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# A Study on Private Multi – Speciality Hospital Services in Ariyalure District of Tamilnadu

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***Abstract:** Though Tamil Nadu is one of India's highest-performing states in terms of Health, Tamil Nadu Private multi-speciality hospital service is very important in the healthcare sector. The availability of service 24 hours and 7 days and its function is essential for the country also. So that sector is a concentrated one. But their service is very costly & the most expensive one. The majority of the people are economically very poor families. So the minimum level of the people has used the Private Hospitals money only we need the availability of services is we can consume true service perfectly. So the service quality of multi-speciality is my objective. The Primary responsibility of high-quality care to patients and improving the standard of care in areas deemed necessary. The study was designed for cross-sectional study in public and private.*

**Key words: Single Speciality, multi-speciality, Hospitals, Quality, Satisfaction service standard.**

## INTRODUCTION

The multi-speciality hospital Service is the meritorious service provided by the private owners their vision is to be the hospital of choice for all sectors of society in offering the highest quality health care services. HRC is proud of its valuable contributions in providing people with cheap and high-quality health care we have embraced change and innovation following World-Wide standards and we have outfitted the hospital with cutting-edge equipment aided by a team of devoted and experienced doctors. With 4.2 per cent of GDP, India is among the top 20 centuries in terms of private spending. Employers cover 9% of private cost health insurance coves 5-10% and the remaining 82% comes from personal funds. As a result, more than 40% of all hospitals patients must borrow money or sell assets 3 to cover bills, including inherited property and farms, and 25% of farmers are pushed below the property line by the cost of their medical care.

**Review of literatures:**

1. **Sohail Akhtar Et Al., (2021)** Maternal health is one of the most critical public health challenges in many developing countries availability of comprehensive maternal healthcare services by skilled health professionals can improve the quality of maternal health outcomes. The results indicated that the household's preference for private healthcare sector for delivery and postnatal care increases with increase in households' education and incomes. It also showed that accessibility to healthcare facilities is significant in utilization of maternal healthcare services. Distance to healthcare facilities, cost of transport and out-of-pocket expenditure are significantly affecting the choice of healthcare institutions. [1]
2. **S. Mohamed Mossa Harun Razeed and Dr.c. Vethirajan(2020)** This study is based on the analysis of patient satisfaction at private hospitals in Thirunelveli City. The purpose of this research is to identify the patient's satisfaction towards various dimensions that influence the quality of service at private hospitals. According to the study the patients and escorts were faced lot of problems at private hospitals in Tirunelveli district during the pandemic Covid 19, Majority of the respondents were found disappointed by ambiguous answer of the hospital employees. Hopefully the hospital management may well establish the patient's satisfaction practice in future by the past experience for remaining of the pandemic.[2]
3. **Saad Ahmed Javed et al., (2018)** The comprehensive relationship between patient satisfaction and five dimensions of health care service quality in Pakistani public/private health care sectors using novel grey relation analysis models and Hurwicz criteria of decision making. Data was collected through an improved SERVQUAL instrument. Grey relation analysis models revealed that reliability and responsiveness are most strongly predicting patient satisfacion in public and private health care sectors. The Hurwicz criteria showed that patients are most satisfied from private healthcare facilities. The study recommends tailoring of SERVQUAL model for the resource-scant underdeveloped countries where people's evaluation of the quality of the hospitals is likely to be influenced by the price of services.[3]

1

**Sohail Akhtar et al.,**
**Factors Affecting the Choice of Public Vs Private Healthcare Institutions for Delivery and Postnatal Care-A Study in a Rural District of Pakistan,** ***Journal of Pharmaceutical Research International, 33(60B): 3724-3736, 2021; Article no.JPRI.79981 ISSN: 2456-9119,*** https://www.sdiarticle5.com/review-history/79981

[2] S. Mohamed Mossa Harun Razeed and Dr.c. Vethirajan Impact on Patient Satisfaction and Perception towards Service Quality in Private Hospitals during Pandemic COVID 19 with special reference Tirunelveli City, International Journal of Innovative Research in Technology, Volume 7 Issue 3 August 2020, PP. 119-125 https://www.researchgate.net/publication/344361530

[3] Saad Ahmed Javed et al., Patients' satisfaction and public and private sectors' health care service quality in Pakistan: Application of grey decision analysis approaches, International Journal of Health plann Mgmt, 19 July 2018;1-15, https://www.researchgate.net/publication/327321217

4. **Raed Mohammed Ali Al-Daoar and M.Jamal Mohamed Zubair (2017)** The objective of this paper is to critically review the established various studies conducted across the India on the subject of health care services quality dimensions and measured from databases Emerald Insight, EBSCO& Google scholar. Some of the studies have not clearly mentioned the types of health care providers, Modifying the SERVQUAL scale for measuring the service quality of Indian health, hence there is a need to develop a new scale for measuring the service quality from the foreigner's patient perspective to improve the level of service quality.It's needed to conduct more qualitative studies to gain a better understanding of the patient and only few studies have included both inpatient and outpatient as respondents of the study.[4]
5. **Cyril Kanmony J (2017)** Tamil Nadu is losing its importance in many areas. There is no specialist in community health centers and all specialist posts are vacant, though there is excess number of doctors in primary health centers are enough number of SCs, PHCs, CHCs. The article brings out the status of healthcare centers in terms of their numbers in rural areas. To understand the facilities available in various centers and to know how PHCs in Tamil Nadu is working which results in improvement. On the basis of rural area covered and radial distance covered by a SC, a PCH and a CHC, Tamil Nadu exhibits only a poor show. In both rural area covered and radial distance covered Kerala stands first next place goes to Bihar, TN occupies third place. The facilities available in these centers particularly operation theater facility should be enhanced. The amount allotted to public health in revenue budget should to increase at least to 6% to provide enough funds and improving every facility.[5]

## OBJECTIVES

1. To investigate the Private Multi- Speciality Hospitals in Madurai service suppliers.
2. To investigate the socio-economic features of the respondents in the sample.
3. To compare opinions with desired and perceived levels of commitment to hospital service quality.
4. To determine the patient's degree of satisfaction.
5. To describe the findings and provide appropriate recommendations.

[4] Raed Mohammed Ali Al-Daoar and M.Jamal Mohamed Zubair A Critical Review of the Service Quality and its Measurement in Indian Healthcare Sector, International Journal of Business and Mangement Invention, Volume 6 Issue 8, 19th August 2017, PP.76-87, https://www.researchgate.net/publication/3221096665

[5] Cyril Kanmony J Public Healthcare Sector: Is Losing Its Importance in Rural Tamil Nadu?, Review of Public Administration and Management, Vol.5 Issue 1, January 22nd 2017, PP.1-9, doi:10.4172/2315-7844.1000199

## SAMPLING DESIGN

An interview schedule was used to gather primary data. With structured interview questions, data collection was used. The approach used by the research is proportionate stratified random sampling a total of 50 respondents were chosen from the Ariyalure District for the study.

## AREA OF STUDY

The multi- speciality hospitals are located is in the city only. So, I have selected this Ariyalure District city only.

## METHODOLOGY

The percentage analysis One-way ANOVA, Co-Efficient used in my study.

### a) ANALYSIS OF SIMPLE PERCENTAGE UNIT :

### 1. Type of hospital

**Table 1.1**

| S. No | | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Hospital | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

### 2. Types of speciality

**Table 1.2**

| S. No | | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Single speciality | | | | - |
| 2 | Multispeciality | 30 | 60 | 30 | 60 |
| 3 | Others | 20 | 40 | 20 | 40 |
| | **Total** | **50** | **100** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the hospital is multi-speciality 60% and 40% of the hospital is others

**3. What is the age of your Hospital**

**Table 1.3**

| S. No | Age of Hospital | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | 0-5yrs | 10 | 20.0 | 10 | 80.0 |
| 2 | 6-10yrs | 20 | 40.0 | 20 | 20.0 |
| 3 | 11-15yrs | 10 | 20.0 | 10 | 0.0 |
| 4 | More than 15yrs | 10 | 20.0 | 10 | 0.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority age of the hospital is 6-10 years 40% and 20% of the multi speciality hospital age is 0-5 years, 11-15 years of hospital, more than 15 years respectively

**4. Specialists Available**

**Table 1.4**

| S. No | Specialists Available | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Full time | 20 | 40.0 | 20 | 40.0 |
| 2 | Visiting specialists | 30 | 60.0 | 30 | 60.0 |
| | **Total** | **50** | **100.0** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

In the majority of the hospital, the availability of visiting specialists is 60% and 40% of the multi speciality hospital is a full-time specialist

**5. Room facilities**

**Table 1.5**

| S. No | Room facilities | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | general | 10 | 20.0 | 10 | 20.0 |
| 2 | deluxe | 10 | 20.0 | 10 | 20.0 |
| 3 | Super deluxe | 30 | 60.0 | 30 | 60.0 |
| 4 | Suite | - | 0.0 | - | 0.0 |
| 5 | All of the above | - | - | - | 0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the multi speciality hospital is the availability of room facilities of super deluxe 60% and the general room is 20%, the deluxe room is 20%.

**6. Number of Doctors (Full time)**

**Table 1.6**

| S. No | No of doctors | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Below 10 | 10 | 20.0 | 10 | 20.0 |
| 2 | 10-20 | 40 | 80.0 | 40 | 80.0 |
| 3 | 21-30 | - | - | | 0.0 |
| 4 | 31-40 | - | - | - | 0.0 |
| 5 | More than 40 | - | - | - | 0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority number of doctors (Full time) private multi speciality hospital 10-20 is 80% and below 10 doctors is 20%.

**7. Number of paramedical staff**

**Table 1.7**

| S. No | paramedical staff | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | 21-30 | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority number of paramedical staff in the private multi speciality hospital 21-30 is 100%.

**8. Number of nursing staff**

**Table 1.8**

| S.No | Nursing staff | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | 0-10 | 10 | 20 | 10 | 20 |
| 2 | 11-20 | 40 | 80 | 40 | 80 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority number of nursing staff ( full time)11-20 is 80% and below 10 nursing staff is 20%.

**9. No beds**

**Table 1.9**

| S. No | Beds | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Below 30 | 30 | 60 | 10 | 60.0 |
| 2 | 51- 100 | 20 | 40 | 20 | 40.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority number of available beds in the private multi speciality hospital is 30 is 60% and below 51-100 beds available is 40%.

**10. Patient Registration process in front office**

**Table 1.10**

| S. No | Registration | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Digital | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the Patient Registration process in the front office in the private multi speciality hospital digital is 100%.

**11. Insurance**

**Table 1.11**

| S. No | | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of Insurance in the private multi speciality hospital digital is 100%.

**12. Does your hospital have Emergency Unit**

**Table 1.12**

| S. No | Emergency Unit | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent have Emergency Unit in the private multi speciality hospital "YES" is 100%.

**13. Does your hospital have CSSD?**

**Table 1.13**

| S. No | Central Sterile Supply Unit | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent have CENTRAL STERILE SUPPLY UNIT in the private multi speciality hospital "YES" is 100%.

**14. Does your hospital have Ambulatory Service**

**Table 1.14**

| S. No | Ambulatory Service | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent have Ambulatory Services in the private multi speciality hospital "YES" is 100%.

**15. Does your hospital have a mortuary?**

**Table 1.15**

| S. No | Emergency Unit | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent have a mortuary in the private multi speciality hospital "YES" is 100%.

**16. How many In- Patients were treated last month**

**Table 1.16**

| S. No | In patients were treated | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | 100- 300 | 30 | 60.0 | 30 | 60.0 |
| 2 | 301-600 | 20 | 40.0 | 20 | 40.0 |
| | **Total** | **5** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent In- Patients were treated last month this private multi speciality hospital "100-300" is 60% and 40% of the respondents are answered "301- 600".

**17. What is the average length of stay**

**Table 1.17**

| S. No | Patients Treated last month | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Below 6 days | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent the average length of stay in the private multi speciality hospital "BELOW 6 DAYS" is 100%.

**18. What is main source of water.**

**Table 1.18**

| S. No | main source of water | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Bore well | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent main source of water in the private multi speciality hospital "BORE WELL" is 100%.

**19. Hospital infrastructure available**

**Table 1.19**

| S. No | | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Kids Park | 10 | 20 | 10 | 20 |
| 2 | TV in waiting area | 10 | 20 | 10 | 20 |
| 3 | Centralized AC | 10 | 20 | 10 | 20 |
| 4 | Air ventilation | 20 | 40 | 20 | 40 |
| | **Total** | **50** | **100.0** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent infrastructure available of patients visiting this hospital "Air ventilation" is 40%, and 20% of the respondents are answered "TV in waiting area, and 20% of the respondents are answered Kids Park, and 20% of the respondents are answered Kids Park.

**20. How frequently the toilets & floors are cleaned**

**Table 1.20**

| S. No | No of doctors | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Every one hours | 40 | 80.0 | 10 | 80.0 |
| 2 | Every two hours | 10 | 20.0 | 40 | 20.0 |
| 3 | 2-3 HOURS | - | - | - | 0.0 |
| 4 | 3-4 HOURS | - | - | - | 0.0 |
| 5 | More than 4 HOURS | - | - | - | - |
| | **Total** | **50** | **100** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent frequently the toilets & floors are cleaned this private multi speciality hospital "Every one hours" is 80%, and 20% of the respondents are answered "Every two hours".

**21. How many OTs there in your hospital**

**Table 1.21**

| S. No | Dispose biomedical waste | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Below 2 | 40 | 80 | 40 | 80 |
| 2 | 3-4 | 10 | 20 | 10 | 20 |
| 3 | Outsourced | - | 0 | - | 0 |
| 4 | Others | - | 0 | - | 0 |
| | **Total** | **50** | **100.0** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent frequently the toilets & floors are cleaned this hospital "Every one hours" is 80%, and 20% of the respondents are answered "Every two hours".

**22. What is the main sterile technique used to sterilize medical equipment**

**Table 1.22**

| S. No | Sterilize medical equipment | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Autoclave | 40 | 80.0 | 40 | 80.0 |
| 2 | Steam | 10 | 20.0 | 10 | 20.0 |
| 3 | Boiling | - | 0.0 | - | 0.0 |
| 4 | Other | - | 0.0 | - | 0.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent's have a separate website in the private multi speciality hospital "Autoclave" is 80%.and" steam is attached" are 20%.

**23. What is the method adopted to dispose biomedical waste**

**Table 1.23**

| S. No | Dispose biomedical waste | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Buried in pit | 40 | 80 | 40 | 80 |
| 2 | Burnt | 10 | 20 | 10 | 20 |
| 3 | Outsourced | - | 0 | - | 0 |
| 4 | Others | - | - | - | 0 |
| | **Total** | **50** | **100.0** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent's have adopted to dispose biomedical waste in the private multi speciality hospital "Buried in pit" is 80%.and" Burnt is attached" are 20%.

**24. Specify the method of patient's feedback collecting system**

**Table 1.24**

| S. No | Feedback collecting System | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Feedback | 50 | 100 | 50 | 100 |
| 2 | Separate register | - | - | - | - |
| 3 | Helpline | - | - | - | - |
| | **Total** | **50** | **100.0** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent's the method of patient's feedback collecting system in the private multi speciality hospital "Feedback" is 100%.

**25. Does your hospital offer robotic surgery?**

**Table 1.25**

| S. No | Robotic surgery | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | No | 50 | 100.0 | 50 | 100.0 |
| | **Total** | **50** | **100.0** | **50** | **100.0** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent's offer robotic surgery in the private multi speciality hospital "NO" is 100%.

**26. Does your hospital handle medico-legal cases?**

**Table 1.26**

| S. No | Handle medico-legal cases? | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 40 | 80 | 40 | 80 |
| 2 | No | 10 | 20 | 10 | 20 |
| | **Total** | **50** | **100** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent's Handle medico-legal cases the private multi speciality hospital "Yes" is 80% and" 20% of the respondents are answered "NO"

**27. Is there an infection control committee in your hospital?**

**Table 1.27**

| S. No | Infection control committee | No. of Respondents | | Total | (%) |
|---|---|---|---|---|---|
| | | Private | (%) | | |
| 1 | Yes | 50 | 100 | 50 | 100 |
| 2 | No | 0 | - | 0 | 0 |
| | **Total** | **50** | **100** | **50** | **100** |

Sources: Primary data SPSS tools version 22*

The majority of the respondent's there an infection control committee in your private multi speciality hospital "Yes" is 100.

**b) Analysis of test in One-Way (ANOVA) unit**

**HYPOTHESES OF THE STUDY**

1. **$H_0$:** There is no significant difference between the Married, Residential groups and Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.
2. **$H_1$:** There is a significant difference between the Gender, Age, Type of family groups and Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.

**One way (ANOVA)**

| S. No | Level of satisfaction | DF | 'F' -Test value | 'p'- Value 0.05%@level | Result |
|---|---|---|---|---|---|
| **1** | **Gender** | **49** | **0.391** | **0.535** | **Not significant** |
| **2** | **Age** | **49** | **0.378** | **0.769** | **Not significant** |
| **3** | **Married** | **49** | **1.254** | **0.295** | **significant** |
| **4** | **Type of family** | **49** | **0.47** | **0.829** | **Not significant** |
| **5** | **Residential** | **49** | **0.818** | **0.448** | **significant** |

- From the above table Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu. Gender and Level of Satisfaction with (DF (means Degree of Freedom) N-1, 50-1, 49), 'F' value is 0.391and 'p' value is 0.535 (Significant level 0.05% Level), the 'p' value compare with 'F' is less then value is Not significant level. The hypotheses is Alternate hypotheses ( $\mathbf{H_1}$) Accepted this means there is no significant difference Gender and Level of Satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.
- From the above table Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu. Age and Level of Satisfaction with (DF (means Degree of Freedom) N-1, 50-1, 49), 'F' value is 0.378 and 'p' value is 0.769 (Significant level 0.05% Level), the 'p' value compare with 'F' is less then value is Not significant level. The hypotheses is Alternate hypotheses ( $\mathbf{H_1}$) Accepted this means there is no significant difference Age and Level of Satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.
- From the above table Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu. Married and Level of Satisfaction with (DF (means Degree of Freedom) N-1, 50-1, 49), 'F' value is 1.254 and 'p' value is 0.295 (Significant level 0.05% Level), the 'p' value compare with 'F' is less then value is significant level. The hypotheses is Alternate hypotheses ( $\mathbf{H_o}$) Reject this means there is a significant difference Married and Level of Satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.
- From the above table Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu. Type of family and Level of Satisfaction with DF (means Degree of Freedom) N-1, 50-1, 49), 'F' value is 0.47 and 'p' value is 0.829 (Significant level 0.05% Level), the 'p' value compare with 'F' is less then value is Not significant level. The hypotheses is Alternate hypotheses ( $\mathbf{H_1}$) Accepted this means there is no significant difference Type of family and Level of Satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.
- From the above table Level of satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu. Residence and Level of Satisfaction with DF (means Degree of Freedom) N-1, 50-1, 49), 'F' value is 0.818 and 'p' value is 0.448 (Significant level 0.05% Level), the 'p' value compare with 'F' is less then value is significant level. The hypotheses is Alternate hypotheses ( $\mathbf{H_o}$) Rejected this means there is a significant difference Residence and Level of Satisfaction on Private hospitals patients with Ariyalure district in Tamilnadu.

**FINDINGS:**

- In the majority of the hospital, the availability of visiting specialists is 60% and 40% of the hospital is a full-time specialist
- The majority of the hospital is the availability of room facilities of super deluxe 60% and the general room is 20%, the deluxe room is 20%**.**
- The majority number of doctors (Full time) 10-20 is 80% and below 10 doctors is 20%.
- The majority number of paramedical staff 21-30 is 100%.
- The majority number of nursing staff (Full-time) 11-20 is 80% and below 10 nursing staff is 20%.
- The majority number of available beds in the hospital is 30 is 60% and below 51-100 beds available is 40%.
- The majority of the Patient Registration process in the front office in the hospital digital is 100%.
- The majority of Insurance in the hospital digital is 100%.
- The majority of the respondent have Emergency Unit in the hospital "YES" is 100%.
- The majority of the respondent have CENTRAL STERILE SUPPLY UNIT in the hospital "YES" is 100%.
- The majority of the respondent have Ambulatory Services in the hospital "YES" is 100%.
- The majority of the respondent have a mortuary in the hospital "YES" is 100%.
- The majority of the respondent In- Patients were treated last month this hospital “100-300” is 60% and 40% of the respondents are answered “301- 600”.
- The majority of the respondent the average length of stay in the hospital “BELOW 6 DAYS” is 100%.
- The majority of the respondent main source of water in the hospital “BORE WELL” is 100%.
- The majority of the respondent infrastructure available of patients visiting this hospital “Air ventilation” is 40%, and 20% of the respondents are answered “TV in waiting area, and 20% of the respondents are answered Kids Park, and 20% of the respondents are answered Kids Park
- The majority of the respondent frequently the toilets & floors are cleaned this hospital “Every one hours” is 80%, and 20% of the respondents are answered “Every two hours”.
- The majority of the respondent frequently the toilets & floors are cleaned this hospital “Every one hours” is 80%, and 20% of the respondents are answered “Every two hours”.
- The majority of the respondent’s have a separate website in the hospital “Autoclave” is 80%.and” steam is attached” are 20%.
- The majority of the respondent’s have adopted to dispose biomedical waste in the hospital “Buried in pit” is 80%.and” Burnt is attached” are 20%.
- The majority of the respondent’s the method of patient’s feedback collecting system in the hospital “Feedback” is 100%.
- The majority of the respondent’s offer robotic surgery in the hospital “NO” is 100%.
- The majority of the respondent’s Handle medico-legal cases the hospital “Yes” is 80% and” 20% of the respondents are answered “NO”

- The majority of the respondent's there an infection control committee in your hospital "Yes" is 100.

**SUGGESTION:**

- ✓ **Try to do the Robotic surgery**
- ✓ **Increase full-time Doctors in the hospital**
- ✓ **Increase full-time Nurses in the hospital**
- ✓ **Increase full-time Para medical staff in the hospital**
- ✓ **Increase the availability of the deluxe and general rooms in the hospital**
- ✓ **Restrict the hidden fees in the hospital**

**CONCLUSION:**

**Finally, we need to conclude the study. A study on private multi-speciality hospital services in the ariyalure district of Tamil Nadu ultimately identified the problems and gave solutions the same by the researcher. I think my suggestions are helpful for the particular private multi-speciality hospitals sector and now the hospital sector goes to the next stage which is the original improvement of the country.**