

A Study on Service Quality and Performance of Skin Care Clinics with Special Reference to Patients in Madurai City

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Abstract - The term skin care is widely used both by the public and health professionals. The current generation of people is more conscious about their health, including having a regular skincare routine. A proper skincare routine will ensure that your face looks clear and fresh regardless of the pollutants and other damages that might come your way. A limited sample size of 80 respondents was considered because of time constraints and certain limited boundaries (not specifically mentioned). The study has been confined to the city of Madurai with special reference to the Arasaradi, Simmakal, Palanganatham, Theppakulam, Anupanadi, and Aandal puram places in Madurai city. Tamil Nadu has established a very good network of health facilities. The Tamil Nadu model of public health is renowned for its success in providing quality health services at an affordable cost, especially to the rural people. The overall fundamental process which involves the clinic business is services. There is nothing tangible. All the characteristics of the concept of service like providing beds, complete nursing to the patients or providing equipment for diagnosing all sorts of ailments arranging and transports in form of bus, auto services, etc.,

Keywords — *patient, performance, service quality, skin care clinic, service,*

I. INTRODUCTION

The term skin care is widely used both by the public and health professionals. The current generation of people is more conscious about their health, including having a regular skincare routine. A proper skincare routine will ensure that your face looks clear and fresh regardless of the pollutants and other damages that might come your way. The skin not only protects the body but also performs many excretory and metabolic functions. It is also the sea of complexion, which maintains beauty and personality. The incidence of skin diseases is on increasing as the latest survey displays that a very large proportion of the population suffers from skin diseases. From a health and nursing care perspective, the skin is the target of various interventions. Over life, there are certain periods when people are unable to care for their skin for themselves.

1.2 STATEMENT OF THE PROBLEM

Customer satisfaction is an important factor in the success of the company. If the customers get satisfaction, they buy the clinic's service quality and performance again to again and recommend it to friends and relatives. In case customers no satisfy, they move to other clinics. Normally,

clinic service quality of customer mindset. The main purpose of the study is to obtain an inside into the problem faced by the various patients to purpose further treatment recommendations for better customer satisfaction. In this study, an attempt has been to study the satisfaction of the customer of skin care clinic service quality and performance with special reference to patients in Madurai city.

1.3 OBJECTIVES

- To study the health profile of the skin care clinic patient satisfaction in study units.
- To analyze the performance of a private clinic in Madurai city.
- To explore the level of patient satisfaction concerning services provided by a private clinic.
- To analyze the impact of antecedents and service quality on the satisfaction of sample respondents.
- To reveal the difficulties faced by patients in the clinic.
- To consolidate the findings and offer suggestions based on the findings.

1.4 SCOPE OF THE STUDY

The present study is aimed of study the level of customer satisfaction in Madurai city. The study is mainly focused on a study on customer satisfaction of skin care clinics with special reference to skin allergy and over hair loss and scar treatment in Madurai city. It covers the satisfaction level of the customers. It covertly only the special reference in Madurai city. This project has taken a look at various kinds of merchandising activities. The different types of a clinic in the various illnesses of patients in the skin care clinic. The study is the most important of the human being beauty of their life. Now a day's beauty is the essential sector of the health care industry. The study period is February 2022 to may 2022 .

1.5 DATA PROCESSING

Data collection was carried out through the interview methods of the sample respondents. After completing data collection, the raw data was edited properly to make it ready for tabulation the table were prepared with he help of percentage analysis has been made based on table.

1.6 HYPOTHESIS OF THE STUDY

There is no significance relationship between marital status and level of satisfactions of the respondents.

1.6.1 FRAME WORK ANALYSIS

For the purpose of study, the customer satisfaction of skin care clinic service quality and special referents to Madurai city the researcher has collected both primary and secondary data. The primary data were collected with the help of a Interview schedule out of 80 respondents from Madurai city. In order to analyze the collected data and considering the objectives of the study, the researcher has used statistical tool, Like percentage analysis, Garrett's ranking methods chi square test through the manually

1.7 AREA OF THE STUDY

The study has been confident to the city of Madurai with special reference the Arasaradi, simakkal, palaganatham, theppakulam, anupanadi, and aandal puram places in Madurai city. The sample respondent comes to these areas for day to day activities so; the researcher wants to select this area.

1.8 LIMITATIONS OF THE STUDY

1. The sample respondents not willing to give information.
2. A limited sample size of 80 respondents was considered because of time constraint and certain limited boundaries (not specifically mentioned)

Health system covers a whole go of health activities viz., programmer's institutions providing medical care as clinic primary health care centers and the policies enunciated by private clinic to provide optimal health care to its citizens.

A health system as described by WHO as the "sum total of all the organization, institutions and resources whose primary purpose is to supplies, transport communications and overall guidance and direction. It needs to provide services that are responsive; health is influenced by a number of factors such as adequate food, housing, sanitation, health lifestyle, protection against environmental hazards, and communicable diseases.

1.9 SERVICE QUALITY IN CLINICS

In every clinic, patients are customers for any customer for that sake even for patients, rating the service quality is the function of perception expectations and performance service quality defines is a comparison of what patients feel a clinic as a service provider should offer (their expectations) with how the clinic ass provider performs service quality is a measure of how well he services delivered match patients expectations. The service quality initiation to retain the existing Patient's expectations, and also to ensure that more and more new patients start believing in their service.

1.10. PATIENT SATISFACTION IN CLINIC SERVICES

The study evaluates patient satisfaction as a vital measure the efficiency of the small clinic managed by a private clinic. The clinic is endowed with a good doctor and patient relationship. Also, patients that are well informed of the necessary products in a clinical encounter and the time it is expected to take are generally more satisfied even if there is a longer waiting time. The primary function of a clinic is patient care.

The patient is the unlimited consumer of the clinic. Patient satisfaction is the real testimony to the efficiency of clinic administration. As the clinic serves all the members of society the expectations of the users differ from one individual to another individual because everyone carries a particular set of thoughts, feelings, and needs. Hence the generalizing determination of a patient's real feelings is very difficult.

But the patient satisfaction is an important factor to determine the service quality of clinic service.

1.11 ORGANIZATION OF HEALTH SYSTEM

The healthcare service organizations in the country extend from the levels in town level. The clinic review in most popular places there in contact ID, Phone Number, and Location in a popular area or main.

1.11.1 LEVELS OF (HEALTH) CLINIC CARE SYSTEM

Health care services are usually organized at three levels with each level supported by a higher level to which the patient is referred for further onward treatment found necessary. They are.,

1.11.2. PRIMARY HEALTH CARE

This is the first level of contact between the individual and the health system where “essential health primary health care is provided. A majority of prevailing health complaints and problems can be satisfactorily dealt with at this level. This level of care is provided by the primary health centers and their sub-centers with community participation.

1.11.3. SECONDARY HEALTH CARE

At this level, more complex problems are dealt with. This stage comprises essential services and is provided by the S.P. Derma clinic the two types of town and village health care center.

This level of service is referred to as the first referral level in the health system.

1.11.4. TERTIARY HEALTH CARE

This level offers super-specialist care.

II. ANALYSIS AND INTERPRETATION OF THE STUDY

2.1. AGE -WISE CLASSIFICATION OF THE SAMPLE RESPONDENTS

A period of human life measured by years from birth usually marked by a certain stage or degree of mental or physical development and involving legal responsibility and capacity. The researcher has classified into four categories of age group namely less 20 years, 21 to 40 years, 41 to 60 years, 60 years above. The following 2.1.explain the age group of the sample respondents

Table 2.1 Age - wise Classification of the Sample Respondents

S No	Age	No. of Respondents	Percent age (%)
1	Less than 20 years	18	22
2	21 to 40 years	50	62
3	41 to 60 above	10	13
4	60 years above	2	3
Total		80	100

Source: Primary Source

From the above table 2.1. shows that out of 80 respondents, 22 percent of the respondents are belonging to the age group of fewer than 20 years. Similarly, 62 percent of the respondents are belonging to the age group 21 to 40 years. Further, 13 percent of the respondents belong to the age group of 41 to 60 years, 3 percent of the people belong to above 60 years, mostly below 21 to 40 years group of respondents to use of clinic quality and performance.

2.2. GENDER -WISE CLASSIFICATION OF THE SAMPLE RESPONDENTS

Gender is the range of physical mental and behavioral characteristics about and differentiating between masculinity and femininity. Depending on the cone the term may refer to biological sex the state of being male, female, or transgender. Table 2.2 show the gender-wise classification of sample respondents.

Table 2.2 Gender -wise Classification of the Sample Respondents

S No	Gender	No. of Respondents	Percent age (%)
1	Male	41	51
2	Female	39	49
3	Transgender	0	0
Total		80	100

Primary Source: From the above table 2.2. Shows that out of 80 respondents, 51 percent of the respondents are male category and 49 percent the people are female category and transgender is zero percent of the respondents.

2.3. NATIVITY -WISE CLASSIFICATION OF THE SAMPLE RESPONDENTS

The following table 2..3 exhibits the Nativity of patients of the respondents. The two categories of the nativity of the patients of the respondents. The Nativity of the patients is the range of physical mental and behavioral characteristics about and differentiating between masculinity and femininity. Table 2.3.show that the gender-wise classification of sample respondents.

Table 2.3 Nativity of -wise classification of the respondents

S No	Nativity of the patients	No. of Respondents	Percent age (%)
1	Rural	38	47
2	Urban	42	53
Total		80	100

Primary Source:

From the above table 2.3 evident that out of 80 respondents 47 percent of the participants were Rural and 53 percent the participants of the Urban

2.4. Classification of the Respondents base on their Marital Status:

The following table 2.4 exhibits the Marital Status of the respondents. The two categories of the nativity of the patients of the respondents. Marriage of the public in society can have a different culture the researcher has into two categories of the marital status of the respondents.

Table 2.4 Marital Status of the classification of sample respondents

S No	Marital	No. of Respondents	Percent age (%)
1	Married	43	54
2	Unmarried	37	46
Total		80	100

Source: Primary Data

From the above table, 3.4 evident ha out of 80 respondents 54 percent of the participants were marital and 46 percent were unmarried. The table explains that most of the consumer belongs to unmarried marital status.

2.5. Classification of the Respondents base on their Occupation

An active that serves as one regular Source of livelihood avocation. An activity engaged in especially as a means of passing time an avocation. The act or process of holding or possessing a

place. The states of being held or possessed. The researcher has divvied into five categories of occupational level namely student, the government employed, private employee, formers, and others. The following table 3.5 exhibits the occupational level of the sample respondents.

Table 2.5 The classification of the sample respondents Occupation -wise

S No	Occupation	No. of Respondents	Percent age (%)
1	Farmers	6	7
2	Government Employee	7	9
3	Private Employee	35	44
4	Student	28	35
5	Others	4	5
Total		80	100

Source: Primary Data

From the above table, 2.5 evident ha out of 80 respondents, 7 percent of the participants are formers 9 percent the participants of the respondents are doing government employees, 44percent of the respondents are private employees. And 35percent of the respondents are students, 5percent of the respondents are private employees. Further, no one belongs to Thus this table specifies that most of the consumers belong to a private employee as their occupation

2.6. Classification of the Respondents base on their Monthly Income

The following table 2.6exhibits the monthly income of patients of the respondents.

Table 2.6 The classification of sample Respondents on the basis of their family income (per month)

S No	Monthly Income	No. of Respondents	Percent age (%)
1	Below Rs.10,000	32	40
2	Rs.10,001-20,000	37	46
3	Rs.20,001-30,000	8	10
4	Above Rs.30,000	3	4
Total		80	100

Source: Primary Data

The above table 2.6 shows that out of 80 respondent's majority of

the 40 percent of the respondents are below Rs.10,000. 46 percent of the respondents are patient's salaries of Rs.10,001-20,000. 10 percent of the respondents are in patient's salary 20,001-30,000. And last of the 4 percent of the respondents are patients with a salary above Rs. 30,000.

2.7. Size of family -wise classification of the sample Respondents

The following table 2.7 exhibits the Size of the family of patients of the respondents.

Table 2.7 Size of family -wise classification of sample Respondents

S No	Size of the family	No. of Respondents	Percent age (%)
1	Two person	1	1
2	Three persons	9	11
3	Four persons	51	64
4	Five persons	15	19
5	More than five person	4	5
Total		80	100

Source: Primary Data

From the above table 2.7 shows that out of 80 respondent's majority of the 1 percent of the respondents are in Two people. 11 percent of the respondents are patients of family size three persons.64 percent of the respondents are patients of the size of family four persons. 19 percent of the respondents are patients of the size of family five persons. And last of the 5 percent of the respondents are patients in family size of more than five people

2.8. Educational qualification -wise Classification of the Respondents

Qualifications are grouped into different levels. Each level corresponds to a particular qualifications degree of difficulty. The qualification in any one level can cover a huge range of subjects and take a different amount of time to complete. The researcher has classified into five

categories of Education of the sample respondents. Table 2.8 exhibits different Educational qualifications of the sample respondents.

Table 2.8 Educational qualifications -wise Classification of the Respondents

S No	Educational Qualification	No. of Respondents	Percent age (%)
1	Illiterature	9	11
2	Higher Secondary	27	34
3	Graduate	31	38
4	Post Graduate	8	10
5	Professionals	5	7
Total		80	100

Source: Primary Data

Qualifications are grouped into different levels. Each level corresponds to a particular qualifications degree of difficulty. The qualification in any one level can cover a huge range of subjects and take a different amount of time to complete. The researcher has classified into five categories of Education of the sample respondents. Table 2.8 exhibits different Educational qualifications of the sample respondents.

2.9. Nature of Illness -wise classification of the sample Respondents

The following table 2.9 exhibits the Nature of illness of patients of the respondents.

Table 2.9 Nature of illness -wise Classification of the Sample Respondents

S No	Nature of Illness	No. of Respondents	Percenta ge (%)
1	Skin allergy	48	60
2	Hair	22	28
3	Scar	4	5
4	Peel	6	7
Total		80	100

Source: Primary Data

From the above table, 2.9 evident ha out of 80 respondents 60 percent have come skin allergy categories. 28 percent have come in hair treatment of categories. 5 percent come under the scar participants of categories and last of 7 percent of come peel treatment of categories.

2.10. Residing at clinic -wise Classification the of Sample Respondent

The following table 2.10 exhibits are residential status of the patients

Table 2.10 Residing at clinic -wise classification the of sample respondent

S No	You are residing at	No. of Respondents	Percent age (%)
1	Own house	51	63
2	Rental house	27	35
3	Quarters Hostel	2	2
4	Others	0	0
Total		80	100

Source: Primary Data

From the above table, 2.10 evident ha out of 80 respondents 63 percent come own house categories. 35 percent are Rental house the participants of the categories. 2 percent are quarter's hostel of the categories and zero percent of other categories.

2.11. Duration of Illness -wise Classification of the Sample Respondents

The following table 2.11 exhibits the duration of illness of patients of the respondents.

Table 2.11 Duration of Illness -wise Classification of the Sample Respondents

S No	Duration of Illness	No. of Respondents	Percent age (%)
1	Less than 6 months	45	56
2	6-12 months	28	35
3	13-18months	6	7
4	10-24 months	1	2
5	Above 25 months	0	0
Total		80	100

Primary Source:

From the above table, 2.11 evident ha out of 80 respondents 56 percent come less than 6 months in the duration of illness categories of the participants. 35 percent of the 6-12 months duration of illness of categories. 7 percent of the 13-18 months duration of illness categories. 2 percent of 10-24 month's duration illness of categories and last of 25 months of duration illness zero percent the participants of the categories.

2.12. Numbers of Doctors -wise Classification of the Sample Respondent

The following table 2.12 exhibits the numbers of doctors of patients of the respondent

Table 2.12 Numbers of Doctors -wise Classification of the Sample Respondent

S. No	Numbers of Doctors	No. of Respondents	Percent age (%)
1	More adequate	22	27
2	Adequate	56	70
3	Moderate	2	3
4	Inadequate	0	0
5	More Inadequate	0	0
Total		80	100

From the above table, 2.12 evident ha out of 80 respondents 27 percent come Number of Doctors in More adequate of the Categories.70 percent come to the numbers of doctors in clinic adequate categories. 3percent of the participant's Number of Doctors in Moderate categories and very few inadequate and more inadequate zero percent the participants of the clinic numbers of doctors.

2.13 Ventilation -wise of Classification of the Sample Respondent

The following table 2.13 exhibits the clinic facilities in ventilation of patients of the respondent

Table 2.13 Ventilation -wise of Classification of the Sample Respondent

S. No	Clinic facilities in ventilation	No. of Respondents	Percent age (%)
1	More adequate	22	27
2	Adequate	50	63
3	Moderate	8	10
4	Inadequate	0	0
5	More Inadequate	0	0
Total		80	100

Source: Primary Data

From the above table 2.13 evident ha out of 80 respondents 27 percent of the ventilation of the in More adequate categories.63 percent come in ventilation adequate categories.10 percent of the ventilation of the Moderate in categories and very few inadequate zero and more inadequate percent the participants of the clinic facilities in ventilation

2.14. GARRETT'S RANKING TECHNIQUE

The technique was used to evaluate the problems faced by the researchers, The order of merit given by the respondents was converted into a rank by using the formula. To find out the most significant factor which influences the respondents. Garrett's ranking technique was used. As per this method, respondents have been asked o assign the rank for all factors outcomes of such ranking have been converted into score values with the help of the following

The following formula is used for Garrett's ranking

$$\text{Percent} = 100 - (R_{ij} - 0.5)$$

N_{ij}

Where,

R_{ij} = Rank given by the j the respondent of the I the problems and

N_{ij} = Number of problem ranked by the j the respondent

CONSOLIDATION TABLE

S. No	I	II	III	IV	V	VI	VII	VIII	Total
1	1 4	5	9	4	8	9	1 4	1 7	80
2	1 6	1 1	5	1 0	6	3	1 2	1 7	80
3	1 7	8	7	9	1 0	9	6	1 4	80
4	3	1 0	9	1 3	1 0	1 5	1 2	8	80
5	8	7	9	6	8	1 3	2 3	6	80
6	7	4	9	1 1	1 9	1 8	4	8	80
7	9	4	1 3	1 9	1 2	1 0	6	7	80
8	6	3 1	1 9	8	7	3	3	3	80
TOTAL	8 0	8 0	8 0	8 0	8 0	8 0	8 0	8 0	64 0

Calculation of Present Position and Scores

S. No	Percent position	Score
1	$100(1-0.5)/8 = 6.25$	79
2	$100(2-0.5)/8 = 18.75$	68
3	$100(3-0.5)/8 = 31.25$	60
4	$100(4-0.5)/8 = 43.75$	53
5	$100(5-0.5)/8 = 56.25$	47
6	$100(6-0.5)/8 = 68.75$	41
7	$100(7-0.5)/8 = 81.25$	32
8	$100(8-0.5)/8 = 93.75$	20

Result and interpretation:

Clinic Satisfaction of Factors

S. No	Reasons	Factors	Rank
1	Qualitative health care	$4444/80 = 55.55$	II
2	Less waiting time	$3394/80 = 42.425$	VIII
3	Less transport cost	$3536/80 = 44.2$	VII
4	Reasonable fees	$3726/80 = 46.575$	VI
5	Service Provided	$3849/80 = 48.1125$	V
6	Experienced doctor/Nurse in clinic	$3958/80 = 49.475$	IV
7	Good Infrastructure	$4415/80 = 55.1875$	III
8	Reputation	$4657/80 = 58.2125$	I

Components of the respondent's satisfaction of clinic quality and performance of the sample respondents

The satisfaction of the respondents toward the clinic quality and performance with help of five point scale of the

statement. The satisfaction of the respondents toward the clinic quality and performance has been measured by using liker scale:

Particulars	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree
Statement	5	4	3	2	1

After giving scores for each statement the scores for each statement were calculated, the overall passion of all the 80 respondents has been consolidated and standard division categorized them into three groups namely, high, medium, and low levels of satisfaction according to the individual scores.

Mean value= 44

Standard deviation= 7

Mean+ Standard deviation = High(44+7) =51

Low to high = Medium =38 to 50

Mean – standard deviation = Low (44-7) =37

In the foregoing analysis, the satisfaction of the respondents toward the clinic quality and performance has been analyzed with the help of a scaling technique to find the level of satisfaction regarding the personal variables of then marital status. The extent of satisfaction based on the mean and standard deviation falls under three categories high, medium, and low.

Testing of Hypotheses of personal variables and level of satisfaction of the sample respondents

The following statement is:

- Marital status of the sample respondents
- Marital status and level of satisfaction of the sample respondents

Ho:

The Marital Status of the sample respondents does not influence the level of satisfaction with clinic service quality and performance.

H1:

The marital of the sample respondents do influence the level of satisfaction towards clinic service quality and performance.

Table - Marital and level of satisfaction of the sample respondent

S. No	Marital status	Level of satisfaction			Percent age (%)
		satisfaction High	medium	low	
1	Married	0	39	41	43
2	Unmarried	0	34	46	37
Total		0	73	77	80

Table inferred that 80 out 43 respondents in married categories, 0 respondents have come under the high level, 39 respondents are come under the medium level and remaining 4 respondents are fall under the low level. Inferred 80 out of 37 respondents in unmarried categories, 0 respondents have come under the high level, 34 respondents have come under the medium level, and the remaining 3 respondents fall under the low level. The following are the hypothesis formulated to test the relationship between the married and the level of the respondents.

Calculation of X²

O	E	(O-E) ²	(O-E) ² /E
0	0	0	0
0	0	0	0
39	39.2375	0.0564	1.437
34	3.7625	914.306	243.0049
4	33.7625	885.806	26.2363
3	3.2375	0.0564	0.01742
Total = (O - E) ² /E			270.69

Degree of freedom (V) = (r-1)(c-1)=(2-1)(3-1)= 2

Calculated value (X²) =270.69

Table value at = 5.99

III. SUMMARY

In this chapter, the researcher has presented the various aspect of the respondent's service quality and performance in Madurai city. It is found from analysis of marital status person influenced to buy the clinic quality and performance, satisfaction level, problems of clinic quality and performance and recommendation to others. Overall satisfaction level with the help of hypothesis, to find there is no relationship between marital status

SUMMARY OF FINDINGS OF THE STUDY

The following are the major findings of the present study.

1. Majority of respondents were aged "between" 21 - 40.
2. 51 percent are male category and 49 percent are female category.
3. The respondent's nativity of the majority urban area 53.
4. The study shows that out of 80 respondents 54 were married persons.
5. The study shows that out of 80 respondents 44 percent are private employees. The study shows that out of 80 respondents 46 percent are Rs. 10,001 -20,000.
6. The study shows that out of 80 respondents 64 percent are four persons.
7. The study shows that out of 80 respondents 38 percent are graduates.

8. The study shows that out of 80 respondents 60 percent are of skin allergies.
9. The study shows that out of 80 respondents 63 percent own a house.
10. The study shows that out of 80 respondents 56 percent are less than 6 months.
11. The study shows that out of 80 respondents 46 percent are regular.
12. The study shows that out of 80 respondent's 77 percent further treatment at another clinic not referred.
13. The study shows that out of 80 respondents 88 percent of the admission process is smoothly in the clinic.
14. The study shows that out of 80 respondents 36 percent are 15mins to 30 minutes waiting for timing in the clinic.
15. The study shows that out of 80 respondents 41 percent are 50-100. Seats in available in clinic.
16. The study shows that out of 80 respondents 52 percent are good.
17. The study shows that out of 80 respondents 58 percent are good.
18. The study shows that out of 80 respondents 63 percent are good.
19. The study shows that out of 80 respondents 61 percent are good.
20. The study shows that out of 80 respondents 67 percent are hygienic.
21. The study shows that out of 80 respondents 57 percent are adequate.
22. The study shows that out of 80 respondents 61 percent are adequate.
23. The study shows that out of 80 respondents 70 percent are sufficient.
24. The study shows that out of 80 respondents 63 percent are adequate.
25. There is no significant relationship between the marital factor and the level of attitude of the respondents.

IV. SUGGESTIONS OF THE STUDY

Safe: Avoiding harm to patients during their medical treatment.

Effective: Providing medical services to patients who could benefit from them and avoiding the use of services that are unlikely to result in better patient outcomes.

Timely: Reducing wait times and delays for appointments and treatment.

Efficient: Avoiding waste of medical equipment, supplies, time, and energy.

Equitable: Ensuring that quality of care does not vary because of patient characteristics like gender, ethnicity, geography, and socioeconomics.

Patient-centered: Respecting individual patient preferences and ensuring that patients are valued and involved in decisions related to their care.

V. CONCLUSION

The researcher has undertaken A study of consumer satisfaction towards clinic service, quality, and performance. This research is conducted in Madurai city and a survey method was used to collect the data from 80 respondents. The objective of the study included major factors, influencing customer satisfaction. This study helps to understand the exact purchase behavior of the customers based on various personal influences. From the study, the researcher found that based on the various factors, communication may also. The customers expect to improve the quality and more than services.

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