

A Study on Patient Satisfaction at PT. Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India

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Abstract

As the result of growing consumerism, patient satisfaction has become a significant task for healthcare service providers. Measurement of patient satisfaction increasingly being used as a key of evaluates the performance of healthcare system in a hospital. A cross sectional study was conducted to determine the professional and behaviour care provided by doctors, the behaviour care and cooperation provided by paramedical staff and satisfaction towards available amenities in hospital premises. A pre-designed and pre-tested structured questionnaire was given to the respondents i.e. patients or his/her attendants, as exit interview after the patient has experienced the consultation with the doctor during Outpatient Department (OPD) hours. As finding of the study majority of respondents are not satisfied with waiting time at main reception and regarding acceptable waiting time at respective OPD. Furthermore sound numbers of respondents are satisfied with the doctor's professional & behavioural communication and certain improvements are also required in infrastructure viz. parking space, drinking water, toilets, general cleanness, waiting time for report collection and etc.

Keywords: Patients, Healthcare, Outpatients, Behaviour, Questionnaire, India

Paper Type: Research paper

Introduction

Measurement of Patient satisfaction towards the service provider has become extremely important in healthcare sector from two reasons. First, as patients are the direct customers of the hospital, so their overall satisfaction is valid aspect for measurement of quality in healthcare service. Second patients are the persons that generate revenue for hospitals, thus they should be satisfied. Furthermore patient satisfaction improves public image of the hospital, which increases the service users and market share (Andaleeb, 1988) and high customer satisfaction ratings are widely believed to be a leading indicator of an organisation financial performance and health (Kotler and Keller, 2011; Nelson et al., 1992). The concept of patient satisfaction has encouraged the healthcare service provider to adaptation the marketing culture in healthcare setting. This concept signified the consideration of the health care service providers in progressive countries and became aware about patient satisfaction (Zaltman and Vertinsky, 1971; Cooper et al., 1979; Woodside et al., 1989). Research on quality in

healthcare and patients' importance are well experimental in developed countries, but developing countries like India researches are not done by enormous way (Rao et al., 2006). Quality in health care categorised into three aspects: Interpersonal, technical and amenities (Donabedian, 1986), where Interpersonal aspect relates to attentiveness, responsiveness and friendliness of physicians, Technical aspect relates to how well clinician diagnose and treat diseases and amenities aspect relates to appeal and comfort in health care facilities in hospital. There are increasing numbers of confirmation which indicates that effectiveness of treatment and patient satisfaction is significantly correlated (Nelson and Batalden, 1993). Customer satisfaction is defined as the difference between customer expectations prior to obtaining the services and their perception towards the same service after obtaining them (Oliver, 1980; Anderson and Sullivan, 1993). In healthcare services patient satisfaction is defined as an evaluation of distinct healthcare measurements (Linder-Pelz, 1982). Patient expectations covered the aspects related to time given by doctor, the way of explained about diagnosis, treatment and care, behaviour of doctor and staff (Gilbert et al., 1992). Ware et al. (1978) recognised several dimensions of patient satisfaction which includes service availability, doctor conduct, confidence, continuity, efficiency and outcomes, furthermore other primary determinants of patient satisfaction are identified by (Woodside et al., 1989) which includes admission process, nursing care, housekeeping, food, technical services and discharge, moreover the importance of privacy has been identified in previous studies (Silvestro, 2005). While Lovdal and Pearson (1989) observed that the behaviour of doctor and other medical staff is major determinant of patient attitude towards hospital as a whole. Satisfied customer may lead to othersto consumption while dissatisfied customers lead to complaints, negative word-of-mouth communication (Engel et al., 1990). Naidu (2009) observed that generally SERVQUAL instrument of service quality has been used in many studies of patient satisfaction and has been found suitable in healthcare environment, but still it needs to modify and developed a comprehensive conceptual model to measure and understands the factors affecting patient satisfaction and healthcare quality. Author found that healthcare service quality affect patient satisfaction, which further influence positive patient behaviour such as loyalty towards service provider, beside this author identified factors which affecting patient satisfaction are access, care quality, cost, physician role and behaviour, tangibility and other factors which are associated with SERVQUAL instrument. In hospital setting the Outpatient Department (OPD) considered to be a "shop window" (McGibony, 1969; Kunders, 1998) and patient satisfaction treated as important trait while evaluating the quality of patient care in OPD (Renzi et al., 2001). Jawahar (2007) conducted a study at (OPD) in a super-speciality hospital in India and explored

that overcrowding, delay in consultation, unexpected behaviour of staff are the dimensions, where scope of improvement is required. In changing and competition scenario customers are looking for hassle free, smooth and efficient services (Laurent et al., 2006), so this is the major responsibility of hospital administration to provide prompt service to their patients and satisfied them. The researcher reviewed the available instruments on patient satisfaction and adopted them on to analysis the patient perception about the service provided in one of the premier health care institute of Haryana, PT. Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences (PGIMS).

Methodology

The study was conducted to measure the patient satisfaction level of Ch. Ranbir Singh OPD Complex at PT. B.D. Sharma, PGIMS, Rohtak, Haryana. PT. B.D.SHARMA, PGIMS Rohtak is a tertiary care teaching and research hospital of north India. The institute provided health services in almost all the specialty and super-specialty services and Ch. Ranbir Singh OPD Complex is newly constructed four floor building including ground floor. The objective of the study is to determine the professional and behaviour care provided by doctors, the behaviour care and cooperation provided by paramedical staff and satisfaction towards available amenities in Outpatient department premises. A cross sectional study was conducted from 10th February 2015 to 20th March 2015. A pre-designed and pre-tested structured questionnaire was given to the respondents i.e. patients or his/her attendants, as exit interview after the patient has experienced the consultation with the doctor during OPD hours. Firstly the objective of the survey was clearly explained to respondents with the assurance of their privacy and confidentiality. For the convenience of respondents any kind of confusion was clarified instantly to complete the questionnaire. The respondents viewing slightly unwillingness were not included in this study. The patients of eight major departments include Pediatrics, Orthopaedic, E.N.T, General Medicine, Skin & V.D, Multi Speciality, General Surgery and Gynaecology & Obstetrics were asked to become the respondents of study on the basis of proportionate random sampling. To get the 200 completely filled questionnaires which were acceptable for analysis, I had to distribute questionnaires among 227 patients. The very sick patients were not involved in the study on humanitarian ground. The five-point Likert Scale (Strongly Disagree, Disagree, Uncertain, Agree, Strongly Agree) was used to measure the aspect of professional and behaviour care of doctors, the behaviour, care and cooperation of paramedical staff and satisfaction towards available amenities in OPD. Descriptive statistics were used to analyse the data. Mean and standard deviation were also to explain the direction. In addition, the questionnaire had "word of mouth" aspect of question in which respondents were asked

to conclude whether “I will prefer my friends and family members to come at this hospital for any sort of medical care”.

Results

From a total of 200 respondents, 59 per cent were female and 41 per cent male. 73.5 per cent of the respondents having diploma or below qualification and 35 per cent having agriculture/laborers background with weak economic

background having rupees 10,000 monthly income of 91.5 per cent respondents. 53.5 per cent respondents who visit OPD are undertaking follow up. Nativity wise it was found that 57.5 per cent were from rural back ground. Regarding types of consultation at OPD 22 per cent patients came to general medicine followed by 19 per cent of E.N.T, 15 per cent of Orthopaedic and only 4.5 per cent of Pediatrics (see Table I).

Table I. Demographic Profile of Respondents

Characteristic	N=200 (Per cent)
Gender	
Male	82 (41)
Female	118 (59)
Age	
Below 20 years	38 (19)
21-30 years	57 (28.5)
31-40 years	46 (23)
41-50 years	27 (13.5)
50 and above	32 (16)
Qualification	
Diploma or Below	147 (73.5)
Bachelor Degree	43 (21.5)
Master Degree and above	10 (05)
Marital Status	
Single	79 (39.5)
Married	121 (60.5)
Nativity	
Rural	115 (57.5)
Urban	85 (42.5)
Occupation	
Student	58 (29)
House-wife	46 (23)
Salaried	21 (10.5)
Self-business	05 (2.5)
Agriculture/labourers	70 (35)
Average Monthly Income	
Below ₹10,000	183 (91.5)
₹10,001 – ₹ 20,000	09 (4.5)
₹20,001 – ₹ 30,000	08 (04)
Above ₹ 30,000	00 (00)
Coming For Consultation	
First time	59 (29.5)
Second time	28 (14)
Follow-up	107 (53.5)
Referred	06 (03)
Types Of Consultation	
Pediatrics	09 (4.5)
Orthopaedic	30 (15)
E.N.T	38 (19)
General Medicine	44 (22)
Skin & V.D	26 (13)
Multi-Speciality	20 (10)
General Surgery	15 (7.5)
Gynaecology & Obstetrics	18 (09)

Of the respondents 78.5 per cent are satisfied with adequate number of seating arrangement for patients at reception & at OPD and 77.5 per cent with OPD timings. The results also show that more than 60 per cent respondents are satisfied with Trolley/wheel chairs and their queries were entertained & were guided properly. As per the result adequate number of seating arrangement at reception and OPD ($X=3.83$, $S.D=0.829$) seems to be most important variable at

reception followed by satisfactory OPD timings ($X=3.81$, $S.D=0.717$) and availability of Trolley/wheel chair at reception ($X=3.53$, $S.D=0.679$). Surprisingly 23 per cent respondents are satisfied with waiting time at main reception ($X=2.24$, $S.D=1.132$) and 46.5 respondents are satisfied regarding acceptable waiting time at respective OPD (see Table-II).

Table: II. Percentage, Mean and Standard Deviation of Respondents Satisfaction with Registration and Reception Services.

Characteristics	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Mean	Std. Div.
OPD timings are satisfactory	1.50	5.0	16.0	66.0	11.5	3.81	0.717
There was overcrowding at reception counter	11.5	37.0	18.5	22.5	10.5	2.84	1.206
Waiting time at main reception was adequate	23.5	35.0	18.5	20.5	2.50	2.24	1.132
Queries were nicely entertained at reception	9.5	13.0	17.0	58.0	2.50	3.31	1.049
Trolley/wheel chairs were available at reception	1.50	4.0	33.5	59.0	2.0	3.53	0.679
Waiting time at respective OPD was adequate	12.0	23.0	18.5	43.5	3.0	3.14	1.004
Adequate number of seating arrangement for patients was there at reception and at OPD	1.0	9.0	11.5	63.5	15.0	3.83	0.829

Table III shows that patient satisfaction level of more than or equal to 80 per cent was found in characteristics viz. as doctors was available at OPD in OPD timings doctor has shown interest about what you wanted to tell about your problem. In total more than 75 per cent respondents were of

the opinion that doctors spent sufficient time to diagnose disease and consequences and explained the need of tests & diagnostics. About 69.5 per cent respondents reported that doctors explained about the disease and its causes.

Table: III. Percentage, Mean and Standard Deviation of Doctor's Professional and Behavioural Communication with the Respondents

Characteristics	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Mean	Std. Div.
Doctor was available at OPD in OPD timings	1.0	4.0	8.0	76.0	11.0	3.49	0.598
Doctor has shown interest about what you wanted to tell about problem	7.5	2.0	10.5	69.0	11.0	3.79	1.110
Doctor explained about the disease and its causes	3.0	14.0	13.5	61.0	8.5	3.59	0.933
Doctors spent sufficient time to diagnose disease and consequences	3.5	4.5	16	70.5	5.5	3.76	1.009
Doctor explained the disease using medical terms	12.0	11.5	23.0	45.5	8.0	3.26	1.144
Doctor explained the need of tests & diagnostics	1.0	5.5	15.5	72.5	5.5	3.73	0.665
Schedule of treatment has been fully explained to you by doctor	2.5	8.5	24.0	60.0	5.0	3.54	0.805
Doctor was careful about treating and examining you	3.5	6.5	17.5	64.0	8.0	3.67	0.857
Doctor made you tension free about the problem	8.5	11.5	20.0	52.5	7.5	3.39	1.065
Doctor has paid attention to your privacy	2.5	4.5	25.5	62.5	6.0	3.64	0.770
Doctor treated you friendly and courteously way	3.0	1.5	26.5	63.5	5.5	3.67	0.737

With doctors' behavioural communication more than 68.5 per cent of patients indicated that the doctors dealt them in a friendly and courteous manner, paid attention to privacy and were very careful while treating and examining them. The results indicate that respondents positioned 'doctor has shown interest about what you wanted to tell about problem' at the highest ($X= 3.79$, $S.D= 1.110$), followed by 'doctors spent sufficient time to diagnose disease and consequences' ($X= 3.76$, $S.D= 1.009$), 'Doctor explained the need of tests & diagnostics' ($X= 3.73$, $S.D= 0.665$), 'Doctor was careful

about treating and examining you ($X= 3.67$, $S.D= 0.857$) and 'Doctor treated you friendly and courteously way' ($X= 3.67$, $S.D= 0.737$) among the top five characteristics. Doctor explained the disease using medical terms paid least positioned (only 53.5 per cent) among all the attributes related to ($X= 3.26$, $S.D= 1.144$) doctor's professional and behavioural communication, possible reason may be the low literacy rate of patients frustrates the doctors if they uses medical terminology.

In the interaction with care staff it was observed that around 68 per cent respondents were satisfied with staff of laboratories, Security and Care staff and with their cooperation and helpful behaviour ($X= 3.72$, $S.D= 0.768$ and $X= 3.77$, $S.D= 0.833$), but surprisingly 47.5 per cent respondents are satisfied with the staff at waiting area in

OPD premises and 61.5 per cent respondents are satisfied with nursing care (see Table IV). To further improve satisfaction level among patients author suggests continues training, skill development and counselling of nurses, Staff at waiting area and laboratories, Group-D and security staff

Table: IV. Percentage, Mean and Standard Deviation of Respondents' Satisfaction with Staff Care Services

Characteristics	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Mean	Std. Div.
Nursing Care you received is adequate	3.0	8.0	27.50	46.50	15.00	3.27	1.135
Staff at waiting area is sympathetic towards patients' problems	2.5	5.5	44.5	43.5	4.0	3.41	0.766
Staffs at laboratories and diagnostics are friendly & cooperative	1.0	5.0	25.5	56.0	12.5	3.72	0.768
Security and Care staff behavior was helpful	2.0	4.0	25.0	53.5	15.5	3.77	0.833

Table: V. Percentage, Mean and Standard Deviation of Respondents' Satisfaction with Facilities

Characteristics	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Mean	Std. Div.
Parking space was adequate in hospital	1.5	5.5	39.0	51.0	3.0	3.49	0.716
Indication symbols and signs were adequate for guidance	1.0	4.5	20.5	66.5	7.5	3.72	0.684
Utilities like light, fan, temperature, etc. were adequate	0.5	2.0	28.0	62.5	1.0	3.72	0.624
General cleanliness in OPD was adequate	1.0	2.5	15.0	53.0	28.5	4.08	0.736
Facilities of drinking water was available	0.5	2.5	31.0	53.0	13.0	3.76	0.726
Stairs/ramps/lifts were well clean/airy/lighted and maintained	1.0	3.0	15.0	72.0	9.0	3.85	0.655
Toilets were clean and maintained well	11.5	6.5	30.0	47.5	4.5	3.27	1.055
Other facilities (bank/ATM/cafeteria) were available in hospital premises	2.0	3.0	39.0	51.0	3.5	3.52	0.711
The available diagnostic test, labs and general facilities were adequate	7.5	8.5	21.0	60.5	2.5	3.42	0.958
Waiting time for report collection from labs was adequate	16.0	13.0	20.5	48.5	2.0	3.08	1.156
You get prescribed medicines in OPD pharmacy also	43.0	25.0	13.5	17.0	1.5	2.09	1.174
Prescribed medicines were available in hospital premises	1.0	2.5	15.5	75.5	5.5	3.85	0.538

Table V shows that around 80 per cent respondents were satisfied with general cleanliness in OPD, stairs and ramps, lifts for patients and availability of prescribed medicines in hospital premises. Surprisingly only 18.5 per cent of respondents believe that they get prescribed medicines in OPD pharmacy. 52 per cent respondents were satisfied with cleanliness and maintenance of toilets, 50.5 per cent were satisfied with waiting time for reports collection and 54.50 per cent were satisfied from other facilities like bank/ATM/cafeteria and parking space. Furthermore with

improvement, around 63 per cent were satisfied with Utilities like light, fan, temperature and available diagnostic test, labs and general facilities, 66 per cent were satisfied with the Facilities of drinking water. The results indicate that respondents ranked 'General cleanliness in OPD' at the highest ($X= 4.08$, $S.D= 0.736$), followed by 'availability of Stairs/ramps/lifts were well clean/airy/lighted and maintained' ($X= 3.85$, $S.D= 0.655$), 'Prescribed medicines were available in hospital premises' ($X= 3.85$, $S.D= 0.538$), 'Facilities of drinking water was available' ($X= 3.76$, $S.D=$

0.726), and 'Utilities like light, fan, temperature, etc. were adequate ($X= 3.72$, $S.D= 0.624$) among the top five attributes, while respondents satisfaction level about the availability of prescribed medicines in OPD pharmacy was lowest ($X=2.09$, $S.D= 1.174$).

As per overall satisfaction level of respondents (table-VI) shows that 82.5 per cent respondents were satisfied about their decision to come at this institute for treatment ($X=$

3.92 , $S.D= 0.672$) and 80 per cent thought that they made a wise judgement to come at this institute for treatment ($X= 3.89$, $S.D= 0.689$). Out of total 76 per cent respondents were of the view that they would recommend friends and family members to go to this institute in case of any medical care. In addition to that majority of respondents are also satisfied about reasonable expenses incurred for registration and treatment.

Table: VI. Percentage, Mean and Standard Deviation of Respondents' Overall Satisfaction

Characteristics	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Mean	Std. Div.
Registration fee was reasonable for the treatment at this hospital.	0.0	0.0	16.0	45.5	38.5	4.23	0.705
I am satisfied with the overall expenses incurred for the treatment.	0.5	7.5	12.0	52.0	28.0	3.99	0.717
I am satisfied with all my decisions to come for treatment at this hospital.	3.5	7.5	6.5	62.0	20.5	3.92	0.672
I made a wise judgment to come at this hospital.	3.0	6.0	11.0	59.0	21.0	3.89	0.689
I will prefer my friends and family members to come at this hospital for any sort of medical care.	2.5	4.5	17.0	60.5	15.5	3.82	0.663

Discussion

The level of patient satisfaction with respect to doctor's professional communication aspect viz. doctor was available at OPD in OPD timings (87 per cent), doctor has shown interest about what you wanted to tell about problems (80 per cent), doctor explained the need of tests & diagnostics (78 per cent) and doctors spent sufficient time to diagnose disease and consequences (76 per cent), Doctor explained about the disease and its causes (69.5 per cent). The behavioural communication aspects viz. doctor was careful about treating and examining you (72 per cent), doctor treated you friendly and courteously way (69 per cent), doctor has paid attention to your privacy (68.5 per cent) and doctor made you tension free about the problem (60 per cent). These findings were lower than that reported by Sharma et al. (2011) and Peerasak et al. (2004) in their study, but higher than that described by Kersnik and Ropret (2002), who described it as 69.1 and 56.9 per cent, respectively. Therefore, the improvement of the skills of doctor-patient communication and other relevant areas would go a long way to enhance the level of satisfaction of the patients.

In the aspect of staff care services it was reported that 61.50 percent of respondents were satisfied with Nursing Care as

compared to the study of Sharma et al. (2011) where it observed as 67.3 and Bhattacharya et al. (2003) where it was 91 per cent. About 68.5 per cent of respondents were satisfied with friendly & cooperative behaviour of Staffs at laboratories and diagnostics as compared to the study done by Sreenivas and Prasad (2003). The decreased level of satisfaction could also be attributed to a number of factors such as the pressure during large numbers of patients in peak hours, detained by morning IPD rounds and some occasions their impersonal and rough behaviours. Satisfaction level of patients with staff care services is not acceptable at all. There is a need of soft skills training and counselling so that staff will improve their sympathy and friendliness behaviour with patients.

The level of satisfaction in respect to General cleanliness in OPD (81.5 per cent), availability of drinking water (66 per cent), adequacy in the availability of Utilities like light, fan, temperature, etc. were (63.5 per cent) and general cleanness and maintenance of toilets (52 per cent). These results were higher than that reported by Sivalenka (2008) viz. availability of drinking water (45.7 per cent) and general cleanness toilets (27.3 per cent), but lower than that reported by Sharma et al. (2011) viz. general cleanliness in OPD (87.2 per cent), availability of drinking water (87.4 per cent), adequacy in the availability of Utilities like light, fan,

temperature, etc. were (88.4 per cent) and general cleanness toilets (62.8 per cent). Considering large number of patients and their attendants visiting hospital toilets during OPD peak hours where possibly, non-availability & lack of cleanliness could have resulted in dissatisfaction of respondents, thereby indicating scope for improvement. For the administration of government hospital these items may not be a priority however patients consider them to be important and must also be present in the out-patient department. A total of only 18.5 per cent of respondents agreed that prescribed medicines are available at hospital pharmacy. The possible reason could be huge rush of patients & increase in demand for medicines, supply/availability of the medicines becomes limited which in turn due to rigid guidelines and procedures for drug procurement in government policies, rising costs of drugs & insufficient hospital budget and hence patients are forced to buy their prescribed medicines from pharmacies outside the hospital which unfortunately are at higher cost, but 81 per cent respondents agreed that medicines prescribed by doctors are always available in hospital premises and a small percentage 3.5 per cent feel that medicines prescribed by doctors are rarely available in hospital premises. When respondents were asked to rate your wise judgement and decision to come for treatment at this institute than it was significantly observed that 80 per cent reported that they are satisfied with their decision. Furthermore 76 per cent patients are in the opinion that they will prefer their friends and family members to come at this institute for any sort of medical care. On the other part large majority of patients 80 per cent were satisfied with the overall reasonable expenses incurred for the medical care and service given in institute.

Conclusion

An effort was made to evaluate and judge the patient satisfaction level by studying the various standards of quality care service in Outpatient department at tertiary care hospital. This study providing certain factors regarding service quality, where hospital needs to take corrective measures to improve further the hospitals' service quality. Registration and reception services with staff care services need to be made enhance the comfort and satisfaction level of patients. Certain improvements are also required in infrastructure viz. parking space, drinking water, toilets, general cleanness, waiting time for report collection and etc. One specific recommendation regarding the availability of prescribed medicines in OPD pharmacy should be taken by hospital on priority basis. The government policies regarding the availability/ supplies of drugs, etc. need to be strengthened in the hospital system. However respondents are satisfied with the doctor's professional and behavioural communication, but still there is need for clinicians to do effective communication in simple terms with the patient.

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