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

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the reward for the award of the degree of

Master of Business Administration (MBA)

in

Development Management

by

Ms. Ojaswi Bidsar

Under the Supervision and Guidance of

Dr. Susmit Jain

2023

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

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the reward for the award of the degree of

Master of Business Administration (MBA)

in

Development Management

by

Ojaswi Bidsar

Under the Supervision and Guidance of

Dr. Susmit Jain

2023

DECLARATION

I hereby certify that the dissertation I have published under the title Study on "Study on customer satisfaction on home health care services at Seva At Home" is an accurate account of the original study I conducted. I certify that it has not been applied for a degree or certificate from any other university or institution. In the text, information obtained from other people's published or unpublished works has been properly recognised.

OJASWI

29th May, 2023

2nd June 2023

To whomsoever it may concern

This is to verify that Ms Ojaswi Bidsar has successfully completed her internship from 1st March 23 to 31stMay 23 with Seva at Home India Pvt Ltd. During her internship she worked on the project **"Customer Satisfaction- Home Health Care Services".**

She was found to be hardworking and sincere during this period. We wish her the very best in all her futureendeavours

For **Seva at Home India Pvt Ltd**

Shalini Gugnani

Ms Shalini Gugnani

Dy General Manager - Human Resource

CERTIFICATE

This is to certify that Ojaswi Bidsar's dissertation, Study on Customer Satisfaction on Home Health Care Services at Seva at Home, is a record of the research work she conducted under my guidance and supervision for the MBA (Development Management) degree requirements at the IIHMR University in Jaipur. Her approach to the research study was sincere, scientific, and analytical.

Dr. Susmit Jain	Dr. Goutam Sadhu
Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date: 29th May 2023	Date: 29th May 2023

ABSTRACT

Submitted By: Ojaswi Bidsar **Guided By: Dr. Susmit Jain**

Roll No. 0012

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

Home health care services are increasingly being offered as an alternative to conventional hospital treatment in recent years. The ageing population, improvements in medical technology, and the desire for individualised care in the convenience of one's own home all contribute to this transition. This survey intends to assess consumer satisfaction with Seva at Home, a prominent supplier of home health care services.

This study's goal is to gauge how satisfied customers are regarding the home health care services offered by Seva at Home. The survey also seeks to determine any potential areas for development and to pinpoint the elements that lead to consumer satisfaction. A mixed-methods research approach will be used to gather both quantitative and qualitative data.

Using a random selection approach, 200 Seva at Home users were chosen as a sample in order to accomplish these goals. Quantitative information on several aspects of customer satisfaction, including responsiveness, dependability, communication, overall overall service quality, was gathered using a standardised questionnaire. A selection of consumers was also subjected to in-depth interviews in order to better understand their perspectives and experiences.

Last but not least, the respondents' poor self-esteem and sentiments of contempt indicate that they need to adjust how they see the standard of care provided by home healthcare experts. Age had no discernible effect, but gender and marital status were shown to be important factors in how people perceived the quality of their treatment. The study underlines how important it is to address these factors in order to improve the quality of care provided in the home healthcare setting. The findings and interpretations make it quite evident that Seva At Home's in-home healthcare services can do more when it comes to client satisfaction. In order to increase care quality, the study underlines the need of addressing staff training, respect, and dignity as well as gender and marital status differences.

To increase client satisfaction, Seva At Home should spend money on training programmes that advance personnel abilities and knowledge, promote respectful and dignified care, and address gender and marital status differences. Activities aimed at continual quality improvement should be carried out to monitor and improve service performance. Seva At Home must focus customer feedback and work to provide excellent in-home healthcare services that meet customers' needs and expectations.

In this research, we looked at customer satisfaction with Seva at Home's home health care services using regression analysis and ANOVA (Analysis of Variance) approaches. ANOVA was used to analyse the effects of many elements on customer satisfaction, including responsiveness, dependability, communication, and overall service quality. ANOVA assisted in determining which elements substantially affected customer satisfaction by looking at the differences and variances between these parameters.

Regression analysis was also utilised to look at the connection between consumer satisfaction and demographic variables including age, gender, and marital status. The results showed that age did not have a significant effect on how people perceived the quality of their treatment, but gender and marital status did. These insights provide Seva at Home important information that it may use to pinpoint areas that need improvement and create focused initiatives to raise client happiness.

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

ACKNOWLEDGEMENTS

On the very beginning of this report, I would like to extend my sincere gratefulness and heartfelt appreciativeness towards all the respected personages who have helped me to attempt this endeavor. Without their active guidance, assistance, cooperation, and motivation, I would not have made advancement in the report. It is a privilege to have a wonderful 90 days (1st March – 31th June) internship in India's leading home healthcare organization. The internship experience I had with the **SEVA AT HOME, GURUGRAM** was a great chance for growth, learning and professional evolution. I am appreciative for this chance and for getting an opportunity to meet such countless brilliant individuals and experts who directed me through this internship.

I would like to take this moment to express my deepest acknowledgment and special recognition to the **Mr. Arun Datta,** Chief Operating Officer, Seva At Home, who despite being outstandingly busy with his work schedule, took time to listen, direct and keep us on the rightful path and permitting us to carry our internship at the organization and guiding throughout the internship.

It is my deepest emotion to place on record my best compliments and deep sense of gratitude to Bold **Ms. Bindiya Reddy,** General Manager, HR, Seva At Home, for providing necessary advice, guidance, and information during every step. I am using this opportunity to admit their contribution delightfully.

I would like to express genuine thanks to **Dr. P.R. Sodani,** President, IIHMR University, Jaipur, for giving me a chance to do Summer Internship. I would like to express my honest gratitude to **Dr Susmit Jain, Faculty Guide & Associate Professor, IIHMR University,** for his support, invaluable instructions, and supervision. This report is the result of his meticulous and generous outlook.

I would also like to express a deep sense of gratitude to the Placement Cell of my esteemed university for guiding me throughout the internship process and for providing time-to-time internship guidelines.

List of Contents

List of Table

List of Graph

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND OF THE STUDY:

Home medical services play an important part in meeting persons' 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 Homes must collect consumer 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 Karma 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 Homes can improve the standard of care offered, fix any flaws, and adjust their service delivery methods by knowing their client's viewpoints.

2. **Personalised 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 personalised and satisfying experience.

3. **Customer Satisfaction:** Gathering feedback allows clients and their loved ones to share their degree of happiness with Seva at Personal's 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 instrument for determining the efficacy of Seva at Personal's 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 analysing feedback information.

Methods of Collecting Customer Feedback:

1. **Surveys:** Seva at Home may create and distribute questionnaires with the goal to collect coordinated input from sufferers 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, Yelp, or the official site of the business.

Customer input is essential for Seva at Home to continuously improve the standard of their residence's medical care. Seva at Home can find areas for development, offer personalised care, raise client happiness, and assess the efficiency of its offerings by proactively collecting and analysing 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.

Importance of customer feedback:

1. **Quality Improvement:** Feedback from clients gives crucial information into the standard of Seva at Home's medical 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 Homes 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 Work encounter. Recognising 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 consumers' 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 Personal 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 customised 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. Consumers 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 utilised 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 Personal's 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 Homes 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, personalise 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's 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 Personal's healthcare services at home. Fixing these concerns as soon as possible reflects the business's commitment to issue resolution and satisfaction with clients.

Methodology 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 cards 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 consumers input cards. 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's 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's 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 Homes 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 candour 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. Bhakti 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 Homes 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 a 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

tabular form including authors (year), study location, sample size, sampling techniques, salient features.

Paper title	Authors	Year	Number of participants	Population characteristics
Client satisfaction with telehealth services in home health care agencies	L. Grant, T. Rockwood, Leif Stennes	2015	859	experimental subjects who received telehealth services (health monitoring and patient safety) and control subjects who received usual care
A study on Hospital based Home Health Care Service and the Level of Client Satisfaction	K. Nam, Kwang Sook, Koh Hyo Jung, Kim Myung Ae, P. Ja, Shin Yeong Hee, Lee Byung Sook, L. K. Hee, Seo Hanng Suk	2000	138	138 respondents
[Quality of life and level of satisfaction of elderly persons receiving home health care: a cross-sectional study].	M. Ferrara, E. Langiano, Domenico Crispino, Mario De Vendictis, E. De Vito	2015	500	elderly persons receiving home health care
Patient satisfaction in home health care.	Said Abusalem, John A Myers, Y. Aljeesh	2013		
Satisfaction with Hospital at Home Care	B. Leff, L. Burton, S. Mader, B. Naughton, J. Burl, R. Clark, W. Greenough, S. Guido, D. Steinwachs, J. Burton	2006		patients who received treatment in a physician-led substitutive Hospital at Home program and those who received usual acute hospital care
[Design and validation of a home care satisfaction	J. M. Morales Asencio, C. Bonill de Las Nieves, Miriam Celdrán Mañas, J. C. Morilla	2007		population using home care services in the health districts of Malaga, Costa del Sol,

questionnaire: SATISFAD].	Herrera, F. M. Martín Santos, E. Contreras Fernández, Mercedes San Alberto Giraldos, José Castilla Soto			Almeria and Granada (Spain)
[Customer satisfaction in home care: methodological issues based on a survey carried out in Lazio].	A. Pasquarella, M. Marceca, S. Casagrande, D. Gentile, D. Zeppilli, N. Buonaiuto, M. Cozzolino, G. Guasticchi	2007	30	30 home care beneficiaries

Give page numbers..

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's 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.

CHAPTER 4

RESULT AND DISCUSSION

4.1 Frequencies

Gender:

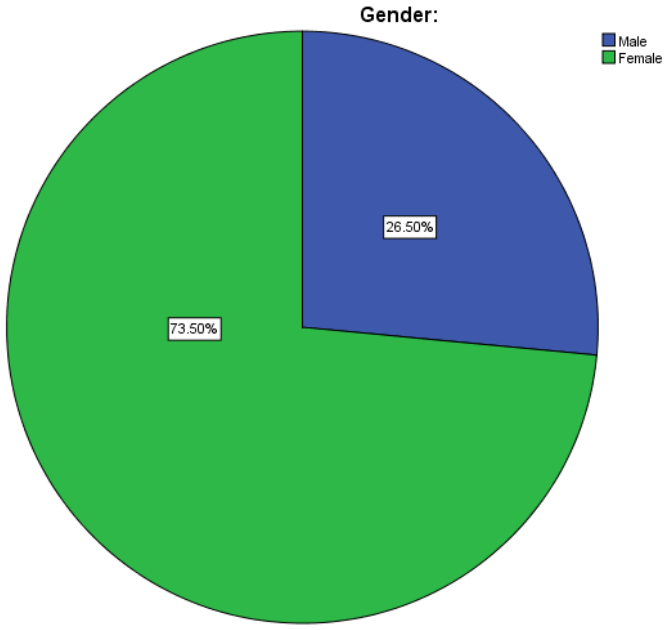


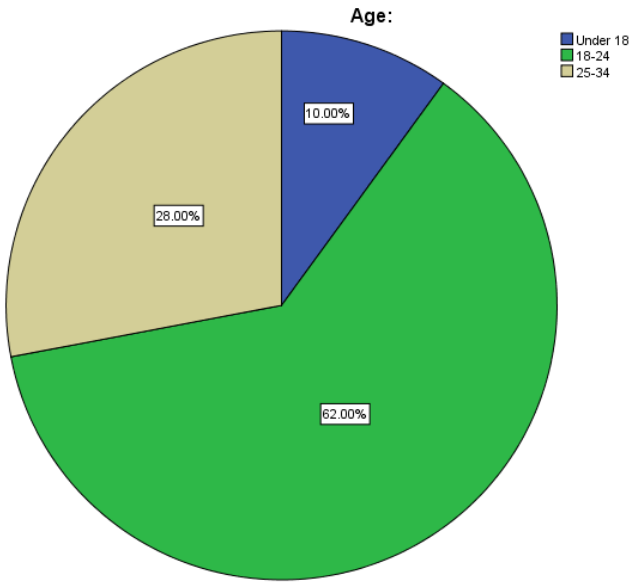
Fig 4. 1 **Gender of Respondents**

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:



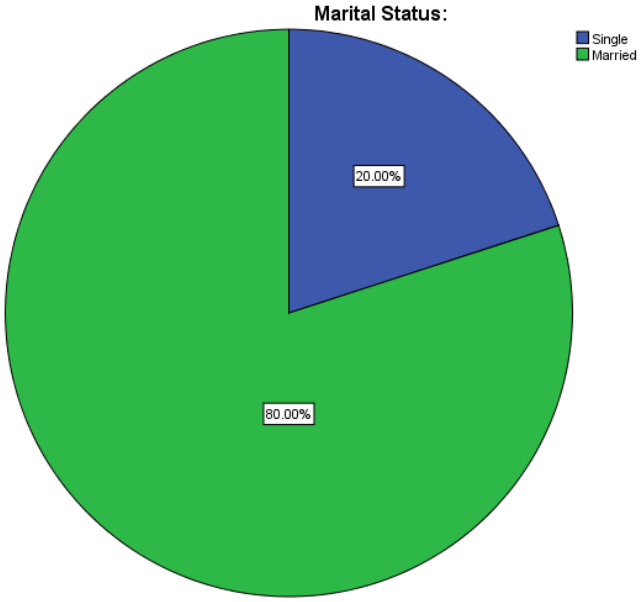
Graph 4. 2 Age of the Respondent

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:



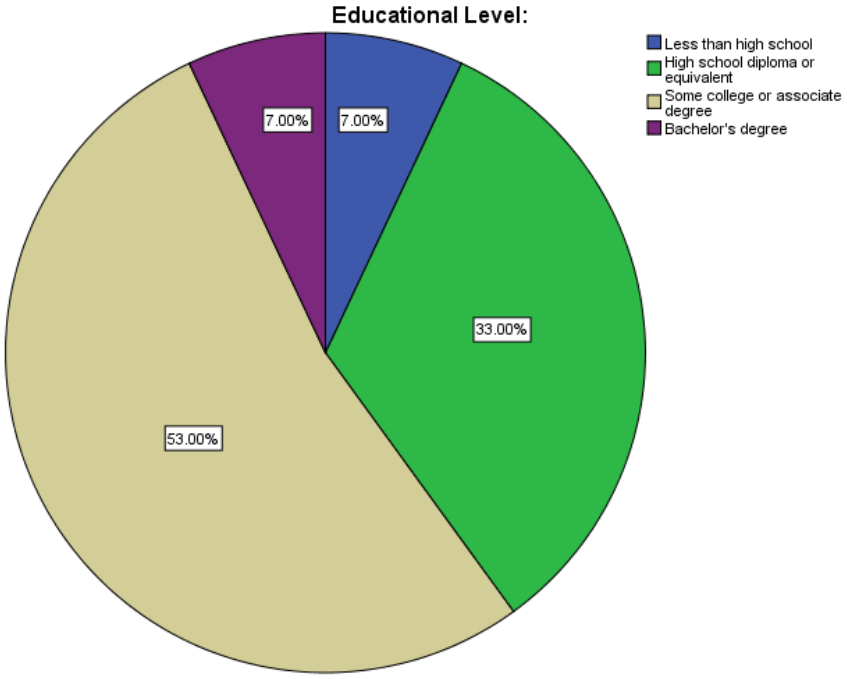
Graph 4. 3 Marital Status of the Respondent

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

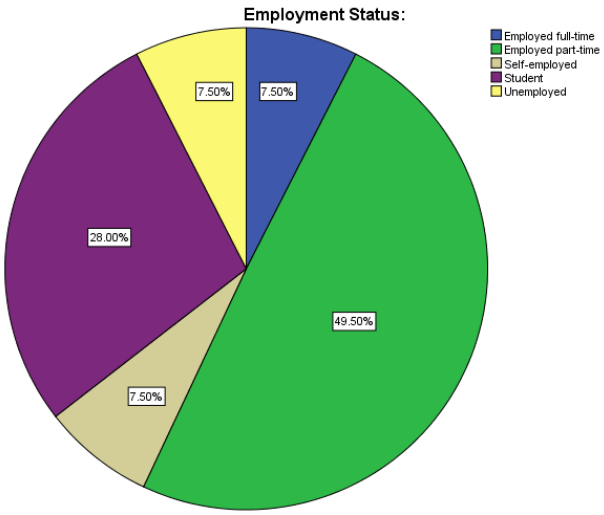
The provided information presents the frequency and percentage distribution of educational levels in the dataset. Here's the breakdown:

- 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

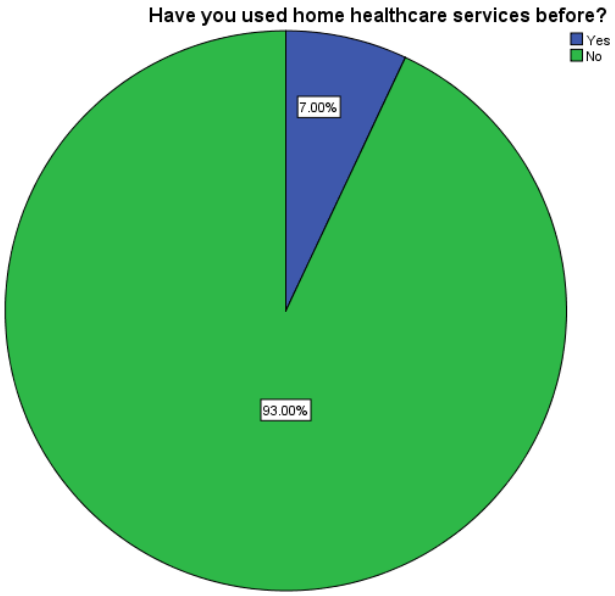
The provided information presents the frequency and percentage distribution of employment statuses in the dataset. Here's the breakdown:

- 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?



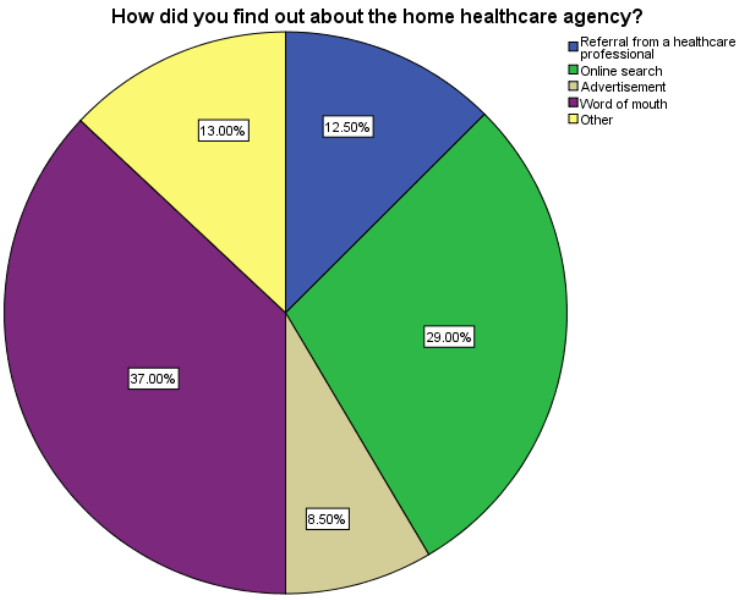
Graph 4. 6 ave you used home healthcare services before?

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?

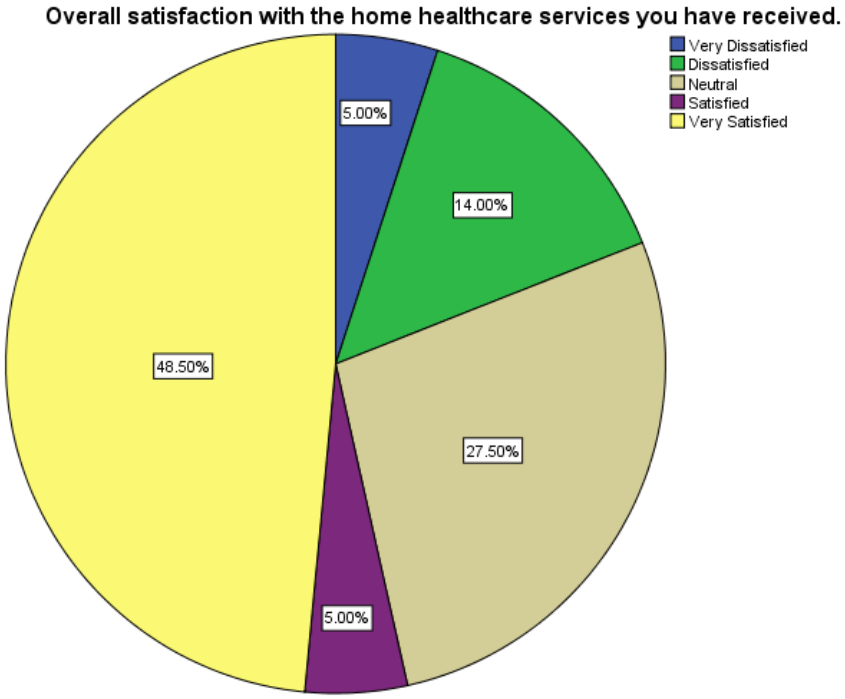
The provided information presents the frequency and percentage distribution of how individuals found out about the home healthcare agency in the dataset. Here's the breakdown:

- 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

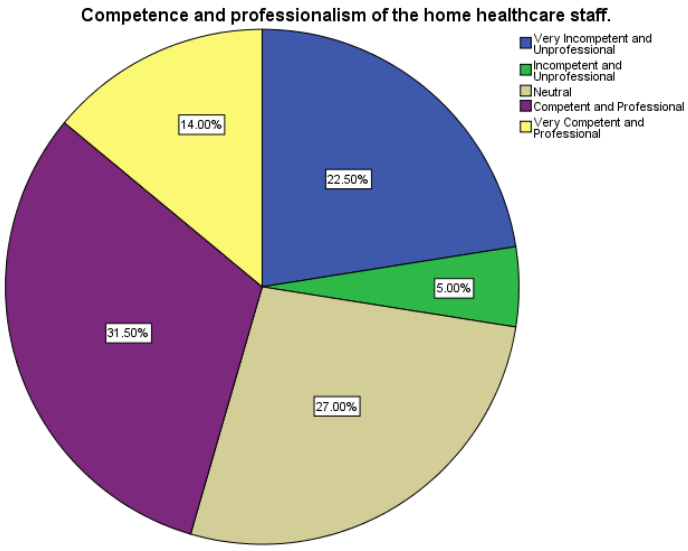
The provided information presents the frequency and percentage distribution of overall satisfaction with the home healthcare services individuals have received in the dataset. Here's the breakdown:

- 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

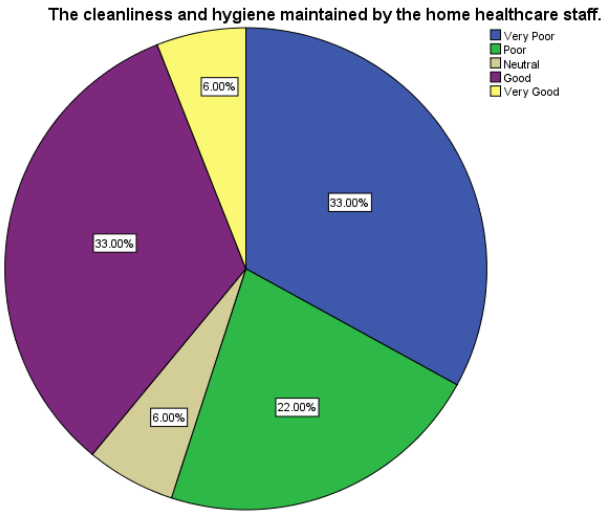
The provided information presents the frequency and percentage distribution of the competence and professionalism of the home healthcare staff in the dataset. Here's the breakdown:

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

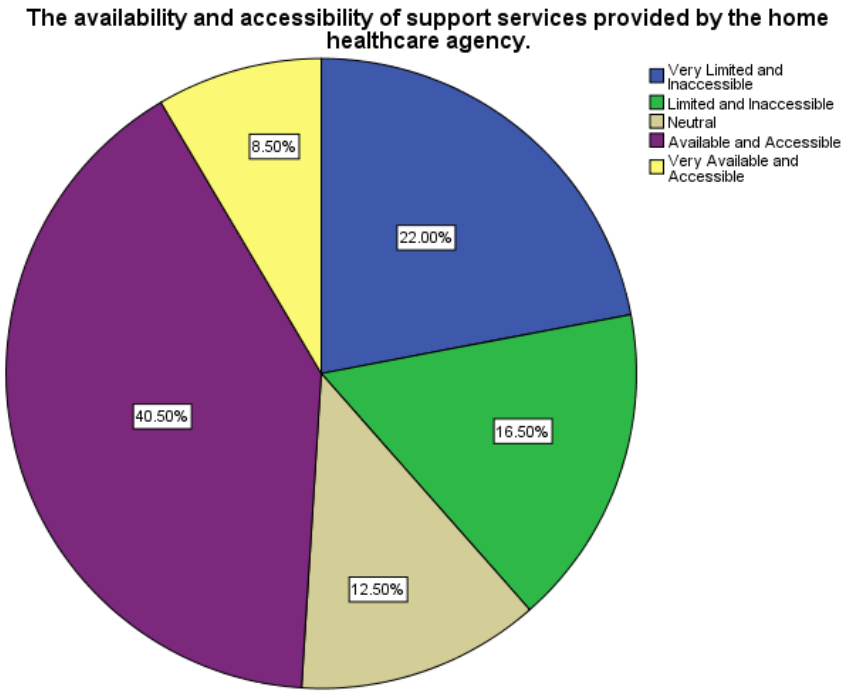
The provided information presents the frequency and percentage distribution of the cleanliness and hygiene maintained by the home healthcare staff in the dataset. Here's the breakdown:

- 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.



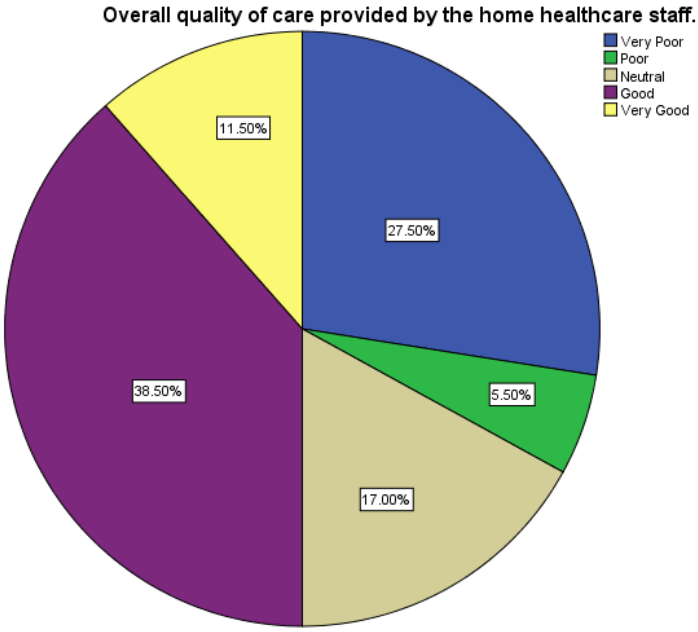
Graph 4. 11 The availability and accessibility of support services provided by the home healthcare agency

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.

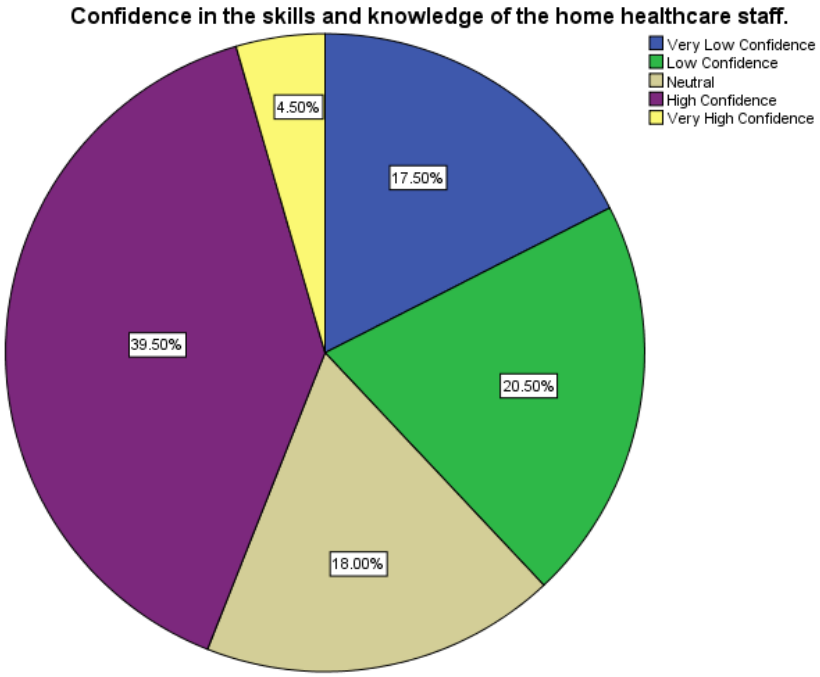


Graph 4. 12 Overall quality of care provided by the home healthcare staff

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.

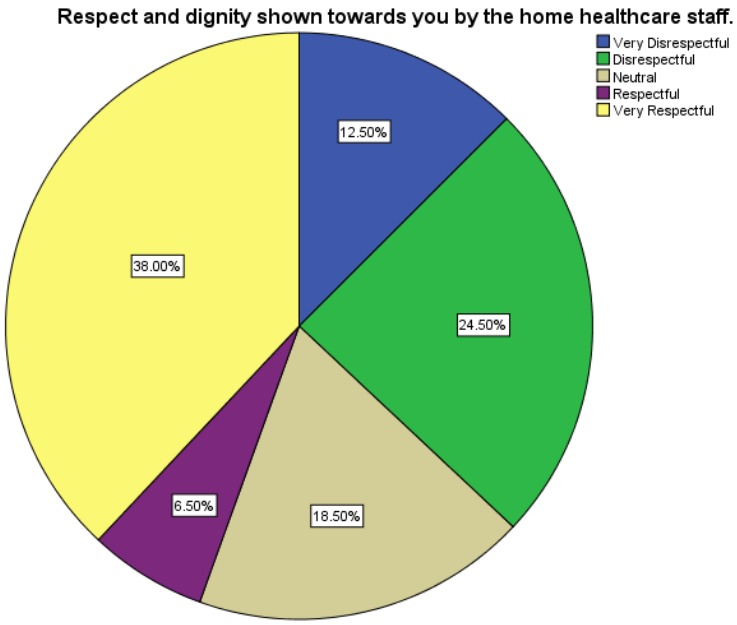
The provided information presents the frequency and percentage distribution of the confidence in the skills and knowledge of the home healthcare staff in the dataset. Here's the breakdown:

- 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 your 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 your 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 your 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 R 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 ho 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			

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		Standardized 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

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 (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:

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

2. 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%).

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

4. 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%).

5. 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%).

6. 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.

7. 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.

8. 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%).

9. 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.

10. 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.

11. 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%).

12. 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.

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

14. 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.

15. 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.

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

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

18. 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

19. 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 extensive training programmes to enhance the abilities and education of the personnel providing home healthcare.
2. Foster Respectful and Dignified Care: Implement guidelines and rules that encourage staff members to treat patients with respect and dignity.
3. Monitor and Address Gender and Marital Status Differences: To comprehend and resolve the disparities in perception depending on gender and marital status, further study should be done
4. Continuous Quality Improvement: Create a strong system for ongoing quality improvement that includes frequent customer feedback surveys and procedures for quickly resolving problems that are discovered..

LIMITATIONS

1. Sample Size: 200 participants made up the sample size for the analysis, which may not accurately reflect the whole consumer population.
2. Self-Reported Data: The use of self-reported data raises concerns about response bias as well as subjective interpretations.
3. Generalizability: The results and recommendations may not apply to other companies that provide home healthcare services or to areas in other countries.

CHAPTER 7

CONCLUSION

In conclusion, respondents' low confidence and experiences of disrespect suggest that there is room for improvement in their assessment of the care quality offered by home healthcare professionals. Age had no discernible effect on these judgements of care quality, while gender and marital status were revealed to be important influences. The research emphasises how critical it is to address these issues in order to improve the quality of care delivered in the home healthcare environment. It is clear from the results and interpretations that consumer satisfaction with offered home healthcare services has to be improved. The research highlights the significance of addressing gender and marital status disparities, staff training, respect, and dignity, as well as these other issues in order to improve the quality of care.

Seva At Home should fund training initiatives to advance staff knowledge and abilities, advance respectful and dignified care, as well as tackle gender and marital status variations in order to increase client satisfaction. To track and enhance service performance, ongoing quality improvement initiatives should be used. 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.

REFERANCES

1. Centers for Medicare and Medicaid Services. (2020). Home Health Services. Retrieved from https://www.cms.gov/Medicare/Home-Health-Compare
2. De Geest, S., Moons, P., Callens, B., Gut, C., Lindpaintner, L., & Spirig, R. (2008). Introducing advanced practice nurses/nurse practitioners in home care services: a framework for reflection and action. Journal of advanced nursing, 64(4), 426-437.
3. Lee, Y., Lee, J. H., Kim, J. Y., & Kim, H. S. (2016). A meta-analysis of the predictors and consequences of satisfaction in healthcare. Journal of Nursing Scholarship, 48(3), 233-242.
4. O'Brien, J. L., & Murray, K. E. (2019). Ethical considerations for research involving human subjects. Handbook of research methods in health social sciences, 103-117.
5. Leff, B., Burton, L., Mader, S., Naughton, B., Burl, J., Clark, R., … Burton, J. R. (2006). Satisfaction with hospital at home care. Journal of the American Geriatrics Society, 54(9), 1355–1363. https://doi.org/10.1111/j.1532-5415.2006.00855.x
6. Abusalem, S., Myers, J. A., & Aljeesh, Y. (2013). Patient satisfaction in home health care. Journal of Clinical Nursing, 22(17–18), 2426–2435. https://doi.org/10.1111/j.1365-2702.2012.04211.x
7. Grant, L. A., Rockwood, T., & Stennes, L. (2015). Client satisfaction with telehealth services in home health care agencies. Journal of Telemedicine and Telecare, 21(2), 88–92. https://doi.org/10.1177/1357633X14566589

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

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

Question 3: Timeliness of service delivery by the home healthcare provider.

1 - Very Slow and Delayed

2 - Slow and Delayed

3 - Neutral

4 - Prompt and Timely

5 - Very Prompt and Timely

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

Question 4: The effectiveness of communication between you and the home healthcare provider.

1 - Very Ineffective

2 - Ineffective

3 - Neutral

4 - Effective

5 - Very Effective

Question 5: The cleanliness and hygiene maintained by the home healthcare staff.

1 - Very Poor

2 - Poor

3 - Neutral

4 - Good

5 - Very Good

Question 6: 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 7: Overall quality of care provided by the home healthcare staff.

1 - Very Poor

2 - Poor

3 - Neutral

4 - Good

5 - Very Good

Question 8: 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 9: Respect and dignity shown towards you by the home healthcare staff.

1 - Very Disrespectful

2 - Disrespectful

3 - Neutral

4 - Respectful

5 - Very Respectful