

# APPENDICES

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## APPENDICES

### Appendix I: List of the Researchers Carried Out Various Research Studies on Patients' Satisfaction with Quality of Services

Sr. No.	Particulars
1	A. Parasuraman, Valarie A. Zeithaml, and Leonard L. Berry (1985, 1988, 1991)
2	C. Jeanne Hill, S.J. Garner, and Michael E. Hanna (1989)
3	James Agarwal (1992)
4	Ronald L. Zailocco (1992)
5	C. Potter, P. Morgan and A. Thompson (1994)
6	David M. Williams and Janet M. Williams (1994)
7	James H. McAlexander, Dennis O. Kaldenberg, and Harold F. Koenig (1994)
8	Stephen J. O'Connor, Richard M. Shewchuk, and Lynn W. Carney (1994)
9	Christopher Johns and Stephen Bell (1995)
10	Anne E. Tones and Stephen Chee Peng Ng (1995)
11	Mike Hart (1995, 1996)
12	Fenghueih Huarng, Mong Hou Lee (1996)
13	Kathleen L. McFadden (1996)
14	Katherine McKinnon, Paul D. Crofts, Rhiannon Edwards, Peter D. Campion, and Richard H.T. Edwards (1998)
15	Anthony J. Avery, Lindsay Groom, Daphne Boot, Stephen Earwicker and Robin Carlisle (1999)
16	Mahmoud M. Yasin, Jafar Alavi (1999)
17	Fiona Payne (2000)
18	Pauly Cheng Lim & Nelson K.H. Tang (2000)
19	Ambuj Bharadwaj, D.K. Sharma, R.K. Sharma, P.C. Chaubey (2001)
20	Cem Canel, Elizabeth A. Anderson Fletcher (2001)
21	Clare Chow-Chua, Mark Goh (2002)
22	David Camilleri, Mark O'Callaghan (1998)
23	Joseph C. H. Wong (2002)
24	De Dennis McBride, Jonathan Lindsay and Morgan Wear (2002/2003)
25	Yves Egli, Patricia Halfon (2003)
26	Christine Lapointe, Jan Watson (2004)
27	E. Joseph Torres, Kristina L. Guo (2004)
28	Keith Stevenson, Paul Sinfield, Vince Ion and Marilyn Merry (2004)
29	Raduan Che Rose, Mohani Abdul, and Kim Looi Ng (2004)
30	David Sinreich, Yariv Marmor (2005)
31	Eitan Naveh, Zvi Stern (2005)
32	Judith H. Hibbard, Jean Stockard, and Martin Tusler (2005)
33	Kui-Son Choi, Hanjoon Lee, Chankon Kim, and Sunhee Lee (2005)
34	Mik Wisniewski and hazel Wisniewski (2005)

**Appendix II: List of the Researchers Carried Out Various Research Studies on Patients' Satisfaction**

Sr. No.	Particulars
01	Ruth Belk Smith, Paul N. Bloom, Kelley Sonon Davis (1986)
02	Senga Bond, Lois H Thomas (1992)
03	Joby John (1992)
04	Claire Batchelor, David J. Owens, Martin Read and Michael Bloor (1994)
05	Venkatapparao Mummalaneni, Pradeep Gopalakrishna (1995)
06	Janice Nicholson (1995)
07	Patrick M. Baldasare (1995)
08	Mary Draper, Sophie Hill (October, 1995)
09	Fayek N. Youssef (1996)
10	Robert Rosenheck, Nancy J. Wilson, and Mark Meterko (1997)
11	Martha T. Ramirez Valdivia, Thomas J. Crowe (1997)
12	Syed Saad Andaleeb (1998)
13	R.D. Sharma and Hardeep Chahal (1999)
14	Benjamin G. Druss, Robert A. Rosenheck, Marilyn Stolar (1999)
15	Viroj Tangcharoensathien, Sara Bennett, Sukalaya Khongswatt, Anuwat Supacutikul, Anne Mills (1999)
16	Joanne Coyle, Brian Williams (1999)
17	Yvonne Webb, Paul Clifford, Vanessa Fowler, Celia Morgan, Marie Hanson (2000)
18	Ingrid Hage Enehaug (2000)
19	Douglas Amyx, John C. Mowen, Robert Hamm (2000)
20	Ingemar Eckerlund, Jan A. Eklof, Jorgen Nathorstboos (2000)
21	Kathryn Frazer Winsted (2000)
22	Cathy Shipman, Fiona Payne, Richard Hooper and Jeremy Dale (2000)
23	Giuseppina Majani, Antonia pierobon, Anna Giardini, Simona Callegari (2000)
24	Nancy Gregory, Dennis O. Kaldenberg (2000)
25	Prasanta Mahapatra, Srilatba S. Sridhar P. (2001)
26	Neil Drummond, Steve Iliff, Sandra McGregor, Neil Craig, and Moria Fischbacher (2001)
27	C.Renzi, D.Abeni, A.Picardi, E.Agostini, C.F.Melchi, P.Pasquini, P.Puddu, And M.Braga (2001)
28	Michel Perreault, Theodora E. Katerelos, SteAphane Sabourin, Pierre Leichner, Julie Desmarais (2001)
29	M.A.A. Hasin, Roongrat Seeluangsawat, M.A. Shareef (2001)
30	Karin Newman, Uvanney Maylor, Bal Chansarkar (2001)
31	Charles Zabada, Sanjay Singh, George Munchus (2001)
32	Stephen A. Kapp, Jennifer Propp (2002)
33	Christina C. Wee, Russel S. Phillips, Francis Cook, Jennifer S. Haas, Ann Louise Puopolo, Troyen A. Brennan, Helen R. Burstin (2002)
34	Karin Braunsberger, Roger H. Gates (2002)
35	Jessie L. Tucker (2002)
36	Talluru Sreenivas, G.Prasad (2003)
37	Arpita Bhattacharya, Prema Menon, Vipin Koushal, K.L.N. Rao (2003)
38	Iris Gourdji, Lynne McVey, Carmen Loiselle (2003)
39	Robert J. Casyn, Gary A. Morse, Robert D. Yonker, Joel P. Winter, Kathy J. Pierce, Matthew J. Taylor (2003)
40	Dawn R. Deeter-Schmelz, Karen Norman Kennedy (2003)
41	A. David Mangelsdorff, Kenn Finstuen (2003)
42	A. Breedart, C. Robertson, D. Razavi, L. Batel-Copel, G. Larsson, D. Lichosik, J. Meyza, S. Sch raub, L. Von Essen, And J.C.J.M. De Haes (2003)
43	Jafar A. Alasad, muayyad M. Ahmed (2003)
44	D. Andrew Loblaw, B Andrea Bezjaka, P. Mony Singhc, Andrew Gotowiecd, David Jouberte, Kenneth Mahe And Gerald M. Devins (2004)
45	Jill Murie, Gerrie Douglas-Scott (2004)

46	Gregor Hasler, Hanspeter Moergeli, , Rosilla Bachmann, , Evelina Lambreva,, Claus Buddeberg,, Ulrich Schnyder (2004)
47	Dawn Bendall-Lyon, Thomas L. Powers (2004)
48	Dawn Bendall-Lyon, Thomas L. Powers (2004)
49	Mayo, Harrah (2004)
50	Suzanne C. Tough, Christine V. newborn-Cook, Alexandra J. Faber, Deborah E. White, Nonie J. Fraser-Lee, Corine Frick (2004)
51	Sharon E. Riley, Arnold J. Stromberg, James Clark (2005)
52	Mohamed M. Mostafa (2005)
53	Prof.(Dr.) Parimal H. Vyas & Shri P.D. Thakkar (March 2005)
54	ENA Board of Directors (2005)
55	Beach MC., Roter D., Rubin H., Frankel R., Levinson W., Ford DE (2005)
56	Daniel Simonet (2005)
57	Carobne Haines, Helen Childs (2005)
58	Robert J. Wolosin (2005)
59	Waseem Qureshi, Nazir A. Khan, Ajaz A. Naik, Shabnam Khan, Arshid Bhat, G. Q. Khan, Gh. Hassan, Shahid Tak (2005)
60	Rob Baltussen, And Yazoume Ye (2006)
61	Amina T. Ghulam; Margrit Kessler; Lucas M. Bachmann, Urs Haller, Thomas M. Kessler (2006)
62	James A. Hill

**Appendix III: List of the Researchers Carried Out Various Research Studies on Comparison of Patients' Satisfaction from Hospitals Services**

Sr. No.	Particulars
1	Sandra K. Smith Gooding (1995)
2	David Camilleri, Mark O'Callaghan (1998)
3	Penelope Angelopoulou, Peter Kangis, George Babis (1998)
4	Naccur Jabnoun and Mohammed Chaker (2003)

**Appendix IV: List of the Researchers Carried Out Various Research Studies on Patients' Satisfaction and Customer Relationship Management**

Sr. No.	Particulars
1	Beth Hogan Henthorne, Tony L. Henthorne, John D. Alcorn (1994)
2	B.Krishan Reddy, G.V.R.K. Acharyulu (2002)
3	Markus Orava, Pekka Tuominen (2002)

**Appendix V: List of the Researchers Carried Out Various Research Studies on Measurement of Attitude of Patients**

Sr. No.	Particulars
1	Stephen Todd, Andrew Steele, Cal Douglas, Mary Douglas (2002)
2	Nimma Satynarayana, K Padma, G.Vijaya Kumar (2004)

**Appendix VI: List of the Researchers Carried Out Various Research Studies on Patients' Expectations/Perceptions**

Sr. No.	Particulars
1	Eugene C. Nelson, Roland T. Rust, Anthony Zahorik, Robin L Rose, Paul Batalden, and Beth Ann Siemanski (1992)
2	James M. Carman (2000)
3	Stefanie Naumann, Jeffrey A. Miles (2001)
4	Li-Jen Jessica Hwang, Anita Eves, Terry Desombre (2003)
5	Alan Baldwin, Amrik Shoal (2003)
6	M. Sadiq Sohil (2003)
7	Dr Sona Bedi, Dr Sanjay Arya, Prof RK Sarma (2004)

**Appendix VII: List of the Researchers Carried Out Various Research Studies on Patients' Safety/Complaints**

Sr. No.	Particulars
1	Rachel Javetz, Zvi Stern (1996)
2	Sophie Y. Hsieh, David Thomas, Arie Rotem (2005)
3	Thomas V. Perneger (2006)
4	Didier Pittet, Liam Donaldson (2006)
5	Kathleen L. McFadden, Gregory N. Stock, Charles R. Gowen (2006)

**Appendix VIII: List of the Researchers Carried Out Various Research Studies on Work Motivation for Hospital Employees**

Sr. No.	Particulars
1	John R. Welc, Brian H. Kleiner (1995)
2	Darren Lee-Ross (2002)
3	Karin Newman, Uvanney Maylor (2002)

**Appendix IX: List of the Researchers Carried Out Various Research Studies on Hospital/Patients' Care Development Programme**

Sr. No.	Particulars
1	P.S. Raju, Subhash C, Lonial, and Yash R Gupta (1995)
2	Keith Hurst (1996)
3	George E. Kempton (1996)
4	Karin Newman (1997)
5	Syed Amin Tabish (1998)
6	Christine Renner, Elaine Palmer (1999)
7	Adrienne Curry, Sandra Stark, Lesley Summerhill (1999)
8	Pratik Hill, Alex O'Grady, Bruce Millar, Kathryn Boswell (2000)
9	Terry R. Lied (2001)
10	Jane McCusker, Nandini Dendukuri, Linda Cardinal, Johanne Laplante, Linda Bambonye (2004)
11	Brandi Spencer, Nick Cram (2004)

**Appendix X: List of the Researchers Carried Out Various Research Studies on Scale Development in Patients' Satisfaction Survey**

<b>Sr. No.</b>	<b>Particulars</b>
1	Emilie Roberts, Ralph Leavey, David Allen, Graham Gibbs (1994)
2	Susan Michie, Che Rosebert (1994)
3	Steven A, Taylor and J, Joseph Cronin Jr. (1994)
4	Binshan Lin, Eileen Kelly (1995)
5	Hana Kasalova (1995)
6	Zack Z. Cernovsky, Richard L. O'Reilly, Maureen Pennington (1997)
7	Ingemar Eckerlund, Bengt Jönsson, Magnus Tambour, Anders H. Westlund (1997)
8	Eileen Evason, Dorothy Whittington (1997)
9	Reva Berman Brown, Louise Bell (1998)
10	Clara Martinez Fuentes (1999)
11	Ulf Goran Ahlfors, Tommy Lewander, Eva Lindstrom, Ulrik Fredrik Malt, Henrik Lublin, Ulf Malm (2001)
12	Jessie L. Tucker, Sheila R. Adams (2001)
13	Thomas Meehan, Helen Bergen, Terry Stedman (2002)
14	A. Gigantesco, P Morosini, A. Bazzoni (2003)
15	Reva Berman Brown, Louise Bell (2005)
16	Ugur Yavas, Natalia Romanova (2005)

**Appendix XI: Summary for Review of Literature on Patients' Satisfaction with Quality of Services**

Sr. No.	Publication Details	Title	Authors	Focus
1	Journal of Marketing (1985)	A Conceptual Model of Service Quality and its Implications for Future Research	A. Parasuraman, Valarie A. Zeithaml, and Leonard L. Berry	Revealed ten dimensions used by consumers in assessing service quality, Reliability, responsiveness, Competence, Access, Courtesy, Communication, Credibility, Security, Understanding/Knowing the Customer, and Tangibles
2	Journal of Retailing (1988)	SERVQUAL: A Multiple – Item Scale for Measuring Consumer Perceptions of Service Quality	A. Parasuraman, Valarie A. Zeithaml, and Leonard L. Berry	Focuses on conceptualization and operationalisation of 22 items instrument SERVQUAL, and identified five distinct dimensions for assessing service quality measurement called tangibles, Reliability, Responsiveness, Assurance, and Empathy
3	The Journal Of Services Marketing (1989)	Selection Criteria For Professional Service Providers	C. Jeanne Hill, S.J. Garner, and Michael E. Hanna	Study examined the importance of nineteen selection criteria consumer might use in their choice of a professional service provider. Factor analysis reduced the variables to five factors which include knowledge, comfort, time, social reputation and accessibility.
4	Journal of Retailing (1991)	Refinement and Reassessment of the SERVQUAL Scale	A. Parasuraman, Valarie A. Zeithaml, and Leonard L. Berry	Follow up study to redefined the SERVQUAL and was considered as generic instrument with good reliability, validity and broad applicability and feel confident of usefulness of SERVQUAL
5	Journal of Health Care Marketing (1992)	Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation	James Agarwal	Findings concluded that practical insights such as recognition and reward system will improve an employee's attitude on the responsiveness dimension of service quality, and the scale provides hospital administrators a tool for identifying low scores on any of the dimensions, which could, however, be symptomatic of a deeper problem.
6	Journal of Health Care Marketing (1992)	Measuring Outcomes of Hospital Care Using Multiple Risk-Adjusted Indexes,	James Agarwal	Multiple risk-adjusted measures of hospital outcomes was tested by using a Spearman rank-order correlation, and it was revealed that no relationship between a hospital's rankings on any of these indices as the hospitals high on one index were not necessarily high on either of the other two measures, and these indices should not be combined into a uni-dimensional measure of quality, at least at the hospital level of analysis.
7	Journal of Health Care Marketing (1992)	The Public's Perception of Quality Hospitals II: Implications for Patient Surveys	Ronald L. Zailocco	Respondents rated local hospitals and studies found that patient relations, medical staff, nursing staff, convenience, and technology were identified as factors defining a level of quality. Hospitals rating highest in quality had the characteristics viz., non-rural, larger, tertiary care, teaching, higher patient census, better staffed, lower mortality rates, higher average employee salaries, and more costly.



8	International Journal of Health Care Quality Assurance, MCB University Press Limited (1994)	Continuous Quality Improvement in an Acute Hospital: A Report of an Action Research Project in Three Hospital Departments	C. Potter, P. Morgan and A. Thompson	The findings provide substantial evidence that making performance information for public stimulates long-term improvements beyond those stimulated by private reports. Findings suggest that the mechanism by which public reporting affects improvement was more likely to be with concerns about reputation than with concerns about market share.
9	International Journal of Health Care Quality Assurance MCB University Press Limited (1994)	Improving the Quality of Service in an Out-Patient Department	David Williams and Janet M. Williams	The project identified patient's problem areas had made real changes to the quality of the out-patient service viz., Queues at the Out-patient Department desk have been eliminated; Number of patients waiting less than 30 minutes has increased; Number of out-patient's clinics starting on time has increased; Case note availability has now reached 99.9 per cent at the start of each clinic; all patients have individual appointment times; an out-patient information booklet has been produced; and Doctors receive monthly feedback in league table format of their clinic start-time records and the average wait of patients in their clinics.
10	Journal of Health Care Marketing (1994)	Service Quality Measurement- Examination of dental practices sheds more light on the relationships between service quality, satisfaction, and purchase intentions in a health care setting	James H. McAlexander, Dennis O. Kaldenberg, and Harold F. Koenig	Study found that dental patients' assessments of overall service quality were strongly influenced by assessments of provider performance and, the study also found that purchase intentions were influenced by both patient satisfaction and patient assessments of overall service quality
11	Journal of Health Care Marketing, (1994)	The Great Gap- Physicians' perceptions of patient service quality expectations fall short of reality	Stephen J. O'Connor, Richard M. Shewchuk, and Lynn W. Carney	Findings from the preliminary investigation showed that doctors in a multi specialty clinic rated patient expectations of reliability, responsiveness, assurance, and empathy lower than did administrators, patient-contact personnel, and, most significantly, the patients themselves.
12	International Journal of Health care Quality Assurance, MCB University Press (1995)	Service Quality in Hospital Care: The Development of an In-patient Questionnaire	Anne E. Tomes and Stephen Chee Peng Ng	Study has identified seven factors relating to the service quality in in-patient care –five Intangible factors i.e. Empathy, Relationship, of mutual respect, Dignity, Understanding, religious needs and two tangible factors- Food and Physical environment.

13	Health Manpower Management, MCB University Press (1995)	A Multidisciplinary Team Approach To Day Hospital Patient Care	Christopher Johns and Stephen Bell	Issues related with day hospital was ineffectiveness were identified and changes were suggested viz., quality team be established to look at all aspects of the day hospital; admission criteria were designed for selection of patients for admission; patient questionnaire was designed; patient information leaflet was developed; Standards have been set for both consultants and junior medical staff for review of patients; and written discharge policy has been formulated.
14	International Journal of Health Care Quality Assurance, MCB University Press Limited (1995)	Improving Out-Patient Clinic Waiting Times: Methodological And Substantive Issues	Mike Hart	Study conducted in U.K. revealed that patients will differ in their approach to waiting times depending on their domestic, work and other commitments. Most patients would like a degree of predictability in the time spent in an out-patient department so that other commitments related to work; child-care arrangements and so on can be coordinated.
15	International Journal of Operations & Production Management, MCB University Press (1996)	Hospital Policy Changes in Obstetric Patient Movement	Kathleen L. McFadden	Hospital under study altered the existing health care facility and incorporated the proposed policy changes in patient movement. These modifications increased overall operating efficiency and patient satisfaction; also seen a reduction in average length of stay. This article has demonstrated how quantitative models can be used to evaluate the cost-effectiveness of hospital programmes.
16	International Journal of Health Care Quality Assurance, MCB University Pres (1996)	Improving The Quality Of NHS Out-Patient Clinics: The Applications And Misapplications of TQM	Mike Hart	Study assess the quality of out-patient clinics by the use of single, simplistic indicators such as a waiting time and concludes that One has to be cautious that the patient's waiting-time can have the effect of reducing the real, rather than the measured, quality of the service under consideration.
17	International Journal of Health Care Quality Assurance, MCB University Press (1996)	Using Simulation in Out-Patient Queues: A Case Study	Fenghueih Huarng, Mong Hou Lee	Overwork and overcrowding in some periods was an important issue for the out-patient department of a local hospital in Chia-Yi in Taiwan. The results show that, with the development of computer simulation model, the waiting time was greatly reduced and the workload of the doctor was also reduced to a reasonable rate in the overwork and overcrowding periods.
18	International Journal of Health Care Quality Assurance, MCB University Press (1998)	Comparing Public And Private Hospital Care Service Quality	David Camilleri, Mark O'Callaghan	SERVQUAL model and Donabedian's framework applied to compare and contrast Malta's public and private hospital. Study concludes that private sector users considered price as that least important factor and public service users consider price as second only to the quality of core services, private hospitals are expected to offer a higher quality service, particularly in the "hotel services", but it was the public sector that was exceeding its patients' expectations by the wider margin.

19	International Journal of Health Care Quality Assurance, MCB University Press, (1998)	The Outpatient Experience: Results Of A Patient Feedback Survey	Katherine McKinnon, Paul D. Crofts, Rhiannon Edwards, Peter D. Campion, and Richard H.T. Edwards	This study showed high levels of patient satisfaction with the quality of their consultations; attitude shown to them by medical staff but waiting times from referral to appointment and delays in clinics were the main areas for improvement.
20	International Journal of Health Care Quality Assurance, MCB University Press (1999)	An Analytical Approach to Determining The Competitive Advantage of TQM In Health Care	Mahmoud M. Yasin, Jafar Alavi	Based on the results of this study, it was concluded that the fears of some healthcare administrators were unfounded. Not only that TQM does not compromise organizational effectiveness, but it actually improves it, as it contributes to increasing market share.
21	Journal of Public Health Medicine, Faculty of Public Health Medicine, Printed in Great Britain (1999)	What Problems Do Patients Present With Outside Normal General Practice Surgery Hours? A Prospective Study of The Use of General Practice and Accident and Emergency Services	Anthony J. Avery, Lindsay Groom, Daphne Boot, Stephen Earwicker and Robin Carlisle	There were marked differences in the distribution of problems that patients presented to the two types of services, General Practices and Accident and Emergency (A & E) services. Given the differences in presentations to both general practice and A & E services there may be limited scope for altering patients' consulting patterns without making significant changes to service provision. However, there may be scope for increasing the proportion of general practice contacts dealt with by telephone alone.
22	Journal of Health care Quality Assurance, MCB University Press (2000)	A study of Patients' Expectations and Satisfaction in Singapore Hospitals	Paay Cheng Lim & Nelson K.H. Tang	Study concluded that out of six dimensions of SERVQUAL (Tangibles, Reliability, responsiveness, Assurance, Empathy Accessibility & Affordability) Assurance and Responsiveness were the critical dimensions of Singapore hospitals' service quality and hospital failed to meet patients' expectations in all the six dimensions.
23	Journal of Public Health Medicine, Faculty of Public Health Medicine, Printed in Great Britain (2000)	Utilization Of Out-Of-Hours Services By Patients With Mental Health Problems	Fiona Payne	The study highlights some clear patterns in how out-of-hours services are used for mental health problems. The data may be useful in helping providers to plan their services more appropriately. The study also highlighted some of the problems in collecting routine data of this nature.
24	Journal of the Academy of Hospital Administration (2001)	Expectations of People from Quality Health Services in Metropolitan city of Delhi and to Propose a Sound Health Care Marketing Strategy for Private/Corporate Hospitals in Delhi	Ambuj Bharadwaj, D.K. Sharma, R.K. Sharma, P.C. Chaubey	Resulting patient preference, from the study conducted in selected hospitals of Delhi, was Highly Qualified Doctors; Advanced Investigation Facilities; Large Hospital Cleanliness; Courteous Behavior of the Hospital staff, and Easy Accessibility.

25	International Journal of Health Care Quality Assurance, MCB University Press Limited, (2001)	An Analysis of Service Quality at a Student Health Center	Cem Canel, Elizabeth A. Anderson Fletcher	The employees felt that students valued the dimension of reliability most of all and followed by assurance, empathy, responsiveness and tangibles. The student's responses in the order of service quality determinants were reliability, responsiveness, assurance, empathy, and tangibles. Both groups listed reliability as the most important determinant and tangibles as the least important determinant of service quality in a university health care center.
26	International Journal of Health Care Quality Assurance, MCB UP Limited (2002)	Service Quality Measurement in a Medical Imaging Department	Joseph C. H. Wong	Project evaluates quality of service provided for ambulatory clients at the Bone Densitometry Unit in the Royal Brisbane (Australia) Hospital using the SERVQUAL dimensions. Findings showed of the five dimensions, responsiveness, assurance and empathy factors were more important predictors of overall service satisfaction.
27	Managing Service Quality, MCB University Press Limited (2002)	Case Study framework for Evaluating Performance and Quality Improvement in Hospitals	Clare Chow-Chua, Mark Goh	The preliminary results suggest that hospitals can also use this approach to their advantage, yielding sustainable improvement in patient satisfaction and better inter-departmental communication. Through this framework, hospitals can make better quality decisions based on structured measurement and knowledge.
28	University of Washington School of Medicine Division of Psychiatry and Behavioral Sciences, Survey of The year 2002/2003	Western state Hospital Consumer and Visitor Satisfaction Survey	De Dennis McBride, Jonathan Lindsay and Morgan Wear	Focus to gain consumers and visitors perspective [by using The Mental Health Statistical Improvement Project (MHSIP) Model] on participation in treatment, appropriateness and quality of service, outcomes of service, communication and information regarding treatment, the hospital environment, and general satisfaction.
29	International Journal of Health Care Quality Assurance, MCB UP Limited (2003)	A Conceptual Framework for Hospital Quality	Yves Egli, Patricia Halfon	Proposed a simple model specific to hospitals, based on four entities (Patients, Activities, Resources and effects) and six levels, (Representations, Priorities, Measures, Standards, Evaluation and Accountability) in order to measure the development of quality.
30	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited (2004)	Hospital Service Quality: A Managerial Challenge	Raduan Che Rose, Mohani Abdul, and Kim Looi Ng	Findings suggest that the technical quality factor was the most important determinant of service quality for the two hospitals. Contrary to established beliefs, the cost factor was found to be insignificant. Hence, to manage service quality effectively, the test lies in how well healthcare providers know the customers they serve.
31	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited (2004)	Involving Patients to Improve Service Quality in Primary Care	Keith Stevenson, Paul Sinfield, Vince Ion and Marilyn Merry	Study tested a method for involving patients in setting quality indicators locally for their primary care providers. The patient generated quality service indicators includes 18 indicators and based on five dimensions viz., Accessibility, Consultation, Referral, Prescriptions, and Communication.

32	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited, (2004)	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited	E. Joseph Torres, Kristina L. Guo	Importance of measuring the views of patients, improving patient satisfaction through a community-wide effort, and using a Six Sigma program were highlighted. A key component to quality improvement techniques involves collaborative efforts by all health-care professionals and managers as they seek to increase patient satisfaction.
33	Review Bottom Line, Review of Ophthalmology, (September 2004)	Welcoming Elective Surgery Patients	Christine Lapointe, Jan Watson	Study recommended areas which surgery staff has to learn and restructure in their practice, which includes preparation and Organisation, communication, accountability and commitment for all staff members; use efficiency and foresight for the surgery; and servant-hood for excellent care of patient.
34	International Journal of Health care Quality Assurance (2005)	Measuring Service Quality in a Hospital Colposcopy Clinic	Mik Wisniewski and hazel Wisniewski	Study applied the quality dimensions of SERVQUAL instrument includes, Tangibles, Reliability Responsiveness, Assurance and Empathy, and findings identified largest service quality gap was observed for the reliability of services.
35	Health Affairs (2005)	Hospital Performance Reports: Impact on Quality, Market Share, and Reputation	Judith H. Hibbard, Jean Stockard, and Martin Tusler	The findings provide substantial evidence that making performance information for public stimulates long-term improvements beyond those stimulated by private reports, and suggest the mechanism by which public reporting affects improvement was more likely to be with concerns about reputation than with concerns about market share.
36	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited, (2005)	How Quality Improvement Programs Can Affect General Hospital Performance	Eitan Naveh, Zvi Stern	The study compared hospital performance before and after the Quality Improvement (QI) program implementation and findings stated that increasing the number of QI activities (items) brings about more improvement events. The results does not support the hypothesis that high, rather than low, intensive implementation of QI activities leads to more improvement events.
37	Journal of Services Marketing, Emerald Group Publishing Limited (2005)	The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of service	Kui-Son Choi, Hanjoon Lee, Chankon Kim, and Sunhee Lee	Findings resulted in 19 items with a clean four factor structure which includes factors related with Physician Concern, Staff Concern, Convenience of the Care process, and Tangibles. Results indicated that the general causal relationship between service quality and patient satisfaction was well supported in the South Korean health-care delivery system.
38	Journal of Health Organization and Management, Emerald Group Publishing Limited (2005)	Ways To Reduce Patient Turnaround Time And Improve Service Quality In Emergency Departments	David Sinreich, Yariv Marmor	In order to provide quality treatment to patients, Emergency Department (ED) process operations have to be flexible and efficient. The analysis reveals that waiting time comprises 51-63 per cent of total patient turnaround time in the ED and its major components includes, time away for an x-ray examination; waiting time for the first physician's examination; and waiting time for blood work.

**Appendix XII: Summary for Review of Literature on Patients' Satisfaction**

<b>Sr. No.</b>	<b>Publication Details</b>	<b>Title</b>	<b>Authors</b>	<b>Focus</b>
01	Advances in Consumer Research (1986)	Research On Patient Satisfaction Potential Directions	Ruth Belk Smith, Paul N. Bloom, Kelley Sonon Davis	Results showed that patients seemed quite satisfied with scheduling of appointments; helpfulness of the staff; received sufficient information on billing and insurance procedures; thought fees charged were reasonable. Where as Open-ended responses indicated, however, that a number of patients have to wait too long to get an appointment and requests were made for more varied hours as well as for receptionist to inform by telephone and in person if the doctor was running far behind schedule; less satisfaction with the staff, requesting more respect, friendliness, and more satisfactory information; fees were considered too high in relation to the short amount of time spent with the physician.
02	Journal of Advanced Nurrsing (1992)	Measuring Patients' Satisfaction with Nursing Care	Senga Bond, Lois H Thomas	The development of patient satisfaction measures which were both reliable and valid and was costly, and it would be wasteful to develop new measures if appropriate measures already exist where appropriate measures do not exist, only then is the costly process of developing new assessments warranted.
03	Journal of Healthcare Marketing (1992)	Research in Brief: Patient Satisfaction: The Impact of Past Experience	Joby John	The study conducted and findings suggested that prior satisfaction with the health care system in general and with the same hospital when applicable has a significant influence on patient evaluations of current hospital experience.
04	International Journal of Health Care Quality Assurance, MCB University Press Limited (1994)	Patient Satisfaction Studies: Methodology, Management and Consumer Evaluation	Claire Batchelor, David J. Owens, Martin Read and Michael Bloor	Study suggested guidelines for future research and constitute sound criteria which includes, the precise nature of the research objectives should be clarified; if resources are not available the research should not be undertaken; there needs to be research on the extent to which different types of user evaluation studies in given settings and with given research objectives make a difference. Patient feedback should not be regarded as just another management tool.
05	Journal of Health Care Marketing (1995)	Mediators vs. Moderators of Patient Satisfaction	Venkatapparao Mummalaneni, Pradeep Gopalakrishna	The results of empirical investigation indicated that a huge proportion of the variance in consumer satisfaction was accounted for by the delivery system characteristics. Income was the only socio-demographic variable that appeared to have much influence on satisfaction, but that would have relevance only if providers are targeting a specific income group.
06	International Journal of Health Care Quality Assurance, MCB University Press (1995)	Patient-Focused Care and its Role in Hospital Process Re-Engineering	Janice Nicholson	The conclusion was made that patient-focused care as an important development process which helps hospitals to redesign the care processes. Patient-focused care and hospital process reengineering are both about a fundamental change in culture and attitude.

07	Journal of Health Care Marketing (1995)	Should Marketers Care About Satisfying Medicaid Patients?	Patrick M. Baldasare	From the study two surprising themes emerged in the research. First, was issues related to empathy and respect dominated the focus group discussions. Second, even issues that are not typically related to respect were interpreted in light of the respect issue. In addition to the technical quality of care, these patients reckon with a larger issue i.e. seeking respect, equal treatment, and empathy from the care provider.
08	Report Funded by Faculty of Social Sciences and Communication s Royal Melbourne Institute of Technology for Department of Human Services and Health. (October, 1995)	The Role of Patient Satisfaction Surveys in a National Approach to Hospital Quality Management	Mary Draper, Sophie Hill	Report was commissioned with a purpose to report on the feasibility of national benchmark questions for patient satisfaction surveys. Patient satisfaction surveys need to be undertaken in a context that goes beyond comparison of results to a context where hospitals use benchmarking, or other approaches, to establish what the processes are that lead to good practice
09	International Journal of Health Care Quality Assurance, MCB University Press (1996)	Health Care Quality in NHS Hospitals	Fayek N. Youssef	A striking result was that reliability was considered by far the most important dimension. Empathy was the second most important dimension, and was closely followed by responsiveness. Tangibility was considered the least important of the five SERVQUAL dimensions
10	Psychitric Services (1997)	Influence of Patient and Hospital Factors on Consumer Satisfaction with Inpatient Mental Health Treatment	Robert Rosenheck, Nancy J. Wilson, and Mark Meterko	Study revealed that the strongest and most consistent predictors of satisfaction were older age and better self reported health. Patient's characteristics associated for more of the variance in satisfaction than did facility characteristics. Older and healthier patients reported greater satisfaction with mental health care services.
11	International Journal of Health Care Quality Assurance, MCB University Press (1997)	Achieving Hospital Operating Objectives in t he Light of Patient Preferences	Martha Ramirez T. Valdivia, Thomas J. Crowe	The results suggested that in order to reduce the waiting time to be seen by a doctor, it is necessary to reduce the check-in time window. For this, it was necessary that the clinic's administration develop procedures to educate its patients to check-in more closely to their scheduled appointment times. The results obtained by applying the SSQS methodology have successfully reduced the waiting of clinic patients and, hence, have achieved the original timeliness standard goal.
12	International Journal of Health Care Quality Assurance, MCB University Press (1998)	Determinants of Customer Satisfaction With Hospitals: A Managerial Model	Syed Saad Andaleeb	A study to tests a five-factor model identified factors include communication with patients, competence of the staff, their demeanour, quality of the facilities, and perceived costs. The findings of this study suggested that hospital customers accord great importance to the demeanour of the staff, a multi-attribute construct that must be instilled and inculcated, much like an attitude, among the staff.

13	Vikalpa the Journal for Decision Makers; Indian Institute of Management, Ahmedabad (1999)	A Study on Patient Satisfaction in Outdoor Services of Private Health Care Facilities	R.D. Sharma and Hardeep Chahal	Results revealed that in choosing a hospital patients give first preference to the efficiency of doctors followed by prior family experience and recommendations by friends, relatives. It also identify several non-medical aspects of services responsible for producing increased satisfaction includes, knowledge, cooperation, interpersonal warmth, adequate and timely information, prompt services, efficiency of the staff, convenience etc.
14	Psychiatric Services (1999)	Patient Satisfaction and Administrative Measures as Indicators of the Quality of Mental Health Care	Benjamin G. Druss, Robert A. Rosenheck, Marilyn Stolar,	Results revealed that at the patient level, satisfaction with several aspects of service delivery was associated with fewer readmissions and fewer days readmitted. Better alliance with inpatient staff was associated with higher administrative measures of rates of follow-up, promptness of follow-up, and continuity of outpatient care, as well as with longer stay for the initial hospitalization.
15	International Journal for Quality in Health Care, International Society for Quality in Health Care and Oxford University Press (1999)	Patient Satisfaction In Bangkok: The Impact of Hospital Ownership and Patient Payment Status	Viroj Tangcharoensathien, Sara Bennett, Sukalaya Khongswatt, Anuwat Supacutikul, Anne Mills	Results indicated that clear and significant differences emerged in patient satisfaction between groups of hospitals with different ownership. Non-profit hospitals were most highly rated for both inpatient and outpatient care. For inpatient care public hospitals had higher levels of satisfaction amongst clientele than private for-profit hospitals.
16	International Journal of Health Care Quality Assurance incorporating Leadership in Health Services, MCB University Press (1999)	Seeing the Wood for the Trees: Defining the Forgotten Concept of Patient Dissatisfaction in the Light of Patient Satisfaction Research	Joanne Coyle, Brian Williams	It was argued that researchers should not assume that Dissatisfaction and satisfaction were the opposite ends of the same continuum; the expression of dissatisfaction represents a negative evaluation of health care; and Dissatisfaction results from the failure to meet expectations. Further, Categories such as power, control, attributions, and personal value/worth are complex variables which intervene between the experience of unpleasant events and the expression of dissatisfaction.
17	International Journal of Health Care Quality Assurance, MCB University press (2000)	Comparing Patients' Experience of Mental Health services in England: A Five-Trust Survey	Yvonne Webb, Paul Clifford, Vanessa Fowler, Celia Morgan, Marie Hanson	Study showed that many patients did not have a copy of their care plan and had not been involved in the care planning procedure. Many reported shortcomings in their experience of their key worker and their psychiatrist. However, there was substantial variation in experience across services, "Your Treatment and Care" showed good internal reliability, was acceptable to users, and appeared to be able to access actual experiences better than a traditional 'satisfaction' item.
18	International Journal of Health Care Quality Assurance, MCB University Press (2000)	Patient Participation Requires a Change of attitude in Health Care	Ingrid Hage Enehaug	Healthcare providers need to select, plan, and execute their own behavioural changes; create a system based on the premises of the consumers; establishing a patient/ relative panel for creating an arena for building partnerships with patients.



19	Journal of Services Marketing, MCB University Press (2000)	Patient Satisfaction: A Matter of Choice	Douglas Amyx, John C. Mowen, Robert Hamm	The study yielded four major findings includes , patients who experienced a good health outcome were significantly more satisfied than patients who received a bad health outcome; patient satisfaction ratings differed significantly only in the bad outcome condition, suggesting an outcome bias; patients who were given the freedom to select a physician but did not receive their chosen physician were least satisfied; and there was no difference in satisfaction between patients who had a choice of physician and those who did not.
20	Total Quality Management (2000)	Patient Satisfaction and Priority Setting in Ambulatory Health Care; Total Quality Management	Ingemar Eckerlund, Jan A. Eklof, Jorgen Nathorstboos	Three dimensions were considered for determining the patient satisfaction namely Accessibility, Environment, and Participation. The results obtained from the empirical survey point at improvements where both the satisfaction and the willingness to pay were strong. It was seen that most of the major improvements proposed in the health personnel – patient relationship were more expensive to implement than the customers (patients) are willing to pay for.
21	International Journal of Service Industry Management, MCB University Press (2000)	Patient Satisfaction With Medical Encounters: A Cross-Cultural Perspective	Kathryn Frazer Winsted	Results suggest that Clearly, there was vast similarity between the behaviors that most relate to satisfaction in USA & Japan countries hospitals, but, there were some differences also. For the USA encounters, the top three behaviors in terms of correlation to satisfaction were Caring, Sincere, and Pleasant. For the Japanese encounters, the behaviors most related to satisfaction were Pleasant, Nice and Attentive. The Japanese seemed much more concerned about speed of service than the Americans.
22	Journal of Public Health Medicine, Faculty of Public Health Medicine (2000)	Patient satisfaction with out-of-hours services; how do GP co-operatives compare with deputizing and practice-based arrangements?	Cathy Shipman, Fiona Payne, Richard Hooper and Jeremy Dale	Overall, patients were as satisfied with the co-operatives as with practice-based or deputizing service arrangements, although many concerns were expressed about the quality of service provision. Differences in satisfaction were greater between forms of service delivery within the co-operative.
23	Psychology and Health (2000)	Satisfaction Profile (SAT-P) in 732 Patients: Focus on Subjectivity in HRQoL Assessment	Giuseppina Majani, Antonia pierobon, Anna Giardini, Simona Callegari	A 32-item questionnaire developed by Giuseppina Majani et. al. (2000) aimed at assessing patient's satisfaction about everyday life. The factor analysis extracted factors viz., Psychological functioning, Physical Appearance, Type of work, Social functioning. Test-retest reliability, Study suggest to consider the SAT-P a useful complementary tool in Healthy Related Quality of Life (HRQoL) assessment.

24	Hospital Topics: Research and Perspectives on Healthcare (2000)	Satisfaction with the Billing Process: Using a Patient Survey to Identify Opportunities for Process Improvement	Nancy Gregory, Dennis O. Kaldenberg	The goal of the study was to develop and illustrate a psychometrically sound survey that would measure patient satisfaction with a facility's billing process. Factor analysis generated five-factor solution labeled as Bills for Services, Staff, procedures, Personal Issues, and Other ratings.
25	Journal of Academy of Hospital Administration (2001)	A Patient Satisfaction Survey in Public Hospital	Prasanta Mahapatra, S. Srilatba Sridhar P.	The patient's assessment of hospital services in 25 District or Area Hospitals showed the major dimensions viz., Access-availability-convenience; Communication; Financial Aspect; General Satisfaction; Interpersonal Aspects; Technical Quality; and Time spent with Doctor. 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, lights etc., and poor maintenance of toilets and lack of cleanliness, and poor interpersonal or communication skills.
26	Journal of Management in Medicine, MCB University Press (2001)	Can Primary Care be Both patient-Centred and Community-Led?	Neil Drummond, Steve Iliff, Sandra McGregor, Neil Craig, and Moria Fischbacher	Relationships between the macro-levels, meso-levels, and micro-levels, examined in the four health authority areas in England. Findings suggests that Fundholding achieved some success in challenging the way in which services were provided at the micro-level (the practice), but had a less marked effect in terms of changing services provision at the health authority (meso) level or in developing collaborative working with trusts and health authority in strategic decision making.
27	British Journal of Dermatology (2001)	Factors Associated With Patient Satisfaction With Care Among Dermatological Outpatients	C.Renzi, D.Abeni, A.Picardi, E.Agostini, C.F.Melchi, P.Pasquini, P.Puddu, And M.Braga	Overall satisfaction increased by the physician's ability to give explanations, to show empathy for the patient's condition, by the older age of patients, and with increasing disease severity, but it decreased with symptom-related poor quality of life. The lowest level of satisfaction was found among patients whose symptom-related quality of life was worse than the clinical severity rated by the dermatologist.
28	International Journal of Health Care Quality Assurance, MCB University Press (2001)	Information as a Distinct Dimension for Satisfaction Assessment of Outpatient Psychiatric Services	Michel Perreault, Theodora E. Katerelos, SteÂphane Sabourin, Pierre Leichner, Julie Desmarais	The findings suggest that not only important to consider information as a distinct dimension of satisfaction but it was equally important to examine three categories, consisting of satisfaction with information on; patients' problems/illness; distinct treatment components such as medication and psychotherapy; and patients' treatment progress.
29	International Journal of Health Care Quality Assurance, MCB University Press (2001)	Statistical Measures Of Customer Satisfaction for Health Care Quality Assurance: A Case Study	M.A.A. Hasin, Roongrat Seeluangsawat, M.A. Shareef	The survey identified the quality factors which include Cleanliness, Services of Doctors, Services of Nurses, Services of Officers and Staff, Other factors—such as Change attitude of employees, Training at all levels, break the departmental barrier, Absence of policy is a problem and should be overcome.

30	International Journal of Health Care Quality Assurance, MCB University Press Limited (2001)	The Nurse Retention, Quality of Care and Patient Satisfaction Chain	Karin Newman, Uvanney Maylor, Bal Chansarkar	Principle findings from review of the service quality and human resource management literature indicates that customer service is a pre-requisite for customer satisfaction; employees play a key role in the provision of service; employees influence the quality of, and delivery of products and services; evidence of a positive relationship between employee satisfaction and customer satisfaction.
31	British Journal of Clinical Governance, MCB University Press (2001)	The Role of Information Technology in Enhancing Patient Satisfaction	Charles Zabada, Sanjay Singh, George Munchus	Article suggested that one of the ways to improve patient satisfaction rating was to put more emphasis on the use of appropriate information technology in the delivery of healthcare. Study offer dimensions that can provide managers with a framework well amenable to Information technology, includes, Interaction Evaluation, Competence Evaluation, Financial transaction Evaluation, and facilitating factor evaluation.
32	Child and Adolescent Social Work Journal, Human Sciences press, Inc. (2002)	Client satisfaction methods: Input from Parents with Children in Foster Care	Stephen A. Kapp, Jennifer Propp	Themes that emerged includes concern related to service provider viz., Communication, Availability, Respect, Parent caregiver involvement, Rights, and Satisfaction survey comments. Theses themes that emerged relate not only to the development of a satisfaction instrument and protocol, but to the experience of having a child in the foster care system.
33	J Gen Intern Med (JGIM) (2002)	Influence of Body Weight on Patients' Satisfaction with Ambulatory Care	Christina C. Wee, Russel S. Phillips, Francis Cook, Jennifer S. Haas, Ann Louise Puopolo, Troyen A. Brennan, Helen R. Burstin	Study examined whether obesity is associated with lower patient satisfaction with ambulatory care at 11 academically affiliated primary care practices in Boston. Patient satisfaction with their usual provider and their practice did not vary by BMI group. Obesity is associated with only modest decreases in satisfaction scores with the most recent visit, which were explained largely by higher illness burden among obese patients.
34	Journal of Consumer Marketing, MCP UP Limited (2002)	Patient/Enrollee satisfaction with Healthcare and Health Plan	Karin Braunsberger, Roger H. Gates, 2002	The findings of the study showed that healthier patients, older patients, males, those with a lower level of education, those who perceive system performance to be high and those with lower levels of system usage were more satisfied with both their healthcare and health plan than their opposite counterparts.
35	Journal of Management in Medicine, MCB UP limited (2002)	The Moderators of Patient Satisfaction	Jessie L. Tucker	The study measured patient satisfaction with health care in military facilities at Department of Defense (DOD) in USA considering the Socio-demographic factors, Health Status, Geographic Location, and Utilisation factors as patient specific factors and Health system characteristics Communication Outcome of care, and Quality of Care as Control variables. Findings suggest that patient specific factors predicted patients' satisfaction after controlling for factors depicting patients' evaluations of health system characteristics (control variables). Patient specific factors provided added, although very minimal, explanatory value to the determination of patients' satisfaction.

36	Journal of the Academy of Hospital Administration (2003)	Patient Satisfaction - A Comparative Study	Talluru Sreenivas, G.Prasad	It was concluded that out of three sample hospitals Deccan that runs along corporate lines was satisfying the needs of the patients considerably. Though it stood first in the analysis, these hospitals were not away from the problems such as, Doctors are unable to come out from their own psychological set up; Paramedical staff is becoming strong and envious of doctors and Institution and unable to come up to the expectations of the top administration; cost of medical care
37	Journal of the Academy of Hospital Administration (2003)	Study of Patient Satisfaction in a Tertiary Referral Hospital	Arpita Bhattacharya, Prema Menon, Vipin Koushal, K.L.N. Rao	The results showed that Very high levels of satisfaction were expressed on doctors' work. The technical aspects of nursing care were satisfactory and Moderate levels of satisfaction were recorded regarding the general attitude of nurses and ward servants. Thirty seven percent of patients felt the treatment facilities could be better.
38	Journal of Nursing care Quality; Lippincott Williams & Wilkins, Inc. (2003)	Patients' Satisfaction and Importance Ratings of Quality in an Outpatient Oncology Center	Iris Gourdj, Lynne McVey, Carmen Loiselle	Overall satisfaction ratings indicate that patients were satisfied with their care. Patients' perception of waiting time and lack of questioning regarding their medications by the pharmacist were identified as two areas needing improvement.
39	Journal of Community Psychology, Wiley Periodicals, Inc. (2003)	Client Choice of Treatment and Client Outcomes	Robert J. Casyn, Gary A. Morse, Robert D. Yonker, Joel P. Winter, Kathy J. Pierce, Matthew J. Taylor	Results concluded that out of five different mental illnesses treatment when two choices were nearly equal in attractiveness respondents experienced the greatest amount of freedom, and consequently the greatest amount of personal responsibility for their choice. A client can simultaneously have positive expectancies about the chosen program, and still be attracted to another program.
40	Journal of Services of Marketing, MCB UP Limited (2003)	Patient Care Teams and Customer satisfaction: the Role of Team Cohesion	Dawn R. Deeter-Schmelz, Karen Norman Kennedy	Research reveals that a strong link between team cohesion and the quality of patient care, which in turn associated with patient satisfaction. Team training not only helps to develop cohesion but also to achieve performance results.
41	Military Medicine (2003)	Patient Satisfaction in Military Medicine: Status and an Empirical Test of a Model	A. David Mangelsdorff, Kenn Finstuen	The Department of Defense (DoD) in US was concerned about military health system perform and concluded that the overall level of perceived satisfaction has been "good" over the years surveys were used. The model demonstrated the use of examining demographic and attitudinal components of patient satisfaction in military medical facilities.
42	Psycho-Oncology, (2003)	Patients' Satisfaction Ratings And Their Desire for Care Improvement Across Oncology Settings From France, Italy, Poland And Sweden	A. Breedart, C. Robertson, D. Razavi, L. Batel-Copel, G. Larsson, D. Lichosik, J. Meyza, S. Schraub, L. Von Essen, And J.C.J.M. De Haes	Findings suggested that Across country settings, an increasing percentage of patients wanted care improvement for decreasing levels of satisfaction. However, in France a higher percentage of patients wanted care improvement for high-satisfaction ratings whereas in Poland a lower percentage of patients wanted care improvement for low-satisfaction ratings. Age and education level had a similar effect across countries.

43	International journal of Health Care Assurance, MCB UP Limited (2003)	Patients' satisfaction with Nursing Care in Jordan	Jafar A. Alasad, muayyad M. Ahmed	The findings showed that patients in surgical wards had lower levels of satisfaction than patients in medical or gynecological wards. Gender, educational level, and having other diseases were significant predictors for patients' satisfaction with nursing care.
44	Psycho-Oncology [Published online 27 May 2003 in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/pon.715 ] (2004)	Psychometric Refinement Of An Outpatient, Visit-Specific Satisfaction With Doctor Questionnaire	D. Andrew Loblaw, B Andrea Bezjaka, P. Mony Singhc, Andrew Gotowiecd, David Jouberte, Kenneth Mahe And Gerald M. Devins	Measuring patient's satisfaction with their physician is gaining interest but requires a questionnaire that is valid, reliable and acceptable to patients. Exploratory factor analysis extracted two factors, labeled 'physician disengagement' and 'perceived support.
45	Clinical Governance: An International Journal, Emerald Group Publishing Limited (2004)	Developing an Evidence Base for Patient and Public Involvement	Jill Murie, Gerrie Douglas-Scott	The study summarises five years' experience of patient and public involvement in primary care, Lanarkshire, Scotland. By adopting principles derived from clinical governance (significant event analysis, audit, risk management), needs assessment (surveys, consultation) and health promotion (lifestyle change, community development), effective dialogue between health professionals, patients and the public has been established.
46	The Canadian Journal of Psychiatry (2004)	Patient Satisfaction With Outpatient Psychiatric Treatment: The Role of Diagnosis, Pharmacotherapy, and Perceived Therapeutic Change	Gregor Hasler, Hanspeter Moergeli, Rosilla Bachmann, Evelina Lambreva,, Claus Buddeberg,, Ulrich Schnyder	The results showed that patients with somatoform, eating, and personality disorders were less satisfied than patients with affective, anxiety, and adjustment disorders. Symptom reduction and changes in the interpersonal domain were important outcomes associated with patient satisfaction.
47	Journal of Services Marketing, Emerald Group Publishing Limited (2004)	The Impact of Structure and Process Attributes on Satisfaction and Behavioral Intentions	Dawn Bendall-Lyon, Thomas L. Powers	The results indicated that satisfaction with both structure and process attributes have a significant impact on global satisfaction. Global satisfaction was found to directly influence both intention to recommend and intention to return to the healthcare service provider. Results of this study indicated that service delivery is influenced equally by both structure and process.
48	Journal of Services Marketing, Emerald Group Publishing Limited (2004)	The influence of Mass Communication and Time on Satisfaction and Loyalty	Dawn Bendall-Lyon, Thomas L. Powers	Satisfaction and loyalty decreased from the initial time of the service encounter for both the short-time and long-time groups. While satisfaction and loyalty declined over time for both groups, the results revealed no difference in the change in satisfaction between the two groups. In addition, exposure to mass communication did not influence the change in satisfaction and intention to return over time.

49	Strategic Direction, Emeald Group Publishing Limited (2004)	The Personal Touch: keeping loyalty in Hand	Mayo, Harrah	Views were provided such as, Hospital creators should insist on backing up extensive medical knowledge and up to the minute healthcare with constant visual and experiential clues; Hospital never considered by a patient a nice place to visit, and so make every effort to put patients at ease within their surroundings before they even see a physician. Emphasis should be placed on the importance of customer service and brand development in surviving competition
50	International Journal of Health Care Quality Assurance, Emeald Group Publishing Limited (2004)	The Relationship Between Self-Reported Emotional Health, demographics, and Perceived Satisfaction with Prenatal Care	Suzanne C. Tough, Christine V. newborn-Cook, Alexandra J. Faber, Deborah E. White, Nonie J. Fraser-Lee, Corine Frick	Study concludes that patient assessment of satisfaction with prenatal care may be related to both self-reported emotional health and delivery of medical care. Identifying and addressing emotional health of prenatal patients may improve compliance with medical recommendations, ultimately improving health outcomes.
51	Journal of Child and Family Studies (2005)	Assessing Parental Satisfaction with Children's Mental Health Services with the Youth Services Survey for Families	Sharon E. Riley, Arnold J. Stromberg, James Clark	Study identified five parent-perceived factors which include, Appropriateness, Outcome, Participation in Treatment, Access, and Cultural Sensitivity. About 70% of parents reported a high level of endorsement with the Appropriateness factor, but only 47% reported high levels of endorsement with the Outcome factor. Results were interpreted as providing support for the reliability of the Youth Services Survey for Families (YSSF) in evaluating children's mental health services.
52	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited (2005)	An Empirical Study of Patients' Expectations and Satisfaction In Egyptian Hospitals	Mohamed M. Mostafa	The results highlighted a three-factor solution for the SERVQUAL instrument and it does not support the five-component original SERVQUAL. The model was found to be significant in explaining patients' choice of the type of hospital. The major implication of the study was that the use of quantitative methods alone is valuable in establishing relationships between variables, but is considered weak when attempting to identify the reasons for those relationships.
53	The Indian Journal of Commerce", Quarterly Publication of the Indian Commerce Association, School of Management Studies, IGNOU, New Delhi (March 2005)	Market Performance Analysis and Measurement of Patients' Satisfaction in Healthcare Services	Prof.(Dr.) Parimal H. Vyas & Shri P.D. Thakkar	An empirical study and reported patients' satisfaction from Government hospitals (GHs); Trust hospitals (THs); as well as Private hospitals and Dispensaries (PHs) located at Baroda during the year 2001-2002. Overall, it was found that patients' most favourably reported their own decision as the most important reason followed with suggestions by relatives, family doctors and non-availability of such hospital. The patients' of GHs revealed dissatisfaction on majorities of the selected health care service features whereas mixed feelings were inferred by patients' in THs and PHs the patients of PHs were found relatively better satisfied followed with THs than GHs.

54	Top Emerg Med, Uppincott Williams c& Wilkins, Inc.(2005)	Customer Service and Satisfaction in the Emergency Department	ENA Board of Directors	ENA Board of Directors (2005) discussed the customer service and satisfaction in the Emergency Department (ED) of health care service provider. In the ENA National Benchmark Guide the ED, 1380 ED managers reported that 88% of their patients rated their satisfaction with the ED as good to excellent.
55	The Journal of Family Practice (2005)	Patient Satisfaction Affected by Physician Self-Disclosure	Beach MC., Roter D., Rubin H., Frankel R., Levinson W., Ford DE	How does physician disclosure affect a patient's satisfaction with an office visit? Self-disclosure—that is, sharing a personal story with patients—is perceived favorably by patients of surgeons but less so by patients of primary care physicians.
56	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited (2005)	Patient Satisfaction Under Managed Care	Daniel Simonet	Many patients had complained about the quality of care in USA under the Health Maintenance Organizations (HMO) regime and limits imposed on them, particularly access to care. Much information available on patient satisfaction with their insurers and most surveys indicated the lack of choice of a provider which can be considered as a major source of discontent. Therefore, patient protection laws were necessary to avoid abuse. Patients have little ability or were not willing to rely on the information available when selecting a provider. Increased media attention should boost public confidence in utilizing rankings and evaluation of health care providers.
57	Paediatric Nursing (2005)	Parental Satisfaction With Paediatric Intensive Care	Carobne Haines, Helen Childs	There was a high level of parental satisfaction found in Pediatric Intensive Care (PIC) service with many aspects of the service, particularly the standard of care, the perceived competency of staff and the level of support and involvement experienced. Satisfaction with facilities was more variable, although this was largely in relation to the hospital as a whole, rather than PIC facilities.
58	Quality Management in Health Care, Lippincott Williams & Wilkins, Inc. (2005)	The Voice of the Patient: A National, Representative Study of Satisfaction with Family Physicians	Robert J. Wolosin	Data indicated general satisfaction with care provided by family physicians. Physicians themselves obtained the highest ratings, followed by nurses. Patients were less satisfied with access to care issues; items pertaining to waiting for the physician were rated the least satisfactory of all. Patient gender affected ratings of several survey items; women were more satisfied with physician-related items than were men; men were more satisfied with process-related issues than were women. If family physicians want more satisfied patients, they should show more respect for patients' time.
59	JK-Practitioner (2005)	A Case Study on Patient Satisfaction in SMHS Hospital, Srinagar	Waseem Qureshi, Nazir A. Khan, Ajaz A. Naik, Shabnam Khan, Arshid Bhat, G. Q. Khan, Gh. Hassan, Shahid Tak	A good communication between the patient and provider of health care is vital factor for patient satisfaction. It was also found that almost all the patients and their attendants stressed that the hospital management should regularly visit the ward area to listen to the grievances of the patients and should apply necessary remedial measures.

60	International Journal for Quality in Health Care (2006)	Quality of Care of Modern Health Services as Perceived by Users and Non-Users in Burkina Faso	Rob Baltussen, And Yazoume Ye	Conclusion of the study was in order to remove barriers to increase utilization, policy makers may do good to target their attention to improve financial accessibility of modern health services and improve drugs availability. These factors seem most persistent in decisions of ill people to stay with home-based care and/or traditional medicine, or go to consult modern health services.
61	Mayo Clinic Proceedings (2006)	Patients' Satisfaction With the Preoperative Informed Consent Procedure: A Multicenter Questionnaire Survey in Switzerland	Amina T. Ghulam; Margrit Kessler; Lucas M. Bachmann, Urs Haller, Thomas M. Kessler	Study assessed patients' satisfaction with the preoperative Informed consent procedure in obstetrics and gynecology. The combined written and oral preoperative Information presented was well adapted to patients' informative wishes and needs; it allows for a structured conversation, facilitates documentation, and offers valid legal proof that adequate information has been provided.
62	Institute for Juvenile Research, Chicago	Therapist Goals, Patient Aims and Patient Satisfaction in Psychotherapy	James A. Hill	The study explored the therapeutic perspectives of patients and therapists by determining the cluster dimensions of therapist goals, patient wants, and patient satisfactions, and investigated the influence and interaction of the intention factors on the satisfactions patients reported receiving from psychotherapy. Analysis of the averages of these ratings over time revealed that patient satisfaction was uninfluenced by patient wants, but significantly paralleled the therapist's goal-setting behavior.



**Appendix XIII: Summary for Review of Literature on Comparison of Patients' Satisfaction from Hospitals Services**

<b>Sr. No.</b>	<b>Publication Details</b>	<b>Title</b>	<b>Authors</b>	<b>Focus</b>
1	Journal of Health Care Marketing (1995)	Quality, Sacrifice, and Value in Hospital Choice	Sandra K. Smith Gooding	Suggestion based on findings includes Quality concerns carry significantly less weight with consumers for minor treatment than for major care; monetary and other sacrifice concerns were significantly more important for minor care than for major treatment; However, local hospitals cannot afford to dismiss the importance of perceived quality and must address any negative consumer perceptions while also emphasizing the value of location; Likewise, regional hospitals should promote the quality perception of the entire institution and its specialties while minimizing the sacrifice of longer travel times, etc. in consumer messages.
2	International Journal of Health Care Quality Assurance, MCB University Press (1998)	Comparing Public and Private Hospital Care Service Quality	David Camilleri, Mark O'Callaghan	Study applied SERVQUAL and Donabedian's framework in Malta public & private hospital, and found the private hospital service was regarded as being of superior quality to that provided by the public sector; especially in terms of quality sentinels reflecting the augmented ("hotel") service product, but it was the public sector that was exceeding its patients' expectations by the wider margin. Both the private and the public hospital services were exceeding the corresponding customers' expectations.
3	International Journal of Health Care Quality Assurance, MCB University Press (1998)	Private And Public Medicine: A Comparison of Quality Perceptions	Penelope Angelopoulou, Peter Kangis, George Babis	Study identified that patients in the public sector attribute greater importance to resources of a medical and technical nature and do not seem particularly concerned about the contextual or environmental features of a hospital. Private patients were expecting a more holistic approach to their treatment and expect some attention to be directed to their emotional needs. Private surgeons were worried about the limited basic resources in private hospitals and their inability to satisfy the non-clinical needs of their patients.
4	Managing Service Quality, MCB UP Limited (2003)	Comparing the Quality of private and Public Hospitals	Naccur Jabnoun and Mohammed Chaker	Study found significant difference between private and public hospitals located in Abu Dhabi, Sharjah, and Dubai, in terms of overall service quality and the four dimensions of empathy, tangibles, reliability and supporting skills.

**Appendix XIV: Summary for Review of Literature on Patients' Satisfaction and Customer Relationship Management**

Sr. No.	Publication Details	Title	Authors	Focus
1	Journal of Health Care Marketing (1994)	Enhancing the Provider/Patient Relationship: The Case for Patient Advocacy Programs	Beth Hogan Henthorne, Tony L. Henthorne, John D. Alcorn	Study described process for providing an enhanced level of service i. e., the adoption and implementation of a patient advocacy program, with a goal of to encourage consumer expression of displeasure so remedial action can be taken by management. Patient advocacy programs can counter the perception of depersonalization in health care. Patient advocacy programs can provide an organization with a formal system for quantifying complaints to measure and manage the quality of service to patients better.
2	Journal of the Academy of Hospital Administration (2002)	Customer Relationship Management (CRM) in Health Care Sector - A Case Study on Master Health Check	B.Krishan Reddy, G.V.R.K. Acharyulu	The study aimed at presenting some of the CRM concepts and elements – and also focuses on the Master Health Check (MHC) Packages, profile of customers, their behaviour and finally determining the relationship factors to design CRM strategy. Master health Check is highly demanded because it provides the customers with a list of comprehensive tests and it is also economical (Rs. 1700) compared to the other package; and Executive Health Check was a package that was directed only to the office going people and the executives not recommended for all.
3	Journal of Services Marketing, MCB UP Limited (2002)	Curing and caring in Surgical Services: A relationship Approach	Markus Orava, Pekka Tuominen	Results indicated that, in private surgical services, the surgical procedure itself was the single most important element, but that it must be supplemented by quality dimensions in both output and process throughout the whole surgical service process. The need for relationship marketing was evident in private hospitals because empirical findings heavily underline the importance of patient-staff interactions and the trusting nature of doctor-patient relationships.

**Appendix XV: Summary for Review of Literature on Measurement of Attitude of Patients**

Sr. No.	Publication Details	Title	Authors	Focus
1	Structural Survey, MCB UP Limited (2002)	Investigation and Assessment of Attitudes to and perceptions of the Built Environments in NHS Trust Hospitals	Stephen Todd, Andrew Steele, Cal Douglas, Mary Douglas	The empirical evidence examined suggested that the notions of patients-friendly environments held by participants in the study were based upon three conceptual visions of the role and function of the built environments of health-care facilities, which includes, notions of homeliness, notions of movement and accessibility through transitional spaces, and notions of supportive environments
2	Journal of the Academy of Hospital Administration (2004)	Patient Attitude towards Payment at Super Specialty Hospital in Hyderabad	Nimma Satynarayana, K Padma, G.Vijaya Kumar	Findings of the study suggested that more number of rural patients, particularly from nuclear family with mean income of Rs. 3,102.56 with male preponderance (74%) attended the hospital. The study also showed that white card holder (income <6000 per annum) dominates (52%) the patient profile; and employed patients accounted for 61%. It was surprising to note that 70% patients were able to pay but unwilling to pay the hospital bills. Important finding of the study was that, contrary to expectation of attracting paying (middle income group) patients, the hospital was getting low income group/referral patients. In order to attract the paying patients' medical insurance policy should be considered.

**Appendix XVI: Summary for Review of Literature on Patients' Expectations/Perceptions**

Sr. No.	Publication Details	Title	Authors	Focus
1	Journal of Healthcare Marketing (1992)	Do Patient Perceptions of Quality Relate to Hospital Financial Performance	Eugene C. Nelson, Roland T. Rust, Anthony Zahorik, Robin L. Rose, Paul Batalden, and Beth Ann Siemanski	The findings of the study suggested that measurable improvements in patients' judgments of hospital quality might translate into better financial performance. Analysis confirms that patient perceptions of quality were associated with hospital financial performance. Study clearly demonstrates that meeting inpatients' expectations was associated with the financial strength of hospitals in this investor-owned health care system.
2	Journal of Management in Medicine, MCB University Press (2000)	Theoretical Papers Patient Perceptions of Service Quality: Combining the Dimensions	James M. Carman	The study showed that consumers evaluated the technical dimensions of nursing care, physician care, and outcome as more important than the accommodation functions (accommodation, discharge and food) of hospital care, and there were significant interactions among the technical dimensions. Both sets of dimensions were important and significant, but technical quality evaluations were not influenced by the perceived quality level of the affective attributes.
3	Journal of Management in Medicine, UCB University Press (2001)	Managing Waiting Patients' Perceptions: The Role of process Control	Stefanie Naumann, Jeffrey A. Miles	The results demonstrated that patients who believed they had a voice in the triage process had higher fairness perceptions and waited a shorter period of time than those who believed they did not have a voice in the triage process. In addition, patients' who were told the expected waiting time and were kept busy while waiting had higher satisfaction perceptions.
4	International Journal of Health Care Quality Assurance (2003)	Gap Analysis of Patient Meal Service Perceptions	Li-Jen Hwang, Jessica Anita Eves, Terry Desombre	The results of factor analysis found three dimensions i. e. food properties, interpersonal service, and environmental presentation. The food dimension was found to be the best predictor of patient satisfaction among the three dimensions, while the interpersonal service dimension was not found to have any correlation with satisfaction.
5	Managing Service Quality, MCB UP Limited (2003)	Service Quality Factors and Outcomes in Dental Care	Alan Baldwin, Amrik Shoal	Based upon the SERVQUAL the results suggested facets of service quality emerged as priorities for dental patients as fear and anxiety, Punctuality, Waiting times, Collaborative treatment planning, and Opening times.
6	Managing Service Quality, MCB UP Limited (2003)	Service Quality in Hospitals: More Favourable Than you Might Think	M. Sadiq Sohil	In the private hospitals across Malaysia based on the dimensions of SERVQUAL instrument results indicated that patients perceived value of the services exceed expectations for all the variables measured. A comparative analysis with similar studies in other countries such as Hong Kong and Turkey, Malaysian health-care providers seem to be doing better job in achieving customer satisfaction with regard to service quality.

7	Journal of the Academy of Hospital Administration (2004)	Patient Expectation Survey - A Relevant Marketing Tool for Hospitals	Dr Sona Bedi, Dr Sanjay Arya, Prof RK Sarma	Findings suggested that in two government hospitals of Delhi , waiting time in physicians' queues and duration of consultation time appear to be potentially dissatisfaction causing factors. Hospital administrators of both hospitals need to devise strategies to mitigate the effect of these factors. Both hospitals also need to have a strategy of improving communication skills of physicians.
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**Appendix XVII: Summary for Review of Literature on Patients' Safety/Complaints**

Sr. No.	Publication Details	Title	Authors	Focus
1	Journal of Management in Medicine, MCB University Press (1996)	Patients' Complaints as a Management Tool for Continuous Quality Improvement	Rachel Javetz, Zvi Stern	Article discussed that patients provide important feedback to health-care providers and policy makers by voicing their complaints and requests. Measures introduced for quality assessment, on the basis of which administration designs its policy for continuous quality improvement, draw on the participation, co-operation and initiatives of staff members of all professions, in particular physicians and nurses. However, if quality-directed activities relied solely on intra-organizational thinking, their ultimate objective of continuous quality improvement would not be achievable.
2	International Journal of Health Care Quality Assurance, Emerald Group Publishing Limited (2005)	The Organisational Response to Patient Complaints: A Case Study in Taiwan	Sophie Y. Hsieh, David Thomas, Arie Rotem	Study revealed that, complaint handlers in hospitals were not sufficiently empowered, information sharing was limited within the organization, communication among professional staff and with management was inadequate, the physical safety of workers had been threatened, and improvements could not be sustained. It is evident that the hospital did not use patient complaints as a source of learning that could have promoted higher standards of care.
3	International Journal for Quality in Health Care, Published by Oxford University Press (2006)	A Research Agenda for Patient Safety	Thomas V. Perneger	Article discussed various examples of studies on patient safety as field of research areas. What types of research carried for patient safety includes, In-depth studies of errors, mishaps, and patient safety incidents; Epidemiologic studies of incidents and errors Identification of risk factors for patient safety events; Research on human factors; Patient involvement in safety; Development of patient safety indicators; and Evaluation of interventions to improve safety.
4	International Journal for Quality in Health Care, Published by Oxford University Press (2006)	Challenging the World: Patient Safety and Health Care-Associated Infection	Didier Pittet, Liam Donaldson	Article discussed about improving the safety of patient care considered as an issue which affects health systems in both developed and developing countries. Patient safety requires actions in performance improvement, environmental safety, and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice, and safe environment of care.
5	International Journal of Operations & Production Management, Emerald Group Publishing Limited (2006)	Implementation of Patient Safety Initiatives in US Hospitals	Kathleen L. McFadden, Gregory N. Stock, Charles R. Gowen	Study was to explore the use of Patient Safety Initiatives (PSIs) at the US hospitals. Findings highlights certain barriers (lack of top management support, lack of resources, lack of incentives and lack of knowledge) significantly impeded implementation while other factors (perceived importance of PSIs) facilitated implementation. It was also found that implementation of PSIs was associated with benefits to the hospital in areas such as medical error reduction, cost reduction, and patient satisfaction.

**Appendix XVIII: Summary for Review of Literature on Work Motivation for Hospital Employees**

<b>Sr. No.</b>	<b>Publication Details</b>	<b>Title</b>	<b>Authors</b>	<b>Focus</b>
1	Health Manpower Management, MCB University Press (1995)	Developments in Hospital Management	John R. Welc, Brian H. Kleiner	The rising cost of health care has affected Medicare reimbursement, caused business to be a discerning selector of medical care, and given birth to alternative forms of health care delivery. All these conditions have resulted in decreased revenue and increased competition for hospitals. Hospitals have been forced to take a closer look at how they can increase revenue, cut costs, and still maintain quality patient care.
2	Journal of Management Development; MCB UP Limited (2002)	An Exploratory Study of Work Motivation Among private and Public Sector Hospital Chefs in Australia	Darren Lee-Ross	It was contended that Job Diagnostic Survey (JDS) cannot offer specific advice to managers but considered to be a powerful way of identifying areas which may be improved by changing practical work elements.
3	International Journal of Health Care Quality Assurance; MCB UP Limited (2002)	Empirical evidence for the Nurse Satisfaction, Quality of Care and Patient Satisfaction Chain	Karin Newman, Uvanney Maylor	Study revealed a spontaneous and explicit linking of organizational resources to nurses' ability to provide the level of patient care commensurate with their desire and patient's needs. Nurse Job satisfaction derives from knowing that they have provided good care as well as the attributes of the job such as a career, skill acquisition and the people with whom they work. Job dissatisfaction stems primarily from staff shortages, the behaviour of patients and negative media comment.

**Appendix XIX: Summary for Review of Literature on Hospital/Patients' Care Development Programme**

Sr. No.	Publication Details	Title	Authors	Focus
1	Journal of Health Care Marketing (1995)	Market Orientation and Performance in the Hospital Industry	P.S. Raju, Subhash C, Lonial, and Yash R Gupta	The analysis yielded four aspects critical in assessing a hospital's market orientation: gathering information; improving customer satisfaction; responding to customer needs; and reacting to competitors' actions.
2	Journal of Management in Medicine, MCB University Press (1996)	The Managerial and Clinical Implications of Patient Focused Care	Keith Hurst	Results produced the Patient Focused Care (PFC) elements which include, operating units and patient groups; decentralizing services: placing them closer to patients; multi-skilled and cross-trained staff in special care teams; care protocols and integrated patient records; and costs.
3	Health Manpower Management, MCB University Press (1996)	Training for Organizational Success	George E. Kempton	Study described a major programme of change embarked on by Kingston Hospital NHS Trust, UK to deliver Patient Focused Care to its patients more effectively and efficiently. Training was to contribute to three major stages of the change within the hospital includes, preparing the organization for change; equipping staff with additional skills and knowledge to enable them to undertake new roles; and embedding the change into the organizational culture
4	Journal of Management in Medicine, MCB University Press (1997)	Towards a New Health Care Paradigm Patient-Focused Care: The Case of Kingston Hospital Trust	Karin Newman	The public commitment and visible leadership of the chief executive, an independent and full-time transition team together with external high-level support and funding were essential prerequisites for the successful introduction and embedding of change. The PFC programme had resulted in substantial changes to the organizational structure, roles and responsibilities of non-medical staff.
5	Journal of Management in Medicine, MCB University Press (1998)	Towards Development of Professional Management in Indian Hospitals	Syed Amin Tabish	Article had suggested strategy for development of professional management in Indian Hospital, which can be framed on the pattern includes, Professional education, membership and certification, professional publications and by personal professional services.
6	Journal of Management in Medicine, MCB University Press (1999)	Outsourcing to Increase Service Capacity in a New Zealand Hospital	Christine Renner, Elaine Palmer	Findings showed that the outsourced non-core service provides access to more sophisticated technology, increases in-house capacity and saves capital expenditure. However, the outsourcing also increases the scheduling problems that the hospital faces. These problems were largely due to communication delays from the involvement of more than one organisation.
7	Managing Service Quality, MCB University Press (1999)	Patient and Stakeholder Consultation in Healthcare	Adrienne Curry, Sandra Stark, Lesley Summerhill	Study which used two different techniques (SERVQUAL & Nominal Group Technique) that can help to address the issue of consultation of stakeholder in healthcare. The priority of dimensions emerged from study includes Empathy, Responsiveness, Reliability, Assurance, and Tangibles. From the Nominal Group Technique research it was clear that the overall priority was patient-focused care, followed by organisation, communication and skilled staff.



8	International Journal of Health Care Quality Assurance; MCB University Press (2000)	The Patient Care Development Programme: Organisational Development Through user and Staff Involvement	Pratik Hill, Alex O'Grady, Bruce Millar, Kathryn Boswell	The strategy Patient Care Development Programme PCDP provides a framework for both staff and patient involvement in shaping and influencing the development of health-care services; it has achieved its aim in that it enabled multidisciplinary teams to produce plans for service development based on information obtained from the patients, and their relatives. The evaluation of PCDP has supported the decisions to adopt a qualitative approach; maximize staff involvement; and work with multidisciplinary teams.
9	International Journal of Health Care Assurance; MCB University Press (2001)	Small Hospitals and Performance Measurement: Implications and Strategies	Terry R. Lied	A number of measures were suggested that could be useful in most small hospitals to assess performance which includes, Length of Stay (LOS) by diagnosis; Acute Myocardial Infarction (AMI) mortality; time from arrival until therapy was received for AMI; use of physical restraints; emergency department wait times; Cesarean sections; patient falls; and patient satisfaction.
10	International Journal of Health Care Quality Assurance, Emerald Group Publishing Ltd. (2004)	Nursing Work Environment and Quality of Care: Differences between Units at the Same Hospital	Jane McCusker, Nandini Dendukuri, Linda Cardinal, Johanne Laplante, Linda Bambonye	In conclusion, the results of this study suggested that several work environment sub-scales, particularly "resource adequacy", but also "nurse manager ability" and "nurse-physician relations" may be useful tools for management to monitor the environment for nursing care within a hospital and to assist in the development of quality improvement strategies.
11	Journal of Clinical Engineering (2004)	Your Hospital Needs a Chief Technology Officer	Brandi Spencer, Nick Cram	Study emphasized on need for a Chief Technology Officer (CIO) as it was imperative for the integration of clinical or biomedical and IT departments. The introduction of CTO will bring efficiency and power to the hospital, simultaneously increasing customer and employee satisfaction. The general purpose of CTO, was willingness to handle and prepared to work hard, includes, eased transition into new technology; economically; compliance with current and future standards; interdepartmental efficiency; enhanced interdepartmental communication; electronic patient tracking; and resistance to change.

**Appendix XX: Summary for Review of Literature on Scale Development in Patients' Satisfaction Survey**

Sr. No.	Publication Details	Title	Authors	Focus
1	International Journal of Health Care Quality Assurance, MCB University Press Limited (1994)	Feedback on Quality: Patients' Experience of Surgical Care	Emilie Roberts, Ralph Leavey, David Allen, Graham Gibbs	The paired comparison technique has been successfully used and validated in a variety of commercial and business environments. The findings from this case study also indicated that there were drawbacks in using the paired comparison technique to assess service quality in a highly specialized hospital setting dealing with an acute and potentially life threatening condition.
2	Journal of Managerial Psychology, MCB University Press (1994)	Developing an Out-patient Satisfaction Survey	Susan Michie, Che Rosebert	Results of the study in London teaching hospital showed that overall, greatest dissatisfaction was expressed about the length of time spent waiting to see a doctor, one of the clinical support services and the facilities (car parking and refreshments). Greatest satisfaction was expressed for the personal consideration shown by doctors, nurses and other clinic staff, the manner of being received at the hospital clinic and reception, and the contact with the hospital when booking the appointment.
3	Journal of Health Care Marketing (1994)	Modeling Patient Satisfaction and Service Quality	Steven A, Taylor and J, Joseph Cronin Jr.	The findings from two studies, conceptualization and measurement of consumer satisfaction and service quality in health services, conducted to distinguish the nature of these two important constructs within a health care marketing context reveal that a non-recursive relationship between service quality and patient satisfaction.
4	International Journal of Health Care Quality Assurance, MCB University Press Limited (1995)	Methodological Issues in Patient Satisfaction Surveys	Binshan Lin, Eileen Kelly	Focused on a need for more reliable measures of patient satisfaction survey. The real value of establishing a generalized instrument for patient satisfaction surveys cannot be realized if a mechanism was not established for provision of a centralized data bank of results. Such a data bank would permit comparison of results across hospitals. If continuous quality improvement is truly a factor for an institution, patients should be involved in the construction of the survey instruments.
5	International Journal of Health Care Quality Assurance, MCB University Press Limited (1995)	Rectification of The Primary Data Obtained by A Patients' Satisfaction Survey";	Hana Kasalova	Study demonstrated that the apparent "generosity error" (Subjectivity in rating service quality) may be compensated for by a mathematical process ("rectification"), which was derived from the assessment of every respondent's general scale. Therefore researcher devised the presented method called "rectification of subjectivity of ratings", was based on the presumption that, by definition, the most frequent quality cannot be described as "excellent" but only "fair". Data rectified in this way yielded a more trustworthy picture of the hospital from the patient's viewpoint, and also yielded practical hints on where the performance of individual departments can be improved.

6	Journal of Clinical Psychology, John Wiley & Sons. Inc. (1997)	Sensation Seeking Scales and Consumer Satisfaction with a Substance Abuse Treatment Program	Zack Z. Cernovsky, Richard L. O'Reilly, Maureen Pennington	The Zuckerman's Sensation Seeking scales included 40 items and the patients were asked to rate their satisfaction with psychotherapeutic interventions, psychological tests, medical laboratory tests, with hospital rules, and hospital meals and snack foods. Results indicate overall high level of satisfaction with the programme.
7	International Journal of Health Care Quality Assurance, MCB University Press (1997)	Change-Oriented Patient Questionnaires – Testing A New Method at Three Departments of Ophthalmology	Ingemar Eckerlund, Bengt Jönsson, Magnus Tambour, Anders H. Westlund	A method called Quality, Satisfaction, and Performance (QSP) was used to measure quality and focus on quality improvement. What distinguishes this model from most others used in health care is that it not only measures the degree of satisfaction but also the impact that various quality dimensions (factors) have on satisfaction. Another advantage with the QSP method is the linkage to the “goal side”. A department obviously cannot aim “only” towards satisfying patients. Other longer-term goals were also important to an organization's future.
8	International Journal of Health Care Quality Assurance, MCB University Press (1997)	Patients' Perceptions of Quality In A Northern Ireland Hospital Trust: A Focus Group Study	Eileen Evason, Dorothy Whittington	Study finds that the focus group methodology was successful in amplifying feedback previously gleaned from surveys. Highlighted patients' tolerance of shortcomings and their appreciation of staff providing high quality care while under pressure. Concludes that patients regard the National Health Service as deteriorating generally.
9	Managing Service Quality, MCB University Press (1998)	Patient-Centered Audit: A Users' Quality Model	Reva Berman Brown, Louise Bell	Study describes the research process and the development of the instrument employed in auditing patients' perceptions of quality and this approach has been guided by two already-validated research instruments i.e., the first model Parasuraman SERVQUAL instrument (Parasuraman <i>et al.</i> , 1988), which measures customer expectation versus perception and second model developed by the Heywood- Farmer instrument (Heywood-Farmer and Stuart, 1990). The responses to the questionnaire were analysed by means of factor analysis and the resulting audit tool is a 16-item, closed questionnaire with six, open-ended, qualitative questions.
10	Managing Service Quality, MCB University Press (1999)	Measuring Hospital Service Quality: A Methodological Study	Clara Martinez Fuentes	Scales called SERVPERF, was equivalent to SERVQUAL but excludes the statements about expectations, and the weightings. SERVQUAL was administered to 170 patients in the city of Valencia, and findings presented three important measures for measuring service quality which includes, tangibles, Reliability or technical quality and Process of performance of the service or functional quality of the process.



11	Nord J Psychiatry, Taylor & Francis (2001)	Assessment of Patient Satisfaction With Psychiatric Care	Ulf Goran Ahlfors, Tommy Lewander, Eva Lindstrom, Ulrik Fredrik Malt, Henrik Lublin, Ulf Malm	UKU (Udvalg for Kliniske Undersøgelser; that is, Committee for Clinical Trials), a working group within the Scandinavian Society for Psychopharmacology (SSP), had designed a brief consumer satisfaction rating scale, the UKU-ConSat. According to both patients and staff the rating scale promises to become useful both for research and for improvement of routine psychiatric services. The construction of the scale permits both an overall assessment of patients' satisfaction and a more detailed assessment of specific ingredients of the structure and process of care and the outcome.
12	Managing Service Quality; MCB University Press (2001)	Incorporating Patients' Assessments of Satisfaction And Quality: An Integrative Model of Patients' Evaluations of Their Care	Jessie L. Tucker, Sheila R. Adams	Study investigated the apparent methodological shortcomings of the literature that considers patients' evaluations of their care. Results suggest that just two distinct dimensions ("Provider Performance aspects" and "Access") of the care experience were found to capture 74 per cent of the variance in satisfaction-quality, with patients' sociodemographic differences accounting for only 1 per cent.
13	Australian and New Zealand Journal of Psychiatry (2002)	Monitoring Consumer Satisfaction with Inpatient Service Delivery: the Inpatient Evaluation of Service Questionnaire	Thomas Meehan, Helen Bergen, Terry Stedman	The study was conducted to report on the development, testing and psychometric properties of a brief consumer satisfaction measure for use with psychiatric inpatients results yielded three factors comprising a staff-patient alliance; doctor/treatment issues; and an environmental component.
14	International Journal for Quality in Health Care, Published by Oxford University Press (2003)	Quality Of Psychiatric Care: Validation of an Instrument for Measuring Inpatient Opinion	A. Gigantesco, P Morosini, A. Bazzoni	Study was conducted with a objective to validate a brief self-completed questionnaire for routinely assessing patients' opinions on the quality of care in inpatient psychiatric wards. It was concluded that the questionnaire seems to be adequate for evaluating patients' opinions on care in inpatient psychiatric wards. Because of its user-friendliness, it may be particularly suitable for routine use.
15	International Journal of Health Care Quality Assurance, Emerald Group Publishing Ltd. (2005)	Patient-Centred Quality Improvement Audit	Reva Berman Brown, Louise Bell	The instrument has measured health outcomes in terms of quality improvement from the users' perspective, and has also highlighted gaps between what the service offers in terms of quality and users' perceptions of what is delivered, and three factors or areas of importance emerged which includes, physical surroundings; treatment by staff; and understanding of treatment.
16	International Journal of Health Care Quality Assurance, Emerald Group Publishing Ltd. (2005)	Assessing Performance of Multi-Hospital Organizations: A Measurement Approach	Ugur Yavas, Natalia Romanova	Study was conducted with a aim to introduce a measure to assess the perceived effectiveness of Multi-Hospital organizations (MOs). And, by examining its components, management might identify areas that need special attention. For instance, if an MO falls short on the attribute of "occupancy rate", this would signal a need for intervention.

**Appendix XXI: List of the Name of the Hospital Visited by Patients**

GHs.		THs.		PHs.	
Major Hospitals Name	No. of Patients	Major Hospitals Name	No. of Patients	Major Hospitals Name	No. of Patients
1 Div. Railway Hospital Baroda	50	1 Akshar Purushottam Arogya Mandir, Goraj.	91	1 Baroda Hos. Baroda	18
2 Jamnabai General Hospital Baroda	70	2 Narhari Hos. Baroda.	10	2 Bhailal Amin General Hos. Baroda	04
3 S.S.G. Hospital Baroda	80	3 Ramkrishna Paramhansa Hos.	18	3 Rajvi Orthopaedic & Trauma Hos. O.P. Road	05
-	-	4 Vijay Vallabh sarvajanik Hos.	71	4 Shree Krishna Surgical Hos. Pratapnagar	13
-	-	5 Yogini Vasantidevi Hos. Baroda.	10	5 Shreejee Hos. Sangam Char Rasta	16
-	-	-	-	6 Sterling Hos. Baroda	06
<b>Other Hospitals</b>	<b>NIL</b>	<b>Other Hospitals</b>	<b>NIL</b>	<b>Other Hospitals*</b>	<b>38</b>
<b>Total No. of Patients</b>	<b>200</b>	<b>Total No. of Patients</b>	<b>200</b>	<b>Total No. of Patients</b>	<b>100</b>
<b>*List of Other Private Hospitals</b>					
1 Ananad Hospital, Nizampura, Vadodara.		12 Indrapuri Hospital, Waghodia Road, Vadodara.		23 Purak Hospital, Nizampura, Baroda	
2 Arpan Surgical Hos. Nizampura		13 Ishita Hos. Vasna Road Baroda		24 Sagar Hos. Baroda	
3 Ashish Hos. Nizampura Baroda		14 J. J. Hospital, Vadodara.		25 Sanjivani Hospital, Pratapnagar Road, Vadodara.	
4 Bankers Heart Institute Baroda		15 Jagruti Clinic Dr. Rumin B. Shah Dandiabazar Baroda		26 Sanskruti Hos. dandiabazar Baroda	
5 Baroda Heart Insitute, Baroda.		16 Kalpana Uma Diagnostic Nursing Home, Raopura,		27 Sardar Patel Hospital, Makarpura Road, Vadodara.	
6 City Surgical Hos. Dandiabazar Baroda		17 Kothari Hospital Vasna Road, Baroda.		28 Shree Nath Hos. Dr. Manjushah	
7 Devpushap Hos. Baroda		18 krishna Nursing Home & Critical care Centre		29 Shreejee Hos. Orthopedic. Manjalpur	
8 Dr. Amul Pandya, Ortho Surgeon		19 Madhuram Hos. Varasia Baroda		30 Shrey Nursing Home- Dr. Munil Maniar, Baroda	
9 Dr. Bharat Modi, Akashganga Appt, Baroda.		20 Navjeevan Nursing Home		31 Shubh Hos. Nizampura Baroda	
10 Dr. Vipul Bhavsar Manjalpur Baroda		21 Parth Clinic Ajwa Road		32 Sujay Hospital, Alkapuri, Baroda.	
11 Eye Clinic & Retinal Laser Center Baroda		22 Prabhuli Hos. Raopura Baroda		33 Varun Children Hospital, Baroda.	

## Appendix XXII: Questionnaire in English Language

### WEL COME TO THIS QUESTIONNAIRE

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

Thank you.

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#### ABOUT YOU

Name : \_\_\_\_\_

Gender : Male ☐ Female ☐

Your -  
Personal Status : Single ☐ Married ☐

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

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

Occupation : Business ☐ Service ☐ Dependents ☐

Monthly Income : Below Rs. 8,000 ☐ Rs.8,001 to Rs.14,000 ☐  
Rs. 14,001 to Rs. 20,000. ☐ Rs.20,001 to Rs. 30000 ☐  
More than Rs.30,000 ☐

Date: \_\_\_\_\_

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

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

[Q-2] Hospital belongs to which category?

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

(4) Any Other, (Please specify) \_\_\_\_\_

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

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

[Q-4] What do you think of the charges of the hospital ?

(1) Very High ☐ (2) High ☐ (3) Reasonable ☐ (4) Low ☐ (5) Very Low ☐

[Q-5] Type of medical treatment that you had undergone at this hospital:

Sr.no.	Type of Medical treatment	Please put a tick (✓)
(1)	Cardiac (Heart)	
(2)	Renal (Kidney)	
(3)	Eyes, Nose, Throat	
(4)	Cancer	
(5)	Orthopedic Surgery	
(6)	Any Other ( Please specify)	

[Q-6] Availability of Supporting Medical facilities: [Please put a tick (✓)]

Sr. no.	Medical facilities	With in the Hospital	Nearby the Hospital
(1)	Medical Store		
(2)	Pathological Laboratory		
(3)	Blood Bank		
(4)	Radiologist / X-ray testing laboratory		
(5)	Sonography		
(6)	Other Doctors' services e.g. anesthetist, child specialist		

[Q-7] Please encircle ANY ONE of the following numbers given against each of the statements being the likely reasons that may have influenced your decision regarding selection of this hospital. (1= Least Important; 2=Unimportant; 3= Somewhat Imp.; 4=Important; 5= Most Important).

Sr. no.	Reasons	Your Score				
(1)	It was my own decision.	1	2	3	4	5
(2)	Our relatives suggested it.	1	2	3	4	5
(3)	Our friend suggested it.	1	2	3	4	5
(4)	It was suggested by our family doctor.	1	2	3	4	5
(5)	Based on Past Performance of Hospital / Past Efficient Doctors' Performance	1	2	3	4	5
(6)	It was the only the hospital where this kind of medical treatment facility is available.	1	2	3	4	5
(7)	Overall reputation of hospital.	1	2	3	4	5
(8)	Hospital Located Nearby.	1	2	3	4	5
(9)	Hospital Service is Economical.	1	2	3	4	5
(10)	Accessibility of Supply of medicine and other Medical test facilities	1	2	3	4	5
(11)	Sanitation in the Hospital	1	2	3	4	5

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**Thank You**

### Appendix XXIII: Questionnaire in Gujarati Language

આપશ્રી નું આગ્રહનાવલીમાં સ્વાગત છે.

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

#### આપના વિશેની માહિતી

નામ : \_\_\_\_\_

જાતી : પૂરૂષ ☐ સ્ત્રી ☐

આપ : કુંવારા છો ☐ પરણેલા છો ☐

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

ઉંમર : ૩૦ વરસ કરતાં ઓછી ☐ ૩૦ થી ૪૫ વરસ ☐ ૪૫ થી ૬૦ વરસ ☐ ૬૦ વરસ થી વધુ ☐

નોકરી / ધંધો : ધંધો ☐ નોકરી ☐ આશીત ☐

માસીક આવક : રૂ. ૮૦૦૦ કરતાં ઓછી ☐ રૂ. ૮૦૦૧ થી ૧૪૦૦૦ ☐ રૂ. ૧૪૦૦૧ થી ૨૦૦૦૦ ☐ રૂ. ૨૦૦૦૧ થી ૩૦૦૦૦ ☐ રૂ. ૩૦૦૦૧ થી વધુ ☐

તારીખ: \_\_\_\_\_ (ઉપરોક્ત માહિતીનાં ☐ માં ✓ નું નિશાન જરૂર હોય તે મુજબ લગાડો)

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

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

[પ્ર-૨] કયા પ્રકારની તે હોસ્પિટલ હતી ?

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

(૪) ખીજી કોઈક (મહેરબાની કરીને જણાવો) \_\_\_\_\_

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

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

(૪) ત્રણ મહીનો થી વધુ ☐ }

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

(૧) ઘણું જ વધારે ☐ (૨) વધારે ☐ (૩) વ્યાજબી ☐ (૪) ઓછું (૫) ઘણું જ ઓછું ☐

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

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

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

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

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

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

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

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

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

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

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

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

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

[કૃપ્યા (✓) આ નીશાન મુકો.]

[પ્ર-૧૦] આપે હોસ્પિટલ વિષે અનુભવેલ સમગ્ર સંતુષ્ટી  
(૧) ખૂબજ અસંતુષ્ટ ☐ (૨) અસંતુષ્ટ ☐ (૩) સાધારણ સંતુષ્ટ ☐ (૪) સંતુષ્ટ ☐ (૫) ખૂબજ સંતુષ્ટ ☐

[પ્ર-૧૧] શું તમે આ હોસ્પિટલ વિષે અન્યને ભવિષ્યમાં ભલામણ કરશો?  
(૧) ચોક્કસ ☐ (૨) કદાચ ☐ (૩) અનિર્ણીત ☐ (૪) કદાચ નહીં ☐ (૫) ચોક્કસ નહીં ☐

[પ્ર-૧૨] આ હોસ્પિટલ વિષે મને જે સૌથીબેષ્ઠ લાગણી થઈ તે જણાવો.  
( ૧= દૃઢપણે અસહમત, ૨=અસહમત, ૩= સાધારણ પણે સહમત, ૪ = સહમત. , ૫= દૃઢપણે સહમત ).  
(ગમે તે એક આંકડા પર કુંડાળું (O) કરો.)

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



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

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

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

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

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

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

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**Appendix XXIV: Mean Scores for Items and Scale for Patients' Responses on Medical Services of the Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. No. 08-1 to 08- 17)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Doctors' Knowledge & Efficiency	4.41	4.68	4.62	4.56
02	Doctors' Cooperation to patients	4.43	4.56	4.71	4.54
03	Doctors' were polite with patients	4.46	4.62	4.75	4.58
04	Impartial Attitude of Doctors	4.44	4.60	4.41	4.50
05	Patients' Felt Comfortable During Doctors' Examination	4.18	4.44	4.50	4.35
06	Doctors Experience in Curing Patients	4.40	4.45	4.61	4.46
07	Thorough Checkup by Doctors	4.33	4.43	4.61	4.42
08	Doctors' Work According to Patients Expectations	3.14	3.78	3.64	3.49
09	Doctors' Gave Individual Consideration & Confidentiality	3.75	4.21	4.18	4.02
10	Doctors' Showed Respect & Support patients	4.11	4.41	4.49	4.31
11	Doctors' Made Good Diagnosis	4.40	4.62	4.62	4.53
12	Doctors' Prescribed Good Drugs	4.41	4.60	4.63	4.53
13	Doctors' ask for patients Permission for performing Test	3.12	3.95	3.85	3.60
14	Patients' Felt Comfortable asking Questions to Doctors	4.18	4.34	4.29	4.26
15	Doctors' Honesty in Dealing with patients	4.61	4.59	4.50	4.58
16	Sufficient Doctors Remain Present	4.20	4.33	4.31	4.27
17	Doctors' Availability in Emergency	4.07	4.46	4.20	4.25
<b>Reliability Alpha for Scale = 0.864</b>		<b>(Scale 01 = SD, 05 = SA)</b>			

**Appendix XXV: Mean Scores for Items and Scale for Patients' Responses on Paramedical Services of the Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. No. 08-18 to 08- 33)	GHs	THs	PHs	TOTAL
		Mean Value			
18	Nurses' Knowledge & Efficiency	3.99	4.26	4.16	4.13
19	Nurses' Cooperation to Patients	3.92	4.24	4.52	4.17
20	Nurses' Showed Politeness with Patients	4.08	4.45	4.61	4.33
21	Impartial Attitude of Nurses	4.15	4.49	4.34	4.32
22	Nurses' Maintain Proper records of Patients	3.96	4.43	4.37	4.23
23	Nurses' Handled Patients Query Properly	3.70	4.19	4.19	3.99
24	Nurses' Experience in Curing Patients	3.83	4.19	4.15	4.04
25	Good Experience of Those who Perform Test on Patients	4.14	4.25	4.21	4.19
26	Nurses' Gave Personal Attention to Patients	3.41	4.05	4.06	3.79
27	Nurses' Provide Prompt Service	3.16	3.68	3.93	3.52
28	Nurses' & Staff Remains Present in Emergency	3.63	3.95	4.08	3.85
29	Nurses' Explain Procedures and take Patient Permission before Test	3.47	4.18	3.84	3.83
30	Nurses' Explain Rules Regulation in ward	3.97	4.30	4.02	4.11
31	Nurses' were Kind, Gentle & Sympathetic	4.29	4.47	4.46	4.39
32	Information Provided to patients for Managing Side Effects	2.99	4.00	3.52	3.50
33	Prompt Service Provided by Sanitation Staff	3.79	4.25	4.41	4.10
<b>Reliability Alpha for Scale = 0.883</b>		<b>(Scale 01 = SD, 05 = SA)</b>			

**Appendix XXVI: Mean Scores for Items and Scale for Patients' Responses on Administrative Services of the Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. 08-34 to 08- 46)	GHs	THs	PHs	TOTAL
		Mean Value			
34	Less Waiting Time For Consultation & Treatment	3.63	4.05	3.88	3.85
35	Less Waiting Time for Test	3.74	3.99	4.03	3.90
36	Simple Checking Procedure	3.82	4.33	4.19	4.10
37	Speed, Ease of Admission & Discharge form Hospital	3.90	4.19	4.14	4.06
38	Convenient Office Hours	4.04	4.26	4.09	4.14
39	Adm. Staff Gives Prompt Services	3.10	4.00	3.95	3.63
40	No Overcrowding in Hospital	3.61	4.30	3.99	3.96
41	Good Grievance handling System	2.72	3.92	3.79	3.41
42	Staff Welcome & Implement Suggestion	2.57	3.87	3.56	3.29
43	Gives Personal Attention To Patient	2.74	3.89	3.69	3.39
44	Patients' were Treated With Dignity & Privacy	3.87	4.36	4.31	4.15
45	Good Concern for Patient Family & Visitor	3.88	4.27	4.22	4.10
46	Simple Billing Procedures	4.04	4.26	4.19	4.16
Reliability Alpha for Scale = 0. 894		(Scale 01 = SD, 05 = SA)			

**Appendix XXVII: Mean Scores for Items and Scale for Patients' Responses on Physical Facilities of the Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. No. 08-47 to 08- 64)	GHs	THs	PHs	TOTAL
		Mean Value			
47	Well Equipped Units	4.26	4.55	4.20	4.36
48	Proper Sitting & Bedding Arrangements	4.29	4.53	4.47	4.42
49	Comfort in Examination & waiting Room	4.14	4.60	4.32	4.36
50	Natural Light or Illumination in Hospital	4.21	4.67	4.25	4.40
51	Sufficient Number of Dust Bins & Spittoons	4.17	4.64	4.20	4.36
52	No Flies & Mosquitoes in Hospital	3.93	4.23	4.24	4.11
53	Adequate parking Arrangements	4.69	4.50	3.96	4.47
54	Clean Surroundings of Hospitals	4.21	4.46	4.26	4.32
55	Pleasing & Appealing Room of Hospital	4.10	4.63	4.19	4.33
56	Good Food Served by Hospital	3.87	2.56	2.39	3.05
57	Staff Neat in Appearance	4.15	4.50	4.25	4.31
58	Inside & Out side Noise kept Minimum	3.91	4.34	4.21	4.14
59	Wards Well Decorated & Ventilated	4.08	4.54	4.16	4.28
60	Music Facilities should be provided	4.20	4.38	3.92	4.21
61	Quick Payment Arrangements	4.24	4.79	4.14	4.44
62	Costs were Adequate or Affordable	4.82	4.05	2.87	4.12
63	Drugs Easily Obtained in Hospital	4.44	4.52	4.03	4.39
64	Distance to Healthcare is Adequate	4.19	3.38	3.14	3.66
Reliability Alpha for Scale = 0. 695		(Scale 01 = SD, 05 = SA)			

**Appendix XXVIII: Mean Scores for Items and Scale for Patients' Responses on Tangible Criteria of Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q No. 08 -16, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, and 60)	GHS	THs	PHs	TOTAL
		Mean Value			
01	Sufficient Doctors Remain Present	4.20	4.33	4.31	4.27
02	Well Equipped Units	4.26	4.55	4.20	4.36
03	Proper Sitting & Bedding Arrangements	4.29	4.53	4.47	4.42
04	Comfort in Examination & waiting Room	4.14	4.60	4.32	4.36
05	Natural Light or Illumination in Hospital	4.21	4.67	4.25	4.40
06	Sufficient Number of Dust Bins & Spittoons	4.17	4.64	4.20	4.36
07	No Flies & Mosquitoes in Hospital	3.93	4.23	4.24	4.11
08	Adequate parking Arrangements	4.69	4.50	3.96	4.47
09	Clean Surroundings of Hospitals	4.21	4.46	4.26	4.32
10	Pleasing & Appealing Room of Hospital	4.10	4.63	4.19	4.33
11	Good Food Served by Hospital	3.87	2.56	2.39	3.05
12	Staff Neat in Appearance	4.15	4.50	4.25	4.31
13	Inside & Out side Noise kept Minimum	3.91	4.34	4.21	4.14
14	Wards Well Decorated & Ventilated	4.08	4.54	4.16	4.28
15	Music Facilities should be provided	4.20	4.38	3.92	4.21
Reliability Alpha for Scale = 0. 836		(Scale 01 = SD, 05 = SA)			

**Appendix XXIX: Mean Scores for Items and Scale for Patients' Responses on Reliability Criteria of Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. No. 08 -04, 11, 12, 21, and 22)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Impartial Attitude of Doctors	4.44	4.60	4.41	4.50
02	Doctors' Made Good Diagnosis	4.40	4.62	4.62	4.53
03	Doctors Prescribe Good Drugs	4.41	4.60	4.63	4.53
04	Impartial Attitude of Nurses	4.15	4.49	4.34	4.32
05	Nurses' Maintain Proper records of Patients	3.96	4.43	4.37	4.23

**Appendix XXX: Mean Scores for Items and Scale for Patients' Responses on Responsiveness Criteria of the Selected Hospitals**

Sr. No.	Selected Statements (Refer Q. No. 08 -02, 14, 19, 27, 28, 32, 33, 34, 35, 37, 38, 39, 40, and 41)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Doctors' Cooperation to patients	4.43	4.56	4.71	4.54
02	Felt Comfortable asking Questions to Doctors	4.18	4.34	4.29	4.26
03	Nurses' Cooperation to Patients	3.92	4.24	4.52	4.17
04	Nurses' Provided Prompt Service	3.16	3.68	3.93	3.52
05	Nurses' & Staff Remains Present in Emergency	3.63	3.95	4.08	3.85
06	Information Provided to patients for Managing Side Effects	2.99	4.00	3.52	3.50
07	Prompt Service Provided by Sanitation Staff	3.79	4.25	4.41	4.10
08	Less Waiting Time For Consultation & Treatment	3.63	4.05	3.88	3.85
09	Less Waiting Time for Test	3.74	3.99	4.03	3.90
10	Speed, Ease of Admission & Discharge form Hospital	3.90	4.19	4.14	4.06
11	Convenient Office Hours	4.04	4.26	4.09	4.14
12	Adm. Staff Gives Prompt Services	3.10	4.00	3.95	3.63
13	No Overcrowding in Hospital	3.61	4.30	3.99	3.96
14	Good Grievance handling System	2.72	3.92	3.79	3.41
Reliability Alpha for Scale = 0. 839		(Scale 01 = SD, 05 = SA)			

**Appendix XXXIV: Mean Scores for Items and Scale for Patients' Responses on Accessibility and Affordability Criteria**

Sr. No.	Selected Statements (Please Refer Q: 8 -17, 61, 62, 63, and 64)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Doctors' Availability in Emergency	4.07	4.46	4.20	4.25
02	Quick Payment Arrangements	4.24	4.79	4.14	4.44
03	Costs were Adequate or Affordable	4.82	4.05	2.87	4.12
04	Drugs Easily Obtained in Hospital	4.44	4.52	4.03	4.39
05	Distance to Healthcare is Adequate	4.19	3.38	3.14	3.66
Reliability Alpha for Scale = 0. 716		(Scale 01 = SD, 05 = SA)			

**Appendix XXXV: Mean Scores for Items and Scale for Patients' Overall Responses on Selected Criteria**

Sr. No.	Selected Statements (Please Refer Q. No. 09 -1 to 09- 4)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Overall Satisfaction with Medical treatment	4.54	4.65	4.76	4.63
02	Overall Satisfaction with Nursing Staff services	3.99	4.32	4.52	4.23
03	Overall Satisfaction with Administrative Staff	3.73	4.28	4.10	4.02
04	Overall Satisfaction with Environment	4.17	4.60	4.31	4.37
Reliability Alpha for Scale = 0. 671		(Scale 01 = SD, 05 = SA)			

**Appendix XXXVI: Mean Scores for Items and Scale for Patients' Views on Selected Criteria about Best Services of the Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. No.12 -1 to 12- 4)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Best Services is Medical Treatment in Hospitals	4.57	4.56	4.85	4.62
02	Best Services is Paramedical Staff Services in Hospitals	3.99	4.24	4.50	4.19
03	Best Services is Administrative Staff Services in Hospitals	3.70	4.19	4.23	4.00
04	Best Environment (Physical Facilities) of the Hospitals	4.16	4.51	4.29	4.33
Reliability Alpha for Scale = 0. 770		(Scale 01 = SD, 05 = SA)			

**Appendix XXXVII: Mean Scores for Items and Scale for Patients' Views on Selected Criteria about Worst Services of the Selected Hospitals**

Sr. No.	Selected Statements (Please Refer Q. No. 13 -1 to 13- 4)	GHs	THs	PHs	TOTAL
		Mean Value			
01	Worst Services is Medical Treatment in Hospitals	1.50	1.35	1.21	1.38
02	Worst Services is Paramedical Staff Services in Hospitals	1.99	1.71	1.52	1.78
03	Worst Services is Administrative Staff Services in Hospitals	2.20	1.77	1.78	1.94
04	Worst Environment (Physical Facilities) of the Hospitals	1.91	1.43	1.78	1.69
Reliability Alpha for Scale = 0. 725		(Scale 01 = SD, 05 = SA)			