

Dissertation Training

at

SEVA AT HOME INDIA PVT LTD

STUDY ON CUSTOMER SATISFACTION ON HOME HEALTH CARE SERVICES AT SEVA AT HOME

by

Name - Dr Aakanksha Popli

Enroll No. PG/21/001

Under the guidance of

Ms. Divya Aggarwal

PGDM (Hospital & Health Management)

2021-23



International Institute of Health Management Research New Delhi

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Management)

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International Institute of Health Management Research New Delhi

(Completion of Dissertation from respective organization)

The certificate is awarded to

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in recognition of having successfully completed his/her Internship in the department of
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TO COLLECT CUSTOMER FEEDBACK ON HOME HEALTHCARE SERVICES AT SEVA AT HOME
Date 31st MAY 2023

Organisation – SEVA AT HOME INDIA PVT LTD

He/She comes across as a committed, sincere & diligent person who has
a strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

Hanika

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Shalini Rynow

Zonal Head-Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Aakanksha Popli student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Seva at Home India Pvt Ltd from 1st March 2023 to 31st May 2023.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.



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The following dissertation titled "TO COLLECT CUSTOMER FEEDBACK ON HOME HEALTHCARE SERVICES AT SEVA AT HOME" at "SEVA AT HOME INDIA PVT LTD." is hereby approved as a certified student in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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This is to certify that **Dr AAKANKSHA POPLI**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled **"TO COLLECT CUSTOMER FEEDBACK ON HOME HEALTHCARE SERVICES AT SEVA AT HOME"** at **"SEVA AT HOME INDIA PVT LTD"** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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Mr. Arun Datta
Chief Operating Officer

Seva at Home India Pvt Ltd.

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled : STUDY ON CUSTOMER SATISFACTION ON HOME HEALTH CARE SERVICES AT SEVA AT HOME

and submitted by Dr. Aakanksha Popli Enrollment No. PG/21/001 under the supervision of Ms. Divya Aggarwal for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 1st March 2023 to 31st May 2023 embodies my original work and has not formed the basis for the award of any degree, diploma, associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


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FEEDBACK FORM

1. **Name of the Student:** Dr. Aakanksha Popli

Name of the Organisation in Which Dissertation Has Been Completed: Seva At Home India Pvt. Ltd.

2. **Area of Dissertation:** Quality Department

Attendance: 100%

3. Objectives achieved: Collaborated with the various departments in the organization and documented the various process and policies for the QAI Accreditation. Worked on implementing the various standards required for accreditation.

Deliverables: Implementing QAI standards, Developed and implemented a system to collect patient feedback, Created comprehensive audit tools and checklists, Developed SOPs and policies for the organization, Initiated the process of QAI accreditation, Identified Key Quality Indicators and worked on them, Filed the QAI application form for accreditation.

4. Strengths: Dr. Aakanksha Popli is commendable her exceptional performance and the tremendous value that she brings to our team. Her work ethic, professionalism, and commitment to excellence are truly outstanding. She has consistently gone above and beyond, taking on additional responsibilities and delivering results with precision. Her strong communication skills and collaborative approach have fostered a positive and productive work environment. She is a valuable asset to our organization.

Suggestions for Improvement: I encourage Dr. Aakanksha to further develop her leadership skills. Taking on more leadership responsibilities will empower her to guide and mentor others, enhancing the overall effectiveness of our team. Keep up the great work, Aakanksha and continue to grow!

5. Suggestions for Institute (course curriculum, industry interaction, placement, alumni): None



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ABSTRACT

Title: STUDY ON CUSTOMER SATISFACTION ON HOME HEALTH CARE SERVICES AT SEVA AT HOME

In recent years, there has been a growing trend towards the provision of home health care services as an alternative to traditional hospital care. This shift is driven by various factors, including the aging population, advances in medical technology, and the desire for personalized care in the comfort of one's own home. Seva at Home is a leading provider of home health care services, and this study aims to evaluate customer satisfaction with their services.

The objective of this study is to assess the level of customer satisfaction with the home health care services provided by Seva at Home. The study also aims to identify the factors that contribute to customer satisfaction and understand any areas for improvement. A mixed-methods research design will be employed, combining both quantitative and qualitative data collection techniques.

To achieve these objectives, a sample of 200 customers who have utilized the services of Seva at Home selected using a random sampling technique. A structured questionnaire was used to collect quantitative data on various dimensions of customer satisfaction, such as responsiveness, reliability, communication, and overall service quality. Additionally, in-depth interviews were conducted with a subset of customers to gain a deeper understanding of their experiences and perceptions.

Finally, respondents' low confidence and feelings of disrespect show a need for change in their assessment of the quality of care delivered by home healthcare professionals. Gender and marital status were shown to be crucial determinants in the perception of care quality, although age had no significant influence. The research emphasizes the significance of addressing these characteristics in order to improve the quality of care offered in the home healthcare environment. Based on the results and interpretations, it is clear that there is room for improvement in customer satisfaction with Seva At Home healthcare services. The research emphasizes the necessity of addressing staff training, respect, and dignity, as well as gender and marital status variations, in order to improve care quality.

Seva At Home should invest in training programmes to develop employee skills and knowledge, encourage respectful and dignified care, and address gender and marital status variations in order to improve client satisfaction. To monitor and enhance service delivery, continuous quality improvement activities should be performed. Seva At Home must prioritize client input and aim towards offering great home healthcare services that satisfy their customer's requirements and expectations.

Mention the results of ANOVA and Regression analysis.

Keywords: customer satisfaction, home health care, Seva at Home, service quality, personalized care.

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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND OF THE STUDY:

Home medical services play an important part in meeting people's medical requirements in the comfort of their own homes. Seva at Home is a well-known supplier of healthcare services at home, offering customers a wide range of medical and non-medicine services. Seva at Home must collect customer input on its offerings in order to guarantee continual development and deliver personalized care. The purpose of this prior research is to evaluate the value of gathering feedback from clients in the setting of home medical care as well as highlight the possible advantages it may give to Seva at Home.

Importance of Collecting Customer Feedback:

1. **Quality Improvement:** Gathering consumer input helps Seva at Homes to find areas for product enhancement. Seva at Home can improve the standard of care offered, fix any flaws, and adjust their service delivery methods by knowing their client's viewpoints.
2. **Personalized Care:** Customer feedback assists Seva at Home in understanding the specific requirements and preferences of each patient. Seva at Home may adjust its services to match the individual needs of each patient by actively asking for input, resulting in a more personalized and satisfying experience.
3. **Customer Satisfaction:** Gathering feedback allows clients and their loved ones to share their degree of happiness with Seva at home healthcare offerings. Knowing their levels of fulfilment allows Seva at Home to assess the efficiency of its offerings and make required changes to achieve a high level of client satisfaction.
4. **Service Evaluation:** Feedback from customers is an important parameter for determining the efficacy of Seva at home medical services. Seva at Home may measure the effect of their actions, identify areas for achievement, and take data-driven choices to enhance the quality of their services by analyzing feedback information.

Importance of customer feedback:

1. **Quality Improvement:** Feedback from clients gives crucial information into the standard of Seva at Home services at home. It enables the organisation to discover areas for development, fix inadequacies, and boost total quality of care.
2. **Customer Satisfaction:** Seva at Home may assess client happiness levels by gathering comments. Consumers who are pleased with their experiences are more likely to use them again and suggest them to friends. Feedback is useful for recognising delighted clients, recognising their good events, and developing relationships with clients.
3. **Service Personalization:** client feedback assists Seva at Home in understanding unique client preferences, wants, and expectations. This data allows service modification to fit unique needs, resulting in a personalised and bespoke encounter for each consumer.
4. **Problem Identification:** Feedback from customers gives an immediate source of knowledge regarding any challenges or issues they may have experienced throughout their Seva at Home encounter. Recognizing and fixing these issues as soon as possible will help to avoid bad referrals, improve the image of the company, and increase the retention of customers.
5. **New Service Development:** Client input is an excellent source of fresh ideas and proposals, as well as recommendations for enhancements to current ones. Seva at Home may develop and deliver new solutions that correspond with market expectations by listening to consumer wants and tastes, thereby increasing customer happiness and company success.
6. **Competitive Advantage:** Organisations that actively look for and implement input from customers acquire an edge over their competitors. Seva at Home may separate

itself from rivals, attract new clients, and maintain current ones by continually enhancing based on input, resulting in an excellent track record in the industry.

Overview of Seva at Home:

Seva at Home is a home care service company that wants consumer feedback on its products and services. Seva at Home has the ability to obtain useful insights and improve the quality of its home healthcare services by requesting customer feedback. This procedure is critical for maintaining client happiness and improving the entire experience of getting home healthcare.

Seva at Home understands the importance of understanding its clients' needs, preferences, and problems. Businesses may discover their abilities and potential for growth by aggressively requesting feedback from clients. This technique allows Seva at Home to tailor their services to each individual's requirements and deliver customized care.

Customer feedback at Seva at Home covers a wide range of topics, such as the standard of health services provided, the competence and expertise of the medical staff, the timeliness for the delivery of services, and the effectiveness of interaction and collaboration between the medical professionals and the customer. Furthermore, comments may cover the ease of booking appointments, the accessibility of resources and machinery, and any other relevant elements that add to the overall client experience.

Client feedback is gathered by Seva at Home using a variety of methods, include surveys, questionnaires, and personal channels. Customers are routinely provided feedback and survey forms, either online or in person, to express their thoughts, discuss their knowledge, and make ideas for improvement. Furthermore, Seva at Home promotes direct connection between clients and their medical practitioners or customer support agents, enabling immediate feedback and quick resolution of any difficulties.

Seva at Home's feedback is extensively assessed and utilized as the foundation for implementing any required modifications or additions. Seva at Home changes its rules, processes, and delivery methods based on user input, ensuring that the company stays attentive to its client's shifting requirements and expectations.

Seva at Home exhibits its commitment to delivering excellent home medical care and consistently enhancing every aspect of client interaction by actively looking for and implementing feedback from consumers.

Purpose of collecting customer feedback:

The goal of gathering feedback from clients on Seva at Home healthcare offerings is to get important knowledge and views from consumers about how they were satisfied with the services offered. Feedback serves many important purposes:

1. **Quality enhancement:** Customer input assists in determining areas where home medical care might be improved. By acquiring a better understanding of their clients specific tastes and needs, Seva at Homes is able to enhance the standard of its offerings and rectify any faults.
2. **Consumer satisfaction:** Through data collecting, Seva at Home may estimate client happiness levels. Feedback that is favourable highlights areas of accomplishment and gives testimonies for advertising and promotion. Negative feedback aids to pinpoint points of worry or unhappiness, enabling the company to take corrective action and enhance the client experience.
3. **Customization of services:** Seva at Home learns about its customers individual demands via customer feedback. The corporation may modify its services to meet the different expectations of its client base by collecting data regarding their individual needs and wants.
4. **Expansion of services:** Feedback may be a useful resource for discovering new service possibilities or growth areas. Seva at Homes is able to detect growing market trends, wants, or holes by assessing user input and exploring ways to extend their services appropriately.
5. **Relationship building:** Gathering feedback from clients reveals that Seva at Home appreciates its consumers' ideas and firsthand knowledge. It encourages consumer interaction and cooperation, ultimately enhancing the company's connection with its customers.

The goal of collecting client feedback on Seva at Personal's home healthcare offerings is to continually enhance the level of service, boost customer happiness, personalize services to specific requirements, uncover expansion potential, and create solid customer connections.

Benefits of customer feedback for Seva at Home:

1. **Improving service quality:** Customer feedback reveals important information about the benefits and drawbacks of Seva at Home's personal medical services. By analysing comments, the organisation can pinpoint areas for development and implement the required adjustments to enhance the level of service.
2. **Enhancing customer satisfaction:** client feedback helps Seva at Home comprehend more fully its client's requirements and aspirations. By responding to client complaints and ideas, the organisation may adjust its services to fit consumer needs, resulting in improved levels of satisfaction among customers.
3. **Building customer loyalty:** Actively soliciting and reacting upon customer feedback reflects Seva at Home dedication to the well-being and pleasure of its consumers. Consumers are inclined to stay loyal to an organisation and suggest its offerings to others if they are respected and see their input result in beneficial improvements.
4. **Identifying service gaps:** Seva at Home uses client input to determine any gaps in its home medical services. Whether it's a particular service that's missing or an area of the consumer's encounter that might be improved, input gives vital data for the organisation to fill those holes and deliver a thorough and satisfied service.
5. **Driving innovation:** Client input often includes comments and ideas for fresh offerings or enhancements to current ones. Seva at Home may gather insight that drive development and result in the creation of novel products or service upgrades that better suit the increasing requirements of consumers by constantly gathering and analysing feedback from clients.

6. **Resolving issues promptly:** Client input allows clients to communicate with one another about issues that may have had while using Seva at Home healthcare services at home. Fixing these concerns as soon as possible reflects the business's commitment to issue resolution and satisfaction with clients.

Process for collecting customer feedback:

1. **Define the objective:** Describe the goal of obtaining consumer feedback. Select the parts of home medical care you want feedback on, such as general satisfaction, particular service areas, or ideas for improvement.
2. **Select feedback channels:** Determine the methods via which input will be collected. Polls, questionnaires, phone interviews, personal interviews, focus parties, and feedback questionnaire are all options. When choosing channels, keep your target audience's convenience and preferences in mind.
3. **Design the feedback instrument:** Create an organised survey or guide to interviews that is aligned with the goal. Include a combination of closed-ended (multiple-choice, rating scale) and open-ended inquiries for statistical data and qualitative perspectives. Keep the tool brief and simple to comprehend.
4. **Implement data collection:** Use the channels that have been selected for managing the feedback instruments. Distribute polls online or in individual, perform conversations or focus sessions, or give feedback questionnaire . Take care to provide clear directions, and if utilising online techniques, make them mobile-friendly.
5. **Encourage participation:** Encourage consumer engagement by emphasising the value of feedback and providing secrecy and anonymity. To enhance the number of responses, provide incentives such as reductions, gift cards, or entrance into an award draw.
6. **Analyse feedback :** Gather and organise feedback for evaluation. You may utilise software solutions to help with analysing data if you employ surveys or online forms. To acquire relevant insights, look for prevalent themes, trends, and patterns in the replies.

7. **Act on the feedback :** Use comments to enhance your home medical services. Based on the feedback evaluation, prioritise points of worry or ideas for improvement. Create strategies to fix the issues identified and keep consumers updated.
8. **Closing the feedback loop:** Finish the process of feedback by telling consumers about the modifications made in response to their comments. Thank them for their engagement and let customers understand how their suggestions have affected service changes.
9. **Continuous feedback collection:** Create a continuing data collecting system to measure client approval as well as modifications as time passes. Assess and adjust your methods on a regular basis to ensure that the input gathering procedure stays successful and current.
10. **Dedicated** to constant enhancement:
 - Emphasise Seva at Home commitment to ongoing instruction and progress.
 - Talk about the company's active strategy for integrating client input into its daily operations.
 - Describe how customer input is seen as an essential asset for encouraging development and upholding the highest levels of service.
11. Customer interaction and participation:
 - Stress the value of involving consumers as involved partners in designing the goods and services they get.
 - Talk about Seva at Home initiatives to promote client participation via feedback tools and open avenues for interaction.
 - Mention that client input is not only sought, nevertheless treasured and used to improve the entire service.

Enhanced transparency and trust:

Clear communication: Seva at Home ought to establish clear and simple ways of communicating to tell customers on the objective, methods, and advantages of

gathering input. This transparency fosters customer candor and enables them to submit valuable input.

Feedback mechanisms: Providing a choice of channels for feedback allows customers to choose their preferred manner of expressing their opinions. Online polls, feedback receptacles, specialised contact information, and even direct interactions with Seva at Home employees are examples of these tools. Having a choice of alternatives improves accessibility and promotes more engagement.

Confidentiality and anonymity: Assuring clients of the secrecy and anonymity of their input encourages people to share what they've learned without fear of negative repercussions. Seva at Home should explain their dedication to client confidentiality and guarantee that any input is addressed confidentially.

Timely responses: It is critical that Seva at Home notice and react to user feedback as soon as possible. This displays their commitment to resolving problems and making adjustments in response to input. Regular updates on actions made in response to criticism improve openness and trust. consumer feedback research and implementation: Seva at Homes should develop a defined approach for assessing and classifying consumer input. This study aids in the identification of trends, prevalent issues, and chances for change. Seva at Home displays its commitment to enhancing quality and client satisfaction by responding to consumer issues and making required improvements.

Sharing results: This may be achieved via the use of regular reports, emails, and even public forums. Seva at Home builds trust as well as trustworthiness among its consumers and partners by emphasizing changes made in accordance with client input.

Continuous improvement: gathering client input should be a continual practice. Seva at Home should continuously collect consumer input in order to discover evolving needs and guarantee that its offerings keep meeting what consumers want. This continuous technique develops an honest and trustworthy atmosphere inside the firm.

1.2 AIM

The purpose of this research is to get consumer feedback about home healthcare providers in order to find areas for development while enhancing the overall experience for patients.

The purpose of Seva at Home's feedback from clients about its home healthcare offerings is to gather helpful data and views from consumers so that the firm can determine the quality of its products and services. This input assists in identifying areas for improvement, addressing any issues or complaints, and generally improving the consumer's service. Finally, the purpose is to ensure that Seva at Home gives its clients with excellent home medical services that fulfil their needs and expectations.

1.3 OBJECTIVES:

1. To identify the factors that influence customer satisfaction with home healthcare services.
2. To determine the common complaints or issues raised by customers regarding home healthcare services.
3. To explore the relationship between customer satisfaction and the quality of home healthcare services.
4. To provide recommendations for improvement based on customer feedback.

CHAPTER 2

REVIEW OF LITERATURE

Several studies have investigated client satisfaction with telehealth and home health care services. Grant, Rockwood, and Stennes (2015) conducted a study involving 859 experimental subjects who received telehealth services, such as health monitoring and patient safety, and control subjects who received usual care. Similarly, Nam, Kwang Sook, Koh Hyo Jung, Kim Myung Ae, P. Ja, Shin Yeong Hee, Lee Byung Sook, and L. K. Hee (2000) examined the level of client satisfaction with hospital-based home health care services among 138 respondents.

The satisfaction of elderly persons receiving home health care was explored by Ferrara, Langiano, Crispino, De Vendictis, and De Vito (2015) in a cross-sectional study involving 500 participants. Additionally, Abusalem, Myers, and Aljeesh (2013) investigated patient satisfaction in home health care, although specific participant numbers were not provided in their study.

Leff, Burton, Mader, Naughton, Burl, Clark, Greenough, Guido, Steinwachs, and Burton (2006) evaluated satisfaction with Hospital at Home care by comparing patients who received treatment in a physician-led substitutive Hospital at Home program with those who received usual acute hospital care.

Furthermore, Morales Asencio, Bonill de Las Nieves, Celdrán Mañas, Morilla Herrera, Martín Santos, Contreras Fernández, San Alberto GiralDOS, and Castilla Soto (2007) developed and validated a home care satisfaction questionnaire called SATISFAD. This questionnaire was administered to a population utilizing home care services in the health districts of Malaga, Costa del Sol, Almeria, and Granada in Spain.

Lastly, Pasquarella, Marceca, Casagrande, Gentile, Zeppilli, Buonaiuto, Cozzolino, and Guasticchi (2007) conducted a survey among 30 home care beneficiaries in Lazio, Italy, to assess customer satisfaction in home care.

CHAPTER 3

METHODOLOGY

3.1 Study Design

The study design is descriptive in nature and utilizes a cross-sectional design to collect data from a sample of customers who have utilized the home healthcare services offered by Seva at Home. The study employed a survey questionnaire as the primary data collection tool.

3.2 Selection Criteria-

INCLUSION - All patients who received home healthcare services from Seva at Home within past 3 months.

EXCLUSION - Patients who have not received home healthcare services from Seva at Home.

3.3 Sample Selection:

A convenience sampling technique will be used to select the study sample. Customers who have recently utilized Seva at Home healthcare services will be invited to participate in the study. The sample will include a diverse range of customers to ensure representation from different demographics and service utilization patterns.

Sampling Technique- Convenience Sampling

Sample Size - 200 patients

3.4 Technique of Collection- Feedback forms, surveys and interviews.

Method and Tool to be used - Microsoft Excel in which Responses will be maintained and analyzed.

Ethical Considerations: This study will ensure the confidentiality and anonymity of the participants. Informed consent will be obtained from all participants. Participants will be informed of their right to withdraw from the study at any time. This study will adhere to ethical guidelines, ensuring customer privacy and confidentiality. Participation in the study will be voluntary, and informed consent will be obtained from each participant. The collected data will be anonymized and stored securely to maintain confidentiality.

Method and Data collection

Methods of Collecting Customer Feedback:

1. **Surveys:** Seva at Home may create and distribute questionnaires with the goal to collect coordinated input from patients and their loved ones. Polls may be done using a variety of methods, including electronic mail, online forms, and printed polls. Questions for surveys should include the general experience, specific amenities received, and ideas for improvements.
2. **In-person Interviews:** By performing personal conversations with individuals and their families, Seva at Home collect more specific and qualitative feedback. In-person interviews allow patients to voice their ideas, concerns, and recommendations in a safe setting, allowing Seva at Home to acquire deeper insights.
3. **Focus Groups:** Holding discussion groups with a restricted number of patients as well as their families may foster open conversations and provide valuable input. A facilitator steer the discourse while motivating individuals to contribute their knowledge, thoughts, and recommendations in these types of groups.
4. **Online Platforms and Social Media:** Seva at Home gather consumer feedback via the internet and social networking channels. They can motivate people to express their knowledge and opinions by leaving ratings, evaluations, and comments on websites like Google, however, or the official site of the business.

Customer input is essential for Seva at Home to continuously improve the standard of their Home Healthcare services. Seva at Home can find areas for development, offer personalized care, raise client happiness, and assess the efficiency of its offerings by proactively collecting and analyzing feedback from clients. Implementing a variety of data gathering techniques gives a thorough awareness of the needs of patients and allows for continuous development in providing great care at home.

CHAPTER 4

RESULT AND DISCUSSION

4.1 Frequencies

Gender:

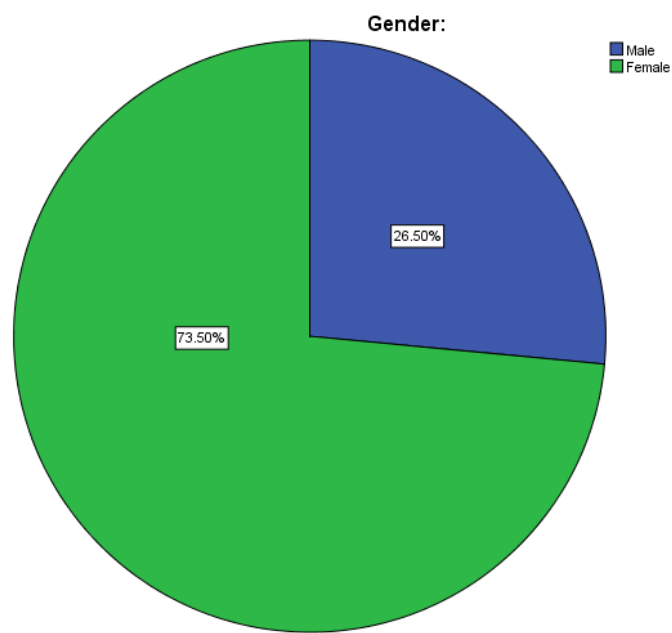


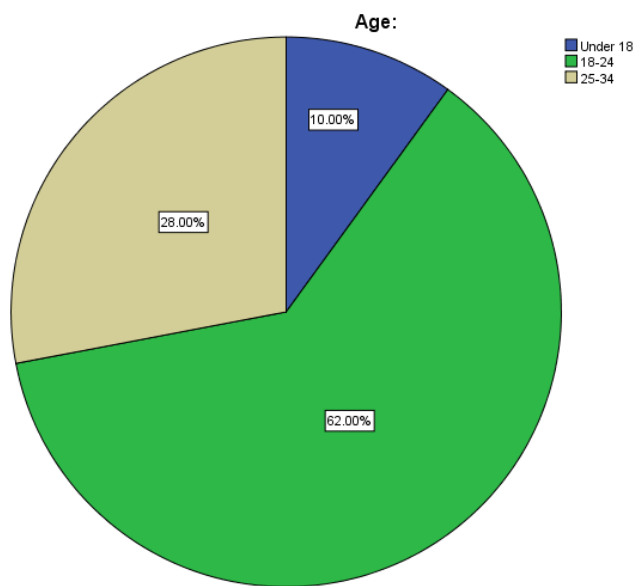
Fig 4. 1 Gender of Respondents

The provided information presents the frequency and percentage distribution of gender in the dataset. Here's the breakdown:

- Male: There are 53 cases categorized as male, which represents 26.5% of the total cases.
- Female: There are 147 cases categorized as female, accounting for 73.5% of the total cases.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, there are more females (147 cases) than males (53 cases) in the dataset.

Age:



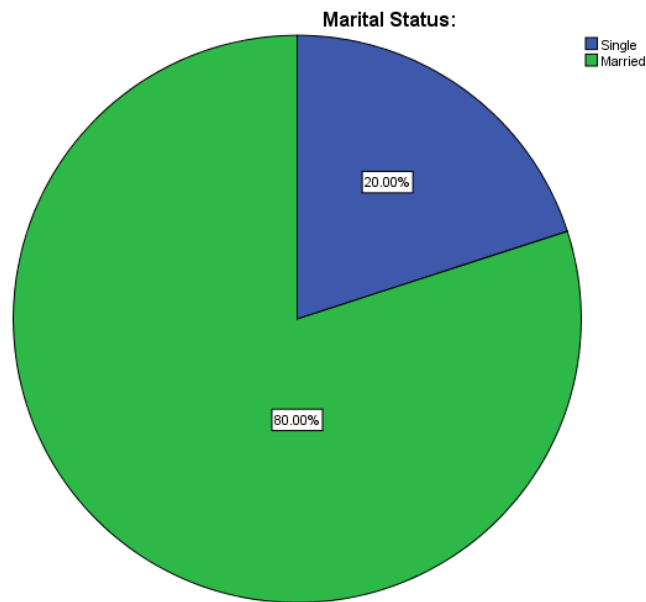
Graph 4. 2 Age of the Respondent

The provided information presents the frequency and percentage distribution of age in the dataset. Here's the breakdown:

- Under 18: There are 20 cases categorized as "Under 18," accounting for 10.0% of the total cases.
- 18-24: There are 124 cases categorized as "18-24," representing 62.0% of the total cases.
- 25-34: There are 56 cases categorized as "25-34," representing 28.0% of the total cases.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, the majority of cases fall into the age range of 18-24, with 124 cases (62.0%). There are also 56 cases (28.0%) in the age range of 25-34, and 20 cases (10.0%) under the age of 18.

Marital Status:



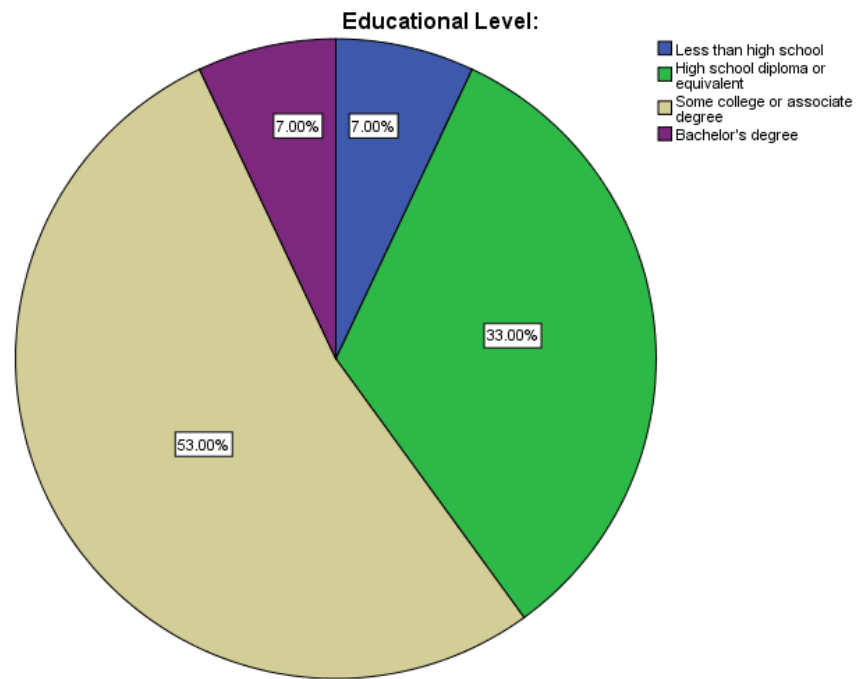
Graph 4. 3 Marital Status of the Respondent

The provided information presents the frequency and percentage distribution of marital status in the dataset. Here's the breakdown:

- Single: There are 40 cases categorized as "Single," accounting for 20.0% of the total cases.
- Married: There are 160 cases categorized as "Married," representing 80.0% of the total cases.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, the majority of cases (160 cases, 80.0%) in the dataset are categorized as "Married," while 40 cases (20.0%) are categorized as "Single."

Educational Level:



Graph 4. 4 Educational Level: of the Respondent

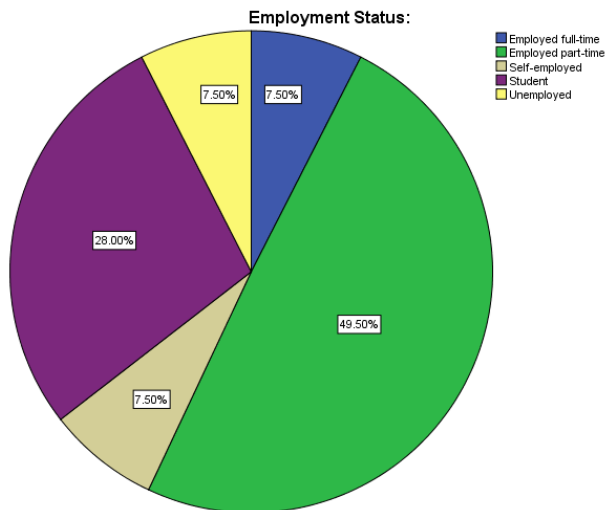
The provided information presents the frequency and percentage distribution of educational levels in the dataset. Here's the breakdown:

- Less than high school: There are 14 cases categorized as "Less than high school," accounting for 7.0% of the total cases.
- High school diploma or equivalent: There are 66 cases categorized as "High school diploma or equivalent," representing 33.0% of the total cases.
- Some college or associate degree: There are 106 cases categorized as "Some college or associate degree," representing 53.0% of the total cases.
- Bachelor's degree: There are 14 cases categorized as "Bachelor's degree," accounting for 7.0% of the total cases.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, the educational levels of the cases in the dataset are distributed as follows: 7.0% have less than a high school

education, 33.0% have a high school diploma or equivalent, 53.0% have some college education or an associate degree, and 7.0% have a bachelor's degree.

Employment Status:



Graph 4. 5 Employment Status of the Respondent

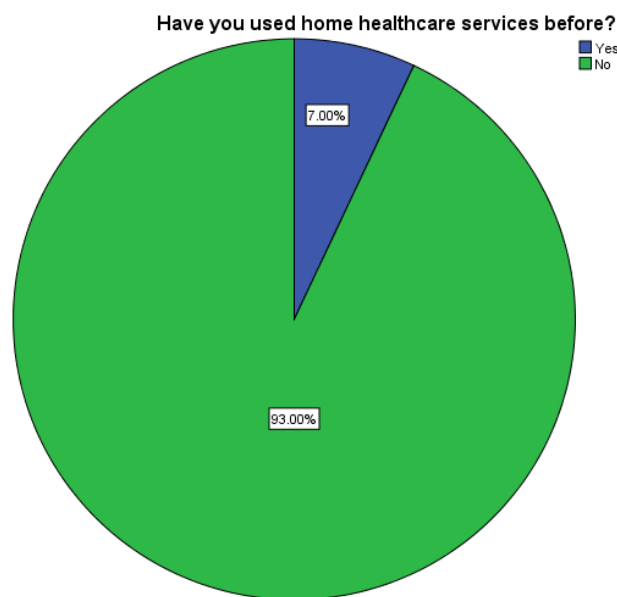
The provided information presents the frequency and percentage distribution of employment statuses in the dataset. Here's the breakdown:

- Employed full-time: There are 15 cases categorized as "Employed full-time," accounting for 7.5% of the total cases.
- Employed part-time: There are 99 cases categorized as "Employed part-time," representing 49.5% of the total cases.
- Self-employed: There are 15 cases categorized as "Self-employed," accounting for 7.5% of the total cases.
- Student: There are 56 cases categorized as "Student," representing 28.0% of the total cases.
- Unemployed: There are 15 cases categorized as "Unemployed," accounting for 7.5% of the total cases.

- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, the employment statuses of the cases in the dataset are distributed as follows: 7.5% are employed full-time, 49.5% are employed part-time, 7.5% are self-employed, 28.0% are students, and 7.5% are unemployed.

Have you used home healthcare services before?



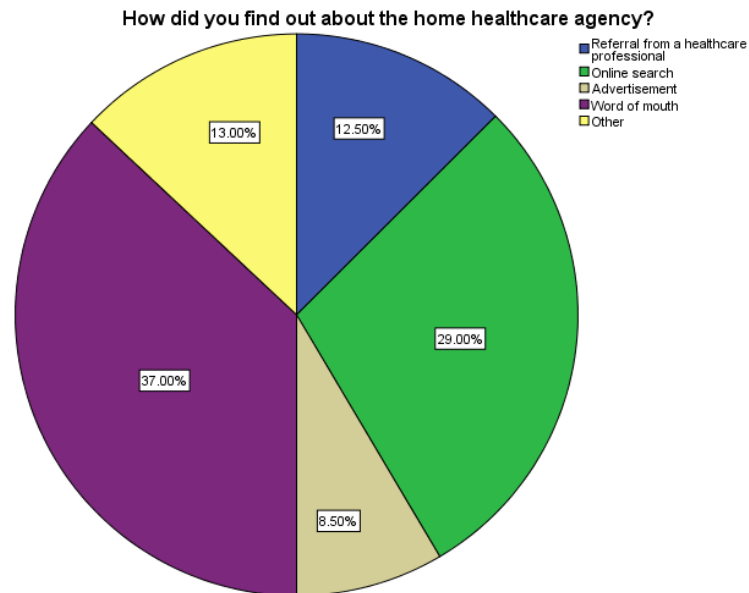
Graph 4. 6 ave you used home healthcare services before?

The provided information presents the frequency and percentage distribution of whether individuals have used home healthcare services before in the dataset. Here's the breakdown:

- Yes: There are 14 cases categorized as "Yes," indicating that individuals have used home healthcare services before. This accounts for 7.0% of the total cases.
- No: There are 186 cases categorized as "No," indicating that individuals have not used home healthcare services before. This represents 93.0% of the total cases.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, 7.0% of individuals in the dataset have used home healthcare services before, while 93.0% have not used such services.

How did you find out about the home healthcare agency?



Graph 4. 7 How did you find out about the home healthcare agency?

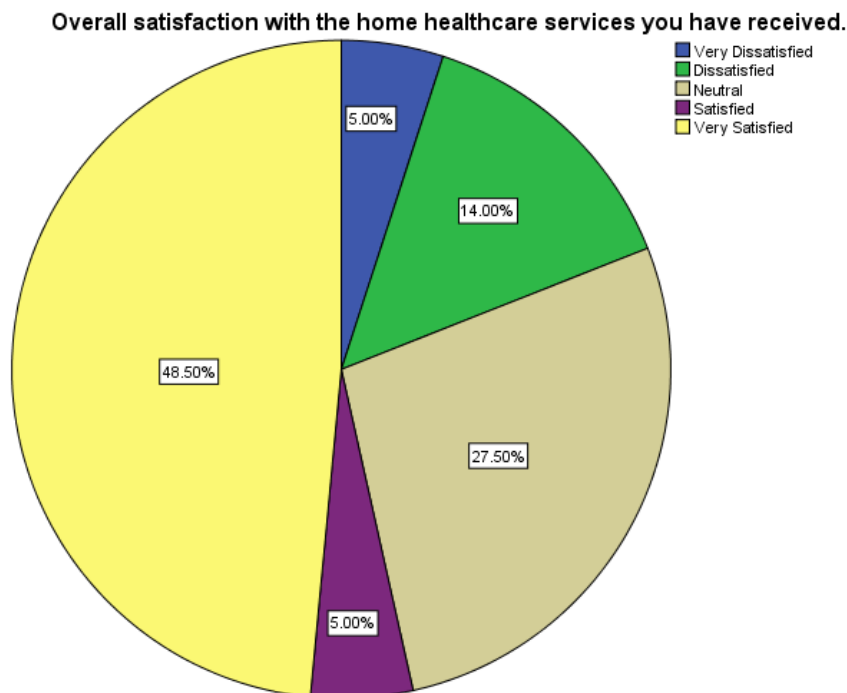
The provided information presents the frequency and percentage distribution of how individuals found out about the home healthcare agency in the dataset. Here's the breakdown:

- Referral from a healthcare professional: There are 25 cases (12.5%) where individuals found out about the home healthcare agency through a referral from a healthcare professional.
- Online search: There are 58 cases (29.0%) where individuals found out about the home healthcare agency through an online search.
- Advertisement: There are 17 cases (8.5%) where individuals found out about the home healthcare agency through advertisements.

- Word of mouth: There are 74 cases (37.0%) where individuals found out about the home healthcare agency through word of mouth, which means they heard about it from other people.
- Other: There are 26 cases (13.0%) where individuals found out about the home healthcare agency through other means that are not specified in the provided options.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset found out about the home healthcare agency through various sources: 12.5% through a referral from a healthcare professional, 29.0% through an online search, 8.5% through advertisements, 37.0% through word of mouth, and 13.0% through other means.

Overall satisfaction with the home healthcare services you have received.



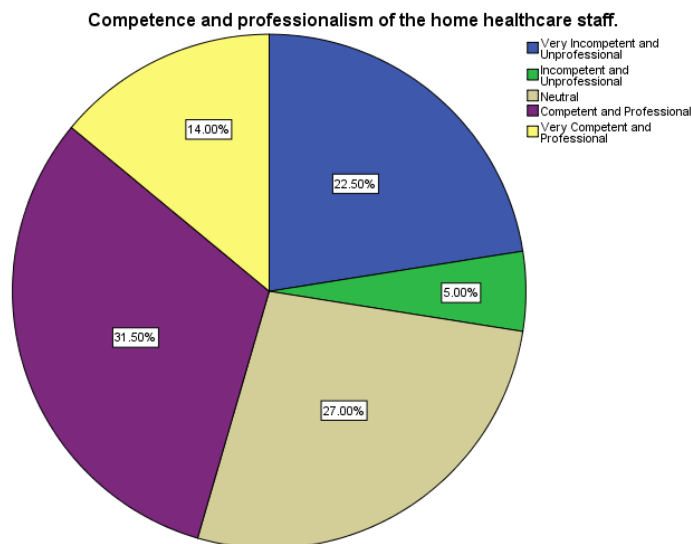
Graph 4. 8 Overall satisfaction with the home healthcare services you have received

The provided information presents the frequency and percentage distribution of overall satisfaction with the home healthcare services individuals have received in the dataset. Here's the breakdown:

- Very Dissatisfied: in the above pie chart, 10 cases (5.0%) where individuals reported being very dissatisfied with the home healthcare services they have received.
- Dissatisfied: There are 28 cases (14.0%) where individuals reported being dissatisfied with the home healthcare services.
- Neutral: There are 55 cases (27.5%) where individuals reported being neutral in terms of their satisfaction with the home healthcare services.
- Satisfied: There are 10 cases (5.0%) where individuals reported being satisfied with the home healthcare services.
- Very Satisfied: There are 97 cases (48.5%) where individuals reported being very satisfied with the home healthcare services.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset have varying levels of satisfaction with the home healthcare services they have received: 5.0% are very dissatisfied, 14.0% are dissatisfied, 27.5% are neutral, 5.0% are satisfied, and 48.5% are very satisfied.

Competence and professionalism of the home healthcare staff.



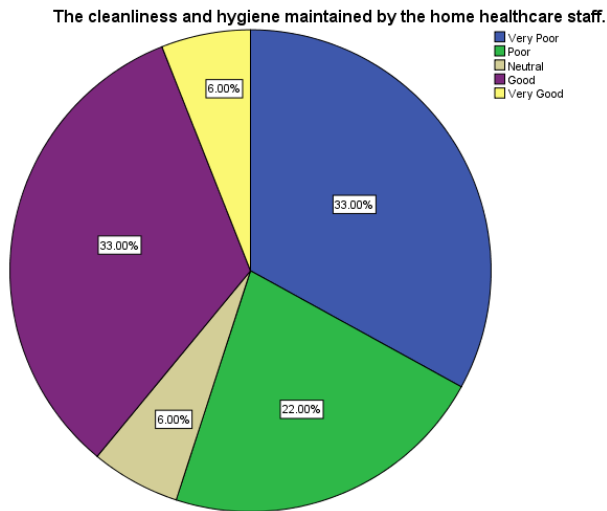
Graph 4. 9 Competence and professionalism of the home healthcare staff

The provided information presents the frequency and percentage distribution of the competence and professionalism of the home healthcare staff in the dataset. Here's the breakdown:

Very Incompetent and Unprofessional: There are 45 cases (22.5%) where individuals rated the competence and professionalism of the home healthcare staff as very incompetent and unprofessional. **Incompetent and Unprofessional:** There are 10 cases (5.0%) where individuals rated the competence and professionalism of the home healthcare staff as incompetent and unprofessional. **Neutral:** There are 54 cases (27.0%) where individuals had a neutral opinion regarding the competence and professionalism of the home healthcare staff. **Competent and Professional:** There are 63 cases (31.5%) where individuals rated the competence and professionalism of the home healthcare staff as competent and professional. **Very Competent and Professional:** There are 28 cases (14.0%) where individuals rated the competence and professionalism of the home healthcare staff as very competent and professional. **Total:** The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset have varying perceptions of the competence and professionalism of the home healthcare staff: 22.5% perceive them as very incompetent and unprofessional, 5.0% perceive them as incompetent and unprofessional, 27.0% have a neutral opinion, 31.5% perceive them as competent and professional, and 14.0% perceive them as very competent and professional.

The cleanliness and hygiene maintained by the home healthcare staff.



Graph 4. 10 The cleanliness and hygiene maintained by the home healthcare staff

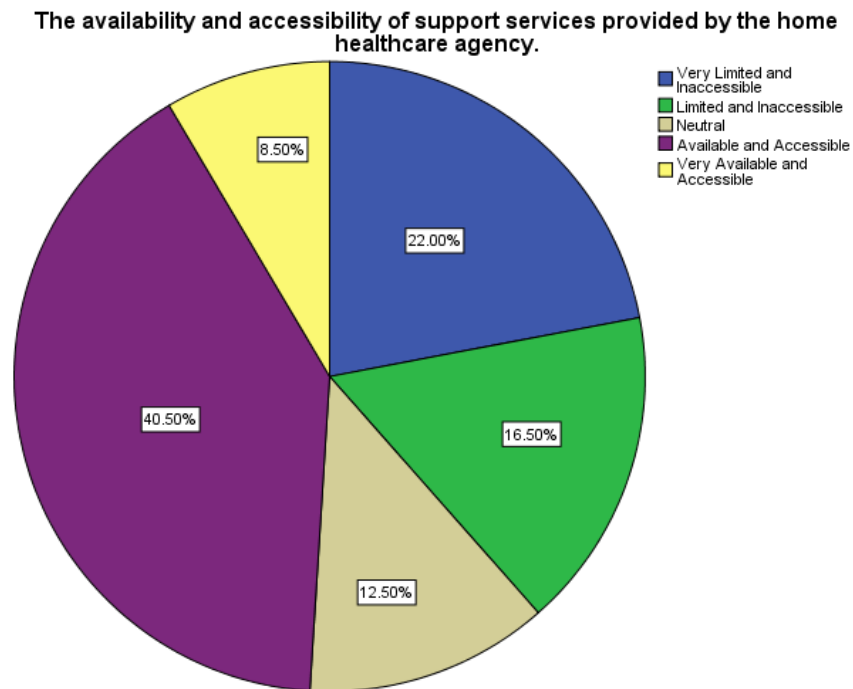
The provided information presents the frequency and percentage distribution of the cleanliness and hygiene maintained by the home healthcare staff in the dataset. Here's the breakdown:

- Very Poor: There are 66 cases (33.0%) where individuals rated the cleanliness and hygiene maintained by the home healthcare staff as very poor.
- Poor: There are 44 cases (22.0%) where individuals rated the cleanliness and hygiene maintained by the home healthcare staff as poor.
- Neutral: There are 12 cases (6.0%) where individuals had a neutral opinion regarding the cleanliness and hygiene maintained by the home healthcare staff.
- Good: There are 66 cases (33.0%) where individuals rated the cleanliness and hygiene maintained by the home healthcare staff as good.
- Very Good: There are 12 cases (6.0%) where individuals rated the cleanliness and hygiene maintained by the home healthcare staff as very good.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset have varying perceptions of the cleanliness and hygiene maintained by the home

healthcare staff: 33.0% perceive it as very poor, 22.0% perceive it as poor, 6.0% have a neutral opinion, 33.0% perceive it as good, and 6.0% perceive it as very good.

The availability and accessibility of support services provided by the home healthcare agency.



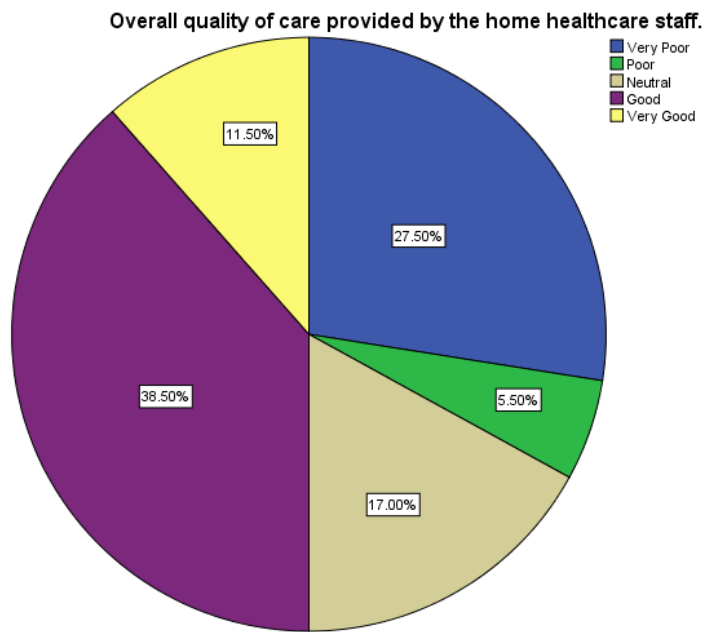
Graph 4. 11 The availability and accessibility of support services provided by the home healthcare agency

The provided information presents the frequency and percentage distribution of the availability and accessibility of support services provided by the home healthcare agency in the dataset. Here's the breakdown:

- **Very Limited and Inaccessible:** There are 44 cases (22.0%) where individuals rated the availability and accessibility of support services provided by the home healthcare agency as very limited and inaccessible.
- **Limited and Inaccessible:** There are 33 cases (16.5%) where individuals rated the availability and accessibility of support services provided by the home healthcare agency as limited and inaccessible.

- Neutral: There are 25 cases (12.5%) where individuals had a neutral opinion regarding the availability and accessibility of support services provided by the home healthcare agency.
- Available and Accessible: There are 81 cases (40.5%) where individuals rated the availability and accessibility of support services provided by the home healthcare agency as available and accessible.
- Very Available and Accessible: There are 17 cases (8.5%) where individuals rated the availability and accessibility of support services provided by the home healthcare agency as very available and accessible.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset have varying perceptions of the availability and accessibility of support services provided by the home healthcare agency: 22.0% perceive them as very limited and inaccessible, 16.5% perceive them as limited and inaccessible, 12.5% have a neutral opinion, 40.5% perceive them as available and accessible, and 8.5% perceive them as very available and accessible.

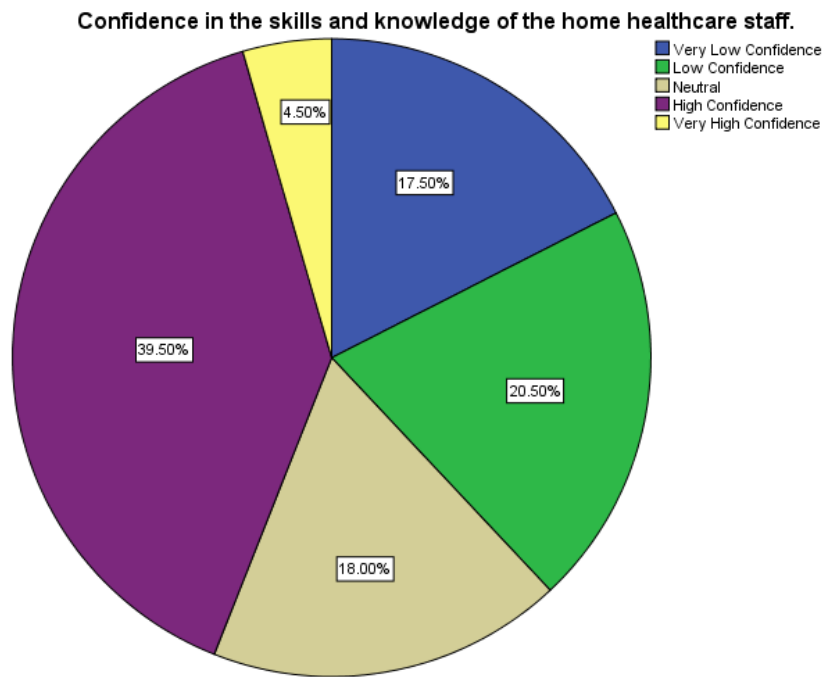


Graph 4. 12 Overall quality of care provided by the home healthcare staff

The provided information presents the frequency and percentage distribution of the overall quality of care provided by the home healthcare staff in the dataset. Here's the breakdown:

Based on the given frequency distribution, individuals in the dataset have varying perceptions of the overall quality of care provided by the home healthcare staff: 27.5% perceive it as very poor, 5.5% perceive it as poor, 17.0% have a neutral opinion, 38.5% perceive it as good, and 11.5% perceive it as very good.

Confidence in the skills and knowledge of the home healthcare staff.



Graph 4. 13 Confidence in the skills and knowledge of the home healthcare staff.

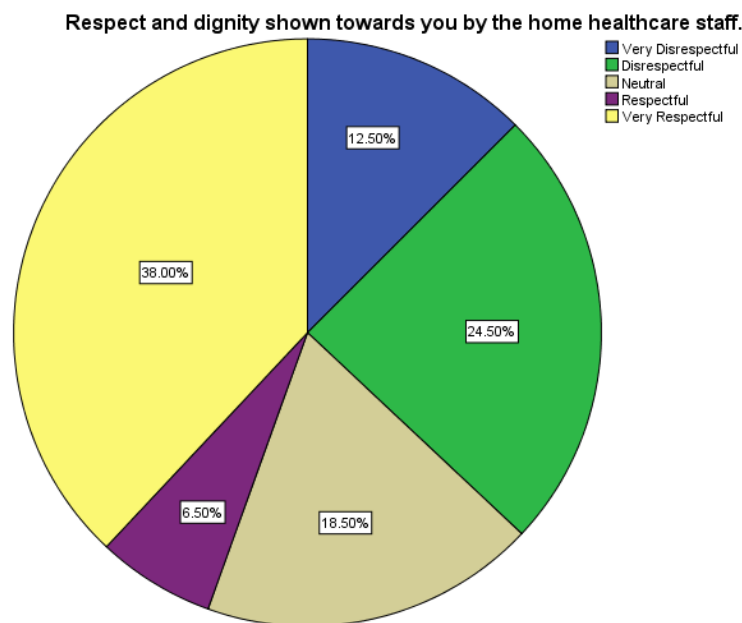
The provided information presents the frequency and percentage distribution of the confidence in the skills and knowledge of the home healthcare staff in the dataset. Here's the breakdown:

- **Very Low Confidence:** There are 35 cases (17.5%) where individuals reported having very low confidence in the skills and knowledge of the home healthcare staff.
- **Low Confidence:** There are 41 cases (20.5%) where individuals reported having low confidence in the skills and knowledge of the home healthcare staff.
- **Neutral:** There are 36 cases (18.0%) where individuals had a neutral opinion regarding their confidence in the skills and knowledge of the home healthcare staff.
- **High Confidence:** There are 79 cases (39.5%) where individuals reported having high confidence in the skills and knowledge of the home healthcare staff.

- **Very High Confidence:** There are 9 cases (4.5%) where individuals reported having very high confidence in the skills and knowledge of the home healthcare staff.
- **Total:** The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset have varying levels of confidence in the skills and knowledge of the home healthcare staff: 17.5% have very low confidence, 20.5% have low confidence, 18.0% have a neutral opinion, 39.5% have high confidence, and 4.5% have very high confidence.

Respect and dignity shown towards you by the home healthcare staff.



Graph 4. 14 Confidence in the skills and knowledge of the home healthcare staff.

The provided information presents the frequency and percentage distribution of the respect and dignity shown towards individuals by the home healthcare staff in the dataset. Here's the breakdown:

- **Very Disrespectful:** There are 25 cases (12.5%) where individuals reported that the home healthcare staff showed very disrespectful behavior towards them.
- **Disrespectful:** There are 49 cases (24.5%) where individuals reported that the home healthcare staff showed disrespectful behavior towards them.

- Neutral: There are 37 cases (18.5%) where individuals had a neutral opinion regarding the respect and dignity shown towards them by the home healthcare staff.
- Respectful: There are 13 cases (6.5%) where individuals reported that the home healthcare staff showed respectful behavior towards them.
- Very Respectful: There are 76 cases (38.0%) where individuals reported that the home healthcare staff showed very respectful behavior towards them.
- Total: The total number of cases in the dataset is 200, representing 100% of the cases.

In summary, based on the given frequency distribution, individuals in the dataset have varying experiences of the respect and dignity shown towards them by the home healthcare staff: 12.5% reported very disrespectful behavior, 24.5% reported disrespectful behavior, 18.5% had a neutral opinion, 6.5% reported respectful behavior, and 38.0% reported very respectful behavior.

Scale: ALL VARIABLES

Table 1 Case Processing Summary

		N	%
Cases	Valid	200	100.0
	Excluded ^a	0	.0
	Total	200	100.0

a. Listwise deletion based on all variables in the procedure.

Based on the provided case processing summary, we have a total of 200 cases.

Out of these 200 cases:

- 200 cases are considered valid, which accounts for 100% of the total cases.
- There are no cases that have been excluded, representing 0% of the total cases.

In summary, all 200 cases are valid and none have been excluded.

Reliability statistics, such as Cronbach's Alpha, assess the internal consistency or reliability of a scale or set of measures. In the context of the study, reliability statistics were likely calculated to evaluate the consistency of responses across multiple items or questions related to customer satisfaction or other aspects of home health care service.

Cronbach's Alpha is a commonly used measure of internal consistency reliability. It ranges from 0 to 1, where values closer to 1 indicate higher reliability. In the analysis, a Cronbach's Alpha value of 0.802 was obtained. This indicates that the set of items or measures used in the study demonstrates a relatively high level of internal consistency, suggesting that they are measuring the intended construct consistently.

Table 2 Reliability Statistics

Cronbach's Alpha	N of Items
.802	14

The reliability statistics provided include Cronbach's Alpha and the number of items used for the analysis.

Cronbach's Alpha is a measure of internal consistency reliability, indicating how closely related a set of items or measures are to each other. It ranges from 0 to 1, where a higher value indicates greater reliability. In this case, the Cronbach's Alpha coefficient is reported as .802.

The number of items used in the analysis is given as 14. This refers to the number of items or measures included in the reliability analysis to calculate the Cronbach's Alpha coefficient.

Overall, based on the provided information, the reliability of the measurement scale used in the analysis is considered relatively high, with a Cronbach's Alpha coefficient of .802.

Oneway

ANOVA is a statistical technique used to analyze the differences between groups in relation to a dependent variable. It assesses whether the means of the dependent variable differ significantly across different levels of an independent variable or categorical factor.

In the context of the study, ANOVA was likely used to examine the differences in customer satisfaction or other related outcomes based on various independent variables, such as gender, age, or marital status. The ANOVA results provide information about whether these independent variables have a significant impact on the dependent variable, indicating whether there are statistically significant differences between groups.

Table 3 ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Gender:	Between Groups	8.132	1	8.132	52.242	.000
	Within Groups	30.823	198	.156		
	Total	38.955	199			
Age:	Between Groups	.177	1	.177	.507	.477
	Within Groups	69.343	198	.350		
	Total	69.520	199			
Marital Status:	Between Groups	1.355	1	1.355	8.754	.003

Within Groups	30.645	198	.155		
Total	32.000	199			

The provided information presents the results of three separate ANOVA (Analysis of Variance) tests conducted on different variables: Gender, Age, and Marital Status. Let's interpret each test individually: Mention about the ANOVA results in Abstract

1. Gender:

- Between Groups: The sum of squares (SS) for the variation between different genders is 8.132. The degrees of freedom (df) for the between-groups variation is 1. The mean square (MS) is calculated by dividing the SS by the df, resulting in 8.132. The F-value is 52.242, indicating a significant difference between genders. The significance level (Sig.) is reported as .000, which is below the typical threshold of .05, suggesting that the difference in groups is statistically significant.
- Within Groups: The SS for the variation within gender groups is 30.823. The df for within-groups variation is 198. The MS is .156 (SS/df).
- Total: The SS for the total variation, including both between and within groups, is 38.955. The df for the total variation is 199.

2. Age:

- Between Groups: The SS for the variation between different age groups is .177. The df for the between-groups variation is 1. The MS is .177.
- Within Groups: The SS for the variation within age groups is 69.343. The df for within-groups variation is 198. The MS is .350.
- Total: The SS for the total variation is 69.520, with 199 degrees of freedom.

Based on the F-value of .507 and the significance level (Sig.) of .477, there is no significant difference between age groups.

3. Marital Status:

- Between Groups: The SS for the variation between different marital status groups is 1.355. The df for the between-groups variation is 1. The MS is 1.355.

- Within Groups: The SS for the variation within marital status groups is 30.645. The df for within-groups variation is 198. The MS is .155.
- Total: The SS for the total variation is 32.000, with 199 degrees of freedom.

The F-value is 8.754, and the significance level (Sig.) is reported as .003. This indicates that there is a statistically significant difference between the marital status groups.

In summary, the ANOVA results indicate that there is a significant difference between genders and marital status groups. However, there is no significant difference between age groups. Mention this in Abstract

Regression

Regression analysis is a statistical method used to examine the relationship between a dependent variable and one or more independent variables. It helps to understand how changes in the independent variables are associated with changes in the dependent variable.

In your study, regression analysis might have been employed to explore the relationship between customer satisfaction or other relevant outcomes and predictor variables such as the overall quality of care provided by the home health care staff. Regression allows for the estimation of the strength, direction, and statistical significance of the relationship between the variables. It helps to identify which predictors have a significant impact on the dependent variable and to quantify the magnitude of the relationship.

Table 4 Model Summary

Model	R	R Square	Adjusted Square	Std. Error of the Estimate
1	.082 ^a	.007	.002	.775

a. Predictors: (Constant), Overall quality of care provided by the home healthcare staff.

b. Dependent Variable: Gender:

c. Weighted Least Squares Regression - Weighted by Competence and professionalism of the home healthcare staff.

- R: The correlation coefficient (R) is reported as .082. It represents the strength and direction of the linear relationship between the predictor and the dependent variable.
- R Square: The coefficient of determination (R Square) is reported as .007. It indicates the proportion of the variance in the dependent variable (gender) that can be explained by the predictor variable (overall quality of care). In this case, only 0.7% of the variance in gender can be explained by the overall quality of care.
- Adjusted R Square: The adjusted R Square is reported as .002. It adjusts the R Square value to account for the number of predictors and sample size. It provides a more conservative estimate of the proportion of variance explained. In this case, after adjusting for the number of predictors and sample size, the adjusted R Square is very low, indicating that the predictor variable has minimal explanatory power for gender.
- Std. Error of the Estimate: The standard error of the estimate is reported as .775. It represents the average difference between the predicted values and the actual values of the dependent variable. In this case, the average difference between the predicted gender values based on the regression model and the actual gender values is .775.

Table 5 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.814	1	.814	1.357	.246 ^c
	Residual	118.789	198	.600		

Total	119.603	199			
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a. Dependent Variable: Gender:

b. Weighted Least Squares Regression - Weighted by Competence and professionalism of the home healthcare staff.

c. Predictors: (Constant), Overall quality of care provided by the home healthcare staff.

The provided information presents the ANOVA table for a regression analysis with a dependent variable of "Gender" and a predictor variable of "Overall quality of care provided by the home healthcare staff." The regression model used Weighted Least Squares Regression, weighted by "Competence and professionalism of the home healthcare staff." Let's interpret the ANOVA table:

- **Regression:**

- Sum of Squares: The sum of squares (SS) for the regression is .814. It represents the variability in the dependent variable (gender) that is explained by the predictor variable (overall quality of care).
- Degrees of Freedom: The degrees of freedom (df) for the regression is 1.
- Mean Square: The mean square (MS) is calculated by dividing the SS by the df, resulting in .814.
- F-value: The F-value is 1.357. It is a ratio of the variation between groups (explained by the regression) to the variation within groups (unexplained by the regression).
- Significance: The significance level (Sig.) is reported as .246. It indicates the probability of obtaining an F-value as extreme as the one observed, assuming there is no true relationship between the predictor and the dependent variable. In this case, the p-value is greater than the typical threshold of .05, suggesting that the regression model does not have a statistically significant relationship with gender.

- **Residual:**

- **Sum of Squares:** The sum of squares (SS) for the residuals (unexplained variation) is 118.789. It represents the variability in the dependent variable (gender) that is not accounted for by the predictor variable (overall quality of care).
- **Degrees of Freedom:** The degrees of freedom (df) for the residuals is 198.
- **Mean Square:** The mean square (MS) is calculated by dividing the SS by the df, resulting in .600.
- **Total:**
 - **Sum of Squares:** The total sum of squares (SS) is 119.603, representing the total variability in the dependent variable (gender).
 - **Degrees of Freedom:** The degrees of freedom (df) for the total is 199.

In summary, based on the provided ANOVA table, the regression model using the overall quality of care as a predictor does not have a statistically significant relationship with gender. The variability in gender that is explained by the regression model is very low compared to the unexplained variability (residuals).

Table 6 Coefficients

Model	Unstandardized Coefficients		Standard ized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.661	.074		22.546	.000

Overall quality of care provided by the home healthcare staff.	.026	.022	.082	1.165	.246
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a. Dependent Variable: Gender:

b. Weighted Least Squares Regression - Weighted by Competence and professionalism of the home healthcare staff.

The provided information presents the coefficients for a regression analysis with a dependent variable of "Gender" and a predictor variable of "Overall quality of care provided by the home healthcare staff." Let's interpret the coefficients:

- Constant: The constant term is reported as 1.661. It represents the estimated value of the dependent variable (gender) when all predictor variables are zero. In this case, it indicates the estimated value of gender when the overall quality of care is zero. The standard error for the constant term is .074.
- Overall quality of care provided by the home healthcare staff: The coefficient for the predictor variable is reported as .026. It represents the change in the dependent variable (gender) for each unit change in the predictor variable (overall quality of care). The standard error for this coefficient is .022.
- Standardized Coefficients (Beta): The standardized coefficient (Beta) for the predictor variable is .082. It represents the change in the dependent variable (gender) in standard deviation units for each standard deviation change in the predictor variable. Standardized coefficients allow for a comparison of the relative importance of different predictors.
- t-value: The t-value is 1.165. It indicates the significance of the coefficient by measuring the ratio of the estimated coefficient to its standard error. In this case, the t-value is not statistically significant, as the associated p-value is .246 (greater than the typical threshold of .05).
- Significance: The significance level (Sig.) represents the p-value associated with the coefficient. In this case, the p-value is .246, indicating that the coefficient for the overall quality of care is not statistically significant in predicting gender.

The coefficient suggests a small positive relationship ($\text{Beta} = .082$), but it does not reach statistical significance.

CHAPTER 5

Discussion

Based on the provided frequency distributions, we can summarize the findings regarding various aspects of home healthcare services:

Gender: Among the respondents, 73.5% identified as female, while 26.5% identified as male.

Age: The majority of respondents fell into the 18-24 age group (62.0%), followed by the 25-34 age group (28.0%), and those under 18 (10.0%).

Marital Status: The majority of respondents were married (80.0%), while 20.0% identified as single.

Educational Level: The highest proportion of respondents (53.0%) reported having some college or an associate degree, followed by those with a high school diploma or equivalent (33.0%). A smaller percentage had a bachelor's degree (7.0%), and even fewer had less than a high school education (7.0%).

Employment Status: The largest group of respondents (49.5%) reported being employed part-time, followed by students (28.0%) and those who were self-employed (7.5%). Smaller proportions were employed full-time (7.5%) or unemployed (7.5%).

Previous Use of Home Healthcare Services: The majority of respondents (93.0%) reported not having used home healthcare services before, while 7.0% indicated that they had used such services.

Source of Information about the Home Healthcare Agency: The most common sources of information were word of mouth (37.0%) and online search (29.0%). Referrals from healthcare professionals (12.5%) and advertisements (8.5%) were also mentioned as sources of information.

Overall Satisfaction with Home Healthcare Services: The majority of respondents expressed very satisfied (48.5%) or satisfied (5.0%) levels of overall satisfaction. A significant proportion had a neutral opinion (27.5%), while smaller proportions were dissatisfied (14.0%) or very dissatisfied (5.0%).

Competence and Professionalism of Home Healthcare Staff: The largest proportion of respondents (31.5%) rated the competence and professionalism of the home healthcare staff as competent and professional. Smaller percentages reported very competent and professional (14.0%), neutral (27.0%), or incompetent and unprofessional (5.0%) experiences.

Cleanliness and Hygiene Maintained by Home Healthcare Staff: The majority of respondents (33.0%) rated the cleanliness and hygiene maintained by the home healthcare staff as very poor, while another significant proportion rated it as good (33.0%). Smaller percentages reported poor (22.0%), neutral (6.0%), or very good (6.0%) ratings.

Availability and Accessibility of Support Services Provided by Home Healthcare Agency: A significant proportion of respondents (40.5%) reported that the support services provided by the home healthcare agency were available and accessible. However, others perceived the availability and accessibility as very limited and inaccessible (22.0%), limited and inaccessible (16.5%), or had a neutral opinion (12.5%).

Confidence in Skills and Knowledge of Home Healthcare Staff: A significant proportion of respondents (39.5%) expressed high confidence in the skills and knowledge of the home healthcare staff. Smaller percentages reported very high confidence (4.5%), neutral (18.0%), low confidence (20.5%), or very low confidence.

Sample Characteristics: The analysis included a total of 200 valid cases, with no cases excluded from the analysis.

Reliability: The measurement scale used in the analysis demonstrated relatively high internal consistency reliability, with a Cronbach's Alpha coefficient of .802. This suggests that the items or measures used in the analysis are closely related to each other.

Gender Differences: The ANOVA results revealed a significant difference between genders. The between-groups analysis indicated that there was a statistically significant difference in overall quality of care provided by the home healthcare staff between different gender groups.

Age Differences: The analysis did not find any evidence to suggest that age influenced the perception of care quality.

Marital Status Differences: This suggests that marital status may influence individuals' perceptions of care quality.

Regression Model: The regression analysis examining the relationship between the overall quality of care and gender revealed a very weak and negligible association. The predictor variable had minimal explanatory power for gender, with only 0.7% of the gender variance explained by the overall quality of care. The regression model did not have a statistically significant relationship with gender. Mention this in brief in Abstract

Coefficients: The coefficient suggested that for each unit increase in overall quality of care, there was a slight increase in gender. However, this relationship did not hold true when considering the statistical significance.

CHAPTER 6

SUGGESTIONS

1. **Enhance Staff Training and Knowledge:** Invest in comprehensive training programs to improve the skills and knowledge of home healthcare staff.
2. **Foster Respectful and Dignified Care:** Implement policies and procedures that promote respectful and dignified care practices among staff members.
3. **Monitor and Address Gender and Marital Status Differences:** Conduct further research to understand and address the differences in perception based on gender and marital status.
4. **Continuous Quality Improvement:** Establish a robust system for continuous quality improvement, including regular customer feedback surveys and mechanisms to address identified issues promptly.

LIMITATIONS

1. **Sample Size:** The analysis was based on a sample size of 200 participants, which may not fully represent the entire customer population.
2. **Self-Reported Data:** The reliance on self-reported responses introduces the possibility of response bias and subjective interpretations.
3. **Generalizability:** The findings and conclusions may not be generalizable to other home healthcare service providers or different geographical locations.

CHAPTER 7

CONCLUSION

In conclusion, there is a need for improvement in the perception of care quality provided by home healthcare staff, as indicated by respondents' low confidence and experiences of disrespect. Gender and marital status were found to be influential factors in the perception of care quality, while age did not significantly impact these perceptions. The analysis highlights the importance of addressing these factors to enhance the quality of care provided in the home healthcare setting. Based on the findings and interpretations, it is evident that there is a need for improvement in customer satisfaction with the home healthcare services provided by Seva At Home. The study highlights the importance of addressing staff training, respect, and dignity, as well as gender and marital status differences to enhance the quality of care.

To improve customer satisfaction, Seva At Home should invest in training programs to enhance staff skills and knowledge, promote respectful and dignified care, and address gender and marital status differences. Continuous quality improvement efforts should be implemented to monitor and improve service delivery. It is crucial for Seva At Home to prioritize customer feedback and work towards providing exceptional home healthcare services that meet the needs and expectations of their customers.

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ANNEXURE

QUESTIONNAIRE

Gender:

Male

Female

Prefer not to say

Age:

Under 18

18-24

25-34

35-44

Marital Status:

Single

Married

Prefer not to say

Educational Level:

Less than high school

High school diploma or equivalent

Some college or associate degree

Bachelor's degree

Employment Status:

Employed full-time

Employed part-time

Unemployed

Self-employed

Retired

Student

Have you used home healthcare services before?

Yes

No

How long have you been receiving home healthcare services?

Less than 6 months

6 months - 1 year

1-3 years

More than 3 years

Prefer not to say

How did you find out about the home healthcare agency?

Referral from a healthcare professional

Online search

Advertisement

Word of mouth

Other

Questions as per objectives :

Question 1: Overall satisfaction with the home healthcare services you have received.

1 - Very Dissatisfied

2 - Dissatisfied

3 - Neutral

4 - Satisfied

5 - Very Satisfied

Question 2: Competence and professionalism of the home healthcare staff.

1 - Very Incompetent and Unprofessional

2 - Incompetent and Unprofessional

3 - Neutral

4 - Competent and Professional

5 - Very Competent and Professional

Objective 2: To determine the common complaints or issues raised by customers regarding home healthcare services.

Question 3: The cleanliness and hygiene maintained by the home healthcare staff.

1 - Very Poor

2 - Poor

3 - Neutral

4 - Good

5 - Very Good

Question 4: The availability and accessibility of support services provided by the home healthcare agency.

- 1 - Very Limited and Inaccessible
- 2 - Limited and Inaccessible
- 3 - Neutral
- 4 - Available and Accessible
- 5 - Very Available and Accessible

Objective 3: To explore the relationship between customer satisfaction and the quality of home healthcare services.

Question 5: Overall quality of care provided by the home healthcare staff.

- 1 - Very Poor
- 2 - Poor
- 3 - Neutral
- 4 - Good
- 5 - Very Good

Question 6: Confidence in the skills and knowledge of the home healthcare staff.

- 1 - Very Low Confidence
- 2 - Low Confidence
- 3 - Neutral
- 4 - High Confidence
- 5 - Very High Confidence

Question 7: Respect and dignity shown towards you by the home healthcare staff.

1 - Very Disrespectful

2 - Disrespectful

3 - Neutral

4 - Respectful

5 - Very Respectful



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