CUSTOMERS' SATISFACTION ON
THE HOSPITALS SERVICES: A COMPARISON

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ABSTRACT

Healthcare industry continues to face several challenges from the environment. Among many, one of the critical challenges is to improve the quality and efficiency of patient care. The ability of the healthcare organization to deliver fast and effective patient care is critical to its success. However enabling hospitals to provide better healthcare for their patients require a significant other issues like increasing efficiencies in how the staff delivers the service ranging from gate keeper attitudes, admission procedures, billing provisions to discharge of the patients from the hospitals. The purpose of this paper is directed to find out customers satisfaction from the hospitals under study. It seeks to analyze the quality of medical service in the hospitals. Finally the paper aims to determine and examine if there are differences among the hospitals in the satisfaction of the patients. To address the objective, a survey was conducted of the patients of three biggest private hospitals in Manipur (India). The survey asked about the patient satisfaction of the service they received from the hospitals using schedules. The schedule includes questions on the perceptions of the patients in registration and admission, cleanliness and comfort, doctors' care, nurses' care, treatments, and fees and charges.

Keywords: *patient satisfaction, private hospital, quality service, ANOVA.*

Introduction:

Healthcare industry is one of the most dynamic sectors of the global economy. The industry continues to face several challenges from the environment. Among many, one of the critical challenges is to improve the quality and efficiency of patient care. The healthcare administrators and medical providers are confronted with delivery of medical care to patients safely and securely. They are increasingly required to acquire new competencies to ably perform their tasks. There is a need to drive the medical professionals and the providers to create patient centric services. The healthcare organisations should realize the benefits of enhancing patient care in the form of satisfied and loyal customers. They are required to provide better services to patients to increase customers continued sponsorships. The ability of the healthcare organization to deliver fast and effective patient care is critical to its success. However enabling hospitals to provide better healthcare for their patients require a significant other issues like increasing efficiencies in how the staff delivers the service ranging from gate keeper attitudes, admission procedures, billing provisions to discharge of the patients from the hospitals.

One of the main objectives of hospital is to provide adequate care and treatment of its patients. Its principal product is medical, surgical and nursing services to the patient and its central concern is life and health of the patient. As a service organization, the hospitals need to recognize the importance of consumer satisfaction and relationship management. They need to develop better understanding of patient-provider relationship and established long-term patient-provider bond (Chahal, 2008). The organizations effort to measure relationship and patient satisfaction offers number of economic advantages such as retaining customers, reducing defections, sustaining competitive pressures, bringing new customers through referrals to them.

Patients come to the hospital to get cured of illness. Therefore they have every right to expect and receive care, proper treatment and all necessary information. Hospital should be able to meet the expectations of the patients and patient parties which involve physical, mind and spiritual attention to the need and requirements of the patient. The patients in general develop loyalty towards provider based upon the experiences with their stay in the hospitals. Their interaction with the doctors, nurses, cleaners, gatekeepers, bill handlers have significant impact in forming impression

of the hospital in stay. The level of satisfaction and perceived service quality influence the patient willingness to visit again the particular hospital. Quality of patient care has always been one of the most important factors in hospital performance. Quality in healthcare/hospitals requires adequately trained medical providers give appropriate treatment to the needy patients.

Review of Literature:

There have been various studies conducted to find out the satisfaction of the patients. Quality management has emerged not only as the most significant and long term strategy for ensuring the survival of organizations, but also leads to business excellence (Raja et al., 2007). James (2005) highlighted that the competition in healthcare industry is shifting from price competition to quality and performance competitions. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects (Torcson, 2005). Patient satisfaction is an indicator that should be indispensable to the assessment of the quality of care in hospitals. Badri, et al.(2008) view that patients and their satisfaction are considered the most crucial point in planning, implementation and evaluation of service delivery and that the meeting the needs of the patients and creating health care standards were imperative towards achieving high quality. Zineldin (2006) stated that patient satisfaction is an important health outcome and measure.

According to Locker and Dunt (1978), patient satisfaction has become an important part of policy formulation and medical, in as much as it affects compliance and participation in care. Patient satisfaction may be used as an evaluation of quality of care, as an outcome variable, and as a method for quality improvement. Raja et al (2007) found that the healthcare service quality is linked to activities, interactions and solutions to customer problems. Bhat and Malik (2007) in their study on 'A Quality of Medical services' highlighted the patient's decision to patronise a healthcare organisation and the importance of quality of service offered to the patient by the hospital. The study analyses the expectations and perceptions of patients towards the health providers. The paper outlines the importance of service quality in strategic planning and for corporate success.

Singh and Shah (2011) in a study found that Patients can have multiple reasons for choosing a particular medical provider. Again proportion of patients willing to seek a particular hospital (medical provider) can be significantly different across attributes such as infrastructure considerations, suggestions by friends and relatives, transport convenience, availability of specialist consultants, near to home etc. (Singh and Shah, 2011).

Ross et al (1995) in a study examines the variability in patients satisfaction evaluations related to seven different measurement methods and the effect of response biases on reported satisfaction. The study uses the comparative performances of seven satisfaction measures such as global rating, multidimensional ERS, a two-item evaluation of

quality, a six-item attitude measure of general satisfaction, a four-item attitude measure of satisfaction with physicians, a four-item measure of behavioral intentions, and willingness to pay the money. The study showed that different measurement methods may provide very different results in the measurement of patient satisfaction.

Merkel (1984) found no significant relationship between actual patient satisfaction and physician perception of patient satisfaction. The study conducted on a sample of 222 adult patients (165 women, 57 men), and 10 physicians (8 men and 2 women at a university-affiliated teaching hospital of St. Louis, Missouri concluded that physicians could not predict accurately their patients' level of satisfaction with medical care. Merkel predicts that a patient-physician relationship is more likely to continue if it is gratifying to both, i.e., patients return to physicians with whom they are satisfied and physicians like patients who are satisfied with the care they receive.

Young et al (2000) using a database from Veterans Health Administrations of United States collected from 135 hospitals in 1997, found that among demographic characteristics such as age, health status, and race consistently had a statistically significant effect on satisfaction scores. Among the institutional characteristics, hospital size consistently had a significant effect on patient satisfaction scores. The study however was limited to identify patient-level demographic and hospital-level institutional characteristics that may need to be taken into account in comparisons of health care organizations based on patient satisfaction data. The study concludes that hospital managers and clinicians would appear to be in a position to affect patient satisfaction through improvements in service processes.

Other studies indicate that patient satisfaction is positively related to accessibility, availability, and convenience of care (Clearly and McNeil 1988; Weiss and Ramsey, 1989). Strasser (1991) discusses the quantitative measurement of patient satisfaction. It is defined as the measurement of patients' stimuli, value judgments, and reactions to their health care experience through numerical representation.

According to Sitzi and Wood (1997), components of satisfaction consist of: structural, technical and interpersonal aspects of care. The structural aspects includes: access, physical setting, costs, convenience, and treatment by non-clinical staff/insurers. The technical aspects include knowledge, competence/quality of care, interventions, and outcomes. The interpersonal aspects includes: communication, empathy, and education.

Hall and Dornan (1990) in a study conclude that patient satisfaction is associated with age and education and nearly significantly associated with social and marital status. Hall and Dornan (1988), in another study found that patients were more satisfied with newer doctors because they spend more time with patients, and displayed more technical and interpersonal competence. They have also observed that negative experiences are remembered for a longer period of time by the patients. Brody et al. (1989) commented that patients are unable to assess technical care; patients may perceive technical care as so

uniformly good that there is very little variability; or that non-technical aspect of care are simply more meaningful to patients. Inui and Carter (1985) highlighted communication between health care provider and patient as an extremely important aspect of health care. It is important to augment measures that categorize a specific type of interaction of verbal communication with measures of other types of interaction, such as body language.   Effective communication was found to be key to patient satisfaction (Saila et al, 2008). They also found that the most important determinants of an outpatient's opinion of the quality of hospital care were the actual consultation with the doctor.

Objectives of the Paper:

Hospitals in competitive market are expected to demonstrate their consistent commitment to quality and service to increase their attractiveness from the public and the patients. It is important to evaluate the outcomes for which the patient experience for the quality of medical service they receive from the hospitals. Thus, the purpose of this paper is directed to find out customers satisfaction from the hospitals under study. It seeks to analyze the quality of medical service in the hospitals. Finally the paper aims to determine and examine if there are differences among the hospitals in the satisfaction of the patients.

Hypothesis:

The following hypothesis has been framed to meet the objective of the study:
There is no significant difference among the hospitals as regard to the satisfaction of the customers in the quality of service they receive from the hospitals.

Methodology:

To address the objective, a survey was conducted of the patients of three biggest private hospitals in Manipur (India). The survey asked about the patient satisfaction of the service they received from the hospitals using schedules. The schedules were adapted from the questionnaire developed by Bhat and Malik (2007). This had the reliability of 0.96 score which were found out using Cronbach's Alpha test. The schedule includes questions on the perceptions of the patients on 6 dimensions viz. on Registration and Admission, Cleanliness and Comfort, Doctors' care, Nurses' care, Treatments, and Fees and charges. One-way Analysis of Variance (ANOVA) is used to test whether significant difference exist among the hospitals as regard to the quality of service customers receive or not.

Sample:

The sample consisted of 143 respondents, which include 63 from Shija Hospitals and Research Institute (SHRI) and 40 each from Catholic Medical Centre (CMC) Hospital and Imphal Hospital and Research Centre (IHRC). The profiles of the respondents were taken on characteristics like age, gender, occupation, education and monthly income of the family.

For SHRI, out of 63 respondents, 33 were males and 30 were females constituting 52.38 percent and 47.62 percent for the males and females respectively. The average age of the respondents were 42 years with 8 and 75 years old being the minimum and maximum age of the respondents respectively. In terms of occupation, government servants (28.57 percent) were largest in number followed by private employees (23.81 percent), self-employed (14.29 percent), students (12.7 percent), housewives (11.11 percent) and retired (9.52 percent). In terms of education, 46 percent had higher education as highest qualification followed by graduate (28.57 percent), high school (12.7 percent), postgraduate (11 percent) and below high school (1.59 percent). As many as 40 numbers constituting 60 percent belonged to the family monthly income group of above Rupees 20000. It is followed by 21 numbers (33.33 percent) of family monthly income of Rupees 10001 to 20000 and remaining 4 (6.35 percent) had a family income of Rupees 5001 to 10000.

For CMC Hospital, out of 40 respondents, equal number of 20 males and 20 females were included. The average age of the respondents were 40 years with 6 and 73 years old being the minimum and maximum age of the respondents respectively. In terms of occupation, private employees numbering 11 constitute largest with 27.5 percent followed by housewives 8 (20 percent), retired 7 (17.5 percent), self-employed 6 (15 percent), students (12.5percent) and government 3 (7.5 percent). In terms of education, 42.5 percent had higher education as highest qualification followed by graduate (30 percent), high school (15 percent), post graduate (10 percent) and below high school (2.5 percent). As many as 19 numbers constituting 47.5 percent belonged to the family monthly income group of Rupees 10001 to 20000. It is followed by 16 numbers (40 percent) of family monthly income of Rupees 5001 to 10000, 4 (10 percent) of Family monthly income more than Rupees 20000 and 1 (2.5 percent) had a family income of less than Rupees 5000.

For IHRC, out of 40 respondents, 18 were males and 22 were females. The average age of the respondents were 20 years with 8 and 75 years old being the minimum and maximum age of the respondents respectively. In terms of occupation, government employees numbered 13 constituting largest with 32.5 percent followed by students 8 (20 percent), retired and self-employed 6 each (15 percents) and housewives 4 (10 percent). In terms of education, 35 percent had higher education as highest qualification followed closely by graduate (32.5 percent), post graduate (12.5 percent), high school and below high school (10 percent each). As many as 30 numbers which constitute 75 percent belonged to the family monthly income group of Rupees 10001 to 20000. It is followed by 7 numbers (17.5 percent) of family monthly income of above Rupees 20000 and only 3 (7.5 percent) had a family income of less than Rupees 5001 to 10,000.

Results and Discussions:

Table-1: Comparative Patients Satisfaction of the Three Hospitals

Dimension	SHRI	CMC	IHRC	F	P
Registration and Admission	24.30 ± 2.32[a]	23.20 ± 1.79[b]	20.78 ± 3.48[ab]	23.092	0.000
Cleanliness and Comfort	30.83 ± 3.07[a]	33.08 ± 2.30[a]	29.15 ± 3.13[a]	18.593	0.000
Doctors care	36.63 ± 6.35	38.28 ± 5.95	36.42 ± 6.23	1.122	0.329
Nurses care	32.92 ± 6.25	34.10 ± 4.09[a]	31.12 ± 4.10[a]	3.390	0.037
Treatment	31.02 ± 2.69[ab]	26.85 ± 2.40[a]	26.90 ± 2.55[b]	45.802	0.000
Fees and Charges	11.98 ± 3.26[a]	15.30 ± 0.79[a]	13.65 ± 2.13[a]	22.586	0.000

abSignificant difference between the organisation at 0.05 level
Mean ± S.D.

Satisfaction of Patient Parties on Registration and Admission:

To understand the satisfaction of patient in respect of the elements on registration and admission of patient of the hospitals, schedules containing 6 items with 5 point scales were enquired from the patients. The items include are Behaviour of gatekeeper; Polite and helpful employees at registration counter; Arrangement regarding billing; Employees providing admission tickets act honestly; Overall procedure of registration; and Waiting time for being attended. The values assigned to the scale consists of 5 for excellent, 4 for good, 3 for satisfactory, 2 for poor and 1 for very poor. The composite scores have been calculated by adding all the scores of all the ten items. The minimum score is 1 x 6 = 6 and the maximum score can be 5 x 6 = 30. The average score of 18 (i.e. 3 x 5) or more is considered to be satisfactory.

The average score has been calculated by using weighted arithmetic mean i.e.

$$X = \sum f_i x_i / N$$

where, x_i = level of agreement measured in 5 points scale (Likert)

f_i = number of respondents in each category of agreement

$N = \sum f_i$ = total number of respondents

According to the results, the mean score of all the three Hospitals is more than 18 which is satisfactory. Again, among the three hospitals, SHRI's score is found to be relatively higher than CMC Hospital and IHRC. One-way ANOVA calculated through SPSS 16 is used to find out the significant difference in the patient satisfaction on registration and admission in the three hospitals. The F value observed from ANOVA summary Table-1 revealed the difference to be significant. The result is significant at p=0.000. Therefore, the result shows significant difference of variance among the patients of the three hospitals on the satisfaction of registration and admission in the hospital.

To further understand which of the specific group differed, Tukey post-hoc test is conducted. The result is given in the Table-2 below.

Table-2: Multiple Comparisons of the Patient' Satisfaction on Registration and Admission

(I) Organisation	(J) Organisation	Mean Difference (I-J)	Sig.
SHRI	CMC	1.102	0.090
	Imphal	3.527[*]	0.000
CMC	SHRI	-1.102	0.090
	Imphal	2.425[*]	0.000
Imphal	SHRI	-3.527[*]	0.000
	CMC	-2.425[*]	0.000

*Significant at 0.01 level

As we can see from the Table-2, there is a significant difference in the satisfaction of patients between SHRI and IHRC (p=0.000) as well as between CMC Hospital and IHRC (p=0.000). However there is no significant difference between SHRI and CMC Hospital (p=0.090).

Cleanliness and Comfort of the Hospital:

The delivery of clean, safe, care environment is a priority for hospitals. Improving cleanliness in hospitals is important for both patients and staff. To understand the satisfaction of patient in respect of cleanliness and comfort of the hospitals, schedules containing 8 items with 5 point scales were enquired from the patients. The items include are Neat and clean corridors; Clean and functional bathrooms and toilets; Neat and clean waiting room; Fresh and clean garments and curtains; Clean drinking water area; Ventilation of wards; Regular changing of bedding; and Regular cleaning of Floors. The values assigned to the scale consists of 5 for excellent, 4 for good, 3 for satisfactory, 2 for poor and 1 for very poor. The total scores have been calculated by adding all the scores of all the ten items. The minimum score is 1 x 8 = 8 and the maximum score can be 5 x 8 = 40. The average score of 24 (i.e. 3 x 8) or more is considered to be satisfactory.

According to the results, the mean score of all the three Hospitals is more than 24 which is satisfactory. Again, among the three hospitals, CMC Hospital's score is found to be relatively higher than SHRI and IHRC. The F value observed from ANOVA summary Table-1 revealed the difference to be significant. The result is significant at p=0.000. Therefore, the result shows significant difference of variance among the patients of the three hospitals on the satisfaction of cleanliness and comfort in the hospital. To further understand which of the specific group differed, Tukey post-hoc test is conducted. The result is given in the Table-3 below.

Table-3: Multiple Comparisons on the Patient Satisfaction of Cleanliness and Comfort

(I) Organisation	(J) Organisation	Mean Difference (I-J)	Sig.
SHRI	CMC	-2.250[*]	0.001
	Imphal	1.675[*]	0.013
CMC	SHRI	2.250[*]	0.001
	Imphal	3.925[*]	0.000
Imphal	SHRI	-1.675[*]	0.013
	CMC	-3.925[*]	0.000

*Significant at 0.05 level

As we can see from the Table-3, there is a significant difference in the satisfaction of patients between SHRI and CMC Hospital (p=0.001) as well as between SHRI and IHRC (p=0.013). Significant difference is also found between CMC Hospital and IHRC (p=0.000).

Physician Care:

Physicians are the clinical leaders of the Health care organization. They are associated with the organization principally by a contract for the privilege to treat patients. They are accountable for the quality of care through service lines and monitoring of their individual performance, but they are given substantial autonomy to fulfill their role as agents for individual patients. Physician-patient relations are vital importance in hospital services, for patient and the doctor to have a human and scientific interaction. The doctor's ability to express clearly his/her empathy for the patient's feelings, rights and suffering is of paramount importance. There is an old saying that 'a good doctor can relieve half the suffering with his good and humane approach to a patient.'

To understand the satisfaction of patient in respect of doctors' care in the hospitals, schedules containing 10 items with 5 point scales were enquired from the patients. The items include are sympathy and politeness of doctors; promptness of doctors; Waiting time of the doctors; Intelligence of doctors; Interaction with patients; Supportive and helpful doctors; Quick response from doctors; Confident and trustworthy doctors; Doctors' courtesy and respect towards the patients; and Doctors' response to queries from the patients. The values assigned to the scale consists of 5 for excellent, 4 for good, 3 for satisfactory, 2 for poor and 1 for very poor. The total scores have been calculated by adding all the scores of all the ten items. The minimum score is 1 x 10 = 10 and the maximum score can be 5 x 10 = 50. The average score of 30 (i.e. 3 x 10) or more is considered to be satisfactory.

According to the results, the mean score of all the three Hospitals is more than 36 which is satisfactory. Again, among the three hospitals, CMC Hospital's score is found to be relatively higher than SHRI and IHRC. However the difference is insignificant as revealed by the F value observed the ANOVA Table-1 at 0.05 level. The result shows no significant difference of variance among the customers of the three hospitals on satisfaction of doctors' care.

Nursing Care:

The development of the modern nursing profession is customarily associated with English nurse Florence Nightingale dated to 1854. The scope of nurse practice has expanded on many occasions since the days of Florence Nightingale. Each expansion first occurred along the route of on-the job experience and training. Over time, the acceptance of new roles for nurses is demonstrated in their practice. In Hospitals, in addition to their nursing care, Nurses may also be assigned to greet incoming patients and decide which ones require priority medical treatment. Customers' expectations for nurses are different from those for bill collectors. Nurses are justifiably concerned about patient safety and their wellbeing. Hence, the services provided by the nurses of the hospitals are closely associated with the satisfaction of patients.

To understand the satisfaction of patient in respect of Nursing care of the hospitals, schedules containing 9 items with 5 point scales were enquired from the patients. The items include are Sympathy and politeness of nurses; Promptness of nurses; Intelligence of nurses; Interaction with patients; Supportive and helpful nurses; Quick response from nurses; Confident and trustworthy nurses; Nurses' courtesy and respect towards the patients; and Nurses' response to queries from the patients. . The values assigned to the scale consists of 5 for excellent, 4 for good, 3 for satisfactory, 2 for poor and 1 for very poor. The total scores have been calculated by adding all the scores of all the ten items. The minimum score is 1 x 9 = 9 and the maximum score can be 5 x 9 = 45. The average score of 27 (i.e. 3 x 9) or more is considered to be satisfactory.

According to the results, the mean score of all the three Hospitals is more than 27 which is satisfactory. Again, among the three hospitals, CMC Hospital's score is found to be relatively higher than SHRI and IHRC. The F value observed from ANOVA summary Table-1, revealed the difference to be significant. The result is significant at p=0.037. Therefore, the result shows significant difference of variance among the patients of the three hospitals on the satisfaction of Nursing care in the hospital.

To further understand which of the specific group differed, Tukey post-hoc test is conducted. The result is given in the Table-4 below.

Table-4: Multiple Comparisons on the Patient Satisfaction on Nursing Care

(I) Organisation	(J) Organisation	Mean Difference (I-J)	Sig.
SHRI	CMC	-1.179	0.497
	Imphal	1.796	0.201
CMC	SHRI	1.179	0.497
	Imphal	2.975[*]	0.029
Imphal	SHRI	-1.796	0.201
	CMC	-2.975[*]	0.029

As we can see from the Table-4, there is a significant difference in the satisfaction of patients between CMC Hospital and IHRC (p=0.029). However, there is no significant difference between SHRI and CMC Hospital (p=0.497) as well as between SHRI and IHRC (p=0.201).

Treatment Results:

Patients come to the hospital for treatment of their illness. The most important function for healthcare institutes particularly a hospital is to provide direct care to patients. Health outcomes that are specific to the persons who receive care are often called clinical outcomes. A major concept used in defining the quality of health care in the present era is the evaluation of its effectiveness, that is, whether the care produces the desired or intended result.

To understand the satisfaction of patient in respect of Treatment results of the hospitals, schedules containing 9 items with 5 point scales were enquired from the patients. The items include are Improvement in conditions after consulting the doctor; Availability of medicines; Adequate medical test facilities; Quickly available test results, Blood

bank services; Procedure of treatment; Methods of explaining the results; Attention from nurse regarding drips & wound dressing; and Supplying information about health progress. The values assigned to the scale consists of 5 for excellent, 4 for good, 3 for satisfactory, 2 for poor and 1 for very poor. The total scores have been calculated by adding all the scores of all the ten items. The minimum score is 1 x 9 = 9 and the maximum score can be 5 x 9 = 45. The average score of 27 (i.e. 3 x 9) or more is considered to be satisfactory.

According to the results, the mean score of SHRI is found to be 31 whereas CMC Hospital and IHRC have mean scores of 27. This reveals the significance difference among the hospitals under study on the satisfaction of treatment results. Among the three hospitals, SHRI's score is much higher than the other two Hospitals. The F value observed from ANOVA summary Table-1, revealed the difference to be highly significant. The result is significant at p=0.000. Therefore, the result shows significant difference of variance among the patients of the three hospitals on the satisfaction of Treatment results in the hospital.

To further understand which of the specific group differed, Tukey post-hoc test is conducted. The result is presented in the Table-5 below.

Table-5: Multiple Comparisons on the Patient Satisfaction of Treatment Results

(I) Organisation	(J) Organisation	Mean Difference (I-J)	Sig.
SHRI	CMC	4.166*	0.000
	Imphal	4.116*	0.000
CMC Hospital	SHRI	-4.166*	0.000
	Imphal	-0.050	0.996
IHRC	SHRI	-4.116*	0.000
	CMC	0.050	0.996

*Significant at 0.01 level

As we can see from the Table-5, there is a significant difference in the satisfaction of patients between SHRI and CMC Hospital (p=0.000) as well as between SHRI and IHRC (p=0.000). However, there is no significant difference between CMC Hospital and IHRC (p=0.996).

Fees and Charges:

Price in the form of fees and charges in the hospital is the indicator of service quality. It can be an attraction as well as a repellent variable. Customers use price as indicator of quality depends on many factors including other information available to him. When service cues to quality are readily accessible or when brand names provide evidence of reputation of hospital, customer may use their cues instead of price. Otherwise in absence of this factor, price is the best indicator of quality. In the Indian setting where a number of persons are below poverty line it is challenging task to formulate a pricing strategy by the hospitals.

To understand the satisfaction of patient in respect of Fees and charges of the hospitals, schedules containing 5 items with 5 point scales were enquired from the patients. The items include are Charges paid to the hospital; Charges paid to the surgeon; Charges paid for nursing; Charges paid for the room; and Charges paid for medicine. The values assigned to the scale consist of 5 for very low, 4 for low, 3 for reasonable, 2 for high and 1 for very high. The total scores have been calculated by adding all the scores of all the ten items. The minimum score is 1 x 5 = 5 and the maximum score can be 5 x 5 = 25. The average score of 15 (i.e. 3 x 5) or more is considered to be reasonable.

According to the results, only CMC Hospital's score is more than 15 while the SHRI and IHRC' score are less than 15. It also reveals that the average patient of SHRI and IHRC considered the fees and charges paid to the hospitals is high. Whereas the average patients of CMC Hospital considered the fees and charges paid to the Hospital is reasonable. The F value observed from ANOVA summary Table-1, revealed the difference to be significant. The result is significant at p=0.000. Therefore, the result shows significant difference of variance among the patients of the three hospitals on the satisfaction of Fees and charges paid to the hospitals.

To further understand which of the specific group differed, Tukey post-hoc test is conducted. The result is presented in the Table-6 below.

Table-6: Multiple Comparisons on the Patient Satisfaction on Fees and Charges

(I) Organisation	(J) Organisation	Mean Difference (I-J)	Sig.
SHRI	CMC	-3.316*	0.000
	Imphal	-1.666*	0.003
CMC	SHRI	3.316*	0.000
	Imphal	1.650*	0.009
Imphal	SHRI	1.666*	0.003
	CMC	-1.650*	0.009

*Significant at 0.01 level

As we can see from the Table-6, there is a significant difference in the satisfaction of patients between SHRI and CMC Hospital (p=0.000), between SHRI and IHRC (p=0.003) and also between CMC Hospital and IHRC (p=0.009).

Thus, the overall analysis finds that other than doctor's care which is insignificant all the other factors of Registration and admission, Cleanliness and Comfort, Nurses care, Treatment, and Fees and charges are found to be significant. Hence, the hypothesis that there is no significant difference among the hospitals as regard to the satisfaction of the customers in the quality of service they receive from the hospitals is rejected.

Conclusions:

Consumer considers quality service as a stipulation to their satisfaction. Hospital as an important healthcare institution, need to recognize the importance of patients' preferences. Patient satisfaction measures should be used to monitor the performance of health services especially for hospital. Hospital executives should recognise patients,

who are the customers, as the most important exchange partners. They visit hospitals expecting appropriate, high-quality medical care, a safe environment, and reasonably comfortable amenities. Much of the failure in patient relations comes from the difficulties in managing that trust. The customer is the foundation of the business and keeps it in existence. Successful hospitals constantly should strive for higher levels of patient service. Hospitals should continuously evaluate and determine the needs of the patients. Patients' satisfaction to a hospital benefits not only its continuance visits to the hospital but also recommends it to others. Patient satisfaction surveys should be voluntarily done by the hospitals on regular basis. This would ensure increase market share and continuous growth. On the other hand, failure to do so may result in loss of competitive advantage to the rival competitors.

This study demonstrates that significant differences are found among private hospitals which are competing for customer acceptance. Hospital and healthcare managers must regard consumer satisfaction surveys as a mechanism to learn the expectations and perceptions of the patients. It should be viewed as a strategic management tool to increase customer loyalty and increase the organisation's performances. This is critical in contemporary healthcare scenario where new corporate giants both Indian as well as foreign are in the fray to attract patients. The way companies become successful depends upon how ably they compete with their rivals. They certainly have to compete for customer satisfaction to attract more patients. Again, as the consumer movements are gaining strength in health care, the concept of patient satisfaction should be drawn increasing attention.

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