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**IMPACT OF CHIEF MINISTER'S HEALTH ASSURANCE OUTLINE SERVICE ALONG WITH INFRASTRUCTURE IN HOSPITAL'S BY SPECIAL ORIENTATION TO KRISHNAGIRI AREA IN TAMILNADU.****Dr.R.Murugesan**

M.Com.,MBA.,M.Phil.,Ph.D,Professor ,Department of Management Studies ,St. Joseph University, Dimapur, Nagaland -797115

**Dr.Balamurugan**

MBA.,M.Phil.,Ph.D.,AssistantProfessor ,Department of Management Studies, St. Joseph University, Dimapur, Nagaland -797115

**Dr.K.Karthick**

MBA, M.Phil.,Ph.D,AssistantProfessor ,Department of Management Studies, St. Joseph University, Dimapur, Nagaland -797115

**Mr.V.Abdul Salahudeen**

Research Scholar, Department of Commerce, Alagappa University, Tamilnadu

**Abstract**

Today essentials health assurance amenities for overall public to protects our lifetime and our household followers, The public is artificial from fluctuations of nutrition values in society and it makes numerous sicknesses as assurance concern is obtainable health assurance strategy for public The assurance are providing by the public and private assurance concern for the general public at great rate with a own attention and it has to be appropriate for prosperity of public and powerless to take the usage due to purpose of monetary situation of household by the below inadequacy people. The people can get the usage below scheme and approved hospitals must not deliver data for them at right time right public .Health assurance programmes envisioned for the help of the urban and rural below scarcity society to mitigate the mounting permitted of medical costs by state government and study the subsequentpurposesTo investigation of Preliminary Checkup and Communication to Patients.Example size is strongminded expending suitable arithmetical formula and example size is 600 patients nominated for study in area. The data collected were analytically decided into level system. examined with help of occurrence scrutiny, factors scrutiny, cluster scrutiny. A full conversation of these examines is assumed below. The hospital consultant must take required events to distribute the information concerning to Chief-Minister fitness assurance system by Permitted clinic to public as well as receiving of assurance card. And permitted clinics make the operative consciousness amongst the public and it will reach to all public about Chief-Minister health assurance outline among public mainly in rural area and To take essential deed such as right media and



advertisement, hospital management, and Public should study sanatorium amenities. Occupied physique check-up in hospital before declaring in hospital based on their illness.

Key words: amenities, sicknesses, Health assurance, occurrence scrutiny, consciousness

## CHAPTER 1

### 1.1. Introduction

Today requirements health assurance amenities for overall public for defends our life and our household memberships, The public is artificial from vicissitudes of nutrition values in society and it makes countless sicknesses since of assurance concern is obtainable health assurance strategy for public. The assurance are providing by the public and private assurance concern for general public at high cost through a own interest and it has to be related for prosperity of public and powerless to revenue the usage due to intention of monetary position of domestic by the below deficiency people So the State government was launched cost less assurance outline for the below poverty public since 2009 ahead and it defend of the below poverty public And it has provide several usage to public without any fee by approved clinics only

### 1.2 .Statement of Problem

The investigation on 'Chief Minister's preventive Health Assurance outline based krishangiri district and its comes to underdeveloped area with literacy rate 70%. The area public are precious several sicknesses from to natural and artificial nutrition customs from society and they can't revenue the usage of sicknesses from the private clinics due to right monetary situation of household. The public can grow the usage under this outline and the permitted clinics must not provide data for public .Health assurance programmes predicted for the help of urban and rural below scarcity public to moderate the mounting allowed of medicinal costs by State government but the schemes reached only 1.5% (i.e. 23742 receivers merely) Because of outlines didn't spread to the public and The outline was challenged several difficulties in the sanatoriums and resident CM health assurance info centers and So we learning around the sanatorium's service and study also efforts to examine the sanatorium service of the CM preventives fitness assurance. It also tries to discover the dangerous issues of CM preventives health assurance and difficulties of outline assurance.

### 1.3. Research Objectives

- ❖ To Investigate Preliminary Check up in Hospital
- ❖ To Investigate About Hospital Communication to Patients
- ❖ To investigate about the Behave and Treat of the Patient's by Hospital Employees.
- ❖ To Study Doctors Approaches to Patients.
- ❖ To Identify the Treatment Gives by Doctors.
- ❖ To Identify the Treatment Given by Specialists

#### **1.4. Significance of the Research**

The contemporary study of chief minister's preventives Health Assurance structure has been contribution several usages for below poverty public through free of cost and it has been obtainable on district head quarter & town sanatoriums only because that structure did not spread to rural and urban patient's. Even though the investigation can be discovery the several difficulties of from the outline like from Sanatorium direction and CM Health assurance outline info Centre .They remain not efficient info to the patients and it's not moral for civilization .if we want for more than 5% growing to this area and make consciousness complete special campground in this area, operative advertisement done on Tamil Newspapers, among the public since of district patients did not have familiarity about outline . So state government has to be efficiently meeting the all kinds of difficulties from the outline like, suitable distribution frequencies. The investigation of the reasons for the same resolution contains age, education, and family income, nature of employment, and awareness of the outlines. Finally, state government shall be deliver at the special officer on the all taluks and unions because of the rural & urban patients doesn't have amenities. It must be endorsed to rural and urban patients are mechanically will be get enhancement of structures and also uphold the connection with the general public as well as Government .

#### **1.5. Research Needs**

Today is essential for free health assurance structure to below poverty public and it safeguards of lifetime. The public have been precious by the countless sicknesses from dissimilar situation and it carries sideways with fitness disputes and they can't occupy more money on usage due to lack of monetary situation of domestic. so state government ensures to be lunched free medicinal health assurance for public welfare to the below scarcity publics on 2009 with limit of revenue of Rs. 72000 P.a but structure did not get attainment from society and it was make variations on 2011 state government with revenue limit modified it i.e 1,00,000 to 1,50,000 P.a but the outline doesn't reach to public. Even though the chief minister's preventives health assurance obligates been growing only for 1.5. The generally two encounters are confronted by chief minister's preventives health assurance structure i.e. consciousness and incompetent association grid among sanatoriums and public s and they must to recover respectable system of structure with help of effective connection of them and chief minister's preventives health assurance structure has to be alteration like level of revenue will be rise up to Rs.2,50,000, minimum of significant paper, usable dated of document.

#### **1.6. Research Limitations**

- ❖ The investigation is covered Chief Minister's Health Assurance Structure for Sanatorium Service .
- ❖ The study of CM's health insurance outline was realized to Krishnagiri District only.
- ❖ The investigation work is complete in health assurance segment only.
- ❖ The study period was occupied for CM's health assurance structure from 2018 to 2022.

### **Chapter-2.Review of Literature**

#### **2. Review of Literature**

**According to V.P. Prabakaran, (2015)** observation of learning the subsequent of the About Start and Re- launched ,The Outstanding Features, exposure ,importance , Qualified Members ,Welfares of the Scheme and, Coverage of the Sickneses and Areas underneath CMCHIS and Lastly he was suggested The innovative health insurance scheme (CMCHIS) delivers cashless health insurance exposure to the relatives of the government also the employees of government of Tamil Nadu, state public segment under takings, native bodies in Tamil Nadu.

**According to In view of V.K. Kavin and D. (2018) Vezhaventhan** observation of learning from article The medical scheme expressions further issues and Meeting this issues through several steps seized through the government to resolve those issues. Nevertheless unpaid to sure issues of the dominant them to a unhappy position. This article examines the medical scheme problems in a part way by creation the choice of the persons as its key anxiety to resolve these problems and it clearly presented that the medical scheme was not correctly continued neither controlled.so these problems must be explained for the valuable of the persons.

**According to words of PragyanaMonalisaSahoo , HimanshuSekhar Rout , Mihajlo Jakovljevic (2023)** The current learning of recognized resolve several issue and inspected consumption of the scheme amongst families in Odisha. The revision originate that Class, sex, financial category, health insurance, and consciousness approximately insurance were important causes of chief minister's fitness cover. The learning originate that even though common of persons had heard around the scheme, they were not conscious of its countryside, geographies, and working measures. The movement of small advantage conventional and system recipients obstructs the monetary fitness of deprived. Lastly, the revision emphasized the need to growth the extent of scheme exposure and managerial competence

**According to words of Ms. ShatabdiBagchi and Ms. Divya Sharma (2014)**“ RashtriyaSwasthyaBimaYojana (RSBY) is India's earliest community safety scheme that circles a moral example Health Insurance complete public-private organization in the community subdivision and It is applied complete insurance companies; payments are supported by Union and States governments and we planned general predictable prices of complete roll-out of the RSBY per annum, and associated it to Union government economical distributions. Lastly he were endorsed , on the foundation of our investigation we state that executing RSBY would involve a comparatively unsure monetary load, seeing the assessed quantity of registered and the payments experienced nowadays.

**According to words of BhageerathyReshmi, BhaskaranUnnikrishnan,EtiRajwar,** study almost the “This examination delivers material connected to impression of public-funded health insurance on monetary danger safeguard and consumption of healthcare. Revisions generous evidence about the dissimilar PFHI in India, regardless of people collections were comprised. Cross-sectional studies through contrast, impression evaluations, and difference-in-difference enterprise constructed on before and after execution of the scheme, pre-post, investigational trials and quasi-randomized trials were eligible for attachment. The impression of PFHI on monetary hazard safeguard intelligences no decisive indication to propose that the schemes had slightly influence on monetary defense.

*According to words of R. Murugesan & Dr. T. Vetrivel (2016)* "This article presents an experiential connection of strictures governing the difficulties in subsidy the fitness cover system for the country regions in Tamil Nadu. This revision statements the examination inquiry that whether the government providing fitness cover system deliver monetary protection to corner and curve of the civilization. If the insurance reporting is not improved, increasing people will conclusion into deficiency in the future, mostly in the present situation where government speculation in refining current public healthcare amenities is deteriorating.

**According to words of R. Murugesan (2017)** This article has study about the consumer satisfaction and This revision statements the examination inquiry that whether consumer providing suitability protection coordination bring economic defense to corner and curve of the development. If the indemnity recording is not better, cumulative persons will decision by shortage in the upcoming, frequently in the existing position where direction thought in sanitizing present community.

### **Chapter 3. Research Methodology**

**3.1 . Research Methodology:** key encouragement of examination is come crosswise a greater reserve for dilemmas occur in spread the Health assurance available and make consciousness of Chief- Ministers Well-being maintenance structure in community and town areas.

**3.2 .Research Methodology:** The investigation methodology contains nature of learning, information data group tool, and sample limit resolve, sampling process, hypotheses and outline of analysis.

**3.2.1 .Nature of Study:** As intentions of learning are concerned, the study goals to Analyse and describe the patient's satisfaction towards hospital services. Hence, the research design applied investigation is analytical and expressive in nature.

**3.2.2. Nature of Data:** Both main and subordinate information were charity in this learning. The main information was composed from patients who must assisted below Chief-Minister fitness assurance structure in area . The particulars concerning patient's satisfaction towards sanatorium services and usages assumed were composed using well-structured discussion timetable. The subordinate information was composed in the form of intelligences, fortnightly, papers, reviews and dailies.

**3.2.3 .Data Collection Instrument:** The questions in interview schedule intended in constructed on declaration of problematic and purposes of learning. The variables recognized from appraisal of works measured while enrolling the discussion timetable. View from a board of memberships including specialists in field assurance, medicinal, numbers, thinking at each phase of conniving final discussion timetable.

#### **3.2.3. Reliability Test:**

**(i) Cronbach Alpha Test:** Reliability capability of a computing device give precise and consistent outcomes. In this investigation, declarations used to study and analyze the patient's

consummationconcerningsanatoriumamenities and treatments given. Likert's five opinionrule has been used for determination. To quantify the dependability of tool, Cronbach alpha examination has been practical. For occurrence if alpha worth is more than 0.6, it is reputed tool is consistent. The measured consistency worth is given in the subsequent table.

**Table 1.1 Cronbach Alpha Test Report**

Sl.No	Variables	Cronbach Alpha Principles
1	SanatoriumAmenities	.634

Cronbach's alpha worth for SanatoriumAmenities (0.634) are overhead 0.6 which means interior consistency of dataguaranteed.

**(ii) Split-Half Examination:** Split-half method of consistency examination replicates the correlation among tool. The tool is directed and results divided by items into randomly designated half. If association co-efficient is greattool is supposed to mustgreatconsistency with respect to interior consistency.

**Table 1.2 Split-Half ObligationExamination**

S.No	Flexible	Alpha (Part-I)	Alpha (Phase-II)	Guttman Split-half	Correlations Between Forms
1	SanatoriumAmenities	0.766	0.643	-0.242	-0.108

Table 1.2 exposesalpha standards for Portion I and portion II of randomly designated replies more than 0.6. The relationship among portion I and portion II is also important. There is an interior consistency among the information. This consistency examinations show respectively and each declaration is useful to analyse the sanatorium amenities.

**RationalityExperiment for InformationGroupTool**

**(i) Content Rationality:**Contentrationality procedures whether a tool or a dimension scale delivers adequate attention. Its verified by decision ,panel assessment and opinions concerning content attention aspects of interview schedule were careful. Their proposals were combined in order to cover theme completely.

**(ii) Criterion Rationality: Criterion** connected rationality reproduces success of procedures used in prediction. Predictive rationality mentions to degree which consequence could be projected and concurrent rationality mentions to degree to which approximation current behaviour or condition assessed

**3.2.4. Sample Size Determination:** Sample size is strong-minded using suitable arithmeticalmethod , sample limit is 600 patients are designated for study area.

**3.2.5 .Sampling Procedure:** The patients who mustassistbelow Chief-Minister fitness assurance structure in area. The sample defendants have been nominated from area , hereafter sampling unsystematictechnique and possibilityspecimensystems is adapted for study.

**3.2.6 .Hypotheses:** The subsequent hypotheses have expressed with deference to patients consummation to sanatoriumamenities and there is no importantrelationshipamong socio-economic variables and sanatoriumamenities.

**3.2.7 .Framework of Data Analysis:**information thus composed was methodically decided levelmethod and examined through help of frequency scrutiny, factors scrutiny, cluster scrutiny, discriminant scrutiny.

**3.3 .Period of Study:** The designated period of learning was from 2018 to 2022

## Chapter 4 Data Investigation and Understanding

### 4.1 .Defendants Satisfaction on Sanatorium Amenities

Defendants Satisfaction on Sanatorium Services is examined using arithmetical like factorscrutiny, cluster scrutiny, discriminant scrutiny.

#### 4.1.1 .Factor Scrutiny

Factor scrutinycharity to recognize and describe the fundamental sizes (issues) unique variables. Here 14 declarations recognized to learning the patients' satisfaction on sanatorium services. The variables stated form of declarations to accumulate view from patients'. They are requested give their estimation for 14 declarations in Likert's five opinionrulerwith substitute choices like highly pleased, pleasedneitherpleased nor displeased, displeased and highly displeased. Originally, correlation among these variables is designed. Frequently correlation worth of 0.3 is careful sufficient to clarify comparative between variables. If correlation between variables minor, it is not possibleand mutual issues. A closer inspection of relationshipmediummight disclose variables which do not must any friendship. Therefore, 14 variables reserved supplementary examination. Further, two examinations are practical to consequence of relationshipmedium to examination whether connection among variables is significant or not.

**Table 4.1 KMO and Bartlett's Test**

Kaiser-Meyer-OlkinDegree of Specimen Adequacy.		.704
Bartlett's Experiment of Sphericity	Approx. Chi-Square	1315.943
	Df	91
	Sig.	.000

(Source: Primary Data)

### KMO and Bartlett's Experiment

Kaiser Meyer Olkin examination is founded correlations and partial correlations of variables. If examination worth of KMO degree earlier one, it respectable to usage factor analysis. If KMO volume closer to zero, factor scrutiny is not decent impress for variables and information. The value of examination numbers given overhead as 0.700 which means factor scrutiny for recognized variables originate to suitable information. The worth of KMO degree of sampling competence is 0.704. Alternative examination exactly, Bartlett's scrutiny of sphericity is used examination whether relationship medium an recognized average i.e., all slanting relations in the atmosphere are zero. The significant worth of Bartlett test is 0.000. Henceforth, occurs important connection among variables. The degree KMO examination and worth of Bartlett test designate contemporary information is valued for factor scrutiny.

**Table 4.2 Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.156	22.543	22.543	3.156	22.543	22.543	2.118	15.130	15.130
2	1.561	11.147	33.690	1.561	11.147	33.690	2.085	14.892	30.022
3	1.252	8.941	42.631	1.252	8.941	42.631	1.765	12.609	42.631
4	1.146	8.188	50.820						
5	1.043	7.447	58.267						
6	.928	6.631	64.898						
7	.875	6.250	71.148						
8	.791	5.648	76.796						
9	.699	4.995	81.791						
10	.600	4.285	86.076						
11	.556	3.969	90.045						
12	.528	3.773	93.818						
13	.453	3.233	97.050						
14	.413	2.950	100.000						

(Source: Primary Data)



## Factors and Total Variance

The next step in procedure is choose around quantity of factors to be derivative. MainConstituentScrutinytechnique is practical to choose quantity of factors which 'Eigen Rates' with better than agreement. The constituent matrix enclosed is supplementaryinterchangedorthogonally ofVarimaxRevolutionProcedure. All declarations added on three issues. The consequences got have been assumed in tables distinctly along with influence loadings. Among threeinfluences,first reason which versions15.130 % of alteration is prima morals careful to study patients' consummation on sanatorium amenities . secondreasonversions 14.892 % and third reason 12.609 %. The increasing alteration of three factors is 42.631%. The subsequent Counter 4.2 contributes reasonmedium where mainbasicscrutinyimpassive three issues.

**Table 4.3 Component Matrix**

Statements	Component		
	1	2	3
Obtainability of Lifts in Hospital	.616		
Obtainability of (Generator) power station in Hospital	.554		-.455
Obtainability of space in hospital	.517		
Obtainability of equipment in hospital	.492		
Obtainability of store room in Hospital	.473		
Obtainability of ambulance vehicles in Hospital	.468		
Obtainability of water facilities in Hospital	.467		
Obtainability of good ventilation in Hospital	.457		
Obtainability of Bed room with attached Toilet in Hospital	.423	.410	
Obtainability of Canteen facilities in Hospital			
Obtainability of the Emergency wards in Hospital		-.602	
Obtainability of elevators in the hospital in Hospital	.451	.578	
Obtainability of extinguishers in Hospital	.469		-.626
Obtainability of rooms in Hospital	.445		.485

**(Source: Primary Data)**

Table 4.3 disclosesreason loadings (co-efficient) which designate substantialheaviness is owedrespectively reason. Reasonsthroughimmense co-efficient variable are prudently related mutable. Thus,14 variables information are concentrated three issuereplicas and respectivelyissue is recognized with corresponding variables as given beneath.

**Table 4.4 Grouping Factors**

Factors	Statements	Scores
Equipment	Obtainability of equipment in hospital	.659
	Obtainability of rooms in Hospital	.620
	Obtainability of Lifts in the hospital in Hospital	.605
	Obtainability of Emergency wards in Hospital	.554
	Obtainability of ambulance vehicles in Hospital	.489
	Obtainability of store room in Hospital	.467
Bed area and drying	Obtainability of elevators in Hospital	.713
	Obtainability of Bed room with attached Toilet in Hospital	.590
	Obtainability of good ventilation in Hospital	.580
	Obtainability of space in hospital	.512
	Obtainability of Canteen facilities in Hospital	.425
aquatic facilities and power station	Obtainability of water facilities in Hospital	.427
	Obtainability of extinguishers in Hospital	.795
	Obtainability of (Generator) power station in Hospital	.672

(Basis: Key Information)

Table 4.4. Exhibitions reasons and consistent declarations through marks. Reason marks respectively declaration. If mark is high level reason connected patient's consumption will be high on sanatorium. All 21 declarations with mark and rank providing subsequent Table 4.4.

**Table 4.5. Satisfaction Statements with Rank and Mark**

Statements	Marks	Rank
Obtainability of extinguishers in Hospital	.795	I
Obtainability of elevators in Hospital	.713	II
Obtainability of (Generator) power station in Hospital	.672	III
Obtainability of equipment in Hospital	.659	IV
Obtainability of rooms in Hospital	.620	V
Obtainability of Lifts in hospital	.605	VI
Obtainability of Bed room with attached Toilet in Hospital	.590	VII
Obtainability of good ventilation in Hospital	.580	VIII

Obtainability of Emergency wards in Hospital	.554	IX
Obtainability of space in hospital	.512	X
Obtainability of ambulance vehicles in Hospital	.489	XI
Obtainability of store room in Hospital	.467	XII
Obtainability of water facilities in Hospital	.427	XIII
Obtainability of Canteen facilities in Hospital	.425	XIV

**[Basis: KeyInformation]**

Table 4.5 outlines greatest the smallest issues connecting to patient's consumption. Out of 14 declarations connecting to consumption, 'Obtainability of Extinguishers in Hospital' has prejudiced patients consumption is high and it declaration positioned first and declaration like, 'Obtainability of Canteen amenities in Hospital' has short inspiration patients consumption is smallest and declaration is located 14<sup>th</sup> place.

#### 4.1.2 .Cluster Scrutiny

Patient's consumption concerning sanatorium amenities classified in three groups based on outstanding standards using cluster scrutiny. The confidential into three subdivisions because modification among co-efficient is important three cases on ranked collection. For determination of organization patients, K- wealth cluster is charity.

**Table 4.6.Final Cluster Centers**

Factors	Cluster		
	1	2	3
Kit	3.23	3.50	4.29
Bed places and Drying	3.42	3.22	4.20
Water Amenities And Power Station	2.79	3.85	4.27
NormalMark	3.15	3.52	4.25
Rank	III	II	I

**(Basis: KeyInformation)**

The cluster centers' table 4.6 shows standards three clusters which reproduce qualities of respectively cluster. The high worth third cluster, second cluster and first cluster 4.27, 3.85, and 3.42 respectively. The consistent score of third cluster 4.25 with first rank, second cluster 3.52 with second rank and first cluster 3.15 with third rank. The first cluster defendants have extremely fulfilled, second cluster defendants have fulfilled and third cluster defendants have small level fulfillment on sanatorium amenities.

Table 4.7 presents the cluster means square, error mean square and F- value.

**Table 4.7. ANOVA**

Factors	Cluster		Error		F	Sig.
	Mean Square	Df	Mean Square	df		
Kit	65.012	2	.276	597	235.934	.000
Bed area and drying	56.285	2	.247	597	227.463	.000
aquaticamenities and power station	119.451	2	.205	597	582.633	.000

**(Basis: KeyInformation)**

Annova Table 4.7. Designates alteration presentamong three clusters meanmorals is meaningfully dissimilar. The substantial worth overhead three issues is 0.000. This means overhead three issues have importantinspiration on distributing patients into three sections founded on mainstandards. The F- Values issue 1, 2 and 3 are 235.934, 227.463 and 582.633 correspondingly. Likewise cluster mean square factor 1, 2 and 3 are 65.012, 56.285 and 119.451 correspondingly.

**Table 4.8. Numbers of Defendants Each Cluster**

Clusters	Defendants	%	Rank
Cluster 1	198	33	II
Cluster 2	176	29	III
Cluster 3	226	38	I
<b>Total</b>	<b>600</b>	<b>100</b>	

**(Basis: KeyInformation)**

Table 4.8 discloses out of 600 defendants, 226 (29%) defendants have highly fulfilled, 198 (33%) defendants have fulfilled and 178 (29%) of defendants have low level fulfillment. important to note 38% defendants have highly fulfilled around sanatoriumamenities.

#### 4.1.3 .Discriminant Analysis

Cluster analysis, subsequent main question is whether recognized clusters honest and whether respectively cluster fluctuates from meaningfully. For determination, consistency of cluster classification and its

constancy across samples verified. Numerous authors have suggested use of discriminant analysis cross validation .

**Table 4.9 Test of Equality of Group Means**

Factors	Wilks' Lambda	F	df1	df2	Sig.
Treatment	.810	70.117	2	597	.000
Doctors Behavior	.636	171.024	2	597	.000
EquipmentCharity For Cure	.287	740.894	2	597	.000

**(Basis: KeyInformation)**

Table 4.9 includes Wilks' Lambda is ratio of inside – groups sum of squares total sum of quadrangles. Wilks' Lambda case varieties from 0.287 to 0.810. The minor worth Wilks' Lambda designates durable group alterations among mean morals of three reasons. F- Data is ratio of among– collections variability .F standardsreason 1, factor 2, factor 3 are 70.117, 171.024 and 740.894 similarly. The significant worth is 0.000 three factors which designates collection alterations.

**Table 4.10 Eigen Values**

Function	Eigen Values	% variance	Cumulative %	Canonical correlation
Function 1	2.911 <sup>a</sup>	83.5	83.5	.863
Function 2	.576 <sup>a</sup>	16.5	100.0	.605

**(Basis: KeyInformation)**

**Table 4.10 Canonical correlation**

Function	Eigen Values	% variance	Cumulative %	Canonical correlation
Function 1	2.911	83.5	83.5	.863
Function 2	0.576	16.5	100.0	.605

Table 4.10 shows Eigen Standards, proportion of alteration and canonical correlation. Eigen worth relation among – groups quantity of squares inside – groupsquantity of squares. The main Eigen Worth decides maximum spread groups' means. The negligible Eigen worthversions very little ofentiredispersion. Two discriminant purposes are formed when three clusters. The Eigen worthof occupation 1 - 2.911 and occupation 2 - 0.576. The official correlation procedures connotation among two functions and three reasons like equipment used for conduct, behavior and medicstreatment. The co-efficient of officialrelationship is very high both occupations i.e ,co-efficient of occupation 1 is 0.863 and co-efficient of occupation 2 is 0.605 hereafter, occurs high relationship between two occupations and three reasons.

**Table 4.11 Structure Matrix**

Factor	Function	
	1	2
EquipmentCharity For Cure	.920*	.166
Treatment	.284*	.031
DoctorsAdvising	-.002	.997*

(Source: Primary Data)

structuremedium assistances to study practicality of respectively mutable discriminant occupation. The character designates main complete correlation with official occupations for all three reasons. The factor specifically, 'Knowledge charity for cure, Cure hasstrongest relationship with occupation 1.The reasonlike , 'Doctors advising ' have strongest relationship with occupation 2. Hereafter, two occupations  $Z1=0.920*(Equipmentcharity\ for\ cure)$  and  $Z2= 0.284*(Cure)$   $0.997*(Doctors\ advising)$ . These two occupations will clarify patients'consummation on sanatoriumamenities.

## Chapter 5 Summary of Findings, Suggestions and Conclusion

### 5.1 Findings

#### Finding Related to Defendants Consummation on SanatoriumAmenities

- 1) It is learnt from Factor scrutiny that recognized variables are originate to suitable to the information. The worth of KMO degree of sample competence 0.704. The important worth of Bartlett examination0.000. Henceforth,occurs significant connection among variables. Degree of KMO experiment and worth of Bartlett experiment designate contemporary information is valuable factor scrutiny.
- 2) It is learnt from Factor scrutiny 14 variables in information are summary of three factor representations like Kit, Bed places and drying , Aquaticamenities and power station.
- 3) It is experiential Factor scrutinyfourteen declarations are encumbered on three factors. Among threereasons, first reason which versions for 15.130 % of alteration prima conditionsslowto study patients' consummation on sanatoriumamenities and infrastructure. Secondreason accounts 14.892 % and third reason 12.609 %. The accumulative alteration all three reasons 42.631%.
- 4) It is originate out of 14 declarations relating to consummation, 'Obtainability of Extinguishers in Hospital' requires prejudiced patients consummation is great and this declaration is located first rank. It is measured to most significant mutable variables (declarations).
- 5) It is originated from Cluster scrutiny important value for three factors .000. It designates three reasons have important influence on dividing consummation into three subdivisions based on major conditions The F-Morals of reason 1, 2 and 3 stand 235.934, 227.463 and 582.633 correspondingly. Likewise cluster mean square reason 1, 2 and 3 are 65.012, 56.285 and 119.451 correspondingly. It is originate out of 600

defendants, 226 (29%) defendants have extremely pleased, 198 (33%) defendants have pleased and 178 (29%) defendants have low level fulfilment. It is important to note that 38% defendants have highly pleased around sanatorium amenities.

- 6) It is learnt from Discriminant scrutiny The F- statistics is ratio of among- collections variability to inside groups variability. The F morals for reason 1, reason 2 and reason 3 70.117, 171.024 and 740.894 consistently. The important worth 0.000 for three factors which designates collection alterations are significant.
- 7) It is understandable from Discriminant scrutiny two discriminant occupations are shaped when three clusters. The Eigen importance of occupation first 2.911 and occupation second 0.576. The official relationship events association among two occupations and three reasons like equipment charity for cure, behavior and medical advising. The co-efficient of official connection is very high both careers i.e., co-efficient of occupation first 0.863 and co-efficient of occupation second 0.605 Henceforth; there occurs high relationship among two occupations and three factors.

## 5.2 .Suggestions

Based on investigation findings, subsequent references are obtainable for sanatorium consultant ornamental the sanatorium amenities and government to recognize appropriate amount and revenue action for supplementary growth in Chief- Minister fitness assurance outline, patients to generate consciousness about Chief- Minister fitness assurance structure and avail amenities provided by direction.

### A. For Sanatorium Consultant

Sanatorium amenities are afraid out of 14 declarations, the declaration namely 'Obtainability of Extinguishers in Sanatorium has prejudiced patients consummation on sanatorium amenities and declaration is positioned primary. In joining, the sanatorium consultant should require really view in declaration and fix supplementary extinguisher in sanatorium for improve their level of consummation on sanatorium Amenity. The sanatorium consultants also contemplate the investigation outcome of 29% defendants have high equal of consummation near sanatorium amenities. Henceforth sanatorium consultant to revenue stages to content patients. It makes assistance patients to have dealings hospital beside specialist sanatorium.

### B. For Government

Government may distinguish public consciousness level and estimation assurance structure, henceforth observe the marketplace movement, market improvements, administration guidelines and marketplace directive clearly 38.56% defendants have high equal awareness and additional amenities is disturbed mainstream of defendants are rapid their estimation requirement free advice and skimming amenities under Chief-Minister fitness assurance outline. In this esteems the Administration may train to sanatorium expert to degree their amenities under Chief-Minister fitness assurance outline which might help central class publics.

### C. Suggestion to Public

Patients should stretch more significant to sanatorium amenities and treatments have definitely connecting and significant connotation with sanatorium amenities and others conducts do not significant connotation with sanatorium amenities and other conducts do not have significant relative with problems confronted patients.

### 5.3 .Conclusion

The sanatorium consultant take required events to distribute the info concerning to Chief-Minister fitness assurance outline by Permitted hospital to right time and right place for the public as well as getting of assurance card. And permitted hospitals make the operative consciousness among the public and it will spread to all public about Chief-Minister fitness assurance outline among public mainly in rural & urban area and To take essential action like right media and advertisement, sanatorium management, and Public should reflect sanatorium amenities and infrastructure Full body check-up in the sanatorium earlier confessing in sanatorium based illness.

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