Sample Evaluated Project/Field Report submitted by the Students

COIMBATORE INSTITUTE OF MANAGEMENT AND TECHNOLOGY
(An Autonomous institute approved by AICTE and affiliated to Bharathiar University)
Accredited with "B" grade by NAAC

MASTER OF BUSINESS ADMINISTRATION (MBA)

PROJECT WORK EVALUATION FORM

Title : A STUDY ON THE MARKET POTENTIAL OF FREIGHT FORWARDING
Date : BUSINESS WITH SPECIAL REFERENCE TO ABT PVT LIMITED

Student Name : ABEL ABRAHAM.S

S.No	Parameter	Remarks			
	1st Review Date: 15.01.2023	P	NI	S	G
1	Scope Definition			✓	
2	Relevance & Use of Technology			✓	
3	Quality of Presentation				✓
4	Progress of the project			✓	
5	Literature & Reference			✓	
	2nd Review Date: 16-09-2022				
6	Research Methodology				✓
7	Research Tools applied				✓
8	Quality of Presentation			✓	
9	Progress of the project				✓
10	Literature & Reference				✓
	3rd Review Date: 19.09.2022				
11	Project Documentation			✓	
12	Performance evaluation				✓
13	Quality of Presentation				✓
14	Progress of the project			✓	
15	Literature & Reference				✓

P-Poor; Ni- Needs Improvement; S-Satisfactory; G-Good

Observations / Suggestions

Follow-up actions

Signature of the Guide

HOD

15/11/2023
Principal
Coimbatore Institute of Management & Technology
Narasipuram, Coimbatore - 641 109.

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Accredited with "B" grade by NAAC

MASTER OF BUSINESS ADMINISTRATION (MBA)

PROJECT WORK EVALUATION FORM

Title : A study on Patient Satisfaction at MHC, KMCH Coimbatore

Date :

Student Name : Ms. Nivedha. R

S.No	Parameter	Remarks			
	1st Review Date: 15.07.2022	P	NI	S	G
1	Scope Definition			✓	
2	Relevance & Use of Technology			✓	
3	Quality of Presentation			✓	
4	Progress of the project				✓
5	Literature & Reference				✓
	2nd Review Date: 16-09-2022				
6	Research Methodology			✓	
7	Research Tools applied				✓
8	Quality of Presentation			✓	
9	Progress of the project				✓
10	Literature & Reference			✓	
	3rd Review Date: 19.09.2022.				
11	Project Documentation			✓	
12	Performance evaluation			✓	
13	Quality of Presentation			✓	
14	Progress of the project				✓
15	Literature & Reference				✓

P-Poor; Ni- Needs Improvement; S-Satisfactory; G-Good

Observations / Suggestions

Follow-up actions

Signature of the Guide

IOD

15/11/2023

Principal
Coimbatore Institute of Management & Technology
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MASTER OF BUSINESS ADMINISTRATION (MBA)

PROJECT WORK EVALUATION FORM

Title : A Study on effectiveness of employee performance appraisal with reference to Nest Private Ltd. Coimbatore.
Date :
Student Name : Vivin.

S.No	Parameter	Remarks			
		P	NI	S	G
	1st Review Date:				
1	Scope Definition			✓	
2	Relevance & Use of Technology			✓	
3	Quality of Presentation			✓	
4	Progress of the project			✓	
5	Literature & Reference				✓
	2nd Review Date:				
6	Research Methodology			✓	
7	Research Tools applied			✓	
8	Quality of Presentation				✓
9	Progress of the project			✓	
10	Literature & Reference				
	3rd Review Date:				
11	Project Documentation			✓	
12	Performance evaluation				✓
13	Quality of Presentation			✓	
14	Progress of the project				✓
15	Literature & Reference			✓	

P-Poor; Ni- Needs Improvement; S-Satisfactory; G-Good

Observations / Suggestions

Follow-up actions Structuring of questionnaire need to be done.

Signature of the Guide

HOD

Scanned with OKEN Scanner

15/11/2023
Principal
Coimbatore Institute of Management & Technology
Narasipuram, Coimbatore - 641 109.

Sample Evaluated Project/Field Report submitted by the Students

17	RAVICHANDRA N D	21MB1018	A study of online and offline work culture in precision informatics PVT, LTD, Coimbatore	/	/	/
18	REENADEVI M	21MB1019	A study on the effect of employee commitment towards the organization performance with reference to NXTLOGIC Software solutions, Coimbatore	/	/	/
19	SARAN RAJ K	21MB1020	A study on stress management among the working employees with reference to Holiday Residency, Coimbatore	/	/	/
20	SARATH M S	21MB1021	A study on occupational stress among women Nurse with reference to EMCH, Coimbatore	/	/	/
21	SARAVANA KUMAR S	21MB1022	A study on Inventory Management in Taj Vivanta, Coimbatore	/	/	/
22	SUMISHA S	21MB1023	A study on organizational relationship between the employer and employee towards HPH NEXT Services in Special, Reference to Coimbatore	/	/	/
23	VASANTH	21MB1024	A study on Employee Absenteeism KGS Mills Coimbatore.	/	/	/
24	VICKRAM J	21MB1025	A study on employee engagement towards Stellar Clothing company	/	/	/
25	PRBHAKARAN S	21MB1026	A study on employee attitude towards working environment at Vishal, Packs Coimbatore	/	/	/

Review 1: Held on 29.07.2023
Review 2: Held on 26.08.2023
Review 3: Held on 16.09.2023

Prepared by
Project in-charge

Verified by
HOD

Approved by
Principal

15/11/2023
Principal
Coimbatore Institute of Management & Technology
Narasipuram, Coimbatore - 641 109.

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MASTER OF BUSINESS ADMINISTRATION (MBA)

PROJECT WORK ATTENDANCE RECORD

S No	Name of the students	Register No	Project title	R 1	R 2	R 3
1	ABEL ABRAHAM.S	21MB1001	A study on the market potential of freight forwarding business with special reference to ABT Pvt Limited, Coimbatore	/	/	/
2	AKASH. A	21MB1002	A study on the differences of training and development with references to Taj Vivanta, Coimbatore	/	/	/
3	AKHIL.A	21MB1003	A study on analysis of equity schemes in Axis Mutual Fund	/	/	/
4	ANNIE AROCKIAMARY	21MB1004	Assessment of Patient Satisfaction based on availability of service in Shanthi Dental Care at Chennai- A questionnaire study	/	/	/
5	ANTON ZION	21MB1005	A study on Technology advancement in tracking consignment in ABT Parcel service, Coimbatore	/	/	/
6	JAIKUMAR	21MB1006	A study on working capital management of Taj Vivanta, Coimbatore	/	/	/
7	KARUPPASAMY. K	21MB1007	A study on buying behavior of customer in am Wings Honda Palakkad, Kerala	/	/	/
8	KISHOR KUMAR.N. K	21MB1008	A study on employee performance appraisal with reference to Vivanta, Coimbatore	/	/	/
9	LIVIN. L	21MB1009	A study on effectiveness of employee performances appraisal with reference to ABT Private limited, Coimbatore	/	/	/
10	MOHAMED AASHIQ HANSIF.P	21MB1010	A study on employee welfare towards SREE JAGATH GURU Textiles Pvt, Ltd	/	/	/
11	MONEESH RAM K. S	21MB1011	A study on financial performance of INDIAN Hotels company limited with reference to Taj Vivanta, Chennai	/	/	/
12	NIVEDHA.R	21MB1012	An empirical study on patient satisfaction at Master Health Department, KMCH Coimbatore	/	/	/
13	NIVETHA.S	21MB1013	A study on effectiveness of the training and development program conducted by KMCH Coimbatore	/	/	/
14	PRADEEP. L.J.	21MB1014	A study on Financial Performance of ACCOR With reference to IBIS Coimbatore	/	/	/
15	PRAKASH.D	21MB1015	A study on Capital Budgeting at ABT PVT.LTD, Coimbatore	/	/	/
16	PREMKUMAR.A	21MB1016	A study on employee attitude towards job satisfaction at visual, Packs Coimbatore	/	/	/

15/11/2023
Principal
Coimbatore Institute of Management & Technology
Narasipuram, Coimbatore - 641 109.

AN EMPIRICAL STUDY ON PATIENT SATISFACTION AT MASTER HEALTH DEPARTMENT, KMCH COIMBATORE

PROJECT REPORT

Submitted by

NIVEDHA.R

21MB1012

on partial fulfilment of the requirements for the award of the degree of

MASTER OF BUSINESS ADMINISTRATION

OF

BHARATHIAR UNIVERSITY

Under the guidance of

Mr.G.SIDHAARTH.,B.Sc.,MBA.,

DEPARTMENT OF MANAGEMENT STUDIES AND RESEARCH

COIMBATORE INSTITUTE OF MANAGEMENT AND TECHNOLOGY

COIMBATORE :: 641109

DECLARATION

I, **NIVEDHA.R / 21MB1012** hereby declare that this project entitled **"AN EMPIRICAL STUDY ON PATIENT SATISFACTION AT MASTER HEALTH DEPARTMENT, KMCH COIMBATORE"** submitted to Coimbatore Institute of Management and Technology, Coimbatore, in partial fulfilment of the requirements for the award of the degree of Master of Business Administration of Bharathiar University, is a record of original research submitted by me during the period of study 2021-2023 in Coimbatore Institute of Management and Technology under the guidance of **Mr.G.SIDHAARTH.B.Sc.,MBA.,** Coimbatore Institute of Management and Technology, Coimbatore and it has not formed the basis for the award of any Degree / Diploma or other similar titles to any candidate in any University.

Place : **Student signature**

Date: **NIVEDHA.R**

CERTIFICATE

This is to certify that the project, entitled **"AN EMPIRICAL STUDY ON PATIENT SATISFACTION AT MASTER HEALTH DEPARTMENT, KMCH COIMBATORE"** submitted to Coimbatore Institute of Management and Technology, Coimbatore, in partial fulfilment of the requirements for the award of the degree of Master of Business Administration of Bharathiar University, is a record of original research work done by **NIVEDHA.R** during her period of study 2021-2023 in the Department of Management Studies and Research at Coimbatore Institute of Management and Technology, Coimbatore.

Signature of the HOD **Signature of the Guide**

Signature of the Principal

Viva-Voce Examination held on_____

Internal Examiner **External Examiner**

Sample Evaluated Project/Field Report submitted by the Students

KOVAI MEDICAL CENTER AND HOSPITAL LIMITED
NABH Accredited Hospital — Excellence in Healthcare
99, Avanashi Road, Coimbatore - 641 014. INDIA | Phone : (0422) 4323800 | 4324000 | 6803000
Web : www.kmchhospitals.com | CIN No : L85110TZ1985PLC001659

15.09.2022

To Whom So Ever It May Concern

This is to certify that **Ms. NIVEDHA R (21MB1012)** who is studying 2nd year **MBA** in the **Coimbatore Institute of Management And Technology** has undergone Internship training in Marketing Department for Two month from **08.07.2022 to 12.09.2022.**

During this period we found her to be sincere in her work and regular in her attendance. During this period her conduct and character have been found to be good.

We wish her all the best in her future endeavors.

15.9.22
PARAMESWARAN.A
Manager - HR

KOVAI MEDICAL CENTER AND HOSPITAL LTD HRD

EXCELLENCE IN HEALTH CARE 30

ACKNOWLEDGEMENT

I wish to express my sincere thanks and deep sense of gratitude to Dr.V.LATHA, Principal, Coimbatore Institute of Management and Technology, Coimbatore for providing the necessary facilities to carry out this project work successfully.

I am thankful to Dr.Y.BABU VINOTHKUMAR, Associate Professor and Head of the Department, Coimbatore Institute of Management and Technology, Coimbatore and the faculty members in the department for having helped in this report.

I take this golden opportunity to extend by sincere gratitude to my project Guide Mr.SIDHAARTH G, Assistant Professor, Coimbatore Institute of Management and Technology, Coimbatore for her immense guidance and valuable suggestions during the course of Project Study.

My heartfelt thanks to Dr.NALLA G PALANISWAMI Managing Director, Dr. THAVAMANI DEVI PALANISWAMI Join Managing Director, Mr. NARAYANAN Vice President of Business development, Dr.JOSEPH MHC Manager, Ms.GAYATHIRI Deputy Manager MHC of KMCH COIMBATORE for giving an opportunity to do my project work in this company and the interest they have shown in bringing out this project report in successful manner. Finally, I also express my gratitude to all faculty members of KMCH, my friends and my parents who have helped me to carry out this work. Last but not least, I thank the almighty god for the blessings shown on during this Project period.

NIVEDHA.R

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ABSTRACT

Patient Satisfaction plays an import role in hospital and health care center. In the past couple of decades or so, it has come to be widely accepted that one of the most crucial determinants for the survival of any firm, its success, depends on the quality of the service it provides. So, the present study is made under the topic "An empirical study on patient satisfaction at Master Health Check-Up, KMCH Coimbatore". Master Health check-up is much needed after certain age in the current environment as it reviews the vital. It keeps the medical information updated. Service quality, the focus point of the study, has been defined as the discrepancy that is present in the customer 's satisfaction level of services that is being provided by the firm. It also aims at identifying the service gap using GAP model. The need of the study is to identify the quality of services which satisfies customer and to develop as higher service quality in hospital sector. Descriptive research design has been framed and samples are calculated using coherence formula and sample size of 385 is collected and analysed and interpretated that the patient are highly satisfied in the service of MHC, KMCH Coimbatore. And also identified Communication gap in the organisation. however, patients expect certain things to reduce the waiting time, more privacy during certain consultations, movement of patient for check-up at higher rate, proper information and guidance.

CHAPTHER 1

INTRODUCTION

1. INTRODUCTION

1.1 INTRODUCTION

"Health care services" encompasses a whole lot of areas dealing with health, and it has been defined to include the provision of medicines, medical or surgical treatment provided, nursing, hospital service, dental service, optometrical service, complementary health services and so on. It also deals with the enumerated services or any other necessary services of like character, provided to an individual when he is sick or has met with a personal injury. It also deals with the provision to any individual, of any and all other services and goods for the purpose of preventing, alleviating, curing or healing human illness, physical disability or injury. In simple terms, health care deals with the diagnosis of the disease, treatment of the disease, and the prevention of the disease. The term disease can include any illness, injury, both at the physical and mental levels for the individual. More than just the provision of the services, what is important is the quality of the services provided. The best judge regarding the health care service provided is the patient himself/herself, and they express it in terms of their personal satisfaction.

In the past couple of decades or so, it has come to be widely accepted that one of the most crucial determinants for the survival of any firm, its success, depends on the quality of the service it provides. It has also been documented by many researchers, that in the last decade, one of the fastest growing sectors in the service sector arena is the health care industry (Zaim, Bayyurt & Zaim, 2010), and hence it does necessitate that there is need for such a study in this area. Coupling with this fact is the status of the master health check-up, as the second most serious disease much needed test or check-up in the global scenario.

The present research hence, had as its focus both these parameters in KMCH, Coimbatore MHC, in order to look at the critical area of service quality in a very important disease setting. A promising feature in India, with respect to the Health Care Service is the increase in the number of private hospitals. In Private hospitals KMCH has a wider market share with Multi speciality facility with vast infrastructure facility, high end equipment, well worthen doctors, higher success treatment rate, quality of service with a goodwill from the public. This is definitely beneficial to the individual as far as the health care is concerned on one hand, and on the other, the health care needs to be looked at as a business too. From the business perspective, the factor that will govern the success of private hospitals is that of the patients' perceptions or judgment on the quality of products / services provides by service

personnel in hospitals and the assessment of the service quality by the patients. This encompasses the perception of the patients as to how the services were delivered by the service personnel to the patients. Basing the premise on the above-mentioned points, it was felt that a study needs to be undertaken to understand the quality of service provided to the master health check-up patients in KMCH, Coimbatore, and to assess their performance levels based on the level of perception and satisfaction, as expressed by the patients. And also aims to study the service gap in the process of master health check-up and to eradicate the bottle neck of service gap. To address this purpose, patients who are all coming for the master health check-up in KMCH, Coimbatore were considered as the sample population of the study.

Master Health check-up is much needed after certain age in the current environment as it reviews the vital. It keeps the medical information updated. The doctors will be aware about the current health profile. A master health check-up or periodic health check is useful as it can help detect and identify diseases or the warning signs of an impending disease very early. This makes treatment a lot more effective, less expensive and less invasive.

In addition to detecting such diseases before a patient turns seriously ill, such periodic check-ups also give you a detailed update on various health parameters like cholesterol levels, blood sugar levels, blood pressure and body weight. This helps to gauge your overall health and it enables health care providers to assess health risks and advise you on lifestyle on dietary measures to counter such risks. If there is an abnormality, treatment can be started right away. Treatments of diseases like cancer will be more effective the earlier you start. Chances of better medication is possible with it. An annual check-up and knowing that all is well with your body can allay fears about small aches and pains or worry over lumps and moles. Monitoring your vitals will give the doctor and you a chance to see what habits need to be changed or stopped to make sure that you will not be at risk for an illness.

1.2 CONCEPTUAL FRAME WORK

1.2.1 SERVICE QUALITY

Service quality is a measure of how an organization delivers its services compared to the expectations of its customers. Customers purchase services as a response to specific needs. They either consciously or unconsciously have certain standards and expectations for how a company's delivery of services fulfils those needs. A company with high service quality offers services that match or exceed its customers' expectations.

Service quality, the focus point of the study, has been defined as the discrepancy that is present in the customer ‘s satisfaction level of services that is being provided by the firm. Goetsch & Davis (2010) have elaborately defined service quality as a dynamic state that is associated with various products, services, people, processes and environments that meets or exceeds expectations and helps produce a higher value. Merging the above two definitions, then, Hospital service quality would deal with all the facilities and services the hospital provides, and also the differences as perceived by the patients, towards the services offered by a particular hospital and their expectations about hospitals offering of such and such services (Aagja & Garg, 2010).

The source for the patients‘expectations according to Kucukarslan & Nadkarni, about whether the services they receive are ideal or up to a certain standard, seems to come from their previous experiences where they were exposed to such services (Kucukarslan & Nadkarni, 2008). One of the advantages as envisioned by Zeithaml & Bitner is that, a satisfied customer becomes a good will ambassador for the firm, and they are more likely to continue to use the service, and more importantly spread positive views about the firm, thereby saving the firm of additional cost required for advertising (Zeithaml & Bitner, 2000). This is such a crucial area, and hence many researchers have undertaken studies to understand the factors that affect the service perceptions and they have come up with different service quality conceptualizations.

As early as 1984, Grönroos (1984) was instrumental in the identification to two important dimensions of service quality namely: a) functional quality, that dealt with the manner in which the services were provided and b) the technical quality, that dealt with the actual outcome of the service which can be quantitatively or objectively measured, for instance, the accuracy of the health test that was performed. Pioneering work in this area of service quality comes from the original ten dimensions that were identified by Parasuraman and his colleagues and they have proposed a model that comprises of the various dimensions, and the model was named as the SERVQUAL model. Parasuraman, Zeithaml and Berry (1988) further analyzed and refined the model, and brought it down to a more parsimonious five dimensions of service quality consisting of parameters namely: Tangibles, Reliability, Responsiveness, Assurance and Empathy. One of the most used models, and most acceptable model in the industry and in the academic field, with respect to evaluating the customer expectations and their perceptions with regards to the service quality, is the SERVQUAL scale.

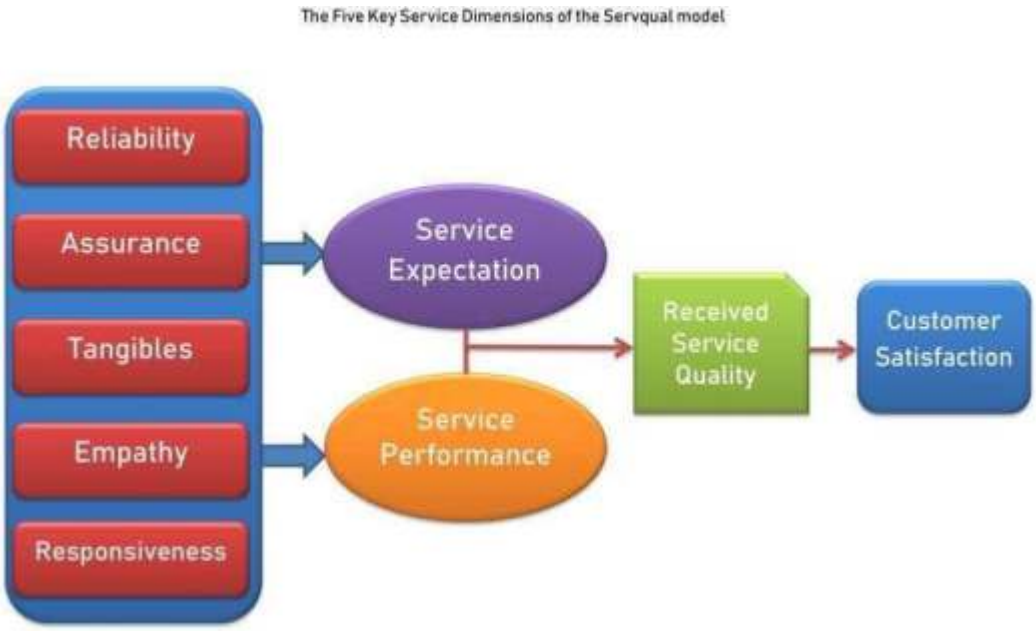

Figure 1.2.1 Service Quality

1.2.2 SERVICE GAP

A service gap is the difference between what the customers expect and what they perceived was delivered. This is based on a Gap Model. The Gap Model identifies six types of gaps that can occur along the way from the design to delivery of a service.

Hitesh defines the gaps and lists potential reasons for their existence.

Gap 1: Knowledge Gap — Between customer needs and expectations and management's perception of the needs

Gap 2: Standards Gap — Between management definition of customer needs and the translation of those into design and delivery specifications

Gap 3: Delivery Gap — Between design or delivery specifications and execution of design or delivery specifications

Gap 4: Communication Gap — Between execution of design or delivery specifications and advertising and sales promotion

Gap 5: Perception Gap — Between design delivery specification and the customer perception of product execution

Gap 6: Service Gap — Between customer experience in relation to expectations

Figure 1.2.2 Service Gap

1.2.3 CUSTOMER SATISFACTION

Customer satisfaction is a dichotomous decision. It is a very personal feeling or a subjective feeling, of either pleasure or disappointment. This usually results from the comparison of the services provided by the firm to the individual, against the expectations that individual had about the service provider. It has become imperative that the service providers give higher priority to customer satisfaction, since it has been shown to be the key ingredient for the retention of the customers, and any business' sole motive is to get customers and keep them coming again and again to them. In simple business terms, the greater is the customer satisfaction, more are the number of visitation by the customers to the stores or the firm, enabling more product purchases, and the customers serving as good will ambassadors and spreading the name of the firm by word of-mouth promotion to friends thereby campaigning for the firm, and reducing the advertisement cost to the firm. On the contrary lack of satisfaction experienced by the customer results in complaining behaviour, and their not coming back to the firm. It has been seen and documented that a very satisfied customer stays very loyal to the firm for longer duration, and even patronizes the firm in future.

1.3 INDUSTRY PROFILE

The project study is carried out in one of the major hospital brands in Tamil Nadu & India and some other parts of the world Kovai Medical Center & Hospital. They are the major brand in the hospital and health care industry and a large public limited company which operates as a conglomerate company. They come under hospital and health care sector organisation which comes under the service industry.

The service sector is the third of the three economic sectors of the three-sector theory. The others are the secondary sector (approximately the same as manufacturing), and the primary sector (raw materials). The service sector consists of the production of services instead of end products. Services (also known as "intangible goods") include attention, advice, access, experience, and affective labor. The production of information has long been regarded as a service, but some economists now attribute it to a fourth sector, the quaternary sector. The tertiary sector of industry involves the provision of services to other businesses as well as final consumers. Services may involve the transport, distribution and sale of goods from producer to a consumer, as may happen in wholesaling and retailing, pest control entertainment, hospitality business support services, tourism etc. The goods may be transformed in the process of providing the service, as happens in the restaurant industry. However, the focus is on people interacting with people and serving the customer rather than transforming physical goods.

The services sector is the largest sector of India. Gross Value Added (GVA) at current prices for the services sector is estimated at 96.54 lakh crore INR in 2020-21. The services sector accounts for 53.89% of total India's GVA of 179.15 lakh crore Indian rupees. With GVA of Rs. 46.44 lakh crore, the industry sector contributes 25.92%. While Agriculture and allied sector share 20.19%. The services sector is not only the dominant sector in India’s GDP, but has also attracted significant foreign investment flows, contributed significantly to exports as well as provided large-scale employment. India’s services sector covers a wide variety of activities such as trade, hotel and restaurants, transport, storage and communication, financing, insurance, real estate, business services, community, social and personal services, and services associated with construction.

1.3.1 HOSPITAL AND HEALTH CARE MANAGEMENT

Healthcare has become one of India's largest sectors, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

India's healthcare delivery system is categorised into two major components - public and private. The government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority of secondary, tertiary, and quaternary care institutions with major concentration in metros, tier-I and tier-II cities.

India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe.

The Indian healthcare sector is expected to record a three-fold rise, growing at a CAGR of 22% between 2016–22 to reach US$ 372 billion in 2022 from US$ 110 billion in 2016. By FY22, Indian healthcare infrastructure is expected to reach US$ 349.1 billion. As of 2021, the Indian healthcare sector is one of India's largest employers as it employs a total of 4.7 million people. The sector has generated 2.7 million additional jobs in India between 2017-22 -- over 500,000 new jobs per year. In the Economic Survey of 2022, India's public expenditure on healthcare stood at 2.1% of GDP in 2021-22 against 1.8% in 2020-21 and 1.3% in 2019-20. The e-health market size is estimated to reach US$ 10.6 billion by 2025.

As per information provided to the Lok Sabha by the Minister of Health & Family Welfare, Dr. Bharati Pravin Pawar, the doctor population ratio in the country is 1:854, assuming 80% availability of 12.68 lakh registered allopathic doctors and 5.65 lakh AYUSH doctors.

The hospital industry in India is forecast to increase to Rs. 8.6 trillion (US$ 132.84 billion) by FY22 from Rs. 4 trillion (US$ 61.79 billion) in FY17 at a CAGR of 16–17%. The Government of India is planning to increase public health spending to 2.5% of the country's GDP by 2025.

1.4 COMPANY PROFILE

"A Health Care Provider of Western Approach with an Indian Touch".

KMCH is the most trusted Multispecialty Hospital in the Southern Indian City of Coimbatore. The relentless service of KMCH in the past 30 years, taken health care to the most modern levels in the region catering to urban and rural population.

1.4.1 VISION & MISSION

Vision

KMCH will be a health care leader in India by providing excellent quality medical care and services to patients in a family focused environment.

Mission

KMCH will improve the health and well being of the community by providing world class patient care, education and training.

Quality Policy

Quality Policy of Kovai Medical Center and Hospital aims at enhancing the quality of healthcare by continuous improvement & to provide utmost satisfaction for our stakeholders.

Value Statement

For KMCH the foremost commitment is "Patient Comes First" KMCH will deliver Healthcare with

- Compassion
- Respect
- Excellence
- Diversity
- Ownership

1.4.2 BRANCHES

- KMCH Main Center
- KMCH City Center
- KMCH Speciality Hospital – Erode
- KMCH Sulur Center & KMCH Kovilpalayam Hospital

1.4.3 MULTIPLE SPECIALTIES

- **Heart Institute**
  - Bypass operation, heart transplant, valve repair, further more we have…
  - The region's only heart rhythm specialist (Electro physiologist).
  - The region's only established Paediatrics Cardiologist.
- **Multi Organ Transplant Center** – Heart & Lung, Liver, Kidney and Bone Marrow.
- **Comprehensive Cancer Center** – Medical Oncology, Surgical Oncology, Radiation Oncology, Nuclear Medicine & PET.
- **Interventional Radiology** – A pioneer in the field of IR advocating methods of expertise to institution across the Globe.
- **OBG** – High risk pregnancies and Fertility Center
- **Paediatrics** – 26 years of unblemishing track record in treating neonates and infants.
- **Critical Care & Trauma** – In emergencies we handle life threatening situations through world class trained Doctors and Intensivists.
- **Orthopaedics** – Hip and Knee Replacement and complex deformity correction.
- Others as well,… Endocrinology, Diabetes management, Rheumatology, GI, Pulmonology, Interventional Pulmonology with EBUS, Psychiatry, Cosmetic surgery, ENT, Dermatology, Hematology, Urology, Nephrology and Paediatric Surgery.

"No matter what your problems are, we receive you with care, so you go back with a smile".

1.4.4 AWARDS AND RECOGNITIONS

Awards & Recognitions in the past 3 Years
Green Hospital – AHPI Awards 2022
CII Award – 2021
Economics Times Award – 2021
AHPI Award – 2021
Ranking No.1 Hospital In Coimbatore – 2021 (The Week)
All In India Critical Care Hospital Ranking – 2021 (No.1 Nephrology, Neurology, Emergency Trauma)
Best Renal Transplant Unit 2020
Ranking No.1 Hospital in Coimbatore - 2020 (The Week)
Best Entrepreneur Award 2020

AHPI Award – 2020
Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme's Best Performance Award – 2019

Table 1.4.1 Awards & Recognitions

1.4.5 DEPARTMENTS

Figure 1.4.1 Departments

1.4.6 BOARD OF DIRECTORS

NAME	DESIGINATION
Dr. Nalla G Palaniswami	Managing Director
Dr. Thavamani Devi Palaniswami	Joint Managing Director
Dr. Arun N Palaniswami	Executive Director
Dr. Mohan S Gounder	Non-Independent Director
Dr. M.C. Thirumoorthi	Non-Independent Director
Dr.Purani P Palaniswami	Non-Independent Director
Mr. Kasi K Goundan	Independent Director
Dr. M. Manickam	Independent Director
Mr. A.M. Palanisamy	Independent Director
Mr. K. Saminathan	Independent Director
Mrs. R.Bhuvaneshwari	Independent Director
Mr.A.P.Ammasaikutti alias	Independent Director
Dr.K.Kolandaswamy	Independent Director

Table 1.4.2 Board of directors

1.5 PROBLEM STATEMENT

It is inevitable that medical assistance is a need for each and every human being in this world irrespective of age, class, creed, etc. In India, the health care sector is witnessing mammoth growth in modern medicines. Technological advancements have significant impact in captivating the market to achieve greater heights. In general the hospital services market is seen as highly profitable market in the Indian health care scenario. Even though, various factors like improving affordability of the patients and rising penetration of health insurance continues to fuel the growth in the Indian hospital scenario while, the occurrence of the disease has also showing dominance. Various illness to a human being is a serious threat to the human life. Hence, the check-up not only depends on the medicinal effect, but also, the psychological consolation through service quality of the hospital settings can bring relief to the patient with satisfaction and also improvise the service quality to the patient.

1.6 NEED OF THE STUDY

Patients must be satisfied with the provision of services with respect to perception of various services provided in the hospitals. It becomes very important for the management of the hospitals to understand the processes involved which contribute to a favourable overall experience for the master health check-up Patients in KMCH, Coimbatore.

- To increase the overall patient satisfaction in the department.
- To improve the service quality of the department.
- To improve the service quality of the hospital.
- To eradicate the service gap.
- To make a accurate and successful treatments.
- To make a stress free and healthy society.

Therefore, it is significant to measure the overall experience of the MHC patients which involves many factors such as Doctor's competence in diagnosing the disease and balancing the patient's Psychological settings, behavioural effects of the paramedical staff, hospitality of the support staff, specialized facilities offered by the hospital for the MHC patients, cost factors and the overall maintenance and hygiene determines the perception and satisfaction on service quality in the hospital.

1.7 OBJECTIVE OF THE STUDY

Primary Objective

To make an empirical study on patient satisfaction on master health department, KMCH Coimbatore.

Secondary Objective

- To study and analyse the present procedure in the study area.
- To study about the perception of the patient about the MHC service in KMCH, Coimbatore.
- To identify the factors that affect patient satisfaction.
- To study about the satisfaction level of the patient on the service provided.
- To identify the service gap in the current scenario.
- To identify and suggest various practices to improve the patient satisfaction and improve the service gap.

1.8 HYPOTHESIS

H_{01} – There is no significant relationship between gender and preference towards KMCH MHC Service.

H_{a1} – There is a significant relationship between gender and preference towards KMCH MHC Service.

H_{02} – There is no significant relationship between gender and quality of overall service received.

H_{a2} – There is a significant relationship between gender and quality of overall service received.

1.9 LIMITATIONS OF THE STUDY

- Situation Constraint – As the patient were waiting for their medical results / emergency some of them are not in mind set of filling the review form properly.
- Emotional Constraint – As the patients has to be handled both physically and psychologically, their physical illness creates drastic emotional change.
- Review Constraint – As patients comes together as family the one-person review / feedback will be copied / filled by same person for the entire family. So, collection of individual response is not there in some cases.

CHAPTHER 2

REVIEW OF LITERATURE

2. REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review surveys the relevant literature that is available in the field, and it intends to bring forth and present that knowledge from the field, which is not only current, but presents in against the background of the various approaches and methods that has been attempted by various researchers on that specific topic over a course of time, thereby indicating the evolution of thinking in that particular field. Importantly, although it is relevant and current, this chapter does not present any experimental work, nor does it report an experiment. Its sole source of information is the secondary sources of information namely the publications in journals, articles, research papers, conference papers, and the like. A chapter titled, as seen above, is normally, rather, compulsorily a part of academically oriented literature such as dissertations and theses, and this chapter also is placed ahead of the research proposal and the section on results. This chapter serves two purposes namely; a) to abreast the reader the current status of the research work in the area and b) to prompt the reader to see what future experimental work or research that can be conducted in the field under consideration. It is also an essential feature that the research findings, the support for the study, and literature from various sources are laid out in a chronological fashion, in an ascending order from the most important reports in the past to the most relevant recent work.

2.2 REVIEW OF LITRECTURE

Al-Hussami et al., (2017) undertook their work in Jordon, and yet their work provides the insight needed for the world. The study clearly elucidates that there is a definite requirement to increase the quality of care and various services provided by the hospitals, not just in Jordon, but on the global scale. This enhancement is required both for the healthcare providers and consumers just the same. The study explored whether the patients were satisfied with the service they received, based on their intention to revisit the same hospital. The authors undertook the study with a descriptive design in eight hospitals in Jordon, each with more than 300 bed capacity and their observations were obtained from the cross-sectional survey data collected by the means of self-reported questionnaires. These hospitals were selected at random from four different healthcare domains, and about 148 patients who were admitted in these hospitals during the study period were surveyed. The study found that the patients had very

low levels of perceptions towards the revisit to the same hospital, and this value was found to be at 3.4 out of 5. The authors report that the healthcare organizations of Jordan, have performed below par in comparison to the world standard and that it is imperative that the Hospital administrators and directors of nursing pay sufficient attention towards implementation of quality control in all the services they provided and aim at providing high quality service, which would then reflect as patients satisfaction and their intention to revisit.

Kalutharawithana and Jayawardena (2017) research was along the same lines of service quality in health care marketers, and they applied the SERVQUAL measurement scale and they conducted an empirical assessment of the usefulness of this approach in the hospital service industry. They found that the results obtained in their study, matched well with the perceptions and the expectations scale, and hence could be considered as reliable and valid for the industry, and they also provided suggestions and comments for the management towards enhancing their values in the future. The two major qualities are essential and relevant for any service-providing organizations, namely the Technical quality and then the service quality. The former in fact deals with the technical accuracy of the diagnoses and the various procedures or protocols utilized towards the analysis. Since, the technical information is not available to the general public, it has been suggested by the authors that the principles outlined by the Joint Commission for Accreditation of Health Care Organizations 1987 should be implemented, in order to have uniformity of service across various hospitals.

Muhammad Shafiq et al., (2017), approached the service quality issue in a very different manner, stating their logic as follows: It is clear that there are different kinds and types of hospitals, with each of them differing from the other in terms of their specialty, the services they offer and the availability of resources in the hospitals. They also state that these services are measured with wide range of scales and a wide range of patients' perspectives are utilized to gauge these parameters. The author hence put forward the proposition that research is required in order to develop a scale that is applicable across various Asian hospitals, irrespective of the nature of the service they provide or the ownership of the hospitals (whether they belong to the private or public sector). To this end, the author utilized the SERVQUAL instrument in order to arrive at a consensus on the service quality measurement scale. They obtained data from inpatients and outpatients of nine different hospitals, and used the statistical tool of structural equation modeling, to ascertain the scale. The developed scale was then validated by identifying service quality gaps and ranking the areas that clearly indicated the requirement of managerial effort. The results clearly denoted that all the 5 dimensions of

SERVQUAL are valid in the Asian countries. The study also ranked the parameters and placed the parameters such as Reliability, tangibility, responsiveness, empathy, and assurance at first, second, third, fourth, and fifth ranks respectively, in terms of the size of the quality gap. The gaps were also found to be statistically significant, at 0.05 probability level. Clearly indicating and emphasizing that it is imperative that the hospital administrators focus on each of these areas. By extension, the same things is applicable to health care authorities, managers, practitioners, and decision makers, for they all play substantial role within the hospitals, and hence have a say in the improvement of the overall quality of the healthcare.

LinimolL.T. and Chandrachoodan Nair B., (2016), studied the quality of healthcare services in Saudi Arabian hospitals. The authors used a structured questionnaire – the SERVQUAL instrument – to study the perceptions of expatriates about the quality of healthcare services in Saudi Arabian hospitals. The study identified various areas to improve healthcare services in Saudi Arabia and the factors that influence the referral rates among expatriate patients regarding the choice of healthcare service provider. The findings also helped the authors to gain deeper understanding on how the patients weighed the service quality and which aspects the patients were happy with.

Thangaraj B and Chandrasekar M.R., (2016) analyzed the healthcare system in India, which is ranked as the second most populous nation in the world. The authors claim that in spite of great progresses made in public health care sector since the time of independence, of more than 6 decades, there is enough transition that is happening through demographic and environmental conditions, both of which contribute to the additional burden of diseases the nation is facing. Added on to this is the challenges at the level of consumers the Indian health care system is facing, both in terms of technology and the infrastructure requirements. The private sector hospitals have raised the general consciousness or awareness of the public towards minor and major health care problems. The authors using the SERVQUAL dimension, as elaborated by **Parasuraman et al**, analyzed the health care system in a few corporate hospitals in Coimbatore city. The results obtained from the study point out that there are a few issues in the city, namely higher treatment costs, human and economic threat posed by non–communicable diseases, prescription of unnecessary tests, elaborate time-consuming procedures, lack of sound public relations, to cite a few. The authors opine that improvements and implementation of technology and installation of the necessary infrastructures are the two key steps that can change the face of the healthcare services that are available in India, and this

has a chance to revolutionize the experience of the patients, when the entire system begins to operate in a more efficient manner.

Akreditasyon (2014) clearly elucidated that the prime concern for any healthcare service firm is to guard and enhance the health of the individual on all planes of existence, namely the physical, mental and social plane, and to continue to improve thereby the well-being and also the happiness of the society as a whole. As with any service providing organization, in the healthcare industry too, there is a very crucial role for service quality, and by extension, it becomes important for the firm to constantly monitor the perceptions of the clients involving various dimensions of quality, and appropriately adjusting the measures they need to implement. The age, sex, income of the patients, are some of the parameters that seem to influence the perception of quality in the healthcare industry.

Albada et al.,(2012) studied the effects of a pre-visit website with customized information and a question-prompt sheet on the retention of counselling information among breast cancer patients. A total of 197 participants who underwent counselling for breast cancer were randomly selected to participate in the study. Some of these participants received usual care, while the intervention group received the usual care along with website information about genetic counselling. All the participants completed the pre-visit and post-visit questionnaires. The study concluded that prior to counselling, accessing he pre-visit website and responding to the question-prompt sheet lead to higher reception and retention of the information shared during the first visit of counselling for breast cancer.

In a study on quality of healthcare services in Salem, Tamil Nadu, **Kavitha (2012)** studied two hospitals using SERVQUAL instrument to conduct a perception study on service quality. The researcher, after analyzing responses of 400 patients and 50 doctors, discovered that a gap exists in the expectations of the management and that of patients regarding quality of service provided in the two hospitals.

Zarei1, et al. (2012) applied SERVQUAL in their research with private hospitals and found that the private hospitals paid greater attention to the quality of health care service that they were providing to the patients. In their study, they discovered that the gap between patients' expectations of healthcare service and the actual services provided by the healthcare professional was relatively narrow.

Li, Huang, and Yang (2011) examined whether the role of satisfaction as a moderator between service quality and behavioural intentions. The study deployed structured

questionnaire to the out-patients of 12 middle level hospitals in Taiwan, studying the aspects of reliability, assurance, responsiveness, and empathy. The research study found that satisfaction of patients with the healthcare service provided to them positively moderated the effect of reliability and empathy on behavioural intentions, but negatively moderated effect of responsiveness and assurance on behavioural intentions.

Mawachofi and Walston (2011) studied the socioeconomic and organizational factors comprising demographic, managerial support, integration formation and IT implementation parameters, to identify the factors that affected perceptions of patient safety and quality of nursing care provided in five hospitals of Riyadh. The study found that safety of patients and quality of care provided were influenced positively by the presence of few visible errors, ability of nurses to communicate suggestions, training and support provided in the use of information technology, and confidentiality maintained in the error reporting mechanism. The study informed the leaders in the healthcare sector about the various aspects that needed consideration.

A study conducted by Mckee et al., (2010) on patients' satisfaction with pharmacy services at CTRC, Texas evaluated the patient-pharmacist relationship and its ability to boost patient satisfaction by providing the right care. The study administered a 20-item survey to the patients in oncology department. The survey measured dimensions like time spent by patient with pharmacist, knowledge about the therapy and medication to be administered, and patients' willingness to pay for counselling services offered by the pharmacy. The study found that 86% of the respondents discuss their treatment with their pharmacists and about 76% of the respondents requested for follow-up from the pharmacy about their medication, while many were willing to pay for the counselling services offered by the pharmacy.

SeetharamanHariharan, Prasanta Kumar Dey (2010) undertook the study about the intensive care units, and brought out a quality management framework, through the process of combining cause and effect diagram along with the logical framework. As expected, greater emphasis was given towards the improved infrastructure, state-of-the art equipment, and well maintained facilities, which were followed by the IT-based communication, and then finally the human component involving motivated doctors, nurses and support staff. All of these were felt essential for the improved patient care. Another parameter which was suggestive as important for enhancing performance is the improved drug availability. The framework proposed by the authors was with the intention of it being used continuously as a quality

improvement tool, which could provide a work plan, followed by implementation. This will allow for continuous monitoring of the service quality.

Anjali Patwardhan (2009) analyzed if it is indeed effective to conduct consumer surveys and how much is the value of these surveys, towards the implementation of these suggestions towards the improvement of the health services. It is imperative that the health and social care are expected to be even more responsive in the context of the consumerism and consumer focused care. He also brought out that between the consumer experience surveys and consumer satisfaction surveys, the former is more superior to the latter, for it enables the identification of precise prospects for growth and progress, and also for the provision of strategic planning that it offers.

Brearley et al., (2009), studied the changes in the patients' expectations and perceptions of the disease and treatment over a period of one year. The researchers undertook interview of 19 patients suffering from gastrointestinal cancers in the United Kingdom. The study found that in the initial stages – within three months of diagnosis – the patients were major concerned with the treatment phases, and the impact of the disease and its treatment on their quality of life, daily function and other treatment-related symptoms. The same patients were more concerned with recurrence, lack of new treatment options, getting clarity about long term care, becoming independent again and about their social and financial survivorship, in the later stages of the treatment –six to twelve months after diagnosis.

Rashid and Jusoff (2009) opined that service quality (SERVQUAL) was a reliable scale to gauge the quality of healthcare services. In their paper, the authors discuss the complex conceptual model of SERVQUAL comprising numerous dimensions of service quality and the problems in quality of service. Edura and Rashid were able to gain in-depth understanding of the areas and the methods to improve services in the healthcare sector. The authors found through the research study that the idea of quality of service in healthcare sector was vastly more complex as compared to other service industries.

Amira Elleuch (2008) evaluated the Japanese healthcare service quality was using two different dimensions: One, its process characteristics (patient-provider interaction) and the second, the physical attributes (settings and appearance). The data suggested that there is a greater correlation between process quality attributes and the experience of satisfaction by the patients. Two traits that most arguably are the most suggestive of the patients' satisfaction is their intentional behaviour to come back to the same firm, the first one, and the second one is

recommending it to their friends and families. There is a clearly a different and an interesting cultural background in Japan, and hence it made it rather more compulsive for the author to attend to study the patients' health service quality in this country. As expected, there is a greater focus, by the patients, on the process of delivery of service, where they look into speed of the service, quality of interaction with staff and the appearance of the facility, were all in the mix when they assessed the service quality. A very contrasting feature to be observed in comparison to the patients behaviour in USA and Europe is, the patients in Japan, don't prefer individualized attention provided by staff and physicians, since they believe that all the patients should be treated equally.

A study by Sherlaw-Johnson et al., (2008) investigated the satisfaction of cancer patient with regards to the care provided, the extent of variation and the dissatisfaction experienced in young, female patients diagnosed with cancer in breasts, colorectal or prostate. The study highlighted that the satisfaction levels for the care given to patients diagnosed with breast cancer was the highest, followed by those with colorectal and least in case of prostate cancer. Higher levels of satisfaction were exhibited by in-patients than out-of-hospital care.

Chahal (2007) presented a case study on Civil Hospital, Ahmedabad. Chahal studied 205 in-patients from four departments – orthopedic, general medicine, pediatrics, and obstetrics and gynecology. The interrelationships and the interrelationships among the measures used for determining the service quality were analysed. The author found that patient loyalty model indicated weak predictive ability. The study also discovered no significant difference in the perceptions of the patients regarding loyalty of patients and quality of service. The study concluded that patients were more likely to take treatment for similar and different diseases from the same healthcare service provider, and were more likely to recommend the healthcare service provider to their friends and family, if they were satisfied with the quality of interactions with healthcare service professionals.

Mehmet Tolga Taner and BulentSezen (2007) studied the application of Six Sigma technique in healthcare industry. Through five case studies of implementation of Six Sigma technique, the authors found that the organizations were able to manage resources more effectively, reduce redundancy, waste and rework in the organization and improve cost saving for the organization. This, according to the authors, contributed to the sustainability and retaining of competitive advantage of the healthcare organizations under study, in the long run.

Seth et al. (2005), studied diverse service settings available and tabulated the data obtained from nineteen different models and the results clearly established a clear cut relationship between service quality and customer satisfaction. Grönroos too postulated the notion that in order for the firms to influence the perception of the consumers, it is necessary for the firm to narrow the gap between the expectations the customers have an the perception they have about the services that is being provided. He proposed two different and distinct models related to the service quality: First one being the technical aspects and the second one the functional quality aspects, both of which shape the image of any organization. The image for a firm could spread through several means namely, mouth, tradition, ideology, and public relations.

Jaboun and Chaker (2003) undertook a comparative study of public and private hospitals in the UAE. The study compared public and privately run hospitals on the basis of service quality viz. tangibles, empathy, responsiveness and reliability. The study found that in the UAE, public hospitals were considered to be better than private hospitals in terms of the above mentioned quality parameters.

SERVQUAL was found to be a reliable and consistent measurement scale to measure the quality of service. When used in healthcare services**, Lam (1997)** discovered that the scale was well suited to measure the expectations of the patients and healthcare service providers. The research study was able to pinpoint the areas that required consideration to improve the quality of healthcare service being provided by the organizations. The study also found that mismatches existed between expectations of the patients towards the quality of healthcare service and what the professionals were delivering. Timely, professionals and competent service were the three major requirements of the patients, which required close consideration and improvement, the study conducted in Hong Kong reported.

Boland et al, arrived at a very interesting observation after evaluating about 458 patients, with regards to the ability of their physicians to discern the reason for the patients visit to the health care center. It was seen that about 80% of the patients opined that this is an important parameter, while about 20% of them disagreed to the same. This was found more amongst the female patients, who had multiple complaints. This discrepancy noticed between the understanding of the physician about the patients visit, and the actual complaint for which

the patient has visited the health centre, was interesting not associated with the level of satisfaction of the patient, which is pretty unexpected observation.

Selim Ahmed undertook the work in Bangladesh, and studied patients' perception in the healthcare sector in few of the hospitals in the country. The study analyzed if there is conformance to a certain quality across various organizations, and also considered patient satisfaction and loyalty, and the influence of several demographics factors such as gender, age and marital status on the same. The study also scrutinized if the public and private healthcare sectors held and adhered to different standards with regards to service quality, patient satisfaction and loyalty. The way the authors approached the problem under consideration was by administering about 450 questionnaires to various patients visiting the hospital, which involved self-answering mode and found that about 204 were the responses that were useful for further analysis, which is about 45.3 per cent of the total number of questionnaires administered. The statistical tools used in the study were reliability analysis, exploratory factor analysis, independent samples t-tests, ANOVA and discriminant analysis using SPSS version 23. The results indicated that there was higher levels of perception by single patients in comparison to married patients, in terms of tangibles, reliability, empathy and loyalty, and so was the relationship with respect to younger patients in comparison with any other age group. It became apparent too that private healthcare providers did have better service standards than the public ones. One major caveat of the study is that the inferences drawn from the study are applicable to Bangladesh health sector, and may not be applicable elsewhere, although the principles discussed are universal in their applicability.

2.3 RESEARCH GAP

In developing countries like India, the health care systems pay less attention to the patient's perception where many factors related to clinical services that decides the patient's satisfaction by and large. Particularly, when the service quality is determined based on diagnosis of the disease, expertise and skills of the doctor, attitude of the doctors, behaviour of the admin staff members, hospitality of the staff nurses and attendants, cost factors, infrastructure facilities like room stay services, rest room services, hygiene etc. that may have mismatched the perceived level and the satisfaction achieved by the MHC patients in KMCH, Coimbatore. Although, there are many international studies and few studies in Indian context have contributed in evaluating the service quality of patients, the study is an innovative attempt by the researcher to measure the gap between perception on service quality provided by the selected hospital and selected particular check-up area in KMCH, Coimbatore and satisfaction achieved by the MHC patients.

CHAPTHER 3

RESEARCH METHODOLOGY

3. RESEARCH METHODOLOGY

3.1 INTRRODUCTION

One of the essential keys to any research work is the research design and analysis of its steps that are implemented in the society. These steps must be suitable to test hypotheses of the research and also to help the access capability of overall design of the research such as collection of data and analysis of data. Research Methodology is the way a research problem is systematically solved employing the relevant methods. This chapter describes the various steps adopted and logic in sequencing the steps are explained. It decides the usage of various methods available. It describes the approaches that are used in this study in order to test the hypotheses of the problem under the study and provides the reader with a basis for calculating the validity of findings, an understanding of the basis for choices that were made and sufficient details that another researcher can replicate this study.

In this chapter, some vital objects related to research methodology such as problem under the study, research design, about population, sampling method and sample size, data collection instruments, data source, analysis tool of data are in details explained and finally at the end of this chapter the limitations of the study are stated.

3.2 RESEARCH DESIGN

Research Design is a logical and systematic plan to conduct a research study. Research design indicates the objective and methodology and techniques to be adopted to achieve the objective, types and sources of data, methods of collecting, analysing and interpretating the data and observation and also about resource allocation and time frame. It constitutes the blueprint for the collection, measurement, and analysis of data. The main objective of the study is to identify the satisfaction level of patient towards Master Health Check-Up in KMCH, Coimbatore. It also studies to identify the service gap in the current situation. The research design of this study is **descriptive research design**.

The descriptive research design is more specific and it is conducted to define, describe, analyze and interpret the present condition or past state of affairs. The major purpose of a descriptive research is to evaluate and analyze a phenomenon, occurred at a specific time and place. This is connected with present conditions, framework, practices, relationship, differences, similarities that exist. It aims at identifying the various characteristics of a community, situation or problem.

Descriptive research design answers the questions 'who, what, where, when, why and how'. It examines the quantitative and qualitative data collected from various written documents and correspondence, direct or indirect interviews, surveys, test results and so on. The main feature of descriptive research is to provide an analysis of a given sample or population, where inference is drawn to explain quantitative and qualitative data or a combination of both, by using the hypothesis to find the answer to the present question.

3.3 SAMPLING

The universe of the study is undefined as there of large population. The target population of the study is patient who are all coming for the Master Health Check-Up in KMCH, Coimbatore. Even the target population cannot be defined in a specific count it is a unknown target population.

As the research fall under descriptive research design and infinite population, the sampling method used for the study is **convenience sampling.**

In convenience sampling the sample is selected neither by probability nor by judgement but by convenience. Here the samples are collected at the convenient time and dates of researcher from the patient who all are coming for the master health check-up at KMCH, Coimbatore. These units enter by accident; they just happen to be at the right place and at right time i.e where and when the information / sample for the study is being collected.

3.4 SAMPLE SIZE

For populations that are large, Cochran (1963:75) developed the Equation to yield a representative sample for proportions.

$$n_0 = \frac{Z^2 pq}{e^2}$$

Which is valid where n_0 is the sample size, Z^2 is the Z value of the Confidence Level i.e 95%. p is the estimated proportion of an attribute that is present in the population, and q is 1-p. There is a large population but that we do not know the variability in the proportion that will adopt the practice; therefore, assume p=0.5 (maximum variability). e is the desired level of precision. In our case the desired level of precision is ± 5%.

95 % Confidence Level & 5% Level of Significance			
Z	1.96	Z^2	3.8416
p	0.5		
q	0.5		
e	0.05	e^2	0.0025
n_0	**384.16**		

Table 3.1 Sample Size

As per the **Cochran (1963:75)** sample size determination at 95% confidence level is 384.16. To make a round of sample size was taken as **385.**

3.5 METHODS OF DATA COLLECTION

Primary data is collected through questionnaires which were given to the patient to be filed and in most case structured interview method has been used to receive the response from the patient which also gives an advantage to the investigator to observe about the emotionally reaction of the group. Likert-type scale is used to know the opinion of the patient. Before framing the questionnaires, personal observations were made to list out the factors of satisfaction.

Source of Data	Primary Data
Method of Data Collection	Structured Interview
Tools of Data Collection	Questionnaire

Table 3.2 Data collection

3.6 TOOLS OF ANALYSIS

- **Percentage Analysis**

Percentage analysis is one of the basic statistical tools which is widely used in analysis and interpretation of primary data. It deals with the number of respondents response to a particular question is percentage arrived from the total population selected for the study. Percentage analysis are used in making comparison between two or more series of data. A percentage is used to determine relationship between the series.

$$= \frac{\text{No of respondent}}{\text{Total respondent}} \times 100$$

- **Descriptive Statistics**

Descriptive statistics are used to describe the basic features of the data in a study. They provide simple summaries about the sample and the measures. Together with simple graphics analysis, they form the basis of virtually every quantitative analysis of data. Descriptive Statistics are used to present quantitative descriptions in a manageable form. In a research study we may have lots of measures. Or we may measure a large number of people on any measure. Descriptive statistics help us to simplify large amounts of data in a sensible way. Univariate analysis involves the examination across cases of one variable at a time. There are three major characteristics of a single variable that we tend to look at:

- The distribution - Percentage
- The central tendency - Mean, Median, Mode
- The dispersion - Range, Standard Deviation, Variance

- **Independent Sample t test**

The independent t-test, also called the two-sample t-test, independent samples t-test or student's t-test, is an inferential statistical test that determines whether there is a statistically significant difference between the means in two unrelated groups. The Independent Samples t test compares the means of two independent groups in order to determine whether there is statistical evidence that the associated population means are significantly different. The independent samples t test is a parametric test.

3.7 LIMITATIONS OF THE STUDY

- Situation Constraint – As the patient were waiting for their medical results / emergency some of them are not in mind set of filling the review form properly.
- Emotional Constraint – As the patients has to be handled both physically and psychologically, their physical illness creates drastic emotional change.

  Review Constraint – As patients comes together as family the one-person review / feedback will be copied / filled by same person for the entire family. So, collection of individual response is not there in some cases.

CHAPTHER 4

DATA ANALYSIS AND INTERPRETATION

4. DATA ANALYSIS AND INTERPRETATION

4.1 PERCENTAGE ANALYSIS

GENDER

GENDER	MALE	FEMALE	TRANSGENDER	TOTAL
	255	130	0	385
%	66	34	0	100

Table 4.1 Gender

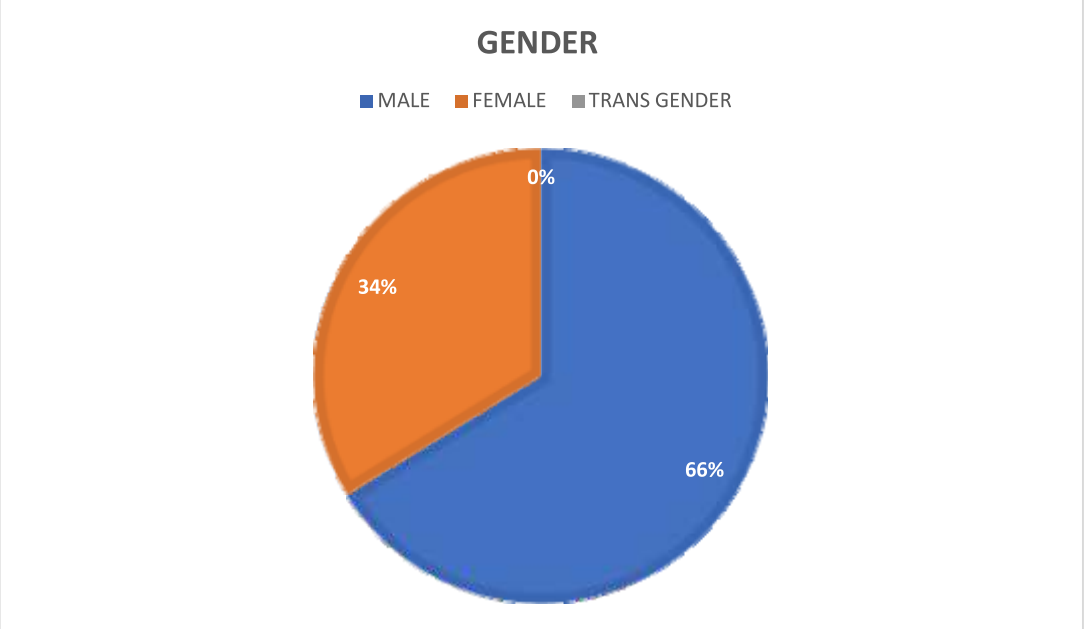

Chart 4.1 Gender

Inference

The above pie chart represent that male samples are at higher rate of 66% followed by female samples of 34% with 0 transgender.

The inference says that male patients walk in comparatively more than female patients.

AGE

AGE	BELOW 20	20 - 30	31 - 40	41 - 50	51 - 60	ABOVE 60	TOTAL
	4	20	62	159	100	40	385
%	1	5	16	41	26	11	100

Table 4.2 Age

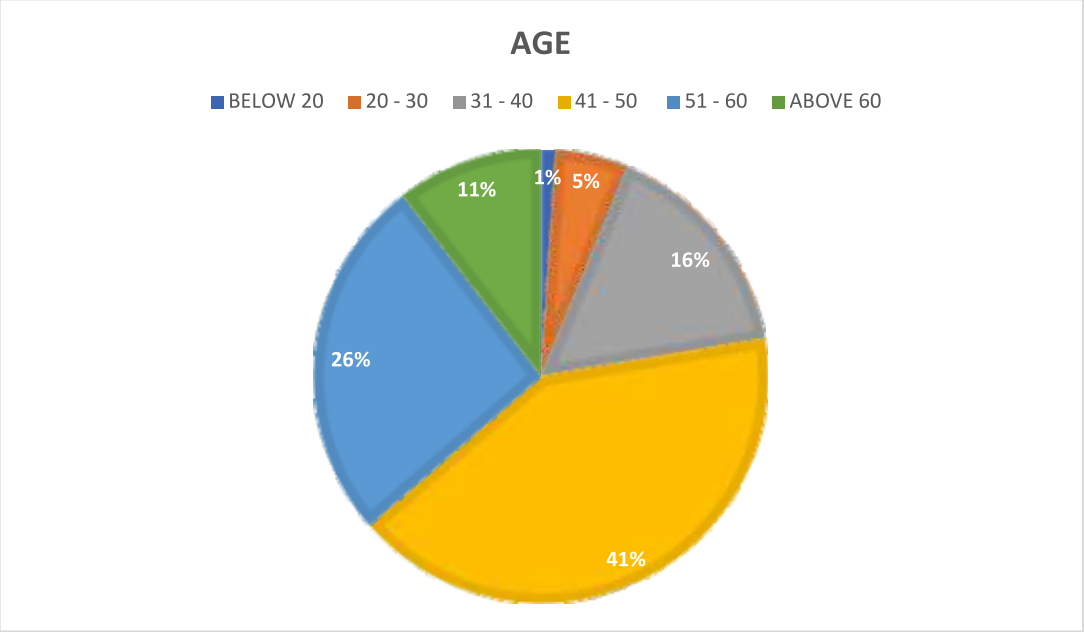

Chart 4.2 Age

Inference

The above pie chart represents that 41% of samples are between age of 41-50 followed by 51-60 by 26% and next by 31-40 with 16%, followed by above 60,20-30 and below 20 at a percentage of 11%,5%,1% respectively.

The inference says that more patient walk in are between 41-50 (41%) and 51 – 60 (26%).

MARITAL STATUS

MARITAL STATUS	UNMARRIED	MARRIED	TOTAL
	23	362	385
%	6	94	100

Table 4.3 Marital Status

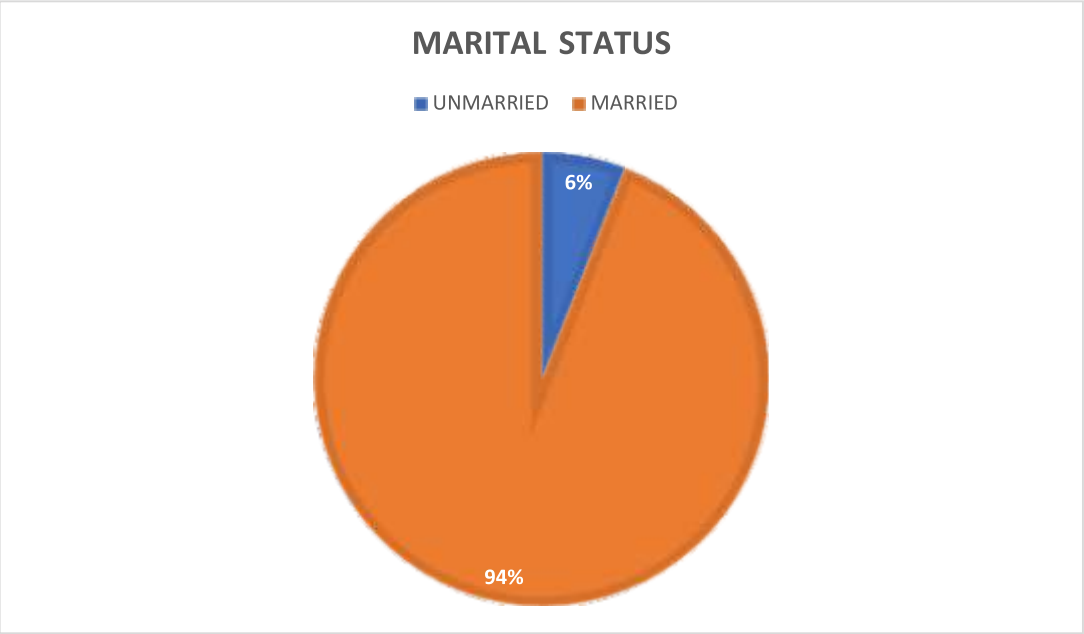

Chart 4.3 Marital Status

Inference

The above pie chart represents that married patients are more at the rate of 94% then unmarried patients at a rate of 6%.

The inference says that more patients are married.

LOCATION

LOCATION	COIMBATORE	TIRUPPUR	KERELA	ERODE	SALEM	NAMAKAL	KARUR	NILGIRIES	DINDUGAL	KALLAKURUCHI	KARAIKAL	CHENNAI	THIRUVARUR	WEST BENGAL	UK	TOTAL
	200	49	25	22	20	17	16	9	8	4	4	4	4	2	1	385
%	52	13	7	6	5	4	4	2	2	1	1	1	1	1	0	100

Table 4.4 Location

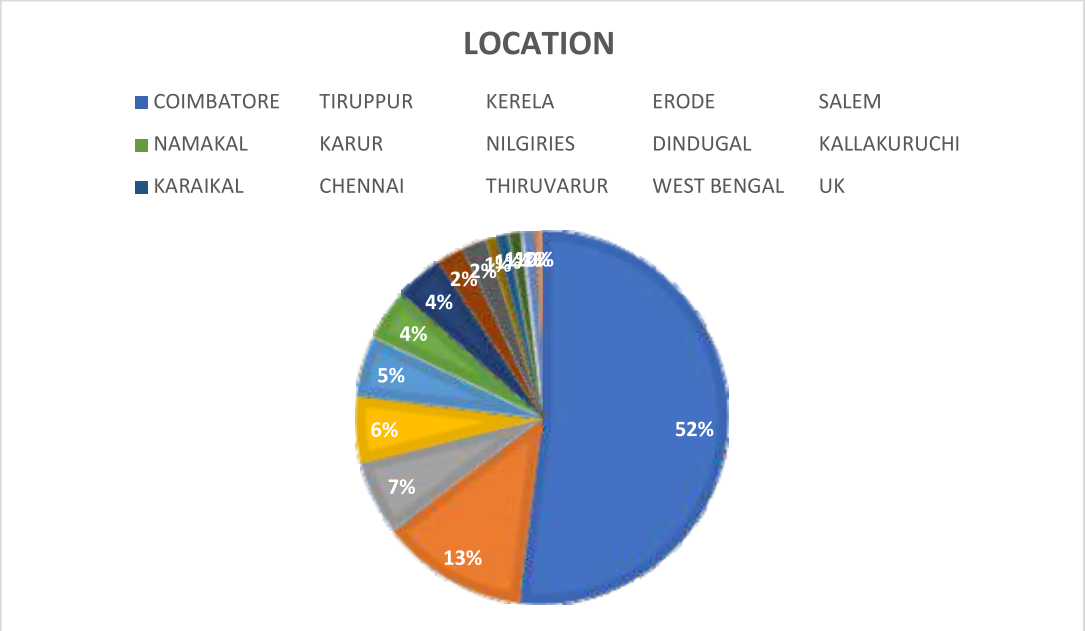

Chart 4.4 Location

Inference

The above pie chart represents that more patient are from Coimbatore district with the percentage of 52 followed by Thirupur 13, Kerala 7, Erode 6, Salem 5, Namakal 4, Karur 4, Nilgiris 2, Dhindugal 2 and 1 percent of patient from the following districts Klakuruchi,, Karaikal, Chennai, Thiruvarur and one to two patient is from West Bengal and one from UK .

The inference says that more patients from in and around Kongu belt and Kerala (Palakad, Wallayar)

QUALIFICATION

QUALIFICATION	BELOW 10TH	10TH	DIP / 12TH	UG	PG	ABOVE PG	TOTAL
	46	62	80	114	74	9	385
%	12	16	21	30	19	2	100

Table 4.5 Qualification

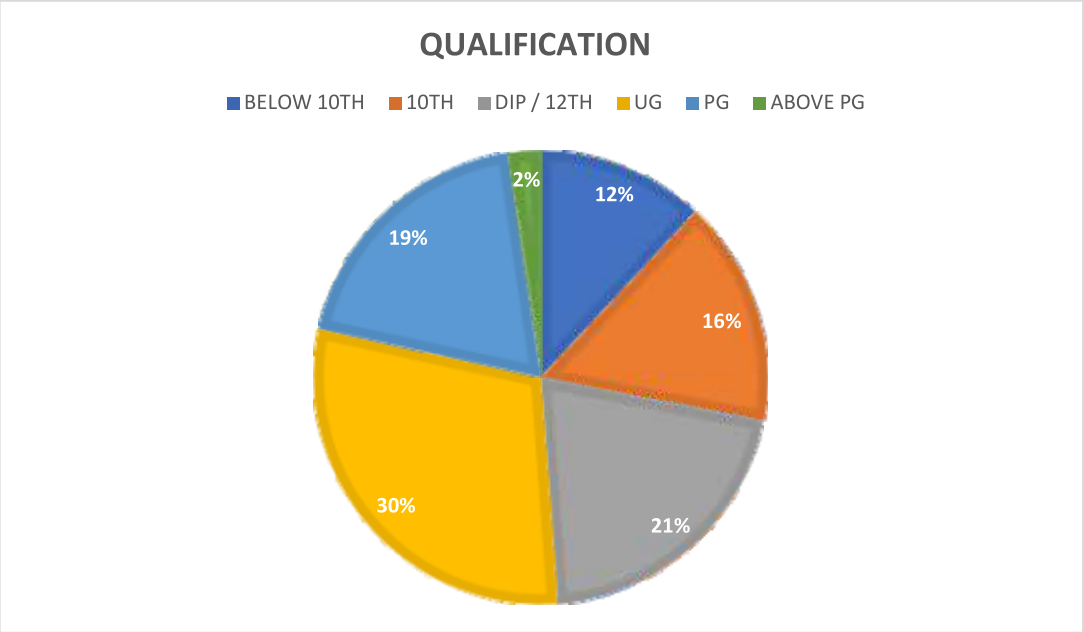

Chart 4.5 Qualification

Inference

The above pie chart represents that more patient has completed their UG graduation with 30 % followed by Diploma/12th with 21%, 19 % has completed their PG, 16% has completed their 10th and 12 % have completed below 10th and 2% has completed above PG i.e PhD.

The inference says that most of the patient has completed either UG or Diploma / 12th.

OCCUPATION

OCCUATION	STUDENT	HOUSE WIFE	LABOUR	FARMERS	PRIVATE EMPLOYEE	PUBLIC EMPLOYEE	BUSINESS	RETIRED	TOTAL
	8	72	18	58	75	34	102	18	385
%	2	19	5	15	19	9	26	5	100

Table 4.6 Occupation

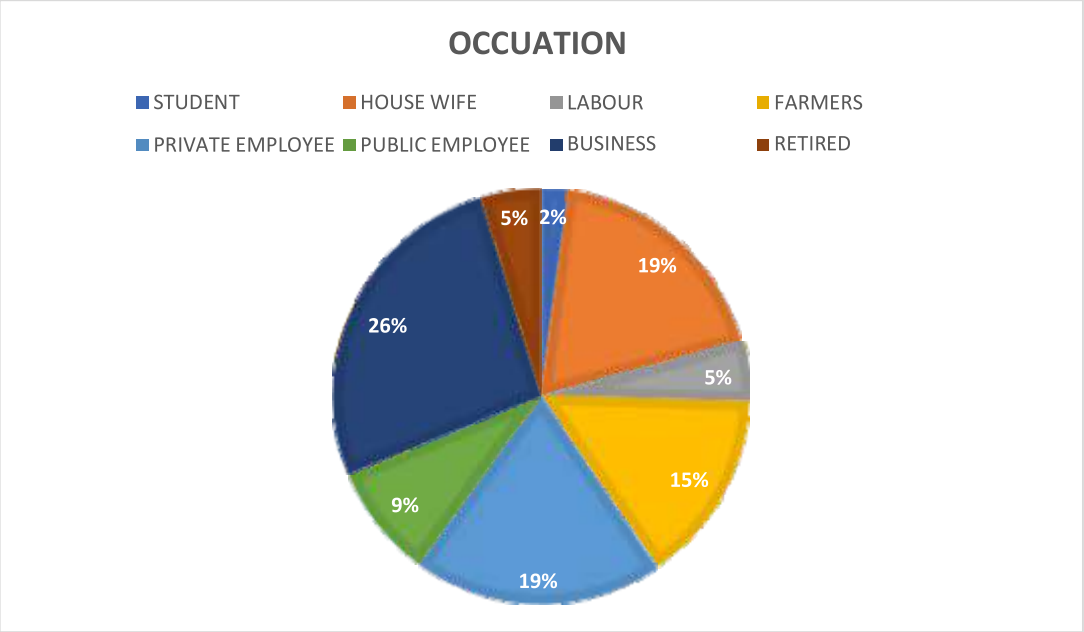

Chart 4.6 Occupation

Inference

The above pie chart represents that patients who has their own business are at higher percentage of 26% followed by private employees and House Wife with 19%, Farmers with 15%, public employees with 9%,Retired and labour with 5 and 2% are students.

The inference says that most of the patient are business peoples and private employees.

FAMILY SIZE

FAMILY SIZE	BELOW 3	3 TO 5	6 TO 8	ABOVE 8	TOTAL
	46	285	42	12	385
%	12	74	11	3	100

Table 4.7 Family Size

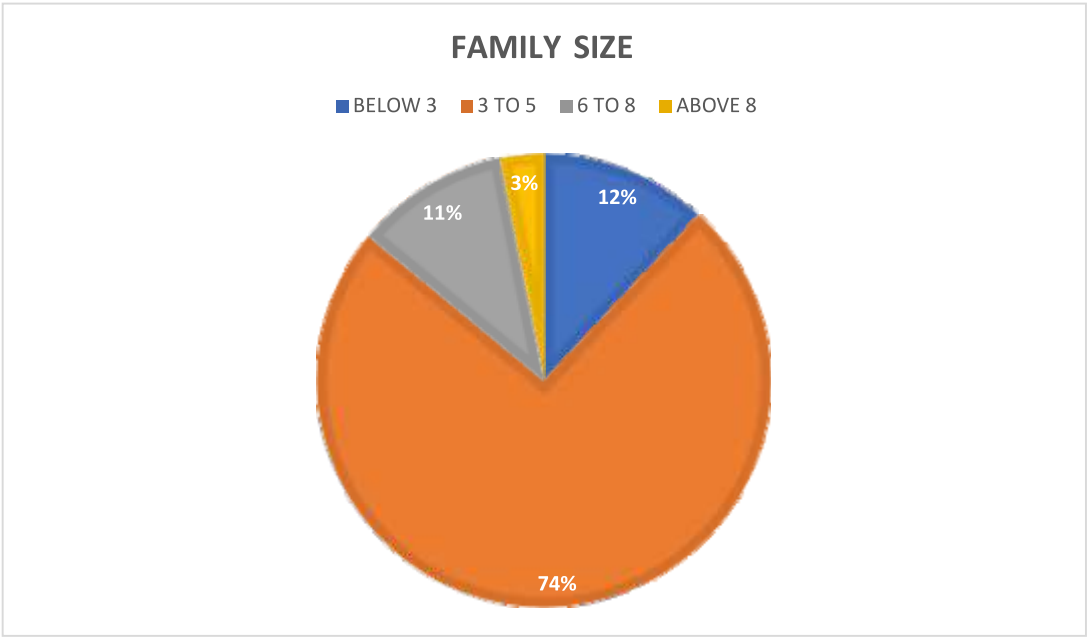

Chart 4.7 Family Size

Inference

The above pie chart represents that more patients are from family size between 3-5 with 74% followed by below 3 with 12 %, 11% from 6 to 8 family member size and only 3% from above 8.

The inference says that most of the patient are from Nuclear Family or with 4 Family members.

NATURE OF PATIENT VISIT

NATURE OF PATIENT VISIT	NEW PATIENT - MHC	OLD PATIENT - MHC	TOTAL
	294	91	385
%	76	24	100

Table 4.8 Patient Visit

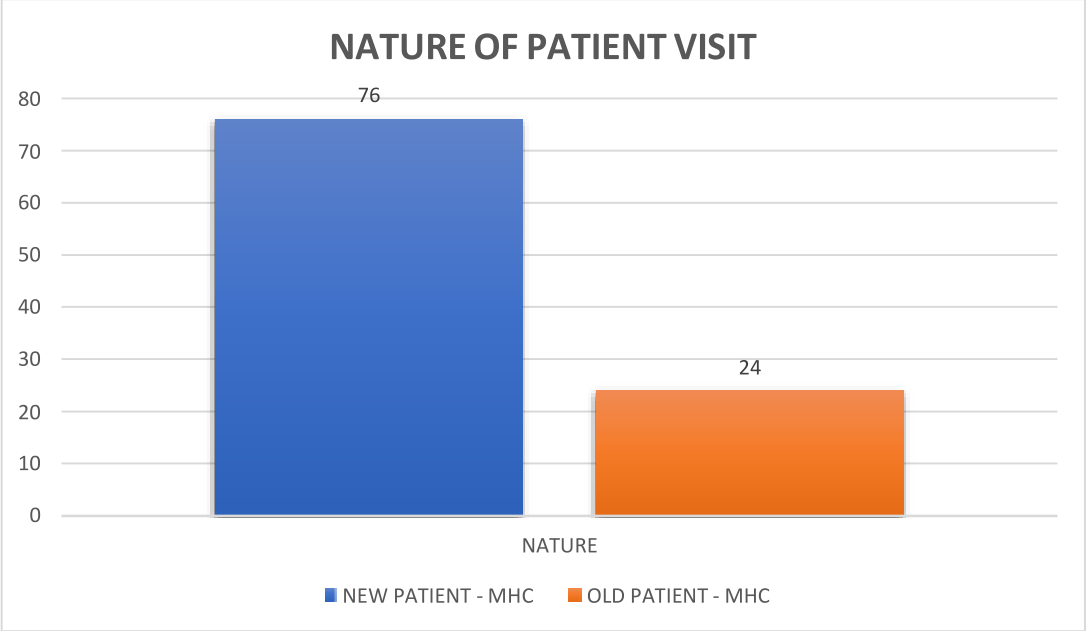

Chart 4.8 Patient Visit

Inference

The above graph represents that New Patients for MHC is high with 76 % then the Old patient – MHC with 24 %.

The inference says that more new patient walk in is there in Master Health Check-Up.

AWARENESS TOWARDS MHC IN KMCH, COIMBATORE

AWARNESS	REFERENCE	NEWS PAPER	DIGITAL MEDIA	CAMP	PAMPHLETS & POSTER	OTHERS	TOTAL
	232	26	25	0	8	94	385
%	60	7	6	0	2	24	100

Table 4.9 Awareness

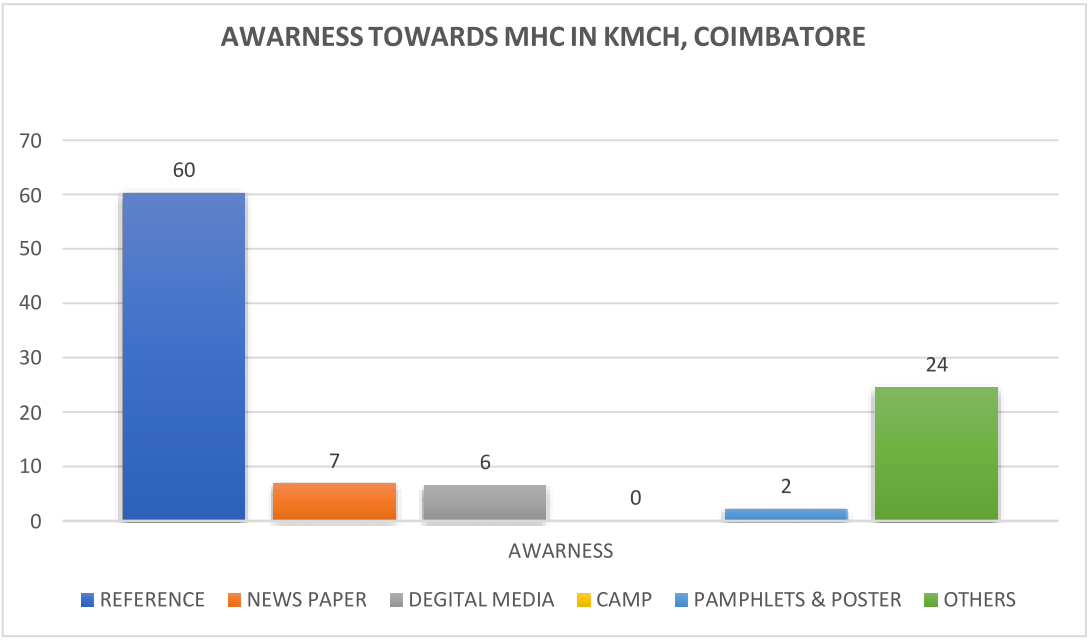

Chart 4.9 Awareness

Inference

The above graph represents that 60% of patients are aware about the MHC service in KMCH by reference and 24% are known by self and family doctors and 7% from newspaper and 6% from digital media and 2% by Pamphlets and Posters.

The inference says that referral patients are at a large rate in Master Health Check-Up.

PREFERENCE TOWARDS MHC IN KMCH, COIMBATORE

PREFERENCE	MULTI-SPECIALITY	GOOD SERVICE, QUALITY	REPUTATION,TRUST,GOODWILL	DOCTORS & CONSULTATION	REFERENCE	GOOD TREATMENT	REGULAR PATIENT	CONVENIENCE,LOCATION	INFRASTRUCTURE	BETTER FOR MHC	CORPORATE PACKAGE	RESONABLE COST	TOTAL
	34	76	68	42	24	55	21	13	22	14	11	5	385
%	9	20	18	11	6	14	5	3	6	4	3	1	100

Table 4.10 Preference

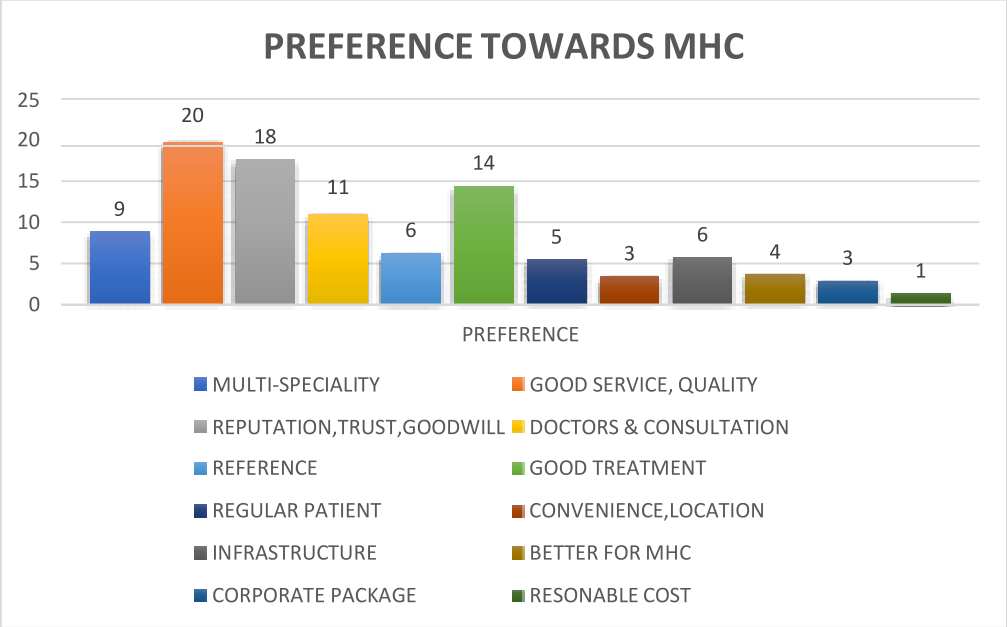

Chart 4.10 Preference

Inference

The above graph represents that 20% of patient prefer KMCH in spite of their Good Service and quality and 18% on basis of Reputation, goodwill and trust followed by 14 % for good treatment and queued by Doctor and Consultation by 11%,Multi-speciality facility with 9%, reference by 6%, 6% for infrastructure, 4% for specifically MHC Service, 3% for convenience and location, 3% as corporate package and 1 % for reasonable cost.

The inference says that KMCH, Coimbatore holds its name for good service quality, Goodwill and Good Treatment.

4.2 DESCRIPTIVE STATISTICS

SATISFACTION LEVEL OF VARIOUS FACTORS

(1 – Highly Dissatisfied, 2 – Dissatisfied, 3 – Neutral, 4 – Satisfied, 5 – Highly Satisfied)

SATISFACTION FACTOR	1	2	3	4	5	TOTAL
RECEPTION / INFORMATION / REGISTRATION	3	6	38	103	235	385
PROMPTNESS IN ANSWERING TELEPHONE	2	4	60	102	217	385
GUIDANCE INSIDE THE HOSPITAL	4	16	22	105	238	385
BEHAVIOUR OF STAFF AND NURSE	2	0	10	114	259	385
STAFF COURTESY TOWARDS YOUR NEEDS	0	2	18	123	242	385
DEPARTMENT ASSISTANT BEHAVIOUR	0	2	34	121	228	385
PRIVACY DURING DOCTORS CONSULTATION	0	14	20	113	238	385
SATISFACTION WITH DOCTER CONSULTATION	4	2	18	111	250	385
OVERALL QUALITY OF THE CARE RECEIVED	4	4	30	108	239	385
OVERALL CHECKUP DURATION TIME	9	10	87	116	163	385
HYGIENE MAINTENANCE IN THE DEPARTMENT	6	8	39	101	231	385

Table 4.2.1 Descriptive Percentage

Descriptive Statistics								
	N	Range	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
RECEPTION/INFORMMATION/REGISTRATION	385	4	1	5	4.46	.041	.796	.634
PROMPTNESS IN ANSWERING CALLS	385	4	1	5	4.37	.042	.819	.672
GUIDANCE INSIDE THE HOSPITAL	385	4	1	5	4.45	.044	.859	.737
STAFF & NURSE	385	4	1	5	4.63	.030	.590	.348
STAFF COURTESY TOWARDS YOUR NEEDS	385	3	2	5	4.57	.031	.609	.371
DEPARTMENT ASSISTANT BEHAVIOUR	385	3	2	5	4.49	.035	.677	.459

PRIVACY DURING DOCTOR CONSULTATION	385	3	2	5	4.49	.039	.757	.574
SATISFACTION WITH DOCTOR YOU HAVE CONSULTED	385	4	1	5	4.56	.036	.705	.497
OVERALL QUALITY OF THE CARE YOU RECEIVED	385	4	1	5	4.49	.039	.771	.594
OVERALL CHECKUP DURATION TIME	385	4	1	5	4.08	.050	.980	.960
HYGIENE MAINTENANCE IN THE DEPARTMENT	385	4	1	5	4.41	.044	.871	.758
OVERALL SATISFACTION	385	4	1	5	4.46	.040	.783	.613
Valid N (listwise)	385							

RANGE		
FROM	**TO**	**RESULT**
1.00	1.80	HIGHLY DISSATISFIED
1.90	2.60	DISSATISFIED
2.70	3.40	NEUTRAL
3.50	4.20	SATISFIED
4.30	5.00	HIGHLY SATISFIED

Table 4.2.2 Descriptive Statistics 1

Inference

The above descriptive statistics represents the overall Satisfaction mean of the services and factor is 4.46 with S.D of 0.78, with this highest mean is holed by Behaviour of Staff and nurse with mean of 4.63 (S.D 0.59).

The above inference say that the mean value 4.46 of overall satisfaction of the services and factors fall under the range of 4.30 – 5.00 thus the patients are highly satisfied with the Service Quality of the Master Health Check-Up at KMCH, Coimbatore.

WAITING TIME

WAITING TIME					
	VH	H	R	L	TOTAL
TREAD MILL	42	46	232	65	385
ECHO	26	57	218	84	385
ULTRASOUND ABDOMEN	23	48	211	103	385
CHEST X RAY	16	25	125	219	385

Table 4.2.3 Waiting Time

Descriptive Statistics								
	N	Range	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
TREADMILL	385	3	1	4	2.83	.043	.835	.698
ECHO	385	3	1	4	2.94	.041	.796	.634
ULTRA SOUND ABDOMEN	385	3	1	4	3.02	.041	.795	.632
CHEST XRAY	385	3	1	4	3.42	.040	.790	.625
OVERALL WAITING TIME SATISFICTION	385	3	1	4	3.05	.043	.836	.698
Valid N (listwise)	385							

RANGE		
FROM	TO	RESULT
1.00	1.75	VERY HIGH
1.85	2.50	HIGH
2.60	3.25	REASONABLE
3.35	4.00	LOW

Table 4.2.4 Descriptive Statistics 2

Inference

The above descriptive statistics represents the overall Waiting time Satisfaction is 3.05 with S.D of 0.83, with this highest mean is holed Chest X-Ray 3.42 with S.D of 0.79

The above inference says that the mean 3.05 of overall waiting time satisfaction of MHC fall under the range of 2.60 – 3.25 thus the patients feels the waiting time is reasonable for Master Health Check-Up at KMCH, Coimbatore.

4.3 INDEPENDENT SAMPLE T TEST 1

H_{01} – There is no significant relationship between gender and preference towards KMCH MHC Service.

H_{a1} – There is a significant relationship between gender and preference towards KMCH MHC Service.

	MULTI-SPECIALITY	GOOD SERVICE,	REPUTATION,TRUST,GOODWILL	DOCTORS & CONSULTATION	REFERENCE	GOOD TREATMENT	REGULAR PATIENT	CONVENIENCE,LOCATION	INFRASTRUCTURE	BETTER FOR MHC	CORPORATE PACKAGE	RESONABLE COST	TOTAL
MALE	22	57	46	23	16	31	12	9	19	9	9	2	255
FEMALE	11	19	22	19	8	23	9	4	3	5	3	4	130

Table 4.3.1 t test 1

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
PREFERENCE	MALE	255	4.60	2.904	.182
	FEMALE	130	4.78	2.812	.247

Table 4.3.2 t test 2

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
PREFERENCE	Equal variances assumed	1.104	.294	-.609	383	.543	-.189	.310	-.797	.420
	Equal variances not assumed			-.615	267.256	.539	-.189	.306	-.792	.415

Table 4.3.3 t test 3

Inference

As per t-test for equality of means significant value of 2-tailed test of equal variances assumed is to be considered. Significance value is 0.543 with is greater than 0.05. So, we accept Null Hypothesis H_{01}.

The inference says that there is no significant relationship between gender and preference towards KMCH MHC Service.

4.3.1 INDEPENDENT SAMPLE T TEST – 2

H_{02} – There is no significant relationship between gender and quality of overall service received.

H_{a2} – There is a significant relationship between gender and quality of overall service received.

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL
MALE	2	3	17	71	162	255
FEMALE	2	1	13	37	77	130

Table 4.3.4 t test 4

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
OVERALL QUALITY OF THE SERVICE RECEIVED	MALE	255	4.52	.741	.046
	FEMALE	130	4.43	.825	.072

Table 4.3.5 t test 5

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
OVERALL QUALITY OF THE SERVICE RECEIVED	Equal variances assumed	1.962	.162	1.093	383	.275	.091	.083	-.073	.254
	Equal variances not assumed			1.056	236.635	.292	.091	.086	-.079	.260

Table 4.3.6 t test 6

Inference

As per t-test for equality of means significant value of 2-tailed test of equal variances assumed is to be considered. Significance value is 0.275 with is greater than 0.05. So, we accept Null Hypothesis H_{01}.

The inference says that there is no significant relationship between gender and quality of overall service received.

CHAPTHER 5

FINDINGS, SUGGESTIONS, CONCLUSION

5. FINDINGS, SUGGESTION AND CONCLUSION

5.1 INTRODUCTION

The present study examined the satisfaction level of MHC patients in KMCH, Coimbatore. With the detailed statistical results and level of significance based on perception of patient on MHC service in KMCH, Coimbatore and by analysing the satisfaction level of the patient by various SERVQUAL factors, it is understood that majority of the patients are very happy about the service provided with regard to empathy, tangibility, assurance, timeliness and responsiveness and majority of the patient are highly satisfied with the overall care and service provided. However, there is marginally an upper hand observed with respect to waiting time for the report and test, which is marginal and negligible which does not significantly impact the quality of the service to the patients. The results are statistically summarized followed by the recommendations / suggestions and conclusion of the study. The researcher also provider scope for further research works in this chapter.

5.2 SUMMARY OF FINDINGS

Demographic Factors

- The majority of the patient are male with 66%
- The large patient walk in are from following age group which is between 41-50 (41%) and 51 – 60 (26%).
- 94% of patients are married.
- Majority of patient are from in and around Kongu belt i.e Coimbatore 52%, Thirupur 13%, Erode 6%, Salem 5%, Namakal 4%, Karur 4% and Kerala (Palakad, Wallayar) 7%.
- Most of the patient has completed either UG (30%) or Diploma / 12^{th} (21%)
- The majority 26% of patient are doing their own business with 19% are working in private companies and being as housewife.
- The majority of the patient are from nuclear family (3-5) with the percentage of 74.

Preference and Awareness

- 76% of patients are New patients to MHC KMCH, Coimbatore.
- The majority of patient visited MHC KMCH, Coimbatore by Reference (60%).
- The majority of patient prefer KMCH MHC for their Good Service and quality 20% and 18% on basis of Reputation, Goodwill and Trust followed by 14% for Good Treatment and queued by Doctor and Consultation by 11%.
- Out of 385 samples 365 patients are ready to suggest / refer KMCH for MHC, 10 will not suggest / refer KMCH for MHC and 10 may be suggest / refer KMCH for MHC.

Descriptive Statistics

- Descriptive statistical test of satisfaction factor says that the mean value 4.46 of overall satisfaction of the services and factors fall under the range of 4.30 – 5.00 thus the patients are highly satisfied with the Service Quality of the Master Health Check-Up at KMCH, Coimbatore. Highest mean is holed by Behaviour of Staff and Nurse with mean of 4.63.
- Descriptive statistical test of waiting time say that the mean 3.05 of overall waiting time satisfaction of MHC fall under the range of 2.60 – 3.25 thus the patients feel the waiting time is reasonable for Master Health Check-Up at KMCH, Coimbatore. Highest mean is holed by Chest Xray with mean of 3.42.

Independent Sample t test.

- Independence Sample t test says that there is no significant relationship between gender and preference towards KMCH MHC Service.
- Independence Sample t test says there is no significant relationship between gender and quality of overall service received.

5.3 SUGGESTION

The results of all satisfaction factor covering service quality (empathy, tangibility, assurance, timeliness and responsiveness) shows high patient satisfaction towards MHC Service in KMCH, Coimbatore and only factor to score on mid-point is waiting time. And there is a Communication Gap identified in that case.

- Patients has to be clearly educated regarding the treatment flow and procedure to avoid the further dispute and dissatisfaction on waiting time.
- Regarding message services to the patient mobile phone slight modification has to be made in the content representing the remaining test reports to be prepared and number of reports completed can be send.
- Patient has to be given clear view over the package which they are selecting and about the additional service / Check-up provided to them.
- Proper guidance / instruction to be given to the patient in the reception area based on their need.
- Separate interactive waiting area can be designed for MHC patient which will keep them engaged with other things.
- Magazines, Newspapers and articles can be increased.
- An interactive video about MHC Services and Instructions to be followed before the pre-test and flow of test and services check-up provided can be displayed in the website as well as in a television in MHC waiting area.
- Comfortable waiting area will keep then feel free and home so the report duration will not be seen as long.
- Queuing facility can be followed with certain SOP (Standard Operating Procedures) in MHC as well as in other departments where MHC patient are going for check-up and consultation.
- As business man walk in are at a high-rate digitalisation of report and doctor consultation may result in satisfied waiting time.
- Separate cash counter can be added in MHC to avoid movement of patient towards down and wait in queue for payment which will also decrease the waiting time.
- Tread Mill can be opened / Operated separately for MHC with an technician which will reduce the check-up duration.

Other Suggestions

- Additional Rest Rooms can be added in MHC and restrooms has to be periodically cleaned and sanitized.
- Canteen food and maintenance has to be proper and hygiene.
- Eye Screening Counter can be increased.
- ENT and Eye Consultation has been more empathetic and responsiveness.

Business Suggestions

- Skin Care and physiatrist check-up can be added has most of the patient asked for the service. It can be included in a special package price.
- As the family patient walk in are at high-rate family package plan can be developed and suggested.
- Follow up for patient illness may result in new business development / creation.

5.4 CONCLUSION

The study concluded that majority of the MHC patients are highly satisfied with the service quality provided by the MHC in KMCH, Coimbatore, however, patients expects certain things to reduce the waiting time, more privacy during certain consultations, movement of patient for check-up at higher rate, proper information and guidance.

Any illness can de-motivate the human being put them into depression state of mind. Further, timeliness for the patients under treatment and check-up is considered more important though the institutions exhibited professionalism there are some mismatch in the observation during 385 survey also verbal communication about long duration taken to attend the patients, delayed attention by the staff nurses also time taken by the hospital administration during billing and communication gap are some marginal defects reported by the patients which can be comfortably taken care by the hospitals running with professional settings. As KMCH, Coimbatore hospital is more sophisticated and attracts more urban patients than the rural patients also, the higher spending power patients whereas however, all the five service quality aspects of MHC KMCH, Coimbatore is found to be outstanding.

In reality KMCH has more loyal and satisfied patients which had created a goodwill and more referral customers to the hospital. Patients articulated that the services provided by the KMCH hospital for MHC is acceptable and comfortable with good quality and service. Also, the service utilized the patients is fulfilling their requirements also the patients perceived highly towards the services provided to them in all respects and happy to refer for others which creates a positive word of mouth. The management shall implement policy based on the suggestions contributed in the study otherwise, the study concludes that the patient's satisfaction level about the services provided by Master Health Check-Up, KMCH Coimbatore is Highly satisfied.

5.5 SCOPE OF FURTHER RESEARCH

- The study is conducted only Master Health Check-Up that too concentrating only in KMCH, Coimbatore which can be extended to the entire KMCH branches and whole state considering all corporate hospitals measuring service quality providing treatment for patients.

- This study concentrated only satisfaction level of the patients which can be extended with expectation of the respondents to compare the results and identify gap between perception and expectation of services.

- Present study only taken MHC patients for survey which can be extended to some more critical diseases will help to identify the overall provision of services by the corporate hospitals.
- The study can concentrate specifically below poverty line patients and their perception, affordability and loyalty aspects and how far corporate hospitals match the patients' expectation to realize satisfaction.

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APPENDIX

An Empirical Study on Patient Satisfaction at Master Health Department, KMCH.

QUESTIONNAIRE

Part - I

Name: Location:
Age: Qualification:
Gender: ☐ Male ☐ Female ☐ Transgender Occupation:
Marital Status: ☐ Unmarried ☐ Married Family Size:

Part – II

1. ☐ New Patient-MHC (Or) ☐ Old Patient-MHC

2. How did you know about KMCH Master Health Check-Up Program?
A) Reference B) Newspaper C) Digital Media D) Camp
E) Pamphlets & Posters F) Others _____

3. Why did you Prefer KMCH for your Master Health Check-Up?

_____

Part – III

Kindly rate (✓) the following services from 1 to 5 i.e 1-Being Low to 5-Being High
(1 – Highly Dissatisfied, 2 – Dissatisfied, 3 – Neutral, 4 – Satisfied, 5 – Highly Satisfied)

S.NO	SATISFACTION FACTORS	1	2	3	4	5
1	Reception/ Information/ Registration					
2	Promptness with which our telephones are answered					
3	Guidance inside the Hospital					
4	Behaviour of Staff & Nurses					
5	Staff courtesy towards your needs					
6	Department Assistant Behaviour					
7	Privacy during doctor's consultation					
8	Satisfaction with the doctor you have consulted					
9	Overall quality of the care you received					
10	Overall Check-Up duration time					
11	Hygiene maintenance in the department					

12)

LIST OF SERVICES	WAITING TIME			
	VERY HIGH	HIGH	REASONABLE	LOW
Treadmill				
ECHO (Cardio)				
Ultrasound Abdomen				
Chest X-Ray				
Others				

13) Will you be happy to refer our Master Health Check-Up Service to your Friends / Relatives.

A) Yes B) No **Your Suggestions for Improvement:**

KMCH இல் மாஸ்டர் ஹெல்த் ஹெக்-அப் நோயாளி திருப்தி குறித்த அனுபவ ஆய்வு. நகள்வித்தாள்

பகுதி - I

பெயர்:
வயF:
பாலினம்: ☐ ஆண் ☐ பெண் ☐ திருநங்கை
திருமண நிலை: ☐ திருமணமானவர் ☐ திருமணமாகாதவர்

இடம்:
தொழில் :
குடும்ப வருமானம்:
அளவு:

பகுதி - II

1. ☐ புதிய நோயாளி -MHC (தை்ஜை) ☐ பழைய நோயாளி - MHC

2. KMCH மாஸ்டர் பெல்த் செக்-அப் திட்டம் பற்றி உங்களுக்கு எப்படி தெரியும்? அ) நேரில் Fகர ஆ) செய்தித்தாள் இ) டிஜிட்டல் மீடியா ஈ) முகாம் உ) Fண்டு பிரசுரங்கள் & சுவரொட்டிகள் ஊ) மற்றவை ________________________

3. உங்கள் மாஸ்டர் பெல்த் செக்கப்பிற்கு KMCH ஐ ஏன் விரும்பினீர்கள்?

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பகுதி – III

பின் வரும் நெவவகவள 1 முதல் 5 வவர மதிப்பிடவும் (✓). அதாவF 1- குவைவாக இருப்பF முதல் 5- உயர்வாக இருப்பF வவர.

(1 – மிகுந்த அதிருப்தி , 2 – அதிருப்தி, 3 – நடுநிலை, 4 – திருப்தி, 5 – மிகுந்த திருப்தி)

வ.எண்	திருப்தி காரணிகள்	1	2	3	4	5
1	வரநவற்பு பகுதி / தைவை / பதிவு					
2	உங்கள் அகைப்புகள் பதிலளிக்கப்பட்ட விதம்					
3	மருத்Fவமகனயின் உள்நள வழிகாட்டுதல்					
4	ஊழியரர்கள் மற்றும் பெவிலியரர்களின் நடத்கத					
5	உங்கள் நதகவகளுக்கு ஊழியரர்களின் மரியாகத					
6	Fகற உதவியாளரர் நடத்கத					
7	மருத்Fவரின் ஆநலாசகனயின் நபாF உள்ள தனியுரிகம					
8	நீங்கள் கலந்தாநலாசித்த மருத்Fவரிடம் இருந்த திருப்தி					
9	நீங்கள் பெற்ற நசவகயின் ஒட்டுபமாத்த தரம்					
10	ஒட்டுபமாத்த பெக்-அப் காலம் நநரம்					
11	Fகறயில் சுகாதார பராமரிப்பு					

12)

நசகவகளின் பட்டியல்	காத்திருக்கும் நநரம்			
	மிக அதிகம்	அதிகம்	நடுநிகை	குகறவு
டிபரட்மில்				
ECHO (காரடி நயா)				

அைட்ராைவண் ட் அெட்டமன்				
பெஸ் ட் ஸ்ஸ் -நர				
மற்றகவள்_____				

13) எங்ைளம் மாஸ் டர் பெைத் பெை-அெ ள் ஞைக்கு நெகவகய உங்ைள் நண் ெரை /உறவினரை ெரிந்F கரெ்பிரைளா?

அ) ஆம் ஆ) இை் கை **எங்கள் முன் நனை்ைத்திை்கான உங்கள் பரி்F வரகள்:**

15/11/2023
Principal
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