Customer Satisfaction of Universal Medical College and Hospital

Prepared for
Ummul Wara Adrita
Lecturer
BRAC Business School
BRAC University

Prepared by
Anik Kumer Sarker- 15104214
BRAC Business School
BRAC University
Date of Submission: 30th April, 2019
Customer Satisfaction of Universal Medical College and Hospital Limited
Letter of Transmittal

April 30, 2018
Ummul Wara Adrita
BRAC Business School
BRAC University, Dhaka

Subject: Submitting Internship report on Customer satisfaction of Universal medical college and hospital

Dear Madam,

As a partial fulfillment of Bachelor of Business Administration in the BRAC University, I did my internship in Universal Medical college and hospital Ltd. This is a great pleasure for me to submit my internship report on Customer satisfaction of Universal medical college and hospital to you. I considered your remarks and instructions very carefully while preparing this research.

I have tried to make a comprehensive report within the period of time I was provided. I am very much indebted to you for providing guidance during the preparation of this report. Any sort of suggestion regarding the report will be significantly acknowledged and I will be at ease if my report serves its purpose. During the preparation of the report, I have gathered lots of knowledge and real life experiences about the performance of medical college hospital which will help me greatly in my career. I believe that I have prepared my report with most relevant information and in a descriptive manner.

I hope that the report will meet your expectations and standards. Thank you.

Sincere

Anik kumer sarkar
Letter of Endorsement

The Internship Report titled “customer satisfaction of universal medical college and hospital” has been submitted to the respective faculty of BRAC Business School in partial fulfillment of the requirements for the degree of Bachelor of Business Administration, Major in marketing, and Faculty of BRAC Business School on April 30, 2019. The report has been accepted and may be presented to my panel board for evaluation.

___________________________
Acknowledgement

It is a great pleasure for me to work on customer satisfaction of medical industry. My internship supervisor Ummul Wara Adrita helped me a lot to conduct this research. Her guidance makes a huge impact to make my report more worthy. Moreover my company supervisor shared his real life experience. Without their proper guidance, it might be too difficult for me to finish the report in a short period of time. So I would like to thank both of them to finish my internship report smoothly.
Executive summary

At present time health care has raised because of the rate of education and health awareness towards people as well as rising per capital income of the peoples. Meanwhile the total population and rapid growth of population may be considered, we need as well as have wide demand range for quality caring of hospitals towards the country, especially in urban areas is very much high. This sector is highly booming.

To make a successful report first I have divided our universal medical college hospital in several department as like marketing department, HR department, finance department, commercial department etc. these department will help to achieve the goal of the report. By responses from the respondents, I figure out customer satisfaction level of this hospital. In addition I also try to know about the problems of customer in terms of taking service from this hospital. Finally it is easier for me to make my report more worthy indeed.
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1.1 Services overview of Bangladesh

The recent improvement in health indicators of Bangladesh has got much recognition and is well documented (WHO, 2006, UNDP, 2009 cited in IMF, 2013). The statistical evidence show that life expectancy at birth has been raised from 44 years to 67 between the year 1970 to 2007; the infant mortality has been declined from 92 per 1000 live births to 41 by the year 1991 to 2008; Child (under five years) mortality has also been reduced from 146 per 1000 to 54 during the period of 1991 and 2008 (IMF, 2013).

About 73 per cent of children aged 12-23 months have been fully immunized from the six major diseases (BDHS, 2004). This substantial progress is happened through developing a nationwide network of medical colleges, nursing and paramedical institutes at large scale. The national health policy, plans and programmes are governed by the Ministry of Health and Family Welfare (MOHFW) through its two broad divisions- health services and family planning.

The public health service delivery network has been operated through three tiers: primary care at Upazilla (sub-district) level, secondary care at district level and tertiary care at divisional level. However, in recent times, the Government of Bangladesh (GOB) has taken broader initiatives to deliver primary health care at the door step of grass root people through establishing Community Health Clinic (CHC) at the village level and Union Health and Family Welfare Centre (UHFWC) at the union level, specialized postgraduate hospitals are available only at the divisional level. It is shown that in 2006, the total number of hospitals in Bangladesh was 1685; among those hospitals 678 were governmental hospitals and 1005 were non-government hospital (cited in Rahman et al. 2005). Despite such progress, the health and population sector has been characterized as poorly coordinated and inefficient delivery of health care services.

A major government report, Bangladesh: Unlocking the Potential (2005) recognized that public health services have been rated the lowest among all types of service providers in term of user’s satisfaction. It further points out that some governance issues such as staff absenteeism, pilferage
of drugs and other essential services, mistreatment and negligence of clients, unauthorized and illegal payments collected from consumers etc. responsible for lower patient satisfaction. However, patient satisfaction as an important dimension for ensuring quality health care is getting priority in the developed countries (Calnan et al., 1994; Epstein, Laine, Farber, Nelson and Davidoff, 1996, cited in Ashrafun and Uddin, 2011), the concept of patient as consumer is still less emphasized and their voices are rarely heard.
1.2 Objective of the study
The main objective of the study is to find out the customer satisfaction level of Universal Medical college hospitals ltd. Along with customer satisfaction where the problems lies in medical industry, detecting those problems and making aware the concerned authority to take actions against those problems and solving them.

1.3 Origin of the report
The internship report is the basic requirement of the BBA program. The proposed topic is “Customer Satisfaction of Universal Medical College Hospitals ltd”. The topic is assigned by Ummul Wara Adrita, Lecturer, BRAC Business School and BRAC University.

1.4 Scope of the study
The study will help to Universal Medical College Hospital Ltd with marketing strategies. This study will give a vast knowledge about the market. It will help to detecting the flaws of the hospital and to fix them up.

1.5 Limitations
The first constraint I faced to write the report was lack of information. There has not been a lot of research paper regarding the topic. For the questionnaire part it was like a disaster to gather information from the patient or other people with them. For a moment I myself realized that I would have done the same on that situation like answering questions with someone admitted in the hospital. If I could get some more time the report might have been more flawless.
2.1. Organization overview

The Aysha Memorial Specialized Hospital Ltd. (“AMSH” or “the Company”) is one of the fastest growing general hospitals in Bangladesh. AMSH has realigned itself as an innovative medical service provider through a completely innovative strategy. The overall strategy is to achieving excellence in terms of total medical services. The management team consists of highly experienced business and medical professionals who are dedicated for quality services and exponential growth of the company.

AMSH is located at 74/G, Peacock Square, New Airport Road, Mohakhali, Dhaka. The location is considered as the center of Dhaka city. The proposed project will set up a 500 bed medical college and hospital under the name of “Universal Medical College and Hospital” at Aftabnagar, Dhaka (2 km from Gulshan, Dhaka). This will be an international standard medical college and hospital project of AMSH. The project has been designed for providing general as well as specialized medical services to local and international communities. AMSH is also expanding its existing facilities of 100 beds to 150 beds giving emphasis on special care unit.

A lot of physicians have joined from CMC-Vellore, India. Bangladeshi Physicians with impeccable reputation are also part of the medical team. Huge emphasis has been made on quality nursing services, as we have trained over a hundred nurses for over a year. We have nurse educators from Australia, UK, India and the Philippines. Nurses and technicians have already received training from CMC-Vellore which continues to be an on-going process.
### 2.2. Organization Profile:

<table>
<thead>
<tr>
<th><strong>Type</strong></th>
<th><strong>Hospital &amp; Diagnostic Center (Private)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Established</strong></td>
<td>1996</td>
</tr>
<tr>
<td><strong>Partners</strong></td>
<td>J &amp; J Essential Products Ltd</td>
</tr>
<tr>
<td><strong>Corporate office</strong></td>
<td>74G/ 75,Peacock Square,</td>
</tr>
<tr>
<td>Key peoples</td>
<td>Mrs. Priti Chakraborty (chairman)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td></td>
<td>Dr. Ashis Kumar Chakraborty (Managing Director)</td>
</tr>
<tr>
<td>Products</td>
<td>Service</td>
</tr>
<tr>
<td>Number of Employees</td>
<td>500</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.umchlld.com">www.umchlld.com</a></td>
</tr>
</tbody>
</table>
### 2.3. Shareholding Structure:

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Name &amp; address.</th>
<th>Number of shares</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Mrs. Priti Chakraborty Chairman</td>
<td>485,000</td>
<td>91.51</td>
</tr>
<tr>
<td>02</td>
<td>Dr. Ashish Kumar Chakrabort Managing Director &amp; Shareholder</td>
<td>20,000</td>
<td>3.77</td>
</tr>
<tr>
<td>03</td>
<td>Mr. Avijit Bhattacharjee, FCA Director &amp; Shareholder</td>
<td>3,000</td>
<td>0.57</td>
</tr>
<tr>
<td>04</td>
<td>Mrs. Nahid Akhter Shareholder</td>
<td>2,000</td>
<td>0.38</td>
</tr>
<tr>
<td>05</td>
<td>Miss Haymontika Paul Shareholder</td>
<td>20,000</td>
<td>3.77</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>530,000</td>
<td>100</td>
</tr>
</tbody>
</table>
2.4. Organization Structure:

2.5. Services of Universal Medical College & Hospitals OPD Services:
The outpatient division of the emergency clinic can serve 1200 patients for every day through 60 examination rooms. To guarantee ideal medicinal services neighborliness, the patients are intently checked in their holding up times in outpatient centers, crisis and confirmations.

Outpatient Facilities:

- 95 fully-equipped medical consultation & exam rooms
- 50+ foreign-trained medical & nursing specialists
- Open daily - convenient early morning / afternoon / late evening hours

Medical Specialties:

- Internal Medicine
- Cardiology
- Pulmonary Medicine
- Gastroenterology
- Pediatrics & Neonatology
- Neurology
- Hepatology
- Nephrology
- Endocrinology
- Hematology
- Dermatology
- Rheumatology
- Physical & Rehabilitation Medicine
- Infectious Diseases
- Geriatric medicine
- Diagnostic & Interventional Radiology
- Clinical Pathology
- Medical Oncology
- General Surgery
- Cardiovascular & Thoracic Surgery
- Neonatal & Pediatric Surgery
- Obstetrics & Gynecology
- Otolaryngology (Ear/Nose/Throat)
- General & Cardiac Anesthesiology
- Minimal Invasive Surgery (MIS)
- Orthopedic & Joint Surgery
- Hepato Biliary Surgery
- Colorectal Surgery
- Urology
- Surgical Oncology
- Dental & Maxillofacial Surgery
- Ophthalmology
- Plastic Surgery
- Emergency Medicine & Trauma Surgery
All medical clinic administrations are completed with the help of the emergency clinic data framework, particularly custom-made to meet the prerequisite of their staff and patients.

2.6. Inpatient facilities

- 300 beds
- Large, comfortable, full-furnished suites and deluxe patient care rooms
- Large, clean, modern private & semi-private rooms
- Cable TV & telephone services
- Specialized hospital beds with all state-of-the-art medical outfits
- Central gas system (piped oxygen in all units)
- 24-hour nurse call & monitoring system
- Dietitian supported meals

2.7. Critical Care:

- 24-hour Emergency & Trauma Services with Express TRIAGE & Resuscitation area
- Emergency Cardiac Care Specialists
- Trauma Surgery Specialists
- 24-hour Ambulance Service

2.8. Coronary Care Unit (CCU):

A coronary care unit (CCU) is a hospital ward specialized in the care of patients with heart attacks, unstable angina, heart failure and various other cardiac problems that require continuous monitoring and treatment.
2.9. Intensive Care Unit (ICU):
Intensive care unit is one in which patients requiring close monitoring and intensive care is housed for as long as needed. Our ICU contains highly technical and sophisticated monitoring devices and equipment, and the staff in this unit are educated to give critical care as needed by the patients. The ICU and CCU are designed in a way where the physicians are situated in a central position with rooms around them. Patient vitals can be monitored with a central monitor.

2.10. Radiology
In addition to all standard modern radiology equipments, SH offers two CT scanners (Multi slice). We are thus capable of performing quality CT Angiograms. A 1.5 Tesla(Digital) MRI machine is in place. Radiology also offers Bone densitometric scan, portableX-rays, BMD, Mammography, ECHO and USG to meet patient requirement whenever and wherever necessary. Level 2 of the main building is dedicated to women services. This area is equipped with its own ultrasonography and mammogram. To facilitate patient diagnosis and treatment, PACS (Picture Archiving and Communication System) is in place. This enables us to store and recreate 3-dimensional images. Images can be sent anywhere in the world for second opinion. Patients may obtain images in CDs.

2.11. Accommodations

<table>
<thead>
<tr>
<th>ROOM TYPE</th>
<th>PER DAY / PER BED</th>
<th>Deposit Money (Tk.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td>2,000.00</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Twin Shared Cabin</td>
<td>3,500.00</td>
<td>12,000.00</td>
</tr>
<tr>
<td>Single Standard</td>
<td>5,500.00</td>
<td>20,000.00</td>
</tr>
<tr>
<td>Single Deluxe</td>
<td>7,500.00</td>
<td>25,000.00</td>
</tr>
</tbody>
</table>
Figure: Price list

Charges include

Sustenance (According to the course of the treating expert. Outside sustenance is carefully precluded for the patient and specialists.)

- Duty Doctors Services (RMO) and Nursing Care
- Utility & Hospitality Services
- House Keeping & Laundry Services

Charges Exclude

- Investigations, Medications, Consultations, Major hospital supplies, Procedures, Blood screening and cross matching, Daily newspaper, Telephone & Others.
- Allocated Bed/Room: When patient is shifted to OT/ICU/CCU/CT ICU/NICU/PICU/LDR, allocated bed/room of the patient will be treated as vacant and will not be available for the patient attendant.
- For any surgery package, charges of C-ARM and Harmonic Scrapple are excluded. Charges will be applicable if it is used for the patient during operation.
2.12. Pathology & Lab center
Universal Medical College Hospital’s pathology and research center is situated on the second floor of the second structure. Anyway outpatients test accumulation rooms (phlebotomy focuses) are situated on the second floor.

They use vacuum cylinders to gather blood from their outpatients and inpatients. These cylinders are marked with their tweaked names which are bar coded. This guarantees tolerant examples are not stirred up. Tests are transported to the research center where every one of the tests are finished. Their rationality is that they do tests which every single other research center in the nation do yet they pursue the most ideal approach and rules (for example they improve) and they do a few tests which isn't accessible somewhere else.

2.13. Introduction of Universal Cardiac Hospital
Universal Cardiac Hospital is one of the latest cardiac centre in this capital as well the country. It is a 35 bedded modern cardiac centre having well equipped 8 bedded CCU with bedside Haemodialysis, 9 Bedded CICU & 2 modern cardiac OT, step down post cath & precath, Specialized cardiac ward & Separate Cardiac cabin block having country wide noted fulltime cardiologists & cardiac surgeons. This centre is designed for 24X7 services starting from cardiac OPD to emergency PCI even in mid night. It is always covered under specialist cardiologist, Cardiac Surgeon, Cardiac anaesthesiologist round the clock. The centre was started in February 2015 with the name of Aysha Memorial Cardiac Hospital. After one year it is newly inaugurated as Universal Cardiac Hospital by hon'ble health minister Mohammad Nasim MP. It is dedicated for the Medium category cardiac patients of the country who cannot afford the corporate hospitals. Cardiac helicopter is one of the most advancement of Universal Cardiac Hospital by which most critical patients can by transported from a very rural area within short span of time with a competitive price.
3. Review literature

Philip Kotler defines customer satisfaction as a person’s feeling of pleasure or disappointment which resulted from comparing a product’s perceived performance or outcome against his/her expectations. In the healthcare industry the patients are the customer and the doctors and nurses are the service providers. Based on the service providers’ service quality the customers’ satisfaction level up’s and down’s. The government of Bangladesh has approved The National Health Policy (2013) for the betterment of the health services of the people. For basically understanding quality health care people study three things: customer satisfaction, cost, medical outcomes. Because of the quality health care services people of Bangladesh going to neighboring countries for treatment.

The private health care sector (including unqualified providers) also deserves close scrutiny as seventy percent of the patients seek medical care from this sector (World Bank 2003). From 1996 to 2000 private hospitals grew fifteen percent per annum (HEU 2003b). Unfortunately, there are concerns that the quality of services is being ignored, lack of qualified nurses and unnecessary diagnostic tests (World Bank 2003). In the context of Bangladesh the health care reliability is not stable. As because I have already mentioned before that doctors prescribe unnecessary medical tests. There are some other also such as irregular supply of drugs in hospital.
premises, specialists are unavailable etc. For the patients satisfaction the health care service has to be more reliable.

Furthermore there are some other reasons for the dissatisfaction of customers. For example in the government hospitals there are lots of posts are lying vacant. This is a great problem. Because of this if the hospital authority wants to provide better service to the people they are not capable because of these vacant positions. There are some other problems we have found that, there is some culture of bribery in the form of tips. If this culture can’t be eradicated service will never reach the expected mark. This culture is available in government hospitals. In the private hospitals this culture is a bit of lower than government hospitals.

From some studies we have found that the quality of private hospitals of our country is better than government hospitals in the context of some facilities like toilet, bathroom, water, cleanliness etc. The purpose of this study is to find out the customer satisfaction level and making the concerned authority aware of the situation, what necessary steps should be taken to get rid of the problems and how to make customers happier.
4.1. Research design and methodology
The broad objective of the research is measuring the customer satisfaction towards medical services. The specific objectives of the research are finding out the customer satisfaction level for treatment cost and identifying the innovation level for curing the patients.

4.2. Data Collection
We have designed a questionnaire of ten questions to collect data for conducting the research. The data was collected from the patients of the universal medical college hospital ltd.

4.3. Data Analysis
To conduct the research about Customer Satisfaction of Universal Medical College hospital, here we did descriptive analysis followed by exploratory research method.

5. Presentation of data and critical analysis
For carrying out the research I have undertaken 80 respondents.
I have organized four different questions to identify the customer satisfaction of the hospital. They are,

1. Does the hospital make sure that the doctors are well-qualified?
2. Is the treatment cost affordable for the customers?
3. Is the standard of the treatment is good enough?
4. Is there any lack of innovative caring in treatments?
Interpretation: For the 1st question which was regarding the qualified doctors. 90% of the customers responded that they are getting well-qualified doctors. 72 among them which is 90% among the entire sample population agreed with the question that they are having the chance to see well-qualified doctors. 57% among them strongly agree with the proposition. 33% agreed with the proposition and 3% of the sample population neither agreed nor disagreed. 7% among them disagreed that they are getting the chance to see qualified doctors. None of them could strongly disagree with the proposition.
Interpretation: For the second question which was regarding the treatment cost. 70% of the respondents said they are paying affordable treatment fees to the hospital. 56 among the 30 people do not face any problem with the treatment fees. 35% of the respondents are highly satisfied with the treatment cost. They strongly agreed with the proposition. The other 35% of the respondents only agreed with the affordable treatment costs. 10% among the respondents neither agreed nor disagreed with the proposition. 10% of the respondents are unhappy with the treatment cost as they disagreed with the proposition. The rest 10% of the respondents are highly unsatisfied with the costs.
Interpretation: For the third question which was regarding the treatment standard. 80% of the respondents are happy with the standard. Among the respondents 47% respondents said that they strongly agree with the treatment standard. They do not have any problem with the treatments they are receiving. About 37 people are highly satisfied with the treatment standards among 80 respondents. 33% of the respondents agreed with the proposition that they are receiving standard treatments. 3% of the respondents neither agreed nor disagreed with the treatment standard. 7% of the respondents disagree that they are receiving a good treatment from the hospital. The other 10% of the respondents which is only 8 respondents among the 80 respondents strongly disagreed that they are having standard treatment.
Interpretation: For the fourth question which was regarding the innovative caring. 85% of the respondents agree that there is a lack of innovative caring in the hospital. 50% of the respondents strongly agree that there is lack of innovative caring in the treatments of the hospital. 35% of the respondents agree that there is a lack in the treatment of the hospital. 15% of the respondents neither agreed nor disagreed with the proposition that whether there is any lack of special caring in the treatments of the hospital. No respondents among the 80 respondents disagreed with the proposition that they are receiving any kind of innovative caring in their treatment neither anyone of them strongly disagreed with the proposition.
6. Summary of Findings
In Bangladesh it was thought that the residence has no concern to the health section of this country. People were unconscious to their health issues. However, the picture is changing day by day. At least, this paper implies the changes. Now a day, people of this country are changing their views towards the health sectors.

As I undertaken four questions to measure the customer satisfaction of the hospital, I have found an issue. For the three variables which were regarding the qualified doctors, treatment cost and treatment standard there is no issue. The hospital has successfully met the requirements of the customers for these variables. However, there is a strong missing of innovative care in the treatment of the hospital. The issue could be solved in various ways.

7. Recommendations

7.1. First Recommendation
The hospital may incorporate different kinds of equipments to set up for a better innovative care for the patients. It might increase the cost of the hospital but it might be a great benefit as it would raise the competitive advantage for the hospital in terms of customer satisfaction.

7.2. Second recommendation
The hospital might hire high-skilled employees who will be responsible for innovative care. Else, they may send their employees abroad for a better training so that they learn how to handle the customers innovatively.

7.3. Third recommendation
The hospital may change their indoor so that customer find it attractive and they can also utilize extra space and capacity to handle more customers at a time as a result it would raise the customer satisfaction for the hospital.
8. Conclusion

From this study we have come to know that people of Bangladesh are becoming concern about health care given by our hospitals inside of our country. Patients face various problems, characterized by deteriorating health conditions, high cost of treatment, poverty and the risk of negligence due to less welcome behavior pattern of health professionals. The data highlight a continuous cycle of marginalization of patients resulting from the interplay of health service providers and their business partners e.g. private pharmaceutical companies, diagnostic centers etc. which reduce the opportunity of protecting patients’ consumer rights at large scale. In addition, the cost of medicine, lack of availability of free drugs and diagnostic services and behavior pattern of doctors, nurses increases the risk of service exclusion of patients.

The problems are compounded by differential expectation and experiences of service users which reveal that patients demand quality health care services at free of cost which are not available to them. A major issue for the participants in the study was the behavior pattern of doctors and nurses which limit their ability to access and proper utilization of health care resources and satisfaction. However, some patients were concerned about their ability to get medical appointments, hospital accommodation, some complained of being discriminated against in comparison with other educated people who have some connectivity with doctors and nurses in hospital. Having different expectations of how much services can realistically be given is a source of tension and can lead to strained patient- doctor relationships.
9. References

- www.umchltd.com
10. Appendix

1. Your gender
   - Male
   - Female

2. Your age group
   - Below 18
   - 18 to 30
   - 30 to 50
   - Above 50

3. Your occupation
   - Service holder
   - Businessman
   - Student
   - Housewife
   - Other

4. How frequently do you visit in a hospital in a month?
   - 1 to 3 times
   - 3 to 5 times
   - More than 5 times

5. Your income level
   - 10000 to 15000
   - 15000 to 30000
   - More than 30000
6. How far distance between your residence and hospital?

- 1 km
- 1 to 3 km
- More than 3 km

7. Hospital makes sure that the doctors are well-qualified

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

8. Treatment cost are affordable for the customers

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

9. The standard of the treatment is good enough

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
10. There may be lack of innovative caring in treatments

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree