there are PHC_S by government so first aid treatment is provided by free charge of government so 5% patients like to government hospital as for

their need and 22% patient want to take corporate hospital treatment private clinics available in rural areas small to small village if they want to go high level hospitals they will not pay the fare so people like mostly rural clinics.

Time factors impressive for patient want most early to early get treatment so, some formalities to fill by government staff. Its process takes much time serious patient do not wait processing system so 14% patients like to corporate hospitals, saving time and not money, but treatment are given short time 3% patient only like government hospitals accordance time.

Quality of service government hospital staff is careless they are government servants, but corporate hospital mostly has private staff. They give command and order strictly them. They follow their orders and processing system. They have a motto of earning money and provide high level quality of service they have made competition others and to make superior and want to find prominent in their profession. They give high quality service so 60% patients like to corporate hospital and 19% patients only like to government hospitals according quality of service.

This consideration selects the hospitals, distribution 200 samples.

(9.) Admitted receiving for major illness to select the hospitals:

Selecting and admitting opinion has been taken by patients they give a yes favor of corporate hospital 76% and comparative government hospital favorite 53% this reason only timely and good health care facility available difference between both.

No factor against less corporate sector much favors of negative point with government hospital facilities. So negation 47% for government hospital and 24% for corporate hospital admit for major illness and treatment.

These all samples have been taken 200.

(10.) Expenditure incurred for services availed:

Facilities have a value exchange providing good health care facility and money is spent in this expensive processing organization their nil opinion 16% for government hospital and nil expenditure for 0% corporate hospital.

Less than rupees 100 available health care facility in government hospital, according government policies, treatments are free 54% patients are involve this costless health care facility only rupees 10 is sufficient for many health care facilities, according to government health policy and this amount is nothing for corporate hospital simple and ordinary health care facility provide exchange value of less than rupees 100 only 5% patients given to opinion and take treatment less money value of this.

Some patients showing their opinion expenditure between 100-500 rupees for treatment 23% shows only this little money in government hospitals and get high to high expensive treatment by government policy and all tests are free in government hospitals but 100-500 rupee expenditure not sufficient for corporate hospitals serious cases and serious ill not cure by this little money this money not sufficient for admitting and test of ill 21% patient satisfy this little money.

Above rupees 500 value of treatment not expenditure in government hospital only 7% patient's expense above 500 rupees and corporate hospital have needed more than this money this money not sufficient any kind of treatment which is provided above 500 rupees. 74% patient lost money more than 500.

This comparison has done 200 samples.

(11.) Moving waiting a long time for service availed in select the hospital show the reasons:

Serious and not serious patients waited a long time for own treatment, they have taken their opinion 48% wait a long time in government hospitals and 69% patients go to private and do not wait long time opinions yes is 48% for government 69% for corporate hospital.

Negative for moving and waiting long time 52% opinions shows no and this argues to give 31% for corporate hospital no.

Total-long waiting times service availed in select the hospital distribution like and dislike from 200 samples.

(12.) Respondent with diagnosis test and test reports:

Each survey necessary to take a test diagnosis and test report shows reason to disease so far every organization needs a compulsory any kind test showing fact factors to take good health care facilities.

So every institute has many instruments and testing machines to test any kind of disease. According diagnosis test and test report.

Highly unsatisfied test 6% in government hospital many reasons to include as administrative staff awareness less of leadership and not satisfy accurate time and reduce managing and acknowledgement about it comparative corporate hospital system of test highly unsatisfied 0% it means all manufacturing fulfill and factual or accurate all over power of facilities so testing report always known about highly unsatisfied.

Unsatisfied 18% found in government, but corporate hospitals have unsatisfied testing, processing is factual so only 9% all tests unsatisfied.

Neutral is less than corporate hospital in government hospital because government hospitals are common institute which is run formula by the people and of the people or for the people so many tests are avoided and not attention about it mostly tests are free accordance to government health policy so 2% is neutral in it and 4% are found in neutral testing factual in corporate hospitals because there is very expenditure and valued to cost for privacy measuring to include for any treatment.

The government hospitals mostly satisfied diagnosis and test report to take the cure and avoid any health less factor, so 54% patients satisfied testing of government institutes but public source so it is common for VIP and common man and 68% in corporate.

Corporate hospitals have necessary factor for testing, diagnosis and test report it is a private institute management staff have been aware full many life insurance agencies put claim of value of life patients satisfied data base 68% for corporate hospital and 54% in government.

Government diagnosis test has taken common and regular system so results have been taken late patients are highly satisfied 21% of the test as per accordance corporate hospital health care facilities for diagnosis test and test report will be taken first than treatment begin all systems are related body processing power so highly patients satisfied 18% more than government hospitals.

Total diagnosis test and test report have been taken 200 samples both of government corporate hospitals.

(13.) Accommodation and physical facilities: Both government and corporate hospitals are for patients. There are many patients accommodation and physician facilities for health but this factor has become factual 16% highly unsatisfied in government hospitals it is an institution by government servants they may follow duty charts and always give accommodate and physician facility for any patient but comparison corporate hospital highly unsatisfied 3% patients feel it highly unsatisfied. They have taken all success to work for self service and to do good to better, better to best hope for finding good money and good reputation or good value.

Always 38% patients are unsatisfied in the government hospital to careless of employing staff managing system and government health policy nursing staff, physician and doctors or clerical staff showed present but the mind is absent so their attachment not with the patient. Corporate hospitals are responsible institution for self-valuation and improve self-profession and make to mark and reach top position so this completion age so their result should be positive favor of patient so unsatisfied view is 11%.

Neutral the government hospital staffs building location facilities are accommodate with the patient and physician facilities will be given as only

regulation, health policy, 11% patients are neutral this finding fact and 3% of corporate hospital neutralization for accommodation and physician facilities.

Satisfied 26% results in favor of the government hospitals for patients like accommodation and physician facilities as per these point 57% patients mostly satisfied with corporate hospital too.

Highly satisfied in government hospitals are 9% lacking of staying nursing staff. They always attached. Patients like mostly 26 percent highly satisfied with corporate hospital. There always staff attached within professional and make positive results. All accommodations and physical facilities found in private health care. Every facility finds in it, but costly it is with them.

Total samples have been taken 200 for accommodation and physician facilities, both hospitals government and corporate.

(14) Attitude and behavior of the doctor: Mostly human being relationship with health sources. This is found in health care centers. There are doctors, nursing staff is thrown treatment as guardian in the hospitals, both are them the patients are guest and hospital staff may be treated as a host the communication of behavior in their health facilities is the most mentally thinking power relax for their pains and worries. The government hospitals highly unsatisfied 17% by patients all kinds of staffs are an employee of the government. They don't worry about any patient, but any kind faith of service. Corporate hospital is not highly unsatisfied accordance patients they feel 0% highly unsatisfied all kinds of attitude and behavior of the doctor.

Unsatisfied patients ratio in government is 23% and 4% of corporate hospital's attitude and behavior of doctors mostly government doctors always faithful their duty but not care of the patient. They want to call home cleaning place and earn much money. The corporate hospitals always may attitude and behave make the best and fame to make the self-institute.

Neutral the government doctors care of a patient and want to take faith by high behave with patients as guest relationship the patient's favor of neutral 5%

attitude and behavior of the doctor's comparison both of them 1% is found neutral behavior of the doctors with patients.

Government serviceman doctors always want to give better behave of treatment their attitude as like parentage 37% patients satisfied their attitude and behavior of doctors. As this ratio private hospital staffs and doctor's attitude, behavior mostly, patients feels 66% favor of their relaxation for on satisfied.

Highly satisfied ratio is found 18% in government and 29% in corporate hospitals. Corporate hospital's staff working in the private sector and government hospitals working staff is a government body their purpose present show, but corporate hospital staff want to increase on professional area in various parts of the country so they make positive thinkable receiving aims and provided the best attitude and behavior with the patients by hospital staff and doctors.

Total samples have been taken 200 both by the government, corporate, hospital for attitude and behavior of doctors.

(15.) Time spent by the doctors for consultation:

Time spent by the doctors for consultation is the main part of treatment any kind of patient Medicare and physician or medicinal should be cleared by consultation one is one and once more than eleven so it is strength of power the government doctors spent the time consultation with others. 12% patients favorable of this fact that highly unsatisfied this treating view for in spite of 1% patients highly unsatisfied with corporate hospitals. Reasoning main point private staff includes spending the time by the doctors for consultation with each other their purpose done to the best.

Many post of government doctors vacated vacant post can consult other post doctors and patient feel unsafe unreliable and unsatisfied the patient ratio this view 23% the corporate hospital ration this view 7% they are all doctors are management arrangement their jobs are private and private agency so they take salary personally institute owners. They should provide good results for own owners they realize necessarily this fact, so the patients are unsatisfied 7%.

9% patients neutral consultation of doctors spends the time in government hospitals in right time patients give neutral views for this fact and the corporate hospitals patients' views 2% neutral this consultation concerning the profession of the treatment system.

43% patients satisfied with the government hospital facility of time spent by the doctors for consultation for treating these view 59% patients the corporate hospitals favor of time spent by the doctors for consultation. All kind posts and various posts fulfill by shifting time tables in high hospitals staff doctors so they give good achievements and the patient ratio is much more than government hospitals.

Highly satisfied the patients view 13% in favor of government hospitals and 31% with corporate hospitals the ratio of satisfied respondents take facilities, private and corporate agencies one to make the best purpose, but government hospital facilities are common system and according health policy system its difference may be seen spent the time by doctor consultation.

Spent the time by doctors for consultation this view the samples have been taken from 200.

(16.) Satisfaction with given enough privacy when being examined or treated-

15% patient show highly unsatisfied view of the government hospital the doctors want call at home at examined time treated fine to take fee more their treating but only the first time it's motto is get extra and more fee. 0% patient view of privacy it is own professional.

36% patient unsatisfied as privacy of the government hospitals, which mean all doctors want to take earn extra money any kind of way but the corporate hospitals include as 5% this view.

Some patients are neutral of 8% this view privacy and corporate hospitals the patients 4% are showing in enough privacy during examined and treated.

24% patient in government and 74% patient in corporate are satisfied with enough privacy during examined and treated always any staff members want to earn money so the make privacy in professional course.

17% patient in government and 17% in corporate are highly satisfied at this factor.

Total samples have been taken 200 of enough privacy during examined and treated.

(17.) Services provided by the hospital are adequate:

Hospitals are good, restful place for health, lack of any health the patient highly unsatisfied of 5% in the government hospitals and 2% of corporate hospital.

Unsatisfied services are provided by the hospital is adequate the government hospital patient realizes 21% unsatisfied and 8% of corporate hospital's favor of patients' views.

Neutral service is provided by the hospital is adequate the patients opinion favor of 4%.

Satisfied for services provide by hospitals is adequate in government hospitals patients' views of 57% and corporate hospitals, mostly like by patient services provide by corporate hospitals adequate the patients of 69% favor of it.

Highly satisfied with patients view shows favor of service providers, government hospital is fulfill patients of 13% the corporate hospital services provide adequate by corporate hospital the patients of 16%.

Total service provided by both hospitals is adequate samples have been taken 200 for both government and corporate hospitals.

(18.) Satisfaction with listening problems by doctor and staff:

Hospital is a host able institute and priority as guest to the patient there is head of doctors who must treat as parents and give good behavior for patient this relaxation is mostly fill by patient in favor of treatment both hospitals doctor, staffs opinion is different for patients some patients highly unsatisfied of 12% in

the government hospital but 0% corporate hospitals patients are highly unsatisfied. Doctors listen immediately problems of patients but not as positive as in the government hospitals.

Patient unsatisfied 31% of the government hospitals and 6% found in corporate hospitals. Doctor staff listen problems of patient in the government hospital neutral 13% view of the government hospitals only patients of 2% neutral for corporate hospital.

33% Patients satisfied in favor of government hospitals that the doctor / hospital staff listens to the problems there are 71% patients views the corporate hospitals favor. Their motto to find customer and satisfied for their problem so they are ready 24 hours of professional activities. The patients realize it's mostly in favor of self-treatment.

High satisfaction for patients' doctors and hospital staffs listen problems of patients in the government hospital the views 11% in the government hospitals.

Comparison this highly satisfied of patients listening problem with the doctor and hospital staff. 21% patient has shown favor of corporate hospitals that all doctors listening problems by doctors and hospital staff.

Listening problems by doctor and both hospital staffs comparison factors have been taken 200 samples for solving problems patient's views shown.

(19.) Satisfaction with getting enough privacy during treatment:

Privacy during treatment in the government hospitals is 100%, but some cases have been taken privacy in treatment many factors related to it the patients of 8% highly unsatisfied with getting enough privacy during treatment and corporate hospitals always a private agency whole profession in a privacy concerning base so the patient realize 0% privacy in their treatment.

The government hospitals and not in privacy factor the patients unsatisfied 21% in the government hospitals for getting enough privacy during treatment as for 2% is found in the corporate hospitals.

Neutral in the government hospitals, 10% patients view to enough privacy during treatment and as corporate hospital patients of 3%.

Satisfied the patients of 34% and in corporate hospitals, 67% patients found enough privacy during treatment.

In the government hospital 27% patient and in corporate hospital 28% patients highly satisfied in comparison with the corporate and government hospitals.

Satisfaction with getting enough privacy during treatment samples has been taken 200 and comparisons between both of them.

(20.) Satisfaction with getting facilities provided throughout stay in the hospital:

The highly unsatisfied accordance of with getting facilities provided throughout stay in the hospital. This is a comparison between the government and corporate hospital the patient of 13% highly unsatisfied and corporate hospital 0%.

The government hospitals provide facilities throughout the stay in the hospitals, 31% patients are unsatisfied of the government hospitals but corporate hospitals provide facilities throughout in the hospitals the patients unsatisfied only 2%.

Satisfaction with getting facilities provided stays in the hospitals 6% patients neutral in the government hospital and 1% patient's neutral with corporate hospitals.

Satisfaction gets facilities provided throughout stay in the hospital; patients are satisfied by 36% and 73% patients are satisfied facilities provided throughout the stay in the hospitals.

Providing get facilities when patients stay in the hospital patients of 14% highly satisfied in the government hospitals the corporate hospital facilities provided throughout stay in the hospital 24% highly satisfied.

Total samples have been taken from 200 samples this factor provided throughout the stay in the hospitals.

(21.) Satisfaction with finding convenient waiting space throughout patients stay in the hospital:

The satisfaction with finding convenient waiting space throughout patients stays in the hospital. The patient highly unsatisfied 5% in government hospitals and 2% in the corporate hospital.

Satisfaction finding convenience waiting space during stay in the hospitals, mostly 34% patients is unsatisfied in the government hospitals and 7% patients unsatisfied in the corporate hospital.

Patients find a convenient waiting space during stay in the hospital patients of 14% neutral in the government hospitals and 4% in the corporate hospitals.

Patient mostly stays in the hospital treating them and gets waiting space in the hospitals, 26% patients satisfied in the government hospitals otherwise 68% patients satisfied with the corporate hospital which all facilities provides as per rules in both hospitals.

Waiting time some patients satisfied with hospitals facilities the patients of 21% highly satisfied in the government hospitals and 19% highly satisfied in the corporate hospitals. They are commanded by private agency buildings are provided by private sector they have built highly standard and one ceiling area, the government hospitals are situated in wide and long area land have been provided by government administrative sector.

Total samples have been taken from 200 satisfactions with finding convenient waiting space throughout in the both hospitals.

(22.) Satisfaction discharge of medical care from the hospital:

Satisfaction discharge of medical care from both hospital 8% patients is highly unsatisfied of the government hospitals and 0% patients are highly unsatisfied with corporate hospitals.

The patients are discharged in the both hospitals after getting treated and discharging any reason unsatisfied patients of 20% otherwise the patients of 2% in the corporate hospital discharging of medical care.

11% patients are neutral of when discharging from the government hospitals and 3% patients are neutral in the corporate hospitals.

47% patients in government and 77% patients in corporate are satisfied with this facility.

Highly satisfied satisfaction with the medical care both hospital patients of 14% highly satisfied with government hospitals and patients of 18% highly satisfied with corporate hospital.

Both hospitals discharging of medical care from the hospital, patients feel facilities, according health care policy system are for all formalities fields by recording purpose this time patients felt all factors in the both hospitals as percentage ratio.

Satisfied discharging of medical care from both hospitals samples has been taken 200.

(23.) Satisfaction with proper drug distribution in the hospital:

Patients highly unsatisfied proper drug is given distribution in the government hospital patients of 13% highly unsatisfied and 6% highly unsatisfied in the corporate hospital.

In the government hospitals a lot of drugs have been given for health facilities and treatment is given by proper drug patients are unsatisfied 39% for this main factor, but according to corporate hospital 14% patients are unsatisfied with its processing.

8% patients are neutral about for taking proper drugs distributions in the government hospital comparatively the corporate hospitals are given proper drug and patients are neutral 23%.

31% patients are satisfied in the government hospitals because government policy provides free drug in the government hospitals so the drug is given properly but the corporate hospital are avoiding these facilities. The patients of 44% are satisfied with proper drug distribution in the corporate hospitals.

Some patients are given treatment by proper drug, but in the 9% patients are highly satisfied in government hospitals to give proper drug. Most of drug is given free to the patient. They don't understand the reality of the drug. 13% patient highly satisfied with the corporate hospital.

Total samples have been taken from 200 distribution the both hospitals the government and corporate hospitals.

(24.) Satisfaction, politeness of doctors and staff in the hospital:

When patients are in the hospital they want, some kind behavior by doctors and staff. They feel that doctors are god of life when doctors treat them as guardians they feel relaxed and psychologically are feel better.

5% patient is highly unsatisfied in the government hospital and 0% patients are unsatisfied with politeness of doctors and staff.

Behavior is the most important factor in treatment drug, 43% Unsatisfied because of this factor in the government hospital. So their attitudes are held most humble. 4% patients are dissatisfied in the corporate hospital.

9% patients are neutral satisfaction, politeness of doctors and staff in the hospital, but 6% patient neutral about their behavior in the corporate hospitals.

32% patients are satisfied in the government hospitals politeness by doctors and in during treating. 63% patient is satisfied at this factor.

11% patient is highly satisfied with behavior and politeness of doctors and staffs of a government hospital, but accordance this factor some patient is highly satisfied by 27% in the corporate hospitals.

Total samples are taken from 200 and satisfied politeness of doctors and staff in the hospital

(25.) Satisfaction, staff easily identifiable by their uniforms in the hospital:

Satisfaction, staff easily identifiable by their uniform in the both hospitals, it is an identity of staff where patient can identify by their uniform with this view 5% patients are highly unsatisfied in the government hospital and 0% in the

corporate hospital any hospital staff can be identified by their uniform. So patients identified the nursing staff of the hospital it is easy for them to call for their services and to tell them about patients' problem.

Unsatisfied identify the hospital staff by their uniform mostly government hospitals staff members convey their duty to wear their uniform in presence of their commanding officer behind of them but they feel careless to wear proper uniform and they do not wear their uniform in job chart type but the corporate hospital staff always aware full of their uniform and they take duty time in the hospital they obey their owner. It is private hospitals and private agencies. 4% patient is unsatisfied this view but government hospital staff are not always careful about their uniform so they seem like a common person are most of time. 43% patients are unsatisfied in this view.

Uniform is a mark of persons post and to call when needed. 9% patients neutral in the government hospitals showing this view, but 6% patients neutral in corporate hospitals for the varying uniform of their job and identify the staff members.

32% patients are satisfied for this argues which is right for job member and goodwill for a patient according this argues corporate hospital staff member can be seen in their proper uniform for their private job. The patients of 63% favor of corporate hospitals uniform able staff.

Uniform is disguising a human personality it is a mark of person in their working job and visitor can easily identify without any problem. The patients of 11% highly satisfied in the government hospital and 27% in corporate with this arguing point.

(26.) Nurses help in taking medication by your own:

A nurse is an employee of hospital, but look after patients every time for health care facility and Medicare facility 24*7 hours. This post can help the patient and patients highly unsatisfied 2% to nurse job and look after own help medication in the government hospital but 0% in the corporate hospital.

Unsatisfied 29% in the government hospital care of the patient to help nurses for patient but corporate hospitals, nursing staff is always faithful for their job and job facility provided to patient so 1% patients are unsatisfied this arguing point.

7% patients are neutral in the government hospital for medication by nurse in the government hospitals same ratio are founded 7% neutral medication by the nurse in the corporate hospital for patients.

43% patients are satisfied with own helps to take medication by nurse in the government hospitals, comparatively 76% patients is satisfied for helps to take medication by the nurses in the corporate hospitals.

Highly satisfied the patients of 19% in the government hospitals to give Medicare help by nurse in the government hospital and patients of 16% are highly satisfied in the corporate hospitals. This is private agency and helping center is private, but government hospital is provided, this facility is charge free so many patients problem is solved every time by help medication to take nurse help in the government hospitals.

Satisfaction own helps to take medication by the nurse in the both hospitals. There are taken 200 samples.

Comparative analysis of government and corporate health care:

Users background was undertaken as a part of the study in order establish a comparison between government and corporate hospital on the basis of following points:

1. Government hospital gives poor quality service as compared to the corporate hospitals. Corporate hospital has good management; qualified staff, building instruments of testing machines OPD and OT are efficient quality, so patients are attracted towards them for their treatment. Otherwise the government budget, and planning are good, but maintaining and managing are weak for circular organization so patient's feelings are in favor of corporate hospitals and lack of government hospitals.

2. In terms of costs and benefits: The government hospital is cheap for any treatment, according to health policy of government some benefits are provided by government patients felt relaxed to expenditure, but corporate hospitals are expensive for any kind treatment and it prove to be more effective and efficient vi's-à-is a government hospital.

3. Corporate hospitals have good infrastructure facilities as diagnosis test term and well trained doctors hospital staff or nursing staff clerical staff and building of hospitals as to other section of hospitals, waiting space, OPD, OT, other residential beds and rooms are cleaned daily by management staff, hospital staff are in proper uniform, outside building frame structures are furnished and decorated signboards are good flourished by their name and well advertisement views for services timetables, their working processing is regulated according their rules but government hospitals have lack of quality infrastructure facilities its head of staff, sub staff, nursing staff and management staff are not aware of their duties, they do not take responsibility their aims but they are aware for self-salary and favor of own benefits. They don't worry about any kind of responsibility because health policy of government has been given in favor of government servants, so head in charge take the soft corner and politeness with them.

4. The corporate hospital accredits its favor of the profession and its head of in charge want to make the best institute in sight of public thinking so they always obeyed top to lower posts. They want to good to better self-aggressive purpose and aims or results in favor of institute where they do the job for the people so infrastructure of it is well furnished for achievements and patients likes more than government hospitals, so achievement factors are found good in corporate hospital but less in government hospital.

5. In modern time public want modern facilities in recent time patients want modern facilities of treatment the corporate hospital has basic fundamental according to recent time and health care facilities and Medicare facilities are found sufficiently. But the government hospital has lack of modern facilities gradually and there are not proper staffs for driving some instruments important

posts are vacated for a long time so achievements are not according to modern age.

1.) As according analysis data base have been taken for comparison 5% strongly disagree with government hospital and 1% corporate hospitals are strongly disagree.

All above comparative factors shows that 10% disagree with government hospitals and 3% with corporate hospitals.

16% patients are undecided about their facilities in government hospitals and 0% patients are undecided with corporate hospitals.

Now 71% patients are indicating that corporate hospitals are a better quality service provider as compared to the government hospitals. Also corporate hospital is perceived and agreed to more effective and efficient. In the government hospitals 47% patients are agreed, perceived, effective and efficient for uses its facilities. The government hospital's infrastructure and other foundation facilities are on recorded, but not processing according to rule government policy in files cover, but not working field so they get lack achievements than corporate hospitals.

22% patients are strong agreeing in favor of the government hospitals for its facilities and corporate hospitals are 25% strongly agree in favor of the corporate hospital.

This database has been taken by t-test and compared both hospitals for about better quality service in the hospitals and provides good to best facilities for patients which compare with my research views. There have been taken 200 samples and compared both hospitals.

2.) In terms of cost and benefits the government hospitals are effective and efficient for the 24% patients of strongly disagrees with this view and 0% strongly disagrees with corporate hospitals.

The patients have felt disagree feelings 48% with government hospitals and 1% with corporate hospitals for costs and benefits favorable factual.

In the government hospitals, 11% patients are undecided for values and profits otherwise corporate hospitals have been favorable for undecided 6% this factor.

The patients are agreeing with value and profits for government hospitals 10%, but cost and profitable providing facilities for achievement the 68% patients are agree with corporate hospitals.

In the government hospitals all terms of cost and benefits are felt by patients strongly agree 7%, but 25% patients strongly agree the favor of corporate hospital values and profits of corporate hospital.

This question is accepted by t-test all above database analysis of my research view. There have been taken 200 samples and compared both hospitals.

3.) The hospitals, government and corporate are compared to have good infrastructure facilities provided for good achievement for the patients.

Patient are strongly disagree 5% with government hospitals for good infrastructure facility provided and 0% with corporate hospitals.

In the government hospitals, patients disagree 10% to provide good achievement from infrastructures compared with corporate hospitals find to 1%.

In the government hospital 7% patients are undecided for provided good facilities of infrastructures 2% with corporate hospitals.

54% patients are agreeing with the government hospitals and comparatively 49% patients are agreeing with the corporate hospitals according infrastructures facilities effective and efficient favorable argue.

In the government hospitals, 24% patients are strongly agree for providing facilities incorporate infrastructure facilities for health care and 48% strongly agree with corporate hospitals providing facilities of infrastructure.

All my research actual facts, compared between the government hospital and corporate hospital with my t-test view given for this view acceptance for the question.

There have been taken 200 samples and compared both hospitals.

4.) Both corporate and government hospitals are accepted for facilities to health care and Medicare both are different by comparison available facilities the patients are strongly disagree 5% with the government hospital and 0% corporate hospitals.

10% Patients are accredited in the government hospital disagrees for it otherwise 10% disagree with the corporate hospitals.

7% Patients undecided with government hospitals and 4% with the corporate hospitals both should be accredited.

54% patients are agreeing with the government hospitals and compared with corporate hospitals 51% patients are agreed to accept the health care facilities for health.

In the government hospitals, 24% patients are strongly agreeing and 35% patients are strongly agree with the corporate hospital accredited health care facilities.

Both hospitals are compared according to a database analysis to taking t-test and given argument accredited samples of 200. My research region is Hadauti.

5.) Recent time corporate sectors have an edge over the government sector, which are compared between perceived and agreed to effective and efficient according to data base analysis by t-test.

8% patients are strongly disagreeing with the government hospitals it is found strongly disagree and 0% with the corporate hospitals.

In the government hospitals 15% patients are disagreeing perceived and agreed to effective and efficient and 0% corporate hospitals.

8% patients undecided with the government hospitals and 1% is undecided, perceived, agreed effective and efficient in the corporate hospitals.

In the government hospitals 33% patients agree with government hospitals and 51% agree with corporate hospitals.

36% patients strongly agree perceived and agreed to be more effective and efficient facilities have in health care facilities and 48% strongly agree with corporate hospitals.

In the government hospitals, patients are strong agreed and perceived more effective and efficient in the corporate hospitals, both are compared with my researching area of them in the Hadauti region. I have taken eight hospitals researching analyzing data factual facts which are divided four are government and four are corporate. Where I have visited and found a comparison between them.

Why should people move to corporate hospital when all facilities are available in the government hospital?

Users responses indicate that incorporate hospitals mostly all facilities for indoor or outdoor to treatment this result is limited for the users in the sample study this indicates the need for the regulation for private sector also there is a need for certain minimum standards in order to improve efficiency of the hospitals the background given by the users also indicated move to corporate hospital for many of reasons like the quality of care they provide better infrastructure vicinity of the corporate hospitals also due to problems in the government sector like inconvenient little or timing or location long queues, rude staff inadequate equipments available in the corporate hospitals poorly maintain equipments and lack of manpower are the reasons quoted behind use of private hospitals facilities in spite of lack of affordability almost 98% users show the opinion the doctors attending them in the corporate hospitals were very competent. They also most of the users around 94% threw a good opinion of the services of the other staff such as nurses/ayahs/ward boys. In fact they gave a position feedback accepting their behavior in terms of being cooperative helpful and being tolerable with the patients all also one of reason therefore people accepts corporate services rather government health centers. It has been observed that the other staff is very rude.

Conclusion:

The corporate sector operates hospitals generally in urban and rural India, so it is preferred to government sector. In a study related with the city hospitals, reasons for preference of corporate sector facilities include extreme quality of care and convenient timings. The only one factor for comparison with poor population to assess the government health services was affordability; and secondary data analysis indicated that the strength of corporate sector lies in accessibility and availability of medical care services as compared to the government sector which has for long impressed only on affordability thus as a critical factor none argues that the two parameters that influence health seeking behavior has promulgated the growth of the corporate health sector.

In the age of hyper competition, all business organization are competitive with one another with the creation of good and reasonable infrastructure facilities and well trained staff in the government hospitals, therefore the data and opinions of the respondents representing all the eight hospitals are more or less common and closely related. To sum up, there was no significant difference found in the performance and efficiency between the two sample groups of hospitals. The satisfaction levels of patient in all the eight samples also were more or less identical in the comparison between the corporate and government hospitals by data analysis found by Cross-Tabs, Chi-square and t-test considering a sample of 200 for both hospitals.

The patient satisfaction was analyzed carrying out the study of both government and corporate hospitals.

The government policy provides several advantages for all patients. All hospitals want to improve quality of services are surely patient's satisfaction; quality level poor people expected minimum quality of health care facilities in a corporate hospital than government hospital.

Many sections of hospitals administrators, staff members, nurses, infrastructures and management have compare with both of them. The corporate hospitals are expensive than government hospitals.

There are new requirements and new demand apart from the quality of staff, equipment main feeling and image carried by the patients about hospital mainly depend human respect concern sympathy and understanding shown by hospital staff and many small factors. Feelings add up to high satisfaction for response and respondents.

CHAPTER -VIII

SUGGESTIONS

OR

RECOMMENDATIONS:

- **General Suggestions:**
- **Specific Suggestions:**
- **Humble Suggestions:**

CHAPTER-VIII

SUGGESTIONS OR RECOMMENDATIONS

Suggestions (Recommendations):

India has low priority according central and state budget are lowest in the world. This policy, budgeting for the health care infrastructure is relatively much lower for the importance of population that is struggling affect the terrific package. The screaming need of the hour is to improve the government health infrastructure to take stock of the local needs and to include adequate presence of health care manpower.

General Suggestions:

1.) Improving standard and oversight: The government policy system organization structures of the government both central and state levels are surely lacks a board unit that can analyze health system to perform and solution for health system man strength an organizational focus for handling and evaluation of health system increases and concerning use of that information in policy recognition are also lacking organizational structures as a base for government standard role, limited training and technical capacity encouraging among senior and middle level officers to design for plan implement or evaluate major health system innovations such as health budget reform relative of private providers in the UN regulation of concerning services, strategic planning and stewardship over the all sector are not excitement.

2.) Thinking about the partnership with the corporate sector: Generally, corporate sector as the input point of health care for most illness and effective and efficient public health system must incorporate the corporate sector. Government should be considered at the very least methods for exchanging records on significant communicable disease. The government should be concerned to bring corporate sector representative to take on the design and implementation of central health programs and priorities. Government can also build capacity to purchase primary health care from the primary sector where suitably discussed previously.

3.) Review significant legislation: Some cases are recent, the legal framework is not favorable to corporate sector participation in health system for examples high minimum capital needs of private insurance company effectively protecting the sector to competition. In several states outdated regulation constricts the ability of the formal private sector or drive in to informally any attempt to partnership with corporate sector should be based on a sound and completed legal framework.

4.) Increasing responsiveness: The right health system is not receiving the needs of the poor especially for low value. High impression primary health care, corporate sector is either noticed on providing expensive tertiary care for the rich providing lack quality informal services for the poor. Temporarily the public sector has felt to deliver even then basic primary health care like: immunization and antenatal care or nutrition improved. Confronted with such a situation and government can either increase the performance of the government sector or deal with the corporate sector to provide primary health care.

5.) Perform community education campaigns: This preview point of most need for the government to invest in better knowledge for patients and the health care providers. In addition to registered medical training is an addition, practitioners found a public education attachment. It would so useful roles in health care delivery. A health awareness approach could cover the potential dangers of visiting RMP_S as well as general information on illness says which is found rural backward area like to experience and their appropriate, suitable such a program if successful, it can create a demanding for improved needle protocols and reduced use of drips steroids and antibiotics.

6.) Use social privilege: Franchising is a traditionally used in a corporate sector to expose outreach. It is certain product and to receive economic of scale. While ensuring a high product quality this is characteristic make a particularly suitable for improving access to health care specially. That can be packaged for involving of producing a number of advantages have been gotten by franchise scheme useful services as family planning. Some products and advice can train to provide useful services.

7.) Complete human power plan for the health sector: A plan would be clear differentiation of the number and skills mix of the health workforce required to provide essential health care (including important sector of non– clinical workers). It is focused on primary health care and under areas of service.

8.) Standard protocols for the entire medical professions: There is an urgent eliminates needing to wide spread to stand medical practices and adding unnecessary medications and profession procedures which would considerably cut down in the health system. This is a medical profession for due to enter both in government and corporate sectors protocols of treatment. The management guidelines are through standard for treatment whose designed is monitored by prescription audit and other means. Specify indication guidelines are from various investigations and procedures found these guidelines yet effective, innovative health care systems found various low cost and technique development voluntary or generalization voluntary sector also needs to be encouraged by the government health system.

9.) Ensure quality enhancement through standards and accreditations: The standards for hospitals and health centers at various levels should set up in the government. This analyze should progress of system to accredit health facilities in government seem to find in corporate sector the accreditation status of the hospitals should be broadly distributed quality enhancement efforts should also include non- clinical and support services.

Specific Suggestions:

1.) Behavior of staff:

Health Care is a high involvement services as considers the person's health and well living. Health Care should provide manages best quality continuously through redesigning processing and understanding the factors. Which are highly connected with patient satisfaction? Staff behavior is the most effective and efficient factor for the best health care, which is satisfactory for patients that liked hospital staff, they are providing not only treatment but also mercy and concerned with them.

2.) Availability of medicine: Patients are suffering due to not availability of emergency drugs which are saving to lives. Any time emergency drugs always saving dangerous lives and identified to define as specific drugs which are required for immediate administration within the few minutes post and during a medical emergency. These medicines have the potential to dying life and prevent further complications and are described of both outpatients and in–patients, the non-availability of these drugs in government hospitals have created various serious problems pressing patients to buy these drugs from outside.

1.) More attention to patients: Although mostly doctors, health care staff should be made to reduce the patient load at the higher level facilities. Those doctors and other staff can be given more attention to patients. All facilities found in health care, Medicare are receiving all drugs where these are available to attentive to by valid mark of trade is available in medical stores which companies' trademark fame for quality which is available for patient by advising by a specialist.

2.) Infrastructure of hospitals: The all hospitals' efforts are also dependent on hospital infrastructures where human sources and resources are lower level. There are needed for strength of human sources by strengthening infrastructure where the best infrastructures in government are and corporate hospitals there is provided the best treatment and health care facilities.

3.) Food arrangements required to make stronger: The nutrients of food are available in the best diet units which are found in the second minor mineral nutrients. That's why first time patients have been giving nutritional fruits, juice, green vegetables and minerals or non-vegetarian foods. Which are supplied to the patient mostly cell division to avail properly and metabolisms actions are properly done and patients entire drugs should be early created the good health functions. A number of patients are sick by not getting the proper foods; there is a problem of excess diet constructions. When compared a number of inpatients in the hospitals resulting get views expenditure without

good arrangement of food. All patients should be given best food for health both hospital health care facilities.

4.) Interpersonal skills of the medical staffs: This factor is significant of patient's fundamental issued for health all hospitals are settled by these factors. The area of the hospital is found and indicated for improvement reduces deletion of poor staff relationship between providers and person's skills. These are technical processing functions for improved among the medical staffs. Who are given nurse every time to patients in the both hospitals? The skills are not availed in hospital staffs there is not a proper treatment for the patient. Every condition all over staff of both hospitals is interpersonal skills for better health care facilities without it dangerous for any kind of patient. This factor is foundation of hospital without it nothing.

5.) The Facility is a proper scientific factor: In modern time every facility is provided as scientific matter policy. Today any kind of operations is held operate by scientific prospect. Where these facilities are providing high level treatments, serious ill and cured them by this factor. This facility should be recently provided according to government policy in government hospital than corporate hospitals. Free services are purely given by justified factual.

6.) Cheap and expensive treatment maintain as government policy: Many health care facilities are separated as cheap and expensive government health policy can be provided both of them as value of medicine and testing not available proper staff in this facility so expensive treatment are not availed in the government hospitals therefore authority not appreciate careless for patients and this factor is avoid good facility for health care.

Humble Suggestions:

1.) Provide good infrastructure: Government hospitals, however, need more and more than human sources. These are developed by increasing a number of beds adopting more advanced and take to manage for the best technology. This is possessing more advanced and updated equipments this factor is more

significant for to get health care facility, without this infrastructural can't get quality of treatment.

The iron beds used in the hospital wards are made of heavy metals and are difficult to shift. This creates a problem while cleaning the wards.

Iron beds get rusted and become useless with passing time. Thus cannot be used in long run and this increases the financial expenses of the hospitals. The maintenance of these beds is expensive.

This problem can be solved by designing a proper infrastructure for wards in new hospitals. The beds should be made on RCC slabs supported by a pillar or wall, and bedside the bed a sitting slab for the attendants can also be constructed.

2.) Employees skillful staff: The medical staffs, nursing staff of both governments and corporate should be given proper training and flourish the consciousness from their heartily and mildly that they are engaged in an extremely duty which is a life and death matter. This factor is main fundamental of the health care facility.

3.) Health care facilities and Medicare facilities are provided by good investment: Both government hospital and corporate hospital should increase the budget and every kind of investment. There is the best investment, there is proper utilization of the investment, and so good health care facilities should be made more effective and efficient by this good investment. All kinds of facilities are for good investment.

4.) Achievements positive mottos: The both hospitals mottos are containing of generation of excessive profit should be in a balanced system should be taken profitable. They receive triangle factors Allopathic, Ayurvedic and Homeopathic are found under one ceiling shade. They accept each of these communications. The patient surely gets all advantage in one way.

5.) Location of environmental situation: The consciousness about the hospitals which are regulated noise level in silence zone there is available open

area quality of air in the city and rural the location of both hospitals should be spread over among the people. Their needs a proper law and regulation and implementation of these laws preference the treatment.

6.) Treatment preference basic plan with maintaining: All both the government and corporate hospitals should be prepared a preference basic plan with maintaining level of treatment preference sickness. Which kind of disease patient has. If it is a serious case, it should be first priority for treatment. So they may cure any illness of patient and save the life. Mostly basic level of treatment and the doctor patient relationship for reducing the medical tourism on the health care facilities to make modified and recent given Medicare facility. The patient is given to relief for their sickness problems. First priority treatment is given with the help of these steps. One day Kota zones, hospitals would become the landmark of treatment otherwise corporate hospitals in supplying of this facility in spite of money priority.

7.) Planning, Managing and Implementing: We cannot abolish the diseases like: TB and Silicosis. Hence, focus should be given on prevention, rather than cure of such diseases. For this we need to plan, manage and implement:

i.) The municipal corporations should take necessary measures to ensure the cleanliness in the areas where the workers may get prone to such diseases; for example workers at the construction sites, oil mills, thermal power, glass factories etc. The dust and smoke at such places may cause silicosis in workers.

ii.) It should be made mandatory for the workers employed at such places to wear a high density mask to prevent them from getting infected.

iii.) There had been several programs and campaigns for Malaria and Dengue but still the virus tends to develop resistance Malaria. The Allopathic medicines fail to cure and hence the patients suffer a lot. Therefore we need to think about some alternative treatments:

a.) The Homeopathic and Ayurvedic medicines can cure this Malaria to 90-99%.

b.) With the help of Homeopathic treatment a person can be immunized to develop resistance towards Malaria and Dengue.

c.) Typhoid can be cured in 3-5 days by Ayurvedic treatments with 90-99% positive results.

Commonly suggestion for health care facilities as following:

According to human being lives needs many a facilities in the daily routine processing of manpower. These are provided at state and national health policy system regulated and all testing Medicare residential, residential food facilities are given free else to bad infrastructures, doctors, hospital staff and nursing staff or clerical staff's services are provided free. Therefore, many lacking factors are working in these facilities not provided proper system.

Therefore, such problems are found in corporate hospitals. There are many types of equipment and machineries and electric via test are availed both hospitals, but not trained and skillful staffs are not availed any circumstance:

1.) Test job availed but not availed skillful and trained staff for operating and getting positive results: Without it both hospitals get negative results for health care facilities. The hospitals must provide skillful and trained staff for operating abroad machines.

2.) Locality and climate, proper availed: There are infrastructures, buildings, transport and climate situation these factors are impressed to health care facilities infrastructures may be strengthened. Buildings should in built wide and open area transport location should be near the roadside, climate situation should be at cleanliness places where patients will feel better thinking for their treatment. Pollution freed health care is regarded as heaven and lives can be saved.

3.) Staff is local for understanding emotion of patient's state level and zone level: Staffs are availed so many patients understand the staffs thinking what

they want to do for patient in giving proper treatment and they realize the need of patients. 10% this factor gives good result for health care facilities.

4.) Status to memo for treatment: Every patient has any status of rural and urban area and economic level, educational level, food level, residential level, transport, maintain level and to get every feeling of behavior of health care societies behaviors when high level and rich patients get immediate treatment otherwise some patients of low level so both hospitals not attentive for their health care facilities. They lost their lives sometimes. This different behavior should be same for every patient and administrative processing is regulated as government policy, but not classified higher and lower categories.

5.) High level health care facilities not provided urban area, but between both: According to government health policy matter sometimes government understands the problems of the public. The government has opened new health facilities; centers in urban areas not only provide hospitals, but also doctors staffing rural area. The facilities should be availed in rural area by the government for high level health care facilities. According to census 2011, 70% population lives in rural areas so the government shouldn't forget this view. Therefore, poor people can't get high level health care facilities. It should be situated among rural part of the country. The Hadauti region is mostly situated in a rural part of the area so needs of establishment's high level facilities in this region.

6.) Residential doctor's staff nurse to stay at place of residence: Many times doctors and staff nurse or other related staff members are bound to stay service head quarter according to government policy. The government has provided those with quarters to stay after duty day and night, but mostly the doctor's nurse staffs other servants don't stay at this facility. They want to go on domestic place. Therefore, sometimes feel great problems without these factors. This argument should be cleared for doctors, staff and nursing staff they should stay at providing place of government residential quarters and provide health care facilities 24 hours.

CHAPTER -IX

LIMITATIONS

AND

FUTURE DIRECTIONS

OF

THE STUDY

CHAPTER-IX

LIMITATIONS AND FUTURE DIRECTIONS OF THE STUDY

Limitations: Every researcher has taken the views of study while I'm doing PhD face of several limitations. All of them a few limitations can be controlled and some limitations control, particularly the study of comparison of the government and corporate hospitals as following points:

1.) Size of samples: which are selected for the study contains only a small segment has divided 100 to 100 comparatively percent by 100.

2.) The study is related to comparison of government and corporate hospitals situated at the Hadauti region in Rajasthan. Which are district Bundi, Kota, Baran and Jhalawar. There are government and corporate hospitals where I have studied comparative health care facilities both hospitals.

3.) The study conducted government and corporate hospitals situated in Bundi, Kota, Baran and Jhalawar of Hadauti region in Rajasthan.

4.) The study generally finds in all institutions of the Hadauti region finding in the industrial area of the government and corporate hospitals in India. The all researcher 24 only medium, sizes generally hospitals for my thesis and all results related to government and corporate hospitals.

5.) The present constraint the limitation time and cost the study is reconstructed to the some selecting points of government and corporate hospitals in the Hadauti region of Rajasthan. At the same duration personal capacity and availability of researcher in exploring for crucial social society. All facilities problems are challenging among the people but controlled by solved problems solutions.

6.) In spite of all contains and limitations have been taken from:

- Analysis
- Discussions
- The findings

- Conclusion
- Suggestion
- Recommendation

Are the study given end of improving and changing health care facilities in the Hadauti region in Rajasthan of India?

1.) These suggestions will guide the health care facilities of not only the government, but also corporate hospitals in the Hadauti region in Rajasthan. Not only the state government of Rajasthan but also the other states in the country of both have central and state policies.

2.) At the same time the researcher of the study will open new frontiers for young researchers to convey the study otherwise reasons and state of the country central and state level.

Future directions of the study:

The study has been conducted and opened up promising vista for future research to determining choice of health care services a longitudinal replication study to compare the result of the government and corporate hospitals would always be a promising area for future research.

Generally the findings of second study could be taken comparing more rural and urban areas of both hospital comparisons are very relevant for a diverse country like India which can also form the objectives of future research.

Although the researcher has attempted to provide a logical explanation some of the comparative results observed from the both hospitals study. All explorations are taking a great preference for government health care services as opposed to corporate health care services amongst higher educated urban. The individuals found in the second study similarly the priority the urban personal in the second study for Indian medicine providers amongst higher income group is the second case that calls other investigation.

Significantly of relationship in influencing health care providers choosing in rural areas also should be investigated in the future. An activity as the second

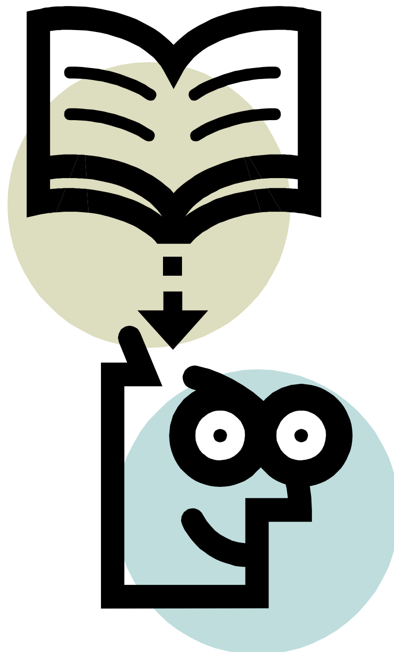
study found that conditions play a key role in determining the influence the accessibility in local conditions. The cost of treatment has no influence on the choice between government and corporate providers in an urban area to show that results. In countryside every person's income is low so consumers are considered very price sensitive the results merits further exploration. As this factor results of the second study of the relationship between insurance coverage that choice of health care service. Which is provider were mixed extra the research can also examine the role played by insurance, by concerning a large and a more various sample.

The degree of illness critically could play an important role in influencing the provider for an individual choice. A scale is in the absence that could help a social science researcher in measuring critically of illness, this aspect in the present thesis. It was not possible to include. The social science researchers from the medical science field to develop such a scale and apply it in future studies. There is a scope for social science researchers. Finally the study has given the comparative context of the Hadauti region comparison. The government hospitals and corporate hospitals between both differentiate attempt to capture the influence of other corporate and government sector choice of health care services by any patient.

Study can be done a large number of patients in future directions.

- ❖ Study can be done in one super especially both hospitals so that data can easily be collected and the analyzed data will be accurate.
- ❖ The study can be done on impact of B.P.L. Patient satisfaction on the next visit of the both hospitals.
- ❖ The study can be done on the impact of health care facilities provided to BPL patients to check.
- ❖ The study can be done India level and state level.
- ❖ The study can be done on patient satisfaction from both hospitals in the Hadauti region in Rajasthan and India.

- The study can be done on district level like: combined of PHC_S, CHC_S etc.
- The study can be done in rural and urban area.
- The study can be done on one particular facilities problem and prospects like: proper drug distribution, free diagnostic facilities achieving etc.



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- Angela House worth : Patient Satisfaction With Nurse Practitioners as their Primary Care Provider….,UMI microform, 2008
- Anne Marie Nelson : Improving Patient Satisfaction Now: How to Earn Patient & Payer Loyalty, AN aspen publication USA ISBN 0-8342-0922-5
- Authors: L. Fleming Fallon, Charles R. McConnell

  Authors: L. Fleming Fallon, Charles R. McConnell

  C.R. KOTHARI
- Human Resources management in Healthcare: Principles & Practice
- Mark and Graban:Lean Hospitals: Improving Quality, Patient Safety and Employee Engagement, Second Edition (Dec. 20, 2011)
- McKenzie, J.f., B.L. Neiger & J.L. Smelter (2005): Planning, Implementing & Evaluating Health Promotion Programs, a Primer 4th ed. San Francisco: Benjamin Cummings.

  Publisher: Jones & Bartlett Learning 2007
- Research Methodology-NEW AGE INTERNATIONAL PUBLISHERS
- Stephanie Allen : Patient Satisfaction with Physical Communication : A Mixed Method Approach, UMI microform, 2007
- Stephen Walter Brown : Patient Satisfaction Pays: Quality Service For Practice Success, An aspen publication USA, ISBN 0-8342-0394-4
- Susan Keane Baker : Managing Patient Expectations: The Art Of Finding And Keeping Loyal Patients (Aug 21, 1998)
- Thom A. Mayer and Robert J. Cates: Leadership For Great Customer Service: Satisfied Patients, Satisfied Employees (ACHE Management) (Sep. 1,2004)

ANNEXURE

Annexure I: Questionnaire: Respondent Profile

Annexure II: Interview Schedule for Administrator

Annexure III: SPSS Output tables of T-Test

Annexure IV: Published Papers and Conferences Certificates

ANNEXURE-I:

QUESTIONNAIRE:

SECTION A

RESPONDENT PROFILE:

The questions below are about your profile. Please tick on it.

1. Age:

a) Below 30yrs   b) 31-60 yrs   c) 61 and above

2. Sex:

a) Male   b) Female

3. Marital status:

a) Single   b) married

4. Area of Residence:

a) Rural   b) Urban

4. Education:

a) Illiterate   b) Literate

5. Occupation:

a) Business   b) Service   c) Farming

6. Hospital (with name):

a) Government   b) Corporate

6. Department:

a) OPD   b) IPD

SECTION B

Please read the following statements, and tick appropriately that best explains your opinion. Tick only one number for each statement.

Q.1 Order of visit

a) New visit **b) Revisit**

Q.2What is the considerations for you to select a dispensary or hospital for treatment? ***(You may choose more than one option)***

a) Cost **b) Time factor**

c) Distance **d) Quality of service**

Q.3Has anyone in your family has been admitted to hospital for the treatment of any major illness?

a) Yes **b) No**

Q.4- How much expenditure you incurred for services availed?

a) Nil **b) Less than Rs.100**

c) Rs.100-500 **d) Above Rs.500**

Q.5 what kind reasons have you about local doctors and corporate hospitals' patients go there don't like long waiting time of government hospitals? ***(You can answer this question irrespective of your answer to the earlier question)***

a)**Yes** ***b)*** **No**

Q.6 Have you faced any problem in the hospital?
If yes, specify in the below mentioned space

SECTION-C

Please read the following statements, and circle (O) appropriately in the box that best explains your opinion. Circle (O) only one number for each statement.

1	2	3	4	5
Highly satisfied	**Satisfied**	**Neutral**	**Unsatisfied**	**Highly unsatisfied**

1. Are you satisfied with the diagnosis test and test reports

given on response time. 1 2 3 4 5

2. Have an overall rating of the accommodation / physical

Facilities 1 2 3 4 5

3. Are you satisfied with the attitude and behavior

if the doctor while treating? 1 2 3 4 5

4. Are you satisfied with the time spent by doctors for consultation? 1 2 3 4 5

5. Are you given enough privacy when being examined or treated? 1 2 3 4 5

6. Do you think that services are provided by the hospital is adequate? 1 2 3 4 5

7. Does the doctor/staff listen to the problems? 1 2 3 4 5

8. Do you get enough privacy during treatment? 1 2 3 4 5

9. Are you satisfied with the facilities provided

your stay in the hospital? 1 2 3 4 5

10. Do you Convenient waiting space available in OPD, dietary, quality of

hygiene, service, cleanliness and parking in Hospital? 1 2 3 4 5

11. Do you discuss with doctors the discharge of medical care

to hospital? 1 2 3 4 5

12. Is there proper drug distribution in the hospital? 1 2 3 4 5

13. Are the doctors and Support staff equally polite

anxieties and concerns are handled by the staff to all patients. 1 2 3 4 5

14. Are easily all hospital employees (doctors, nurses, support staff

With their uniforms identified by you? **1 2 3 4 5**

15. Are the Nurses given instructions to help take the

medications on your own during the hospital stay **1 2 3 4 5**

SECTION D:

Comparative analysis

Scale your Response

1	2	3	4	5
Strongly agree	Agree	Undecided	Disagree	Strongly disagree

1. Are corporate hospitals better quality service than providers

as compared to public hospitals. **1 2 3 4 5**

2. Weighing the cost and benefits, corporate hospitals prove

to be more effective and efficient. **1 2 3 4 5**

3. Have corporate hospitals good infrastructure facilities

than government hospitals. **1 2 3 4 5**

4. Should both Corporate and Government hospitals be accredited. **1 2 3 4 5**

5. Has recent time's corporate sector in an edge over the government sector. **1 2 3 4 5**

ANNEXURE-II:

SECTION E:

Interview schedule for Administrator:

Hospital (With name)-

Department-

Post-

Q.1what kind of treatment facilities is available in hospital?

a) Allopathic Yes ( ) No ( )

b) Ayurvadic Yes ( ) No ( )

c) Homeopathy Yes ( ) No ( )

d) Physiotherapy Yes ( ) No ( )

Q.2How many health staff works here in the facility, category wise?

Sr.no.	Category of Staff	Availability	Requirement
1.	Hospital administrator		
2.	General physician		
3.	Surgeon		
4.	Educator/Counselor		
5.	Pharmacist		
6.	Nutritionist		
7.	Anesthesiologist		
8.	Medical Assistant		
9.	Staff nurse		
10.	Nurse midwife		
11.	Gynecologist		
12.	Yashoda		
13.	Outreach worker/CHW/VHW		

Q.3How many beds are there in this hospital?

……………………………………………………………………………………………………

Q.4 Is at least 1 of these types of staff available throughout the night and on Weekends?

a) **Doctor** **Yes ( ) No ( )**

b) **Midwife** **Yes ( ) No ( )**

c) **Nurse** **Yes ( ) No ( )**

d) **Other** **Yes ( ) No ( )**

Q. 5 what are the facilities available to patients?

e) **Free cost of treatment** **Yes ( ) No ( )**

f) **Highly subsidized treatment** **Yes ( ) No ( )**

g) **Other voluntary and NGO agencies** **Yes ( ) No ( )**

Q.6 Do you have enquiry counter for patients? **Yes ( ) No ( )**

Q.7 How many wards are available in this hospital?

Sr.no.	Name of wards	Yes	No
1.	Surgical		
2.	Medical		
3.	Pediatrics		
4.	Gynecology and Obstetrics		
5.	Operation theatre		
6.	ENT		
7.	Cardiology		
8.	Surgical and trauma care		
9.	STD		
10.	swain flu ward		
11.	Burn ward		

Q.8 How often do you believe that policies and procedures of an organization should be reviewed?

S.No.	Duration	Yes	No
1.	Once in a year		
2.	Once in two years		
3.	Once in three years		

Q.9 Does hospital conducts free medical camps and where?

……
…………………………………………………………………………

Q.10 How many patients visited the hospital in last three months in your hospital?

……
…………………………………………

Q.11 Do you have any complain and action plan to improve facility?

……
…………………………………………………………………………………

Thank you for your co-operation and assistance.

ANNEXURE-III:

SPSS OUTPUT TABLES OF T-TEST:

Comparative Analysis between Government and Corporate hospitals:

1.) Are corporate hospitals better quality service than providers as compared to public hospitals?

[Data Set 1]

Group Statistics

	Government/Corporate		N	Mean	Std. Deviation	Std. Error Mean
Service Provider	dimension1	1.00	100	3.7100	1.07586	.10759
		2.00	100	4.1600	.66241	.06624

Independent Samples Test

```
T-TEST GROUPS=Government Corporate (1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Q2
  /CRITERIA=CI (.95).
```

2.) Weighing the cost and benefits, corporate hospitals prove to be more effective and efficient.

[DataSet2]

Group Statistics

	Government/Corporate		N	Mean	Std. Deviation	Std. Error Mean
Cost and Benefit	dimension1	1.00	100	2.2800	1.14662	.11466
		2.00	100	4.1700	.56951	.05695

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Cost and Benefit	Equal variances assumed	32.370	.000	-14.763	198	.000	-1.89000	.12803	-2.14247	-1.63753
	Equal variances not assumed			-14.763	145.044	.000	-1.89000	.12803	-2.14304	-1.63696

```
T-TEST GROUPS=Government Corporate (1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Q2
  /CRITERIA=CI (.95).
```

3.) Have corporate hospitals good infrastructure facilities than government hospitals?

[DataSet3]

Group Statistics

	Government/Corporate		N	Mean	Std. Deviation	Std. Error Mean
Infrastructure	dimension1	1.00	100	3.8200	1.06723	.10672
		2.00	100	4.4400	.59152	.05915

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Infrastructure	Equal variances assumed	8.136	.005	-5.081	198	.000	-.62000	.12202	-.86063	-.37937
	Equal variances not assumed			-5.081	154.581	.000	-.62000	.12202	-.86104	-.37896

```
T-TEST GROUPS=Government Corporate (1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Q3
  /CRITERIA=CI (.95).
```

4.) Should both Corporate and Government hospitals be accredited?

[DataSet4]

Group Statistics

	Government/Corporate		N	Mean	Std. Deviation	Std. Error Mean
Accredited	dimension1	Government	100	3.7200	1.21506	.12151
		Corporate	100	4.1100	.88643	.08864

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Accredited	Equal variances assumed	23.463	.000	-2.593	198	.010	-.39000	.15040	-.68660	-.09340
	Equal variances not assumed			-2.593	181.119	.010	-.39000	.15040	-.68677	-.09323

```
T-TEST GROUPS=Government Corporate (1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Q4
  /CRITERIA=CI (.95).
```

5.) Has recent time's corporate sector in an edge over the government sector?

[DataSet5]

Group Statistics

	Government/Corporate		N	Mean	Std. Deviation	Std. Error Mean
Edge Over	dimension1	Government	100	3.7400	1.30748	.13075
		Corporate	100	4.4700	.52136	.05214

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Edge Over	Equal variances assumed	59.696	.000	-5.186	198	.000	-.73000	.14076	-1.00758	-.45242
	Equal variances not assumed			-5.186	129.707	.000	-.73000	.14076	-1.00848	-.45152

```
T-TEST GROUPS=Government Corporate (1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Q5
  /CRITERIA=CI                                                    (.95).
```

ANNEXURE IV:

PUBLISHED PAPERS AND CONFERENCES CERTIFICATES:

PUBLISHED RESEARCH PAPERS:

Sr. no.	Title	Journal Name	Impact Factor
1.	A Study on Patient Satisfaction: With Special Reference to Government Hospital Patients of Bundi in Rajasthan.	Professional Panorama: An International Journal of Applied Management and Technology.	
2.	A Study on Healthcare Facilities Availability By Government and Corporate Hospitals: With Special Reference to Bundi District In Rjasthan.	International Journal of Research in Management Science and Technology. (IJRMST) (Vol. 3, Issue 1, Jan-March 2015, ISSN No. 2321-1245)	
3.	How Work Engagement of Employees Improve a Hospitals Health?	Avanseaza International Journal in Management and Social Science. HRR International Journal ISSN online: 2348-7518 Vol. 2, Issue 2, March, 2015)	0.641
4.	An Analysis of Healthcare Facilities Availability in Government and Corporate Hospital: With Special Reference to Baran District in Rajasthan.	Avanseaza International Journal in Management and Social Science. HRR International Journal ISSN online: 2348-7518 Vol. 2, Issue 2, May, 2015)	0.641
5.	Comparative Analysis of Healthcare Facilities in Government and Corporate Hospitals: With Special Reference to Hadauti Region in Rajasthan	International Journal of Management and Social Science. Oct., 2015 (ISSN:2321-1784)	4.358

CONFERENCES CERTIFICATES:

Sr. no.	Title	Conference Name	University/College Name
1.	Human Resource Planning and Development in the Organizations	National Conference on Human Resource Management Challenges, Opportunities and their relevance in Indian Society (Sponsored by UGC and ICSSSR, New Delhi) 22nd-23rd January,2013	Faculty of Commerce S.S. Jain Subodh P.G. College Rambagh Circle, Jaipur-India
2.	Symposium on E-Resources	Department of Library and Information Science 16th-17th December, 2013	University of Kota
3.	Increasing the motivation of health care workers through contemporary innovative practices in management	International Conference on Ongoing Research in Management and IT 10th to 11th January	Incon x-2015
4.	How can improving the service quality through training and development in hospitals.	International Conference on Ongoing Research in Management and IT 10th to 11th January	Incon x-2015
5.	How Can Work of Employee Engagement Improvement Improve a Hospital's Health	Emerging of Management Studies UGC Sponsored National Conference on Emerging Trends and Challenges in Management 27th-28th February, 2015	Department of Management Studies Jai Narain Vyas University
6.	Research Methodology and Data Analysis Using SPSS	Faculty Development Program (FDP) on Research Methodology and Data Analysis Using SPSS 16th-23rd November, 2015	Dyal Singh College University of Delhi Lodhi Road, New Delhi-110003

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