

Research on a Framework for Assessing Patient and Family Pleasure with Healthcare Services

Chanderprakash Shukla¹, Dr Deepak Agarwal²

¹Research Scholar, Department of Management, Malwanchal University Indore

²Research Guide, Department of Management, Malwanchal University Indore

ABSTRACT

The direct consumers of healthcare services, a crucial and growing economic sector, are patients and their families. Building an inclusive, comprehensive, and conceptual model to comprehend and identify factors affecting patient and family satisfaction with healthcare services is the aim. A total of thirty publications were analyzed in order to identify the factors affecting satisfaction. In addition to the many medical, paramedical, pathological, and administrative services, communication has been found to be essential, which in turn promotes positive behaviors like loyalty. Healthcare services need regular, ongoing monitoring to pinpoint problem areas and begin improving service delivery in order to sustain high levels of patient and family satisfaction. What makes this poll special is that it looks at family satisfaction in addition to patient satisfaction.

Keywords: Healthcare services, communication, and patient and family satisfaction.

Introduction

The quality of therapy has always been evaluated in the context of medical professionals rather than the demands of the patients (Donabedian, 1998). The Indian economy was once believed to be primarily based on agriculture, but due to structural changes, increased public awareness, and growing demand, the service sector is now receiving more attention (Khan and Muhammad, 2012). Healthcare services have made the biggest contribution to India's service industry (Itumalla and Acharyulu, 2012; Bisht et al., 2012; Rao, 2012).

The "Customer is the King" concept was difficult to imagine in a developing country like India. These days, practitioners are beginning to provide customers with faster and more personalized services. A better marketing mix is developed rather than merely providing the basic healthcare services of illness prevention or treatment (Itumalla and Acharyulu, 2012). They have started studying and tracking patient satisfaction levels to improve marketing initiatives and healthcare services. It is acknowledged that patient satisfaction and experiences serve as indicators for evaluating the caliber of medical care (Zastowny, 1995; Padma, 2010; Naidu, 2009). Patients, or consumers of healthcare services, differ from those of other service sectors in some respects (Wadhwa, 2002). They differ from one another because the sickness they are afflicted with is serious and they are either psychologically or physically unfit. Because patients and their families have a direct provider-client relationship, healthcare services are regarded as high involvement services. The patient is unaware of what the doctor is providing them due to a lack of technical knowledge. The hospital staff's ability to communicate effectively results in happier patients.

To ensure patient satisfaction, service quality is highly regarded. According to research, customer happiness is a function of service quality and a reliable indicator of service quality (Zastowny, 1995; Padma, 2010; Naidu, 2009). Numerous models and approaches have been developed for evaluating patient satisfaction, with the main concerns being the defining of parameters and the magnitude of service quality as relevant indicators of patient satisfaction (Parasuraman et al., 1988; Sachdev and Verma, 2004).

In India, most hospital visits involve patients' families staying with them. They help patients and interact with staff throughout the entire hospitalization cycle, from admission to discharge (Panchapakesan et al., 2015). The remarkable significance of attendants and the range of services they offer patients cannot be minimized or ignored (Seetharam and Zanotti, 2008). The family member interacts directly with hospital professionals (physicians, nurses, administrative staff, etc.) rather than the patient because of the patient's poor health (Duggirala et al., 2008). Therefore, in order to obtain genuine feedback regarding the hospital and healthcare personnel, it becomes vital to look at patient family satisfaction.

Numerous aspects of patient satisfaction have been the subject of research. Research indicates that when assessing the significance of medical and paramedical services as critical measures of satisfaction, communication is one of the most important factors (Banka et al., 2015; Boyle, 2015; Forternberry, 2016). Due to the intense competition, hospitals need to employ innovative and enticing promotional strategies.

Literature review

The results show that consumers behave very differently while using personal and professional services. People are unable to choose the therapy that needs to be given to them because they are receiving healthcare services out of necessity. According to Gandjour (2007) and Shortell et al. (2007), the majority of patients are silent, passive recipients who completely submit to the decisions made by their doctors and nurses. A patient does not have enough time to research all of the possibilities and select the best one, especially in an emergency. One could argue that healthcare services have low search characteristics. Similar to this, patients find it challenging to assess hospitals before utilizing their services due to the poor experience characteristics of healthcare (Budd et al., 1996; Lilford et al., 2007). To ensure patient satisfaction, service quality is highly regarded. Scholars view the level of treatment as a predictor of patient satisfaction and patient satisfaction as a gauge of service quality (Zastowny, 1995; Padma, 2010; Naidu, 2009). Numerous models and approaches have been developed for evaluating patient satisfaction, with the main concerns being the defining of parameters and the magnitude of service quality as relevant indicators of patient satisfaction (Parasuraman et al., 1988; Sachdev and Verma, 2004).

Patient and their families satisfaction in healthcare services

Numerous studies have been conducted to determine how satisfied people are with medical care. Previous studies have demonstrated the potential of patient satisfaction surveys to evaluate healthcare quality and have offered a framework for analyzing the specific impact of particular patient experiences on overall satisfaction with healthcare services. (Zastowny et al., 1995; Padma et al., 2010; Jenkinson et al., 2002). Zastowny et al. (1995) used the PES (patient satisfaction survey), which was developed in 1882, and concluded that it significantly affected the quality of treatment. These evaluations serve as a bridge between the framework of the treatment process and perception of it, as well as outcome

indicators of care. After doing a rigorous examination, they came to the conclusion that the introduction of TQM in healthcare settings and growing consumerism will lead to an increase in these surveys.

A number of research studies were examined in order to build the patient experience questionnaire for the Picker survey. A survey was used to look at the aspects of the different hospital facilities that are believed to have an impact on patient satisfaction. Consequently, emphasis was placed on care-related satisfaction and willingness to recommend hospital services to others. Jenkinson et al. (2002) found that certain characteristics of patient satisfaction and experiences are more effective for improving the services in certain sectors.

Groene (2011) outlined the reasons why quality improvement projects should have a patient-centered approach. The primary goals of the study were to determine how patient satisfaction might be assessed and how patient-centered care could be improved using the information obtained from the responses. Standardized questionnaires, focus groups, and qualitative research techniques like in-depth interviews were used to assess patient-centeredness. Nevertheless, it was shown to be a complex and difficult task to establish a connection between patient-centeredness and the process of quality improvement because this extends beyond the rights of the patients.

In addition to improving patient satisfaction, the healthcare system may benefit greatly from the gathering, processing, and reporting of CAHPS data (Browne et al., 2010; Banka et al., 2015; Kumah, 2017). One of the most important methods for a radical overhaul of the current system was found to be the gathering and analysis of patient experience data. Regrettably, it is not always feasible to carry out a systematic investigation. Customers may rely on rating agencies like Zagat and user-review websites like Yelp and Angie's List in this situation (Browne et al., 2010). Better patient-physician communication and overall hospital recommendation led to higher patient satisfaction, according to Banka et al. (2015)'s examination of before-and-after responses to the HCAHP survey. Patient satisfaction is the evaluation of the event by the patient. Measuring patient satisfaction with experience enables the purposeful evaluation of whether treatment was delivered in a patient-centered manner (Kumah, 2017).

Understanding the needs of patients and their families in a hospital setting is essential. Since dissatisfied patients may bring the hospital into discredit, it is the foremost duty of every hospital to ensure that all of its patients are satisfied (Baalbaki et al., 2008; Padma et al., 2010). It is thought that staff members should become more customer-focused and involved in order to increase customer satisfaction.

Employee compatibility and self-confidence would increase as a result (Baalbaki et al., 2008). According to the research, patients and attendants place the highest importance on relational aspects of care, hence it was impossible to completely evaluate the technical quality of healthcare services (Padma et al., 2010). The assessment also made it apparent that improving employees' communication skills should be a higher priority in employee training than merely improving their technical and medical expertise. Their skills ought to be cultivated so that they may treat customers more like people with needs than like a commodity. Customer satisfaction should be a common goal of staff training (Baalbaki et al., 2008).

Numerous resources are available to learn about the factors that affect patients' and their families' satisfaction with the quality of care they receive at medical facilities (Sodani et al., 2010; Puri et al., 2012; Sharma et al., 2014; Suresh et al., 2015; Panchapakesan et al., 2015). Basic amenities for patients and caregivers were found to be adequate; nevertheless, because of the crowded nature of the registration desks and dressing rooms, caregivers complained about the services provided. Even though

the overall experience rate was high, selective questioning revealed a low rate (Sodani et al., 2010). Most patients reported that doctors stayed longer than expected and that they were well informed of their diagnoses. According to one study, patient satisfaction was high despite long wait times and difficulties scheduling a session. Given that they perceived a good doctor-patient interaction, it might be argued that patients' expectations were met (Puri et al., 2012). Feddock et al. (2005) claim that patient dissatisfaction may be reduced even if waiting times are larger but consultation times are longer. In contrast to these studies, a sizable percentage of respondents expressed dissatisfaction with drinking and restroom amenities but were satisfied with waiting times, service accessibility, and the kind and professional manner of hospital staff (Sharma et al., 2014; Suresh et al., 2015). The literature review's findings also suggest that patients' satisfaction levels on private and general wards differ (Suresh et al., 2015). Patients on private wards were shown to be happier and more likely to have positive opinions of the hospital. Additionally, they were pleased with the nurses' behavior, the regular check-ups with the doctor, the promptness of the care, etc. Reputation and client recommendations are important factors to take into account while choosing a hospital (Prasad et al., 2013).

Impact of communication on patient and their families' satisfaction

Communication facilitates reviewing medical records and establishing connections to foster trust. Effective communication between doctors and patients or attendants leads to increased satisfaction (Prasad et al., 2013; Boyle and Brian, 2015; Kumah, 2017). It has been demonstrated that contacts between physicians, nurses, and other staff members and patients' friends, family, and social networks are highly advantageous. It creates a bond and sets realistic expectations in addition to creating a trustworthy connection for sharing medical information with friends and family (Boyle and Brian, 2015).

The ability of patients to communicate effectively with one another in order to quickly and clearly identify and express the problem is thought to be the primary component of exceptional medical practice (Prasad et al., 2013). A successful, understandable, and extended consultation proves its worth and is known to have therapeutic benefits. On the other hand, research indicates that the majority of patients are dissatisfied with inadequate communication, particularly when the physician comes off as uncaring, insensitive, and tardy (Bush et al., 1993).

Through compliance, the patient's involvement influences the outcome's quality. Patient loyalty results in positive behavior, such as recommendations, compliance, and greater use of services (Naidu, 2009; Banka et al., 2015; Fortenberry and McGoldrick, 2016; Prasad et al., 2013). The study by Banka et al. (2015) postulated that patient satisfaction rose with physician-patient contact as a result of physician education, feedback, and incentives. Consequently, the hospital was widely suggested. In order to demonstrate the main benefits of excellence in this area, a framework for internal marketing in healthcare organizations was offered through the presentation of multiple demonstrative scenarios (Fortenberry and McGoldrick, 2016). From admission to discharge to arrival, every patient was part of their study. The study found that internal marketing has enhanced positive word-of-mouth promotion, boosted retention rates, and consequently raised customer satisfaction.

Patients' family as a determinant in influencing the Patient Satisfaction

Families are crucial in determining patient happiness, according to the research (Rosland et al., 2011; Panchapakesan et al., 2015; Jazieh et al., 2018; Slowther, 2006). A study by Rosland et al. (2011)

examined the role of friends and family in primary care visits for patients with diabetes or heart failure: Patient and Physician Factors and Experiences.

The objective was to ascertain how the experiences of the doctors and patients were impacted by the family's engagement. In a written survey of functionally independent diabetics and their primary care physicians, they found that patients' companions provide a significant amount of spiritual and physical support for their care. A study was conducted "to explore moderators and mediators in the context of healthcare service quality from viewpoint of patients and attendants" using a unique, structured questionnaire for both patients and attendants.

It has been found that attendants are co-creators of healthcare services. Attendants provide patients with both physical and emotional care, which affects their level of satisfaction with hospital services. Hospital operations are also coordinated by them (Panchapakesan et al., 2015). Researchers examined the many aspects and trends of family members' involvement in patients' well-being (Jazieh et al., 2018). Gaps in communication with families were discovered by examining patient concerns. By keeping the patient at the center and determining which family member was most responsible, a communication model was developed. It has been demonstrated that family members play a significant role in the decisions made about a patient's treatment. The importance of family communication was formally explained by the proposed model. Patients who are unable to make decisions because of physical or mental illness lack the capacity to do so. According to Slowther (2006), the family currently provides the medical staff with all the information they require regarding the patient's desires that are in their best interests. It has been found that families can provide healthcare professionals with information (Prasad et al., 2013; Boyle, 2015; Bellou and Gerogianni; Bhalla et al., 2014). In a study by Prasad et al. (2013), a tool for measuring the satisfaction of patients with traumatic brain injuries was developed.

This method was used to collect the responses of the attendants who went to hospitals with patients. According to the study, the best persons to inquire about their experiences receiving dignified and respectful treatment are attendants, which contributes to a general increase in patient satisfaction. In an effort to build trust, it was also recommended in another study that family members help with the inspection of hospital records and try to build a relationship (Boyle, 2015).

Hospital staff must provide up-to-date, reliable information about patients' circumstances so that family members can participate in an effective manner. Physicians and nursing staff should also plan for teaching family members to give patients helpful psychological support (Bellou and Gerogianni).

Bhalla et al. (2014) conducted a cross-sectional study to ascertain the role of family members for patients admitted to a tertiary hospital's emergency room. A comprehensive questionnaire was completed by 400 respondents; just one person from each family was interviewed. It was found that the most crucial member of the care team in an acute care situation is the patient's family. They are the beating heart of the system. Comfortable care from family members facilitates a smooth transition from an acute care setting to a home care setting.

Discussion

Globalization and liberalization have caused rapid and significant change in India, including in the healthcare sector (Khan and Muhammad, 2012; Lashmi and Kumar, 2012; Singh, 2012). Private company owners and corporate entities currently control the majority of the Indian health sector (Shah and Mohanty, 2010; Rao, 2012; ILO, 2009).

The present study contributes to the expanding corpus of research on patient and family satisfaction. Re-

search has indicated that patient and family satisfaction with care is significantly influenced by both medical (a physician's role) and paramedical services (such as nursing, pathology, and pharmaceutical services). Several studies support the medical and paramedical services (Zastowny et al., 1995; Jenkinson et al., 2002; Baalbaki et al., 2008; Sodani et al., 2010; Padma et al., 2010; Browne et al., 2010; Puri et al., 2012; Sharma et al., 2014; Suresh et al., 2015; Jain et al., 2016; Kumah, 2017; Bhattacharya et al., 2018).

The new contribution expands on the findings of Padma et al. (2010), who conducted an empirical comparison of the same services offered to patients and their families and came to the conclusion that patients are more interested in clinical care, whereas families are more attracted to administrative, infrastructure, and basic hospital facilities. In contrast, studies by Jain et al. (2016) and Bhattacharya et al. (2018) revealed that most patients and their families were dissatisfied with the basic amenities and the behavior of the administrative staff.

The quality of care that eventually comes from a patient's involvement in healthcare services is a natural consequence of patient compliance. In contrast to assessing whether or not patients can be trusted by healthcare practitioners, patient opinions and experiences about healthcare services serve as predictors of patient satisfaction (Naidu, 2009; Banka et al., 2015; Fortenberry and McGoldrick, 2016; Prasad et al., 2013). Patient loyalty leads to both positive behaviors, such as recommending medical services to others, and positive actions, such as compliance and frequent use of services.

Communication has been found to be the most important moderating factor influencing patient and family satisfaction. Overall satisfaction is impacted by patient loyalty, which is influenced by strong and efficient communication (Prasad et al., 2013; Boyle and Brian, 2015; Kumah, 2017). According to reviews, healthcare workers must receive the proper communication training (Banka et al., 2015). At the same time, external communication strategies should be given priority. Healthcare companies should advertise fairly and aggressively. However, the content analysis indicates that more research on communication strategy is required.

Practical implications

For medical practitioners, the findings have obvious ramifications. Strong ties with customers may lessen the chance that they may switch, according to studies. For healthcare providers to maintain long-term connections with their patients, they should focus not only on providing better facilities but also on expediting treatment procedures and providing services quickly. When describing the course of treatment to patients and their families, it is equally important to consider their preferences and desires.

Healthcare services must be regularly and continuously examined in order to spot trouble spots and begin making adjustments to the way they are provided. This will help maintain greater levels of patient and family satisfaction. Initially, the study identified the variables that predicted the patients' and their families' satisfaction. Medical services, paramedical services, administrative services, and other unrelated activities all have a direct impact on satisfaction. It is imperative that healthcare professionals improve the quality of these services and make the required adjustments. Second, the moderating factor has been found to be communication, indicating that medical staff need to be highly skilled in order to ensure patient loyalty. Finally, and probably most importantly, the study highlighted how the family influences patient satisfaction and overall satisfaction ratings. It is important to remember that family provides the initial contact with service providers, helps in decision-making, and acts as an emotional support system. Therefore, assessing patient families' satisfaction is crucial for healthcare practitioners.

Conclusion

Healthcare services have been found to be the service industry's top contributor in recent years. Healthcare service providers (physicians, nurses, pathologists, pharmacists, etc.) and healthcare service receivers (patients and their families) are the two main groups that comprise healthcare services. Every topic is included in the proposed whole model, which shows the major and moderating factors affecting overall satisfaction as well as the pleasure of patients and their families.

The happiness of patients and their families is intertwined since both influence decision-making and general satisfaction. These factors have a bigger impact on patients since they deal with medical and paramedical workers directly. However, other factors (cleanliness, parking, administrative services, etc.) have a bigger influence on family members' satisfaction. The moderating influence of communication cannot be ignored. Since enjoyment depends heavily on communication, it is important. More compliance and patient loyalty result from providing healthcare professionals with good communication training. The promotion strategies and external communication factors are unknown to the medical staff. To ascertain the pricing and promotion strategies that will result in a high patient turnover rate, the hospital management needs to engage a marketing specialist. Therefore, it is argued that in order to execute the modifications suggested by patients and their families, hospital staff members must take part in a program on effective communication and take the necessary corrective action.

References

1. Ahmed, F., Burt, J., & Roland, M. (2014). Measuring patient experience: concepts and methods. *Patient*, 7(3), 235-241.
2. Baalbaki, I., Ahmed, A.U., Pashtenko, V.H., & Makarem, S. (2008). Patient satisfaction with healthcare delivery systems. *International Journal of Pharmaceutical and Healthcare Marketing*, 2(1), 47-62.
3. Banka, G., Edgington, S., Kyulo, N., Padilla, T., Mosley, V., Afsarmanesh, N., Fonarow, G.C., & Ong, M. (2015). Improving Patient Satisfaction Through Physician Education, Feedback, and Incentives. *Journal of Hospital Medicine*, 10(8), 497- 502.
4. Bellou, P., & Gerogianni, K.G. (2017). The contribution of family in the care of patient in the hospital. *Health science journal*.
5. Bhalla, A., Suri, V., Kaur, P., Kaur, S. (2014). Involvement of the family members in caring of patients an acute care setting. *Journal of Postgrad Med*, 60, 382-385.
6. Bhattacharya, A., Chatterjee, S., De, A., Majumder, S., Chowdhury, K.B., Basu, M. (2018). Patient satisfaction at a primary level health-care facility in a district of West Bengal: Are our patients really satisfied?. *Med J DY Patil Vidyapeeth*, 11, 326-31.
7. Boyle, B. (2015). The critical role of family in patient experience. *Patient Experience Journal*, 2(2), 4-6.
8. Browne, K., Roseman, D., Shaller, D., & Levitan, E. (2010). Measuring Patient Experience as A Strategy For Improving Primary Care. *Health Affairs*, 29(5).
9. Budd, J., & Raber, D. (1996). Discourse analysis: method and application in the study of information. *Information Processing & Management*, 32(2), 217-26.
10. Duggirala, M., Rajendran, C., & Anantharaman, R.N. (2008). Patient-perceived dimensions of total quality service in healthcare. *Benchmarking: An International Journal*, 15, 560- 583.

11. Donabedian A. The Quality of care: how can it be assessed? *Journal of the American Medical Association*, 1988; 260: 1743-1748.
12. Fortenberry, J.L., & McGoldrick, P.J. (2015). Internal marketing: A pathway for healthcare facilities to improve the patient experience. *International Journal of Healthcare Management*.
13. Gandjour, A. (2007). Changing the organization of health care. *Journal of the American Medical Association*, 298(3), 286.
14. Groene, O. (2011). Patient centredness and quality improvement efforts in hospitals: rationale, measurement, implementation. *International Journal for Quality in Health Care*, 23(5), 531–537.
15. Itumalla, R., & Acharyulu, G. (2012). Indian Healthcare and Foreign Direct Investment: Challenges & Opportunities. *Asia Pacific Journal of Marketing & Management Review*, 1(2), 57–69.
16. Jain, A., Mishra, N., Pandey, C.M. (2016). A study to assess patient satisfaction in outpatient department of a tertiary care hospital in north India: *Int J Community Med Public Health*, 3(1), 328-334.
17. Jazieh, A.R., Volker, S., & Taher, S. (2018). Involving the family in patient care: A culturally tailored communication model. *Glob J Qual Saf Healthcare*, 1, 33-7.
18. Jenkinson, C., Coulter, A., Bruster, S., Richards, N., & Chandola, T. (2002). Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Qual Saf Health Care*, 11, 335–339.
19. Khan, A.Q., & Muhammad, S. (2012). India in League of Developed Nations through Service Sector led Growth: a Case of Venture Capital and Private Equity Investments. *International Journal of Engineering and Management Sciences*, 3(2), 170-183.
20. Kumah, E. (2017). Patient experience and satisfaction with a healthcare system: connecting the dot. *International Journal of Healthcare Management*.
21. Lashmi, P., & Kumar, S., (2012). Economic Growth and Impact of Service's Sector in India. *Int.J.Buss.Mgt.Eco.Res.*, 3(5), 627-632.
22. Lilford, R.J., Brown C.A. & Nicholl J. (2007). Use of process measures to monitor the quality of clinical practice. *British Medical Journal*, 335(7621), 648-50.
23. Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance*, 22(4), 366-381.
24. Padma, P., Rajendran, C., & Lokachari, P.S. (2010). Service quality and its impact on customer satisfaction in Indian hospitals- Perspectives of patients and their attendants. *Benchmarking: An International Journal*, 17(6), 807-841.
25. Panchapakesan, P., Prakash Sai, L., & Rajendran, C. (2015). Customer Satisfaction in Indian Hospitals: Moderators and Mediators. *Qatar Medical Journal*, 22(1).
26. Parasuraman, A., Zeithaml, V. & Berry, L. (1988). SERVQUAL: a multiple item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12- 40.
27. Prasad, M.V., Kumar, S.S., Aggarwal, & Mohan D.R. (2013). Level of satisfaction in patients/attendants admitted with traumatic brain injury at an advanced ER/Casualty in a Tertiary Care Teaching Hospital. *Journal of Hospital Administration*, 2(2).
28. Puri, N., Gupta, A., Aggarwal, A.K., & Kaushal, V. (2012). Outpatient satisfaction and quality of health care in North Indian medical institute. *International Journal of Health Care Quality Assurance*, 25(8), 682-697.

29. Rao P. H. (2012). The Private Health Sector in India: A Framework for Improving the Quality of Care. *ASCI Journal of Management*, 41(2), 14–39.
30. Rosland, A.M., Piette, J.D., Choi, H., & Heisler, M. (2011). Family and Friend Participation in Primary Care Visits of Patients with Diabetes or Heart Failure: Patient and Physician Determinants and Experiences. *Med Care*, 49(1), 37–45.
31. Sachdev, S. B., & Verma, H. V. (2004). Relative importance of service quality. *Journal of Services Research*, 4(1), 93- 116.
32. Seetharam, S., & Zanotti, R. (2008). Patients' perceptions on healthcare decision making in rural India: A qualitative study and ethical analysis. *The Journal of Clinical Ethics*, 20:150-157.
33. Shah, U., & Mohanty, R. (2010). Private Sector in Indian Healthcare Delivery: Consumer Perspective and Government Policies to Promote Private Sector. *Information Management and Business Review*, 1(2), 79-87.
34. Sharma, A., Kasar, O.K., & Sharma, R. (2014). Patient satisfaction about hospital services: a study from the outpatient department of tertiary care hospital, Jabalpur, Madhya Pradesh, India. *National Journal of Community Medicine*, 5(2), 199-203.
35. Shortell, S.M., Rundall, T.G. & Hsu, J. (2007). Improving patient care by linking evidence- based medicine and evidence- based management. *Journal of the American Medical Association*, 298(6).
36. Slowther, A.M. (2006). The role of the family in patient care. *Clinical Ethics*, 1.
37. Singh, B. (2012). Is the Service- Led Growth of India Sustainable? *International Journal of Trade, Economics and Finance*, 3(4), 316 -332.
38. Sodani, P.R., Kumar, R., Srivastava, J., & Shrama L. (2010). Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities. *Indian Journal of Community Medicine*, 35(1).
39. Suresh, S., Cunha, & Kodikal,
40. R. (2015). Patient Satisfaction: A study in General and Private Wards of a Multispecialty Hospital. *JMSCR*, 3(6), 6162- 6175.
41. Wadhwa, S. S. (2002). Customer satisfaction and health care delivery systems: Commentary with Australian Bias (Electronic Version). *The Internet Journal of Nuclear Medicine*, 1(1), 1539-4638.
42. Zastowny, T.R., Stratmann, W.C., Adams, E., & Fox, M.L. (1995). Patient satisfaction and experience with health services and quality of care. *Quality management in healthcare*, 3(3), 50-60.