

**IMPACT OF FDI CORPORATE HOSPITALS ON PATIENT'S
SATISFACTION: AN EMPIRICAL STUDY IN DELHI AND NCR-
REGION**

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ABSTRACT

*Purpose: At the time of visiting hospital, patients have specific desires and expectations for services. These expectations are at their heights when the patients are seeking health care solutions in **FDI Corporate Hospitals (FCHs)** as these FCHs are taken to be clinically standard, patients centric and rich in service excellence. The present paper is, thus, an attempt to measure satisfaction of patient and their family members with FCHs in Delhi and NCR Region.*

Design/methodology/approach: An empirical study was conducted from 27 March to 30 April 2010. The study included 5 corporate hospitals. Participants were selected using simple random sampling. A pre-tested and contextually prepared structured questionnaire was used to conduct interviews. Descriptive statistics, point analysis and correlation were performed using computer software (SPSS 16.0).

Findings: FCHs have been successful hospitals in reaching their target consumers i.e. Urban and middle class patients and the rise in this segment can be termed as one of the significant factors contributing to the justification of satisfying role of these corporate hospitals in providing world class services to their customers. It has always been an evident truth that the paying capacity of patients decides the way they demand for high-tech services being offered by these corporate hospitals. The results of the present study also confirm the same.

Practical implications: The paper has direct implications for FDI corporate health service providers. These FCHs are considered very patient centric yet need regular monitoring of healthcare quality and accordingly initiate service delivery improvements to maintain high

levels of patient satisfaction as quality is not a one day task rather it is the result of continuous, sincere efforts, intelligent and timely remedial decisions and skilful execution.

Originality/value: The paper collects and examines recent healthcare quality study findings. It presents a comprehensive research work and a holistic view of various aspects affecting patient satisfaction and healthcare quality.

Keywords: Patient's Satisfaction, FDI, Corporate Hospitals, Healthcare Quality.

Introduction

Hospitals in the developed world identified the importance of delivering patient satisfaction as a strategic variable and a critical determinant of long-term viability and success (Makoul et al. 1995; Davies and Ware 1988). McAlexander et al., (1993) concluded that the private health care sector has started practicing consumer oriented strategies to meet the expected needs of consumers in developing countries. India had around 80 percent of hospital units and out of which 80 per cent of hospital-beds in the public sector during 1974; but post-liberalization in 1990s, the trend has changed drastically and now has only 38 per cent in the public sector and has the most privatized health care system in the world (Ramchandran and Rajalakshmi, 2009). Pricewaterhousecoopers (2007) found in his study that the private sector accounts for more than 80% of total healthcare spending in India. "In India and many developing countries, the excessive emphasis on service coverage and inputs in the provision of health services has ignored the needs of the very people for whom these health services exist. By integrating patient views into quality assessment offers an appropriate way of making health services more responsive to people's needs" (Rao et al., 2006). Healthcare sector alone has been growing extremely, accounting for almost 5.2 per cent of India's GDP today (Mathiyazhagan, 2003a; Nichter & Sickle, 2002). Medical care is a mammoth business, in which, the private sector has been proved the most dominant in this industry, accounting for more than 70 per cent of India's urban healthcare service market (Mudur, 2003). This undeniable and unquestionable dominance of the private sector has been headed and governed by the emergence of the corporate hospitals in India, especially in the metropolises, where the middle class are multiplying in size and affluence (Mathiyazhagan 2003b). In fact, the corporate hospitals industry has been estimated to be a \$20 billion industry by the year 2010 (Mathiyazhagan, 2008). With competitive pressures and the increasing requirement to deliver patient

satisfaction, the elements of quality control, quality of service, and effectiveness of medical treatment have become significantly important (Friedenberg, 1997). Customers who are merely satisfied often do not come back (Jones and Sasser 1995; Stewart 1997; Carr 1999) and the organisation operating under this thought of satisfaction outperformed the firms that did not satisfy their customers. The long-term survival of hospitals depends on loyal patients who mostly come back or recommend the hospital to their acquaintances (Pralhad and Krishnan, 1999). The degree of patient satisfaction can be used as a means of measuring the quality of health care as it shows the ability of the provider to meet the patients' needs and expectations. The concept of patient satisfaction is rapidly changing from healing of patients to customers' delight which means the patient is cured of his ailment during the hospital stay (Akoijam et al., 2007). Satisfied patients are more likely to be loyal than the unsatisfied ones to continue using the health care services (Yousef Hamoud Aldebasi and Mohamed Issa Ahmed, 2011). It has been widely expected truth that the main beneficiary of a good health-care system is the patient. As a customer of health care, the patient is the main focus of the health care delivery system. Moreover, a very important aspect on which patient satisfaction depends is 'nursing care' because nurses are involved in almost every aspect of client's care in hospital (Mufti Samina et al., 2008). It is assumed that incoming patients have formed a positive attitude with regard to the service performance of the provider based on prior use of services (Sharma and Hardeep Chahal, 1999). Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the conclusion of their actual experience (Andrabi Syed Arshad et al., 2012). Moreover the past few studies focused mainly patient's satisfaction in hospitals and few of them concentrated on the determinants of the emergence of Corporate Hospitals. They did not concentrate much on the patient's satisfaction in FDI Corporate Hospitals. Despite the consensus that patient satisfaction in services is important for quality assurance in medical services and hospitals, there is a lack of empirical information on consumers' acceptance of health-care practices (Sadiq Sohail, 2003). Consumer surveys are one of the prominent parameter for assessing the performance of hospitals. Consumer surveys assessing the experience of health care and outcomes as perceived by patients and their families carry added weight (Shaw C (2003).

Hence it is desirable to conduct an empirical study on patient's satisfaction in FCHs as the level of patient's expectations reaches to more advanced height if the patients are visiting FDI

Corporate Hospitals. This is because corporate hospitals are believed to be more efficient in providing world class services.

Therefore, it can be seen that the corporate hospitals form a very large business in India and patients satisfaction in these corporate hospital is crucial question to justify the emergence and growth of these corporate hospitals in a developing country like India in comparison to developed countries of the world. There is a need to study this trend because of the following reasons:

- To understand if the corporate hospitals meet the demands of their target consumers, the international patients and the urban middle income patients.
- Help to evaluate the viability of the partnerships between foreign countries and India's corporate hospitals.

Thus, with this, corporate hospitals are becoming more and more prominent in the Indian market and it becomes even more imperative to know how far patients are satisfied with services of the corporate hospitals in India. The present study is, thus, a step ahead to bring more clarity on the patient's satisfaction in corporate hospital segment so that Indian Healthcare may be able to continue to ride this wave and make more collaboration to bring the people of India to a truly global healthcare delivery system at affordable prices.

Methodology

To find out an answer to the question as to how far the FCHs have been successful in satisfying their patients, an empirical study has been undertaken. For the purpose of the study, five different hospitals in Delhi have been selected. They include Indraprastha Apollo Hospital, Fortis Escorts, Fortis Hospital, Max Healthcare and Rockland Hospital. All the five hospitals are corporate hospitals and almost identical facilities. Structured questionnaires were prepared for outpatients of the above mentioned hospitals which were pilot tested. The sample respondents were drawn through simple random sampling. The outpatients were taken based on the average number of patients per day for each hospital. It is observed that approximately 2500 patients visit Indraprastha Apollo Hospital, 650 visits Fortis Escort, 11000 visit Fortis Hospital, 1500 visits Max Healthcare. These questionnaires were distributed to 250 outpatients in Indraprastha Apollo Hospital and 235 respondents were selected for final analysis. In case of Fortis Escort 65 respondents opinions were taken for

final analysis. In Fortis Hospital 100 questionnaires found to be good and taken for final analysis.

Data Collection

In this part, authors have tried to elicit the information from outpatients. The important areas covered include reception services, registration procedures, security staff etc. The structured questionnaire meant for patients to check their frequency of seeking treatment in FCHs has been distributed among patients for the purpose of final data collection. The data was collected by the researcher herself from 5 of Delhi region during the month of June and July. The status of questionnaires distributed among the five FCHs. The details of questionnaires completion are shown in table-1as follows:

Table-1: Questionnaires completion status

S. No.	Name of the Hospital	Number of questionnaires to be filled	No. Of Incomplete Questionnaires	No. Of complete Questionnaires
1.	Indraprastha Apollo Hospital	250	15	235
2.	Fortis Escorts	65	5	60
3.	Fortis Hospital	110	10	100
4.	Max Healthcare	150	20	130
5.	Rockland Hospital	100	6	94
Total	5	675	56	619

Reliability Test of collected data:

Nunnaly (1978) has indicated that 0.7 is an acceptable reliability coefficient but lower verges are sometimes used in the literature. Reliability as measured by Chronbach’s Alpha is extremely good i.e. more than .7 for all nine multi quality dimensions in FDI Corporate Hospitals. This indicates very good internal consistency reliability for each of the nine multi quality dimensions. The Chronbach’s Alphas for each quality dimension of both FCHs have been given in the following table-3.

Table-2: Cronbach's Alpha for FCHs factor wise

Factors	Factor’s Name	Reliability Statistics		
		Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. Of Items
1	Respect and Caring	0.95	0.95	17

2	Continuity	0.87	0.87	6
3	Appropriateness	0.90	0.90	9
4	Timeliness	0.86	0.86	8
5	Efficiency	0.86	0.86	14
6	Effectiveness	0.81	0.81	7
7	Safety	0.83	0.83	3
8	Efficacy*	NA		
9	Availability	0.89	0.89	6

*Factor 8 in table-2 is single item scales. Cronbach's Alpha is not applicable to single item scale.

Patient's Profile:

The Patient's demographic profile like age, gender, marital status, education, occupation, annual income, nationality and other details like length of stay, type of patient, and type of diseases are the some significant variables to address objectives of the research. All the statistics related to these variables have been presented in the table-3 as follows:

Table-3: Demographic profile of the respondents and other details of FDI corporate hospitals

Variables	FDI Hospitals		
	Elements	Frequency	Percent
Name of Hospitals	Indrapratha Apollo Hospital	235	37.96
	Escort Fortis Hospital	60	9.69
	Fortis Heath Care	100	16.16
	Max healthcare	130	21.00
	Rockland Hospital	94	15.19
	Total	619	100
Age(s) in Year	Less than 18	51	8.24
	Between 18-28	42	6.79
	Between 28-38	141	22.78
	Between 38-48	264	42.65
	Between 48 -58	56	9.05
	Above 58	65	10.50
	Total	619	100
Length	Less than 5 Days	75	12.12

of Stay(In days)	Between 5-10 Days	293	47.33
	Between 10-15 Days	230	37.16
	More than 15 Days	21	3.39
	Total	619	100
Type of Patient	Medical	49	7.92
	Surgical	504	81.42
	Pediatric	51	8.24
	Any Others	15	2.42
	Total	619	100
Name of Disease	General Medical Care	49	7.92
	Orthopedics and Joint Replacement	101	16.32
	Cardiology	124	20.03
	Nephrology	114	18.42
	Neurology	79	12.76
	Gastroenterology and Endoscopy	14	2.26
	Oncology	41	6.62
	Aesthetic and Reconstructive Surgery	6	0.97
	Obstetrics and Gynecology	24	3.88
	Pediatrics	51	8.24
	Pulmonology	16	2.58
	Total	619	100
Gender	Male	427	68.98
	Female	192	31.02
	Total	619	100
Marital Status	Married	554	89.50
	Unmarried	65	10.50
	Total	619	100
Education	Under Graduate	94	15.19
	Graduate	305	49.27
	Post Graduate	144	23.26
	Any other	76	12.28
	Total	619	100
Occupation	Wage earners	30	4.85
	Agriculturists	4	0.65
	Salaried	121	19.55
	Self-employed	235	37.96

	Others	229	37.00
	Total	619	100
Annual Income (In Lakhs)	Less than 2 Lakhs	31	5.01
	Between 2-5 Lakhs	128	20.68
	Between 5 - 10 Lakhs	242	39.10
	Between 10-15 Lakhs	22	3.55
	Above 15 Lakhs	196	31.66
	Total	619	100
Nationality	India	531	85.78
	Other than India	88	14.22
	Total	619	100

The collected data was tabulated to facilitate analysis and interpretations. Table-3 is showing the demographic profile of respondents/ patients of FDI hospitals. Table-3 indicates the frequencies of patients from indoor and outdoor country, age, and type of patient which reflect the contribution of FCHs in meeting the demands of patients. The result shows that the patients having the age between 28-48 are under the treatment of FCHs while only 8 percent of the patients are less than 18. Regarding the length of stay in the hospitals most of the patients takes the treatment between the 5-15 days. On analysing the table-3 it was found that patients prefer FCHs regarding the surgical and paediatric treatments (81% and 8% respectively). Patients have also shown their preference in FDI hospital for orthopaedic and joint replacement, for cardiology, nephrology, and neurology in comparison general medical care (54.6% over 7.9%).

There is no big difference has been found regarding gender.

Education plays a vital role in creating and sharpening awareness towards one's own health. It is so because there is always an education premium associated with higher education in terms of career opportunities which in turn enriched the patients with advanced careers along with fat pay checks to build up and strengthen their financial capability. According to the census of India, the literacy levels in the country have increased by 9.2% in the past decade to 74% in 2011. With the availability of information on the Internet, journals and other media avenues, there is a rapid increase in awareness on healthcare issues and diagnosis, which is expected to lead to a rise in patient volumes from primary to secondary or tertiary healthcare services. Given this financial capability of educated patients are likely to demand for better healthcare services offered by these corporate hospitals. The researched data also support the

same as more than 49 percent of the patients surveyed are graduates and another 23 percent of them are post graduates while the figure for undergraduates is only 15.19 percent (table 3) that are seeking health solutions in these corporate hospitals. This also shows the positive correlation undoubtedly, there is positive correlation between the type of occupation and the annual income as shown by the table given below:

Table 4: Descriptive statistics

	Mean	Std. Deviation	N
Occupation	4.02	1.014	619
Annual Income (In Lakhs)	3.68	1.686	619

Table 5: Correlations

		Occupation	Annual Income (In Lakhs)
Occupation	Pearson Correlation	1	.731**
	Sig. (2-tailed)		.000
	N	619	619
Annual Income (In Lakhs)	Pearson Correlation	.731**	1
	Sig. (2-tailed)	.000	
	N	619	619

** . Correlation is significant at the 0.01 level (2-tailed).

On tabulating the collected data for the annual income, it was found that higher income patients are being served by the corporate hospitals. Besides the fact that respondents are highly unwilling in disclosing their real income due to confidentiality issues, the tabulated data fetches some light, though to limited extent, on the urban population and the incomes of these patients. Undoubtedly, this income profile also reveals some more significant trends. Such as on analysing the table-3, it has been noted that FCHs serves mainly lower, middle and upper middle class by these patients (between 2lakhs-5lakhs, between 5lakhs-10lakhs and

between 10lakhs-15lakhs) as three segments collectively make 63.27 percent of the surveyed patients in all corporate hospitals. Since all these patients have good educational background which is in itself a confirmation of the fact that this segment of patients belong to middle class income group. Thus, the corporate hospitals have reached their target consumers i.e. Urban and middle class patients and the rise in this segment can be termed as one of the significant factors contributing to the justification of satisfying role of these corporate hospitals in providing world class services to their customers. It has always been an evident truth that the paying capacity of patients decides the way they demand for high-tech services being offered by these corporate hospitals. The same has also been confirmed by the survey results as 31.66 percent patients are earning more than 15lakhs per annum and are consuming the services of these corporate hospitals while only 5.01 percent patients are earning less than 2lakhs, can afford the services of corporate hospitals. This astonishing observation that approx more than 50 percent of the surveyed patients belong to lower middle class to upper middle income group confirms that corporate hospital services are far affordable than previously thought to be. However, enhanced demand for quality healthcare facility is also result of better health care education, ever worsening health care facilities in public hospitals due to inflating urban population.

The wage earners and agriculturist patients again belong to below middle class has a very less percentage in FCHs while self employed patient who largely belong to lower middle class to richest class have greater preference to FCHs backed by better health care education and better financial capability. On tabulating survey results it has been observed that the corporate hospitals may have the comparative cost advantage, offering high- tech and quality health care facilities at a lower cost as 14.22 percent patients are having their origination from the countries other than India (table-3). Undoubtedly, India is amongst the nations that are experiencing the fastest economic growth and prosperity, globally. Increasing urbanisation and rising disposable incomes have significantly expanded the upper and middle class segments of the population. With higher disposable incomes and increasing awareness on health related issues, patients are likely to increase their discretionary spend on healthcare, especially on preventive healthcare. Such a trend is likely to favour private healthcare delivery practitioners, which are already well positioned in secondary and tertiary care services.

Contribution of FCHs in meeting demands and providing satisfaction to their target patients:

It has been aptly said "quality is not a number rather it is a function of positive perceptions". Quality is never an accident; it is always the result of pious intentions, genuine and flawless efforts, intelligent direction and skilful execution. All dimensions of quality viz. Accessibility, appropriateness, continuity, effectiveness and efficiency must receive due weight. That is why, the study assess the patient's perception on quality delivered by these hospitals using JCAHO quality dimensions. The JCHACO has given nine quality dimensions for hospitals. These JCHACO quality dimensions are closely related to Coddington and Moore's five factors, Evans and Lindsay's service dimension and Parasuraman et al.'s SERVQUAL quality dimension (table-6), but more comprehensive and suitable for use in hospitals since they were developed specifically for hospitals accreditation process. Hence the study conducted the empirical research based on these nine JCHACO JCAHO identified nine quality dimensions.

Table-6: Dimension

Parasuraman et al.'s SERVQUAL Quality Dimension	Evans and Lindsay's Service Dimension	Coddinton's Dimension	JCHACO Quality Dimension
Tangibles	Time	Warmth/ Caring/Concern	Efficacy
Reliability	Timeliness	Medical Staff	Appropriateness
Responsiveness	Completeness	Technology- Equipment	Efficiency
Assurance	Courtesy	Specialization/ Scope of Services Availability	Respect and Caring
Empathy	Consistency	Outcome	Safety
	Accessibility and Convenience		Continuity
	Accuracy		Effectiveness
	Responsiveness		Timeliness
			Availability

A structured questionnaire has been prepared based on these nine identified quality dimensions. Each quality dimension has number of interrelated questions to elicit the true response of patients regarding each JCHACO's quality dimension. The collected responses have been, then, tabulated quality dimension wise after collecting the responses of patients from selected corporate FDI hospital. To know the status of patient's satisfaction with the selected FDI corporate hospitals, the point analysis has been calculated of each question

coming under a particular quality dimension (table-7). To calculate the satisfaction or dissatisfaction status of a particular quality dimension, a grand average of point analysis of each question has been obtained and if so obtained average is greater than or equal to 3, the status of satisfaction would be termed as “satisfied” or vice-versa.

On analysing the table-7 it has been clearly observed that regarding factor-1(Respect and Caring) the patients are quite satisfied with FCHs as the grand average of this JHACHO’ quality dimension is more than 3 that is to say 3.48.

The second JHACHO’s quality Dimension is continuity. The number of questions was asked to elicit various information regarding satisfaction of the patients at the time of discharge and service continuity after discharging the patients to maintain the satisfaction of the discharged patients. Overall average of each question coming under this JCHACO quality dimension patients’ has come “satisfied” indicating that these FCHs are efficient enough to satisfy their in- patients as well as their outpatients.

The third JHACHO’s quality dimension is Appropriateness. This JCHACO quality dimension is consist of number of questions related to appropriateness of check in facility, appropriateness of times and quality of meals served to patients and so on. The aggregate average of point analysis of all response under this dimension is also greater than 3 i.e. 3.48 indicating that the patients are satisfied with appropriate quality of various services being offered in these selected corporate hospital (table-7).

The fourth JHACHO’s quality dimension is Timeliness. This quality dimension measures the punctuality and timeliness of FCHs in delivering their valuable services to the patients coming with high expectations. Patients’ response for this dimension again is more than 3 i.e. 3.47 denoting the satisfied status of in patients and out patients.

The fifth JHACHO’s quality dimension is efficiency. This quality dimension is one of the most important quality dimensions as this dimension is consist of those sub questions which are directly the efficiency of the selected FCHs such as the patients have discharged within the expected period along with satisfied feeling of healing. The concerned hospitals are enriched with efficient doctors and staffs members, efficient well enough regarding prompt bill handling procedure, efficient complaint handling procedure and so no. The aggregate average of this quality dimension is 3.21 showing the satisfied status of the patients. There are some responses of the patients regarding charges of the treatment, clarification procedure

of bill charged, are having dissatisfaction status (2.31 and 2.87 respectively) are indicating that these hospitals are required to improvement in this area.

The sixth JHACHO's quality dimension is effectiveness. The overall average of this JHACHO quality dimension is 3.60 (table-7) showing that FCHs under the study are effectively discharging all the expected and required services.

The seventh, eighth and ninth JHACHO quality dimension are safety, efficacy and availability respectively. All the quality dimensions scored more than 3 i.e. having 'satisfied' status. Moreover patients visiting to FCHs whether Indian or foreigner are satisfied with the services offered by FDI hospitals. Only one thing regarding the bill handling procedure they have shown their dissatisfaction in FCHs as the point analysis of this question is less than 3. Hence it is clearly proved that FCHs have clearly contributed enough in meeting the demand as well as providing satisfaction to the target consumers, the international patient the urban middle class patients.

Table-7: Status of satisfaction

S. No.	Statements	FDI- Hospitals	
		Point Analysis	Status of Satisfaction
	Statement-1 (Respect and Caring)		
1	Staff handled my request in a very friendly way.	3.49	Satisfied
2	Overall the staff went out of their way to help me.	3.39	Satisfied
3	The staff fulfilled my needs before I asked.	3.27	Satisfied
4	The hospital staff appeared to be interested in me.	3.40	Satisfied
5	The staff was very enduring in attending my quick needs.	3.32	Satisfied
6	The staff showed me the things I would have needed during my stay in hospital.	3.40	Satisfied
7	The staff was very reassuring and supporting.	3.39	Satisfied
8	My personal privacy was sufficiently taken care of.	3.50	Satisfied
9	I know name of my caregiver in the hospital.	3.58	Satisfied
10	Caregiver's gave me information I needed during my stay in the hospital.	3.37	Satisfied
11	I did not wait long at the time of check in.	3.61	Satisfied
12	When I had a complaint, it was handled by them quickly.	3.41	Satisfied
13	Overall the hospital staffs were pleasant to deal with.	3.43	Satisfied
14	Overall the staff treated me with respect and dignity.	3.89	Satisfied
15	The Staff had a positive attitude towards my problems.	3.82	Satisfied
16	Doctors treat patients with dignity & respect.	3.47	Satisfied
17	The staff members are from different cities/countries/cultures.	3.42	Satisfied
Grand Average of Respect and caring		3.48	Satisfied
	Statement-2 (Continuity)		
1	I was able to stay in contact with hospital after my discharge from the hospital.	3.40	Satisfied
2	They handled me gently and kindly.	3.39	Satisfied

3	At the time of my discharge, I was told about the necessary Home- Care.	3.55	Satisfied
4	When being discharged, they considered well what I could do.	3.51	Satisfied
5	All preparations for discharge were handled well and quickly.	3.37	Satisfied
6	I was taken care sufficiently when I moved home.	3.58	Satisfied
Grand Average of Continuity		3.47	Satisfied
S. No.	Statement-3 (Appropriateness)		
1	The places for convenience were very neat and clean.	3.36	Satisfied
2	I did not have to fill-out too many formalities at the time of check-in.	3.73	Satisfied
3	My personal possessions were suitably taken care of.	3.59	Satisfied
4	The cleanliness and sanitary condition was quite good and satisfactory.	3.34	Satisfied
5	The arrangements for lights, ventilation etc. Was appropriate and satisfactory.	3.26	Satisfied
6	Every patient and his family members have ease of access to telephone.	3.33	Satisfied
7	Overall the food services were quite good and satisfactory.	3.47	Satisfied
8	Meals were served at appropriate temperature making food edible willingly.	3.87	Satisfied
9	Meals were highly hygienic.	3.32	Satisfied
Grand Average of Appropriateness		3.48	Satisfied
S. No.	Statement-4 (Timeliness)		
1	I was given all required information quickly and within expected time by hospital staff.	3.37	Satisfied
2	Patients are timely informed about the quarries they have, all required information are explained in proper way and make them less anxious & worried.	3.35	Satisfied
3	The doctors informed me the outcome of the procedure of treatment.	3.51	Satisfied
4	Hospital staff told everything to my family members what they needed to know about me and my treatment.	3.51	Satisfied

5	Financial counselors gave every the information to my family members what they needed to know about the medical expenses in the hospital.	3.52	Satisfied
6	Meal was served on appointed time.	3.87	Satisfied
7	Unused and dirty dishes were removed promptly by the caregivers.	3.31	Satisfied
8	As soon as complaint is received from the patient or their family members it is resolved timely and quickly.	3.36	Satisfied
Grand Average of Timeliness		3.47	Satisfied
S. No.	Statement-5 (Efficiency)		
1	At the time of treatment doctors, make eye contact, call patients by name to create a healthy relationship.	3.74	Satisfied
2	The doctors are experienced enough in securing confidentially & privacy as they watch themselves at what they say, where they say & to whom they say.	3.61	Satisfied
3	Doctor's kind gestures & polite words make patients comfortable & relaxed.	3.45	Satisfied
4	Doctors encourage patients to tell their problem & answer their questions	3.20	Satisfied
5	Overall my hospital bill was handled well and promptly.	2.31	Dissatisfied
6	My bill was in line with the services provided to me i.e. It has not surprised me and my family members	2.46	Dissatisfied
7	I was able to understand my medical bill.	2.75	Dissatisfied
8	A staff member was available to explain my bill to me in such way that we could understand the bill.	2.56	Dissatisfied
9	Any complaints regarding bill were handled appropriately.	2.87	Dissatisfied
10	The doctors, nurses were efficient and expert enough in their task.	3.61	Satisfied
11	With the help of efficient and modern equipment I was treated in an effective manner.	3.47	Satisfied
12	I was discharged from the hospital in lesser period than I expected.	3.69	Satisfied

13	At the time of discharge, I was feeling ok and enough healed.	3.58	Satisfied
14	Overall the Hospital was efficient in terms of services, charges and expertise.	3.56	Satisfied
Grand Average of Efficiency		3.21	Satisfied
S. No.	Statement-6 (Effectiveness)		
1	My first contact with staff made me restful and relaxed.	3.74	Satisfied
2	The first look at the interior of the hospital was pleasing and effective.	3.73	Satisfied
3	The procedure for complaint handling was efficient.	3.44	Satisfied
4	The staff members were looking very promising and talented.	3.36	Satisfied
5	Overall the hospital – staff was very professional.	3.82	Satisfied
6	Overall the hospital staff had expertise and proficient in their work.	3.66	Satisfied
7	Overall the staff performed their jobs very well.	3.43	Satisfied
Grand Average of Effectiveness		3.60	Satisfied
S. No.	Statement-7 (Safety)		
1	Provisions of safety are quite well and assuring.	3.30	Satisfied
2	At the time of my stay in the hospital I and my family member's belongings were safe.	3.32	Satisfied
3	Security arrangements in the hospital were excellent.	3.44	Satisfied
Grand Average of Safety		3.35	Satisfied
S. No.	Statement-8 (Efficacy)		
1	I am satisfied with the way my problems were handled.	3.79	Satisfied
Grand Average of Efficacy		3.79	Satisfied
S. No.	Statement-9 (Availability)		
1	Overall the Hospital had everything which could be expected from a class hospital.	3.73	Satisfied
2	All the required services were appropriately and sufficiently available.	3.59	Satisfied
3	The hospital had everything I could have needed during my stay in the hospital.	3.34	Satisfied

4	The hospital has an appropriate complaint handling mechanism.	3.26	Satisfied
5	Patient's family members feel free to the staff members for any query.	3.33	Satisfied
6	The hospital has a number of suggestion boxes where the patient can drop their suggestion and feedback for the improvement of the hospital.	3.47	Satisfied
Grand Average of Availability		3.46	Satisfied

Conclusion:

The present empirical study indicates that FCHs have been successful hospitals in reaching their target consumers i.e. Urban and middle class patients and the rise in this segment can be termed as one of the significant factors contributing to the justification of satisfying role of these corporate hospitals in providing world class services to their customers. It has always been an evident truth that the paying capacity of patients decides the way they demand for high-tech services being offered by these corporate hospitals. The results of the present study also confirm the same. All the quality dimensions scored more than 3 i.e. having 'satisfied' status. Moreover patients visiting to FCHs whether Indian or foreigner are satisfied with the services offered by FDI hospitals. Only one thing regarding the bill handling procedure they have shown their dissatisfaction in FCHs as the point analysis of this question is less than 3. Hence it is clearly proved that FCHs have clearly contributed enough in meeting the demand as well as providing satisfaction to the target consumers, the international patient the urban middle class patients. It has been proved that healthcare seekers depend highly on the corporate hospital, since they provide a wider variety of services and are considerably more efficiently. Thus, with this, corporate hospitals becoming more prominent in the Indian market, it becomes even more imperative that India continues to ride this wave and makes more collaboration to bring the people of India a truly global healthcare delivery system at affordable prices.

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