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## CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	VAR ANALYSIS OF EXPORTS, IMPORTS AND THE ECONOMIC GROWTH: EVIDENCE OF INDONESIA <i>Dr. CHENG-WEN LEE &amp; NURHIKMAH OLA LAIRI</i>	1
2.	AN ANALYSIS OF THE CONTRIBUTION OF VALUE ADDED TAX TO MADHYA PRADESH STATE FINANCE <i>Dr. VAIBHAV MODAK &amp; Dr. SURESH SILAWAT</i>	6
3.	ECONOMIC FEASIBILITY STUDY OF PLASTIC MIX BITUMEN ROAD <i>DEEPIKA SWAIN &amp; Dr. KAILASH MOHAPATRA</i>	10
4.	THE ECONOMICS OF PUBLIC SERVICE ADVERTISING OF HEALTH CARE SERVICE SECTOR – A LITERATURE REVIEW <i>Dr. DHANANJOY DATTA &amp; Dr. AMITA KUMARI CHOUDHURY</i>	15
5.	IMPACT OF RURAL DEVELOPMENT PROGRAMMES ON ASSET, INCOME AND EMPLOYMENT IN HIMACHAL PRADESH: A CASE STUDY OF MANDI DISTRICT <i>Dr. K.C. SHARMA &amp; RAKSHA SHARMA</i>	19
6.	A STUDY ON THE PROBLEMS FACED BY THE FARMERS CULTIVATING SUGARCANE WITH SPECIAL REFERENCE TO ERODE AND TIRUPUR DISTRICTS <i>Dr. S. UMARANI</i>	22
7.	DYNAMICS AND DETERMINANTS OF IPO INVESTING BY RETAIL INVESTORS: EVIDENCE FROM INDIAN STOCK MARKET <i>Dr. SATHYANARAYANA &amp; BHAVYA N</i>	27
8.	A STUDY ON CUSTOMER PERCEPTION TOWARDS VALUE ADDED SERVICES IN PUBLIC SECTOR BANKS WITH SPECIAL REFERENCE TO ERODE DISTRICT <i>M. SURESH KUMAR &amp; Dr. G. SURESH</i>	36
9.	SWAY ON FDI IN INDIA: SOME RUDIMENTARY CORROBORATIONS <i>Dr. JOSEPH JAMES V, Dr. SAJEEVE V P &amp; CATHERINE E PERIERA</i>	45
10.	PATIENTS' OPINION TOWARDS QUALITY HEALTHCARE SERVICES PROVIDED BY CO-OPERATIVE HOSPITALS: A STUDY ON SHRI J G CO-OPERATIVE HOSPITAL SOCIETY LTD., GHATAPRABHA <i>DINESHA K &amp; Dr. LAXAMANA P</i>	52
11.	THE BILATERAL RELATIONS BETWEEN INDIA AND SAUDI ARABIA <i>Dr. SHEETAL VARSHNEY</i>	55
12.	IMPACT OF TQM PRACTICES ON ECONOMIC PERFORMANCE AT WORKING IRON AND STEEL FIRMS KARNATAKA <i>K C PRASHANTH</i>	58
13.	CORPORATE SOCIAL RESPONSIBILITY PRACTICES BANKS IN INDIA: A STUDY OF TWO PRIVATE SECTOR BANKS <i>DHRITABRATA JYOTI BHARADWAZ</i>	64
14.	DEMOGRAPHIC AND SOCIO-ECONOMIC CONDITIONS OF MGNREGS BENEFICIARY HOUSEHOLDS IN PUNJAB: AN EMPIRICAL STUDY <i>Dr. SARBJEET SINGH &amp; JAGDEV SINGH</i>	69
15.	AN EMPIRICAL STUDY OF LIFE INSURANCE IN GANGTOK, SIKKIM <i>KEWAL RAI, ARUN ACHARYA, ROSHAN SHARMA, ANIL RAI &amp; TSHERING LHAMU BHUTIA</i>	77
16.	EMPOWERMENT OF WOMEN IN INDIA THROUGH EDUCATION <i>Dr. P. OMKAR</i>	84
17.	IMPACT OF GOODS AND SERVICES TAX (GST) ON COMMON MAN IN INDIA <i>DODDA YALLAPPA JINDAPPA</i>	87
18.	STATUS OF WOMEN IN EGYPT SINCE INFITAH <i>EREIPHY KEISHING</i>	89
19.	INCOME AND INVESTMENT PATTERN AMONG WORKING WOMEN WITH REFERENCE TO MADURAI CITY – A CASE STUDY <i>R. VENNILA</i>	92
20.	DIGITAL INDIA: INFUSE TECHNOLOGY IN GOVERNANCE <i>POOJA</i>	95
	<b>REQUEST FOR FEEDBACK &amp; DISCLAIMER</b>	98

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**PATIENTS' OPINION TOWARDS QUALITY HEALTHCARE SERVICES PROVIDED BY CO-OPERATIVE HOSPITALS: A STUDY ON SHRI J G CO-OPERATIVE HOSPITAL SOCIETY LTD., GHATAPRABHA**

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**ABSTRACT**

*Quality has become an icon for customers while selecting a service or product and at the same time organization is making for providing quality products or services as per customer's needs and demands. Like the other service organizations, healthcare sector has also become a highly competitive and rapidly growing service industry around the world. Countries like India made significant achievement in health services, results in health care sector. Public hospitals are providing free and low cost facility which is not standardized and people belongs to public hospitals not giving standardized services. Private hospitals are well equipped with modern equipments, doctors, staff and infrastructure facility, but consumers are getting with high cost which is too costlier that they could not pay money from their income. Co-operative hospitals providing facility with low cost. The health care of the co-operative people or members cannot afford costly medicines or costly health services. In health care patients perceptions are considered to be the major indicator to assess the service quality of organization. It means that customer satisfaction is the major devise for critically decision making in selecting a healthcare services and quality to the customers should meet their perceptions. Hence this study.*

**KEYWORDS**

Shri J G Co-operative hospital society Ltd. Ghataprabha, patients' Opinion, co-operative hospitals.

**INTRODUCTION**

**C**hanging customer demands, increased expectation for superior quality of products or services and the global competition has created competitive environment among different industrial sectors. Quality has become an icon for customers while selecting a service or product and at the same time organization is making for providing quality products or services as per customer's needs and demands. Quality has been considered as strategic advantage for the organization to gain success and sustain in the business world in the long run.

Like the other service organizations, healthcare sector has also become a highly competitive and rapidly growing service industry around the world. Healthcare sector has also become one of the faster growing sectors in India and hospital consumer (patients and patient attendants) expect not only "cure" for their ailments, but also better "care" in the form of service quality. Delivering quality service to hospital consumers assumes greater significant in recent years in the light of global market where hospital have to compete with each other to entice consumers to patronize their hospitals. In addition, superior service quality acts as a potential weapon to combat competition and to ensure loyal consumer base.

**SERVICE QUALITY IN HOSPITAL SERVICES**

The issue defining, measuring, monitoring and improving the quality of health care has been address from health care service providers had always been concerned with the quality of care they deliver. The quality of service both technical and function is key ingredient in the success of service organizations. Technically quality in health care is defined primarily on the basis of technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and currently in use health care organizations. Information relating to this is not generally available to the public and remains within the preview of health care professional and administrators, functional quality in contrast relates to the manner of delivery of health care services.

From the effect of information technology and Globalization healthcare service facing revolutionary changes. It has made significant changes in Hospital Management and Services. Although it is revolutionaries everyone could not getting good health services, especially in developing and under-developed countries. Countries like India made significant achievement in health services, results in health tourism. But local people who are belong to middle class and poor family are not getting quality health services. Public hospitals are providing free and low cost facility which is not standardized and people belongs to public hospitals not giving standardized services, because most of the patients are poor and below the poverty line. Private hospitals are well equipped with modern equipments, doctors, staff and infrastructure facility. But consumers are getting with high cost which is too costlier that they could not pay money from their income. Co-operative hospitals providing facility with low cost in small cities but their quality of standard was not impressive.

**REVIEW OF LITERATURE**

**J K Sharma and Ritu Narang (mar 2011) quality of health services in rural India** This article projects that the instrument employed was reliable and possessed the power to discreet differences in the opinion of people on the basis of demographic factors and point out the quality differences in different healthcare centers. Through the survey they find some interesting differences in user perception regarding service quality that impacted their intention to repeat visit and how they varied between different healthcare centers and according to demographic delivery and financial and physical access to care significantly impacted the perception among men while among women it was healthcare delivery and health personnel conduct and drug availability. **Pratterna Punnakitikashen and Nattapan (Apl 2012) Health care service quality** This research measures service quality of hospital with lean management by using the SERVQUAL model. A case example of the hospital with lean implementation in Thailand is explored. Through survey finds that patient perception is slightly higher than patient's center. Where hospital are advertised today during modern times through highlighting uniqueness of a hospital services that is an absolute reality. **Padma and Lokachari sai Prakash (jun 2010) State of Public healthcare infrastructure:** In this article The Public Private Partnership (PPP) approach appear probably the only all-inclusive way that will address all the issues stated. While the public sector contributes in terms of infrastructure development land acquisition, financing etc. the private party brings in its knowledge and expertise of project management and operational efficiency. The private providers may have to compete with public healthcare to the poor. **Brahmbhatt, Joshi and Narayan (jan 2011) Adopting the sequel scale to Hospital Services** an Empirical Investigation of patient perception of service quality. This

article shows that out of 5 dimensions' private hospitals perform better than private sector is performing better in encounter dimension, but specific encounters responsiveness public sector has lowest score.

**NEED FOR THE STUDY**

Numerous studies have shown that provision of high-quality services is directly related to increase in profits, market share and cost savings. With competitive pressures and increasing necessity to deliver patient satisfaction, the elements of quality control, quality of service and effectiveness of medical treatment have become vitally important. Although published literature contain many references to quality and customer perceptions of the medical profession from a clinical perspective, very little research has been conducted into non-clinical aspects of the quality of medical care. In health care patients perceptions are considered to be the major indicator to assess the service quality of organization. It means that customer satisfaction is the major devise for critically decision making in selecting a healthcare services and quality to the customers should meet their perceptions. Hence this study.

**OBJECTIVES OF THE STUDY**

1. To know the various health care services provided by co-operative hospitals in the study area
2. To examine the patient respondents' satisfaction towards health care services provided by co-operative hospital in the study area.
3. To give policy guidelines based on the study in the study area

**HYPOTHESES**

1. There is no differences between Nature of people and their hospital preferences
2. There is no significant difference between educational qualification and selection of hospital
3. There is no differences among services given by the co-operative hospital
4. There is no differences of preferences given by the patients

**RESEARCH METHODOLOGY**

**Primary data** are collected with the help of structured Questionnaire converted into interview schedule by using likert scale, the collected data were tabulated, analyzed and interpreted in a systematic manner by using chi square test.

**Secondary data** Have been collected from Magazines, Reviews, Books, Journals and Published articles. There are fifty sample respondents are taken in to consideration for the study.

**SURVEY ANALYSIS AND INTERPRETATIONS**

**TABLE NO. 1: RESPONDENTS BY THEIR LIVING AREA AND PREFERENCE OF HOSPITAL**

Nature of people	Their preferences		Total
	Govt. Hospital	Co-operative Hospital	
Urban	10	17	27
Rural	13	10	23
<b>Total</b>	<b>23</b>	<b>27</b>	<b>50</b>

Source: Filed Survey

Level of significance: 5%

Degrees of freedom: (r-1) (c-1) = 01

Table value is 3.84

Chi-Square Value is 1.89 (Calculated value)

The calculated value is less than the table value, hence null hypothesis is accepted it indicates that, urban people and rural people not considered preferences to select the hospitals and preferences is not based on the nature of people

**TABLE NO 2: RESPONDENTS BY THEIR EDUCATIONAL QUALIFICATION AND SELECTION OF HOSPITAL**

Educational qualification	Reasons to select hospital			Total
	Good services	Doctor recommendations	Poor services in Govt. hospitals	
Illiterate	02	04	00	06
Up to SSLC	03	05	03	11
PUC	04	04	07	15
UG	05	04	03	12
PG	03	01	02	06
<b>Total</b>	<b>17</b>	<b>18</b>	<b>15</b>	<b>50</b>

Source: Filed Survey

Level of significance: 5%

Degrees of freedom: (r-1) (c-1) = 08

Table value is 15.50

Chi-Square Value is 8.0008(Calculated value)

The calculated value is less than the table value hence null hypothesis is accepted it indicates that, reasons to select hospital is not depending on educational qualification of respondents. Where there is a good quality service available the people will select that hospital not based on other factors

**TABLE 3: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO SERVICES (RANK WISE)**

sl no.	services	points
1	Emergency	178
2	Lifesaving drugs	174
3	Operation facility	167
4	Lab testing	181
5	Availability Doctor	183

Source: Filed Survey

Level of significance: 5%

Degrees of freedom: n-1=5-1=4

Table value is 9.49

Chi-Square Value is 0.914(Calculated value)

The calculated value is less than the table value hence null hypothesis is accepted it indicates that, the respondent's opinion that all services are equal there is no differences among these.

TABLE NO 4: RESPONDENTS' SATISFACTION TOWARDS AVAILABILITY OF DOCTORS AND NURSING STAFF

Sl No.	Availability of Doctors And Nursing Staff	No. Of Respondents	Percentage
1	Satisfied	40	80
2	Unsatisfied	10	20
	<b>Total</b>	<b>50</b>	<b>100</b>

Source: Filed Survey

It clearly shows from Table No. 4 that, 80% of the respondents are satisfied about availability of doctors and nursing staff and other facilities and remaining 20% of the respondents are not satisfied because of high cost hence it indicates quality health care services available.

### SUMMARY OF MAJOR FINDINGS

The study reveals that the following findings:

- Urban people and rural people not considered preferences to select the hospitals and preferences is not based on the nature of people
- Selection hospital is not depending on educational qualification of respondents
- The respondents opinion that all services are equal there is no differences among these
- 80% of the respondents are satisfied about availability of doctors and nursing staff and other facilities and remaining 20% of the respondents are not satisfied

### SUGGESTIONS

The following suggestions were based on the study:

- The most important point is that cost of charge and fees should be made flexible that can be barred by all class of people.
- Personal attention and communication should be improved effectively.
- Immediate operations and emergency facility should be up-graded and number of doctors should be increased in the departments.
- Make arrangement of hospital owned bus facility in night, so that travelling in night is uncomfortable especially for women. Because for away from city limits
- Conduct free campaign of health check-up within campus of hospital and distribute free medicine to the poor people on every month, as a part of their Social Responsibility and can also improve Goodwill to hospital.
- Educating people about their health and make aware of quality care service should be made.
- They should not maintain corporate culture, which is money and profit oriented.

### CONCLUSION

In the recent year's quality healthcare service delivery system in the Private Sector is growing rapidly. This is mainly due to the inefficiency of government to provide Quality healthcare for all through Government Hospital. In this study we can see that the hospital was having very-good infrastructure facility and they will give the best quality service to the patient, but charges have to be fixed on the basis of economic condition and special concession has to provide to the poor patients. Respondents are having good perception about Doctors and their personal attention. Management should concentrate *on cost, concession, discount and special care* which will attract more number of patients and can become main healthcare hospital in Mumbai Karnataka region.

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