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## Patient's perception towards the private hospitals in Ramanathapuram Taluk

Ratha K

[rathamcomca@gmail.com](mailto:rathamcomca@gmail.com)

*Ponnaiyah Ramajayam Institute of Science and Technology,  
Thanjavur, Tamil Nadu*

### ABSTRACT

*This paper basically deals with the customer perception towards the private hospitals in Ramanathapuram town. The study was conducted to patients who are visiting the private hospitals in Ramanathapuram in which different hospitals are selected for the study. The survey was done using a structured questionnaire for a sample size of 200 outpatients, out of which 105 are male and 95 are female patients. The researches are mainly focused on customer's perception about private hospitals and how patients accepted and how to improve the services and are the focus for future development.*

**Keywords:** *Choose the hospital, Problem, Reasons for choose.*

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### 1. INTRODUCTION

India is a second most crowded country in the world. Although there have been most important improvements in public health care sector in since 1950', the country is passing through demographic and environmental change which is adding to the trouble of diseases. Indian health care system and policy have been faced much more challenges and issues in recent consumers environment which is both technology and infrastructure facilities. Today's private hospital's environment played on a major role in the overall background for the last few decades has seen a outstanding growth in the health and hospitals.

Hospital is an integral part of a social and medical organization. The functions of a hospital are to provide complete healthcare, both curative and preventive. The health care industry in India is becoming increasingly more competitive. There are different types of hospitals like the government hospital, private hospital, and single and multispeciality hospital, trust hospital which provide different kinds of facilities to the patients. This has necessitated each hospital to identify the functions or services which could provide a competitive edge. The products or the services in one hospital differ from another hospital. There are three categories of services such as line services, supportive services, and auxiliary services. The line services include emergency services, outpatient services, in-patient services, intensive services, intensive care unit and operation theatre. The supportive services which are supportive in nature and directly connected with line services, provide treatment properly. It includes central sterile supply, diet, laundry, laboratory, radiology, and nursing. The auxiliary services, which are non-medical activities, are considered as very important for effective functioning of hospitals. These services include registration and indoor case records, stores, transport, mortuary, dietary plans, engineering, and security.

In the hospital service marketing, the promotion strategies also need an intensive care on the efficacy to avail the facilities. While promoting medical services, the advertising and publicity strategies are expected to communicate all the related information such as the fee structure, the boarding facilities, the lodging facilities for the attendants and the transportation and communication facilities. It would raise the demand for improving the services.

### 2. OBJECTIVE OF THE STUDY

- To study the overview of private hospitals
- To study the consumer perception towards private hospitals in Ramanathapuram taluk.
- To analyze the consumer level of awareness and problems about private hospitals.

- To offer suggestions based on the patient’s preference

### 3. RESEARCH METHODOLOGY

The present study analysis to patient’s perception about the Private Hospitals. The research questions are carried out through the primary and secondary data. Primary data collected through observation and direct interview schedule in Private Hospitals. The study was conducted in Private hospitals and health care centers in Ramanathapuram taluk. The secondary data have been collected from the newspapers and articles and district administration office at Ramanathapuram taluk to support the present study.

### 4. LIMITATION OF THE STUDY

The period of the study is conducted to (1<sup>st</sup> October 2017 to 31<sup>st</sup> March 2018) six months. The study was conducted to admit in different wards and out patients, and study will depend upon the accuracy of information to given by the patients.

### 5. SAMPLE SIZE AND SAMPLING TECHNIQUE

The sample size preferred for this study 200 respondent which including the general demographic profile of the respondents. This study has to elect Non – probability sampling methods.

### 6. METHODS OF DATA COLLECTION

The study is the explanatory one. In order to viewpoint various respondents, an Interview Schedule is developed and the same was personally administered by the researcher. The researcher uses the method of both Primary Data and Secondary Data for Data Collection. Primary data is used for analysis and interpretation. The Interview Schedule is implemented with the major emphasis on which was gathering new ideas or insight so as to determine and bind out a solution to the problems.

**Primary Data:** The researcher had collected the Primary Data from the patient’s of the Private hospital.

**Secondary Data:** The Secondary Data has been collected through Website, Profile Books, Journals, and Magazines.

**Tools for Gathering Data:** Interview Schedule is the tool which was used by the Researcher

### 7. STATISTICAL TOOLS

In this paper has been analyzed for tools Garrett’s Ranking Technique, Mean, Standard Deviation, Coefficient of Variation, Simple Percentage and weighted average score Analyses.

#### (I) Garrett’s Ranking Technique

Garrett’s ranking technique is used to identify the reason for choosing the job, benefits, and problems of workers. The women workers were asked to rank some of the identified factors. This method was suggested by Garrett’s for converting the ranks into scores where the number of items ranked differed from worker to worker.

By using the following formula

$$Present\ position = \frac{100(R_{ij} - 0.5)}{N_j}$$

$R_{ij}$  = Rank given for the item by the Jth individual

$N_j$  = Total rank given by the J<sup>th</sup> individual

Rank	1	2	3	4	5	6
Ranking Score	77	63	54	46	36	24

### 8. REVIEW

Rajinder Singh (2010) found that consumer satisfaction is important to the hospital because it is generally assumed to have a significant determinant of a repeat visit, positive word-of-mouth, and patients’ loyalty. Patients’ perceptions about health services seem to have been largely ignored by health care providers in developing countries. The important reasons to visit government hospitals are fewer charges, geographical proximity, recommended by their friends or relatives. Patients are found to be dissatisfied with the doctors’ checkup.

Ramaiah Itumalla (2012) studied on how the hospitals could better manage their services and

Harness information technologies to enhance their services among 210 patients who availed health services from a private hospital in Hyderabad, India. By using a Consumer Satisfaction Index [CSI] the researcher found that CSI score for service quality in the selected hospital is 75.87 out of a possible 100.

Maxcila, (2014) in his research study on customer perception towards hospitals, the researcher is assessing the satisfaction of patients admitted to the hospitals. The patients are well satisfied with the responsiveness of the doctors and nurses. The study also states that patients are satisfied with the services offered by the hospitals, some patients who are mainly in general ward are totally dissatisfied with the sanitation and cleanliness in the toilets of the hospitals.

**9. RESULT AND DISCUSSION**

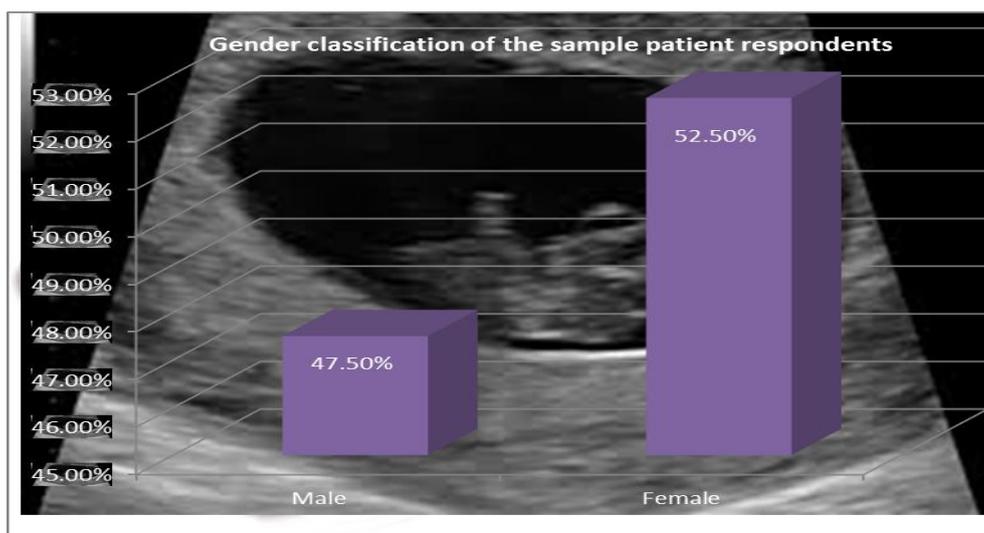
**Table .1 Gender classification of the sample patient respondents**

Sl. No	Gender	No. of Respondents	Percentage
1	Male	95	47.50%
2	Female	105	52.50%
<b>TOTAL</b>		<b>200</b>	<b>100%</b>

Source: - Primary data

It could be seen from the tables 1 that out of 200 respondents 52.50 percent of the respondents are Female and 47.50 percent of the respondents are male. This table also shows the majority of the respondents are female.

**Figure: 1.1**



**Figure 1.1 shows the classification on the basis of Gender of the sample respondent**

**Table 2 Age-wise classification of respondents**

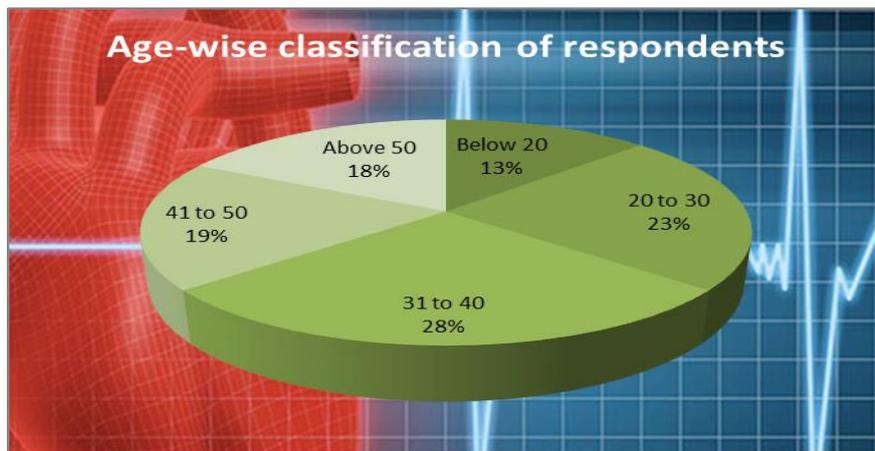
Sl. No	Age (in years)	No. of Respondents	Percentage
1	Below 20	26	13%
2	20 to 30	46	23%
3	31 to 40	56	28%
4	41 to 50	37	18.5%
5	Above 50	35	17.5%
<b>TOTAL</b>		<b>200</b>	<b>100%</b>

Source: - Primary data

It could be observed from the Table 2 that the age group of the respondents is divided into five groups namely below 20, 20 to 30, 31 to 40, 41 to 50 and above 50. When researcher makes an analysis of this table 4.2, he finds that 36% of the respondents belong

to the age of 20 to 30, 17% of the respondents belong to the age group of below, 31 to 40 and above 28 and the remaining 36% of the respondents belong to the age group of 41 to 50 and above 50.

**Figure: 1.2**



**Figure 1.2 shows the classification on the basis age of the respondents**

**Table 3 Education qualification of the respondents**

Sl. No	Educational qualification	No. of Respondents	Percentage
1	Illiterate	15	7.5%
2	SSLC	18	09%
3	Higher secondary	22	11%
4	Diploma	29	14.5%
5	Graduate	47	23.5%
6	Post graduate	38	19%
7	Professional	31	15.5%
<b>TOTAL</b>		<b>200</b>	<b>100%</b>

**Source:** - Primary data

The Table 3 further states that 19 percent of the respondents are Post Graduate, 23.5 percent of the respondents are Graduate, 15.5 percent of the respondents are Professional, 14.5 percent of the respondents are Diploma, 11 percent of the respondents are Higher Secondary, 7.5 percent of the respondents are Illiterate and the remaining 9 percent of the respondents belong to SSLC.

**Figure: 1.3**



**Figure 1.3 shows the classification on the basis of education qualification of the respondents**

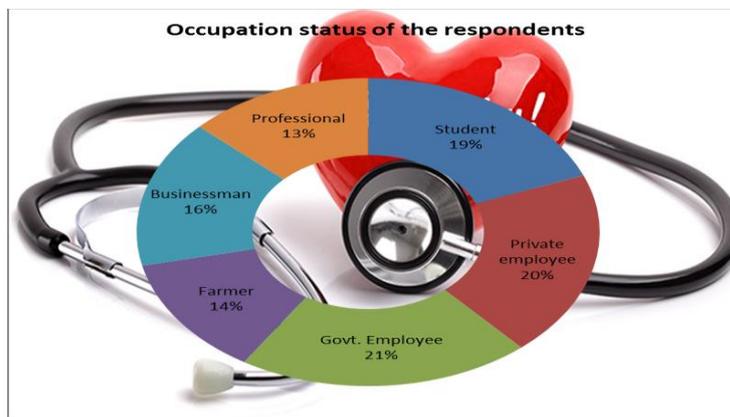
**Table 4 Occupation status of the respondents**

Sl. No	Occupation	No. of Respondents	Percentage
1	Student	38	19%
2	Private employee	39	19.5%
3	Govt. Employee	41	20.5%
4	Farmer	25	12.5%
5	Businessman	31	15.5%
6	Professional	26	13%
<b>TOTAL</b>		<b>200</b>	<b>100%</b>

Source: - Primary data

It could be observed from the Table 4, that 20.5 percent occupies by the Govt. employee, 19% occupies by the Student, 19.5 percent occupies by the Private employee, 15.5 percent occupies by the Businessman, 12.5 percent occupies by the Farmer, and 13 percent occupies Professional.

**Figure: 1.4**



**Figure 1.3 shows the classification on the basis of Occupation status of the respondents**

**Table: 5 Income-wise classifications of the respondents**

Sl. No	Monthly income	No. Of Respondents	Percentage
1	Rs.10,000 to15000	22	11%
2	Rs.15,000 to 20,000	30	15%
3	Rs.20,000 to 25,000	42	21%
4	Rs.25,000 to 30,000	40	20%
5	Rs.30,000 to 35,000	27	13.5%
6	Rs.35,000 to 40,000	21	10.5%
7	Rs.40,000-45,000	18	09%
<b>TOTAL</b>		<b>200</b>	<b>100 %</b>

Source: - Primary data

It could be seen from Table 5 that 26 percent of the respondents whose monthly income varies in between Rs10, 000 to 20,000, 41 percent of the respondents whose monthly income varies in between Rs20, 000 to 30, 000, 24 percent of the respondents whose

monthly income varies in between above Rs30, 000 to 40,000 and the remaining 9 percent of the respondents whose monthly income vary in between Rs 40, 000 to 45, 000.

Mean income of the respondent is Rs.27462.50, the deviation income of the respondent is Rs.8900 and the co-efficient correlation is 32.40%.

**Figure: 1.5**



**Figure 1.5 shows the classification on the basis of Income-wise of the respondents**

**Table 6 The patient to know the particular hospitals**

S.No	Patient opinion	1	2	3	4	5	6	Total
1	Advertisement	35	49	31	29	32	24	<b>200</b>
2	Friends/relatives	32	30	32	35	45	26	<b>200</b>
3	Referred by Medical Representative	42	37	45	25	25	26	<b>200</b>
4	Through camp	35	28	33	53	25	26	<b>200</b>
5	Hospitals/doctors	27	24	32	29	67	21	<b>200</b>
6	Referred by others	29	32	27	29	06	77	<b>200</b>
<b>TOTAL</b>		<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	

**Source:** - Primary data

For analyzing the benefits the patient to know the particular hospital, Garrett’s ranking technique has been applied.

**Table – 7 Garrett’s Ranking Analysis**

S.No.	Reasons for choosing a particular hospital	Total score	Avg. Score	Rank
1.	Advertisement	<b>10518</b>	<b>52.59</b>	<b>VI</b>
2.	Friends/relatives	<b>13640</b>	<b>68.2</b>	<b>III</b>
3.	Referred by Medical Representative	<b>13684</b>	<b>68.42</b>	<b>II</b>
4.	Through camp	<b>13854</b>	<b>69.27</b>	<b>I</b>
5.	Hospitals/doctors	<b>13273</b>	<b>66.37</b>	<b>IV</b>
6	Referred by others	<b>13074</b>	<b>65.37</b>	<b>V</b>

Table 7 shows that respondents have given the first preference to through camp, second preference Referred by Medical Representative, third preference to Friends/relatives, fourth preference to Hospitals/doctors,, fifth preference to Referred by others, and final preference to Advertisement.

**Table 8 The patient to select particular hospitals**

SL. No	REASONS	SA	A	N	DA	SDA	Total Score	Avg Score	Rank
		5	4	3	2	1			
1	Availability of doctors all the time	80	60	52	5	3	<b>809</b>	<b>4.045</b>	<b>I</b>
2	Provide prompt services	64	80	48	6	2	<b>798</b>	<b>3.99</b>	<b>II</b>
3	Availability of trained nurses	56	67	53	15	9	<b>746</b>	<b>3.73</b>	<b>IV</b>
4	Adequate infrastructure facilities	74	43	79	3	1	<b>786</b>	<b>3.93</b>	<b>III</b>
5	Offer friendly service	42	83	46	24	5	<b>733</b>	<b>3.665</b>	<b>V</b>
6	Safe treatment	38	74	52	24	12	<b>702</b>	<b>3.51</b>	<b>VI</b>
7	Nominal Service charges	26	48	84	35	7	<b>651</b>	<b>3.255</b>	<b>VII</b>

Source: - Primary data

From the above Table 8, it is concluded that the most number of the respondents have given first ranked for Availability of doctors all the time; the respondents have given the Second rank for Provide prompt services. The third rank was adequate infrastructure facilities; the fourth rank was Availability of trained nurses and followed by Offer friendly service, Safe treatment, and Nominal Service charges.

**Table-9 The problems faced by the consumer in private hospitals**

S.NO	Problems	SA	A	N	DA	SDA	Total Score	Avg Score	Rank
1	High fees paid	38	53	52	15	42	<b>630</b>	<b>3.15</b>	<b>II</b>
2	Absences of lab facilities	32	44	63	42	19	<b>500</b>	<b>2.5</b>	<b>V</b>
3	No operation theatre	42	23	41	53	41	<b>572</b>	<b>2.86</b>	<b>IV</b>
4	No proper communication between doctors / staff and patients	21	15	49	63	52	<b>490</b>	<b>2.45</b>	<b>VII</b>
5	Poor diagnosis	18	25	43	66	48	<b>499</b>	<b>2.495</b>	<b>VI</b>
6	Lack of canteen facilities	32	56	84	23	5	<b>687</b>	<b>3.435</b>	<b>I</b>
7	No proper consulting time	3	5	52	60	80	<b>391</b>	<b>1.955</b>	<b>VIII</b>
8	Lack of new technology and equipments	52	16	71	24	37	<b>622</b>	<b>3.11</b>	<b>III</b>

From the above Table 9, it is concluded that the most number of the respondents has given first ranked for Lack of canteen facilities all the time; the respondents have given the Second rank for High fees paid. The third rank was Lack of new technology and equipment, the fourth rank was No operation theatre and followed by Absences of lab facilities, Poor diagnosis, No proper communication between doctors/staff and patients and No proper consulting time.

**10. SUGGESTION**

The above findings of the study reveal that marketing of healthcare services by private hospitals - patients’ perspective in the study area is moderate. Based on the findings of the study, the following suggestions are offered.

- ❖ The providers of hospital service are expected to be transparent as regards the medical treatment given to the patients.
- ❖ The hospitals should see that the fees charged for providing healthcare services is reasonable and affordable to the clients concerned.
- ❖ Patients should be treated with respect, dignity and with due consideration.

## **11. CONCLUSION**

This study reveals that people generally prefer private hospitals when they talk about timeliness, infrastructure, before and after time services, extra care, advance techniques etc. Hospitals industry today plays a big role in making the welfare of the public. Doctors come second after the God. So both organization should take care of their social responsibility towards the society first and profit afterward.

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