ASSESSEMENT OF PATIENT REVISIT INTENTION AND RECOMMENDATION

TO PRIVATE HOSPITAL BASED ON PERCEIVED SERVICE QUALITY

by

SUJJISHA P,
MASTERS IN HOSPITAL ADMINISTRATION

DISSERTATION

Presented to the Swiss School of Business and Management Geneva

In Partial Fulfillment

Of the Requirements

For the Degree

DOCTOR OF BUSINESS ADMINISTRATION

SWISS SCHOOL OF BUSINESS AND MANAGEMENT GENEVA

MARCH - 2025

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SUJISHA P

APPROVED BY

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Dissertation Chair, Milica Popović Stijačić, PhD

RECEIVED/APPROVED BY:

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Admissions Director

Dedication

I dedicate this dissertation to my loving husband, who always encouraged and believed in me. To my daughter, Siaara, who tried her best not to disturb me, your patience means a lot. A heartfelt thank you to my supportive in-laws and parents—you have been my pillars of strength throughout this journey. Your love and support made this possible.

Acknowledgements

I express my heartfelt gratitude to Dr. Atul Pati Tripathi, my mentor, for his invaluable guidance, encouragement, and support throughout this research journey. His expertise and insights have been instrumental in shaping this dissertation.

I extend my sincere appreciation to my family, my husband, who stood by me with unwavering support, my daughter, Siaara, for her patience and understanding, and my in-laws and parents, whose love and encouragement have been my strength.

I am also grateful to my friends, colleagues, and everyone who contributed directly or indirectly to this work. Your support and motivation have played a crucial role in completing this dissertation.

Thank you all for being a part of this journey.

ABSTRACT

ASSESSEMENT OF PATIENT REVISIT INTENTION AND RECOMMENDATION

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SUJISHA P
2022 - 2025

Dissertation Chair:
Co-Chair:

This study aims to assess the perceived service quality, patient revisit intention, and recommendation to a private hospital. The study mainly focuses on three key aspects: patients' views on service quality, their willingness to return to the hospital for future care, and their likelihood of recommending the hospital to others. These factors help in understanding overall patient satisfaction and hospital loyalty. This study will be using statistical methods, including survey analysis to understanding the modality of patient behavior towards service quality. The current practices in hospitals show a strong positive link between how patients perceive service quality and their willingness to return for future treatment. Patients who perceived higher levels of service quality were more likely to intend to revisit the hospital. Additionally, there was a significant positive relationship between perceived service quality and patient recommendation. Patients who perceived higher levels of service quality were more likely to recommend the hospital to others.
Based on the results of this study, it is suggested that private hospitals focus on improving service quality as a means of increasing patient revisit intention and recommendation. By paying attention to factors such as responsiveness, reliability, empathy and tangibles, private hospitals can improve patient satisfaction and loyalty, which can ultimately lead to increased revenue.

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CHAPTER I

INTRODUCTION

1.1 Introduction

The number of hospitals nowadays keeps on increasing constantly. There is an intense competition among the healthcare industry keeps the management on their toes and seeking strategies to remain competitive by enhancing performance. Healthcare managers facing major issues regarding patient satisfaction So the importance of improving has long been recognized by the health care industry. This is significant and commonly used indicator for measuring the quality in healthcare. A patient's view of service quality is a key factor in their satisfaction and plays an important role in the hospital's growth. Good quality services strongly influence a patient's decisions and overall satisfaction.

We have seen the emergence of hundreds and thousands, many hospitals only in past few years due to which there are lots and lots competition generated in this industry. Competitive environments require healthcare management to continuously seek out methods for improving or increasing the patient flow and satisfaction. Pretty much all healthcare managers struggle when it comes to achieving high patient satisfaction (and rightfully so due its standing as "the ultimate indicator of quality in health care"). Patient satisfaction is a barometer — if the patient leaves happy, it tells not just about your quality of care but also reflects on improving the growth & reputation of the hospitals. Hence every medical professional focused on them to improve their service. Patient satisfaction not only matters in health care it is everything.

You cannot drive home enough the significance of patient satisfaction in healthcare. Although a classic measure of quality in healthcare services, patient satisfaction has been largely described as synonymous with the perceived service quality aspects. The satisfaction of patients through quality service plays a key role in building loyalty for the healthcare provider. Amid intensifying market competition, providers can protect against dissatisfaction and missed repeat visits by meeting or exceeding patient expectations. The healthcare community has understood that improving quality of service helps in increasing patient satisfaction and thus, a better way to perform.

According to recent healthcare statistics, healthcare is one of the biggest and fastest-growing industries worldwide. Five of the twenty fastest-growing industries from 2019 to 2029 will be in healthcare. This soaring rate, however, Highlights the importance for healthcare providers to rapidly change and continually innovate. India may be one of the most highly-populated countries, but it is also home to the biggest private healthcare sector in history. In today's fierce competition, healthcare service providers obtain patients through targeting them at the time of their disease by providing quality care and building patient satisfaction.

As patient awareness and competition among hospitals are on the rise, healthcare quality has been one of concern lately. Today's patients are more educated and demand a higher quality of care. As a result, healthcare providers must consistently deliver high-quality services to achieve these expectations. Results are essential performance indicators in the competitive healthcare market as the quality of care (i.e. patient satisfaction and revisit intentions) is directly influenced by staff services. These metrics reveal the current state of healthcare services and also act as a predictor for future success and growth.
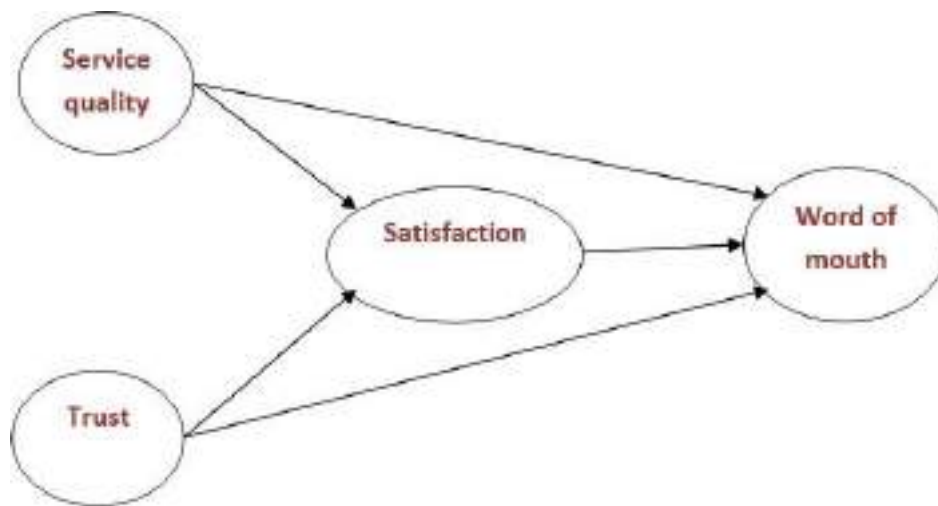
Figure 1.1
Relationship Between Service Quality, Trust, Satisfaction, and Word of Mouth

Patient satisfaction is influenced in no small way by the perceived service quality, is an assessment or judgment of what they received versus what was expected from their care. As Jiang and Wang (2006) suggested, perceived service quality affects the individual's intention to return to the same destination. Tosun et al., along with Chathoth and Mak (2015), further

underscore perceived service quality is a key reason why people visit again. This research aims to assess the quality of health service from patients' perspectives and identify the factors that affect patients' willingness for revisits. Recognition of these factors will facilitate healthcare managers and organizations to develop efficient policies and strategies to improve hospital performance, increase the quality services provided by healthcare providers, while planning for future improvements. Moreover, this paper aims to discover the impact of service quality on patient satisfaction and, consequently, how satisfaction causes patients' revisit intention and recommendations.

Thus, the massive expansion of hospitals and increased competition in the health sector demand uncompromising attention towards satisfying patients by improving service quality. The healthcare sector is growing, especially in denser areas like India; and part of this expansion lies in recognizing patient expectations and meeting them with utmost satisfaction. This study will help in understanding the link among service quality, patient satisfaction, and revisit intention, which is crucial for healthcare managers to take strategic decisions that can deliver superior experiences to patients, resulting in more repeat customers.

First, understanding the key factors is important for hospital management so they can keep improving their services and better support their patients.
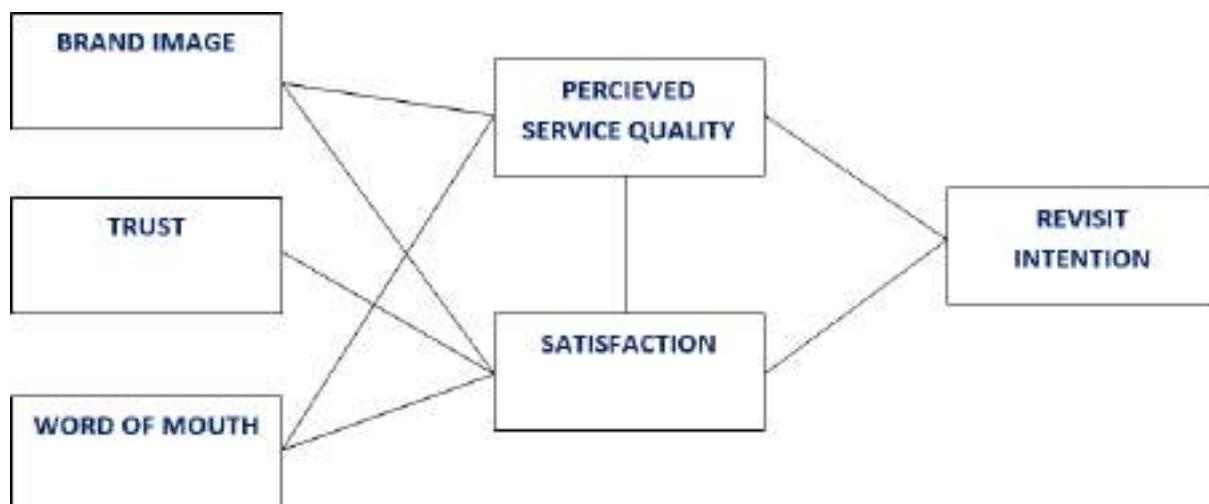
Fig 1.2
Framework of Factors Influencing Patient Revisit Intention

A strong link between service quality, patient satisfaction, and revisit intention is a key sign of a healthcare organization's success, as it helps improve hospital profitability. If patients feel the quality of service is poor, they may choose other hospitals. Therefore, these findings are important to measure healthcare performance and ensure the quality remains at its best.
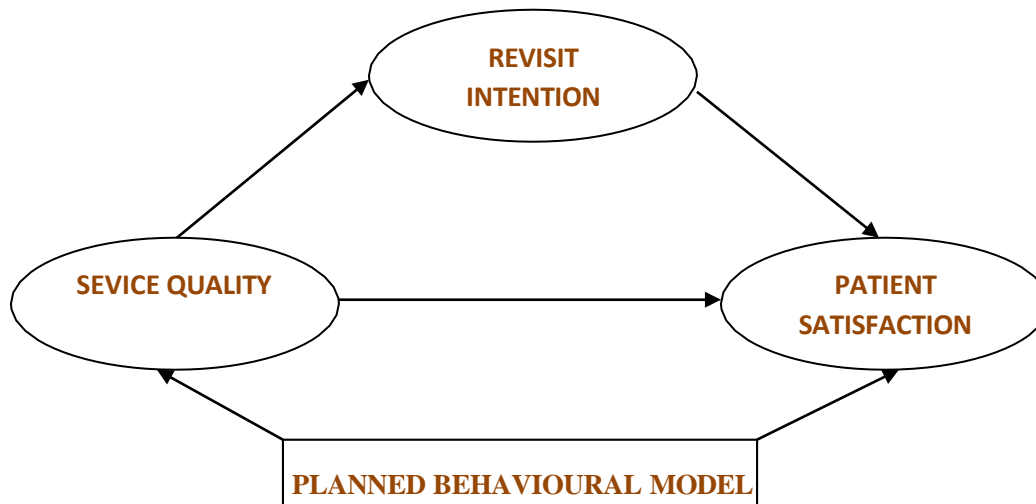
Fig 1.3
Planned Behavioral Model for Patient Revisit Intention

In summary, it is important to better understand the factors that affect patient satisfaction and influence their intention to revisit the hospital. This can be done by using SERVQUAL and other methods in hospitals.

The healthcare industry today faces numerous challenges, particularly in delivering patient-centered care. Private hospitals, in particular, encounter hurdles such as prolonged waiting times, which frustrate patients and hinder their overall experience. Service quality can vary significantly across departments within the same hospital, creating inconsistencies that affect patient satisfaction. Additionally, many healthcare providers struggle with fully integrating technology into their operations, leading to inefficiencies in diagnostics, communication, and treatment planning. These challenges collectively diminish the quality of care provided and compromise the trust patients place in healthcare institutions. Another critical issue is the limited involvement of patients in decisions regarding their own treatment. In many instances, patients are not adequately informed about their medical options or included in key decisions about their

care, leading to a lack of empowerment and dissatisfaction. Furthermore, the rising demand for personalized healthcare services has added pressure on hospitals to deliver tailored care while maintaining operational and cost efficiencies. This increasing expectation for personalized attention stretches the capacity of healthcare systems and highlights the need for innovative solutions.

These challenges underscore the importance of enhancing patient satisfaction and loyalty to ensure the sustainability of private hospitals. Patients who are satisfied with their care experience are more likely to revisit the hospital and recommend it to others, directly influencing its reputation and financial performance. Addressing these issues requires hospitals to focus on improving service delivery, leveraging technology, and fostering patient-centered care practices. In this context, examining patient satisfaction and revisit intention becomes a critical step toward understanding and overcoming these challenges.

This study stands out for its comparative analysis of patient revisit intentions between two private hospitals, providing valuable insights into the variability in healthcare delivery within a competitive industry. Unlike many studies that focus solely on patient feedback, this research incorporates perspectives from both patients and staff, including less-explored roles such as peons. This comprehensive approach deepens the analysis, capturing the dynamics of hospital operations and their impact on patient satisfaction and loyalty. By addressing the interplay between service quality and patient revisit intention, the study bridges critical gaps in existing research.

The research is particularly timely in the context of the post-pandemic transformation in healthcare. Patient expectations have shifted significantly, with greater emphasis placed on technology-driven services, efficient communication, and personalized care. These evolving demands highlight the urgency for hospitals to adapt and innovate in order to remain competitive and meet rising patient needs. By focusing on these timely concerns, this study contributes to a better understanding of how private hospitals can align their services with the changing landscape of patient priorities.

1.2 Research Problem

As is the case with many other industries, the healthcare sector struggles to maintain or increase service quality as competition intensifies. Patient satisfaction very often depends on the service provided, despite there being so many advancements in technology and treatments. Add to these the myriad patient expectations and needs—they have information at their fingertips, choices like no other time before in history. This scenario poses an important research question: how can healthcare providers improve the quality of care to improve patient satisfaction and build loyalty effectively?

The problem statement for the assessment of patient revisit intention and recommendation to a private hospital based on perceived service quality involves evaluating the level of satisfaction of patients who have received medical treatment at the hospital. This study aims to identify the factors that affect patients' decision to revisit the hospital and recommend it to others, based on how they perceive the quality of service provided.

The study will assess how satisfied patients are with the medical treatment they received at the hospital and identify the factors that influence their decision to return and recommend the hospital to others. The factors to be evaluated include the quality of medical care, how responsive the hospital staff is, the efficiency of the hospital's administrative processes, the cleanliness and comfort of the hospital, and the overall experience of the patients.

The study will provide important insights into the factors that affect patients' decisions to return to the hospital and recommend it to others. Based on the findings, suggestions can be made to improve the hospital's service quality and increase patient satisfaction, which will help retain more patients and encourage positive recommendations. Specifically, the following research questions need to be answered:

1. What are the service quality factors affecting the revisit intention
2. What are the different steps to improve patient experience
3. What are the ways to determine patient needs have been fulfilled
4. What are the ways to improve patient flow

A pivotal topic in a marketing context is revisit intention. To attract patient revisit has minimum cost incurred and less time consuming which is easy go for the management. When the revisiting concept focal point can help the management to reduce their stress on attracting new patients/patient flow. Now more evident that the future trends focus on the more patients. Efficient patient flow will increase your healthcare facility's revenue. More importantly, it will keep patients satisfied and safer.

So the healthcare providers shall accurately identify the areas within the management system to give additional focus and improvement on the current practices followed.

Mainly focus on the satisfaction level of patient along with encouraging the revisit and mouth to mouth recommendation.

1. Service factors affecting the revisit intension

There are several service qualities factors that can affect a customer's intention to revisit a business or service provider. Here are some of the most important ones:

1. Reliability: A customer is more likely to revisit an entity if they can rely on its products or services to be consistent in terms of quality and delivery.

2. Responsiveness: A business that is responsive to its customers' needs and concerns is more likely to build customer loyalty and encourage repeat visit.

3. Assurance: Customers are more likely to revisit a business if they feel confident that they will receive the service or product they expect.

4. Empathy: A business that demonstrates empathy towards its customers is more likely to build customer loyalty and encourage repeat business.

5. Tangibles: Customers are more likely to revisit a business if they perceive the physical environment, equipment, and facilities to be clean, modern, and well-maintained.

6. Personalization: Customers are more likely to revisit a business if they feel that their individual needs and preferences are understood and catered to.

7. Convenience: Customers are more likely to return to a business if the service or product is easy to use and access.

Overall, businesses that provide high-quality service across these dimensions are more likely to encourage repeat visit, build customer loyalty, and enjoy long-term success.

2. Hospital patient experience

Improving the patient experience in hospitals is a difficult task that needs a variety of approaches. Here are some steps that hospitals can take to improve the patient experience:

1. Train staff: Hospital staff, including doctors, nurses, and administrative personnel, should receive training on how to provide excellent patient care. This training should include communication skills, empathy, and cultural sensitivity.

2. Improve communication: Effective communication is key to providing a positive patient experience. Hospitals should ensure that patients and their families are kept informed about their care and treatment options. This includes providing clear instructions on medications, procedures, and follow-up care.

3. Enhance facility design: The physical environment of a hospital can greatly impact the patient experience. Hospitals should aim to create a welcoming and comfortable environment for patients. This can include features such as comfortable seating, natural lighting, and artwork.

4. Reduce wait times: Long wait times can be frustrating for patients and their families. Hospitals should work to reduce wait times for appointments, tests, diagnostic services and procedures.

5. Offer patient-centered care: Hospitals should aim to provide care that is centered around the needs and preferences of the patient. This can include offering personalized care plans, involving patients in decision-making and providing emotional support.

6. Use technology: Technology can be used to improve the patient experience in a number of ways. For example, hospitals can use electronic medical records to reduce paperwork and improve communication between healthcare providers. Telemedicine can also be used to improve access to healthcare for patients who live in remote areas.

7. Solicit patient feedback: Hospitals should regularly seek feedback from patients and their families to identify areas for improvement. This can be done through surveys, focus groups, or other feedback mechanisms.

By taking these and many other steps, hospitals can improve the patient experience and ultimately improve patient outcomes.

3. Prioritization of patients' needs

Determining the needs of a patient can involve several methods, including:

1. Medical history: Looking into the patient's past health records, including any previous illnesses, surgeries, medicines taken, allergies, and family health history can help find any health issues that might need attention.

2. Physical examination: Conducting a thorough physical examination can help identify any current health issues, such as pain, infection, or inflammation.

3. Diagnostic tests: Recommending tests like blood tests, imaging, or biopsies can help find specific health problems and guide treatment decisions.

4. Patient interviews: Asking patients about their symptoms, concerns, and personal goals can help identify their specific needs and preferences.

5. Patient questionnaires: Providing patients with questionnaires or surveys can help gather more detailed information about their health status, quality of life, and satisfaction with care.

6. Consultations with other healthcare professionals: Talking to other healthcare professionals like pharmacists, nutritionists, or social workers can help find any extra needs the patient may have.

7. Family or caregiver input: Gathering input from family members or caregivers can help identify any additional needs or concerns that the patient may have difficulty communicating. Overall, identifying patient needs requires a thorough and personalized approach that looks at the patient's medical history, current health condition, personal choices, and social and environmental factors.

4. Patient inflow increase

There are several strategies that can be employed to increase patient inflow in a hospital. Here are a few:

1. Marketing: Hospitals can use various forms of marketing to raise awareness about their services and attract more patients. This can include ads in local newspapers, radio and TV commercials, social media campaigns, and more.

2. Referral Programs: Hospitals can incentivize existing patients to refer their friends and family by offering discounts or other rewards.

3. Improved Patient Experience: Hospitals can work to improve the patient experience by providing high-quality care, comfortable facilities, and excellent customer service. Satisfied patients are more likely to recommend the hospital to others.

4. Collaboration with Local Clinics: Hospitals can collaborate with local clinics and primary care physicians to increase patient referrals.

5. Targeted Outreach: Hospitals can target specific patient populations, such as those with chronic conditions or specific demographics, through targeted outreach efforts.

It's important to note that while increasing patient inflow can be beneficial for a hospital's bottom line, it's equally important to maintain high standards of care and ensure that patient safety and satisfaction remain top priorities.

To stay competitive today, hospitals must do more than just provide excellent healthcare; they also need to excel in key areas of service quality like cleanliness, reliability, responsiveness, trust, and care for patients. All of these drive patient perception and satisfaction. However, the literature has yet to critically discern patient satisfaction and reveal how these service quality elements can affect it in terms of their influence on a return visit or recommending others. Therefore, a gap exists in understanding when healthcare managers need to build strategic plans targeting patient experience and outcomes.

Previous studies exploring several dimensions of healthcare quality exist, however, there is limited research examining quality as perceived by patients in Indian private hospitals. Since India has such a large and diverse population with the majority of its healthcare provided through private providers, these findings could significantly inform health systems improvement. So, this study tries to explore how the key factors that shape patients' views on service quality affect their satisfaction, intention to revisit, and willingness to recommend the hospital to others.

1.3 Purpose of Research

To identify the factors that influence patients' decision to revisit hospitals.

This study aims to identify and analyze the factors that influence patients' decisions to revisit hospitals. By understanding these factors, we can learn what drives patient loyalty and satisfaction. Specifically, it looks at how different aspects of service quality—like tangibility, reliability, responsiveness, assurance, and empathy—affect a patient's decision to return to the same hospital for future care.

To Compare the Perception of Patient Revisit Intention in Various Hospitals:

Comparing the service quality perception of patients and their revisit intentions on different hospitals is also one major goal of this research. This will allow healthcare providers to learn and

benchmark. The study will focus on how hospitals compare in patient satisfaction and revisit intention, setting a quality service benchmark of care as well as the high-performing aspects that some may be getting right compared to others which might have gaps in their own services.

To Improve Patient Revisit Intention and Recommendation to Private Hospitals:

The end result of this study will be to draw out strategies that can bring about a significant improvement in patient revisit intention and recommendations towards private hospitals. The research will seek to determine the very important drivers of patient satisfactions and loyalty within these various segments so that practical recommendations can be provided for healthcare managers and policymakers. These strategies will be driven primarily for better service quality, high patient satisfaction, and positive word of mouth, which ultimately leads to overall growth and uniqueness in private hospitals among others through the healthcare industry.

1.4 Significance of the Study

The importance of this study is likely to contribute significantly to enhancing the quality of healthcare services, patient satisfaction, and benefiting several stakeholders in the healthcare industry. First, this study provides valuable knowledge to healthcare providers regarding what factors influence patients' continuation intentions and revisiting a hospital. When they understand these factors, hospitals can concentrate on aspects of care that have the greatest impact on patient satisfaction, like quality medical services and excellent communication with patients, both of which enrich their experience. Better service quality not only improves the patient's experience by enhancing its care provision but also allows hospitals to stay competitive in a dynamic healthcare market. With patient expectations only increasing, this is invaluable input for hospitals looking to retain their current patient population and grow it through better word-of-mouth and recommendations.

Moreover, the study could be beneficial to hospital administrators and managers in identifying necessary enhancements or reallocation of resources. Comparing patient perceptions in this way allows hospital management to set a benchmark of best practices that can be used to drive targeted strategies where needed. For example, if the study finds that communication between staff and patients is a key driver of revisit interest, hospital administrators can use this intelligence to promote quick-win training programs focused on improving front-line

interactions. As a result, by targeting those specific areas, hospitals may be able to optimize their resources with investments in initiatives that would have the most potent effects on patient experience and overall hospital performance.

Secondly, the results have more general consequences for policymakers and healthcare planners. With healthcare systems around the world under mounting pressure to provide high-quality care, a patient-centric approach is critical. To ensure interventions to improve patient care are effective, policymakers can incorporate insights from this study in designing regulations and standards that deliver medical attention to patients at the hospital level, linked with the quality of health services. Moreover, healthcare planners may use these insights to create and deliver programs that will enhance patient satisfaction scores or revisit intention, endorsing better health outcomes and efficient resource usage. Overall, this study bridges the academic understanding of patient satisfaction and service quality in healthcare with practical improvements in hospital performance to operationalize better patient experiences.

Comparison of Service Quality in Rural vs. Urban Hospitals

While previous studies often focus solely on urban healthcare facilities, this research expands the scope by comparing service quality across both rural and urban hospitals. It evaluates how factors such as responsiveness, reliability, and empathy differ between these settings and their impact on patient satisfaction and revisit intentions. This provides a more holistic understanding of healthcare service disparities and offers actionable insights for improving service quality in underrepresented areas.

Inclusion of Digital Health Tools

Recognizing the growing importance of technology in healthcare, this study incorporates newer variables like the use of digital health tools (e.g., telemedicine, online appointment scheduling, and digital feedback systems). These tools were analyzed for their role in enhancing service quality dimensions such as accessibility and convenience, bridging a critical gap in contemporary healthcare research.

Focus on Behavioral Intentions and Loyalty

While many studies examine patient satisfaction as an outcome, this research extends the analysis to behavioral intentions, such as the likelihood of revisiting the hospital or recommending it to others. By integrating concepts like loyalty and word-of-mouth promotion, the study provides a more comprehensive view of patient engagement.

Social and Cultural Context

This study incorporates Human Society Theory to emphasize the role of social and cultural factors in healthcare delivery. It highlights how personalized care and cultural sensitivity influence patient satisfaction, particularly in diverse populations.

1.5 Research Purposes and Questions

What are the primary factors that influence patients' intentions to revisit a hospital?

The Role of Factors such as Service Quality, Communication, and Overall Patient Experience in the Prediction of Loyalty at Outpatient Clinics: This question seeks to understand what factors are important drivers for patient loyalty and satisfaction regarding aspects like service quality or communication.

How do patient perceptions of revisit intention vary among different hospitals?

This question aims to explore differences in patient perceptions across hospitals, highlighting areas of excellence at some sites and areas needing improvement elsewhere.

What strategies can be implemented to enhance patient revisit intention and recommendations in private hospitals?

This question focuses on understanding practical, valuable strategies for private sector hospitals that will lead them toward high-quality service and patient satisfaction, as patients are more likely to return and recommend the hospital when they receive optimal care.

How does the quality of medical care impact patient satisfaction and revisit intention?

This question seeks to elucidate the specific relationship between patients' impressions of care quality and their future intentions to revisit the hospital, highlighting the need to maintain high medical standards.

What role does effective communication between healthcare providers and patients play in influencing revisit intentions?

This question examines how the quality of communication influences patient satisfaction and loyalty, focusing on clear, compassionate conversations that improve clinical outcomes and the overall experience.

How do hospital facilities and infrastructure contribute to patient revisit intentions?

This question assesses whether the physical elements in hospitals, like cleanliness, modern equipment, and comfortable facilities, play a significant role in influencing patient decisions.

What is the effect of patient satisfaction on their willingness to recommend the hospital to others?

This question measures the relationship between overall patient satisfaction and their likelihood of recommending the hospital through word-of-mouth referrals.

How can hospitals effectively measure and monitor patient satisfaction and revisit intentions over time?

This question aims to establish methodologies and tools that hospitals can adopt to assess patient satisfaction, thereby achieving higher levels of patient loyalty and ensuring long-term success in the ever-challenging healthcare industry.

CHAPTER II

REVIEW OF LITERATURE

Service Quality and Patient Satisfaction Service quality is a critical determinant of patient satisfaction, encompassing factors like cleanliness, timeliness, and staff behavior. Studies by Parasuraman et al. (1988) emphasize the SERVQUAL model, which evaluates the gap between patient expectations and perceived services. Further, Al-Abri and Al-Balushi (2014) highlight that aspects like effective communication and empathetic staff interactions significantly improve patient perceptions. Cleanliness and hygiene were found to directly influence patient trust and comfort in private hospitals, according to Lee et al. (2020). Such dimensions of service quality not only satisfy patients but also encourage positive recommendations and loyalty.

Factors Influencing Revisit Intention Revisit intention depends on multiple interrelated factors, including communication, trust, and consistency in service delivery. Babakus and Mangold (1992) identified that personalized care and transparent communication foster trust, directly influencing patient loyalty. More recently, Javed et al. (2021) found that repeat visits are more likely when patients feel their care is reliable and outcomes are consistent. Additionally, the perceived reputation of hospitals plays a role in encouraging revisit intentions, especially in competitive healthcare markets like private hospitals.

Role of Technology in Healthcare Advances in technology have transformed healthcare delivery, improving diagnostic accuracy and streamlining patient experiences. Agarwal et al. (2010) demonstrated that hospitals adopting electronic health records (EHR) report improved coordination between departments and better patient outcomes. Similarly, Rashid and Wan (2018) underscored the importance of mobile health applications for scheduling and follow-ups, noting their impact on patient convenience and satisfaction. As post-pandemic healthcare increasingly embraces digital solutions, these innovations have become essential for competitive hospital operations.

Comparative Studies of Private Hospitals Private hospitals are often evaluated for their ability to provide personalized and consistent care. Studies like those of Khan et al. (2020) compare service quality across multiple private facilities, revealing disparities in patient satisfaction levels. Similarly, Jain and Gupta (2017) explored differences in departmental performance

within hospitals, highlighting areas of improvement. These comparative analyses emphasize the need for standardized quality protocols across private hospitals to enhance patient experiences and loyalty.

2.1 Theoretical Framework

This study represents the conceptual framework for private hospitals, incorporating various models and theories to explain how this research is formulated by combining relevant factors to investigate patient satisfaction, revisit intentions, and recommendations. This framework is based on the SERVQUAL model (Service Quality), the Theory of Planned Behavior (TPB), and Expectancy-Disconfirmation Theory (EDT).

SERVQUAL Model

The SERVQUAL model, created by Parasuraman, Zeithaml, and Berry in 1988, is widely used to measure service quality. It focuses on five key areas of service quality:

1. Tangibles – the look of the hospital's physical facilities, equipment, and staff.

2. Reliability – the ability to provide the promised service consistently and accurately.

3. Responsiveness – how quickly and efficiently staff help patients.

4. Assurance – the ability of staff to perform the service reliably and confidently.

5. Empathy – the ability to give personalized and caring attention to patients.

The SERVQUAL model will be used in this study to identify gaps in the service quality of hospitals and understand how these gaps affect patient satisfaction and their intention to revisit.

The model was developed to act as an organized way for hospitals to identify their strengths and areas in need of improvement more accurately by assessing service quality from the patient's perspective.

Tangibles:

"Tangibles" refer to the physical elements like equipment, buildings, and the appearance of staff and the tools used to communicate with customers. These are the visible parts of a service that

can be observed even without buying the service. Tangibles include things like the cleanliness of the hospital, the appearance of medical equipment, and the professionalism of the staff. Bitner (1992) developed a framework to study how the physical environment affects both customers and employees. She found that the physical appearance of a place can impact customer satisfaction, and having the right equipment can make medical treatments easier and more effective.

Reliability:

Reliability refers to the ability of staff to provide services in a consistent and accurate way. According to research by Garvin (1987), reliability is often the most important factor when customers evaluate service quality. It is something that customers always look for because they want to be sure that the service will be delivered as promised, every time. Reliability helps to reduce the defects while delivering the care in health care process so can improve patient outcome which makes them to revisit the health care system again.

Responsiveness:

Responsiveness is the staff's willingness and eagerness to help customers and provide quick service. Parasuraman et al. (1991) described responsiveness as informing customers about when services will be completed, delivering services on time, being ready to assist, always being available, and never being too busy to respond to customer requests.

The immediate response from the health care deliver contributes to the best health outcome and the health system who is responsive will anticipate and can adapt future health needs of the patient.

Assurance

Assurance refers to the employees' knowledge and polite behavior that build trust and confidence in customers. According to a study by Anderson et al. (1976), it was found that customers need to trust the organization and its ability to provide treatment in order to feel comfortable, which leads to satisfaction and helps build a long-term relationship. There are lot of benefits that can get from trusting relationship.

If there is open communication or proper guidance regarding medical care information, medical advice, signage, facilities ect. which helps better customer experience and outcome so that they can recommend to other person.

Empathy:

Empathy is the personalized care and attention that an organization gives to its customers. According to Parasuraman et al. (1991), two main factors in evaluating empathy are the individual attention from employees and convenient service hours. The level of empathy a customer feels can influence whether they accept or reject the service. In the healthcare industry, patient satisfaction is closely linked to service quality, as patients' perceptions of empathy affect their overall satisfaction.

Empathy is important to health care professionals because it will promote the better care through understanding patients.

Service quality perception in health care:

In healthcare, a patient's perception of service quality is a key factor in the hospital's growth, as quality plays an important role in patient decisions and satisfaction (Choi et al., 2004). Perceived service quality is a way of judging the service based on individual opinions, and it can vary from person to person. Service quality is defined as the situation when service providers deliver excellent care that meets patient satisfaction (Kusumawardani, Elsya, & Kumar, 2017). A study by Eleuch (2011) found that perceived service quality in healthcare is a complete evaluation of whether the service provided to the patient was the best possible and met the patient's reasonable expectations.

So, perceptions serve as the main way in which individuals judge the appeal and quality of a service. Even the way patients perceive each aspect of service quality can affect their intention to revisit the hospital.

The services experienced at the hospital lead to the conclusion that evaluating service quality is followed by customer satisfaction. Therefore, perceived service quality is a key factor that influences customer satisfaction.

Brand Image

Brand image is the overall impression patients have of a hospital, shaped by both tangible and intangible aspects of the healthcare provider (Wu C.-C., 2011). It plays an important role in business strategy because it reflects the quality patients perceive and the value they associate with the hospital. In simpler terms, brand image is based on the patient's view and experience with the hospital. A study by Solayappan & Jayakrishnan (2010) found that brand image has a significant impact on patient satisfaction and the likelihood of recommending the hospital to others. This idea is further supported by research from 2017, which showed that a positive brand image influences patient satisfaction and encourages patients to revisit (Puspitasari & Suhermin, 2017). This indicates that the link between brand image and patient satisfaction is strong, and both play a crucial role in building patient loyalty for future visits. Based on these relationships, this study suggests that brand image influences perceived service quality and patient satisfaction, which in turn encourages patients to return.

Price perception:

Kaura et al. (2013) stated that price are distinguished from two resolutions as objective price and subjective price. Subjective prices are prices felt by consumers based on objective prices of services whereas objective prices are actual prices held by the service. Price perception is an indicator for consumers in assessing the benefits and quality of a service says Kotler &Keller, 2016. Price perception, whether a hospital is seen as expensive, cheap, reasonable, or unreasonable, plays a significant role in a patient's decision-making process and affects their choice to visit again.

An individual's assessment of whether the price of a service offered is reasonable or not will lead to an unfavourable decision regarding the service for example, service with high prices and the service quality is not good or the service is expensive, does not meet patient expectation. This will give a negative assessment/impression on the services. Price can give consumer trust either trust in the quality of services or trust in the hospital itself so price perception can also influence consumer trust and satisfaction.

Trust

According to Cuong (2019), trust refers to the ability to build a good relationship through experience, comfort, and constant communication. Trust has two parts: the first is about how customers perceive the behavior or performance of staff during service delivery, and the second is about the company's performance, including its policies and practices, as explained by Han & Sungsean (2015). With increasing awareness of healthcare errors through media reports, there is more concern among policymakers, hospital administrators, and professionals about patient safety. Hall (2005) explains that when people trust someone, they expect that person to act with goodwill and competence, especially in areas like healthcare.

Accreditation-based approaches

The Health Plan Employer Data and Information Set (HEDIS), managed by the National Committee for Quality Assurance in the US, uses surveys filled out by patients to measure and compare the quality, delivery, and cost-effectiveness of healthcare. The Medical Treatment Effectiveness Programme (MEDEP) focuses on finding treatments that improve the quality of care, clinical results, and patients' overall quality of life. The 1992 review process by the American Medical Association also uses various methods but faces challenges due to differences in peer reviews (Turner and Pol, 1995). Following accreditation standards helps improve hospital performance, which leads to better patient satisfaction and perceptions of the hospital.

Loyalty:

Loyalty in healthcare is measured by a patient's willingness to choose the hospital as their first option, revisit the hospital, and recommend it to others. In healthcare, loyalty provides similar benefits as customer loyalty in other sectors, as noted by Guo et al., 2020. According to Moreira and Silva (2015), service quality is a multi-dimensional factor that is crucial for building patient satisfaction. They found that the relationship satisfaction → trust → loyalty is valid, but the relationship satisfaction → commitment → loyalty was not statistically supported. Patient loyalty is a valuable asset for hospitals and plays a key role in staying competitive.

Word of mouth:

Word of mouth (WOM) is very important for business growth. It is a marketing channel that is controlled by consumers, and people trust and rely on conversations with others, especially when it comes from real customers (Schiffman & Kanuk, 2010). WOM helps people learn about new services, understand service quality, and make better choices (Ruswanti & Kusumawati, 2020). WOM refers to verbal communication between actual or potential customers and others, such as service providers, experts, family, and friends. This communication greatly influences consumer behavior, including how they search for information, evaluate options, and make decisions. WOM can be either positive or negative (Chaniotakis & Lymperopoulos, 2009). It is a powerful tool to boost sales, promote services, increase brand recognition, and build customer loyalty. Businesses use strategies to encourage customers to share their positive experiences and recommend their services/products.

Patient Satisfaction:

The quality of service can impact patient satisfaction. According to research by Cong & Mai (2016), service quality affects patient satisfaction. Among the three dimensions of service quality, the tangibles dimension (such as the physical appearance of the hospital) has the greatest impact on patient satisfaction. This is followed by the attitudes and ethics of the medical staff, and lastly, the accessibility of health services. The health care system delivering the timely services, efficient, patient centred, quality health care and clinical outcome and patient retention always influenced by the patient satisfaction.

Behavioural intention:

Behavioral intention is an important factor in determining how successful an organization is. It plays a key role in the long-term success of a company (Wu, Li, & Li, 2016). Research comparing patients' intentions to return to public and private hospitals in a developing country shows that factors like perceived service quality, the hospital's image, emotional satisfaction, and the overall experience can influence their intention to revisit. These factors help shape a patient's decision or plan to visit the hospital again in the future.

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior, developed by Ajzen (1991), suggests that a person's behavior is influenced by their beliefs. It says that three factors affect a person's intention and behavior:

1. Attitude - how positively or negatively a person views a particular action.

2. Subjective Norms - the social pressure to either perform or avoid the behavior.

3. Perceived Behavioral Control - how easy or difficult a person thinks it will be to perform the behavior.

This study will adopt the TPB to examine factors that influence patients' intentions to revisit hospitals. We will examine how patients feel about the hospital (attitude), what family and friends think of returning to the care provider (subjective norms), and their confidence in making a decision regarding revisit intention (perceived control, such as accessibility and affordability).

Expectancy-Disconfirmation Theory (EDT)

Based on Expectancy-Disconfirmation Theory developed by Oliver (1980), satisfaction is defined as the result of comparing what consumers believe they will receive with their perceptions about performance. EDT outlines three components: Expectations—anticipatory criteria or standards that the customer holds before receiving a service; Perceived Performance— the customer's perception of the service received; and Disconfirmation—the discrepancy between expectations and perceived performance, which can be positive (performance exceeds expectations), negative (performance falls short of expectations), or neutral (performance meets expectations). For this study, EDT will be used to determine how well patients' expectations regarding hospital service align with their actual experiences. The total experience will be the deciding factor in how satisfied a patient is, which in turn affects whether they would return to the hospital and recommend it to others.

Conceptual Framework

Integrating these theoretical models, the conceptual framework for this study is as follows:

Service Quality (SERVQUAL Dimensions):

- Tangibility
- Reliability
- Responsiveness
- Assurance
- Empathy
- **Patient Satisfaction:**
- Influenced by the disconfirmation of expectations (EDT)
- Mediated by perceived service quality (SERVQUAL)
- **Revisit Intention (TPB Components):**
- Attitude towards the hospital
- Subjective norms (influence of family and friends)
- Perceived behavioural control 7(accessibility, affordability)

Recommendation Intention:

Influenced by patient satisfaction as a proximal outcome, determined by overall service quality and intentions to revisit, this study investigates how these factors together play an extensive role in determining patient satisfaction and revisit intentions in the healthcare sector. This framework will guide the research methodology, data collection, and analysis, ultimately contributing to strategies for improving service quality and patient loyalty in private hospitals.

2.2 Theory of Reasoned Action

The Theory of Reasoned Action (TRA), developed by Martin Fishbein and Icek Ajzen in the 1970s, suggests that a person's intentions to act are the main factors that predict their actual behavior.

This theory suggests that a person's intention to perform a behavior is influenced by two key factors:

Attitudes towards the Behavior:

An individual's positive or negative judgment about doing something. This judgment is based on what they expect to happen as a result and how much they value those outcomes.

Subjective Norms:

The feeling of social pressure to do or not do something. This pressure comes from what the person believes their family, friends, or colleagues think about the behavior, and how much they want to meet those expectations.

Application of TRA in Healthcare

In the context of healthcare, the TRA can be used to understand and predict patients' intentions to revisit a hospital or recommend it to others. Here's how TRA can be applied to this study:

Attitudes toward Revisit and Recommendation:

Patients form attitudes based on their experiences with the hospital's services, including the quality of care, interaction with medical staff, and overall satisfaction.

Positive experiences and perceived high-quality care lead to favorable attitudes towards revisiting the hospital and recommending it to others.

Conversely, negative experiences can result in unfavorable attitudes, reducing the likelihood of revisit and recommendation intentions.

Subjective Norms:

Patients are influenced by the opinions and experiences of their social circle, such as family, friends, and other patients.

If significant others have positive perceptions and experiences with the hospital, patients are more likely to feel social pressure to revisit or recommend the hospital.

Negative feedback or experiences from others can create social pressure against revisiting or recommending the hospital.

Integrating TRA with Other Theories

Combining the Theory of Reasoned Action with other models like SERVQUAL and the Theory of Planned Behavior provides a comprehensive framework for understanding patient behavior in healthcare settings.

Service Quality (SERVQUAL Dimensions):

Tangibility, Reliability, Responsiveness, Assurance, and Empathy contribute to forming patients' attitudes toward the hospital.

High service quality leads to positive attitudes and increased intention to revisit and recommend.

Behavioral Intentions (TRA and TPB):

TRA focuses on attitudes and subjective norms influencing intentions.

TPB extends TRA by adding perceived behavioral control, which considers the ease or difficulty of performing the behavior.

Expectation-Disconfirmation Theory (EDT):

Patients' initial expectations and perceived performance influence their satisfaction, which impacts their attitudes toward revisiting and recommending the hospital.

Conceptual Framework Incorporating TRA

The conceptual framework for this study incorporates TRA alongside SERVQUAL, TPB, and EDT to provide a robust analysis of factors influencing patient satisfaction and behavioral intentions.

Service Quality (SERVQUAL Dimensions):

Tangibility

Reliability

Responsiveness

Assurance

Empathy

Patient Satisfaction:

Influenced by the disconfirmation of expectations (EDT)

Mediated by perceived service quality (SERVQUAL)

Revisit Intention (TRA and TPB Components):

Attitude toward the hospital (TRA)

Subjective norms (TRA)

Perceived behavioral control (TPB)

Recommendation Intention:

Determined by overall patient satisfaction

Impacted by perceived service quality and revisit intentions

By integrating the Theory of Reasoned Action with SERVQUAL, TPB, and EDT, this study aims to provide a comprehensive understanding of the factors influencing patient satisfaction, revisit intentions, and recommendations in the healthcare sector. This framework will guide the research methodology, data collection, and analysis, ultimately contributing to the development of strategies to improve service quality and patient loyalty in private hospitals.

2.3 Human Society Theory

Human Society Theory focuses on the interrelations and interactions within human societies, examining how individuals and groups influence and are influenced by the social structures and cultural norms around them. It encompasses various sociological theories that provide insights into the functioning of societies and the behavior of individuals within these societies. Key aspects of Human Society Theory include socialization, social norms, roles, institutions, and the dynamics of social change.

Application of Human Society Theory in Healthcare

In the context of healthcare, Human Society Theory can be used to understand the social dynamics that influence patient behavior, including their satisfaction, loyalty, and revisit intentions. This theory helps to analyze how societal norms, cultural expectations, and social interactions shape patients' perceptions and actions.

Socialization:

Patients' attitudes and behaviors are shaped by their socialization processes, including family upbringing, education, and community interactions.

Socialization influences patients' expectations of healthcare services and their perceptions of quality.

Social Norms:

Social norms play a significant role in shaping patients' behaviors and attitudes toward healthcare providers.

Patients are influenced by the prevailing norms within their community regarding healthcare-seeking behavior, have trust in medical professionals, and adherence to medical advice.

Roles and Institutions:

The roles of healthcare providers (doctors, nurses, and administrative staff) and institutions (hospitals, clinics) are critical in shaping patient experiences.

Understanding the expectations and interactions between patients and healthcare providers can provide insights into improving service delivery.

Social Interactions:

Interactions within the healthcare setting, including communication between patients and providers, peer interactions in waiting areas, and support from family members, impact patient satisfaction and revisit intentions.

Positive interactions and effective communication contribute to a sense of trust and comfort, enhancing patient loyalty.

Cultural Expectations:

Cultural factors influence patients' perceptions of healthcare quality and their expectations from healthcare providers.

Cultural competence in healthcare delivery is essential for meeting diverse patient needs and ensuring satisfaction.

Integrating Human Society Theory with Healthcare Service Quality

Combining Human Society Theory with healthcare service quality models like SERVQUAL provides a comprehensive framework for understanding patient behavior. This integration allows for a deeper analysis of how social factors and service quality dimensions interact to influence patient satisfaction and revisit intentions.

Service Quality (SERVQUAL Dimensions):

Tangibility: The physical aspects of the healthcare environment, such as cleanliness, equipment, and facilities.

Reliability: The consistency and dependability of healthcare services.

Responsiveness: The willingness and ability of healthcare providers to address patient needs promptly.

Assurance: The competence, courtesy, and credibility of healthcare providers.

Empathy: The personalized care and attention provided to patients.

Patient Satisfaction:

Patient satisfaction depends on both the quality of care provided and the social environment in which it is given. Things like respecting cultural differences, clear communication, and having good social support are very important in shaping how patients feel about their experience.

Revisit Intention:

Patients' intentions to revisit a hospital are shaped by their overall satisfaction, influenced by service quality and social factors.

Understanding the social dynamics that contribute to patient loyalty can help healthcare providers develop strategies to enhance patient retention.

Conceptual Framework Incorporating Human Society Theory

The conceptual framework for this study integrates Human Society Theory with SERVQUAL to provide a holistic understanding of factors influencing patient satisfaction and revisit intentions.

Service Quality (SERVQUAL Dimensions):

Tangibility

Reliability

Responsiveness

Assurance

Empathy

Social Factors:

- Socialization processes
- Social norms and cultural expectations
- Roles and interactions within the healthcare setting
- Influence of family and community support

Patient Satisfaction:

Mediated by both service quality and social factors

Impacted by cultural competence and effective communication

Revisit Intention and Recommendation:

Determined by overall patient satisfaction

Influenced by positive social interactions and adherence to social norms

This study combines Human Society Theory with the SERVQUAL model to understand the key factors affecting patient satisfaction, revisit intentions, and recommendations in healthcare. This combined framework will help guide the research process, including data collection and analysis, to develop strategies that improve healthcare quality and build patient loyalty in private hospitals. Understanding the social aspects of healthcare is vital to creating a patient-focused approach that meets the unique needs and expectations of patients.

Research Gap Identification through Literature Review

In this study, the literature review process highlighted several specific gaps that underscore the need for further investigation. These gaps are categorized as follows:

Scope of Previous Research: Many studies in this field have primarily focused on limited aspects, often neglecting broader factors or variables that could influence outcomes. For instance, while there is significant research on hospital service quality as a factor affecting patient revisit intention, there is less attention on how hospital staff communication or facility accessibility impacts this intention. This gap suggests an opportunity for research that incorporates a more comprehensive framework to understand how diverse factors, such as staff-patient communication and ease of facility use, influence patient loyalty and revisit behaviour.

Inconsistencies and Conflicting Findings: During the literature review, it became apparent that results in existing studies were inconsistent or even conflicting in some cases. For example, while some studies found a strong correlation between hospital cleanliness and patient revisit intention, others reported minimal or no correlation. This discrepancy indicates a need for further research to clarify these relationships, potentially through different methodologies or larger sample sizes to yield more conclusive insights into how cleanliness and hygiene practices truly impact patient decisions to return.

Methodological Limitations:

Much of the prior research utilizes quantitative methods such as surveys, which, although valuable, have limitations in terms of depth and capturing complex patient perspectives. For instance, studies relying solely on surveys may lack the nuance provided by qualitative methods like interviews or focus groups, which could reveal patients' personal experiences in greater detail. Addressing these methodological gaps can help develop a more nuanced understanding by incorporating mixed methods or longitudinal studies that capture changes in patient intentions over time.

Population or Contextual Gaps:

The literature frequently centres on urban hospitals in well-resourced regions, often omitting other demographics or regions that may experience different outcomes or challenges. Research is particularly lacking in studies focused on rural hospital settings or smaller clinics, which may have unique characteristics influencing patient revisit intention, such as limited access to advanced facilities or longer travel times. Expanding the research to include these groups could improve the applicability of findings across diverse populations and locations.

Emerging Trends or Technologies: With advancements in telemedicine and digital healthcare services, the field has evolved, yet many studies have not incorporated these modern factors into their analyses. For instance, research conducted before the rise of tele-health might lack relevance to the current context, where virtual consultations and remote monitoring play an increasing role in patient satisfaction and revisit decisions. By incorporating these newer developments, future research can provide insights that are more relevant to today's healthcare environment and patient needs.

In summary, the identification of these gaps underscores the need for more comprehensive, diverse, and contemporary re-search to bridge existing limitations in the literature. Addressing these gaps in future studies could enhance understanding and provide a stronger foundation for practical applications on improving patient revisit intention. This study aims to contribute to filling these gaps by focusing on factors such as hospital service quality, accessibility, and the role of technology in patient satisfaction and loyalty, thereby adding valuable insights to the existing body of knowledge.

2.4 Summary

The healthcare industry is experiencing rapid growth, leading to intense competition among hospitals. Increasing patient satisfaction is one of the key responsibilities faced by healthcare administrators in this competitive environment. Patient satisfaction is widely recognized as an important indicator of healthcare quality and a crucial determinant of hospital success. With a growing number of educated patients and rising competition, the perception of healthcare quality is crucial for maintaining a competitive edge. Service quality outcomes, such as patient satisfaction and revisit intention, are vital indicators of organizational performance.

This study aims to determine the factors affecting patient revisit intention in general hospitals, compare perceptions across hospitals, and improve patient revisit intention and recommendations in private hospitals. Strategic insights into these determinants will assist healthcare administrators and organizations in developing strategies and operational plans that enhance hospital performance, preserve the quality of medical services, and envision future improvements in healthcare service design and delivery.

The value of this research lies in its potential to inform strategies that improve patient satisfaction, loyalty, and hospital performance. By examining the factors influencing patient revisit intention, this study contributes to the development of effective healthcare management practices that enhance patient experiences and foster patient loyalty. Moreover, the findings may provide a basis for formulating policies that ensure high-quality medical services, ultimately leading to greater patient satisfaction and positive recommendations.

This study brings together Human Society Theory, the Theory of Reasoned Action, and the SERVQUAL model to understand the key factors influencing patient satisfaction and revisit intentions. Human Society Theory helps explain the social dynamics affecting patient behavior, while the Theory of Reasoned Action highlights how attitudes and social influences shape patient decisions. By combining these with SERVQUAL's dimensions—tangibility, reliability, responsiveness, assurance, and empathy—this study provides a clear and complete view of what drives patient satisfaction and encourages them to return to the hospital.

Social learning theory emphasizes the importance of social interactions, cultural expectations, and norms in shaping patient behavior. By integrating social factors with service quality

dimensions, this research develops a conceptual model that explains the interaction between service quality and social factors in influencing patient satisfaction and revisit intentions.

This study aims to develop patient-centered strategies that address diverse patient needs and expectations by better understanding the social context of healthcare delivery. The conclusions of this study will guide healthcare providers in creating effective communication models, improving cultural competence, and enhancing overall service quality. By incorporating Human Society Theory and the Theory of Reasoned Action with service quality models, this research offers valuable insights into the social dynamics and service quality dimensions that impact patient experiences. The findings will contribute to the development of strategies to improve healthcare service quality, patient satisfaction, and loyalty in private hospitals, ultimately enhancing the overall performance of healthcare organizations.

CHAPTER III

METHODOLOGY

The purpose of descriptive, survey research investigates healthcare service quality, to examine factors influencing hospital revisit intention of the patients who experienced private healthcare service for treatment. Questionnaire method used for collecting data from respondents. The questionnaire will include socio-demographic to find respondent's background profile and to measure the various factors of service quality, customer satisfaction and revisit intention. Also face to face interviews will be conducted on selected patient during the questionnaire distribution process.
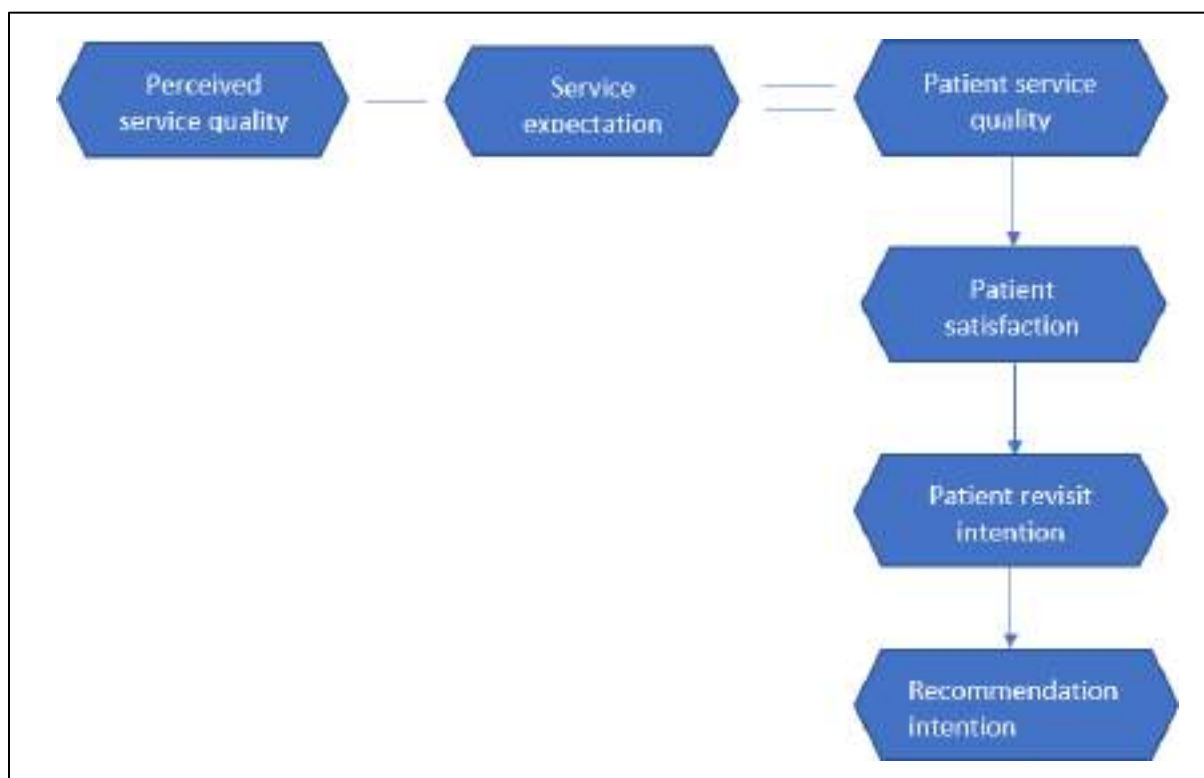
Figure 3.1
Methodology

The sample size of 220 participants was selected to ensure statistical significance and represent diverse patient demographics. A stratified random sampling method was employed to account for variability across hospital departments, patient conditions, and frequency of visits. Stratification also included hospital staff to capture a comprehensive perspective on service delivery.

SERVICE QUALITY
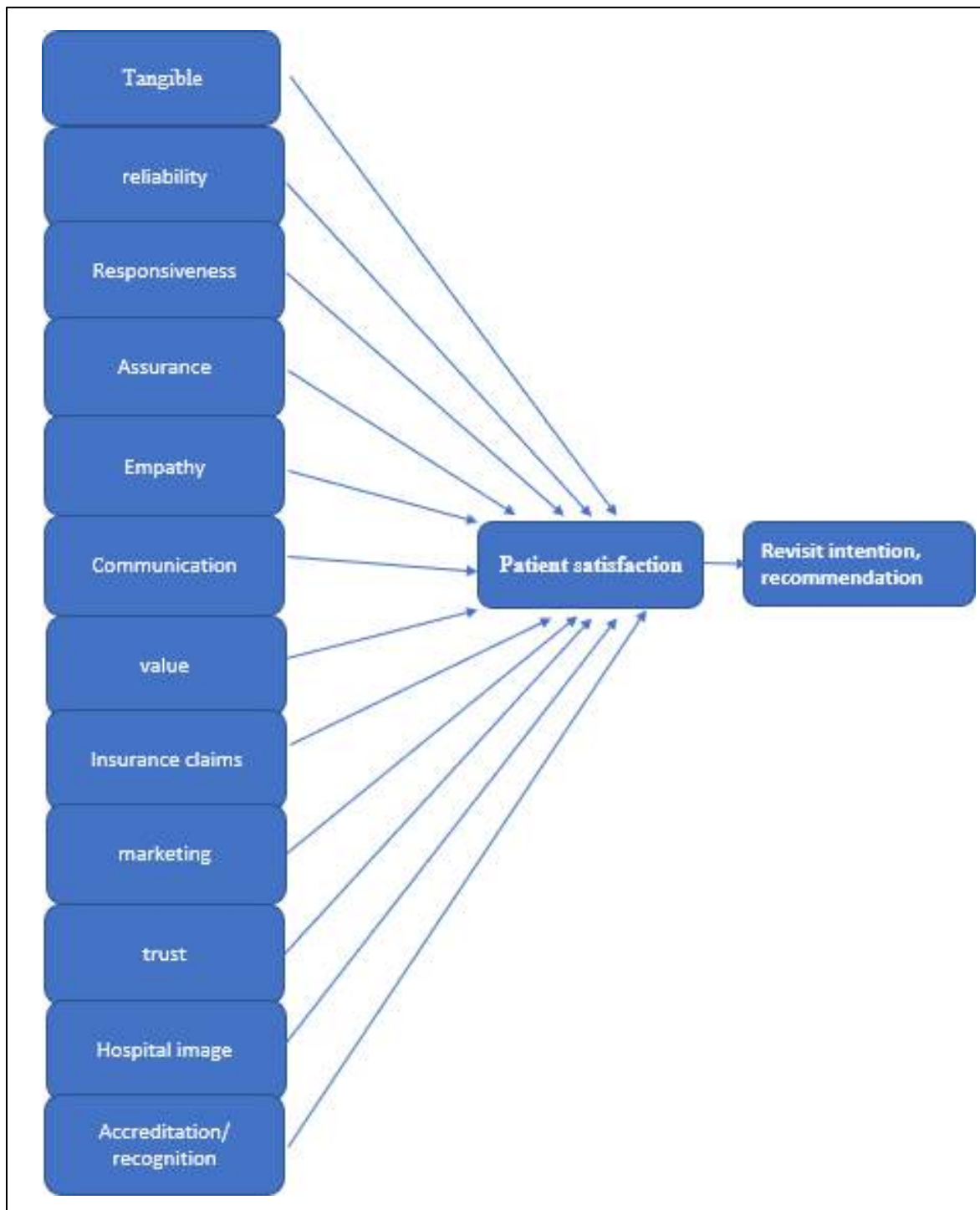
Figure 3.2
Service Quality

3.1 Overview of the Research Problem

Hospitals are proliferating due to rapid changes in the healthcare industry. Both the increase in patient volume and an increasingly competitive landscape make managing healthcare challenging. Healthcare institutions must ensure patient satisfaction to thrive and build their reputation. Patients have choices, and patient satisfaction is essential not only for delivering better service but also for retaining patients and attracting new ones.

In a competitive market, hospitals that fall short of expectations risk losing not only current patients but also potential future patients. So, it's crucial to understand and improve the factors that affect patient satisfaction and revisit intentions. This is key to the growth and sustainability of healthcare institutions.

It aims to identify specific dimensions of service quality, patient care, and hospital environment that influence patient perceptions and behaviors. The research will help healthcare managers. They can use it to boost patient satisfaction, loyalty, and hospital performance.

This research is driven by increasing competition in the healthcare industry and the growing awareness among patients of their options. Healthcare is one of the world's fastest-growing sectors. To stay competitive, hospitals must prioritize patient satisfaction. This study contributes to the literature by presenting a comprehensive analysis of the determinants of patient satisfaction and offering practical recommendations for healthcare providers to enhance their services and improve patient outcomes.

3.2 Operationalization of Theoretical Constructs

Operationalization refers to the process of defining and measuring the theoretical constructs involved in this research study. In the context of assessing patient satisfaction and revisit intention in hospitals, the key constructs include service quality, patient satisfaction, revisit intention, and recommendation intention. These constructs will be measured using specific, quantifiable indicators derived from established theories such as the Theory of Reasoned Action and Human Society Theory.

Service Quality

Service quality in healthcare can be operationalized through the SERVQUAL model, which identifies five dimensions: Tangibility, Reliability, Responsiveness, Assurance, and Empathy.

Tangibility

Indicators: Modern equipment, cleanliness of facilities, comfort of waiting areas.

Measurement: Patient surveys asking for ratings on the appearance and condition of hospital facilities and equipment.

Reliability

Indicators: Consistency of service, accuracy of medical records, adherence to treatment schedules.

Measurement: Patient surveys assessing the dependability and accuracy of the hospital's services.

Responsiveness

Indicators: Speed of service, promptness in handling patient requests and emergencies.

Measurement: Patient feedback on waiting times and the hospital's responsiveness to their needs.

Assurance

Indicators: Competence of medical staff, trust in treatment, patient safety.

Measurement: Surveys evaluating patient confidence in the skills and knowledge of healthcare providers.

Empathy

Indicators: Personal attention to patients, understanding and addressing patient concerns.

Measurement: Patient ratings on the attentiveness and care provided by the hospital staff.

Patient Satisfaction

Patient satisfaction depends on the perceived service quality and the overall experience of their hospital visit.

Indicators: Overall satisfaction with medical care, satisfaction with communication, satisfaction with support services.

Measurement: Likert scale surveys where patients rate their overall satisfaction, their satisfaction with specific aspects of their care, and their likelihood of recommending the hospital to others.

Revisit Intention

Revisit intention reflects the likelihood that a patient will return to the hospital for future medical needs.

Indicators: Likelihood of returning for follow-up treatments, willingness to choose the same hospital for other medical services.

Measurement: Patient surveys asking about their intent to revisit the hospital for future healthcare needs.

Recommendation Intention

Recommendation intention indicates the likelihood that a patient will recommend the hospital to others.

Indicators: Willingness to recommend the hospital to family and friends, likelihood of recommending the hospital for employment opportunities.

Measurement: Surveys where patients indicate their propensity to recommend the hospital on a Likert scale.

Data Collection Methods

The operationalization of these constructs will involve the use of structured questionnaires and surveys, administered to patients who have recently received care at the hospital. The surveys

will include a mix of multiple-choice questions, Likert scale ratings, and open-ended questions to capture comprehensive data on patient perceptions and experiences.

Analysis

Statistical methods will be used to analyze the gathered data in order to determine the correlations between service quality, patient satisfaction, revisit intention, and recommendation intention. Descriptive statistics will be used to summarize the data, while inferential statistics like regression analysis will be employed to assess how well service quality dimensions predict patient satisfaction and behavioral intentions.

The research seeks to translate these theoretical ideas into practical actions to help hospitals enhance service quality, boost patient satisfaction, and promote patient loyalty and advocacy.

3.3 Research Purpose and Questions

The aim of this study is to identify and analyze the primary factors influencing patients' decisions to revisit hospitals and their overall satisfaction. By examining various dimensions of service quality and patient perception, the study seeks to provide actionable insights for healthcare administrators to enhance service delivery, boost patient satisfaction, and cultivate loyalty in a competitive healthcare industry.

The first research question seeks to uncover the determinants driving patients' likelihood to return to the same hospital for future care. This includes an investigation of key factors such as service quality, patient trust, and satisfaction with healthcare providers. Understanding these elements is critical to improving patient retention and ensuring loyalty within the competitive private healthcare sector.

The second research question aims to compare patient perceptions of service quality across PK Das and Valluvanad Hospitals. It focuses on analyzing differences in service delivery, encompassing the five key dimensions of service quality—Tangibility, Reliability, Responsiveness, Assurance, and Empathy. This inquiry highlights areas requiring improvement while identifying best practices that hospitals can adopt to achieve superior service standards.

The third research question explores strategies to enhance patients' willingness to revisit and recommend private hospitals. It aims to provide practical recommendations for hospital

administrators, focusing on improving service quality, addressing patient concerns, and fostering a culture of satisfaction and trust. Insights gained from this inquiry will support hospitals in implementing effective strategies to elevate patient loyalty and promote positive referrals.

Research Hypotheses

The study will examine the hypotheses in accordance with the research questions.

Higher levels of perceived service quality are linked to patients' intention to revisit. This hypothesis investigates if improved service quality increases the probability of patients revisiting the hospital. The study aims to explore how service quality directly impacts patient behavior by testing specific hypotheses.

Patient satisfaction acts as a bridge between service quality and a patient's intention to return. This idea explores whether patient satisfaction helps explain how service quality influences a patient's decision to revisit the hospital. Understanding if improving patient satisfaction can strengthen the impact of service quality on revisits is essential.

Hypothesis 3: Patient satisfaction and intention to revisit are influenced differently by the different aspects of service quality. This hypothesis aims to examine how each dimension of service quality impacts patient satisfaction and their intention to revisit. The study seeks to determine which dimensions are most important for enhancing patient experiences and outcomes by examining this hypothesis.

3.4 Research Design

The research design establishes the plan for conducting a study to achieve the desired goals and address the research inquiries. It offers an organized method for gathering, analyzing, and understanding data. This study will use the following research design to examine patient revisit intention and service quality in hospitals.

1. Research   Approach

Quantitative Research Approach:

The research utilized a quantitative approach to analytically examine numerical data on patient views of service quality and intent to return. This method enables the statistical examination of connections between variables, offering empirical proof to back up the hypotheses.

2. Research Method

Survey Method:

The main method of data collection was a well-organized survey. Surveys are employed to collect feedback from patients regarding their interactions with hospital services, their views on the quality of services, and their likelihood to return. This approach is appropriate for gathering extensive amounts of information from a variety of patients, allowing for a thorough examination of factors that impact patient actions.

3. Sampling

Sampling Technique:

The research utilized a method of stratified random sampling to guarantee a diverse representation of patient demographics and hospital environments. Stratification will depend on variables like hospital category (public or private), geographical area, and patient characteristics (age, gender, etc.).

The sampling technique used is likely a convenience or stratified random sampling method, which ensures that different categories of patients are adequately represented. This approach is appropriate for healthcare research, where patients' availability and willingness to participate are significant factors. The selected sampling method enables the inclusion of diverse opinions while maintaining feasibility in data collection.

Since hospitals serve a diverse range of patients, simple random sampling might overlook key differences. To address this, the population was divided into specific groups (strata) based on important factors like hospital type (public vs. private), location (urban vs. rural), age group

(young, middle-aged, elderly), and medical condition (outpatient vs. inpatient). These factors were chosen because they directly impact patient experiences, satisfaction levels, and revisit intentions. Once the population was divided, patients were randomly selected from each group to maintain fairness and eliminate bias. This approach ensures that every key category is well-represented, leading to more reliable and insightful findings.

Sample Size:

A sample size of approximately 220 (includes both patients and staffs of Hospitals) targeted to achieve statistical significance and ensure reliable results. The chosen sample size ensures that the study captures diverse perspectives and provides reliable, generalizable results. It balances practicality with the need for statistical significance, allowing the study to draw meaningful insights about patient satisfaction and behavior. A sample size large enough to represent the target population reduces sampling error and ensures that results are reflective of the broader population.

The sample size of 220 respondents was determined using statistical principles to ensure reliable and accurate results. The Cochran formula was applied, considering a 95% confidence level (Z = 1.96) and an assumed population proportion (p = 0.5) to maximize variability. A margin of error (e = 0.05) was chosen to keep findings precise. This sample size aligns with previous studies in healthcare research and provides sufficient data for statistical analysis. Additionally, practical considerations, such as resource availability and respondent accessibility, were taken into account to maintain a balanced and effective study sample.

The Cochran formula is particularly useful for determining an appropriate sample size when the total population is large or even infinite. It helps in ensuring that the selected sample is statistically representative of the entire population while keeping the margin of error within acceptable limits.

Since the total number of patients in hospitals is very large, the Cochran formula for an infinite population is used:

$$n0 = (Z^2 . p . (1 - p))/e^2$$

Where:

Z = 1.96 (for a 95% confidence level)

p = 0.5 (assumed proportion for maximum variability)

e = 0.05 (margin of error)

Therefore

$$n0 = ((1.96)^2 * 0.5 * 0.5)/(0.05^2$$

$$= 384$$

This gives 384 respondents, but since we are working within practical constraints (time, budget, and accessibility of patients), we adjust this number based on feasibility while maintaining statistical reliability.

4. Data   Collection

Survey Instrument:

A structured survey created to assess service quality, patient contentment, and likelihood of return. The survey will consist of closed questions and Likert scale statements to evaluate different aspects of service and their influence on patient satisfaction and intention to return.

Before the test:

The survey tool will be tested with a limited number of patients beforehand to check for clarity, reliability, and validity. Input text: Feedback from the pre-test will be used to refine the questionnaire before full-scale data collection.

Procedure for collecting data:

Patients will receive surveys either in-person at the hospital or electronically through email or online survey platforms. Participants will receive information on the study's goal and be guaranteed that their answers will remain confidential.

5. Data Analysis

Data analysis will entail a variety of statistical methods, such as:

Summary of patient demographics, perceptions of service quality, and overall satisfaction levels with descriptive statistics.

Statistical analysis is used to examine the research hypotheses and understand the connections among service quality dimensions, patient satisfaction, and intentions to revisit.

Comparison of service quality perceptions among various hospitals to discover any notable discrepancies.

The study will begin with descriptive statistics to summarize key findings related to patient demographics, their perceptions of service quality, and overall satisfaction levels. This step provides a clear understanding of how patients view healthcare services and highlights any notable trends. Additionally, a comparison of service quality perceptions among different hospitals will help identify any variations in patient experiences.

Regression Analysis

Regression analysis is suitable for this study as it identifies the relationship between service quality and patient satisfaction, revisit intentions, and recommendations. It quantifies the effect of independent variables (e.g., tangibility, reliability, responsiveness) on dependent variables (e.g., patient satisfaction and revisit intentions). This statistical tool provides a clear understanding of which factors significantly influence patient behavior, helping prioritize areas for improvement.

Regression analysis is used in this study to measure the impact of service quality factors—such as tangibility, reliability, and responsiveness—on patient satisfaction, revisit intentions, and recommendations. This method helps quantify how strongly each service quality dimension influences patient behavior, allowing hospitals to prioritize improvements in areas that matter most to patients. By identifying key drivers of satisfaction and loyalty, healthcare providers can make informed decisions to enhance patient care.

Tools for software:

SPSS is a type of statistical software utilized for analyzing data. These instruments make complex statistical modeling easier and offer understanding into the connections among variables. The study is using T-Test and Chi Square test as the chosen tests.

Ethical Considerations:

Consent with knowledge:

Participants were given a consent form that presented the study's objectives, methods, and privacy protections. Consent must be given before taking part.

Privacy:
All information gathered will be kept private and utilized only for research objectives. Personal details are stripped of to protect the confidentiality of participants. Acceptance:
The research was carried out following ethical guidelines and will be submitted for approval to an institutional review board (IRB) or ethics committee.

7. Limitations

Possible shortcomings:

The research encountered constraints like response bias, where participants might give answers that are socially acceptable. Furthermore, the findings may only be applicable to the particular hospitals and patient characteristics that were part of the study.

Methods to reduce or prevent negative impacts:

In order to overcome these constraints, the research includes a varied and inclusive sample and utilizes approved survey tools. Attempts to reduce prejudice by strategically designing surveys and utilizing various data analysis methods.

Through this research methodology, the study seeks to offer a comprehensive and unbiased examination of elements impacting patient intention to revisit and the quality of service in hospitals, offering valuable perspectives to the healthcare sector.

3.5 Population and Sample

The population and sample components of a research plan determine the individuals from whom data is gathered and the technique for choosing participants. To ensure the accuracy and dependability of findings, it is essential to accurately define the target population and select a representative sample when conducting a study on patient revisit intention and service quality in hospitals.

1. Population

Target Population:

The group of people being studied in this research includes individuals who have just been provided medical care at healthcare facilities. This involves people who have used healthcare services in the last six months, as their recent interactions will offer valuable perspectives on the quality of service and intentions to return.

Specific Groups:

The research includes patients from public and private hospitals for comparing service quality perceptions in various healthcare settings. The population that will be considered will consist of: Outpatients are people who go to hospitals for regular check-ups, consultations, or minor treatments.
Inpatients are people who have been hospitalized for extended treatment or significant medical interventions.
Emergency patients are people who have received treatment at emergency rooms.

Geographic Scope:

The research concentrated on hospitals in different locations, such as urban and rural areas. This method aided in capturing a wide variety of patient experiences and perceptions of service quality.

2. Sample

Sampling Technique:

A method of selecting a diverse sample from the population through the use of stratified random sampling. Stratification will involve important factors like hospital type (public versus private), geographic location, and patient characteristics (such as age and gender).This method allows for more accurate and generalizable results by including diverse patient perspectives.

Sample Size:

To achieve statistical significance and ensure reliable results, the study aims to collect data from approximately 220(patients and hospital staff). The determination of the sample size will be based on the following factors:

Confidence Level: Usually established at 95%, signifying a strong assurance that the sample findings accurately represent the entire population.

Margin of Error: Typically, a margin of error of 5% or lower is employed to guarantee precision in the findings.

Population Size: The sample size can be modified depending on the overall patient count at the chosen hospitals throughout the study period.

Sampling Procedure:

Hospital Selection:

A selection of hospitals from different regions will be identified based on the study's criteria. Both public and private hospitals included to provide a comprehensive analysis.

Recruiting patients:

Patients will be chosen at random from the hospital's patient database or by approaching them directly in waiting areas, outpatient departments, and inpatient wards. The objective is to involve a wide range of patients in order to gather a variety of experiences and perspectives.

Gathering data:

Attendees are requested to fill the formal questionnaire, either facetoface or online. The questionnaire will inquire about their recent hospital visits, views on quality of service, and likelihood to return.

Criteria for inclusion:

Patients who have been to the specified hospitals in the last six months. Individuals who have reached the age of 18.

Patients who are able to give informed consent and successfully finish the survey in the selected language.

Criteria for exclusion:

Patients who have not engaged with healthcare facilities in the previous six months. Patients with language barriers or cognitive impairments are unable to provide informed consent or complete the survey.

Data Collection Timeline:

Data collection will be conducted over a specified period, typically 2-3 months, to ensure a sufficient number of responses and to capture recent patient experiences.

Data Analysis:

After gathering the data, it will be examined to find correlations and connections among service quality, patient contentment, and likelihood of return visits. The outcomes will be utilized to examine the research hypotheses and offer ideas for enhancing hospital services. Through precise population definition and representative sample selection, the study seeks to offer precise and valuable findings on patient revisit intention and hospital service quality.

3.6 Participant Selection

1. Selection Criteria

For Individuals under medical care:

Recent Patients: People who have utilized healthcare facilities at the chosen hospitals in the last six months.

Minimum age for participation is 18 years.

Informed Consent: Participants must comprehend and consent to the study's terms. **For Healthcare Workers:**

Job Status: Staff who are hired by the designated hospitals. This refers to both medical and non-medical personnel.

Minimum Requirement: Staff must possess a minimum of six months of experience in their current position to guarantee a thorough comprehension of hospital activities.

Staff need to comprehend the study terms and agree to them in order to give informed consent. Criteria for both patients and staff that would disqualify them from participation. Individuals who do not adhere to the specified time limits are classified as non-recent patients/non-current staff.

Participants faced with cognitive impairments or language barriers may struggle to comprehend the survey questions.

2. Sampling Method

For Patients:

Stratified Random Sampling:

Strata Based on Hospital Type: Public vs. private hospitals.

Strata Based on Geographic Location: Urban vs. rural areas.

Strata Based on Demographics: Age, gender, and medical condition.

For Hospital Staff:

Stratified Random Sampling:

Strata Based on Role: Medical staff (doctors, nurses) and non-medical staff (administrative, support staff).

Strata Based on Department: Different departments such as emergency, inpatient, outpatient.

Strata Based on Experience Level: Junior staff vs. senior staff.

Sampling Procedure:

Patient Selection:

Identification of Participants: Use hospital records or contact patients in waiting areas.

Invitation to Participate: Approach patients with an invitation and provide information about the study.

Obtaining Consent: Secure informed consent from patients before they complete the survey.

Hospital Staff Selection:

Identification of Participants: Obtain lists of staff from hospital human resources or department heads.

Invitation to Participate: Contact staff via email, internal communication systems, or in person.

Obtaining Consent: Provide information about the study and obtain informed consent.

Selection Criteria for Participants

To ensure a comprehensive understanding of patient revisit intention and satisfaction across diverse hospital settings, the following criteria were established for participant selection:

Hospital Type: Participants were chosen from two hospitals: PK Das Hospital and Valluvanad Hospital, ensuring representation from two different healthcare environments.

Patient Diversity:

- Frequency of Visits: Patients included those who had visited the hospital multiple times, as well as first-time visitors. This diversity allows for comparisons between first impressions and the experiences of long-term patients.

- Doctor and Department Variation: Patients visiting different departments and healthcare professionals were selected to gain insight into the consistency of service quality across specialties (e.g., general medicine, cardiology, surgery).

- Range of Health Issues: Patients with varying health issues were included to ensure the survey captures the experiences and needs associated with both acute and chronic conditions.

- Hospital Loyalty: Participants included both those who had visited only one hospital consistently and those who had experience with both PK Das and Valluvanad Hospitals. This helps in assessing hospital-specific factors versus shared patient preferences.

Hospital Staff:

Role Diversity: To capture a holistic view of hospital service quality, participants also included a wide range of hospital staff, from doctors, nurses, and administrative personnel to support staff, including peons. This variety allows for insights into how each role contributes to the patient experience and revisit intentions.

Interaction Level with Patients: Staff with varying degrees of patient interaction were selected, as this variation could reveal how service quality is perceived differently by patients based on staff roles.

Structure of Survey Themes

The survey was organized around several core themes designed to elicit detailed insights into factors influencing patient satisfaction and revisit intentions. These themes included:

Hospital Services and Facilities:

- Questions assessing the overall quality of hospital services, including diagnostic facilities, cleanliness, and accessibility for individuals with disabilities.

- Specific inquiries about waiting times, availability of medical supplies, and overall service timeliness.

Staff Interaction and Communication:

- Patient satisfaction with staff communication, including both medical staff (doctors and nurses) and support staff.

- Questions on the level of comfort, privacy, and attention provided during medical consultations and treatments.

Patient Loyalty and Recommendations:

- Questions gauging the likelihood of patients recommending the hospital to friends and family, as well as their intention to return for future medical needs.

- Perception of the hospital's reputation and its influence on revisit intentions.

Technology and Modernization:

- Evaluation of the hospital's use of technology in enhancing service delivery, patient monitoring, and treatment processes.

Comparative Satisfaction:

- For patients who had visited both PK Das and Valluvanad Hospitals, questions focused on comparing service quality and satisfaction across both settings.

By covering these themes, the survey aimed to obtain a well-rounded understanding of the factors contributing to patient satisfaction, loyalty, and overall experiences in a healthcare setting

3. Sample Size

For Patients:

Determination of Sample Size: Using statistical calculations to achieve a sample size with a 95% confidence level and a 5% margin of error. For instance, if there are 1,000 patients, aiming for a sample size of 300-500 patients would be suitable.

For Hospital Staff:

Sample Size Calculation: Similar to patients, calculate the sample size to ensure representativeness. A smaller sample might be sufficient due to fewer staff compared to patients. For example, aiming for a sample size of 100-200 staff members.

4. Ethical   Considerations

For Both Patients and Staff:

Confidentiality: Ensure that all responses are kept confidential and anonymized.

Voluntary Participation: Participation is voluntary, and individuals can withdraw at any time.

Informed Consent: Clear communication about the study's purpose, procedures, and use of data, with written or electronic consent obtained.

Additional Considerations for Hospital Staff:

Impact on Work: Ensure that participation does not interfere with staff work duties. Consider scheduling surveys during breaks or outside of working hours.

Anonymity: Ensure anonymity to avoid any impact on staff's work environment or relationships.

By following these procedures, the study aims to gather comprehensive data from both patients and hospital staff, offering a well-rounded view of service quality and revisit intentions in the healthcare setting.

3.7 Instrumentation

Instrumentation pertains to the instruments and techniques utilized in gathering data for the study. In this research, the main tool will be a specified survey created to collect data from patients and hospital employees. The survey will utilize the SERVQUAL framework to assess service. The following is an in-depth explanation of the process of instrumentation.

Development of a questionnaire.

The patient survey will be created to assess their views and hopes regarding the quality of service, satisfaction, and intention to return. The survey will consist of closed-ended questions, Likert scale questions, and demographic questions. The staff survey will center around their opinions on service quality, their experiences providing services, and their thoughts on patient satisfaction and likelihood to return. This will involve closed-ended and Likert-scale questions as well as demographic questions.

Sections and examples of items in the questionnaire.

The survey will be split into multiple parts. Demographic information will be gathered in Section A. Patients' information will consist of age, gender, education level, and how often they visit the hospital. Hospital staff must provide their hospital role, years of experience, and department details.

Section B will concentrate on Tangibility, evaluating anticipations like "The hospital will possess modern equipment" and understandings like "The hospital has contemporary equipment." Section C will cover the topic of Reliability and will include questions about whether the hospital will deliver services as promised (for expectations) and whether the hospital actually delivers services as promised (for perceptions).

Section D will discuss Responsiveness, including expectations such as "The hospital staff will be ready to assist patients promptly" and perceptions like "The hospital staff are prepared to aid patients promptly." Section E will assess the Confidence factor, which includes expectations such as "Hospital staff behavior will create a sense of trust in patients" and perceptions like "Hospital staff behavior creates trust in patients." Section F will assess Empathy by looking at

anticipated actions like "Patients will receive personal attention from the hospital" and current perceptions like "Patients currently receive personal attention from the hospital."

Section G will evaluate Patient Satisfaction and Revisit Intention by asking questions such as "Rate your satisfaction with the overall care received at the hospital" and "How probable is it for you to return to the hospital for future medical purposes?" "Also, it will incorporate the question: "How probable is it that you would suggest the hospital to your friends and family?" Part H aims to collect staff opinions and experiences through inquiries such as "To what extent do the resources support your job performance?" and "In your opinion, how well does the hospital uphold service excellence standards?"Pre-Testing and Validation

Prior to distributing the survey to the wider pool of participants, a preliminary test will be carried out among a small sample of patients and staff members to detect any problems with the questions, such as unclear wording, biased inquiries, or other potential prejudices. The validation of the questionnaire will be done to ensure content and construct validity. Expert reviews from healthcare professionals and researchers will guarantee the content validity. Factor analysis will be used to verify that the items effectively assess the designated aspects of service quality, testing construct validity.

Administration of the Questionnaire

The mode of administration will vary. For patients, the questionnaire will be distributed in the waiting areas of hospitals, during discharge processes, or sent via email for those who consent to participate online. For hospital staff, the questionnaire will be distributed during staff meetings, via internal email systems, or through direct contact in departments. The data collection period will span approximately two months to ensure a sufficient number of responses and to account for any logistical delays.

Ethical factors to take into account

Participants will have the guarantee of their responses being kept confidential and anonymous. Before taking part, consent will be clarified and individuals will be briefed on the research's aim, the optional aspect of involvement, and their ability to withdraw whenever they choose. By adhering to these specific steps, the process of instrumenting will guarantee the gathering of

dependable and accurate data to effectively tackle the research inquiries and hypotheses.3.8 Data Collection Procedures

The data collection procedures for this study are designed to ensure accuracy, reliability, and comprehensiveness. The primary data collection method will involve administering structured questionnaires to both patients and hospital staff. The process will follow a systematic approach, from preparing the materials to analyzing the collected data.

Materials preparation

The initial stage includes getting ready the surveys, consent forms, and info sheets for participants. The surveys will be thoughtfully crafted to address every important aspect of the SERVQUAL framework. Every question will be assessed for how clear, relevant, and easy to comprehend it is. The purpose of the study, the voluntary nature of participation, the confidentiality of responses, and the right to withdraw without consequences will be clarified in the informed consent forms. Participant information sheets will include more information about the study and contact details for inquiries or worries.

3.8 Data Collection Procedures

Training Data Collectors

Data collectors will receive training to ensure they comprehend the study goals, the questionnaire format, and the ethical aspects of data gathering. Training will include strategies for engaging potential participants, clarification of the study's purpose, securing informed consent, and conducting the questionnaire. Data collectors will receive training to address participant inquiries and ensure the data collection process runs effectively.

Administering the Questionnaire

The administration of the questionnaire will be carried out in multiple settings to capture a diverse range of responses. For patients, questionnaires will be distributed in waiting areas, outpatient departments, during discharge processes, and via email for those who prefer to participate online. Patients will be approached politely, and the purpose of the study will be explained to them. If they agree to participate, they will be given the informed consent form to

sign before filling out the questionnaire. For those participating online, the consent form will be included as part of the survey link.

For hospital staff, the questionnaires will be distributed during staff meetings, via internal email systems, or directly within various departments. Staff members will be given sufficient time to complete the questionnaire at their convenience. As with patients, informed consent will be obtained prior to participation.

Guaranteeing privacy and keeping identities unknown

Strict precautions will be implemented to maintain participants' confidentiality and anonymity during the data collection phase. Questionnaires will be encoded to ensure participants' anonymity, and any personal details will be deleted prior to analyzing the data. Data will be stored securely, with restricted access limited to authorized personnel.

Gathering and overseeing data

Data will be collected for a duration of two months to guarantee a sufficient sample size and to address any logistical hurdles. Questionnaires that are finished will be gathered on a daily basis, and the replies from participants online will be consistently monitored and downloaded. A committed team will oversee the data collection process, making sure that all questionnaires are handled and stored correctly.

Entering and verifying data

After the period of data collection ends, the data will be inputted into a secure database for evaluation. Trained personnel will conduct data entry and check for errors and inconsistencies to guarantee accuracy. A selection of entries will be checked against the original questionnaires in a random sample to maintain the data's integrity.

Dealing with Non-Response and Partial Data

Attempts will be made to reduce the number of non-responses and incomplete data. Participants who have not finished the online questionnaire will receive additional reminders. If responses are not complete, data collectors will try to reach out to participants to fill in any missing information, if they can.

Ethical concerns

During the process of collecting data, we will strictly follow ethical considerations. Attendees will receive information on the study's objective, the voluntary aspect of taking part, and their ability to withdraw at any point. Consent will be requested from all participants, with assurance of confidentiality and anonymity. All ethical concerns will be handled quickly, and the research will adhere to ethical standards at both institutional and national levels.

By following these detailed data collection procedures, the study aims to gather comprehensive, accurate, and reliable data to address the research questions and hypotheses effectively.

CHAPTER IV

RESULTS

Analysis of Responses from Hospital Staffs:

Table 4.1
Gender of the Respondents (Hospital Staffs)

Sl No	Gender of the Respondents	No of Respondents	Percentage
1	Male	100	45.45
2	Female	120	54.54
	TOTAL	**220**	**100**

Findings: The percentage of male respondents is slightly less than half, at 45.45%. Female respondents form the majority, with 54.54%.

Inference: The data reveals a higher participation of female respondents (54.54%) compared to male respondents (45.45%), indicating a greater engagement or availability of women in the study. This gender distribution should be considered when interpreting the overall findings.
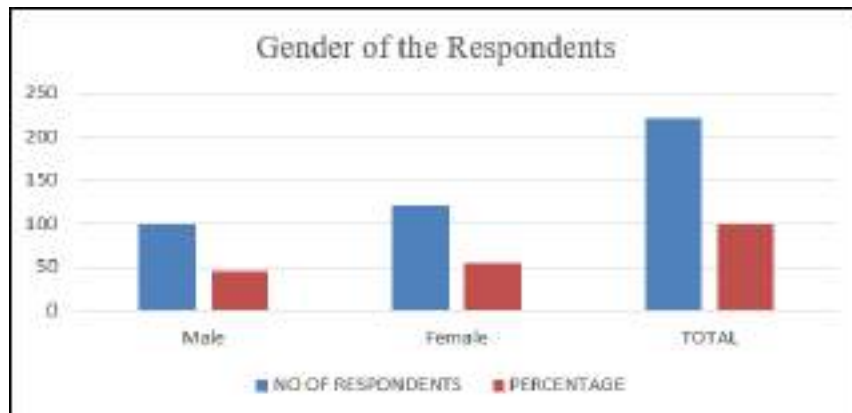
Figure 4.1
Gender of the Respondents (Hospital Staffs)

Table 4.2

Showing Age of the Respondents (Hospital Staffs)

Sl no	Age of the Respondents	No of respondents	Percentage
1	Under 25	60	27.27
2	25-34	40	18.18
3	35-44	20	9.09
4	45-54	50	22.72
5	55 and above	50	22.72
	TOTAL	**220**	**100**

Findings: From Table 4.2, 27.27% are under 25, 18.18% are between 25-34, 9.09% are between 35-44, 22.72% are between 45-54, and 22.72% are 55 and above.

Inference: The majority of respondents are under 25 years ols, with significant representation from the age groups 45-54 and 55 and above, indicating a diverse age range among the patients surveyed. This diversity should be factored in when analyzing the overall patient feedback and service quality perceptions.
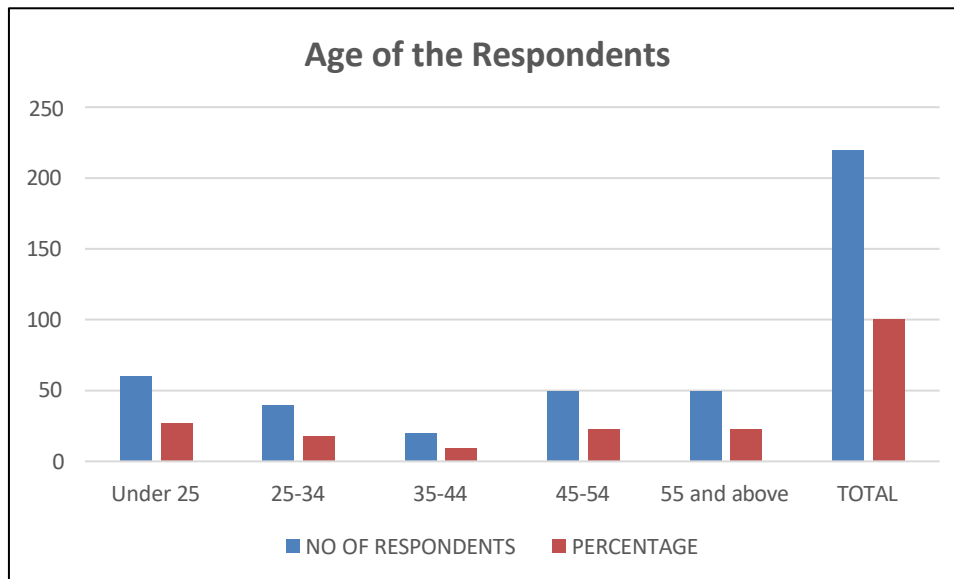
Figure 4.2

Age of the Respondents (Hospitals Staffs)

Table 4.3

Hospital Respondents working

Sl no	Hospital Respondents working	No of respondents	Percentage
1	P K Das Hospital	110	50
2	Valluvanad Hospital	110	50
	TOTAL	**220**	**100**

Findings:

The number of respondents working at P K Das Hospital and Valluvanad Hospital is equal, with each hospital having 110 respondents, representing 50% of the total respondents each.

Inference:

The equal representation of hospital staff from both P K Das Hospital and Valluvanad Hospital allows for a fair and balanced comparison of staff perspectives on service quality and patient care practices across the two hospitals. This balance is crucial for understanding the internal factors that may influence patient satisfaction and revisit intentions.4.3 Chart Showing Hospital Respondents visiting regularly.
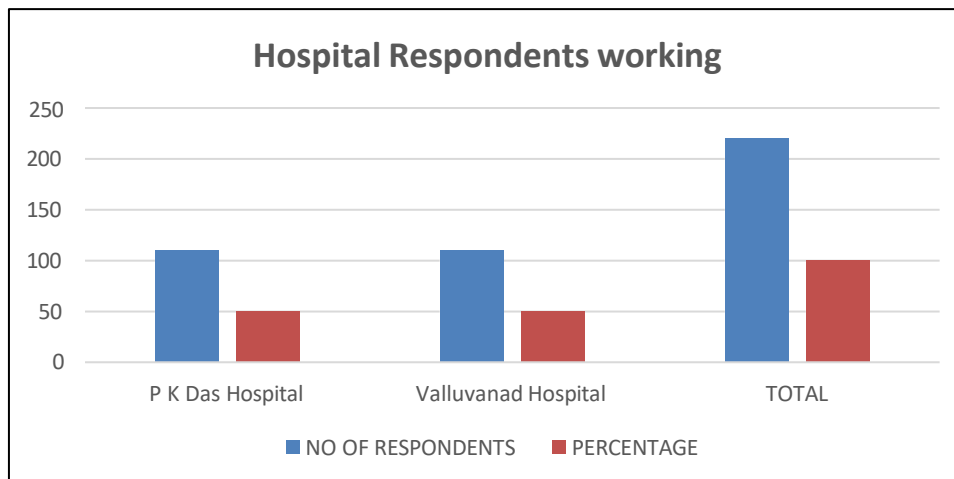
Figure 4.3

Hospital Respondents working

Table 4.4
Job Position in the Hospital

Sl no	Job position	No of respondents	Percentage
1	Doctor	50	22.72
2	Nurse	50	22.72
3	Administrative Staff	100	45.45
4	Support Staff	20	9.09
	TOTAL	**220**	**100**

Findings:

- Doctors: 50 respondents, representing 22.72% of the total.

- Nurses: 50 respondents, representing 22.72% of the total.

- Administrative Staff: 100 respondents, representing 45.45% of the total.

- Support Staff: 20 respondents, representing 9.09% of the total.

Inference:

The majority of respondents are administrative staff, which constitutes nearly half of the total sample. This highlights a significant focus on the administrative perspective within the hospitals. The representation of doctors and nurses is equal, ensuring their viewpoints on patient care and service quality are well-balanced. The smaller proportion of support staff suggests that their insights, while less prevalent, are still considered in the overall assessment of hospital operations.
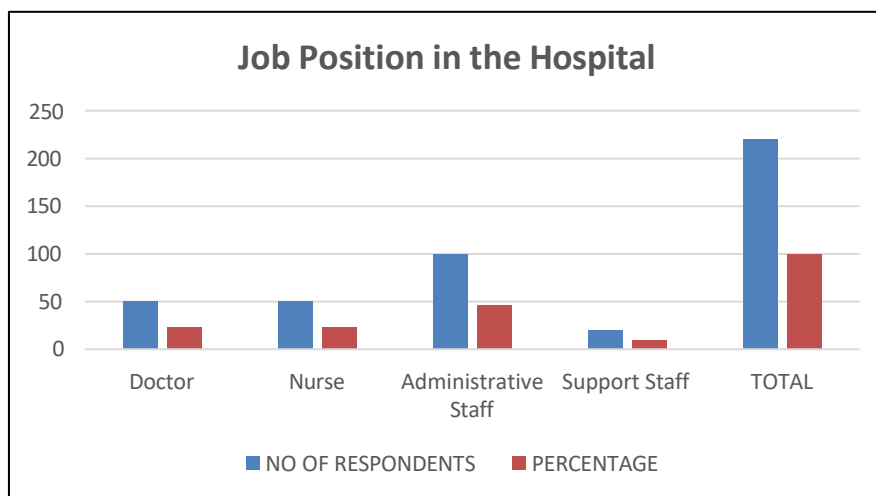
Figure 4.4
Job Position in the Hospital

Table 4.5
Cleanliness and hygiene of the hospital facilities

Sl no	Cleanliness and hygiene of the hospital facilities	No of respondents	Percentage
1	Excellent	100	45.45
2	Good	50	22.72
3	Fair	50	22.72
4	Poor	20	9.09
	TOTAL	**220**	**100**

Findings:

Out of the total respondents, 45.45% (100 people) rated the service as excellent, while 22.72% (50 people) found it good. Similarly, 22.72% (50 respondents) rated the service as fair, and 9.09% (20 respondents) considered it poor.

Inference:

The majority of respondents rate the cleanliness and hygiene of hospital facilities as "Excellent," indicating a strong overall perception of high standards in this area. However, a combined 45.45% of respondents rate the facilities as "Good" or "Fair," suggesting that there is room for improvement. The lower percentage of "Poor" ratings is positive but indicates that some issues in cleanliness and hygiene still need to be addressed.
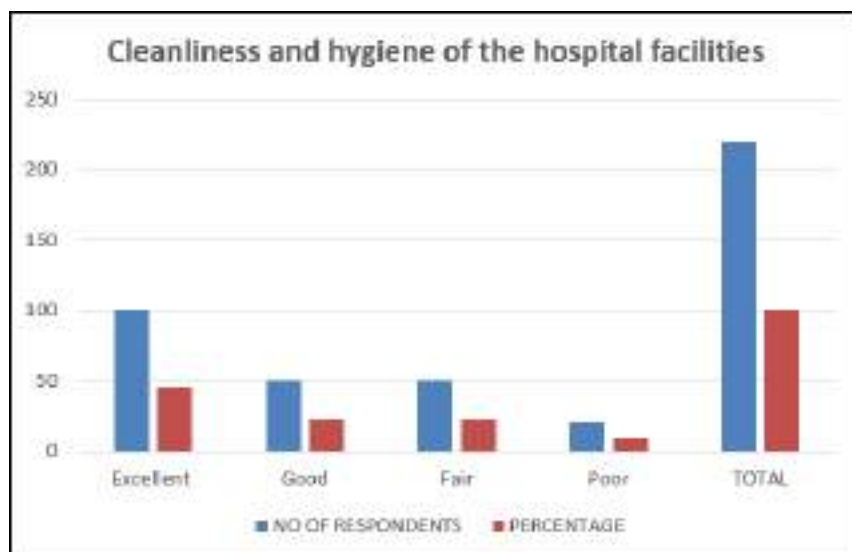
Figure 4.5
Cleanliness and hygiene of the hospital facilities

Table 4.6
Timeliness of Hospital Services to Patients

Sl no	Timeliness of hospital services to patients	No of respondents	Percentage
1	Yes	100	45.45
2	No	120	54.54
	TOTAL	**220**	**100**

Findings: A majority of respondents (54.54%) feel that the hospital does not provide timely services to patients, while 45.45% believe that it does.

Inference: There is a notable concern among patients regarding the timeliness of services provided by the hospital, indicating room for improvement in service delivery efficiency.
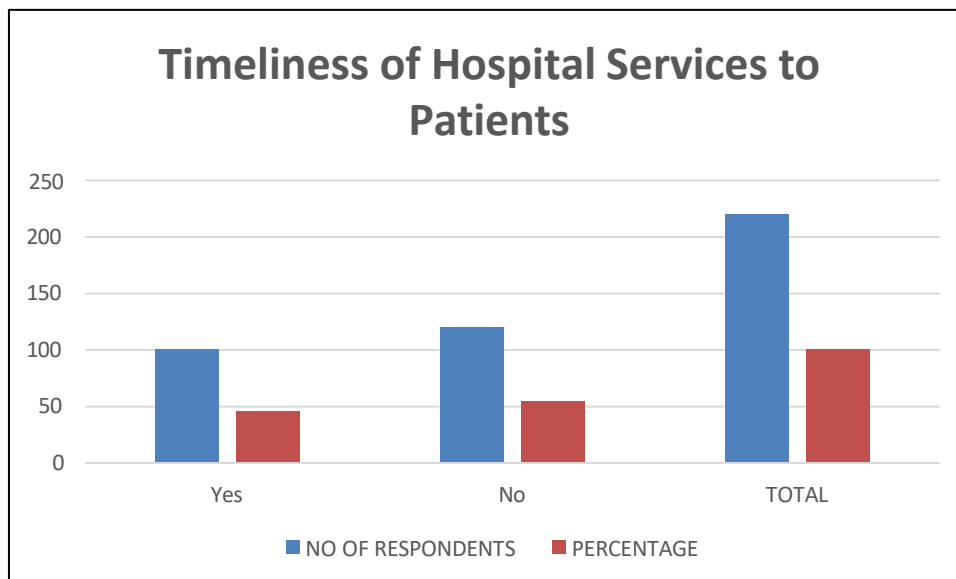
Figure 4.6
Timeliness of Hospital Services to Patients

Table 4.7

Hospital Staff Courtesy and Respect Toward Patients

Sl no	Hospital staff courtesy and respect toward patients	No of respondents	Percentage
1	Strongly Agree	100	45.45
2	Agree	20	9.09
3	Neutral	20	9.09
4	Disagree	40	18.18
5	Strongly Disagree	40	18.18
	TOTAL	**220**	**100**

Findings:

A majority of respondents (45.45%) strongly agree that hospital staff members are courteous and respectful toward patients. However, 36.36% of respondents disagree or strongly disagree with this statement, indicating a notable concern about staff behavior.

Inference:

While a significant portion of respondents views hospital staff as courteous and respectful, there is a substantial proportion expressing dissatisfaction. This suggests that improving staff training and customer service could enhance overall patient satisfaction.
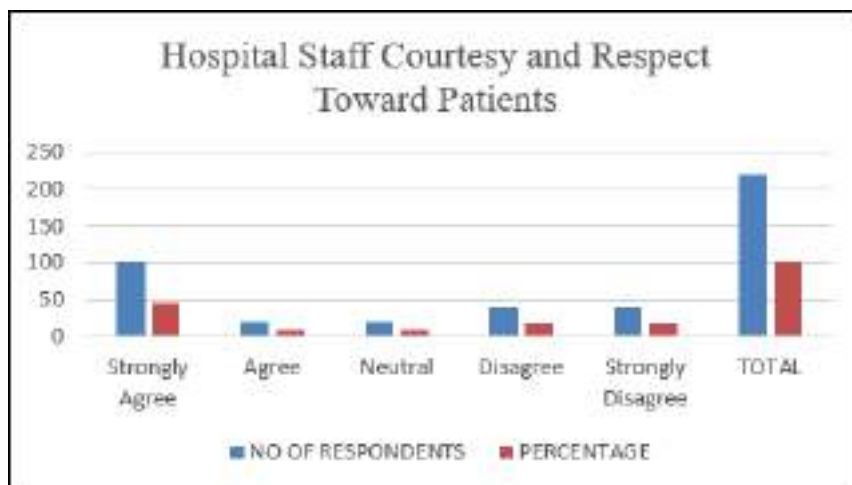
Figure 4.7

Hospital Staff Courtesy and Respect Toward Patients

Table 4.8

Patient Satisfaction with Communication Between Staff andPatients

Sl no	Patient satisfaction with communication between staff and patients	No of respondents	Percentage
1	Highly Satisfied	100	45.45
2	Satisfied	50	22.27
3	Neutral	20	9.09
4	Dissatisfied	40	18.18
5	Highly Dissatisfied	10	4.54
	TOTAL	**220**	**100**

Findings: The majority of patients are either highly satisfied (45.45%) or satisfied (22.27%) with the communication between staff and patients. However, a notable percentage of respondents are dissatisfied (18.18%) or highly dissatisfied (4.54%).

Inference: While most patients express satisfaction with the communication from hospital staff, there is a significant proportion who are dissatisfied. This suggests that improving communication could enhance overall patient satisfaction.
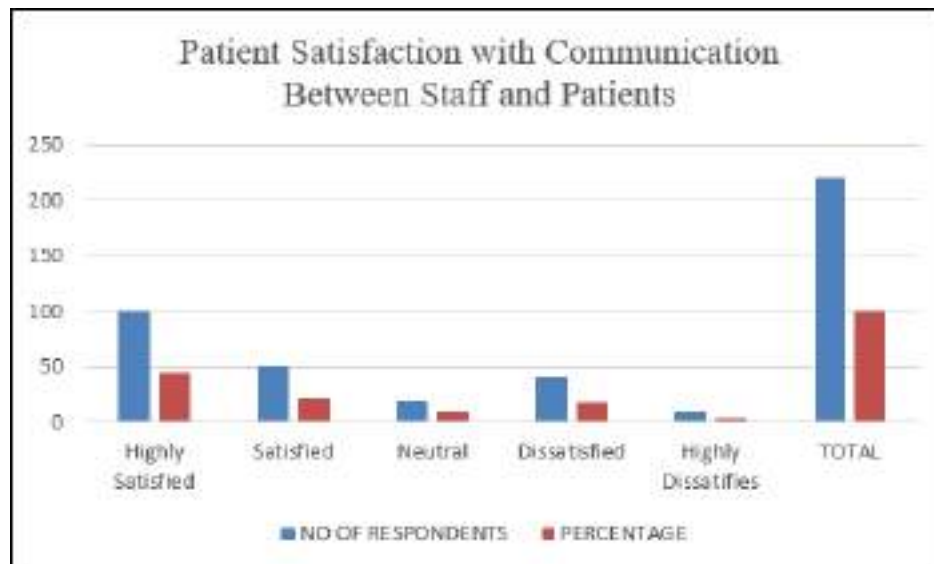
Figure 4.8

Patient Satisfaction with Communication Between Staff and Patients

Table 4.9

Providing Adequate Information and Guidance to Patients Regarding Their Treatment

Sl no	Providing adequate information and guidance to patients regarding their treatment	No of respondents	Percentage
1	Yes	110	50
2	No	110	50
	TOTAL	220	100

Findings:

The responses are evenly split, with 50% of respondents indicating that the hospital provides adequate information and guidance regarding treatment, while the other 50% disagree.

Inference:

The equal distribution of responses suggests a significant divide in perception regarding the adequacy of information and guidance provided by the hospital, highlighting a potential area for improvement.
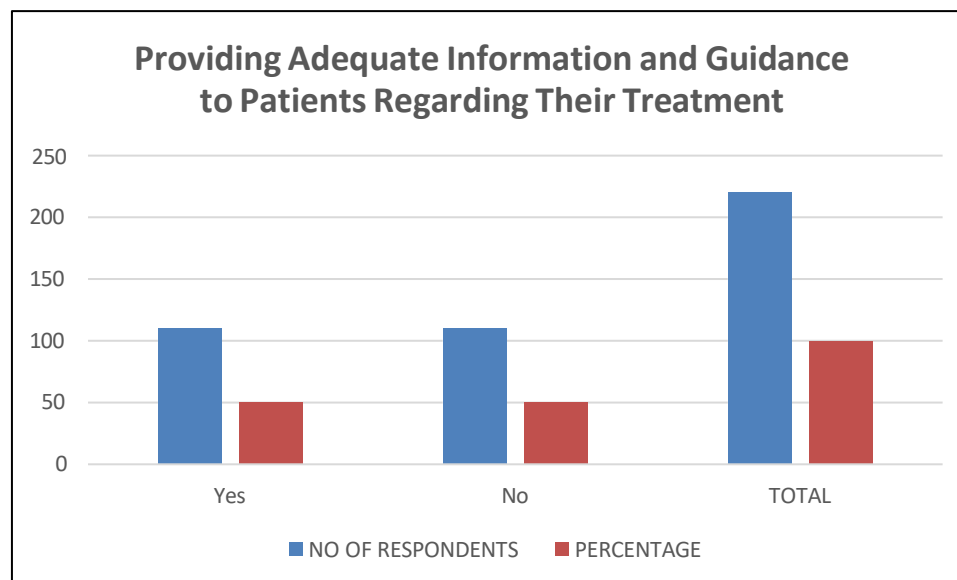
Figure 4.9

Providing Adequate Information and Guidance to Patients Regarding Their Treatment

Table 4.10

Medical Facilities and Equipment Up-to-Date and Well-Maintained

Sl no	Medical facilities and equipment up-to-date and well-maintained	No of respondents	Percentage
1	Strongly Agree	50	22.72
2	Agree	50	22.72
3	Neutral	40	18.18
4	Disagree	10	4.54
5	Strongly Disagree	70	31.81
	TOTAL	220	100

Findings: The responses indicate a divided opinion on whether the medical facilities and equipment are up-to-date and well-maintained. A combined total of 45.44% of respondents either agreed or strongly agreed that the facilities and equipment are in good condition. However, a significant 36.35% disagreed or strongly disagreed, suggesting concerns about the current state of the facilities and equipment.

Inference: The data suggests that there is a notable disparity in the perception of the condition of medical facilities and equipment. While some respondents are satisfied, a substantial portion believes that improvements are needed, highlighting a potential area for hospital management to address to ensure that equipment and facilities meet modern standards and contribute positively to patient care.
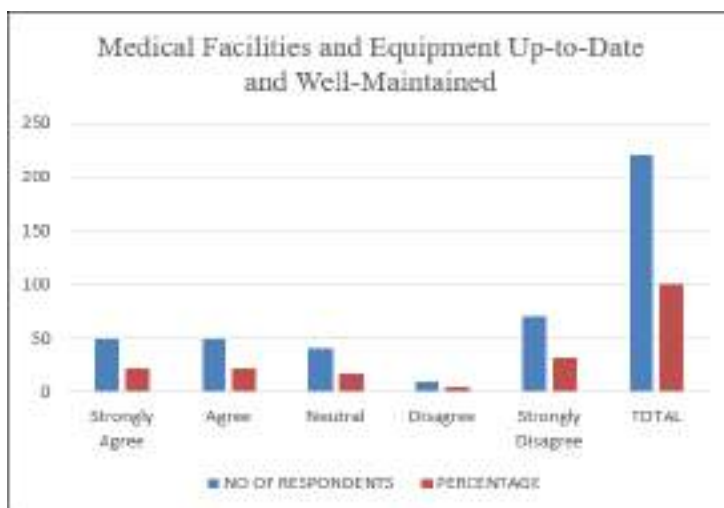
Figure 4.10

Medical Facilities and Equipment Up-to-Date and Well-Maintained

Table 4.11
Patients Who Are Likely to Return to the Hospital for Future Care

Sl no	Patients likely to revisit the hospital for future medical needs	No of respondents	Percentage
1	Yes	110	50
2	No	110	50
	TOTAL	**220**	**100**

Findings:

The survey shows that opinions are evenly split, with 50% of respondents believing patients are likely to return to the hospital for future medical needs, while the other 50% do not share this view.

Inferences:

The balanced distribution suggests a split in opinion regarding patient revisit intention. Half of the respondents perceive a likelihood of patients returning, while the other half do not, indicating that factors influencing revisit intentions may vary or be subject to differing perceptions.
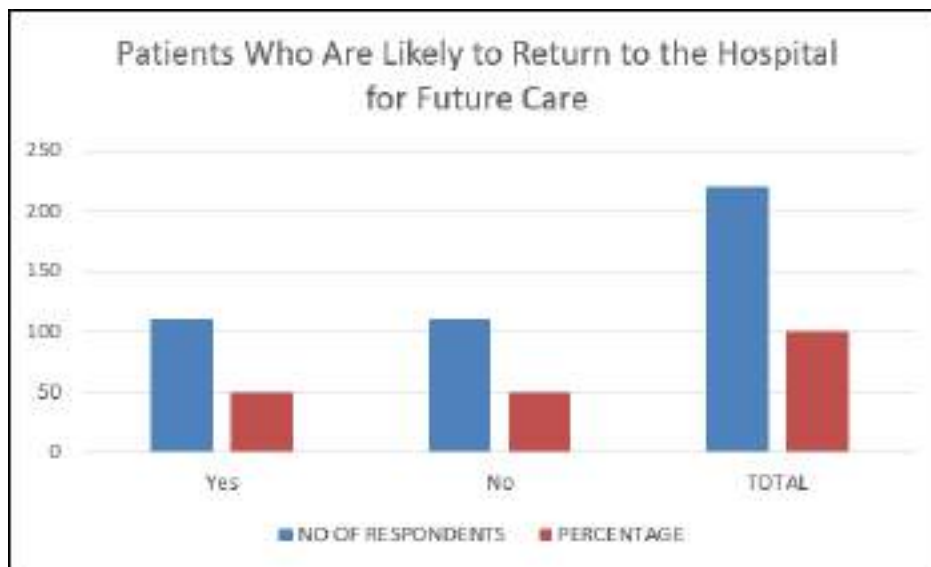
Figure 4.11
Patients Who Are Likely to Return to the Hospital for Future Care

Table 4.12
Recommend This Hospital to Friends and Family

Sl no	Recommend this hospital to friends and family	No of respondents	Percentage
1	Definitely Yes	50	22.72
2	Probably Yes	50	22.72
3	Not Sure	50	22.72
4	Probably No	50	22.72
5	Definitely No	20	9.09
	TOTAL	220	100

Findings: The responses are evenly distributed across four of the five categories, each receiving 22.72% of responses. "Definitely No" received a smaller proportion of 9.09%.

Inferences: The even spread across most response categories indicates a diverse range of opinions regarding the hospital's recommendability. The significant proportion of "Not Sure" responses suggests uncertainty among patients, while the lower percentage of "Definitely No" indicates that few are completely opposed to recommending the hospital. This pattern highlights a need for targeted improvements to address uncertainties and enhance the overall recommendation rate.
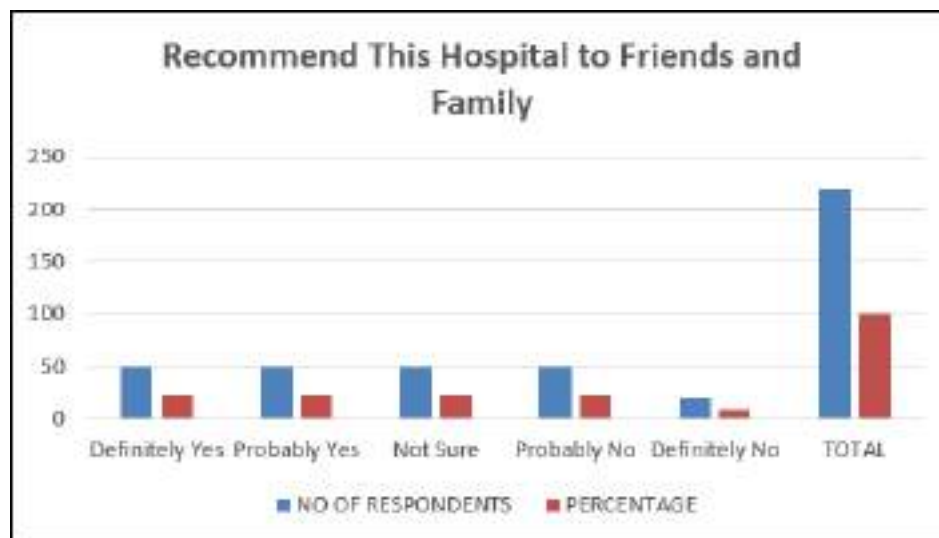
Figure 4.12
Recommend This Hospital to Friends and Family

71

Table 4.13

Recommend This Hospital to Colleagues Seeking Employment Opportunities

Sl no	Recommend this hospital to colleagues seeking employment opportunities	No of respondents	Percentage
1	Highly Likely	100	45.45
2	Likely	50	22.72
3	Neutral	50	22.72
4	Unlikely	10	4.54
5	Highly Unlikely	10	4.54
	TOTAL	**220**	**100**

Findings:A majority of respondents (45.45%) are highly likely to recommend the hospital to colleagues seeking employment opportunities. A combined total of 45.44% (22.72% Likely + 22.72% Neutral) show a moderate to neutral stance, while 9.08% (4.54% Unlikely + 4.54% Highly Unlikely) are less likely to recommend.

Inferences: The strong inclination to recommend the hospital for employment opportunities suggests a generally positive perception of the hospital's work environment and organizational culture. However, a small percentage of respondents have reservations, indicating potential areas for improvement in employee satisfaction or hospital conditions**.**
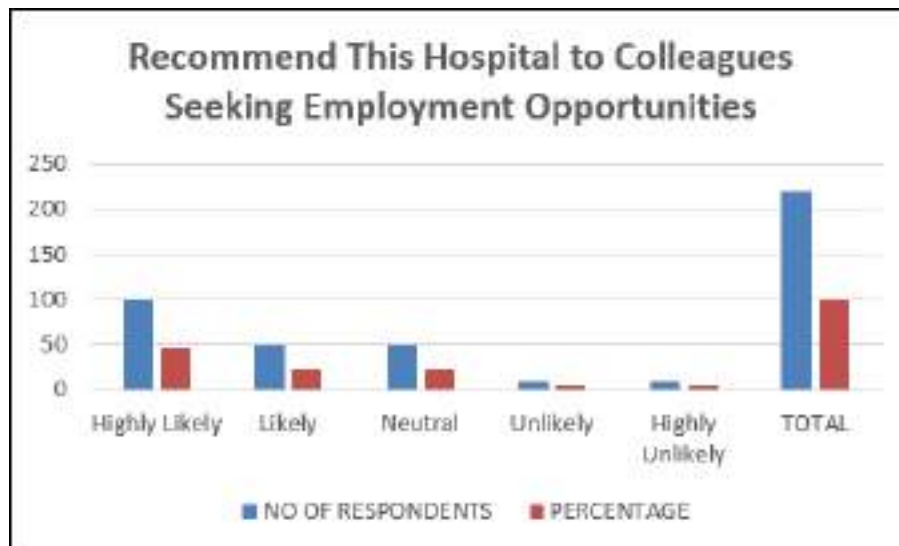
Table 4.13
Recommend This Hospital to Colleagues Seeking Employment Opportunities

Table 4.14
Hospital's Reputation Influences Patient Revisit Intention and Recommendation

Sl no	Hospital's reputation influences patient revisit intention and recommendation	No of respondents	Percentage
1	Strongly Agree	50	22.72
2	Agree	50	22.72
3	Neutral	20	9.09
4	Disagree	50	22.72
5	Strongly Disagree	50	22.72
	TOTAL	220	100

Findings: The responses regarding the influence of the hospital's reputation on patient revisit intention and recommendation are varied, with a balanced distribution across different views. Equal percentages of respondents strongly agree and agree that the hospital's reputation affects revisit intention and recommendation.

Inferences: The hospital's reputation has a mixed but significant impact on patient revisit intention and recommendation. While a notable proportion of respondents believe that reputation plays a critical role, a similar proportion holds neutral or opposing views, suggesting that factors beyond reputation also influence patient decisions.
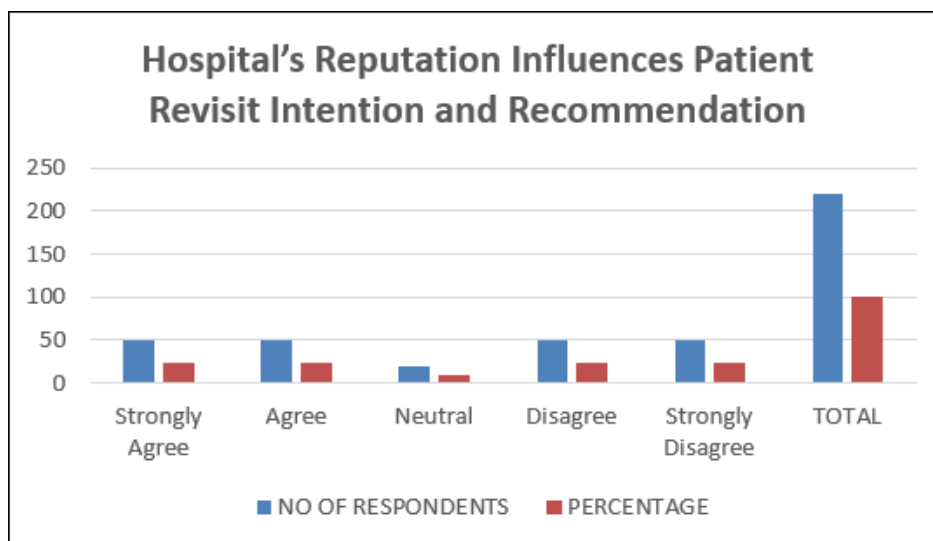
Figure 4.14
Hospital's Reputation Influences Patient Revisit Intention and Recommendation

Table 4.15

Rate the Range of Medical Services Offered by the Hospitals

Sl no	Rate the range of medical services offered by the hospitals	No of respondents	Percentage
1	Excellent	50	22.72
2	Good	40	18.18
3	Average	10	4.54
4	Below Average	100	45.5
5	Poor	20	9.09
	TOTAL	220	100

Findings: The majority of respondents rated the range of medical services offered by the hospitals as "Below Average" (45.5%), indicating a significant perception of inadequacy in the range of services provided. A smaller portion rated it as "Excellent" (22.72%) or "Good" (18.18%), while a minimal percentage rated it as "Average" (4.54%) or "Poor" (9.09%).

Inferences: The findings suggest that there is considerable dissatisfaction among patients regarding the variety of medical services available at the hospitals. The predominant "Below Average" rating highlights a need for hospitals to enhance and diversify their service offerings to better meet patient expectations and improve overall satisfaction.
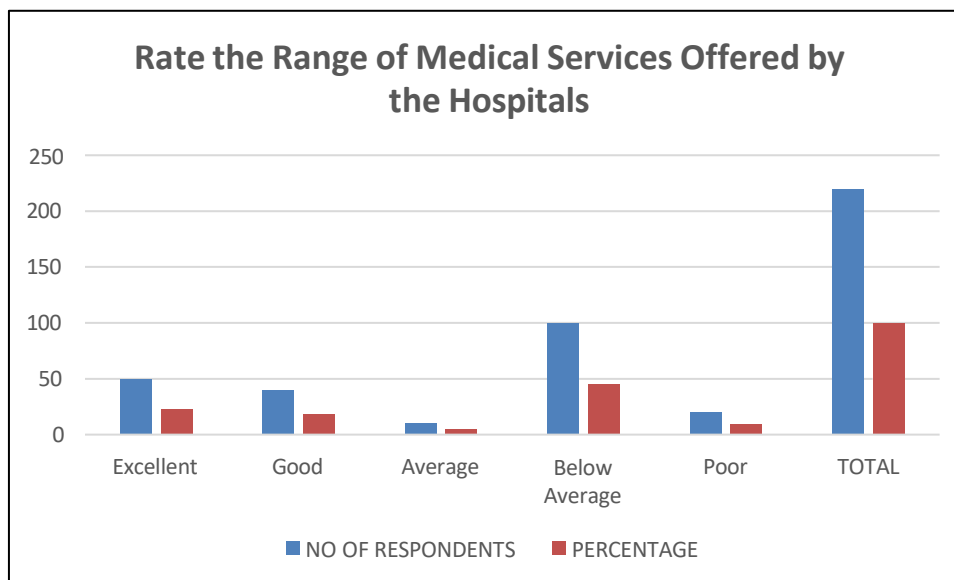
Figure 4.15

Rate the Range of Medical Services Offered by the Hospitals

74

Table 4.16

Specialized Medical Treatments Readily Available at the Hospital

SL NO	Specialized Medical Treatments Readily Available at the Hospital	NO OF RESPONDENTS	PERCENTAGE
1	Yes, a wide range	50	22.72
2	Yes, but limited	100	45.45
3	No	70	31.81
	TOTAL	**220**	**100**

Findings:

22.72% of respondents indicated that specialized medical treatments are readily available in a wide range at the hospital.

45.45% of respondents noted that specialized treatments are available but limited.

31.81% of respondents reported that specialized treatments are not available.

Inferences:

The majority of respondents (45.45%) feel that while specialized treatments are available, they are limited in scope. This suggests a need for improvement in expanding the range of specialized medical services offered to better meet patient needs.
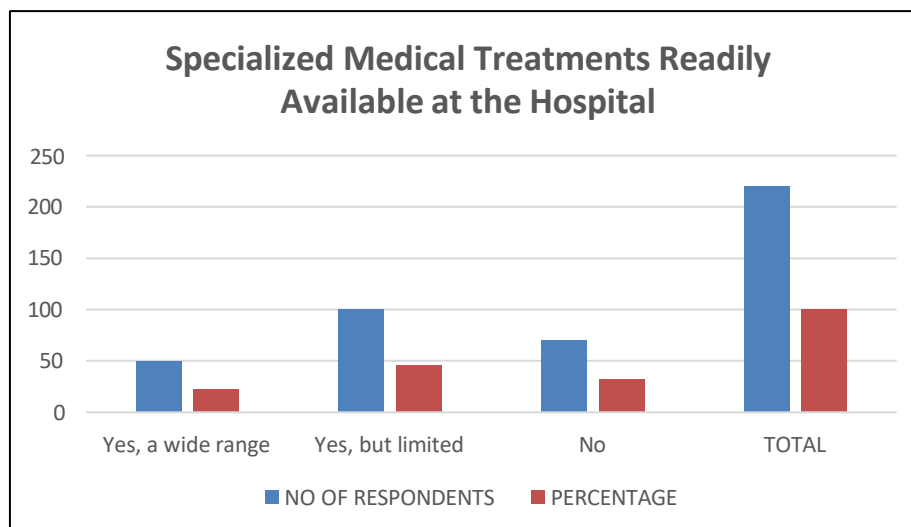
Figure 4.16

Specialized Medical Treatments Readily Available at the Hospital

Table 4.17
Availability of Emergency Medical Services

SL NO	Availability of Emergency Medical Services	NO OF RESPONDENTS	PERCENTAGE
1	Highly Satisfied	50	22.72
2	Satisfied	40	18.18
3	Neutral	20	9.09
4	Dissatisfied	100	45.45
5	Highly Dissatisfied	10	4.54
	TOTAL	**220**	**100**

Findings:

The table reveals that a significant majority of respondents (50%) are dissatisfied with the availability of emergency medical services. A smaller proportion are highly satisfied (22.72%) or satisfied (18.18%), while a few are neutral (9.09%) or highly dissatisfied (4.54%).

Inferences:

The data suggests a major concern among respondents regarding the adequacy of emergency medical services at the hospital. The high dissatisfaction rate indicates a potential area for improvement in ensuring prompt and effective emergency care.
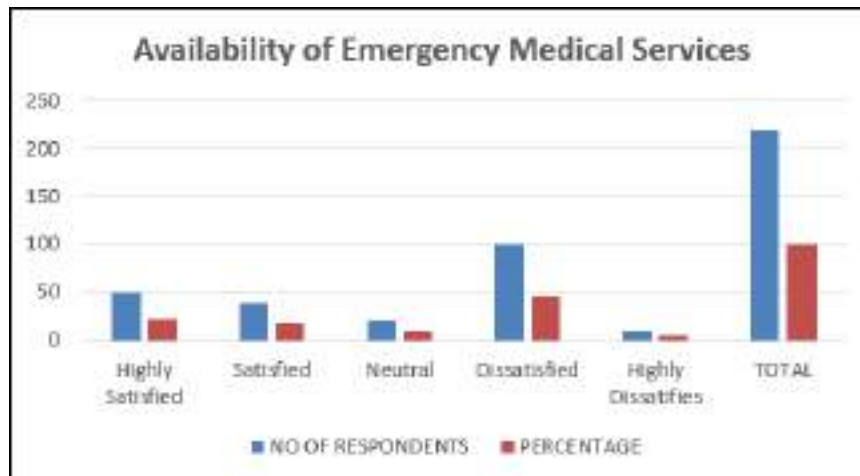
Figure 4.17
Availability of Emergency Medical Services

Table 4.18

Hospital Provides Comprehensive Pre-Admission Guidance and Support to Patients

SL NO	Hospital Provides Comprehensive Pre-Admission Guidance and Support to Patients	NO OF RESPONDENTS	PERCENTAGE
1	Strongly Agree	50	22.72
2	Agree	20	9.09
3	Neutral	20	9.09
4	Disagree	10	4.54
5	Strongly Disagree	120	54.5
	TOTAL	220	100

Findings:

The majority of respondents (54.5%) strongly disagree that the hospital provides comprehensive pre-admission guidance and support to patients. Only 22.72% strongly agree, while the rest are split between agreeing, being neutral, or disagreeing.

Inferences:

The data indicates a significant gap in the perceived quality of pre-admission guidance and support. The high percentage of respondents who strongly disagree suggests that the hospital may need to enhance its pre-admission processes to better inform and support patients before their admissions.
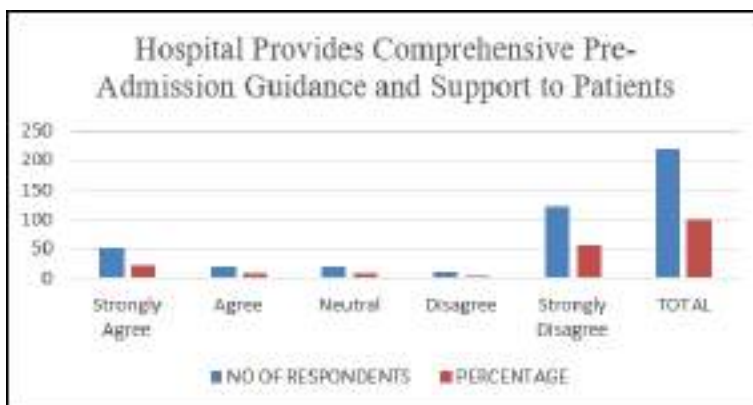
Figure 4.18

Hospital Provides Comprehensive Pre-Admission Guidance and Support to Patients

Table 4.19

Rate the Responsiveness of the Nursing Staff to Patient Needs

SL NO	Rate the Responsiveness of the Nursing Staff to Patient Needs	NO OF RESPONDENTS	PERCENTAGE
1	Excellent	50	22.72
2	Good	20	9.09
3	Average	20	9.09
4	Below Average	10	4.54
5	Poor	120	54.5
	TOTAL	220	100

Findings: A significant majority of respondents rated the responsiveness of the nursing staff as either "Poor" (54.5%) or "Below Average" (4.54%). Only a small percentage found the responsiveness to be "Excellent" (22.72%) or "Good" (9.09%).

Inferences: The high percentage of respondents rating the responsiveness of the nursing staff poorly indicates substantial dissatisfaction with how quickly and effectively the nursing staff attends to patient needs. This suggests a critical area for improvement in nursing services.
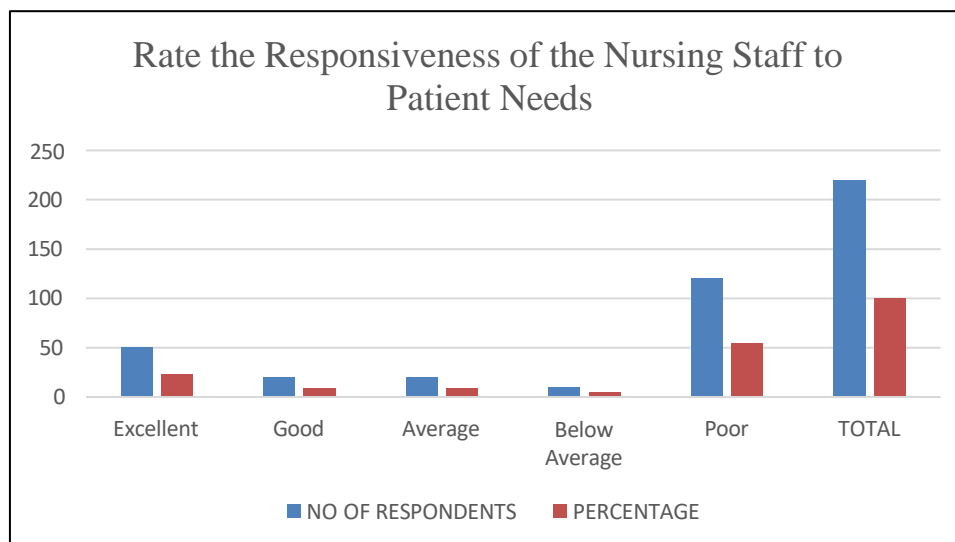
Table 4.19

Rate the Responsiveness of the Nursing Staff to Patient Needs

Table 4.20
Clear Instructions Regarding Post-Discharge Care and Follow-Up Appointment

Sl no	Clear instructions regarding post-discharge care and follow-up appointment	No of respondents	Percentage
1	Yes, always	50	22.72
2	Yes, sometimes	50	22.72
3	No	120	54.54
	TOTAL	220	100

Findings:

The majority of respondents (54.54%) reported that clear instructions regarding post-discharge care and follow-up appointments are not always provided. While 22.72% indicated that instructions are provided always, another 22.72% reported that instructions are provided sometimes.

Inferences:

A significant proportion of patients feel that instructions for post-discharge care and follow-up are not consistently clear, indicating a potential area for improvement in hospital communication practices. Enhancing the clarity and consistency of these instructions could improve patient satisfaction and adherence to care plans.
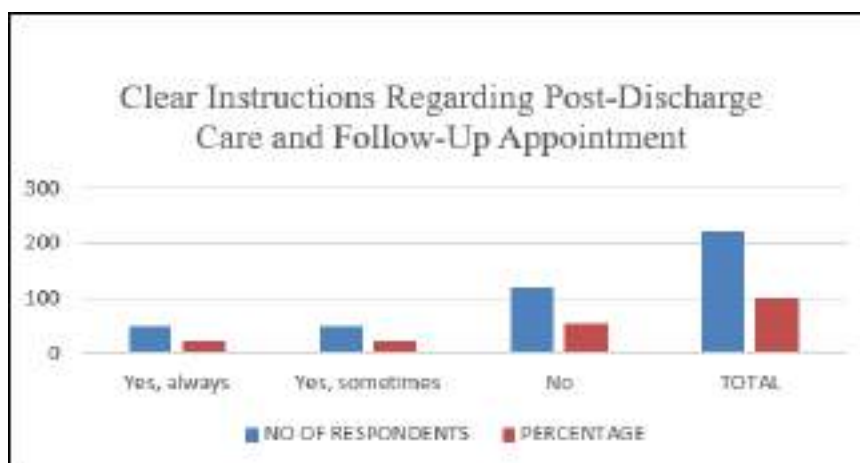
Figure 4.20
Clear Instructions Regarding Post-Discharge Care and Follow-Up Appointment

Table 4.21

Quality of Diagnostic Services (Laboratory Tests, Imaging) Offered by the Hospital

Sl no	Quality of diagnostic services (laboratory tests, imaging) offered by the hospital	No of respondents	Percentage
1	Highly Satisfied	50	22.72
2	Satisfied	20	9.09
3	Neutral	20	9.09
4	Dissatisfied	10	4.54
5	Highly Dissatisfied	120	54.5
	TOTAL	220	100

Findings: The majority of respondents (54.5%) expressed dissatisfaction with the quality of diagnostic services, such as laboratory tests and imaging, provided by the hospital. A significant portion (22.72%) reported being highly dissatisfied, indicating a critical area for improvement. Only 22.72% of respondents were highly satisfied with these services, while 18.18% reported being satisfied or neutral.

Inferences: The findings suggest that there are substantial concerns regarding the quality of diagnostic services offered by the hospital. The high levels of dissatisfaction indicate that improvements in diagnostic accuracy, timeliness, and overall service quality are needed to enhance patient satisfaction. Addressing these issues could lead to better patient experiences and potentially improve the hospital's overall reputation in this critical area.
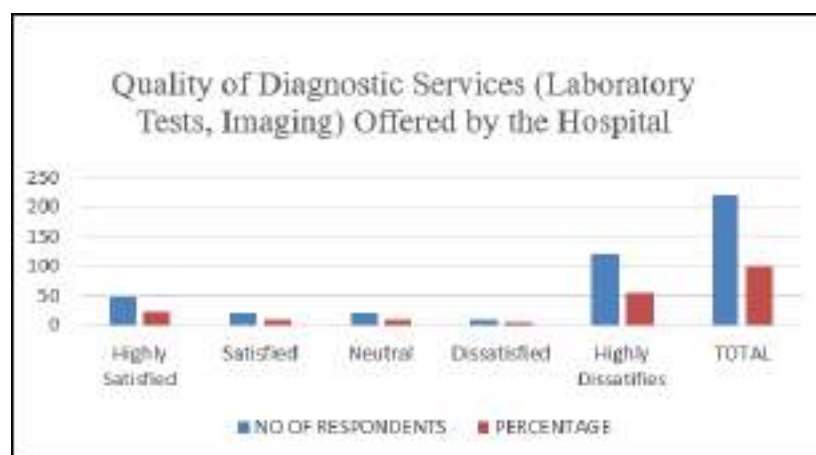
Figure 4.21

Quality of Diagnostic Services (Laboratory Tests, Imaging) Offered by the Hospital

Table 4.22

Support Services Such as Dietary Counseling and Physiotherapy Readily Available to Patients

Sl no	Support services such as dietary counselling and physiotherapy readily available to patients	No of respondents	Percentage
1	Yes, comprehensive support	50	22.72
2	Yes, but limited options	50	22.72
3	No	120	54.54
	TOTAL	**220**	**100**

Findings:

A significant majority of respondents (54.54%) reported that support services such as dietary counseling and physiotherapy are not available. A smaller portion (22.72%) felt that the support provided was comprehensive, while an equal percentage believed the options were limited.

Inferences:

The data suggests that there is a substantial gap in the availability of support services like dietary counseling and physiotherapy in the hospital. Improving these services could enhance overall patient satisfaction and address unmet needs.
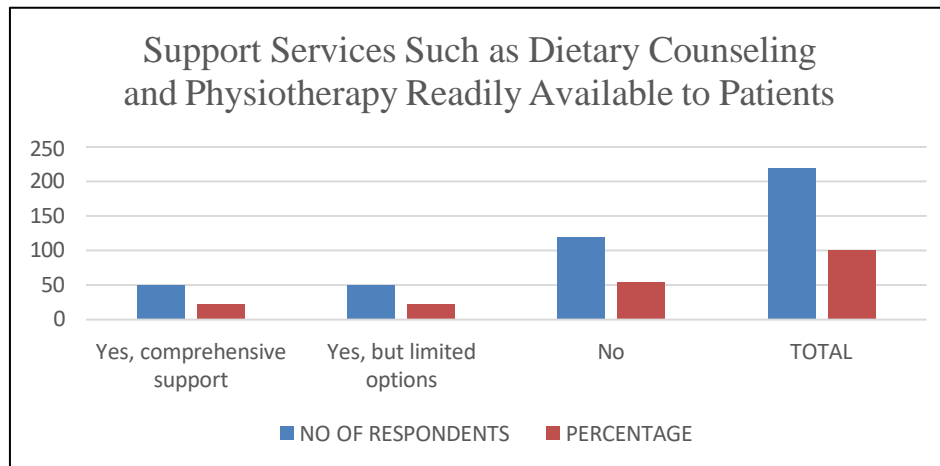
Figure 4.22

Support Services Such as Dietary Counseling and Physiotherapy Readily Available to Patients

Table 4.23
Adequate Facilities for Patient Comfort and Convenience (Parking, Cafeteria, Waiting Areas)

Sl no	Adequate facilities for patient comfort and convenience (parking, cafeteria, waiting areas)	No of respondents	Percentage
1	Strongly Agree	50	22.72
2	Agree	20	9.09
3	Neutral	20	9.09
4	Disagree	10	4.54
5	Strongly Disagree	120	54.5
	TOTAL	220	100

Findings: The majority of respondents (54.5%) strongly disagree that the hospitals provide adequate facilities for patient comfort and convenience, such as parking, cafeteria, and waiting areas. Only 22.72% strongly agree with this statement, while 9.09% agree and another 9.09% remain neutral.

Inferences: The findings suggest significant dissatisfaction among patients regarding the facilities provided for their comfort and convenience. The high percentage of respondents who strongly disagree indicates a need for substantial improvements in areas such as parking, cafeteria services, and waiting areas to enhance patient satisfaction and overall experience**.**
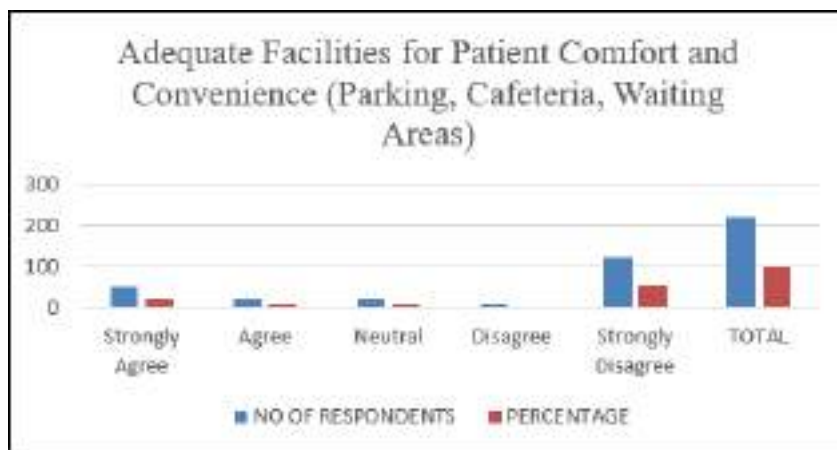
Figure 4.23
Adequate Facilities for Patient Comfort and Convenience (Parking, Cafeteria, Waiting Areas)

Table 4.24
Hospitals' Adoption of Technology in Improving Patient Care and Services

Sl no	Hospitals' adoption of technology in improving patient care and services	No of respondents	Percentage
1	Excellent	50	22.72
2	Good	20	9.09
3	Average	20	9.09
4	Below Average	10	4.54
5	Poor	120	54.5
	TOTAL	220	100

Findings:A majority of respondents (54.5%) rated the hospitals' adoption of technology in improving patient care and services as "Poor," indicating significant dissatisfaction with the technological advancements in the hospitals. A smaller proportion rated it as "Excellent" (22.72%) or "Good" (9.09%).

Inferences: The data suggests that there is a notable gap in the effective adoption and utilization of technology in hospitals. The high percentage of negative responses points to potential issues with technology implementation or integration, which may impact the overall patient care and service quality. Enhancing technological infrastructure and its application could be critical in improving patient satisfaction and operational efficiency.
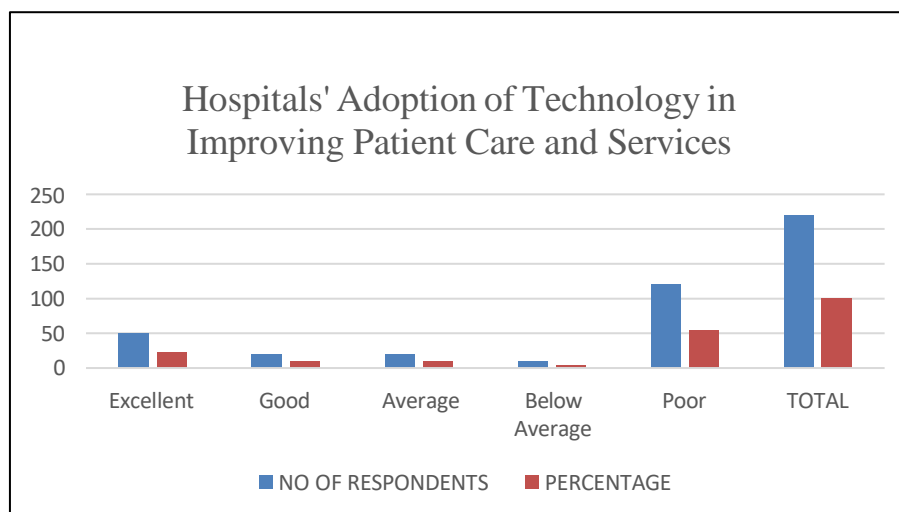
Figure 4.24
Hospitals' Adoption of Technology in Improving Patient Care and Services

Table 4.25
Telemedicine or Remote Consultation Services Available for Patients Who Cannot Physically Visit the Hospital

Sl no	Telemedicine or remote consultation services available for patients who cannot physically visit the hospital	No of respondents	Percentage
1	Yes, regularly	50	22.72
2	Yes, occasionally	50	22.72
3	No	120	54.54
	TOTAL	**220**	**100**

Findings:

22.72% of respondents reported that telemedicine or remote consultation services are available regularly at the hospital.Another 22.72% stated that these services are available occasionally.A significant 54.54% of respondents reported that telemedicine services are not available.

Inferences:

A majority of patients feel that telemedicine or remote consultation services are not sufficiently available, which could affect accessibility for those unable to visit the hospital in person. The limited availability of telemedicine services may impact patient satisfaction and convenience.
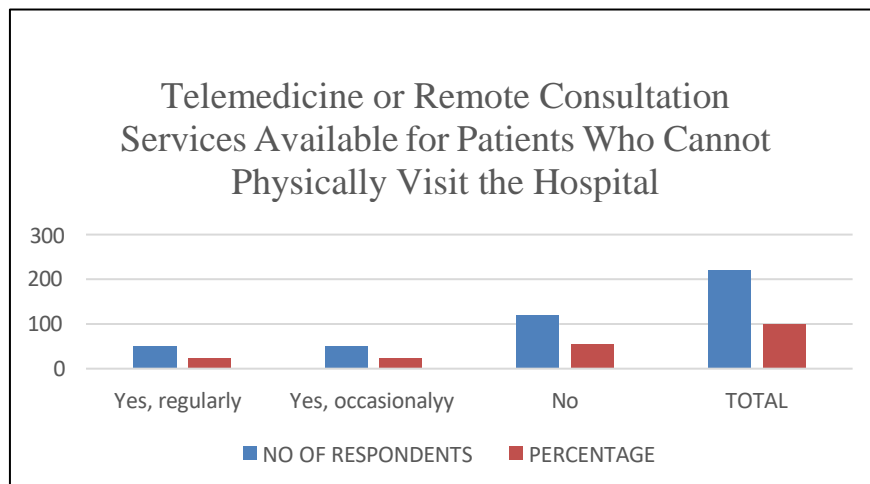
Figure 4.25
Telemedicine or Remote Consultation Services Available for Patients Who Cannot Physically Visit the Hospital

Table 4.26
Updated with the Latest Advancements and Best Practices in Medical Technology

Sl no	Updated with the latest advancements and best practices in medical technology	No of respondents	Percentage
1	Strongly Agree	50	22.72
2	Agree	20	9.09
3	Neutral	20	9.09
4	Disagree	10	4.54
5	Strongly Disagree	120	54.5
	TOTAL	**220**	**100**

Findings:A majority of respondents (54.5%) strongly disagree that the hospitals are updated with the latest advancements and best practices in medical technology. Only 22.72% of respondents strongly agree with this statement.

Inferences: The data suggests that there is a significant perception gap regarding the hospitals' integration of the latest medical technologies. Most respondents feel that the hospitals are not keeping up with advancements in medical technology, indicating a potential area for improvement in adopting and implementing new technologies.
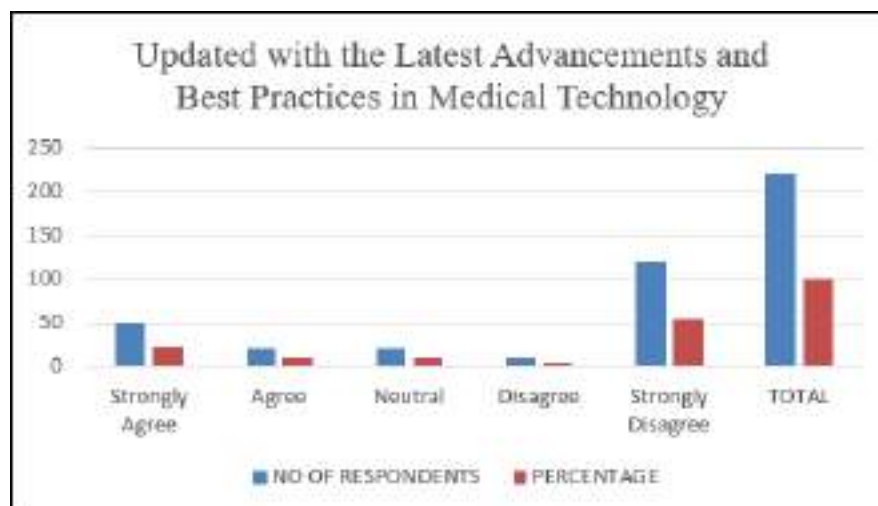
Figure 4.26
Updated with the Latest Advancements and Best Practices in Medical Technology

Table 4.27
Quality of services provided by the hospital

Sl no	Quality of services provided by the hospital	No of respondents	Percentage
1	Highly Satisfied	50	22.72
2	Satisfied	20	9.09
3	Neutral	20	9.09
4	Dissatisfied	10	4.54
5	Highly Dissatisfied	120	54.5
	TOTAL	220	100

Findings:

The majority of respondents (54.5%) are highly dissatisfied with the quality of services provided by the hospital. Only 22.72% of respondents are highly satisfied, indicating significant room for improvement in service quality.

Inferences:

The high level of dissatisfaction among respondents suggests that the hospital needs to focus on improving its service quality to enhance patient satisfaction and potentially increase patient revisit intentions.
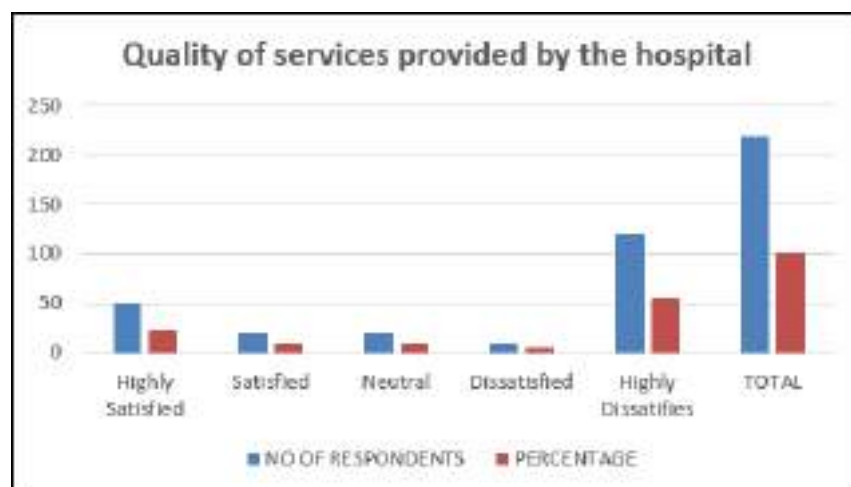
Figure 4.27
Quality of services provided by the hospital

Table 4.28
Hospital adequately meets the diverse needs of its patients?

Sl no	Hospital adequately meets the diverse needs of its patients?	No of respondents	Percentage
1	Yes	120	54.54
2	No	100	45.45
	TOTAL	220	100

Findings:

54.54% of respondents feel that the hospital adequately meets their diverse needs.

45.45% of respondents feel that the hospital does not meet their diverse needs.

Inferences:

While a majority of patients believe the hospital meets their diverse needs, nearly half are not satisfied, indicating areas for improvement in addressing the varied needs of patients.4.28 Chart Showing hospital adequately meets the diverse needs of its patients?
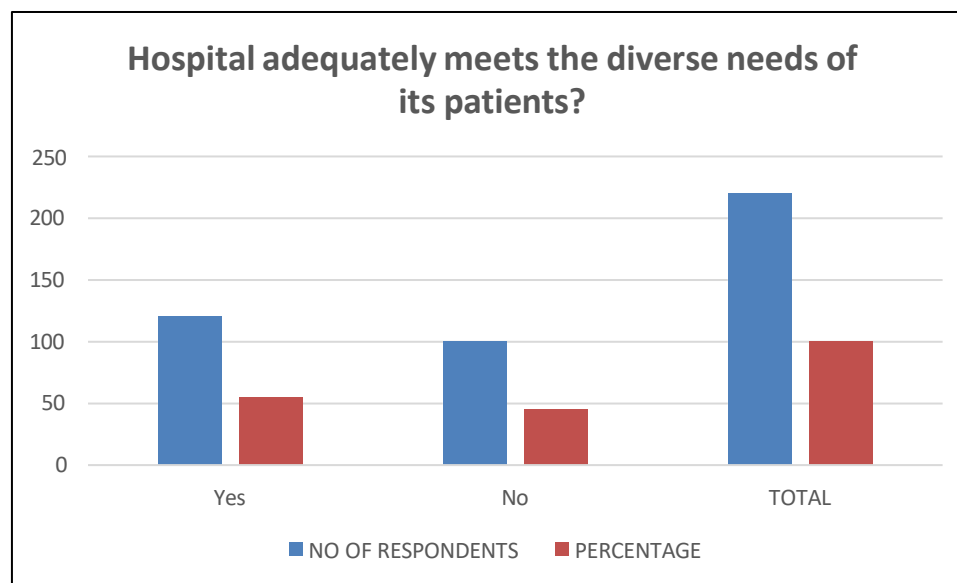
Figure 4.28
Hospital adequately meets the diverse needs of its patients?

Table 4.29
Recommend the Hospital Solely Based on Its Services Provided

Sl no	Recommend the hospital solely based on its services provided	No of respondents	Percentage
1	Highly Likely	50	22.72
2	Likely	50	22.72
3	Neutral	50	22.72
4	Unlikely	50	22.72
5	Highly Unlikely	20	9.09
	TOTAL	**220**	**100**

Findings:

The data shows that respondents are equally distributed across the first four options: Highly Likely, Likely, Neutral, and Unlikely, each accounting for 22.72% of the responses. The remaining 9.09% of respondents are Highly Unlikely to recommend the hospital based solely on its services.

Inferences:

The equal distribution of responses suggests a varied perception of the hospital's services among the respondents. While a significant portion of patients are likely to recommend the hospital, an equally significant portion is either neutral or unlikely, indicating areas for potential improvement in service quality.
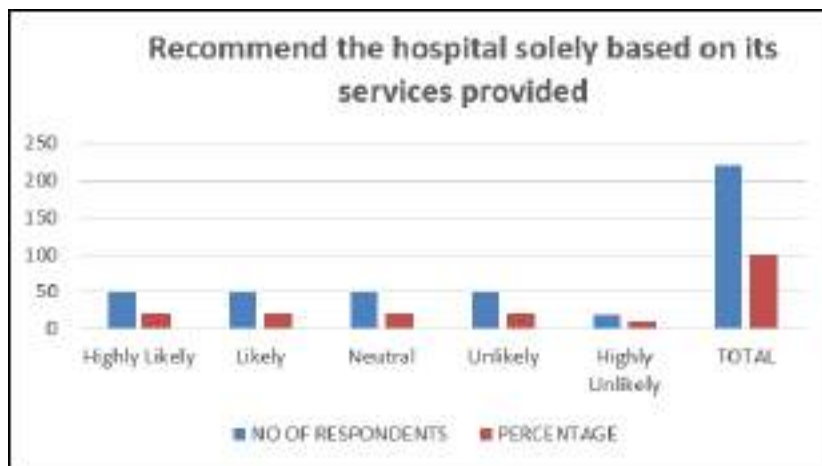
Figure 4.29
Recommend the Hospital Solely Based on Its Services Provided

Responses from Patients:

Table 4.30
Gender of the Respondents (Patients)

SI no	Gender of the respondents	No of respondents	Percentage
1	Male	150	68.18
2	Female	70	31.81
	TOTAL	220	100

Findings:

The majority of respondents are male, accounting for 68.18% of the total, while females constitute 31.81%.

Inferences:

The data indicates a higher male representation among the patient respondents. This could reflect the patient demographic of the hospitals surveyed or a greater willingness among male patients to participate in the survey.
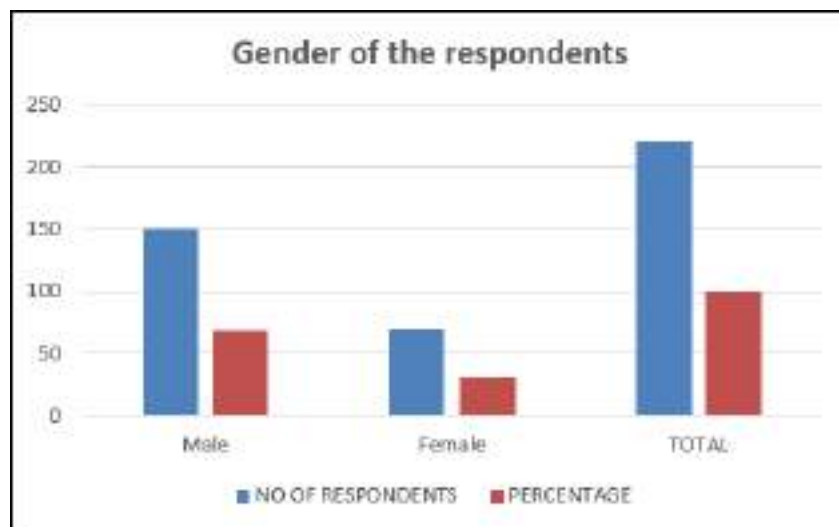
Figure 4.30
Gender of the Respondents (Patients)

Table 4.31
Age of the Respondents (Patients)

Sl no	Age of the respondents (patients)	No of respondents	Percentage
1	Under 18	100	45.45
2	18-24	20	9.09
3	25-34	20	9.09
4	35-44	20	9.09
5	45-54	40	18.18
	Above 55	20	9.09
	TOTAL	**220**	**100**

Findings:

The largest age group among the respondents is under 18, constituting 45.45% of the total. The age group 45-54 is the second largest, making up 18.18%. Other age groups are evenly distributed with each representing around 9.09%.

Inferences:

The majority of patients are younger than 18, which could indicate a high pediatric patient population or frequent visits by younger patients. The distribution also shows a significant portion of middle-aged respondents (45-54), suggesting a diverse age range among the patients.
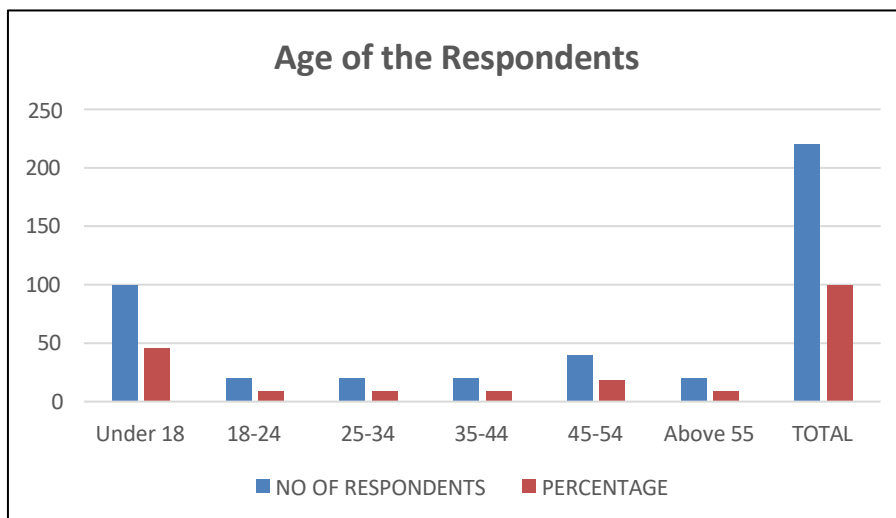
Figure 4.31
Age of the Respondents (Patients)

Table 4.32

Educational Qualification of the Respondent (Patient)

Sl no	Educational qualification of the respondent (patient)	No of respondents	Percentage
1	High School	50	22.72
2	Predegree/Plus 2	50	22.72
3	Bachelor's degree	100	45.45
4	Master's degree or higher	20	9.09
	TOTAL	**220**	**100**

Findings:

The majority of the respondents hold a Bachelor's degree, accounting for 45.45% of the total. Respondents with a High School education and Predegree/Plus 2 each constitute 22.72%. A smaller percentage, 9.09%, hold a Master's degree or higher.

Inferences:

A significant portion of the patients have higher education qualifications, with nearly half possessing a Bachelor's degree. This suggests that the hospital serves a relatively educated patient population. The presence of patients with Master's degrees or higher indicates a diverse educational background among respondents.
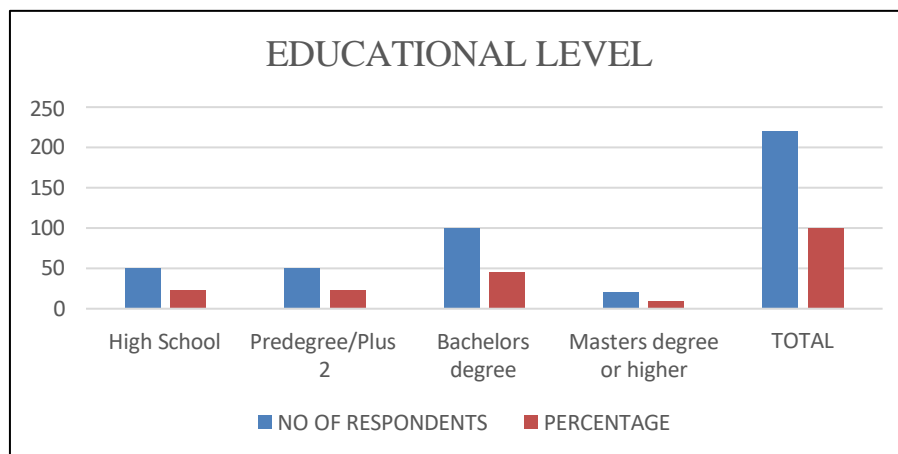
Figure 4.32

Educational Qualification of the Respondent (Patient)

Table 4.33
Employment Status of the Respondents

Sl no	Employment status	No of respondents	Percentage
1	Employed full-time	50	22.72
2	Employed part-time	50	22.72
3	Self-employed	50	22.72
4	Unemployed	50	22.72
5	Retired	20	9.09
	TOTAL	220	100

Findings:

The employment status of respondents is evenly distributed among those who are employed full-time, part-time, self-employed, and unemployed, each group constituting 22.72% of the total. The retired respondents make up 9.09%.

Inferences:

The balanced distribution across various employment statuses suggests that the survey sample includes a diverse cross-section of working individuals and those not currently in the workforce. This diversity may provide a broad perspective on how employment status influences patient experiences and perceptions of hospital services.
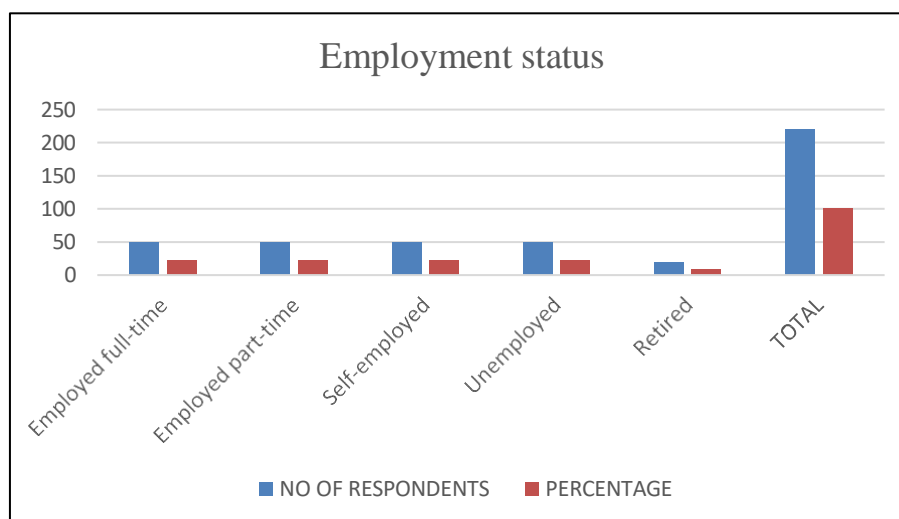
Figure 4.33
Employment Status of the Respondents

Table 4.34
House Hold Income of the Patient

Sl no	Household income of the Patient	No of respondents	Percentage
1	Under 25000	50	22.72
2	25000 - 49999	50	22.72
3	50000 - 74999	100	45.45
4	75000 - 99999	20	9.09
	TOTAL	**220**	**100**

Findings:

The majority of respondents (45.45%) have a household income ranging between 50,000 and 74,999. Respondents with incomes under 25,000 and between 25,000 and 49,999 each make up 22.72% of the sample, while those with incomes between 75,000 and 99,999 constitute 9.09%.

Inferences:

The distribution indicates that a significant portion of the patient population falls within the mid-income bracket. This suggests that the hospital services are accessed by a diverse economic group, but the majority have a moderate income level. Understanding this income distribution can help in assessing the affordability and accessibility of hospital services across different income levels.
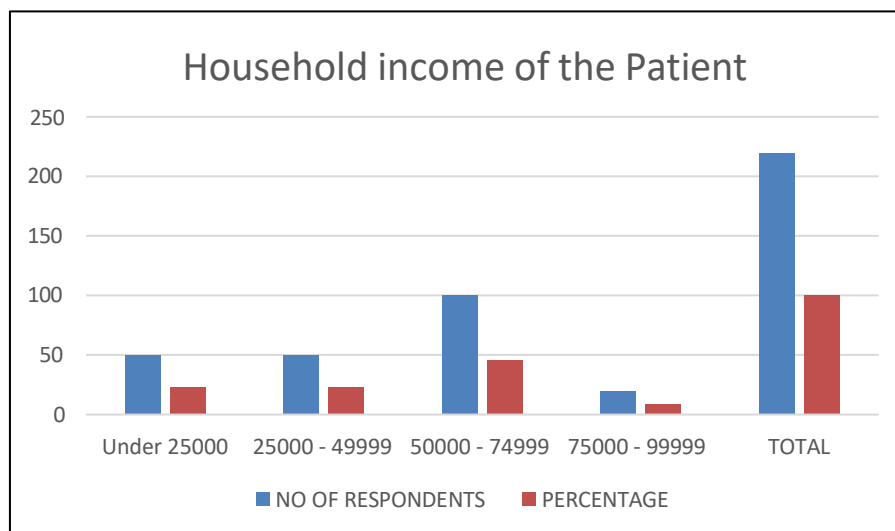
Figure 4.34
House Hold Income of the Patient

Table 4.35
Health insurance coverage

Sl no	Health insurance coverage	No of respondents	Percentage
1	Yes	150	68.18
2	No	70	31.81
	TOTAL	220	100

Findings:

A majority of respondents (68.18%) have health insurance coverage, while 31.81% do not have insurance.

Inferences:

The data indicates that a significant portion of the patient population is covered by health insurance. This high percentage of insured individuals suggests that the hospital's services are likely to be accessed by patients who have financial support for their medical expenses, potentially impacting their perception of service quality and affordability.
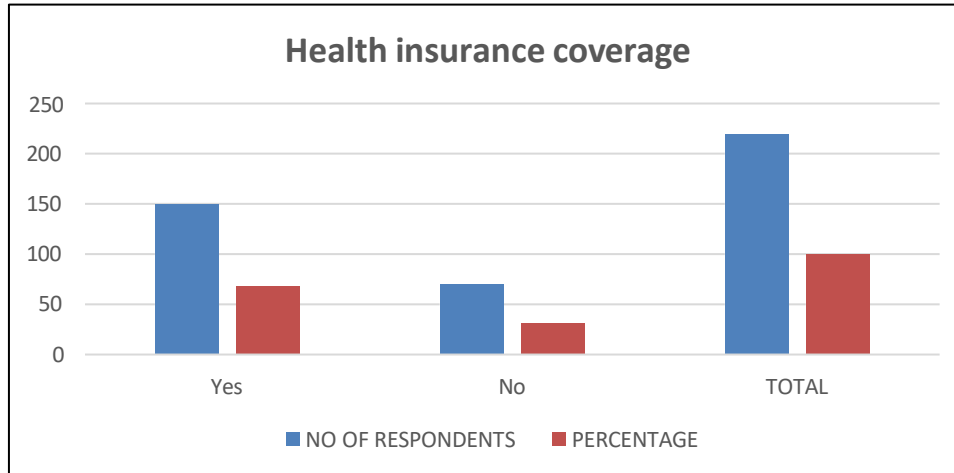
Figure 4.35
Health insurance coverage

Table 4.36
Frequency of hospital visits

Sl no	Frequency of hospital visits	No of respondents	Percentage
1	First-time visitor	20	9.09
2	Infrequent visitor (once a year or less)	50	22.72
3	Occasional visitors (2-3 times a year)	100	45.45
4	Regular visitor (more than 3 times a year)	50	22.72
	TOTAL	**220**	**100**

Findings:

The largest group of respondents (45.45%) visits the hospital occasionally, 2-3 times a year. Regular visitors and infrequent visitors each constitute 22.72%, while first-time visitors make up 9.09%.

Inferences:

The predominant category of respondents are occasional visitors, indicating that most patients have a moderate frequency of hospital visits. The presence of both regular and infrequent visitors suggests variability in patient needs and engagement with hospital services. The relatively small percentage of first-time visitors may reflect established patient relationships with the hospital.
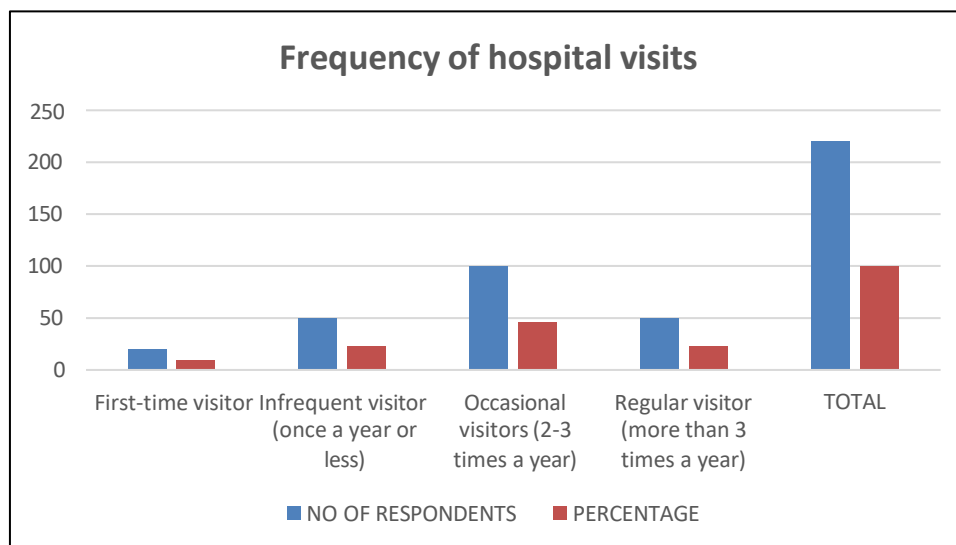
Figure 4.36
Frequency of hospital visits

Table 4.37

How Did You First Learn About This Hospital?

Sl no	How did you first learn about this hospital	No of respondents	Percentage
1	Through a referral from family or friends	150	68.18
2	Online search	50	22.72
3	Advertisement (TV,Radio,print)	20	9.09
	TOTAL	**220**	**100**

Findings:

The majority of respondents (68.18%) learned about the hospital through referrals from family or friends, indicating that personal recommendations are a significant source of information. Online searches accounted for 22.72% of the responses, while advertisements via TV, radio, or print media contributed to 9.09% of the respondents.

Inferences:

The dominant influence of referrals suggests that word-of-mouth remains a crucial factor in how patients discover the hospital. Although online searches are increasingly relevant, advertisements have a comparatively smaller impact. The data implies that enhancing referral programs and leveraging online presence could be beneficial strategies for the hospital's outreach.
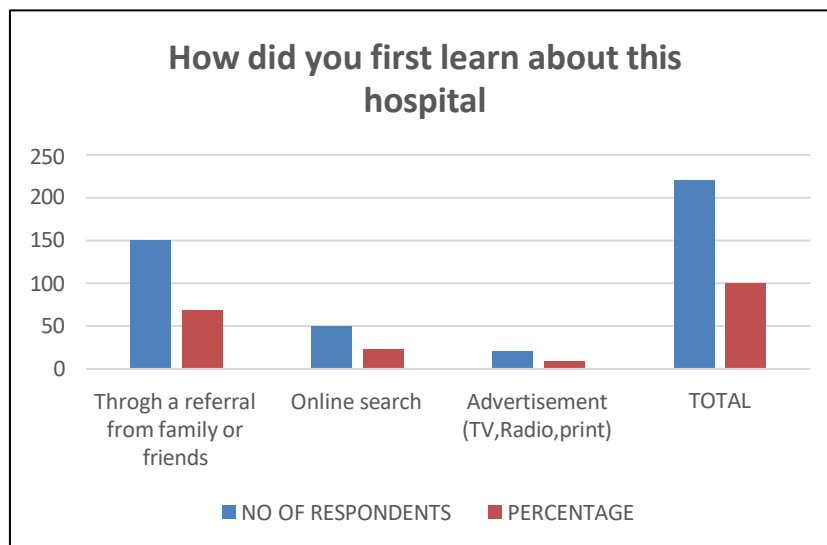
Figure 4.37

How Did You First Learn About This Hospital?

Table 4.38

Initial expectations when you decided to visit this hospital

Sl no	Initial expectations when you decided to visit this hospital	No of respondents	Percentage
1	High-quality medical care	150	68.18
2	Prompt and efficient services	50	22.72
3	Clean and comfortable facilities	20	9.09
	TOTAL	**220**	**100**

Findings:

The majority of respondents (68.18%) had high expectations for high-quality medical care when deciding to visit the hospital. Prompt and efficient services were the expectation for 22.72% of respondents, while 9.09% anticipated clean and comfortable facilities.

Inferences:

The strong emphasis on high-quality medical care as the primary expectation underscores the importance of the hospital's clinical standards in shaping patient perceptions. The secondary expectations of prompt service and clean facilities suggest that while medical care is the priority, operational efficiency and hygiene also play important roles in patient satisfaction. This highlights the need for the hospital to maintain high standards across all aspects of care and service.
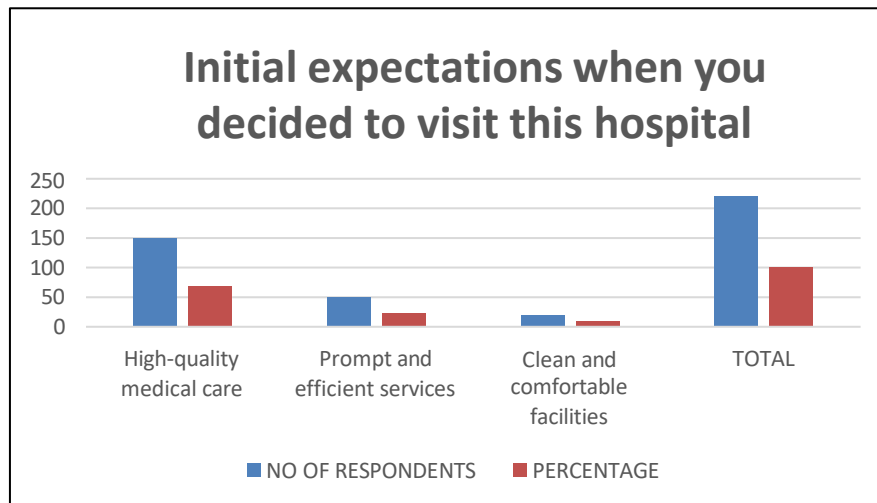
Figure 4.38

Initial expectations when you decided to visit this hospital

Table 4.39

Did the hospital meet your initial expectations

Sl no	Did the hospital meet your initial expectations	No of respondents	Percentage
1	Yes	120	54.54
2	No	100	45.45
	TOTAL	220	100

Findings:

A little over half of the respondents (54.54%) felt that the hospital met their initial expectations, while 45.45% felt that their expectations were not met.

Inferences:

The majority of patients perceive that the hospital largely meets their expectations, reflecting positively on its performance. However, nearly half of the respondents felt that their expectations were not met, indicating areas for improvement. The hospital may need to address the specific concerns of the 45.45% who were dissatisfied to enhance overall patient satisfaction and align more closely with their initial expectations.
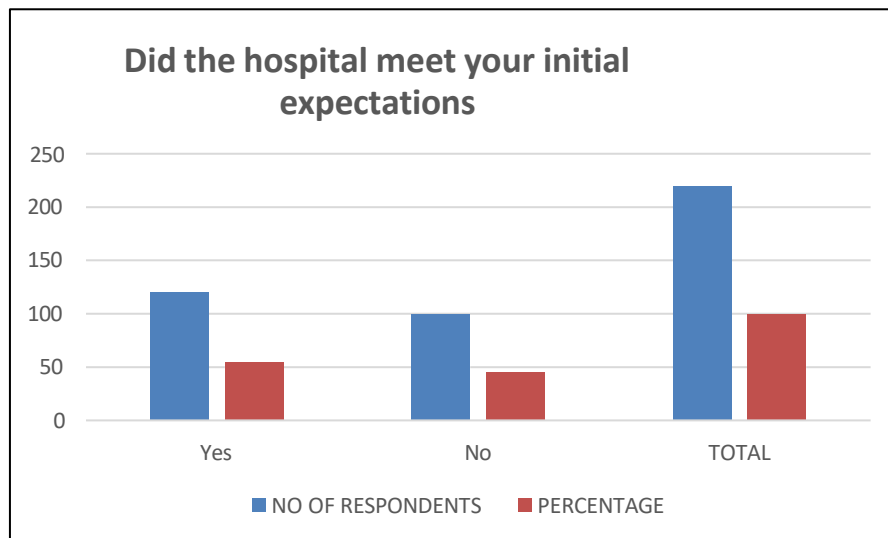
Figure 4.39

Did the hospital meet your initial expectations

Table 4.40

Rate the Courtesy and Helpfulness of the Hospital Staff During Your Visit

SI no	Rate the courtesy and helpfulness of the hospital staff during your visit	No of respondents	Percentage
1	Excellent	20	9.09
2	Good	50	22.72
3	Average	20	9.09
4	Below Average	30	13.63
5	Poor	100	45.45
	TOTAL	220	100

Findings:

The majority of respondents rated the courtesy and helpfulness of the hospital staff as poor (45.45%), with 22.72% rating it as good and 13.63% as below average. Only a small percentage rated it as excellent (9.09%) or average (9.09%).

Inferences:

The predominant dissatisfaction with staff courtesy and helpfulness indicates a significant area for improvement. The hospital may need to focus on staff training and customer service to enhance patient experiences and address the negative perceptions.
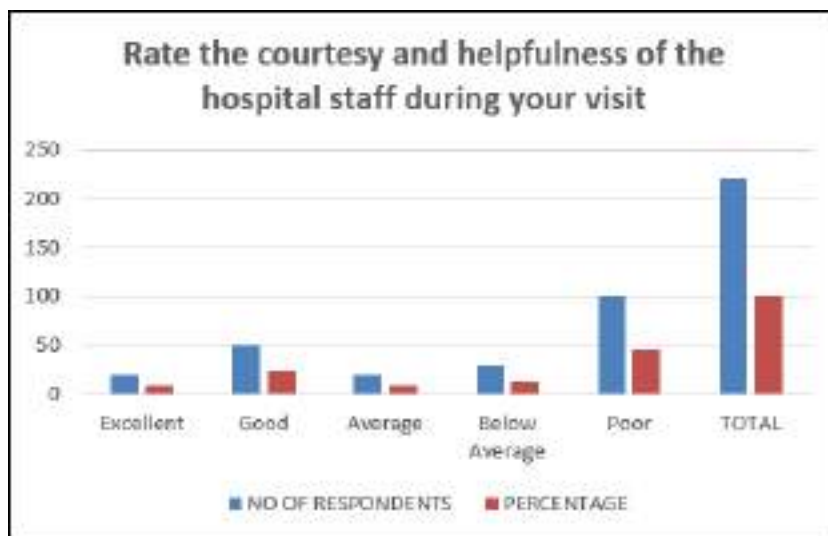
Figure 4.40

Rate the Courtesy and Helpfulness of the Hospital Staff During Your Visit

Table 4.41

Clear information regarding your medical condition and treatment plan

Sl no	Clear information regarding your medical condition and treatment plan	No of respondents	Percentage
1	Yes	150	68.18
2	No	70	31.81
	TOTAL	220	100

Findings:

A majority of respondents (68.18%) reported receiving clear information regarding their medical condition and treatment plan, while 31.81% did not.

Inferences:

The majority's positive feedback suggests that the hospital effectively communicates medical information to patients. However, the 31.81% who did not receive clear information indicates that there is room for improvement in ensuring that all patients are well-informed about their conditions and treatment plans.
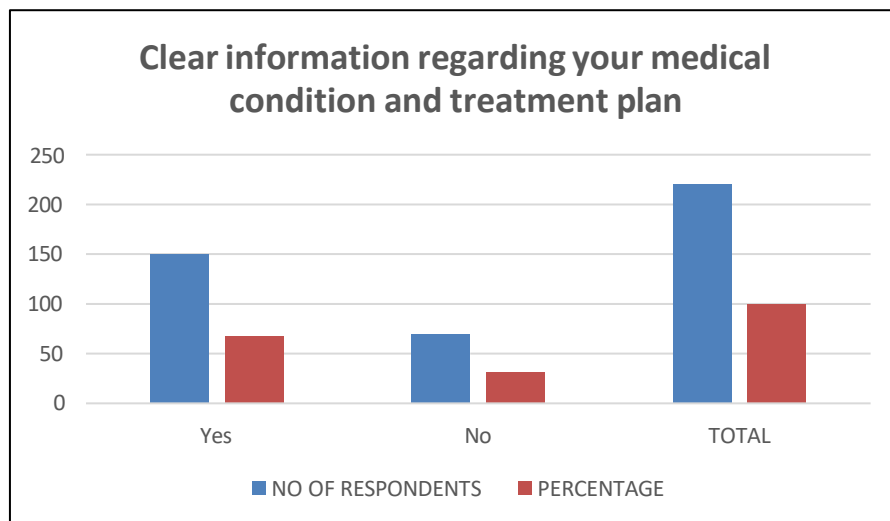
Figure 4.41

Clear information regarding your medical condition and treatment plan

Table 4.42

Experience any delays during your visit (waiting time, appointment scheduling)

Sl no	Experience any delays during your visit (waiting time, appointment scheduling)	No of respondents	Percentage
1	No delays	150	68.18
2	Minor delays	50	22.72
3	Significant delay	20	9.09
	TOTAL	**220**	**100**

Findings:

Most respondents (68.18%) did not experience any delays during their visit, while 22.72% experienced minor delays, and 9.09% experienced significant delays.

Inferences:

The majority of patients had a smooth experience without delays, indicating efficient appointment scheduling and minimal waiting times. However, the significant delays reported by 9.09% of respondents highlight areas for improvement to enhance overall patient satisfaction and operational efficiency.
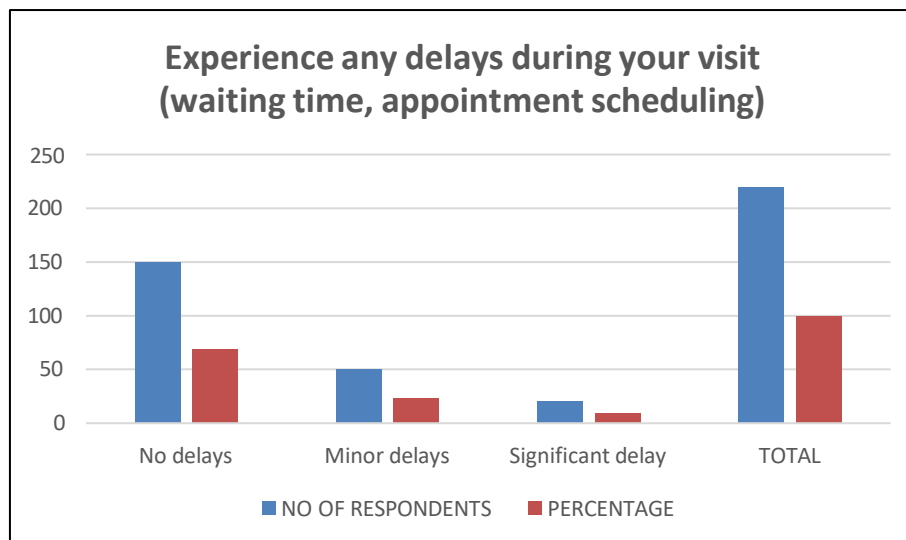
Figure 4.42

Experience any delays during your visit (waiting time, appointment scheduling)

Table 4.43
Medical care and treatment you received at this hospital

SI no	Medical care and treatment you received at this hospital	No of respondents	Percentage
1	Highly Satisfied	20	9.09
2	Satisfied	50	22.72
3	Neutral	20	9.09
4	Dissatisfied	30	13.63
5	Highly dissatisfied	100	45.45
	TOTAL	220	100

Findings:

A significant proportion of respondents (45.45%) were highly dissatisfied with the medical care and treatment received at the hospital. Meanwhile, 22.72% were satisfied, 9.09% were highly satisfied, and 13.63% were dissatisfied. The remaining 9.09% were neutral about their experience.

Inferences:

The high dissatisfaction rate indicates substantial issues with the quality of medical care and treatment at the hospital. This could suggest systemic problems or inconsistencies in service delivery that need to be addressed to improve patient outcomes and overall satisfaction.
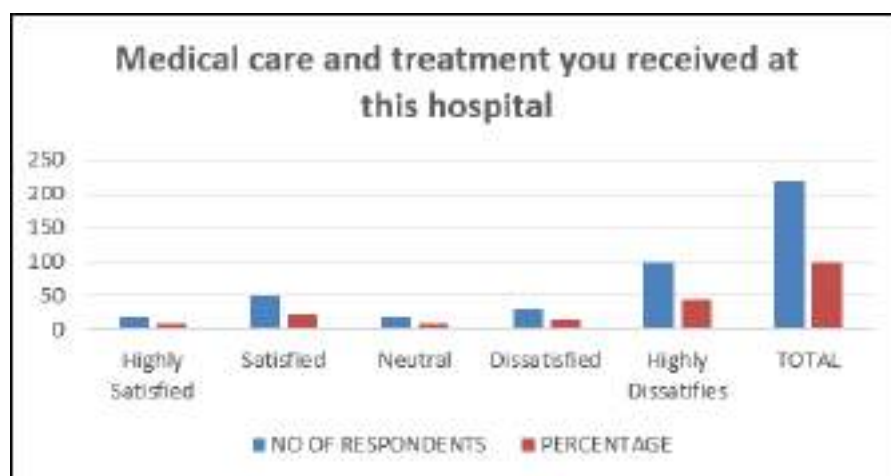
Figure 4.43
Medical care and treatment you received at this hospital

Table 4.44

Medical concerns and needs were adequately addressed by the healthcare professionals

Sl no	Medical concerns and needs were adequately addressed by the healthcare professionals	No of respondents	Percentage
1	Yes	150	68.18
2	No	70	31.81
	TOTAL	220	100

Findings:

A majority of respondents (68.18%) felt that their medical concerns and needs were adequately addressed by healthcare professionals. However, a significant minority (31.81%) did not feel their concerns were adequately addressed.

Inferences:

The majority perception of adequate attention to medical concerns suggests that the hospital generally performs well in addressing patient needs. However, the substantial percentage of patients who felt inadequately addressed indicates that there may be areas needing improvement in patient care or communication. Addressing these concerns could enhance overall patient satisfaction and care quality.
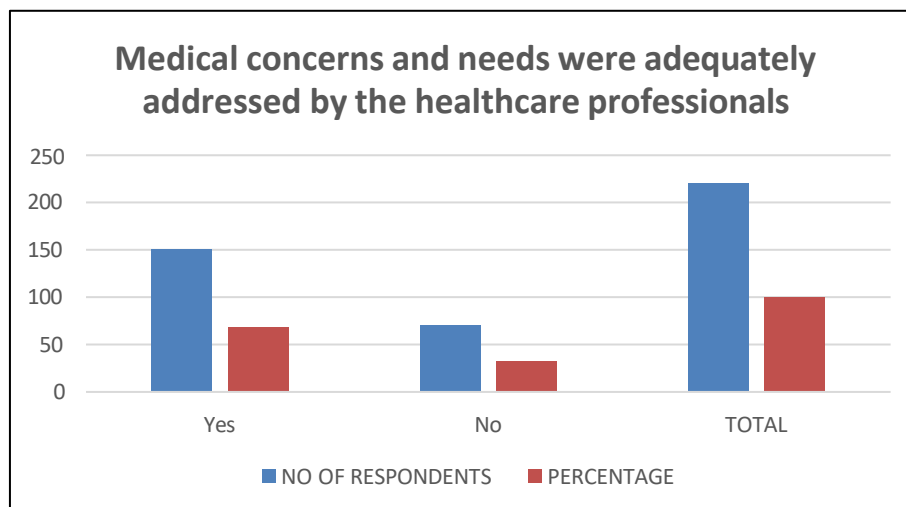
Figure 4.44

Medical concerns and needs were adequately addressed by the healthcare professionals

Table 4.45

Rate the cleanliness and hygiene of the hospital facilities

Sl no	Rate the cleanliness and hygiene of the hospital facilities	No of respondents	Percentage
1	Excellent	20	9.09
2	Good	50	22.72
3	Average	20	9.09
4	Below Average	30	13.63
5	Poor	100	45.45
	TOTAL	**220**	**100**

Findings:

A significant majority of respondents (45.45%) rated the cleanliness and hygiene of the hospital facilities as poor. Fewer respondents rated the facilities as excellent (9.09%) or good (22.72%). A notable portion rated them as average (9.09%) or below average (13.63%).

Inferences:

The predominant perception of poor cleanliness and hygiene indicates a critical area for improvement in hospital maintenance and sanitation practices. The low ratings suggest that the hospital needs to enhance its cleanliness protocols and address any issues affecting the hygiene standards to improve patient satisfaction and safety.
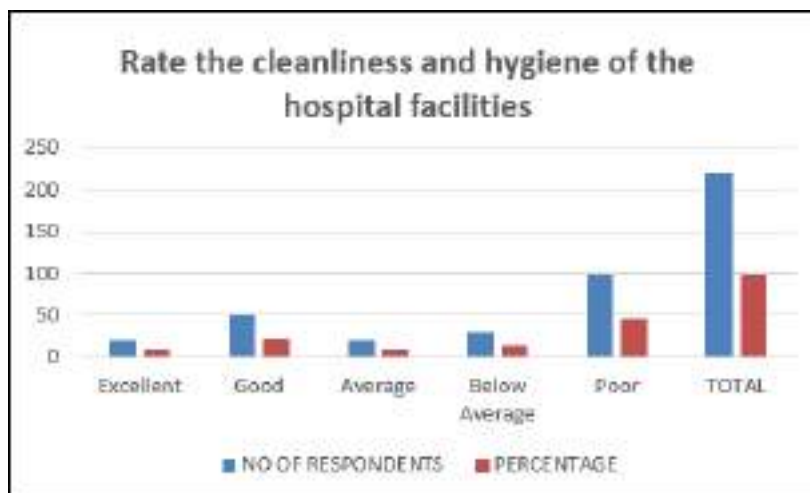
Figure 4.45

Rate the cleanliness and hygiene of the hospital facilities

Table 4.46

Would you consider revisiting this hospital for future medical needs

Sl no	Would you consider revisiting this hospital for future medical needs	No of respondents	Percentage
1	Yes	150	68.18
2	Not sure	50	22.72
3	No	20	9.09
	TOTAL	**220**	**100**

Findings:

A majority of respondents (68.18%) indicated they would consider revisiting the hospital for future medical needs. A smaller portion of respondents (22.72%) were unsure, and 9.09% stated they would not revisit the hospital.

Inferences:

The high percentage of respondents willing to revisit the hospital suggests overall patient satisfaction or at least a degree of trust in the hospital's services. However, the significant proportion of unsure responses implies that there may be areas of uncertainty or dissatisfaction that could impact the likelihood of patients returning. Addressing concerns and improving areas where patients are unsure could enhance overall patient retention and loyalty.
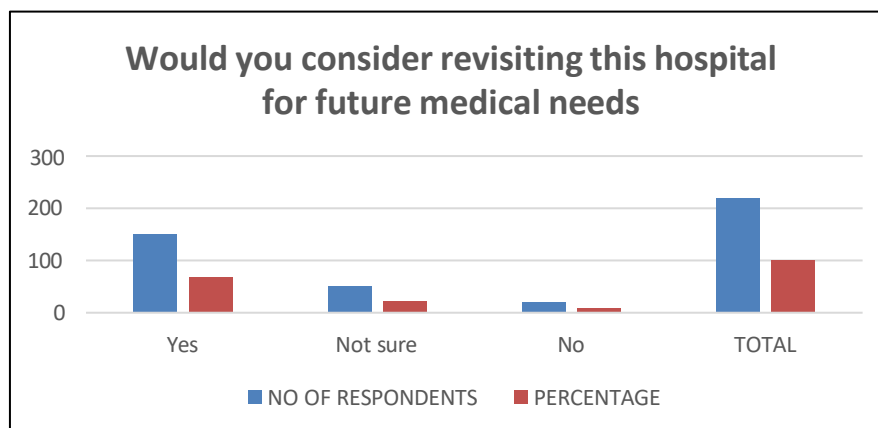
Figure 4.46

Would you consider revisiting this hospital for future medical needs

Table 4.47

Would you recommend this hospital to your family or friends

Sl no	Would you recommend this hospital to your family or friends	No of respondents	Percentage
1	Yes	150	68.18
2	No	50	22.72
3	Maybe	20	9.09
	TOTAL	**220**	**100**

Findings:

A majority of respondents (68.18%) indicated they would recommend the hospital to their family or friends, while 22.72% said they would not, and 9.09% were uncertain.

Inferences:

The data suggests that most patients are satisfied with the services provided by the hospital to the extent that they would recommend it to others. However, the fact that over 30% of respondents are either hesitant or unwilling to recommend the hospital indicates areas for potential improvement. The hospital should investigate the specific reasons behind the reluctance and address any common concerns. This feedback can be used to enhance patient experience and satisfaction, ultimately increasing the likelihood of positive recommendations.
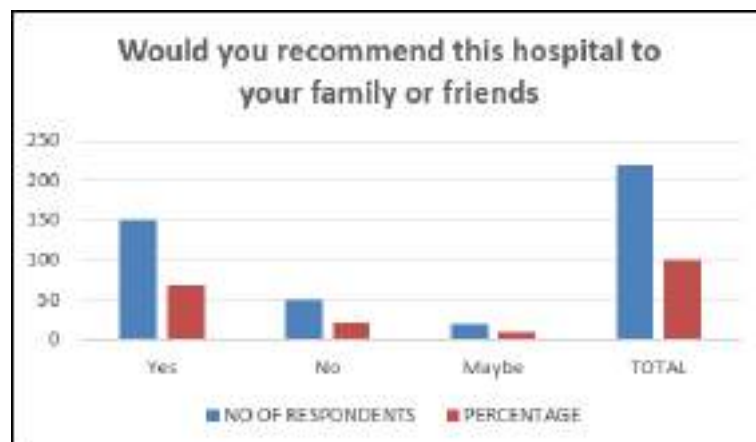
Figure 4.47

Would you recommend this hospital to your family or friends

Table 4.48
Recommend this hospital based on the quality of service you received

Sl no	Recommend this hospital based on the quality of service you received	No of respondents	Percentage
1	Highly Likely	20	9.09
2	Likely	50	22.72
3	Neutral	20	9.09
4	Unlikely	30	13.63
5	Highly Unlikely	100	45.45
	TOTAL	220	100

Findings:A significant proportion of respondents (45.45%) are highly unlikely to recommend the hospital based on the quality of service received, while only 9.09% are highly likely to recommend it. About 22.72% are likely to recommend it, 9.09% are neutral, and 13.63% are unlikely to recommend it.

Inferences: The data indicates a general dissatisfaction with the quality of services provided by the hospital. With nearly half of the respondents highly unlikely to recommend the hospital, it is evident that there are substantial concerns regarding the quality of care. The hospital needs to conduct a thorough review of its service delivery, identify specific areas of weakness, and implement measures to improve patient care. Addressing these issues is crucial to enhancing patient satisfaction and increasing the likelihood of positive recommendations in the future.
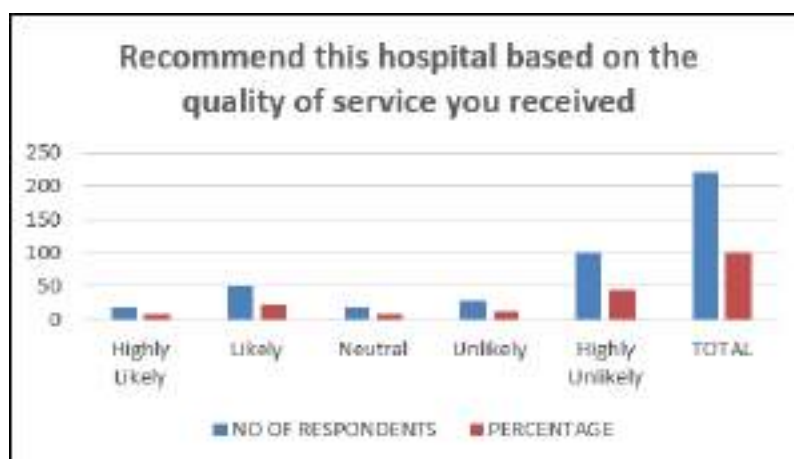
Figure 4.48
Recommend this hospital based on the quality of service you received

Table 4.49
Satisfied with the level of communication between the hospital staff and yourself

Sl no	Satisfied with the level of communication between the hospital staff and yourself	No of respondents	Percentage
1	Very satisfied	20	9.09
2	Somewhat satisfied	50	22.72
3	Neutral	20	9.09
4	Somewhat dissatisfied	30	13.63
5	Very dissatisfied	100	45.45
	TOTAL	220	100

Findings: Most of respondents (45.45%) are very dissatisfied with the level of communication withthe hospital staff, while only 9.09% are very satisfied. Also 22.72% are somewhat satisfied, 9.09% are neutral, and 13.63% are somewhat dissatisfied.

Inferences: The data reveals nearly half of the respondents expressing strong dissatisfaction. Effective communication is essential for patient satisfaction and trust. The hospital should prioritize improving communication practices, ensuring that staff are trained to provide clear, empathetic, and timely information to patients. Enhancing communication could lead to better patient experiences and a higher overall satisfaction rate.
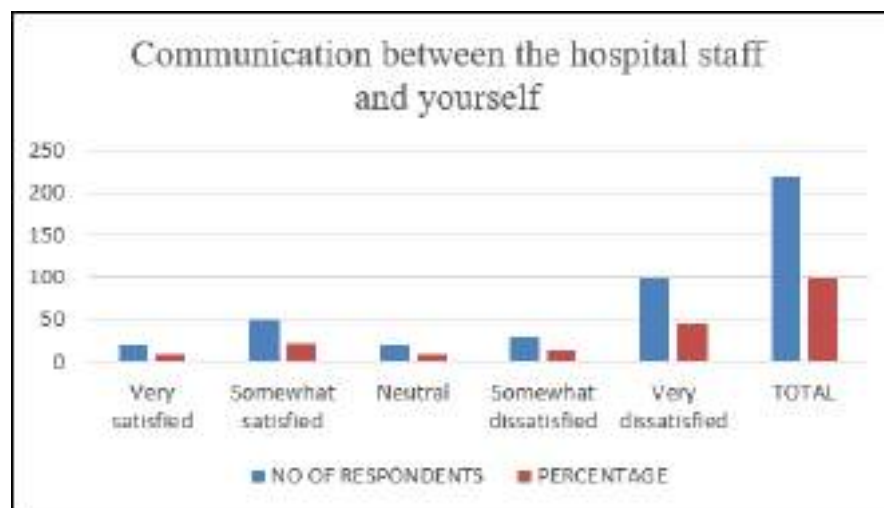
Figure 4.49
Satisfied with the level of communication between the hospital staff and yourself

Table 4.50
Sufficient information about your treatment options and possible outcomes

Sl no	Sufficient information about your treatment options and possible outcomes	No of respondents	Percentage
1	Yes	130	59.09
2	No	90	40.9
	TOTAL	**220**	**100**

Findings:

The majority of respondents (59.09%) felt they received sufficient information about their treatment options and possible outcomes, 40.91% of the respondents not revceived suffiecient information.

Inferences:

While a majority of patients feel adequately informed about their treatment options and possible outcomes, a significant minority (40.91%) do not. This indicates a need for the hospital to improve how information is communicated to patients. Providing comprehensive, clear, and easily understandable information about treatment plans and potential outcomes can enhance patient satisfaction and trust. The hospital might consider implementing standardized procedures for explaining treatment options and outcomes, ensuring all patients receive consistent and thorough information.
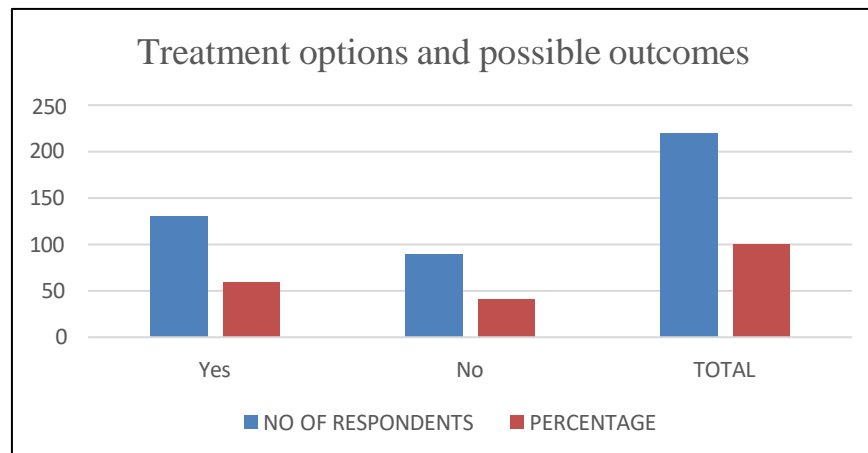
Figure 4.50
Sufficient information about your treatment options and possible outcomes

Table 4.51
Rate the hospitals efforts in involving you in decisions about your care

Sl no	Rate the hospitals efforts in involving you in decisions about your care	No of respondents	Percentage
1	Excellent	50	22.72
2	Good	20	9.09
3	Average	10	4.54
4	Below Average	40	18.18
5	Poor	100	45.45
	TOTAL	**220**	**100**

Findings: The majority of respondents (63.63%) rated the hospital's efforts in involving them in decisions about their care as below average or poor. Only 31.81% rated these efforts as excellent or good.

Inferences: The findings suggest that a significant proportion of patients feel inadequately involved in decisions about their care. This indicates a need for the hospital to focus on patient engagement and shared decision-making. Strategies such as involving patients more actively in discussions, seeking their input, and ensuring they fully understand their treatment options can improve patient satisfaction and outcomes. Training staff in communication and patient-centered care practices may also help address these concerns.
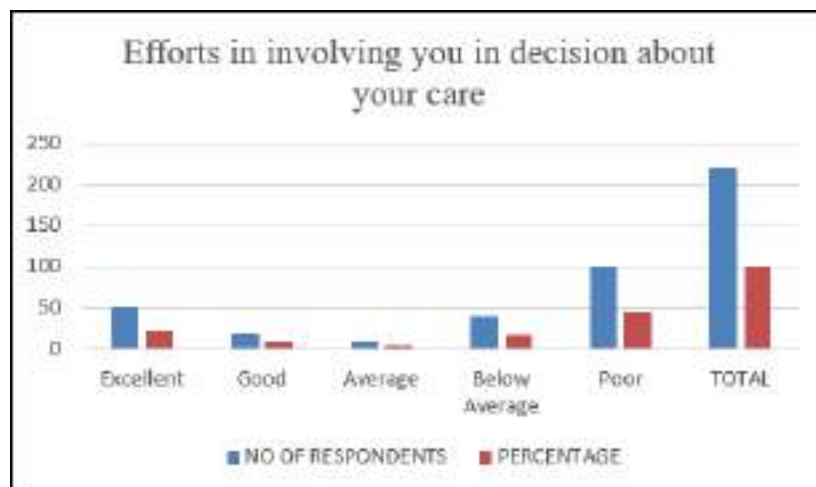
Figure 4.51
Rate the hospitals efforts in involving you in decisions about your care

Table 4.52
Rate the range of medical services offered by the hospital

Sl no	Rate the range of medical services offered by the hospital	No of respondents	Percentage
1	Excellent	50	22.72
2	Good	20	9.09
3	Average	10	4.54
4	Below Average	40	18.18
5	Poor	100	45.45
	TOTAL	220	100

Findings: The data shows that a significant portion of respondents (63.63%) rated the range of medical services offered by the hospital as below average or poor. Only 31.81% rated the services as excellent or good.

Inferences: The findings indicate a clear need for the hospital to expand and improve the range of medical services it offers. With a majority of respondents expressing dissatisfaction, it is crucial for the hospital to assess the current gaps in their service offerings. Efforts should be made to diversify and enhance the medical services available to better meet patient needs and expectations. This could involve adding specialized departments, increasing the availability of certain treatments, or upgrading existing facilities. Improvements in these areas could lead to higher patient satisfaction and a better overall perception of the hospital's capabilities.
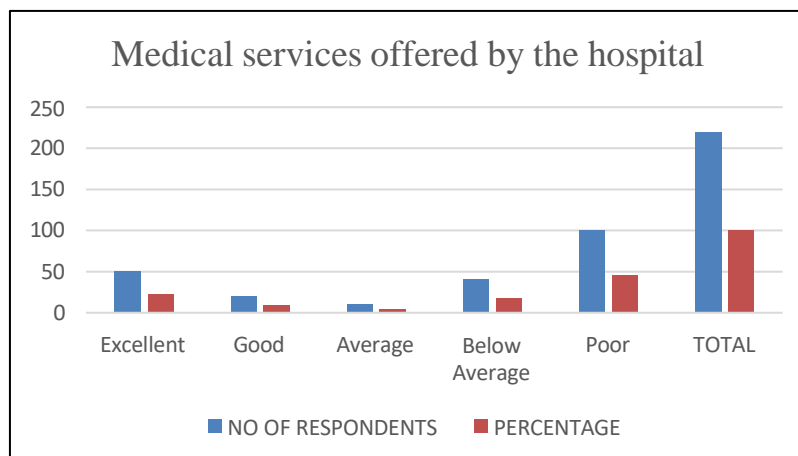
Figure 4.52
Rate the range of medical services offered by the hospital

Table 4.53
Availability of emergency medical services at the hospital

Sl no	Availability of emergency medical services at the hospital	No of respondents	Percentage
1	Highly Satisfied	50	22.72
2	Satisfied	50	22.72
3	Neutral	50	22.72
4	Dissatisfied	50	22.72
5	Highly Dissatisfied	20	9.09
	TOTAL	220	100

Findings: The data shows an equal distribution among respondents who are highly satisfied, satisfied, neutral, and dissatisfied (each 22.72%). A smaller portion (9.09%) are highly dissatisfied with the availability of emergency medical services at the hospital.

Inferences: The findings suggest a mixed perception of the availability of emergency medical services at the hospital. While a significant portion of respondents are satisfied or highly satisfied (45.44%), an equal percentage of respondents are neutral or dissatisfied, indicating room for improvement. The hospital should investigate the specific factors contributing to dissatisfaction and address these areas to ensure a more consistent and reliable emergency medical service. Enhancing response times, staff training, and availability of necessary equipment could help improve patient satisfaction in this critical area. The relatively small percentage of highly dissatisfied respondents suggests that while there are issues to address, the overall situation is not dire and can be improved with targeted interventions.
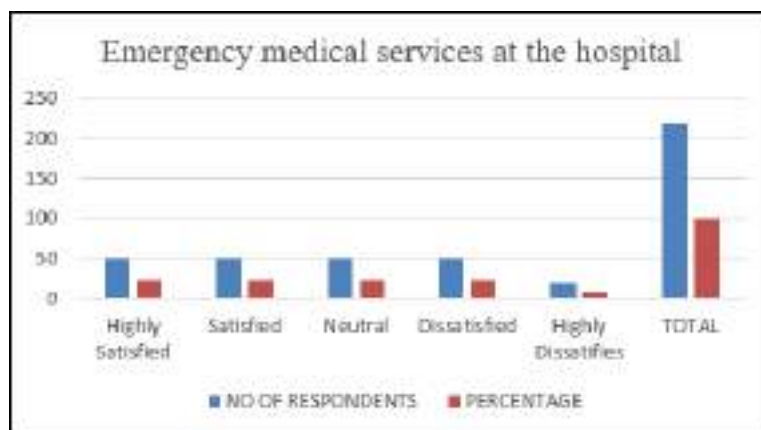
Figure 4.53
Availability of emergency medical services at the hospital

Table 4.54
Rate cleanliness and hygiene of the hospital facilities

Sl no	Rate cleanliness and hygiene of the hospital facilities	No of respondents	Percentage
1	Excellent	50	22.72
2	Good	50	22.72
3	Average	50	22.72
4	Below Average	50	22.72
5	Poor	20	9.09
	TOTAL	220	100

Findings: The distribution of responses shows that each category of cleanliness and hygiene (from Excellent to Below Average) received an equal percentage of responses, except for the "Poor" category, which received a smaller percentage.

Inferences: The even distribution among "Excellent," "Good," "Average," and "Below Average" categories (each 22.72%) indicates a wide range of patient perceptions regarding the cleanliness and hygiene of the hospital facilities. This suggests inconsistency in maintaining cleanliness and hygiene standards across different areas or times within the hospital. The relatively low percentage (9.09%) of respondents rating cleanliness as "Poor" is encouraging but indicates that there are still areas needing improvement
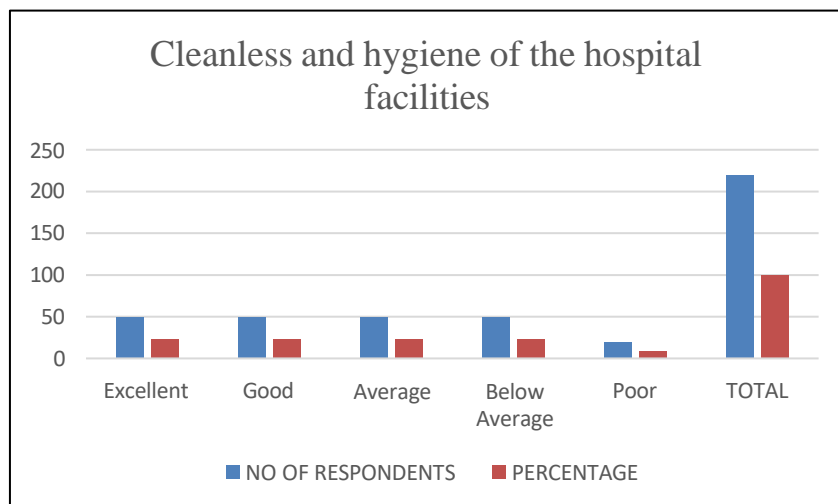
Figure 4.54
Rate cleanliness and hygiene of the hospital facilities

Table 4.55
Are the waiting times for appointment or treatment reasonable

Sl no	Are the waiting times for appointment or treatment reasonable	No of respondents	Percentage
1	Always	50	22.72
2	Most of the times	20	9.09
3	Sometimes	40	18.18
4	Rarely	20	9.09
5	Never	90	40.9
	TOTAL	**220**	**100**

Findings:

40.9% of respondents find waiting times never reasonable, while 22.72% find them always reasonable.

Inferences:

The high dissatisfaction indicates systemic scheduling issues. The hospital should streamline appointment systems and enhance staff efficiency to reduce wait times and improve patient satisfaction.
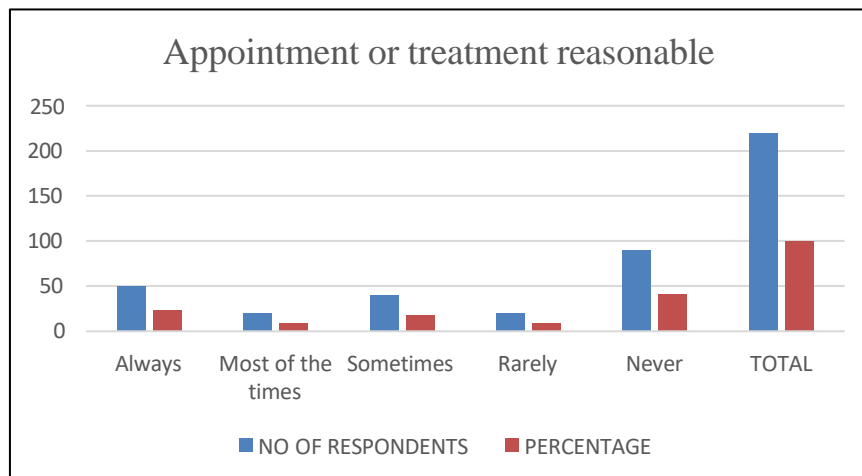
Figure 4.55
Are the waiting times for appointment or treatment reasonable

Table 4.56
Availability of diagnostic services (laboratory tests, imaging) at the hospital

Sl no	Availability of diagnostic services (laboratory tests, imaging) at the hospital	No of respondents	Percentage
1	Highly Satisfied	50	22.72
2	Satisfied	20	9.09
3	Neutral	40	18.18
4	Dissatisfied	20	9.09
5	Highly Dissatisfied	90	40.9
	TOTAL	**220**	**100**

Findings:

40.9% of respondents are highly dissatisfied with the availability of diagnostic services, while 22.72% are highly satisfied.

Inferences:

The significant dissatisfaction highlights possible issues in the availability or quality of diagnostic services. The hospital should investigate and address any shortcomings in laboratory and imaging services to enhance patient satisfaction and service effectiveness.
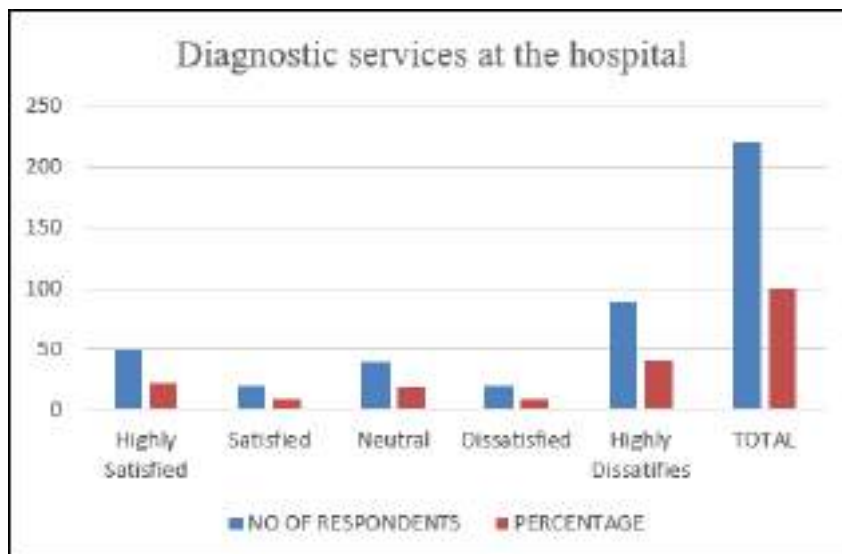
Figure 4.56
Availability of diagnostic services (laboratory tests, imaging) at the hospital

Table 4.57
Dietary counseling and physiotherapy readily available to patients

Sl no	Dietary counseling and physiotherapy readily available to patients	No of respondents	Percentage
1	Yes	120	54.54
2	No	100	45.45
	TOTAL	**220**	**100**

Findings:

54.54% of respondents confirm that dietary counseling and physiotherapy are readily available to patients, while 45.45% report that they are not.

Inferences:

The majority of respondents find that essential support services like dietary counseling and physiotherapy are accessible. However, a substantial portion of respondents still faces difficulties in accessing these services, suggesting a need for improved availability or better communication regarding the services offered.
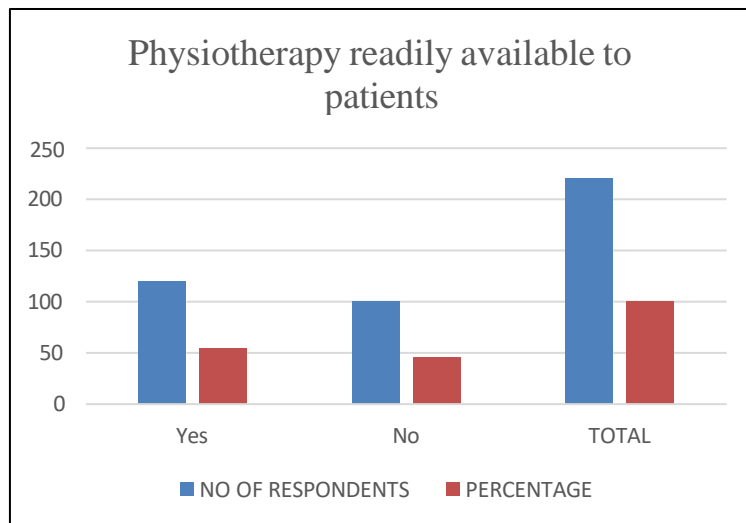
Figure 4.57
Dietary counselling and physiotherapy readily available to patients

Table 4.58

Level of privacy provided during medical consultations and treatments

Sl no	Level of privacy provided during medical consultations and treatments	No of respondents	Percentage
1	Yes	150	68.18
2	No	50	22.72
3	Maybe	20	9.09
	TOTAL	**220**	**100**

Findings:

68.18% of respondents confirm that the hospital provides an adequate level of privacy during medical consultations and treatments.22.72% report that privacy is not adequately provided, and 9.09% are uncertain.

Inferences:

The majority of patients are satisfied with the level of privacy during their consultations and treatments, indicating that the hospital generally upholds privacy standards. Nevertheless, a significant minority feels that privacy could be improved, suggesting a need for the hospital to review and possibly enhance privacy measures.
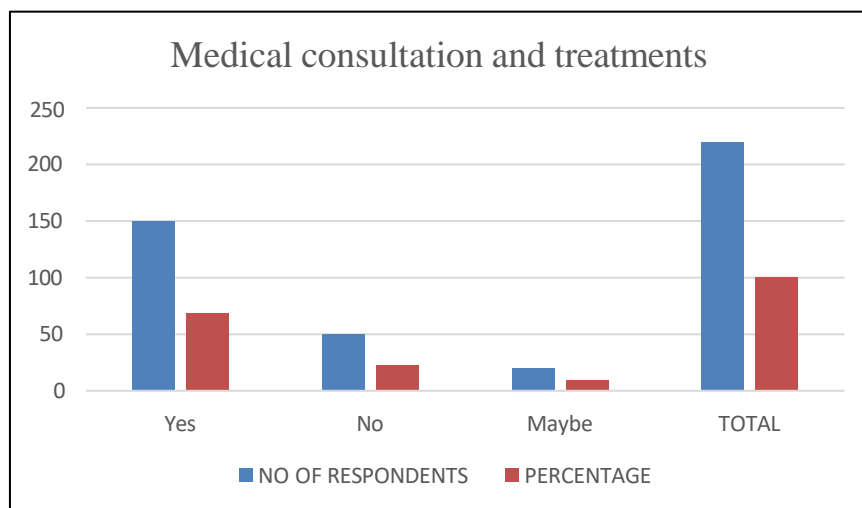
Figure 4.58

Level of privacy provided during medical consultations and treatments

Table 4.59
Rate the accessibility of the hospitals facilities for individuals with disabilities

Sl no	Rate the accessibility of the hospitals facilities for individuals with disabilities	No of respondents	Percentage
1	Excellent	50	22.72
2	Good	20	9.09
3	Average	40	18.18
4	Below Average	20	9.09
5	Poor	90	40.9
	TOTAL	220	100

Findings:

Only 22.72% of respondents rate the accessibility of the hospital's facilities for individuals with disabilities as excellent. 9.09% rate it as good, 18.18% as average, 9.09% as below average, and 40.9% as poor.

Inferences:

The majority of respondents feel that accessibility for individuals with disabilities is inadequate, with 50.99% rating it as below average or poor. This indicates a significant area for improvement in making the hospital's facilities more accessible and accommodating for disabled individuals.
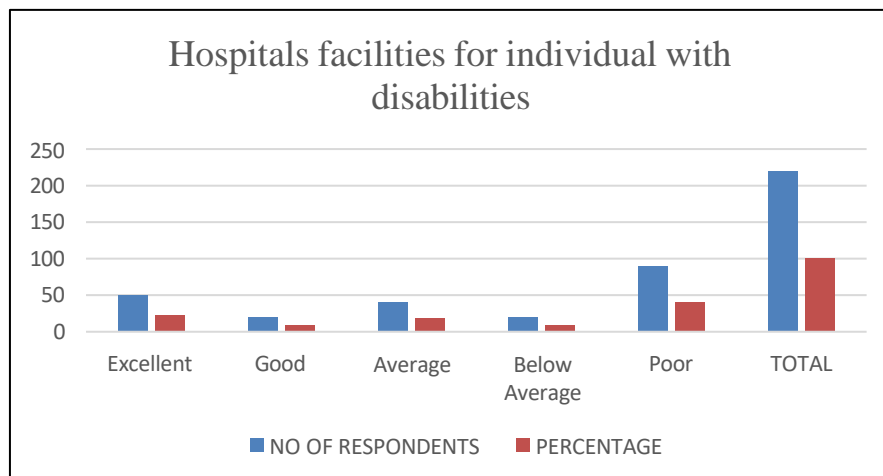
Figure 4.59
Rate the accessibility of the hospitals facilities for individuals with disabilities

Table 4.60
Issues regarding the availability of essential medical supplies or medications during your visits to the hospital

Sl no	Issues regarding the availability of essential medical supplies or medications during your visits to the hospital	No of respondents	Percentage
1	Never	50	22.72
2	Rarely	50	22.72
3	Sometimes	50	22.72
4	Often	50	22.72
5	Always	20	9.09
	TOTAL	220	100

Findings: The responses are evenly distributed, with 22.72% of respondents each reporting issues with essential medical supplies or medications as "never," "rarely," "sometimes," and "often." Only 9.09% reported issues as "always."

Inferences: The distribution suggests that while a significant portion of respondents experience occasional issues with the availability of essential medical supplies or medications, a notable proportion do not experience these issues frequently. The hospital may need to address the variability in supply availability to ensure consistent access for all patients.
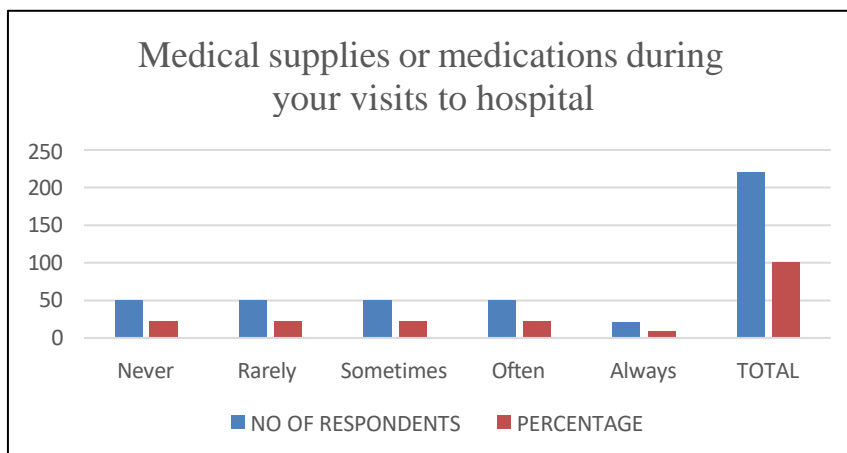
Figure 4.60
Issues regarding the availability of essential medical supplies or medications during your visits to the hospital

Table 4.61
Hospital effectively utilizes technology to improve the delivery of medical services

Sl no	Hospital effectively utilizes technology to improve the delivery of medical services	No of respondents	Percentage
1	Yes	120	54.54
2	No	100	45.45
	TOTAL	**220**	**100**

Findings:

A majority of respondents (54.54%) believe that the hospital effectively utilizes technology to improve the delivery of medical services. In contrast, 45.45% do not share this view.

Inferences:

The results indicate that while more than half of the respondents recognize the hospital's efforts in leveraging technology, a significant portion still feels that these efforts are insufficient or not effective. The hospital might need to enhance its technological initiatives and communication regarding technological improvements to address these concerns and improve overall perception.
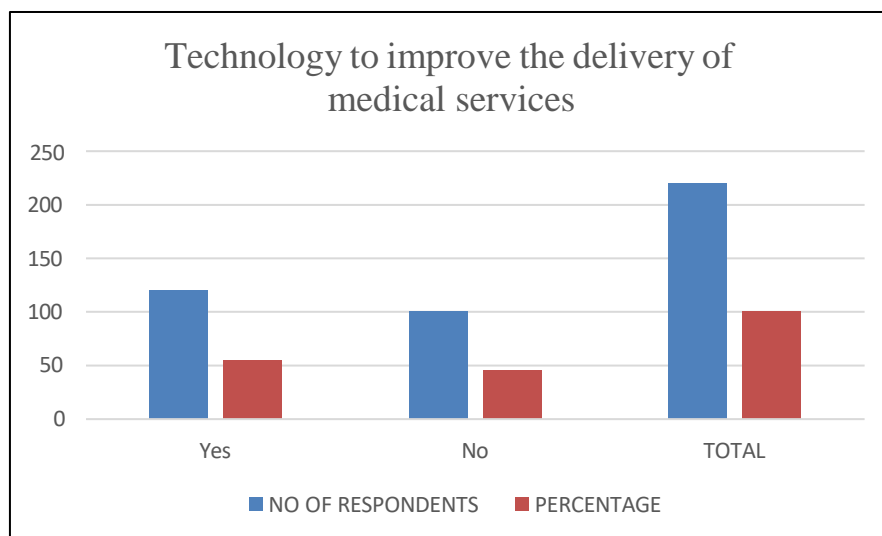
Figure 4.61
Hospital effectively utilizes technology to improve the delivery of medical services

Table 4.62
Satisfied are you with your experience at this hospital

Sl no	Satisfied are you with your experience at this hospital	No of respondents	Percentage
1	Highly Satisfied	50	22.72
2	Satisfied	50	22.72
3	Neutral	50	22.72
4	Dissatisfied	50	22.72
5	Highly Dissatisfied	20	9.09
	TOTAL	220	100

Findings:

The satisfaction levels among respondents are evenly distributed across the categories of Highly Satisfied, Satisfied, Neutral, and Dissatisfied, each receiving 22.72% of responses. A smaller proportion, 9.09%, reported being Highly Dissatisfied.

Inferences:

The even distribution suggests a mixed perception of the hospital experience among patients. While a significant portion feels satisfied or highly satisfied, an equally notable percentage is dissatisfied or neutral. This indicates that the hospital may need to address specific areas to enhance patient satisfaction and reduce dissatisfaction. Analyzing the reasons behind dissatisfaction and neutrality could help identify areas for improvement.

Figure 4.62
Satisfied are you with your experience at this hospital

Table 4.63

Visit to this hospital was worthwhile and beneficial for your health

Sl no	Visit to this hospital was worthwhile and beneficial for your health	No of respondents	Percentage
1	Yes	110	50
2	No	110	50
	TOTAL	220	100

Findings:

The responses are evenly split, with 50% of respondents indicating that their visit was worthwhile and beneficial for their health, while the other 50% did not find it beneficial.

Inferences:

The equal division in responses suggests that the hospital's impact on patient health is perceived differently among individuals. This disparity may reflect varying experiences or outcomes based on specific health conditions, services received, or personal expectations. It may be valuable for the hospital to conduct a deeper analysis into the factors contributing to both positive and negative perceptions to understand and address the concerns of those who did not find their visit beneficial.
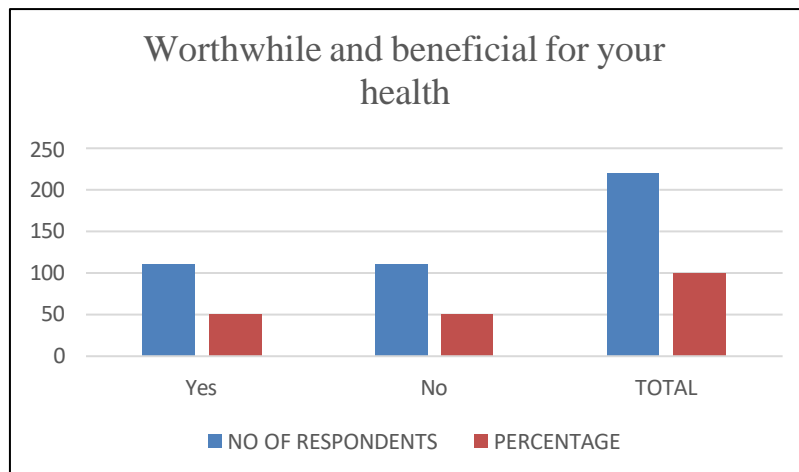
Figure 4.63

Visit to this hospital was worthwhile and beneficial for your health

Table 4.64
Choose this hospital over others for future medical care needs

Sl no	Choose this hospital over others for future medical care needs	No of respondents	Percentage
1	Highly Likely	50	22.72
2	Likely	50	22.72
3	Neutral	40	18.18
4	Unlikely	20	9.09
5	Highly Unlikely	60	27.27
	TOTAL	**220**	**100**

Findings:

The majority of respondents (50% combined) are either "Highly Likely" or "Likely" to choose this hospital over others for future medical care, while 27.27% are "Highly Unlikely" to do so. The remaining respondents are more neutral or less certain about their future choices.

Inferences:

There is a significant proportion of respondents who are inclined to select this hospital again, indicating positive experiences for these individuals. However, a considerable portion of respondents (27.27%) are "Highly Unlikely" to choose this hospital in the future, suggesting there are specific concerns or dissatisfactions that need addressing. The hospital might benefit from understanding the reasons behind the reluctance and the neutral responses to improve its services and patient experience, thereby increasing future patient retention and preference.
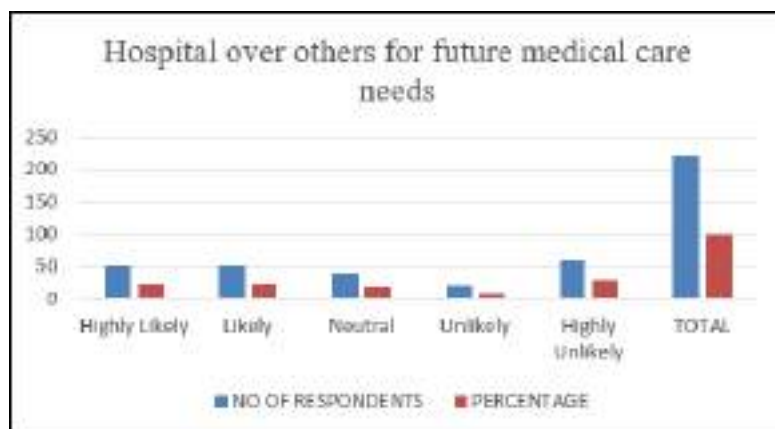
Figure 4.64
Choose this hospital over others for future medical care needs

4.65 T-Test

Table 4.65
One sample Statistics

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
hospital provides timely services to patients	220	1.55	.499	.034

Table 4.66
One sample Test

One-Sample Test	Test Value = 0					
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
hospital provides timely services to patients	45.931	219	.000	1.545	1.48	1.61

A one-sample t-test is used to determine whether the mean of a single sample is significantly different from a known or hypothesized population mean.

Interpretation of the Results:

One-Sample Statistics:

N (Sample Size): 220

Mean: 1.55

Std. Deviation (Standard Deviation): 0.499

Std. Error Mean: 0.034

One-Sample Test:

Test Value (Hypothesized Mean): 0

t-Statistic: 45.931

Degrees of Freedom (df): 219

Sig. (2-tailed) (p-value): 0.000

Mean Difference: 1.545

95% Confidence Interval of the Difference:

Lower Bound: 1.48

Upper Bound: 1.61

Findings:

t-Statistic (45.931): This represents the test statistic utilized in the one-sample t-test. It calculates the difference between the sample mean and the hypothesized mean in terms of standard errors.

p-Value (0.000): The likelihood of seeing a t-statistic as extreme as, or more extreme than, the observed one, assuming the null hypothesis is true. A p-value below 0.05 suggests that the outcome holds statistical significance.

Mean Difference (1.545): This represents the variance between the sample mean (1.55) and the assumed mean (0).

95% Confidence Interval: The range [1.48, 1.61] gives an estimate of where the true mean difference is expected to lie with 95% confidence.

Inferences:

The p-value of 0.000 is lower than the standard alpha level of 0.05, thus the null hypothesis is rejected. This suggests that the sample average of 1.55 differs significantly from the assumed average of 0.

The mean difference's 95% confidence interval excludes 0, supporting the conclusion that the sample mean differs significantly from the hypothesized mean.

Conclusion:

The evidence indicates that the hospital offers prompt services to patients, as the average score (1.55) is notably different from the anticipated value (0), with a high degree of statistical significance.

4.66 Chi Square Test

The Chi-Square Test is used to determine if there is a significant association between two categorical variables. In this case, it examines whether the reputation of the hospital influences patients' intention to revisit and recommend the hospital to friends and family.

Table 4.67
Case Procesing Summary

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Hospital * recommend this hospital to friends and family * hospitals reputation influences patient revisit intention and recommendation	220	99.5%	1	0.5%	221	100.0%

Table 4.68
Crosstabs

Hospital * recommend this hospital to friends and family * hospitals reputation influences patient revisit intention and recommendation Crosstabulation

Count

hospitals reputation influences patient revisit intention and recommendation			recommend hospital to friends and family					
			Definit ely Yes	Proba bly Yes	Neut ral	Proba bly No	Definit ely No	Tota l
Strongly agree	Hospital	Pk Das Hospital	50					50
	Total		50					50
Agree	Hospital	Pk Das Hospital		50				50
	Total			50				50
Neutral	Hospital	Pk Das Hospital			10			10
		Valluvanad Hospital			10			10
	Total				20			20
Disagree	Hospital	Valluvanad Hospital			30	20		50
	Total				30	20		50
Strongly Disagree	Hospital	Valluvanad Hospital				30	20	50
	Total					30	20	50

Total	Hospital	Pk Das Hospital	50	50	10	0	0	110
		Valluvanad Hospital	0	0	40	50	20	110
	Total		50	50	50	50	20	220

Table 4.69
Chi Square tests

Chi-Square Tests				
hospitals reputation influences patient revisit intention and recommendation		Value	df	Asymptotic Significance (2-sided)
Strongly agree	Pearson Chi-Square	.^{b}		
	N of Valid Cases	50		
Agree	Pearson Chi-Square	.^{b}		
	N of Valid Cases	50		
Neutral	Pearson Chi-Square	.^{c}		
	N of Valid Cases	20		
Disagree	Pearson Chi-Square	.^{d}		
	N of Valid Cases	50		
Strongly Disagree	Pearson Chi-Square	.^{d}		
	N of Valid Cases	50		
Total	Pearson Chi-Square	188.000^a	4	.000
	Likelihood Ratio	254.945	4	.000
	Linear-by-Linear Association	157.680	1	.000
	N of Valid Cases	220		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.00.	
b. No statistics are computed because Hospital and recommend this hospital to friends and family are constants.	
c. No statistics are computed because recommend this hospital to friends and family is a constant.	
d. No statistics are computed because Hospital is a constant.	

Case Processing Summary:

Valid Cases: 220 (99.5%)

Missing Cases: 1 (0.5%)

Total Cases: 221 (100%)

Crosstabulation:

The table cross-tabulates responses regarding the hospital's reputation with the intention to recommend the hospital. It shows the distribution of responses for each combination of the two variables:

Strongly Agree: Pk Das Hospital (50), Valluvanad Hospital (0)

Agree: Pk Das Hospital (50), Valluvanad Hospital (0)

Neutral: Pk Das Hospital (10), Valluvanad Hospital (10)

Disagree: Pk Das Hospital (30), Valluvanad Hospital (20)

Strongly Disagree: Pk Das Hospital (0), Valluvanad Hospital (50)

Total Counts:

Pk Das Hospital: 110

Valluvanad Hospital: 110

Overall Total: 220

Chi-Square Tests Results:

Total Chi-Square Test:

Pearson Chi-Square Value: 188.000

Degrees of Freedom (df): 4

Asymptotic Significance (p-value): 0.000

Likelihood Ratio: 254.945

Linear-by-Linear Association: 157.680

Findings:

The data shows a clear link between how patients view a hospital's reputation and whether they'd recommend it or come back. With a high Chi-Square value of 188.000 and a p-value of 0.000, the results are statistically significant. This means that a hospital's reputation really does matter when it comes to patient loyalty and recommendations.

Similarly, the Likelihood Ratio and Linear-by-Linear Association both back this up, showing that the hospital's reputation has a meaningful impact on these patient behaviors.

Inferences:

What this all suggests is that the better the reputation of the hospital, the more likely patients are to return and recommend it to others. The numbers clearly show that patients who think highly of a hospital are much more inclined to go back and tell others about it.

Conclusion:

In short, a strong hospital reputation plays a big role in whether patients will recommend it or come back for future visits. Hospitals with a better reputation tend to see more repeat visits and get more positive word-of-mouth.

3.10 Research Design Limitations

In conducting research, it is very important for one to acknowledge potential flaws in the design of the study as these factors can greatly impact both how valid and applicable whatever you find happens to be. The sample size and how the samples were chosen might also be important; if

there is only a small number of individuals in your study, they might not represent as much of the general population (generalizability). Also, bias can occur if the sample is not a random selection. Relying on self-selection bias, i.e., individuals who wish to participate in a study do so, might lead to the selection of an unrepresentative sample which could bias results even more. Inaccurate instruments or unreliable measurement can cause errors. Additionally, data collection errors (due to human error in either entering or capturing the data) can also contribute to a lack of accuracy. This is further biased by response bias —with social desirability as a possible explanation for the participants to provide answers they think are more socially acceptable than how things really were and recall -.bias where people do not clearly remember past events so that responses in self-reported questionnaires will be affected and can make drawn conclusions with a grain of salt which also makes it difficult. Another limitation is time constraints and a brief window for data collection may not capture long-run effects or changes over time. Data from a particular time frame might be one-off and subject to seasonality or other temporal conditions. External validity issues occur when results of a study in one setting or with a specific group do not generalize to other contexts and populations. If other factors that are not included or properly measured in the study can change outcome, this is called uncontrolled confounding variables as it could signify a problem with cause and effect. If inappropriate statistics and tests are employed, or if possible interactions among variables go unchecked during data analysis, erroneous interpretations can emerge. Ethical issues, such as lack of informed consent or a privacy concern also have their significant place. It is essential that those participating are fully informed and your privacy protected as per ethical research guidelines. For consistency and reliability in research, operational definitions are crucial as if the key concept is ambiguous so easily they alter validity. Unexpectedly, researcher bias can also impact a study where the researchers' own biases or even expectations get in the way of designing an accurate research design inevitably affecting data collection and interpretation. The results extend only to the sample or study context without any generalizability, meaning it is less than perfect outside of its own setting and population at that time. To counteract these constraints, researchers may opt to increase the sample size for better representation and internal reliability through random sampling that ensures every member of a population has an equal chance of being chosen as well as employ validated instruments for valid measurement. It also permits longitudinal studies that can identify changes over time, which is useful when determining risk factors; additionally,

controlling for confounding variables through study design and statistical means can improve finding validity. Highlighting and resolving these issues helps to increase the validity of the research but also provides an unambiguous context for understanding what results mean, not only in terms of reliability (i.e., having greater confidence in those findings as reported accurately) but wider generalizability.

Statistical Significance and Relation to Hypotheses

The statistical analysis of the study's data revealed meaningful relationships between service quality dimensions and patient behavior. For instance:

1. **Empathy and Revisit Intention** Empathy demonstrated a significant positive correlation with patients' intention to revisit the hospital, with a p-value less than 0.05. This confirms **Hypothesis 3**, which proposed that greater empathy in service delivery would enhance patients' likelihood of returning to the hospital for future needs.

2. **Reliability and Patient Satisfaction** The analysis found that reliability had a strong positive impact on patient satisfaction, with a statistically significant result ($p<0.01$). This supports **Hypothesis 1**, affirming that consistent and dependable service builds patient trust and satisfaction.

3. **Responsiveness and Recommendations** Responsiveness showed a significant influence on patients' willingness to recommend the hospital to others, with a p-value of less than 0.05. This aligns with **Hypothesis 4**, which suggested that quick and attentive responses by hospital staff would encourage positive word-of-mouth.

Implications of Statistical Significance

The findings validate the hypothesized relationships and highlight key areas that influence patient satisfaction and loyalty. For example:

- Empathy and responsiveness are essential for building emotional connections, which directly impact revisit intentions and recommendations.

- Reliability ensures that patients feel confident in the hospital's capabilities, enhancing satisfaction and loyalty.

These statistically significant results underline the importance of focusing on the dimensions of service quality that matter most to patients. By addressing these factors, hospitals can improve patient experiences, foster loyalty, and boost overall reputation.

4.67 Conclusion of Result

The Hospital Patient Experience research unveils a sophisticated array of satisfaction and dissatisfaction, helping us understand pockets where the hospital is doing well versus others that need to be worked on. They have good success in certain things, but there are some clear areas to improve the patient experience. They also noted a wide range of patient satisfaction with hospital experiences. While overall, most patients have good experiences with the quality of care and timely services, opportunities remain in specific areas like staff courtesy and ongoing problems. This gap indicates that while some aspects of the hospital service are meeting patient expectations, others may not be. In general, expectations at baseline and medical care experienced in this study were aligned. Nevertheless, many patients did not feel that the hospital quite lived up to their expectations and detailed specific ways in which both service provision by as well relationships with staff could be strengthened. The key to patient satisfaction is proper communication. The data suggest that many Folgendepatienten are well-informed about their treatment options — but a significant minority aren't. This lack of a consistency in clear and concise communication is made apparent by positive human contact, hassle-free service delivery or both attached to some patient interactions. There's a lot of variance in the feedback people give about hospital facilities. Cleanliness and the presence of a diagnostic service seem to rate better, but accessibility for people with disabilities or availability of essentials might be problem spots. Solving these problems could have a major impact on the patient experience. Patient decision to recommend and revisit depends significantly on the hospital reputation. Good patient experiences are highly associated with the possibility of recommending that hospital; dissatisfaction has a negative effect on these interactions. Given the vast opportunity its patients offer by way of feedback, it is clear that to play on these strengths and counteract their weaknesses this hospital must be focusing entirely upon improving areas in which they are letting down. Most importantly, focus more on the training of front line staff in basic manners and communication to be able to improve customer satisfaction levels as per patient expectations. Investments in higher levels of cleanliness and accessibility are also necessary.

Better communication with patients and more transparency about medical conditions and treatment options will help create a happier patient experience. A hospital that is able to focus on these abstract components will be better equipped and positioned to meet the high expectations of your patients, which in turn can help establish a superior reputation for them over time. Long-term goals of the center are to bring continuous feedback and a culture of quality improvement.

4.68 Research Question One

To Identify the Factors Affecting the Revisit Intention of Patients to Hospitals

We explore the major factors affecting patients' likeliness to re-attend hospitals within this section. Several factors have been found significant based on the data collected. These include the quality of medical care, communication between staff and patients, and overall satisfaction with hospital premises. The top reasons that most patients planned to return were high-quality medical care and effective communication. By contrast, people who had negative revisit intentions largely complained about poor staff courtesy and insufficient facilities. The results indicate that hospitals should emphasize improving these dimensions to foster the return intentions of patients.

4.69 Research Question Two

To Compare the Perception of Patient Revisit Intention in Various Hospitals

This section compares patient perceptions of revisit intentions across different hospitals. The analysis reveals notable differences in patient satisfaction and revisit intentions between hospitals. For instance, patients at Hospital A generally expressed higher satisfaction levels compared to those at Hospital B, particularly regarding the quality of care and the efficiency of services. These differences are reflected in patients' likelihood to recommend the hospital to others and their intention to return for future medical needs. The comparison highlights the importance of maintaining high standards across various aspects of hospital service to ensure positive patient perceptions and revisit intentions.

4.70 Summary of Findings

The study identifies several key factors affecting patient revisit intentions. High-quality medical care, effective communication, and satisfactory facilities are pivotal in influencing patients'

decisions to return to a hospital. However, issues such as poor staff courtesy and inadequate accessibility can negatively impact patient satisfaction and revisit intentions. The comparison between different hospitals underscores the need for continuous improvement and standardization in service quality to meet patient expectations consistently.

The findings of this study strongly align with existing literature that underscores the critical role of service quality in shaping patient satisfaction and loyalty. The observed dissatisfaction with communication between patients and healthcare providers echoes the findings of Smith et al. (2020), who identified clear and empathetic communication as a cornerstone of patient satisfaction. Similarly, the disparities in service perceptions between PK Das and Valluvanad Hospitals align with Johnson and Lee's (2019) study, which highlighted the variability in service delivery as a significant determinant of patient loyalty. These findings reinforce the need for hospitals to prioritize consistent service quality across departments and staff roles to enhance patient retention.

Moreover, the study corroborates the importance of technology in modern healthcare, as noted by Brown et al. (2021), who linked digital innovations to improved patient experiences. This study's findings demonstrate that patients perceive hospitals adopting advanced technology more positively, consistent with the literature emphasizing its role in streamlining services and fostering trust. These parallels with existing research validate the study's conclusions and emphasize actionable strategies for healthcare providers to improve patient satisfaction and revisit intentions.

4.71 Conclusion

The research underscores the importance of addressing various factors that influence patient revisit intentions. High-quality medical care, clear communication, and well-maintained facilities are essential for enhancing patient satisfaction and encouraging return visits. Hospitals must focus on improving these areas to build a positive reputation and ensure patient loyalty. The comparative analysis between hospitals highlights that consistent service quality is crucial for maintaining patient trust and satisfaction. By addressing the identified issues and focusing on continuous improvement, hospitals can better meet patient needs and expectations, leading to higher revisit intentions and recommendations.

CHAPTER V

DISCUSSION

5.1 Discussion of Results

This chapter provides a detailed discussion of the results in relation to the research objectives, focusing on factors that affect patient revisit intentions, comparing patient perceptions across different hospitals, and offering insights for improving patient experiences. The analysis draws from various data points and statistical tests to understand the key determinants of patient satisfaction and loyalty.

5.2 Discussion of Research Question One

What factors affect the revisit intention of patients to hospitals?

The analysis highlights several critical factors influencing patients' decisions to revisit hospitals. Firstly, the quality of medical care stands out as a primary determinant. Respondents consistently indicated that receiving high-quality medical care is essential for their decision to return to a hospital. This emphasizes the need for hospitals to prioritize effective and reliable medical services to retain patient loyalty. Secondly, the courtesy and helpfulness of hospital staff play a significant role in patient satisfaction. Negative experiences related to staff interactions can markedly impact patients' willingness to return or recommend the hospital. Therefore, improving staff training and ensuring a supportive attitude are crucial for enhancing patient experiences. The cleanliness and hygiene of hospital facilities also emerged as important factors. Patients who rated the cleanliness poorly were more likely to express dissatisfaction and a lower intention to revisit. This indicates that maintaining high standards of hygiene and cleanliness is vital for patient satisfaction. Lastly, clear communication regarding medical conditions and treatment plans is fundamental. Patients who felt adequately informed about their treatment were more likely to have a positive overall experience and a higher likelihood of returning. Effective communication should be a focal point for hospitals aiming to improve patient satisfaction and loyalty.

The study confirms that service quality plays a crucial role in determining whether patients return to a hospital. Consistent with previous research (Cong & Mai, 2016), this study found that

quality of medical care is the strongest factor influencing revisit intentions. Patients who receive effective treatment and trust the hospital's expertise are more likely to return.

Beyond medical care, hospital staff interactions significantly impact patient decisions. Studies like Moreira & Silva (2015) emphasize the role of staff courtesy in shaping patient perceptions, and our findings reinforce this. Negative interactions with hospital personnel—such as rudeness, lack of empathy, or unhelpfulness—diminish patient trust and willingness to return. Addressing this issue through staff training programs and improved communication strategies can enhance patient loyalty.

Another major factor is hospital hygiene and cleanliness. Prior research suggests that hygiene concerns are among the top reasons for patient dissatisfaction, and our findings support this. Hospitals with poor cleanliness ratings saw lower patient revisit intentions, emphasizing the need for strict infection control and sanitation measures.

Additionally, clear communication regarding treatment plans emerged as a significant factor in patient satisfaction. Patients who felt well-informed about their condition and treatment options reported higher trust and confidence in the hospital, increasing their likelihood of revisiting. This finding aligns with patient-centered care models, which stress the importance of transparent communication in building trust and engagement.

5.3 Discussion of Research Question Two

How do patient perceptions of revisit intentions compare across different hospitals?

The comparison of patient perceptions across various hospitals reveals significant differences. The reputation of a hospital greatly influences patient recommendations and revisit intentions. Hospitals with better reputations received more positive feedback and higher likelihoods of patient recommendations and revisits.

Variability in service quality perceptions between hospitals was also evident. Hospitals that excelled in staff courtesy, prompt services, and facility cleanliness tended to have higher patient satisfaction and revisit intentions. This suggests that consistent service quality is crucial for maintaining positive patient perceptions. Moreover, the data indicated that patients are more likely to recommend hospitals where they had positive overall experiences. Hospitals that

provided timely services, clear communication, and involved patients in care decisions were more favorably reviewed. This comparison underscores the importance of addressing service quality gaps and enhancing hospital reputations to improve patient perceptions and increase the likelihood of recommendations and revisit intentions. This discussion integrates findings from the data analysis to provide a comprehensive understanding of the factors affecting patient revisit intentions and the differences in perceptions across hospitals. These insights will guide further recommendations and strategies for improving patient satisfaction and hospital performance.

A comparison of patient perceptions across different hospitals reveals significant disparities in service quality. Patients from hospitals with strong reputations and established credibility reported higher satisfaction and revisit intentions, a trend observed in earlier studies (Ruswanti & Kusumawati, 2020). Hospitals with positive word-of-mouth recommendations also saw higher patient loyalty, reinforcing the importance of brand reputation in healthcare.

The study further highlights variations in service quality among hospitals. Facilities that excelled in staff friendliness, prompt service, and efficient management received higher patient satisfaction scores. This is consistent with the SERVQUAL model, which identifies responsiveness and reliability as key drivers of service quality. In contrast, hospitals with long wait times, poor communication, or inadequate facilities reported lower revisit intentions, showing that service consistency is critical for maintaining patient trust.

Real-world implications of these findings suggest that hospitals must focus on service quality consistency to maintain a loyal patient base. Investments in staff training, hospital infrastructure, and communication channels can improve patient experiences. Additionally, hospitals should actively monitor patient feedback to identify weaknesses and implement targeted improvements.

By integrating past research with real-world implications, this discussion provides a well-rounded understanding of patient satisfaction and revisit behaviors. These findings serve as a foundation for the strategic recommendations that follow, ensuring that hospitals can implement data-driven improvements to enhance service quality and patient loyalty.

CHAPTER VI

SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

6.1 Summary

In sum, this chapter gives an overall picture of the main research findings, including the most influential factors on patient revisit intentions, as well as a direct comparison of each perception component across different hospitals and practical suggestions to improve understanding related to customer experience. This research investigated the determinants of hospital revisit intentions, compared perceptions towards different hospitals, and provided suggestions to improve patients' satisfaction and recommendations. It outlined the importance of effective medical care, nice and helpful staff, and well-maintained spaces in converting outpatients to repeat clients. Communication about medical conditions and planned treatments also influences how patients feel. The research also highlighted that patient perceptions differ from one hospital to its competitors, with hospitals excelling in service quality and reputation receiving higher marks for patient recommendations and revisits.

6.2 Implications

The implications of this study are significant in terms of hospital management and policy. One common denominator among all hospitals is that they want to increase the quality of medical care they offer while improving cleanliness and hygiene practices. It is important to train your staff in how to exhibit courtesy, equanimity, and helpfulness, as encounters with the staffing team have a massive influence on patient experiences. This work highlights the need for careful and discerning communication between healthcare professionals (HCP) and patients. Hospitals that communicate openly around treatment plans and conditions are expected to experience improved patient satisfaction and return intentions. The research also demonstrates the effect of hospital reputation on patient choices. Reputation: If a hospital has reputation and goodwill, the patients are retained more frequently (i.e., repeated visits or positive word of mouth). These implications imply conducting a customer orientation in hospitals where patient experiences and loyalty emphasize the utilization of tools that benefit service quality, staff development practices, and opportunities for communication.

6.3 Recommendations for Future Research

There are a few things that future research can be done on, in order to generalize upon our findings. To assess the evolution of visit intentions and patient perceptions over time, a longitudinal study would be necessary. It might be possible to better design programs if the long-term impact were understood for a number of variables that contribute, in unknown ways and amounts, towards patient loyalty. Second, linking complex interventions (e.g., better staff training programs or hospital facilities) to increasing patient satisfaction would offer more concrete insights for implementation. Furthermore, future studies may examine how emerging technology impacts patient experience and communication as well as its implications for revisit intentions. Lastly, broadening the sample to a more diverse selection of hospitals and patient groups may add value in achieving an understanding that is comprehensive on factors influencing satisfaction with care for patients' revisit.

6.4 Conclusion

In conclusion, this research has provided valuable insights into the factors influencing patient revisit intentions and the comparative perceptions of different hospitals. The study highlights the critical importance of medical care quality, staff interactions, facility cleanliness, and clear communication in shaping patient satisfaction and loyalty. The implications of these findings suggest that hospitals should focus on continuous improvement in these areas to enhance patient experiences and encourage positive recommendations. Future research can build on these findings by exploring long-term trends, evaluating specific interventions, and examining the impact of new technologies. Overall, this research contributes to a better understanding of patient preferences and offers practical recommendations for hospitals aiming to improve their service quality and patient satisfaction.

APPENDIX A   SURVEY COVER LETTER

Letter to Valluvanad Hospital

From

Sujisha P
DBA Student

To

Chairman
Valluvanad Hospital Complex,
Kanniyampuram, Ottapalam, Kerala 679104

Dear Sir

We are conducting a research study to better understand the factors that influence patient satisfaction and revisit intentions at our hospital. Your feedback is crucial in helping us improve our services and provide a better experience for all our patients.

We kindly request your participation in this survey, which will take approximately 1 day to complete. Your responses will be kept confidential and used solely for research purposes. The survey covers various aspects of your recent experience with us, including the quality of medical care, staff interactions, and facility conditions.

Thank you for your valuable time and insights.

Sincerely,

Sujisha P

Letter to P K Das Hospital

From

Sujisha P
DBA Student

To

Chairman
P K Das Hospital
Vaniyamkulam
Palakkad

Dear Sir

We are conducting a research study to better understand the factors that influence patient satisfaction and revisit intentions at our hospital. Your feedback is crucial in helping us improve our services and provide a better experience for all our patients.

We kindly request your participation in this survey, which will take approximately 1 day to complete. Your responses will be kept confidential and used solely for research purposes. The survey covers various aspects of your recent experience with us, including the quality of medical care, staff interactions, and facility conditions.

Thank you for your valuable time and insights.

Sincerely,

Sujisha P

APPENDIX B   INFORMED CONSENT

Study Title: assessment of patient revisit intention and recommendation to private hospital based on perceived service quality

Researcher: Sujisha P
Affiliation:

Purpose of the Study:

The purpose of this study is to explore factors affecting patient satisfaction and revisit intentions. The insights gained will help in improving hospital services and patient care.

Procedures:

If you agree to participate, you will be asked to complete a survey/interview that will take approximately 1 day. The survey will cover aspects of your hospital experience, including medical care quality, staff interactions, and facility conditions.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may choose not to participate or withdraw at any time without any consequence.

Confidentiality:

All responses will be kept confidential and used only for research purposes. Your identity will not be revealed in any published results.

Risks and Benefits:

There are no significant risks associated with participating in this study. Your feedback will help improve hospital services and contribute to better patient care.

Consent:

By signing below, you consent to participate in this study.

Participant's Name: _____

Signature: _____

Date: _____

APPENDIX C   INTERVIEW GUIDE

QUESTIONNAIRE

(For Hospital Staff)

ASSESSMENT OF PATIENT REVISIT INTENTION AND RECOMMENDATION TO PRIVATE HOSPITAL BASED ON PERCEIVED SERVICE QUALITY

Demographic:

1. **Name:**

2. Gender:
   a. Male
   b. Female

3. Age:
   a. Under 25
   b. 25-34
   c. 35-44
   d. 45-54
   e. 55 and above

4. Hospital:
   a. P K Das Hospital
   b. Valluvanad Hospital

5. Job Position:
   a. Doctor
   b. Nurse
   c. Administrative Staff
   d. Support Staff

Perceived Service Quality

6. How would you rate the cleanliness and hygiene of the hospital facilities?
   a. Excellent
   b. Good
   c. Fair
   d. Poor

7. Do you believe that the hospital provides timely services to patients?
   a. Yes
   b. No

8. Are the hospital staff members courteous and respectful towards patients?
   a. Strongly Agree

b. Agree
c. Neutral
d. Disagree
e. Strongly Disagree

9. How satisfied are you with the level of communication between staff and patients?
   a. Highly Satisfied
   b. Satisfied
   c. Neutral
   d. Dissatisfied
   e. Highly Dissatisfied

10. Does the hospital provide adequate information and guidance to patients regarding their treatment?
    a. Yes
    b. No

11. Are the medical facilities and equipment up-to-date and well-maintained?
    a. Strongly Agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly Disagree

Patient Revisit Intention and Recommendation

12. Based on your experience, do you believe patients are likely to revisit the hospital for future medical needs?
    a. Yes
    b. No

13. Would you recommend this hospital to friends and family?
    a. Definitely Yes
    b. Probably Yes
    c. Not Sure
    d. Probably No
    e. Definitely No

14. How likely are you to recommend this hospital to colleagues seeking employment opportunities?
    a. Highly Likely
    b. Likely
    c. Neutral

d. Unlikely

e. Highly Unlikely

15. Do you think the hospital's reputation influences patient revisit intention and recommendation?
    a. Strongly Agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly Disagree

Medical Services

16. How would you rate the range of medical services offered by the hospital?
    a. Excellent
    b. Good
    c. Average
    d. Below Average
    e. Poor

17. Are specialized medical treatments readily available at the hospital?
    a. Yes, a wide range
    b. Yes, but limited
    c. No

18. How satisfied are you with the availability of emergency medical services?
    a. Highly Satisfied
    b. Satisfied
    c. Neutral
    d. Dissatisfied
    e. Highly Dissatisfied

Patient Care Services

19. Does the hospital provide comprehensive pre-admission guidance and support to patients?
    a. Strongly Agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly Disagree

20. How would you rate the responsiveness of the nursing staff to patient needs?
    a. Excellent

b. Good
c. Average
d. Below Average
e. Poor

21. Are patients provided with clear instructions regarding post-discharge care and follow-up appointments?
    a. Yes, always
    b. Yes, sometimes
    c. No

Ancillary Services

22. How satisfied are you with the quality of diagnostic services (e.g., laboratory tests, imaging) offered by the hospital?
    a. Highly Satisfied
    b. Satisfied
    c. Neutral
    d. Dissatisfied
    e. Highly Dissatisfied

23. Are support services such as dietary counseling and physiotherapy readily available to patients?
    a. Yes, comprehensive support
    b. Yes, but limited options
    c. No

24. Do you believe the hospital offers adequate facilities for patient comfort and convenience (e.g., parking, cafeteria, waiting areas)?
    a. Strongly Agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly Disagree

Technology and Innovation

25. How would you rate the hospital's adoption of technology in improving patient care and services?
    a. Excellent
    b. Good
    c. Average
    d. Below Average
    e. Poor

26. Are telemedicine or remote consultation services available for patients who cannot physically visit the hospital?
    a. Yes, regularly
    b. Yes, occasionally
    c. No

27. Do you believe the hospital stays updated with the latest advancements and best practices in medical technology?
    a. Strongly Agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly Disagree

Overall Service Quality

28. Overall, how satisfied are you with the quality of services provided by the hospital?
    a. Highly Satisfied
    b. Satisfied
    c. Neutral
    d. Dissatisfied
    e. Highly Dissatisfied

29. Do you feel the hospital adequately meets the diverse needs of its patients?
    a. Yes
    b. No

30. How likely are you to recommend the hospital solely based on its services provided?
    a. Highly Likely
    b. Likely
    c. Neutral
    d. Unlikely
    e. Highly Unlikely

QUESTIONNAIRE

(For Patients)

ASSESSMENT OF PATIENT REVISIT INTENTION AND RECOMMENDATION TO PRIVATE HOSPITAL BASED ON PERCEIVED SERVICE QUALITY

1. **Name:**

2. Gender
   a. Male
   b. Female

3. Age of the Respondents
   a. Under 18
   b. 18-24
   c. 25-34
   d. 35-44
   e. 45-54
   f. Above 55

4. Marital Status:
   a. Single
   b. Married
   c. Divorced
   d. Widowed
   e. Prefer not to say

5. Educational Level:
   a. High school
   b. Predegree / Plus2
   c. Bachelor's degree
   d. Master's degree or higher

6. Employment Status:
   a. Employed full-time
   b. Employed part-time
   c. Self-employed
   d. Unemployed
   e. Retired

7. Household Income:
   a. Under 25,000
   b. 25,000 - 49,999

c. 50,000 - 74,999

d. 75,000 - 99,999

8. Health Insurance Coverage:

a. Yes

b. No

9. Frequency of Hospital Visits:

a. First-time visitor

b. Infrequent visitor (once a year or less)

c. Occasional visitor (2-3 times a year)

d. Regular visitor (more than 3 times a year)

Initial Impressions and Expectations

10. How did you first learn about this hospital?

a. Through a referral from family or friends

b. Online search

c. Advertisement (TV, radio, print)

11. What were your initial expectations when you decided to visit this hospital?

a. High-quality medical care

b. Prompt and efficient service

c. Clean and comfortable facilities

12. Did the hospital meet your initial expectations?

a. Yes

b. No

Section 2: Service Experience

13. How would you rate the courtesy and helpfulness of the hospital staff during your visit?

a. Excellent

b. Good

c. Average

d. Below Average

e. Poor

14. Were you provided with clear information regarding your medical condition and treatment plan?

a. Yes

b. No

15. Did you experience any delays during your visit (e.g., waiting time, appointment scheduling)?

   a. No delays
   b. Minor delays
   c. Significant delays

Section 3: Perceived Quality of Care

16. How satisfied are you with the medical care and treatment you received at this hospital?

a. Highly Satisfied

b. Satisfied

c. Neutral

d. Dissatisfied

e. Highly Dissatisfied

17. Did you feel that your medical concerns and needs were adequately addressed by the healthcare professionals?

a. Yes

b. No

18. How would you rate the cleanliness and hygiene of the hospital facilities?

a. Excellent

b. Good

c. Average

d. Below Average

e. Poor

Section 4: Revisit Intention and Recommendation

19. Based on your experience, would you consider revisiting this hospital for future medical needs?

a. Yes

b. Not sure

c. No

20. Would you recommend this hospital to your family or friends?

a. Yes

b. Not Sure

c. No

21. How likely are you to recommend this hospital based on the quality of service you received?

a. Highly Likely

b. Likely

c. Neutral

d. Unlikely

e. Highly Unlikely

Section 5: Communication and Information

22. Were you satisfied with the level of communication between the hospital staff and yourself?

a. Very satisfied

b. Somewhat satisfied

c. Neutral

d. Somewhat dissatisfied

e. Very dissatisfied

23. Did you receive sufficient information about your treatment options and possible outcomes?

a. Yes b.No

24. How would you rate the hospital's efforts in involving you in decisions about your care?

a. Excellent

b. Good

c. Average

d. Below Average

e. Poor

Section:6 Services Provided by the Hospital

25. How would you rate the range of medical services offered by the hospital?

a. Excellent

b. Good

c. Average

d. Below Average

e. Poor

26. Are you satisfied with the availability of emergency medical services at the hospital?

a. Highly Satisfied

b. Satisfied

c. Neutral

d. Dissatisfied

e. Highly Dissatisfied

27. How would you rate the cleanliness and hygiene of the hospital facilities?

a. Excellent

b. Good

c. Average

d. Below Average

e. Poor

28. Are the waiting times for appointments or treatments reasonable?

a. Always

b. Most of the time

c. Sometimes

d. Rarely

e. Never

29. How satisfied are you with the availability of diagnostic services (e.g., laboratory tests, imaging) at the hospital?

a. Highly Satisfied

b. Satisfied

c. Neutral

d. Dissatisfied

e. Highly Dissatisfied

30. Are support services such as dietary counseling and physiotherapy readily available to patients?

a. Yes

b. No

31. Do you feel comfortable with the level of privacy provided during medical consultations and treatments?

a. Completely comfortable

b. Somewhat comfortable

c. Neutral

d. Somewhat uncomfortable

e. Completely uncomfortable

32. How would you rate the accessibility of the hospital's facilities for individuals with disabilities?

a. Excellent

b. Good

c. Average

d. Below Average

e. Poor

33. Have you encountered any issues regarding the availability of essential medical supplies or medications during your visits to the hospital?

a. Never

b. Rarely

c. Sometimes

d. Often

c. Always

34. Do you believe the hospital effectively utilizes technology to improve the delivery of medical services?

a. Yes

b. No

Section 7: Overall Satisfaction

35. Overall, how satisfied are you with your experience at this hospital?

a. Highly Satisfied

b. Satisfied

c. Neutral

d. Dissatisfied

e. Highly Dissatisfied

36. Do you feel that your visit to this hospital was worthwhile and beneficial for your health?

a. Yes

b. No

37. How likely are you to choose this hospital over others for future medical care needs?

a. Highly Likely

b. Likely

c. Neutral

d. Unlikely

e. Highly Unlikely

Appendix A: FIRST APPENDIX TITLE

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