

## Hospital or Clinic Which Is More Useful

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**ABSTRACT:** The aim of this study is to find hospital or clinic which is useful in Tamil Nadu India.

The hospital's, clinic's and patients were ready to give their feedback regarding services provided. We used a questionnaire with 13 items.

**KEYWORDS:** Hospital's; clinic's, patient's, feedback, India, Tamil Nadu

are useful in identifying

Gaps in services been provided with the ultimate aim of guaranteeing quality assurance. The objective of this study was

To assess the client perception of service qualities.

Here we consider the services like Health care services, Quality and Standards.

Services were checked at primary, secondary and tertiary health sectors.

Few studies were conducted to assess the patient's perception.

Adequate time and support were given by the human resource team in the hospital.

### I. INTRODUCTION:

Service quality assessments have assumed increasing importance in the last two decades, they

### II. REVIEW OF LITERATURE:

S.NO	YEAR	TITLE AND YEAR PUBLISHED	AUTHOR	FINDINGS
1.	2007	Children's Hospital and Clinics (2007).	<ul style="list-style-type: none"> <li>➤ Amy Edmondson</li> <li>➤ Anita Tucker</li> <li>➤ Michael A. Roberto</li> </ul>	<ul style="list-style-type: none"> <li>➤ to understand what happened, to identify opportunities for improvement, and to support the caregivers, patient and family that were involved. We have three ground rules for their discussion.</li> <li>➤ First, it is a blameless environment; we are not here to find a scapegoat but to identify failures in our operating system. We want to reveal all of the issues and problems in an open discussion. Second, this process is confidential. Please do not reveal the name of the patient or the identity of the caregivers. Third, we ask you to think creatively about how to improve our systems and processes.</li> </ul>
2.	2009	Specialist outreach clinics in primary care and rural hospital settings (2009).	<ul style="list-style-type: none"> <li>➤ Bailie RS</li> <li>➤ Gruen RL</li> <li>➤ Knight SS</li> <li>➤ Weeramanthri TS</li> </ul>	<ul style="list-style-type: none"> <li>➤ The evidence presented provides support for the hypothesis that specialist outreach can improve access to specialist care on a range of patient-based measures, health outcomes to a clinically important degree, and efficiency</li> </ul>

3.	2010	Comparison of primary care experiences among adults in general outpatient clinics and private general practice clinics (2010).	<ul style="list-style-type: none"> <li>➤ Barbara Starfield</li> <li>➤ Kenny Kung</li> <li>➤ Martin CS Wong</li> <li>➤ Samuel YS Wong</li> <li>➤ Sian M Griffiths</li> <li>➤ Su V Lo</li> <li>➤ Tanya Carthy</li> <li>➤ Vincent CH Chung</li> <li>➤ William B Goggins</li> </ul>	<p>in the use of hospital-based services by reducing duplication and unnecessary referrals and investigations.</p> <ul style="list-style-type: none"> <li>➤ We have shown that respondents who identified GPCs as their regular source of primary health care provision had poorer scores for primary health care attributes, largely due to limited accessibility and patient focused care over time.</li> <li>➤ The relative role of primary care providers and specialists, especially in the care of people with chronic disease, requires additional exploration.</li> </ul>
4.	2011	Patient Engagement and Attrition in Pediatric Obesity Clinics and Programs (2011).	<ul style="list-style-type: none"> <li>➤ Heather Paves</li> <li>➤ Ihouma Eneli</li> <li>➤ Katie Laubscher</li> <li>➤ Sarah Hampl</li> </ul>	<ul style="list-style-type: none"> <li>➤ Children's hospitals with pediatric weight-management programs are making many efforts to engage and retain patients and families. Despite these efforts, the majority of patients in group-based programs are not completing the entire course of treatment.</li> <li>➤ More emphasis needs to be placed on studying best practices in engagement and retention in clinics and programs, including surveying a larger number of clinics and programs with a more comprehensive instrument and potentially using individual structured interviews.</li> </ul>
5.	2013	Polish programme assessing diagnostic procedures, treatment and costs in patients with heart failure in randomly selected outpatient clinics and hospitals at different levels of care (2013).	<ul style="list-style-type: none"> <li>➤ Barbara Wizner</li> <li>➤ Dorota Bolisega</li> <li>➤ Grzegorz Opolski</li> <li>➤ Jacek S. Dubiel</li> <li>➤ Marcin Czech</li> <li>➤ Tomasz Grodzicki</li> </ul>	<ul style="list-style-type: none"> <li>➤ The study involved 400 primary care practices and 396 specialist outpatient clinics, as well as 259 hospitals at all reference levels. The sample was representative and supplemented with patient interview data</li> <li>➤ The costs of treating heart failure are high; proper allocation of resources to diagnostic procedures and</li> </ul>
	2015			

6.	2016	Client perception of service quality at the outpatient clinics of a General hospital(2015).	<ul style="list-style-type: none"> <li>➤ Babatunde Enitan Ogunnowo</li> <li>➤ Salami Suberu Sule</li> <li>➤ Tolulope Florence Olufunlayo</li> </ul>	<p>treatment may contribute to rationalisation of the relevant expenditure.</p> <ul style="list-style-type: none"> <li>➤ total of 400 respondents were interviewed. The mean age was 40 years with a standard deviation of 15.2 yrs. The highest mean score of 4.35 out of a possible maximum of 5 was recorded in assurance domain while the lowest mean score of 4.00 was recorded in the responsiveness domain.</li> <li>➤ The overall mean score of all the domains was 4.20 with standard deviation of 0.51. Overall majority (80.8%) of respondents rated the overall service quality as good/very good.</li> <li>➤ the overall perceived service quality was good. The major deficiencies were in the responsiveness domain and especially the waiting time. The hospital management should implement measures to improve the responsiveness of services by ensuring prompt delivery of services.</li> </ul>
7.	2018	Reasons for the preference of clinic visits to self-medication by common cold patients (2016).	<ul style="list-style-type: none"> <li>➤ Fumio Shaku</li> <li>➤ Madoka Tsutsum</li> <li>➤ Naoto Sakamoto</li> <li>➤ Sachiko Ozone</li> <li>➤ Tetsuhiro Maeno</li> </ul>	<p>Many visit medical institutions for common cold treatment, which can cause congestion in these institutions and an increase in medical expenses, although the common cold can be treated sufficiently through self-medication. Therefore, to elucidate the reasons individuals with common colds do not use over-the-counter (OTC) medication, we conducted an investigation using a self-administered inquiry sheet to determine reasons for clinic visits and for the avoidance of OTC medication.</p> <ul style="list-style-type: none"> <li>➤ It can be presumed that many patients with common colds visit medical institutions because they feel reassured and feel that their symptoms improve</li> </ul>

8.		<p>Primary Care Patients' Preference for Hospitals over Clinics (2018).</p>	<ul style="list-style-type: none"> <li>➤ Agnus M. Kim</li> <li>➤ Hyemin Jung</li> <li>➤ Hyun Joo Kim</li> <li>➤ Jin Yong Lee</li> <li>➤ Min-Woo Jo</li> <li>➤ Sang Jun Eun</li> <li>➤ Seongcheol Cho</li> </ul>	<p>at a quicker rate. The findings of this study indicated that there is a need for accurate information and relief from anxiety for patients regarding the common cold.</p> <ul style="list-style-type: none"> <li>➤ In many developed countries, the roles of health care facilities are differentiated based on their function and size. The level of a health care facility is chosen according to the severity of the patients' health conditions. Patients with minor and chronic illnesses are normally treated in primary care settings, while hospitals provide specialized treatments for more complex cases, which could involve hospitalization.</li> <li>➤ This division of roles among health care facilities has been institutionalized through the course of development of the modern health care system and is believed to be fit for an organized and efficient provision of health care services.</li> </ul>
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**Research gap:**

The feedback of training of nurses was done in various methods but not particularly in Madurai, Tamilnadu, India hence we have catered to it.

**Data Collection:**

We used a closed ended questionnaire to collect data. Data collection was done in person in hospitals in

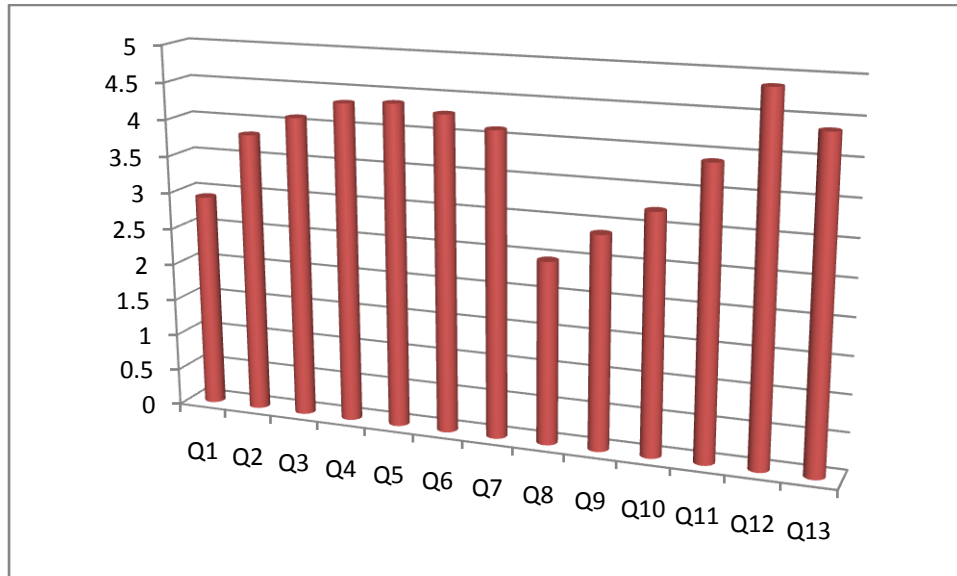
Madurai-Tamil Nadu. The nurses were ever co-operative.

We gave more than 120 questionnaires and received 100 valid questions with which we did the analysis

**DATA ANALYSIS AND CONCLUSION:**

We use excel sheet to analysis data and we use simple random sampling to pick data.

Convergent and Discriminant was proved.



**Highest Question:** question 12:

career  
 development clinical opportunity existed-4.862745  
 question 13:  
 supervisors used  
 mistakes as learning opportunity-4.372549  
 question 5:

physicians and  
 nurses had good working relationship-4.372549

**Lowest Question:** question 08:

active staff  
 development or continuing education program  
 existed

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**Appendix**

PATIENT NAME:		PATIENT ID:	
DISEASE:		INVESTIGATION:	
TREATMENT:		CURRENT STATUS:	

A) About Patient's Survey:

Items	strongly disagree	disagree	neutral	agree	strongly agree
Quality of medical care					
Interpersonal skills displayed by medical Professionals					
Transparency and Communication between care provider and patient					
Financial aspects of care					
Access to doctors and another medical professional					
Accessibility of care					
Issues arranging an appointment					
Rate the investigate diagnosis process that you underwent.					
Difference in the care provided by the hospitals available in your area					
Hospitals/clinics will get things right the first time					
Hospitals/clinics will have modern looking equipment					
Hospital/clinics will insist on their error-free records.					
Hospital/clinics will provide their services at the time they promise to do so.					