PATIENT AS A SOURCE OF RECOMMENDATION AND ITS INFLUENCE ON ANOTHER PATIENT'S LOYALTY TO THE PHYSICIAN: AN EXPLORATORY EMPIRICAL STUDY

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ABSTRACT

In an ever growing competitive business world, every entrepreneur needs to worry about his client's loyalty as they contribute directly to the profitability of the business. The present study is carried on to address mainly two issues. One, to find out whether the friends, relatives and colleagues who recommend a patient to take treatment from a particular physician, have themselves experienced the service of that physician. The findings report that about 55.16% of the recommending patients had experience with the service of the physician. The second issue addressed by this study is to know whether a patient as a source of recommendation has any influence on the loyalty of the other patient to the physician. The study confirms this aspect and it is concluded that a patient who avails the services of a physician as a result of recommendation by another patient is more loyal than one who comes through other sources. This study supports the "Tie-Strength Relationship Model" of Brown and Reingen (1987), and provides a theoretical extension to this model, that strong tie sources besides influencing the choice of a physician also influence the patient's loyalty to the physician. Implications for the physicians are that they should maintain and make more loyal their present patients in order to get new loyal patients. Probable extension of this research is also discussed later in the paper.

INTRODUCTION

Keeping a customer and ensuring satisfaction is crucial for all service firms no matter what is the size of the firm. The key to success for many of the businesses lies in their ability to maintain a base of loyal customers. Dissatisfied customers don't come back and when they go to the competitor they take their friends with them. It is therefore of utmost importance for those in the business of "service production and delivery" to build and maintain a strong base line of strongly loyal customers.

It is evident from the existing literature that customer satisfaction leads to customer loyalty (Heskett, Jones, Loveman, Sasser and Schlesinger, 1994), and customer loyalty in turn leads to increased profits. A reduction in customers' defections of 5% can boost profit by 25% to 85% in various organizations (Reicheld and Sasser, 1990).

Loyalty is thus important and generates profitability over time as it reduces operating cost per customer, leads to more spending by the customers over time, and provides free advertising from loyal customers by way of positive word of mouth.

In healthcare, patient loyalty to the physician can be traced back to ages where the family physician was considered as the healer of the family and the whole family depended on the physician for their health needs and at times as regards other family matters. The physician-patient relationship has evolved over time and has more so, adopted a business outlook making the physician and the patient amenable to business like transactions where loyalty of the patient (Customer) to the physician (Service Provider) becomes a deciding factor for the success and growth of the physician's practice.

Patients choose the best physician available and affordable according to them to take treatment for their ailment based on the information they get from various sources. Similarly a patient may be recommended by others like family members, relatives, friends and colleagues to take treatment from a particular physician or a physician may recommend the patient to another physician who is an expert. Past research has reported recommendations from friends and relatives as a major factor affecting the patient's decision making in selection of a physician. (Hoerger and Howard, 1995, Lupton, Donaldson and Lloyd, 1997). However, whether source of recommendation is an important determinant of patient satisfaction and loyalty to a physician remains unanswered.

RESEARCH PROBLEM

In a high involvement and credence type service like the health care service, where the patient does not have the technical ability to judge what exactly is being received from the physician, the patient relies heavily on other cues and the process dimension of the service delivery to evaluate and form his opinion about the service. Source of recommendation is one such cue which gives the first hand information to the patient based on which the patient makes his choice of the physician to take treatment. Further, the patients are more likely to rely on personal sources than impersonal sources to form their opinion.

In a separate research involving personal interviews with patients it was observed that most of the patients consulted a particular physician because some of their friends, relatives or colleagues had recommended that they consult that particular physician. Some patients also stated that they would continue to consult the same doctor as long as their friend/relative/colleague continues to consult that physician. The influence of friend/relative/colleague in selection of a physician is thus evident. However whether this friend, relative and/or colleague who recommend were the patients of the same physician or not is a question which subsequently cropped up. Similarly whether the patients showed any loyalty to the physician because of the influence of recommendation from friends, relatives or colleagues is not known.

A review of the existing literature suggests that the personal recommendation is an important source in selection of a service provider. Recommendation was the method for selecting a new service supplier in about 50% of the cases studied (Keaveney 1995). Studies specific to health care services suggest it is similar in selection of a physician. Personal recommendations (family and friends) are the source most frequently used in the selection of a dentist. (Barnes and Mowatt, 1986). Reports by Cody (2000), state that 46% of dental patients attributed their selection of the dentist to recommendation. Patients rely heavily on recommendations from family and friends while choosing a doctor (Hoerger and Howard, 1995, Lupton, Donaldson and Lloyd, 1997). Similarly, the most frequently used cue by

the majority of patients in selecting Doctors and Dentists was "Personal Referral" (F. G. Crane and J. E. Lynch, 1988).

The "Tie-Strength Relationship Model" of Brown and Reingen (1987), categorises the 'word of mouth' (WOM) recommendation sources according to the closeness of the relationship between the decision maker and the recommendation source, or the tie strength. Tie strength relationship is defined as "strong" if the source is someone who knows the decision-maker personally. Whereas the tie strength is defined as "weak" if the source is merely an acquaintance or one who does not know the decision-maker at all.

As per the "Tie-Strength Relationship Model", weak-tie sources which are more likely to have greater expertise, appear to be conducive to the flow of information, whereas strong-tie sources, which have a personal relationship with the decision maker, are more conducive to the flow of influence.

This model puts forth that strong-tie sources influence the initial choice of the service provider. However, whether the strong-tie sources will influence or not, the satisfaction and loyalty of the customer to the service provider is not understood. More specifically, whether these strong-tie sources will have any influence on the patient loyalty to the physician in health care services is not understood.

All the above studies suggest that personal recommendation from friends, relatives and colleagues play an important role in the initial selection of the physician. However none of these studies have addressed these two important questions; (1) whether the people (friends and relatives) who recommend, have experienced the services of the physician whom they are recommending? And, (2) whether the source of recommendation will have any influence on a patient's satisfaction and loyalty to the physician? These questions are an important gap in the existing literature.

This paper therefore proposes the following hypotheses and tests the same empirically in order to understand whether source of recommendation has any influence on the patient's loyalty.

Hypothesis 1
• A patient, receives recommendations about a

doctor more from friends and relatives who are the patients of that physician than from other sources.

Hypothesis 2

• A patient, who avails the services of a physician as a result of recommendation by another patient, is more loyal than one who comes through other sources.

LOYALTY CONSTRUCT

Consumers become loyal in four phases: in the cognitive sense first (Cognitive loyalty), then later in affective sense (affective loyalty), still later in a conative manner (conative loyalty) and finally in a behavioral manner, which is described as action loyalty (Oliver 1997). Various definitions for loyalty in the literature address one or more of these phases. Brand Loyalty is defined as a positively biased emotive, evaluative and/or behavioral response tendency toward a branded, labelled or graded alternative or choice by an individual in his capacity as the user, the choice maker, and/or the purchasing agent (Sheth and Park, 1994). Customer loyalty is the feeling of attachment to or affection for a company's people, products, or services (Jones and Sasser, Jr., 1995). Loyalty is defined as repeat purchasing frequency or relative volume of same-brand purchasing (Tellis 1988). Loyal customers are those who rebought a brand, considered only that brand, and did no brand-related information seeking (Newman and Werbel, 1973). Loyalty is defined as a deeply held commitment to rebuy or repatronize a preferred product/service consistently in the future, thereby causing repetitive same-brand or same brand- set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior (Oliver, 1997). Loyalty is conceptualized as the relationship between the relative attitude toward an entity (brand / service / store / vendor) and repeat patronage (Dick and Basu 1994). Loyalty to the service provider is conceptualized in terms of repeat patronage, switching behavior, word-of-mouth recommendations and complaints. i.e. A loyal customer is one who will repatronize a service, will recommend the provider to others, will not switch to

another provider, and will not complain (Shamdasani and Balakrishnan , 2000).

MEASURE FOR LOYALTY CONSTRUCT AND VALIDATION

For this research the measure for the Loyalty construct and its operationalisation has been borrowed from Shamdasani and Balakrishnan (2000). The construct of Loyalty is operationalised by multi-item measure using 5-point Likert scales ranging from 1=strongly disagree to 5=strongly agree. The loyalty scale consisted of 4 items operationalised from definitions of consumer loyalty and service loyalty found in research by Bitner (1990) and Dick and Basu (1994) and the unidimensionality and internal consistency of this measure was assessed using single factor analysis with Principle components and Cronbach's alpha. (Cronbach's alpha = 0.83).

The four items included were;

I will continue to consult my present doctor in future.

I will switch to another doctor in future. (Reverse scored)

I will recommend my doctor to my friends and family members.

I will complain about my doctor to others. (Reverse scored)

RESEARCH METHOD

Qualitative Research

The study is taken up in two phases consisting of qualitative research and quantitative research.
The first phase of the research (which formed part of a bigger research) was an exploratory qualitative study involving data collection from the patients in personal interviews. In all, personal interviews with 55 patients were conducted with the objective to find out how patients choose a physician. The list of patients for personal interviews was prepared by randomly taking names and addresses of patients

from the physician's appointment diary, which almost all the physicians maintain. The respondent sample of patients consisted of those patients who came to take treatment for any of the chronic ailments like cardiac problems, asthma cases, diabetes, etc.

The personal interviews were conducted with the patient respondents at their residence or at the place of work as per their convenience. Meeting the patients at the physician's clinic was deliberately avoided. This was necessary to avoid any bias in response that could have cropped up in the mind of the respondents, had the interviews been taken at the clinics.

Quantitative Research

Development of the Survey Instrument. The observations and findings from the personal interviews served as input for designing a structured questionnaire, which was administered to test the hypotheses generated. A multiple-choice question giving the probable sources of information through which a patient might have learned about the physician was employed. Those respondents who gave the answer as recommendation by a friend, relative or colleagues were also asked whether these friends, relatives and colleagues are the patients of the same physician.

This questionnaire was discussed among academicians for their opinion and suggestions, and the suggested changes were incorporated and the questionnaire refined accordingly.

Pre-test of the Questionnaire. The questionnaire developed was pre-tested with a few patients mainly to ascertain whether the words and phrases used in the questionnaire convey the same meaning as the researcher wanted to convey and also to check whether there was a smooth flow of questions. There were no major difficulties encountered by the respondents and only minor changes of some words were incorporated and the corrected questionnaire was implemented.

Sample Selection and Data Collection. The study is restricted to patient respondents taking treatment for chronic ailments such as cardiac

problems, asthma, and diabetes from physicians having private practice only. These are ailments which cannot be treated completely but can be only managed/controlled through rest of the life of patient and for this reason the patient has to repeatedly consult a physician for regular check up and proper management of the ailment. People in general do not like repeat medical services as no one wants to be sick again. The chances of a patient being loyal to a physician, or that of switching physicians to take treatment from, are much more in this type of chronic segment. It was therefore felt appropriate to choose the chronic ailment segment (cardiac, asthma, and diabetes) for the study.

The questionnaire was administered to a sample of 194 such patient respondents who were selected by taking their names and addresses from the appointment diary of the physicians having a very good practice. It was initially decided to take an average of 10 patients per physician from about 25 physicians, which would make about 250 patient respondents. This was proposed in order to get a fair representation of the population. However some physicians refused to give the appointment diary and disclose the names of their patients and as such the researcher had to depend on whatever names and addresses could be obtained from 19 physicians.

In all the questionnaire was administered to 194 patients by meeting them personally at their residence or place of work as per the convenience of the respondents and the questionnaires got filled in.

Data Analysis and Interpretations

The data from the 194 filled in questionnaires was tabulated and analysed by using SPSS10.0 version. The main analysis done is the chi-squared test of significance and symmetric measures phi value. Cramer's V and contingency coefficients are calculated to assess the relative strength of association between source of recommendation and patient loyalty.

Recommendations by Friends, Relatives and Colleagues who have Experience. Table 1 gives the breakup of patients who have availed the services of a physician on recommendation by another patient and of those who have chosen the

Table 1
Recommendations by Friends, Relatives and Colleagues who have Experience and the Patient Loyalty

HIGHLOYL * PATRECCO Crosstabulation
Count

		PATRECCO		Total
		patrecco	Nonpat	
HIGHLOYL	highloyl	99	49	148
	lowloyl	8	38	46
Total		107	87	194

Where: HIGHLOYAL = high loyalty, PATRECCO = patient recommendation, Nonpat = Non patient recommendation.

physician through other sources. It may be seen that 55.16% of the patients have availed the services of a physician on recommendation of friends, relatives and colleagues who are the patients of the same physician. Whereas a lesser number i.e. 44.84% of the patients have availed the services of a physician based on other sources.

It is thus concluded that a majority of recommendations a patient receives about a physician are from friends, relatives and colleagues and these friends, relatives and colleagues are those who have experienced the services of that physician. It is quite natural for a patient to rely more on the advice and recommendation of an experienced person rather than the advice of a person who has no experience.

Test of Significance. Test of significance between patient loyalty and the source of recommendation was done by using the chi-squared test. The hypotheses that is tested is "A patient, who avails the services of a physician as a result of recommendation by another patient, is more loyal than one who comes through other sources".

Table 2 gives the results of the chi-square test. As may be seen from the table that the Pearson chi-squared value is 34.765 which is much above the table value of chi-square for 1 degree of freedom and the significance level of 0.05 which indicates that the source of recommendation is very much significant in determining patient loyalty. As such it

may be concluded that a patient who avails the services of a physician as a result of a recommendation by another patient is more loyal than one who comes through other sources.

To assess the relative strength of association between patient loyalty and source of recommendation we calculated the Phi value (0.423), the Cramer's V (0.423) and the contingency coefficient (0.390) at the significance value of 0.05, which indicates a strong relationship between the patient loyalty and the source of recommendation (Table 3).

It is thus concluded that the source of recommendation plays a significant role in deciding patient loyalty and there is a strong association between patient recommendation as a source of recommendation and patient loyalty. The second hypothesis "A patient, who avails the services of a doctor as a result of recommendation, by another patient, is more loyal than one who comes through other sources" is thus supported and therefore accepted.

These findings above support the "Tie-Strength Relationship Model" of Brown and Reingen (1987), and also provide a theoretical extension to this model, that strong-tie sources besides influencing the choice of a physician, also influence the patient's loyalty to the physician. Patients tend to rely on trusted and experienced people rather than mere acquaintances and non-experienced people, not only in initial choice but also in continue patronizing the

Table 2
Chi-Square Test of Loyalty and Patient Recommendation

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	34.765	1	.000		
Continuity Correction	32.792	1	.000		
Likelihood Ratio	36.425	1	.000		
Fisher's Exact Test			.	.000	.000
Linear-by-Linear Association	34.586	1	.000		
N of Valid Cases	194				

a. Computed only for a 2x2 table
b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.63.

Table 3
Symmetric Measures to Assess the Strength of Association

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.423	.000
	Cramer's V	.423	.000
	Contingency Coefficient	.390	.000
No of Valid Cases		194	

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

services of the same physician.

CONCLUSIONS AND RECOMMENDATIONS

A patient is a vulnerable customer who even after experiencing the service is not able to judge as to what he getting from the physician. The patient does not have the technical knowledge to assess the quality of the service and hence relies more on other cues. Similarly the perceived high risk level involved in the process as well as the high personal nature of the service, makes the patient rely more on the advice and recommendation of trusted and close acquaintances such as friends, relatives or colleagues, who have experienced the service of that physician, in selection of the physician and thereafter in continuing the treatment with the same

physician.

The main findings of the study are;

• The major source a patient relies upon to choose a physician is the recommendations from friends, relatives and colleagues. The majority of these friends, relatives and colleagues who recommend the patient to consult a particular physician have experienced the service of that physician.

• The source of recommendation plays a significant role in deciding patient loyalty and there is a strong association between patient recommendation as a source of recommendation and patient loyalty. In other words, a patient, who avails the services of a physician as a result of recommendation by another patient, is more loyal than one who comes through other sources.

In an increasingly competitive market, the findings from this study are an important indication for the practicing physician to maintain a healthy and growing practice. All physicians are service entrepreneurs and the findings from this study will serve as a very good marketing strategy, which lays emphasis on the importance of the current patients as a potential source of getting new patients. It thus tells the practicing physician that completely satisfying and retaining the current patients is most important for maintaining his practice. Emphasis should thus be laid in maintaining the present loyal patients and making them more loyal to get new loyal patients.

IMPLICATIONS FOR FUTURE RESEARCH

Having understood that recommendations by patients play an important role in getting new patients and also that recommendations influence patient loyalty it becomes necessary to know the reasons why patients recommend and how often. These reasons could be attributed to many aspects such as the personality of the patient who recommends, factors associated with the physician, relationship with the person to whom he is

recommending, or any other factors. Understanding these reasons will help the physicians to frame strategies, which may be directed towards motivating the patient to recommend more people and more often.

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Appendix I
Questionnaire to Doctors in Personal Interviews

1. What are the ailments that you treat the most?
2. How would you classify/ categorize your patients?
3. What is the concept of patient satisfaction to you?
4. When do you feel your patients are satisfied?
5. What according to you are the factors that make patients satisfied/dissatisfied?
6. What is the concept of patient loyalty to you?
7. When would you say a patient is loyal to you?
8. Generally what type of patients are more loyal?
9. According to you what factors make a patient loyal to the doctor?
10. What characteristics of the doctor do you feel are important for building patient loyalty?
11. According to you what are the characteristics of the patient that influence his loyalty to a doctor?
12. What personal efforts do you take to build patient loyalty?
13. What according to you could be the probable reasons for the switching of patients from one doctor to another?
14. Where do you feel the defected patients go? Do they come back any time?
15. Kindly comment on doctor – patient relationship?

Appendix II
Questionnaire to Patients in Personal Interview

1. When did you last consult your physician for your health reasons?
2. Would you please tell me in brief about your ailment and the treatment you take?
3. Prior to this physician did you consult any other physician for a similar problem? If yes;
    i) Please give details
    ii) For how long were you consulting this Physician?
    iii) Why did you switch from this physician?
4. How did you come to know about the present physician?
5. For how long are you consulting the present Physician?
6. Why did you choose this particular physician, and not some other physician?
7. What are your expectations from the physician?
    -Which of these expectations are fulfilled by the physician?
8. Are you satisfied consulting this physician?
    -What factors have contributed to your satisfaction/dissatisfaction ?
9. What characteristics of this physician do you like?
    -What characteristics of this physician you don't like?
    -Did the physician give you any advise?
    -What you feel about it?
    -Did the physician talk anything besides diagnosis and treatment? Please specify what?
    -What do you feel about this?
10. Approximately how much time did the physician give to you inside the clinic?
    -What do you feel about this?
11. Did you have a prior appointment with the physician? Yes/no
    -Approx. for how long you had to wait outside the clinic for your turn to come?
    -What do you feel about it?
    -What did you do during the waiting time?
12. How many kinds of medicines did the physician prescribe?
    -What do you feel about this?
    -Did you find the medicines costly?
13. Do you feel you are loyal to your physician?
    -What factors have made you loyal to the physician?
14. Would you consult this physician again? If no, Why?
    -What in case of any other ailment? Why?
    -What in case the physician increases his fees? Why?
    -For a similar illness with any family member would you consult this physician? Why?
15. Would you recommend this physician to others to take treatment from? Why?
16. Are you aware of any social activity of the physician? Please specify?
    -How has it affected your opinion about the physician?
17. In your opinion what should be the relationship between the physician and the patient?
    -What role should a physician play to build a healthy patient–physician relationship?

-What role should a patient play to build a healthy patient–physician relationship?

-What is the relationship between you and your physician?

18. In your opinion, why do patients prefer a particular physician to others?

19. What are the reasons why patients switch from one physician to another?

20. What characteristics should a physician possess in general?

21. What should be a reasonable fee to be charged by a physician?

    -What do you feel about the fees charged by your physician?

22. Think of a time/incidence when, as a patient, you had a particularly satisfying/dissatisfying interaction with the doctor that has affected your opinion about the doctor.

• When did the incident happen?

• What specific circumstances led up to this situation?

• Exactly what did the doctor say or do?

• What resulted that made you feel the interaction was satisfying/dissatisfying?

• How has it affected your opinion about the doctor?

23. Details of the respondent

• Age:

• Sex:

• Religion:

• Education

• Employment status/Income/Economic Status

• Family structure

Appendix III
Final Questionnaire to the Patients in Quantitative Study

Q1. On whose recommendation did you first consult your present doctor? (Tick your response)

(i) A friend/colleague recommended to consult this doctor

(ii) A relative recommended to consult this doctor

(iii) The doctor is well known

(iv) Another doctor referred me to this doctor

(v) Through advertisements/publicity

(vi) The doctor had treated someone in the family in the past

(vii) Any other - please specify

If answer above is (i) or (ii) then answer question (a) below or else go to next question.

a) Is your friend/colleague/relative

(i) a patient of the same doctor

(ii) a patient of some other doctor

(iii) a care giver / companion to a patient

(iv) any other – please specify

Q2. Besides you, is the doctor treating any of your family members?   YES / NO

IF YES Who?

Q3. Approximately how much time does the doctor spends with you inside the clinic? (Tick any one)

(i) Very little time

(ii) Less than normal time

(iii) Normal time

(iv) More than normal time

(v) Too much time

Q4.(a) How many different medicines does the doctor prescribe per consultation? (Tick any one)

(i) Too few medicines

(ii) Less than normally prescribed medicines

(iii) Normally prescribed medicines

(iv) More than normally prescribed medicines

(v) Too many medicines

(b) What is your opinion about the cost of the medicine prescribed? (Tick any one)

(i) Too expensive

(ii) More than normal cost

(iii) Normal cost

(iv) Less than normal cost

(v) Not at all expensive

Q5. What is the fee charged by the doctor per consultation? (Tick any one response)
(i) Very less fee
(ii) Less than normal fee
(iii) Normally charged fee
(iv) More than normal fee
(v) Too much fee

Q6. (a) Do you get medical reimbursement from your employer?   YES / NO
     (b) Is this doctor on your company's approved list of doctors?   YES / NO
     (c) Do you have any medical insurance policy?   YES / NO

Q7. Please express your experience with the Doctor in terms of statements given below. (Please mark your response on the scale given against each statement)

Where, SD = _Strongly Disagree_, D = _Disagree_, U = _Undecided_, A = _Agree_, SA = _Strongly Agree_.

(1)	The doctor is very strict with me as regards my treatment	SD	D	U	A	SA
(2)	The doctor is freely accessible	SD	D	U	A	SA
(3)	The doctor does accurate diagnosis	SD	D	U	A	SA
(4)	The doctor emphasises that I follow a particular lifestyle	SD	D	U	A	SA
(5)	I have full confidence in my doctor	SD	D	U	A	SA
(6)	The doctor's approach towards me is friendly	SD	D	U	A	SA
(7)	The doctor explains in detail various aspects about the ailment and the treatment	SD	D	U	A	SA
(8)	The doctor recognises me as his regular patient	SD	D	U	A	SA
(9)	The doctor is very caring	SD	D	U	A	SA
(10)	The doctor calls me by my name	SD	D	U	A	SA
(11)	The doctor himself is very confident about my recovery	SD	D	U	A	SA
(12)	The doctor enquires about my health when I enter the clinic	SD	D	U	A	SA
(13)	The doctor is willing to answer any of my questions	SD	D	U	A	SA
(14)	I will continue to consult my present doctor in future	SD	D	U	A	SA
(15)	The doctor gets angry at me if I do not follow his instructions	SD	D	U	A	SA
(16)	The doctors clinic timings are not convenient to me	SD	D	U	A	SA
(17)	The doctor listens to me attentively	SD	D	U	A	SA
(18)	The doctor is trustworthy	SD	D	U	A	SA
(19)	The doctor warns me about all the Do's and Don'ts related to the treatment	SD	D	U	A	SA
(20)	The doctor makes me feel positive about my recovery	SD	D	U	A	SA
(21)	The doctor greets me when I enter the clinic	SD	D	U	A	SA
(22)	I have no doubts about the diagnosis and the treatment given by the doctor	SD	D	U	A	SA
(23)	The doctor has a careful attitude	SD	D	U	A	SA
(24)	The doctor gives me medicine-related instructions every time I consult him	SD	D	U	A	SA
(25)	The doctor talks very well with me in the clinic	SD	D	U	A	SA
(26)	The doctor is reliable in all respects	SD	D	U	A	SA
(27)	It is not difficult to talk with the doctor	SD	D	U	A	SA
(28)	The medicine prescribed by the doctor is very effective	SD	D	U	A	SA
(29)	The doctor is well mannered	SD	D	U	A	SA
(30)	The doctor gives me strict instructions every time I visit him	SD	D	U	A	SA
(31)	I feel good taking treatment from my doctor	SD	D	U	A	SA
(32)	I will recommend my doctor to my friends and family members	SD	D	U	A	SA
(33)	The doctor and I can talk about anything	SD	D	U	A	SA
(34)	The doctor is easily available	SD	D	U	A	SA

(35) The doctor may discontinue treatment if I disobey his instructions

	SD	D	U	A	SA

(36) The doctor shows concern towards me .... SD D U A SA
(37) (The doctor specifies the physical exercises to be done by me SD D U A SA
(38) The doctor displays great confidence in diagnosis and the treatment process
                                            SD D U A SA
(39) The doctor gives me instructions regarding my diet SD D U A SA
(40) I waste a lot of time waiting for my turn to meet the doctor SD D U A SA
(41) The doctor gives instructions to be followed at my work place
                                            SD D U A SA
(42) The doctor enquires about my personal life and my family members
                                            SD D U A SA
(43) The doctor warns me about my habits SD D U A SA
(44) My health has improved with the treatment from my doctor SD D U A SA
(45) The doctor always sees things positively SD D U A SA
(46) The doctor gives me sufficient time to explain my problems SD D U A SA
(47) I will switch to another doctor in future SD D U A SA
(48) I will complain about my doctor to others SD D U A SA

Q8. Details of the respondent
Name:
Address:
Age:
Sex:
Illness:
Religion:
Education:
Employment status:
Economic Status:
Family structure: