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Research Article

A STUDY ON PATIENT'S PERCEPTION TOWARDS QUALITY OF HEALTH CARE SERVICES OF PRIVATE HOSPITALS WITH REFERENCE TO GUNTUR AND VIJAYAWADA

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A B S T R A C T

Health is an important constituent of human development. Good health is real wealth of the humans as well as society. The importance of health care in modern day society can be gauged from the fact that good health is recognized as one of the fundamental rights of an individual. The practice of public health has been dynamic in India, and has witnessed many hurdles in its attempt to affect the lives of the people of this country.

India's constitution guarantees free healthcare for all its citizens and all government hospitals are required to provide free of cost healthcare access regardless of socioeconomic status to the patients. However, Indian public healthcare industry is a disappointment on various levels. Though we may have the best technologies and doctors, Indian public healthcare still lacks infrastructure in terms of clinics, diagnostic centers, and affordable healthcare's for the public at public healthcare.

With the help of numerous government subsidies in the 1980, private health providers entered the market. After 2005, most of the healthcare capacity added has been in the private sector, or in partnership with the private sector. The private healthcare expands their services by providing better services to the public by providing more care on patients, and facilities like labs, diagnostic centers, and modern infrastructure.

However, the high out of pocket costs from the private health care sector has led many households to incur catastrophic health expenditure(CHE), defined as health expenditure that threatens a common people's capacity to maintain a basic standard of living.

The purpose of this study was to know the quality of health care services of private health care sectors from the perception of the common people in the areas of GUNTUR and VIJAYAWADA,(A.P). The data for the study was collected through a questionnaire comprising different variables like reliability, responsiveness, caring etc, and provide some suggestions to improve the quality of health care and patient satisfaction from the patient perceptions on private hospital services.

INTRODUCTION

Health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings. Health care is delivered by practitioners in allied health, dentistry, midwifery-obstetrics, medicine, nursing, optometry, pharmacy, psychology and other care providers. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.Access to health care varies across countries, groups, and individuals, largely influenced by social and economic conditions as well as the health policies in place. Countries and jurisdictions have different policies and plans in relation to the personal and population-based health care goals within their societies. Health care systems are organizations established to meet the health needs of target populations. Their exact configuration varies between national and subnational entities. In some countries and jurisdictions, health care planning is distributed among market participants, whereas in others, planning occurs more centrally among

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governments or other coordinating bodies. In all cases, according to the World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and policies; and well maintained facilities and logistics to deliver quality medicines and technologies

The delivery of modern health care depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams. This includes professionals in medicine, nursing, dentistry, midwifery-obstetrics and allied health, plus many others such as public health practitioners, community health workers and assistive personnel, who systematically provide personal and population-based preventive, curative and rehabilitative care services.

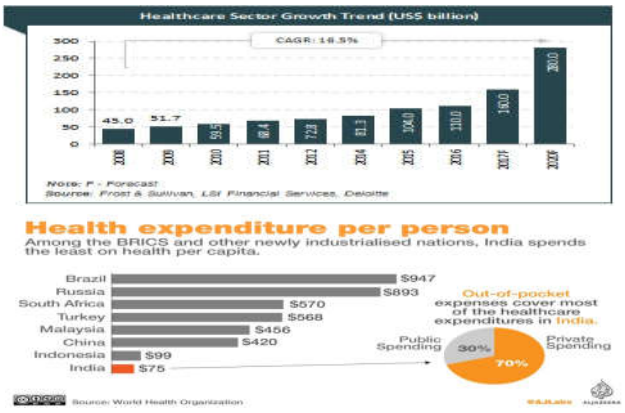
Health Care Services in India

Brief Overview

In India, as well as in many developing countries, there is wide acceptance that the present health care system needs serious reforms.The importance of health care in modern day society can be gauged from the fact that good health is recognized as one of the fundamental rights of an individual. So much so, that out of the eight recognized millennium development goals of the United Nations, health finds its place in three of them (United Nations, 2000).

A comparison of the basic health indicators clearly indicates that developed nations of the world, fare far better on healthcare provision and utilization, when compared to the developing nations. This is evident from the figures shown in the World Health Statistics, released by World Health Organization (WHO) in 2012. For example, in a developed country like Germany, the government shares 77% of all the national expenses made on health. Similar figures for a developing country like Indiastands at 30.3%. This shows that out of pocket expenditures on healthcare are extremely high in India and this creates a huge financial burden on its citizens. Studies have revealed that everyyear many individuals in India are driven to poverty purely due to the huge medical expenses that are borne out of one's own pocket (Duggal, 2007).Today, various government bodies, both at the national and the state level, are making concerted efforts to improve the healthcare scenario in the country. However, therestill remain stiff challenges at the policy as well as execution level which are roadblocks on the path to achieve the health related goals.

India's constitution guarantees free healthcare for all its citizens and all government hospitals are required to provide free of cost healthcare facilities to the patients.Each district headquarters in most states have one or more Government hospitals where everything from diagnosis to medicine is given for free. Most experts agree that building on these Government and public healthcare units across the nation is crucial to India's future while private insurance is probably not conducive to India's conditions. The private healthcare sector is responsible for the majority of healthcare in India. Most healthcare expenses are paid out of pocket by patients and their families, rather than through insurance. In fact, recent world health statistics have indicated that India has the highest out of pocket private healthcare costs for families, among many other comparable developing nations including Pakistan, Sri Lanka, and Mexico. Almost twenty two percent of the population in India is believed to be below the poverty line (Planning Commission of India, 2013); therefore, the cost of treatment is a major factor in utilization of healthcare services. Since public healthcare services are lower in the cost aspect when compared to the private healthcare services, they play a very important role in providing affordable healthcare services to the Indian society. A comparative analysis of the costs associated with getting a treatment in public and private source shows that for outpatient services, average expenditure in private healthcare sources is more than twenty times as compared to public healthcare services for urban or rural areas of India (National Sample Survey, 60thRound, 2004). For inpatient services the average expenditure for hospitalized treatment is more than twice in private sources as compared to the public healthcare services for urban as well as rural areas (National Sample Survey, 60thRound, 2004). Patel *et al*. (2010)in astudy done in Gujarat, India, found empirical evidence that free medical services was the primary reason for the choice and utilization of public healthcare services. Considering the fact that public healthcare services are more affordable and have a wider reach in terms of their geographic coverage across the country, it is natural to expect a greaterutilization of public healthcare services. However, national statistics reveal that the private sector accounts for the majority of healthcare services utilization in both rural & urban parts of India. For all the outpatient services utilized in India, almost 80% of the healthcare services utilized are that of private healthcare sources irrespective of urban or rural areas of residence. Corresponding figures are approximately 60% for inpatient services (National Sample Survey, 60thRound, 2004). Therefore, despite the fact that during the last two decades there has been a lot of emphasis on public healthcare services in the form of increased monetary outlay and multitude of programs by national and state governments (Annual Report, Ministry of Health and Family Welfare, 2010)



Market Size

Deloitte Touche Tohmatsu India has predicted that with increased digital adoption, the Indian healthcare market, which is worth around US$ 100 billion, will likely grow at a CAGR of 23 per cent to US$ 280 billion by 2020. The revenue of India's corporate healthcare sector is estimated to grow at 15 per cent in FY 2017-18. India is experiencing 22-25 per cent growth in medical tourism and the industry is expected to double its size from present (April 2017) US$ 3 billion to US$ 6 billion by 2018. Medical tourist arrivals in India increased more than 50 per cent to 200,000 in 2016 from 130,000 in 2015.

There is a significant scope for enhancing healthcare services considering that healthcare spending as a percentage of Gross Domestic Product (GDP) is rising. Rural India, which accounts for over 70 per cent of the population, is set to emerge as a potential demand source.A total of 3,598 hospitals and 25,723 dispensaries across the country offer AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) treatment, thus ensuring availability of alternative medicine and treatment to the people.

India's healthcare: Private sector

Private healthcare

With the help of numerous government subsidies in the 1980s, private health providers entered the market. In the 1990s, the expansion of the market gave further impetus to the development of the private health sector in India. After 2005, most of the healthcare capacity added has been in the private sector, or in partnership with the private sector.

According to National Family Health Survey-3, the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas. The study conducted by IMS Institute for Healthcare Informatics in 2013, across 12 states in over 14,000 households indicated a steady increase in the usage of private healthcare facilities over the last 25 years for both Out Patient and In Patient services, across rural and urban areas. In terms of healthcare quality in the private sector, a study originally published in Health Policy and Planning by the Oxford University Press, indicated that health care providers in the private sector were more likely to spend a longer duration with their patients and conduct physical exams as a part of the visit compared to those working in public healthcare.

However, the high out of pocket cost from the private healthcare sector has led many households to incur Catastrophic Health Expenditure (CHE), which can be defined as health expenditure that threatens a household's capacity to maintain a basic standard of living. One study found that over 35% of poor Indian households incur CHE and this reflects the detrimental state in which Indian health care system is at the moment. With government expenditure on health as a percentage of GDP falling over the years and the rise of private health care sector, the poor are left with fewer options than before to access health care services. Private insurance is available in India, as are various through government-sponsored health insurance schemes. According to the World Bank, about 25% of India's population had some form of health insurance in 2010. A 2014 Indian government study found this to be an over-estimate, and claimed that only about 17% of India's population was insured. Private healthcare providers in India typically offer high quality treatment at unreasonable costs as there is no regulatory authority or statutory neutral body to check for medical malpractices. On 27 May 2012, the popular actor Aamir Khans program SatyamevJayate did an episode on "Does Healthcare Need Healing?" which highlighted the high costs and other malpractices adopted by private clinics and hospitals. In response to this, Narayana Health plans to conduct heart operations at a cost of $800 per patient.

Quality of healthcare

Non-availability of diagnostic tools and increasing reluctance of qualified and experienced healthcare professionals to practice in rural, under-equipped and financially less lucrative rural areas are becoming big challenges. Rural medical practitioners are highly sought after by residents of rural areas as they are more financially affordable and geographically accessible than practitioners working in the formal public health care sector. But there are incidents where doctors were attacked and even killed in rural India. In 2015 the British Medical Journal published a report by Dr Gadre, from Kolkata, exposed the extent of malpractice in the Indian healthcare system. He interviewed 78 doctors and found that kickbacks for referrals, irrational drug prescribing and unnecessary interventions were commonplace.

According to a study conducted by Martin Patrick, CPPR chief economist released in 2017 has projected people depend more on private sector for healthcare and the amount spent by a household to avail of private services is almost 24 times more than what is spent for public healthcare services.

South India

In many rural communities throughout India, healthcare is provided by what is known as informal providers, who may or may not have proper medical accreditation to diagnose and treat patients, generally offering consults for common ailments. Specifically, in Guntur, Andhra Pradesh, India, these informal healthcare providers generally practice in the form of services in the homes of patients and prescribing allopathic drugs. A 2014 study in the journal Health Policy and Planning, published by the Oxford University Press, found that in Guntur, about 71% of patients received injections from informal healthcare providers as a part of illness management strategies. The study also examined the educational background of the informal healthcare providers and found that of those surveyed, 43% had completed 11 or more years of schooling, while 10% had graduated from college.

Private healthcare players eyes incentives in new AP

Some of the leading specialty institutions like the L.V. Prasad Eye Institute (LVPEI) cater to patients not only from different parts of the country, but also from abroad. Over the years, the top hospitals have not only steadily built the needed infrastructure, but also attracted medical experts in different fields from all over the country.

Once the bifurcation of Andhra Pradesh takes place, it might take several years for putting in place the required medical infrastructure in the capital of AP in its new geographical avatar. To overcome this problem, it has been suggested that the government provide incentives, land at subsidized rate and tax holiday for faster growth of high-end healthcare infrastructure in the new capital.

Pointing out that the private sector played a major part in the development of high-end tertiary medical institutions in Hyderabad, CEO of Apollo Hospitals Group (Central Region) Dr. K. Hari Prasad said the private sector would start investing once a new capital is identified. "What has made a big difference to Hyderabad is the investment made by private sector," he added. He said the private sector would look for stability and incentives. For instance, incentives would enable a proposal to establish a 1,000-bed hospital in a year to enhance its strength to 1,500 beds. The investment needed for a high-end hospital would range from Rs. 50 K to Rs. 1 lakh per bed.

Dr. Hari Prasad said that initially every institution would cater to the local population. Subsequent growth would depend upon road, rail and air connectivity and the reputation of the institution. Healthcare infrastructure would definitely come up in the new capital, but growth after that would be entirely dependent on connectivity.

Chairman of the Asian Institute of Gastroenterology, Dr. D. Nageshwar Reddy suggested earmarking a big area of land for developing a medical city in the new capital. He said quick single window clearances, including those to pertaining to environment and pollution, should be given to anybody planning to set up a medical centre. He said incentives and giving land at a cheaper rate would enable faster development of medical infrastructure.

According to Dr. K. Ravindranath, CMD of Global Hospitals Group, development and growth of medical infrastructure would depend where the new capital would be located. Providing land, incentives and tax benefits would give a fillip to development of healthcare infrastructure as it would take a long time for the hospitals to achieve breakeven.

Review of literature

Indian healthcare industry is a disappointment on various levels. Though we may have the best technologies and doctors, Indian healthcare still lacks infrastructure in terms of paramedics, clinics, diagnostic centers and affordable healthcare. To get a broader picture, we got Aman Gupta, Principal Advisory for India Health Progress (IHP), an independent call-for-action forum dedicated to improve health care across India, to explain how we can address the lacunae in health care in India"The biggest challenge for India is the healthcare infrastructure financing mechanism," says Aman Gupta. "We need to be innovative in building healthcare infrastructure. Along with infrastructure, India also needs a strong paramedical staff. An environment needs to be created which supports innovations. The government is working hand in hand with private sector companies involving pharmaceutical, healthcare and diagnostics to meet the challenges."

Public healthcare services are plagued by non-availability of essential medicines, modern equipment's and shortfall of trained human resources thus tilting the balance towards preference for private healthcare service providers in India (Mahal *et al*., 2000; Naylor *et al*. 1999). Simon J.Khas suggested the public's attitude towards the health care industry has changed, in that they feel negatively towards our current health care delivery system. He further states that increased malpractice activities against hospitals are a result of change in the hospital image. Hospitals have not been adequate in their responsibility of marketing their role, services, and needs to the consumer. Programs and activities are not usually undertaken in response to need sensitive studies and target populations, nor are they consumer oriented on well publicized. Marketing can help administrators apply new techniques, which will enhance the stability of the hospital while making it responsive to the needs of those who use it.

Studies on health care services utilization in India (Majumder, 2006, Ager & Pepper 2005; Soman, 2002) have reported the existence of Indian medicine providers (homeopathic/ayurvedic/traditional healers) along with public and private healthcare service providers. They are considered to be a part of society and have been known to coexist as an alternate healthcare system across the country. These providers generally have the advantage of a positive word of mouth, easy accessibility and low cost of treatment (Soman, 2002). In terms of services, Zeithaml and Binter distinguish between three types of expectations. The first is desired service, defined as the level of service the customer hopes to receive, the 'wished for' level of performance blending what the customer believes 'can be' and 'should be'. Customers hope to achieve their service desires but recognize that this is not always possible and for this reason they hold a second, lower level expectation, adequate service, representing the 'minimum tolerable expectation' or bottom level of acceptable performance.

Zeithaml and Binter argue that customers recognize that service performance may vary and that the extent to which they recognize and are willing to accept this variation is called the zone of tolerance. In theory predicted service could equate with either adequate or desired service but is most likely to fall between the two and hence within the zone of tolerance. The zone of tolerance is seen as the range or window in which customers do not particularly notice service performance. When performance falls outside the range (either very high or very low) the customer expresses satisfaction or dissatisfaction.

Mark Peyrot et.al has examined factors related to consumer satisfaction and willingness to recommend the provider, by out-patients. The study examined the non-medical characteristics of the services, viz., staff behavior, atmospherics information, examination comforts and perceived worth. The study concluded that patient satisfaction and willingness to recommend the provider are related to several consumer perception of service quality. The study further concluded that out-patient health care facilities can increases patient satisfaction and willingness to recommend the provider by managing characteristics other than price and technical quality of care.

In the article of "Modeling patient satisfaction and service quality" by Taylor Steven A; Cronin Jr. J.Joseph. Attempt to clarify and extent the conceptualization and measurement of consumer's satisfaction and service quality in health services. Although the two constructs service as cornerstones in the design and implementation of heath care marketing strategies, a literature review suggests that satisfaction and service quality are currently difficult to distinguish both conceptually and operationally in health care settings.

BhatRamesh observed in his study on "Public Private Partnerships in Health sector- Issues and prospects". Those government budgetary allocations for health sector are low and with the changing technology, the government is not able to cater to the health needs of the people at various levels. Hence there is a need for public private partnerships in Health sector.
Bhat Ramesh observed in his study on "Regulation of private health sector in India conducted at national level in India". The private sector plays a dominant role in India's healthcare delivery system. The study conducted that the consumer protection act has not been very successful in providing protection to the consumers as far as the medical sector is concerned. Ari Mawachofi and Stephen L. Walston attempted to find factors affecting nurses' perceptions of patient safety. This paper aimed to examine socioeconomic and

organizational/system factors affecting patient safety and quality perceptions. They found that improved patient safety and the likelihood that nurses use their own facility include: fewer visible errors; ability to communicate suggestions; information technology support and training; and a confidential error reporting system. Furthermore, nursing in these hospitals was dominated by foreign nationals. The high positive patient safety perceptions may be influenced by either individual or peer biases.

Need for the study

It can be positive or negative feelings, perceptions, inhibitions, predispositions, expectations or experiences that a patient's has. Health care can get complicated and intricate at times. It is because of the complexity of the human brain and the way it functions. Patients are dynamic in thought but tend to converge while displaying certain emotions and behaviors. Thus, this study is conducted to know the perception of patient's towards the quality of health care services provided by the private hospitals in guntur and vijayawada.

Scope of the study

The scope of the study is only confirmed to know the "patient's perception" with reference to private hospitals in guntur and vijayawada. And also to suggests some remedies to counteract to improve their services.

Objectives of the study

- To know the patient's perception towards the health care services of private hospitals.
- To find out the factors that influence on patient's to prefer the services of private hospitals

Hypothesis statements

H_{10}: There is a significant difference in the perception about the facilities provided by private hospitals
H_{11}: There is a no significant difference in the perception about the facilities provided by private hospitals
H_{20}: There is a significant difference between the medical expenses and the confidence of patients
H_{21}: There is a no significant difference between the medical expenses and the confidence of patients

Research Methodology

The data collection comprises of both primary and secondary data. The primary data is collected through a questionnaire from the patient's of different private hospitals. The secondary data can be collected from the published reports, journals, national and international publications, websites etc. The study was conducted in Guntur and Vijayawada. A sample of 200 respondents was chosen for data collection. It was observed that nearly 40 questionnaires were uncompleted, and those were removed from the actual population which gave a sample size of 160 respondents in total.

Limitations

The survey was only restricted to Guntur and Vijayawada. The sample size are taken on basis of random, they may be few opinions, which might have been missed out. The accuracy of the analysis and conclusion drawn entirely depends upon the reliability of the information provided by the patients.

Analysis and Interpretation

Table 1 Socio economic factors:

Variables	Respondents(160)		Variables	Respondents(160)	
	Number	Percent		Number	Percent
Gender			**Place**		
Male	78	48.8	Rural	80	50.0
Female	82	51.3	Urban	80	50.0
Age			**Educational Qualification**		
< 25 year	18	11.3	SSC below	94	58.8
25-35 year	50	31.3	Inter	38	23.8
36-45year	52	32.5	Degree	20	12.5
46-55 year	40	25.0	Pg& others	8	5.0
Occupation			**Income**		
Employee	12	7.5	< 1 lakh	58	36.3
Business	72	45.0	1-2 lakh	42	26.3
Professional	6	3.8	2-3 lakh	38	23.8
Others	70	43.8	3-4 lakh	12	7.5
			>5 lakh	10	6.3

From the above table, it can be observed that 48.8 percent of respondents are Male out of 160 respondents and remaining are female. And it can be shown as 32.5 percent are come under the age of 36-45 years & 31.3 percent are the age of 25-35 years from 160 respondents. It can be clearly stated that 58.8 percent of respondents are below SSC qualification out of 160. And majority (36.3%) of the patients have below 1 lakh income, 26.3% of the respondents have their income levels as 1 to 2 lakhs, & 23.8% of the patients are came under the income level of 2-3 lakhs. It also identified that 45 percent of the respondents are business persons, and 43.8 percent are have other occupation.

Table 2 patients' perception on private hospitals

Perception	Excellent	Very good	Good	Satisfactory	Poor	Total	F-Value	Sig
Perception on hospital up-to-date equipment facility	2 (1.3)	6 (3.8)	46 (28.7)	54 (33.8)	52 (32.5)	160 (100)		
Opinion on hospital's physical visually appealing facilities	4 (2.5)	14 (8.8)	32 (20.0)	38 (23.8)	72 (45.0)	160 (100)	17.539	0.05
Availability of modern equipment	8 (5.0)	16 (10.0)	40 (25.0)	66 (41.3)	30 (18.8)	160 (100)		
Staff response when a patient comes	4 (2.5)	8 (5.0)	38 (23.8)	38 (23.8)	72 (45.0)	160 (100)		
Feel secure	0 (0.00)	6 (3.8)	26 (16.3)	86 (53.8)	42 (26.3)	160 (100)		

From the above table 2, the results show that about 33.80 per cent of the patients are satisfactory that the hospitals up-to-date equipment facility and about 45.00 per cent of the patients are agreed that the Hospital's physical visually appealing facilities are poor. Availability of modern equipment is satisfactory 41.30 per cent of the patients. The results further indicate that about 45.00 per cent of the patients are agreed with staff response when patient comes is poor and 53.80 per cent of the patients are feeling secure in terms of doctors' treatment and facilities. It is wonder that none of patients opinioned excellent security felling about corporate facilities.

The F-value of 17.539 is statistically significant at five per cent level of significance indicating that there is a significant difference in perception about Private hospital facilities among the patients.

Table 3 Frequency Distribution of Medical expenses and Confidence of patients on Private hospitals

Medical expenses	Confidence			Total	Chi-square
	High	Moderate	Low		
Very high	2 (1.20)	6 (3.80)	0 (0.00)	8 5.0%	27.214
High	6 (3.80)	30 (18.80)	8 (5.00)	44 (27.50)	
Moderate	6 (3.80)	24 (15.00)	38 (23.80)	68 (42.50)	
Low	0 (0.00)	20 (12.50)	20 (12.50)	40 (25.00)	
Total	14 (8.80)	80 (50.00)	66 (41.20)	160 (100.00)	

From the above table, it is identified that out of 160 patients, only 3.80 per cent of patients opinioned that very high medical expenses makes moderate confidence, 18.80 per cent opinion that high medical expenses gives moderate confidence, 23.80% of Moderate medical expenses makes low confidence, and 12.50% of both patients have both moderate and low confidence when medical expenses are low. The chi-square value of 0.10 is significant at one per cent level indicating that there is a significant difference between medical expenses and confidence.

Table 4 patients' perception on neat and tidy, promised to do, & understanding patient's problems of private hospital

	Area	S.A	A	M.A	SDA	DA	Total	Mean	Std. Deviation	t-value
Neat and tidy	Urban	4 (2.50)	18 (11.20)	50 (31.20)	8 (5.00)	0 (0.00)	80 (50.00)	-1.28750	.92748	-17.559
	Rural	0 (0.00)	32 (20.00)	40 (25.00)	0 (0.00)	8 (5.00)	80 (50.00)			
Promised to do	Urban	14 (8.80)	32 (20.00)	0 (0.00)	34 (21.20)	0 (00.00)	80 (50.00)	-2.47500	1.06369	-29.432
	Rural	0 (0.00)	0 (0.00)	22 (13.80)	14 (8.80)	44 (27.50)	80 (50.00)			
understand patient problems	Urban	0 (0.00)	10 (6.200)	38 (23.80)	30 (18.80)	2 (1.20)	80 (50.00)	-1.68750	.97250	-21.949
	Rural	0 (0.00)	0 (0.00)	0 (0.00)	38 (23.80)	42 (26.20)	80 (50.00)			

In order to customer perception about Health care services quality**,** the factor analysis has been employed. The principal component method of factor analysis is carried out with Eigen value greater than one through varimax rotation and the results obtained through rotated component matrix are presented in Table 5.

	Rotated factors loadings on			
	1	2	3	4
perception on hospital up-to-date equipment facility		.63		
opinion on hospital's physical visually appealing facilities	.83			
employees appeared neat and tidy in the hospitals				.26
Availability of modern equipment				.32
hospital promised to do something by a certain time	0.59			
staff response when a patient comes		.26		
the hospital kept its records accurately				.76
feel secure in your dealing			.87	
Level of confidence on knowledge of the employees	.059			
Staff properly understand the problems of the patients			.06	
How long had you wait to receive services			.57	
opinion on medical expenses		.67		
Eigen value	1.84	1.753	1.606	1.479
% of Variance	15.58	14.608	13.381	12.327
Cumulative % of Variance	15.58	29.994	43.375	55.702
Cronbach's Alpha		0.74		

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
Rotation converged in 7 iterations.

There are four independent groups are extracted which account for a total of 55.70 per cent of cumulative variance on the 12 variables of Health care services quality at private hospitals. Each of the factors contributes 15.58 per cent, 14.60 per cent, 13.38 per cent, and 12.32 per cent variance respectively.

Factor-I**:** From the table, it is inferred that out of 160 patients perception on Health care services quality, two variables have their high, relatively tightly grouped factor loadings on factor-I.

This factor consists of

- hospital's physical visually appealing facilities (.83)
- hospital promised to do something by a certain time (0.59)
- Level of confidence on knowledge of the employees (0.59)

Hence, this factor is named as "BELIEF".
Factor-II is formed with

- Patient perception on hospital up-to-date equipment facility (.63)
- staff response when a patient comes(0.26)
- opinion on medical expenses (0.67)

These variables are named as "Medical expenses"

Factor-III: This factor includes

- Feel secure in your dealing. (0.87)
- Staff properly understands the problems of the patients. (0.06)
- How long had you wait to receive services.(0.57)

These two variables are named as "Staff Response"

Factor-IV: This factor is formed with

- Employees appeared neat and tidy in the hospitals. (0.26)
- Availability of modern equipment(0.32)
- the hospital kept its records accurately (0.76)

This factor is named as "**Facilities"**

The Cronbach's alpha of the scale was 0.74 indicating that each measure demonstrated acceptable internal consistency.

Findings

- ❖ It can be find out the level of confidence on knowledge of the employees is only 59%
- ❖ It can be identified that 83% of private hospitals have physical visually appealing facilities.
- ❖ It can find out that only 59% of private hospital promised to do something by a certain time.
- ❖ It can be noted that only 63% of private hospitals have up-to-date equipment facility.
- ❖ Only 26% of private hospital staff response well when a patient comes.
- ❖ It can be find out that 67% of patients opinion on moderate medical expenses.
- ❖ It can be noted that majority of patients (87%) Feel secure in dealing of the staff of private hospitals.
- ❖ In can be finding out that only 6% of the Staff properly understands the problems of the patients.
- ❖ It can be noticed that 57% of the patients opinion that they are waiting long to receive services.

- ❖ Only 26% of the Employees appeared neat and tidy in the hospitals.
- ❖ It can be point out that only 32% of the private hospitals have modern equipment.
- ❖ It can be finding that 76% of the private hospital kept its records accurately

Suggestions

- It is suggested that to improve the level of confidence on knowledge of the employees while interact with the patients.
- It is also suggest that to provide the services within the time period.
- It is suggested that to update the modern equipment.
- It is suggested that to maintain the hospital and it's surrounding neat and tidy.
- It is suggested that staff should be understand the patient's problems properly.
- It is suggested that to provide the health care services to the patient's without a longer waiting of time.
- It is suggested that the staff should respond well when the patient's came to the hospital.

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