A Study on In -patients Satisfaction Level at Yatharth Hospital, Greater Noida: A cross-sectional descriptive Study.

By

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PG/21/138

Under the guidance of

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PGDM (Hospital & Health Management) 2021-23

International Institute of Health Management Research, New Delhi

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The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor

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The following dissertation titled **"Inpatient satisfaction level"** at **"Yatharth Hospital, Greater Noida"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

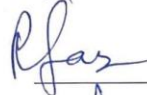Dissertation Examination Committee for evaluation of the dissertation.

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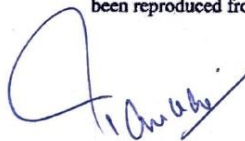
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FEEDBACK FORM

Name of the Student: DR. MALVIKA NEGI

Name of the Organisation in Which Dissertation Has Been Completed:

YATHARTH SUPERSPECIALITY HOSPITAL, GREATER NOIDA.

Area of Dissertation: IPD PATIENTS ADMITTED IN PRIVATE WARDS.

Attendance: 100%.

Objectives achieved: IDENTIFICATION OF PATIENT DISATISFACTION AREAS.

Deliverables:

Strengths: SINCERE, PUNCTUAL, DEDICATED, RESULT-ORIENTED.

Suggestions for Improvement:

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Sushmita

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date:
Place: GREATER NOIDA.

Dissertation Writing

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LIST OF CONTENT

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Sincerely

Dr. Malvika Negi
IIHMR (2021-2023)

ABSTRACT A STUDY ON PATIENT SATISFACTION

Yatharth Super Speciality Hospital chain is one of the trusted healthcare providers in the Delhi NCR region with a capacity of more than 400 beds. It was established in 2010 with the objective for most preferred destinations for patient care that is trustworthy and affordable. The hospital provides various services like neurology, neurosurgery, cardiology, nephrology, orthopedics, and comprehensive childcare including advanced IVF.

BROAD OBJECTIVE: Determination of patient satisfaction level.

SPECIFIC OBJECTIVE:

1. To study the level of satisfaction of IPD patients.

2. To identify areas with low satisfaction levels in the IPD.

METHODOLOGY:

- ❖ **Study Design**: A study conducted using descriptive cross-sectional design.
- ❖ **Study Setting**: Survey Conducted which consists of a set of structured close-ended and open questions in an interview format to the patient in IPD including specialty (Urology, Orthopedics, General Surgery, Medicine, Gynecology)
- ❖ **Study population**: Patients admitted as in-patients during the month of April 2022 and May 2022.
- ❖ **Study technique**: Non- probabilistic Convenience Sampling/Random Sampling

DATA ANALYSIS TOOLS AND TECHNIQUES
Tools: -

- ➢ Structured Questionnaire survey
- ➢ Feedback forms were administered to each patient and gathered the necessary information.
- ➢ Informal interviews were conducted.
- ➢ Observation techniques were used.

TECHNIQUES:
The responses from the feedback form were collected and analyzed with Excel.

DATA COLLECTION:
Primary data was collected from patients through questionnaires and informal interviews,
Secondary data was collected from feedback forms and the official website of the hospital.

THE IMPLICATION OF THE STUDY:
Assessing patient satisfaction helps identify areas that require improvement and directs efforts towards delivering enhanced patient care services. Patient-centred care encompasses various benefits beyond health outcomes. Effective communication and compassionate interactions foster trust between patients and healthcare providers, ultimately elevating overall levels of patient satisfaction.

FINDINGS:
I was able to collect responses from 400 patients who were admitted to the hospital. Most patients aged between 28 and 37 years and 35 belong to an agricultural background. Out of all the quality dimensions, the least satisfactory dimension was the housekeeping services and poor linen services. Most patients express satisfaction with the medical services provided and the conduct of the doctors.

RECOMMENDATIONS:

➢ Patient counselling and health education cells must be developed nearby the registration counters where the attendants and patients can solve their queries.

➢ In case doctors are running late, nursing staff should inform the patients.

➢ Replacing old linen with new one.

➢ Hospital formulary should be evaluated and updated on a regular basis.

➢ Recruitment of GDA and nursing staff.

➢ Separate lifts for patients only.

➢ Equality of treatment should be given to every patient no matter what background the patient is from.

➢ Regular clean charts maintenance on a regular basis.

ABBREVIATION

NABH**-** National Accreditation Board for Hospitals and Healthcare Providers.

TQM- Total Quality Management.

GDA- General Duty Assistant

TPA- Third Party Administrators.

ECHS- Ex-Servicemen Contributory Health Scheme

CGHS- Central Government Health Insurance Scheme.

MO- Medical officer.

IPD- In-Patient Department.

TITLE- STUDY ON PATIENT SATISFACTION LEVEL AT YATHARTH HOSPITAL, GREATER NOIDA.

INTRODUCTION

Patient Satisfaction is defined as a meeting of expectations or fulfilment of a person from a product or service. Patients come with the present image of the hospital as per the cost evolved and reputation of the hospital. Having knowledge about patients' expectations and the factors affecting them with knowledge of perceived and actual healthcare quality provides important information which helps in designing and implementing programs to satisfy patients.

Whenever a patient visits a hospital there follows a channel of events which a patient goes through like respect, attentiveness, effective information, and decision-making. It begins with introducing and welcoming patients by name and by maintaining a ward and good care which helps in establishing the early perception of being a genuine and caring clinician.

Patience, persistence and maintaining continuity till the closure is an important processes to come back to the same organization in times of need. Healthcare managers play a vital role in achieving high-quality hospital services and in the implementation of TQM (Total Quality Management) and other techniques for quality improvement. The results obtained from the patient satisfaction feedback are helpful in both non-clinical and clinical departments of the hospital.

When patients visit the hospital they interact with various departments. Factors associated with the different departments are critical to assess patient satisfaction like, parking facilities, Ease of admission, staff response, behavioural aspect of doctors, food services and so on. The measurement provides insights into various aspects which includes the effectiveness of care and empathy level. It is a multidimensional construct which relies on various aspects like technical, functional, infrastructural, environmental, and interpersonal components of health care services.

Patient satisfaction assessment gives the opportunity to analyze and identify the gaps in existing services provided by the hospital and to rectify these gaps to provide quality care to the patients. Being a multidimensional healthcare construct affected by many variables, quality of care affects patients' satisfaction, which in turn is responsible for positive patient behaviour such as loyalty. Though it is difficult to measure, it can be operationalized using a multidisciplinary approach that combines patient inputs as well as expert judgment. Patient expectations regarding healthcare can undergo significant changes over time. While some patients may prioritize technical competence, others may place greater emphasis on factors such as comfort, dignity, meeting personal needs, and the availability of supportive services.

The modern-day patient is more educated and aware with access to information having expectations from the health system. Patients with a positive perception towards healthcare services have a greater chance of converting it into a positive outcome. Patients' negative

perception and dissatisfaction can result in inadequate adherence to treatment and, frequently, negative word-of-mouth that dissuades others from seeking healthcare services from the same system.

In India, an increasing number of hospitals face an extremely competitive environment and that created an importance in branding. The brand image of hospitals leads to increased loyalty of patients and improves patient satisfaction through improving service quality which in turn increases the revisit intention of patients.

National Accreditation Board of Hospitals and Healthcare Providers (NABH) has presented certain quality standards with the significance to testing the quality of services, in those ones of the quality indicators is the patient satisfaction index which is helpful in tracking the satisfaction score of each patient, which helps the quality team in setting benchmarks and marketing teams to advertise accordingly.

PATIENT AS A CONSUMER

In today's world patients see themselves as a buyer of healthcare services. Once this concept is accepted, there is a need to understand that patients hold certain rights which require special emphasis on quality care services delivery. Patient satisfaction benefits in a number of ways as seen supported by different studies. Patient satisfaction leads to patient loyalty.

According to the Technical Assistant Research program, if we are successful in satisfying one customer, the related information reaches the other four. If one customer gets alienated, it spreads to 10 patients or more if the problem is serious. If one customer gets annoyed, we will have to satisfy the other three patients just to stay even.

Increased morale of staff will reduce turnover leading to increased productivity.

SERVICE EXCELLENCE

It revolves around the patient, doctor, and organization.

Doctors have a few house rules to attain a non-complaining and satisfying patient by showing courtesy, properly listening, and understanding patients, Informing and explaining patients, having an emphatic attitude, securing confidentiality, and privacy and responding quickly.

A patient's expectation regarding good services depends on gender, age, nature of the illness, hour of the day, and attitude towards circumstances and problems. They expect concern, care and courtesy in addition to a professional job. Step into patients' shoes to understand patients better. Try to make the problem-solving system functional.

WAITING TIME

Waiting time and patient satisfaction have a negative correlation. Reducing waiting time leads to improved patient satisfaction and higher willingness to continue in the same healthcare facility.

DETERMINANTS OF PATIENT SATISFACTION

Measuring patient satisfaction incorporates dimensions of interpersonal, technical, social, and moral aspects of care. In a few studies Patients' demographic profiles slightly contribute to patients' satisfaction. Healthcare managers need to make more efforts towards those attributes which are highly ranked and should initiate some improvement strategies in other areas that are unsatisfactory from patients' perception.

Interpersonal communication skills of doctors and nursing staff, their attitude, level of care, emotional support they provide, respect, maintaining privacy and confidentiality of patients are more influential factors than clinical competence.

VARIOUS PARAMETER TO JUDGE IPD SERVICES.

- ➢ Ease of getting admission.
- ➢ The behavioural aspect of doctors.
- ➢ The attitude of Nursing staff.
- ➢ Services related to diagnostics services.
- ➢ Housekeeping services.
- ➢ Discharge process.
- ➢ Support services.

IMPORTANCE OF STUDY

- ➢ Identification of the potential problem and resolving it before they become serious.
- ➢ Identification of those procedures and operations that require better explanation to patients.
- ➢ Assisting in cultivating patient loyalty by showing genuine concern for patients' perspectives. and are continually striving hard in finding ways to improve.

<u>AIM</u>

The aim of this project is to identify the level of service quality in hospitals by measuring consumer perception and expectation during service encounters towards various parameters of service quality that can be used as a competitive advantage. The paper also attempts to formulate a strategic vision to enable the hospital to deliver a higher level of patient satisfaction.

<u>OBJECTIVES</u>

- ➢ To study the level of satisfaction of IPD patients.
- ➢ To identify areas with low satisfaction levels in the IPD.
- ➢ To provide some suggestions for the improvement of patient satisfaction admitted in the hospital.
- ➢ To identify significant factors that can influence patient satisfaction.

TYPES OF ADMISSION IN IPD

OPD (Pre planned Admissions)	EMERGENCY (Unplanned admissions)

Patients goes to emergency nurse station
Admission request form is filled
Information regarding patient complaints, vital signs, allergies, treatment etc. is filled up by CMO and patient face sheet is generated
Patient is sent for billing department
Patient is informed about packages available and the stay package is decided.
An overall estimate of the expenditure is mentioned to the patient and an advance of rupees 5,000 is deposited for the admission to the IPD.
Billing counter informs the nurse station about the patient to be admitted and the type of room required
GDA takes the patient to IPD with face sheet and admission request form
GDA hands over the patients to the nurse who then allot the room to the patient and generates an IPD file of the patient and handover it to the nurse at the nurse station and informs the consultant.
The investigative procedures, as mentioned in the IPD files are started.

DISCHARGE PROCESS

Consultant visits in the morning and gives the discharge intimation to doctor on duty and Nursing staff.

Intimation of Discharge is being updated in Hospital information system

The discharge summary is created by the RMO (doctor on duty) and typed by discharge secretary, which is then forwarded to the RMO followed by consultant for his signature.

Remaining medicines are returned to the pharmacy and are entered in HIS.

The final activity sheet is taken to the billing department by GDA

The billing department checks this final activity sheet for any due payments and then calls the nursing unit to inform that the final bill is ready.

The nurse informs the patients and the patient's attendant goes and makes the payment in the billing department.

If the patient has any health insurance policy, a copy of documents is sent to the TPA for final approval

When the bill is cleared , the billing department issues a discharge slip to the patient that is taken to the nursing station.

The original documents along with the discharge summary are given to the patients and photocopies of these documents are sent to the MRD.

LITERATURE REVIEW

❖ In the article "Patient Satisfaction Survey as a Tool Towards Quality Improvement" by Rashid AL-Abri and Amina AI-Balushi (2014), it is stated that healthcare managers who aim for excellence consider patient feedback when developing strategies to improve the quality of care. Recently, healthcare managers have started using patient satisfaction surveys as a means to enhance overall organizational performance and promote quality improvement. The main objective of this review is to thoroughly examine various research studies that discuss the relationship between different factors and patient satisfaction, as well as their impact on quality improvement within healthcare organizations. A national survey conducted in accredited hospitals in Taiwan found that patient characteristics like gender, age, and education level have a minimal influence on patient satisfaction, while the health status of patients plays a significant role in overall satisfaction.

 Notably, four studies conducted in tertiary hospitals across different countries revealed that attributes such as nurses' courtesy, respect, easy access to care, and attentive listening were among the primary drivers of overall patient satisfaction. This review provides policymakers and organizational managers with valuable insights into understanding patient perceptions and their involvement in enhancing healthcare quality and services. Additionally, managers can bring about effective changes in hospitals by unlearning old behaviors, adopting new ones, and solidifying them to promote better healthcare..

❖ In the NEJM Catalyst article published in 2018 titled "Patient Satisfaction Survey," patient satisfaction is recognized as a crucial factor in enhancing healthcare quality. However, there are valid concerns regarding unintended negative consequences, such as adverse effects on health, misleading coding practices, and resource depletion resulting from gimmicks employed to boost scores. These challenges pose real obstacles for healthcare administrators who may face resistance to the use of HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) and the comparison of report cards by consumer-facing hospitals. Gaining insights from patient satisfaction surveys helps decision makers establish meaningful and effective patient-provider relationships, promoting constructive communication and the development of care journeys grounded in compassion and empathy. The effectiveness of treatment often relies on the ability of physicians and healthcare workers to connect with patients on a personal level. Some hospitals have adopted amenities like valet parking and designer gowns influenced by the emphasis on patient satisfaction.

❖ The study titled "A Comprehensive Study on Patient Satisfaction on IPD Patients at Jaipur" by Banti Kumar and Sudhinder Singh Chowhan, published in 2019, discovered that understanding patients' expectations and the factors influencing them, along with knowledge about perceived and actual healthcare quality, is crucial for designing and

implementing programs that meet patient satisfaction. Out of the 100 respondents, 70% were visiting the hospital for the first time, and 60% expressed satisfaction with the hospital's location. Additionally, 60% reported being satisfied with the admission process, while 70% were satisfied with the cleanliness of the hospital. Patients generally found doctors' behavior to be friendly, with 80% expressing satisfaction in this area. Other areas that received higher satisfaction ratings were clear explanations about treatment, room preparation, and the courtesy of admission counter staff. Overall, 80% of patients were satisfied with the services they received during their hospital stay. However, there were some areas of dissatisfaction, with 5% of patients expressing dissatisfaction and indicating the need for improvement in hospital services. The study suggests that more attention should be given to enhancing pharmacy services and food and nutrition services to further improve patient satisfaction.

❖ The research study titled "A Study on the Assessment of Patient Satisfaction at a Tertiary Healthcare Institute in North India" conducted by Madhur Verma, Kirtan Rana, Ankita Kankaria, and Ramnika Aggarwal aimed to evaluate patient satisfaction at a tertiary care hospital in Haryana. The study focused on four domains: hospital infrastructure, registration process, medicine availability, and interaction with doctors. It was found that patient satisfaction was strongly linked to the competence and interpersonal skills of healthcare providers, as well as facility characteristics such as the level and quality of infrastructure. Conversely, patient demographics like gender, race, age, socioeconomic status, and health status had a weak association with satisfaction levels. The study used the Probability Proportional Size method to select patients, and in the case of pediatric patients, interviews were conducted with their parents or adult caretakers.

In general, 77% of the participants conveyed their satisfaction with the services provided by the hospital. Patients offered suggestions such as introducing online registration to enhance efficiency and minimize delays, requesting security guards to exhibit compassion towards ill individuals, enhancing ward cleanliness, and offering reasonably priced, higher-quality food at the hospital cafeteria. However, only a small number of patients expressed satisfaction with the frequency of consultations with doctors during their inpatient stay. Patient dissatisfaction was attributed to inadequate staff and doctor behaviour.

In an article titled "Enhancing Patient Satisfaction by Reducing Inpatient Admission Times," it is noted that extended waiting periods have been linked to reduced levels of patient satisfaction. The article focuses on three key issues prevalent in hospitals: the manual and cumbersome nature of the admission process, a lack of patient-centeredness in the process, and multiple instances of communication breakdowns and inefficiencies along the admission pathway.

Under its leadership, Thibodaux has effectively revamped the process of admitting inpatients, leading to enhanced satisfaction for both patients and their families. This redesign has successfully minimized frustration and stress among staff members, improved communication, and facilitated seamless transitions throughout each stage of the admission process. Consequently, the community hospital has achieved an impressive 55% decrease in the average duration of inpatient admissions.

In the United States, hospitals experience approximately 35.4 million admissions each year, with around 16 million originating from the Emergency Department and over 19 million being direct admissions. The article highlights the significance of an inefficient admission process, which can result in staff dissatisfaction, prolonged waiting times, and unfavourable patient encounters. Moreover, it can give rise to challenges during handoffs and breakdowns in communication, ultimately influencing the level of healthcare provision and the safety of the patient.

❖ The research conducted by Naresh Chauhan and Hiteshree Patel in 2018, titled "Patient Satisfaction Survey to Improve Quality of Care at a Tertiary Care Center in South Gujarat," emphasizes the benefits that health professionals can derive from patient satisfaction surveys. These surveys provide valuable insights into areas that require improvement and help optimize health expenditures through effective planning and evaluation, as guided by patient feedback. The primary objective of the study was to assess the barriers faced by patients in accessing healthcare services. The study included 397 inpatient department (IPD) patients, and it was found that 90% of them expressed satisfaction with the overall services provided by the hospital. Furthermore, 98% reported satisfaction with the discharge process. Common issues identified in the study included long wait times for elevators. Recommendations suggested in the study involved reducing waiting times and patient volumes to allow doctors and physicians to allocate more time and attention to the patients they are attending to. Strengthening infrastructure and human resources was also identified as a necessity, along with maintaining proper cleanliness of the toilets. It should be noted that a limitation of this study was that the high patient satisfaction reported may have been influenced by patients' fear of providing negative evaluations.

❖ In a 2002 study conducted by Prahlad R. Sodani and Kalpa Sharma, patient satisfaction at a multi super specialty hospital in Delhi was examined to assess satisfaction levels across various dimensions of quality. The study encompassed eight different aspects of quality, including technical expertise, communication, interpersonal skills, financial considerations, convenience, and accessibility and time spent with doctors. A total of 100 patients from medicine, gynecology, and surgery departments participated in the study. The results revealed that both clinical and non-clinical outcomes influenced patient satisfaction.

Interpersonal manners of healthcare providers received the highest satisfaction rating, with 86.3% of inpatients expressing satisfaction, followed closely by the communication dimension at 85.4%. The dimension related to financial aspects had the lowest satisfaction rate, with only 61.6% of patients reporting satisfaction. Hospital services and time spent with doctors received satisfaction rates of 65% and 76.9%, respectively. These findings highlight the importance of effective time management by physicians in influencing patient satisfaction. Overall, the study determined that inpatient satisfaction was relatively high at 76%, surpassing findings from other studies. The study emphasizes the significance of patient feedback in identifying areas for improvement and enhancing hospital performance. These insights can be valuable in guiding strategies to enhance patient satisfaction and improve the quality of healthcare services.

❖ The article "Research on patients' perspectives in evaluating and improving the quality of care" by M. Wensing and G. Elwyn, published in 2002, focuses on understanding patients' viewpoints regarding healthcare, including their preferences, feedback, and evaluations. The study examines how patients prioritize various aspects of care and identifies a strong correlation between different ranking, rating, and voting methods used across different countries. Data was collected through a telephone survey involving 380 patients, which was then compared to medical records considered as the standard measure. Several methods were employed to gather preference data, including multi-attribute utility models, expectancy-value models, and conjoint analysis models. Patients' reports provided objective observations of the care process, irrespective of their own evaluations and preferences. In certain cases, these reports served as accurate observational methods. It is recommended to employ both qualitative and quantitative approaches when measuring patients' perspectives, ensuring careful examination of the method's reliability and validity. Additionally, the efficiency and effectiveness of these methods should be studied in terms of their impact on healthcare outcomes and processes.

❖ According to an article on the development of inpatient questionnaires by Hao-bin and Tu-bao Yang, various tools have been developed and tested to measure patient satisfaction, including complaints, audits, suggestion boxes, and satisfaction questionnaires. Among these, satisfaction questionnaires have emerged as a widely used and effective tool for measuring patient satisfaction.

The primary aim of this study was to establish a questionnaire for the Chinese population and assess its validity, reliability, and accessibility. The questionnaire was self-administered and utilized a large cross-sectional sample. The final version of the questionnaire consisted of 28 items that were finalized for the survey. Data analysis included employing descriptive statistics, where measures such as mean and standard

deviation were utilized for continuous variables, while categorical variables were represented using numbers and frequency distributions. The satisfaction rate was determined using established formulas from previous studies, and data analysis was conducted using SPSS 17.0 software. Statistical significance was set at a P-value of less than 0.05. Multiple regression analysis was conducted to identify significant relationships between background variables like gender, age, occupation, and overall satisfaction among inpatients.

The overall satisfaction rate in this study was found to be 89.6%. The highest satisfaction was recorded with regards to the quality of care provided by doctors, while the lowest satisfaction was reported for the hospital's environment and facilities. Therefore, it is essential to focus on these areas to improve patient satisfaction and enhance the effectiveness of the hospital. One limitation of this study was the constraint of the communication method, as many participants were from rural areas. Additionally, some patients had incomplete demographic details due to factors such as unemployment or young age, which hindered the recording of their basic information.

❖ A study was conducted by Saravankumari, A.D., D. Thamaraval Selvi, and Rajesh Kumar R. to evaluate the satisfaction level of patients receiving inpatient services at a secondary-level government hospital. The primary motivation for patients to choose a government hospital over private one is the availability of better treatment at lower costs, as private healthcare services are often unaffordable for many patients. The responses obtained from patients were influenced by their socioeconomic background and perceptions.

Significant dissatisfaction was observed with regard to certain amenities, such as the quality of linen, cleanliness of toilets, and lighting. To improve the quality of healthcare services, hospital staff and managers should be encouraged to utilize patient surveys not only as a tool for auditing but also for evaluating the performance of the hospital and its staff.

In a 2010 article by Harry N. Boone, Jr. and Deborah A. Boone, the correct analysis of Likert data is discussed. The article highlights the distinction between Likert type scales and Likert types of items. Likert types of items refer to individual questions that utilize a subset of the original Likert response options. On the other hand, a Likert scale consists of multiple Likert-type items combined into a composite scale, which is used for the quantitative measurement of personality traits or characteristics during data analysis.

Steve's scale of measurement is referenced in the article as a useful tool for understanding the available options for analyzing Likert data. The Likert scale itself is considered an ordinal measurement, and descriptive statistics are commonly recommended for its analysis. Additionally, the article suggests alternative analysis methods such as the chi-square measure, Kendall Tau C, and Kendall Tau B.

METHODOLOGY

❖ **RESEARCH QUESTIONS**

What is the level of satisfaction of IPD patients at Yatharth Hospital

❖ **OBJECTIVES**

1. To study the level of satisfaction of IPD patients.
2. To identify areas with low satisfaction levels in the IPD.

❖ **STUDY DESIGN**: A study was conducted using a descriptive cross-sectional design.

❖ **STUDY SETTING**: Feedbacks forms survey will be distributed to the patient in IPD including all speciality (Urology, Orthopedics, Spine care, General surgery, Cardiac, Neurology, Nephrology, Gynecology)

❖ **STUDY POPULATION**: Patients admitted as in-patients during the month of March 2023 to May 2023.

❖ **INCLUSION CRITERIA**: Patients over 15 years of age and those willing to participate, at least 24 hours of Hospital stay, emotionally stable and satisfactory level of consciousness.

❖ **EXCLUSION CRITERIA:** Excluded from the study were patients below 15 years old and those above 75 years old, as well as individuals who were unwilling to participate, mentally challenged, under the influence of drugs or alcohol, or had disabilities. Patients who were referred to other hospitals and who left against LAMA (Leaving Against Medical Advice). All the critically ill patients from ICUs, NICU, PICU, ICU, and HDU were also excluded.

❖ **STUDY TOOLS**: Self-administered questionnaire and the tool used for assessment of the satisfaction of in-patients will be rated on a Five-point Likert scale. Each subcomponent assessed satisfaction related to the admission process, medical services, nursing services, diagnostics services, F&B service, Housekeeping serving and Discharge process.

❖ **STUDY DURATION**: 90 Days.

❖ **STUDY TECHNIQUE**: Random Sampling.

❖ **SAMPLE SIZE** : 400

❖ **DATA ANALYSIS**: The responses from the questionnaire were collected and analyzed with excel. Percentage analysis was done.

❖ OPERATIONAL DEFINITION

Patient satisfaction refers to the emotional state of patients and their evaluation of the healthcare services they have received. It represents the level of alignment between patients' expectations of ideal care and their perception of the care actually provided to them.

Quality of care refers to the extent to which healthcare services, both for individuals and the population, enhance the probability of achieving desired health outcomes. High-quality healthcare services should demonstrate effectiveness, safety, and a patient-centred approach.

Patient feedback : It is a valuable source of information that offers significant insights into the perceptions and opinions of patients regarding the healthcare services they have received.

❖ ETHICAL CONSIDERATION

Informed verbal consent was taken from all patients. All patients were given a chance to ask questions before starting to respond to the Questionnaire. Confidentiality of the data will be maintained, and the data is only taken for study purposes and no information about various hospital services would be revealed elsewhere other than for academic purposes. Supporting staff and doctors were largely kept unaware of this survey except in circumstances which are unavoidable, this step was taken to avoid any bias in their behaviour towards patients.

RESULTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS.

Table 1. Age group of the patients

Age Range	Number of People	Percentage
18-22	23	5.83%
23-27	33	7.92%
28-32	35	8.96%
33-37	35	8.75%
38-42	37	9.38%
43-47	40	10.00%
48-52	42	10.42%
53-57	41	10.21%
58-62	35	8.96%
63-67	35	8.96%
68-72	24	6.04%
73-77	14	3.54%

Table 2. Number of stays

No of Days	Count	Percentage
1 to 3	284	71.00%
4 to 6	80	20.00%
7 to 9	20	5.00%
10 to 12	6	1.40%
13 to 15	6	1.40%
16 to 18	0	0%
19 to 21	2	0.60%
22 to 24	2	0.60%

Table 3. Gender distribution of patient

Gender	Count	Percentage
M	199	49.79%
F	201	50.21%

- Table 1. provides information about the age distribution of patients, indicating the number of people and the corresponding percentage within each age range. Here are some insights based on the given data:

  Largest Age Group: The age group with the highest number of people is 43-47, consisting of 40 individuals, representing 10.00% of the total.

  Age Range Concentration: The age ranges from 43-47, 48-52, and 53-57 have a relatively high concentration of patients, each accounting for around 10% of the total.

  Broad Age Distribution: The age distribution appears to be fairly evenly spread across the provided age ranges, with the number of people ranging from 14 to 42 across the different groups.

  Higher Representation of Middle-Aged Individuals: The age ranges between 38-42 and 53-57 have a relatively higher number of patients, accounting for approximately 9-10% each.

  Young Adult Representation: The age ranges from 18-22 and 23-27 have a lower representation compared to the other groups, with 5.83% and 7.92% respectively.

  Consistent Representation: Age groups from 28-32 to 63-67 have consistent representation, with 35 patients in each group, accounting for approximately 8.75% to 8.96% of the total.

  Older Adult Representation: The age groups from 68-72 and 73-77 have fewer patients, with 24 and 14 individuals respectively, representing 6.04% and 3.54% of the total.

- Table 2. provides information about the length of hospital stays for patients, including the count and corresponding percentages within each duration range.The data shows the distribution of hospital stays based on the number of days. The majority of patients, accounting for 71.00% of the total, had a stay duration of 1 to 3 days. This indicates that most patients had relatively short hospital visits, potentially for minor ailments or routine check-ups.

A significant proportion, 20.00%, stayed in the hospital for 4 to 6 days, indicating a moderate level of medical care or treatment required. These patients likely had conditions that required more attention or monitoring.

A smaller percentage of patients, approximately 5.00%, had hospital stays ranging from 7 to 9 days. These individuals may have had more serious medical conditions or treatments that necessitated a longer duration of hospitalization.

A very small proportion of patients, 1.40% each, had stays lasting 10 to 12 days and 13 to 15 days. These cases likely involved complex medical situations or treatments that required an extended period of care.

No patients had stays exceeding 15 days, as indicated by the count of 0 in the 16 to 18 days range. This suggests that during the recorded period, there were no cases that required a hospital stay longer than 15 days.

Lastly, there were a few cases where patients stayed for 19 to 21 days and 22 to 24 days, each accounting for 0.60% of the total. These cases represent a very small proportion and may involve specialized treatments or complex medical situations.

- Table 3. The data shows an almost equal distribution of patients by gender, with males representing 49.79% and females representing 50.21% of the total count.

RESULTS OF THE SURVEY

1. **MEDICAL SERVICES**
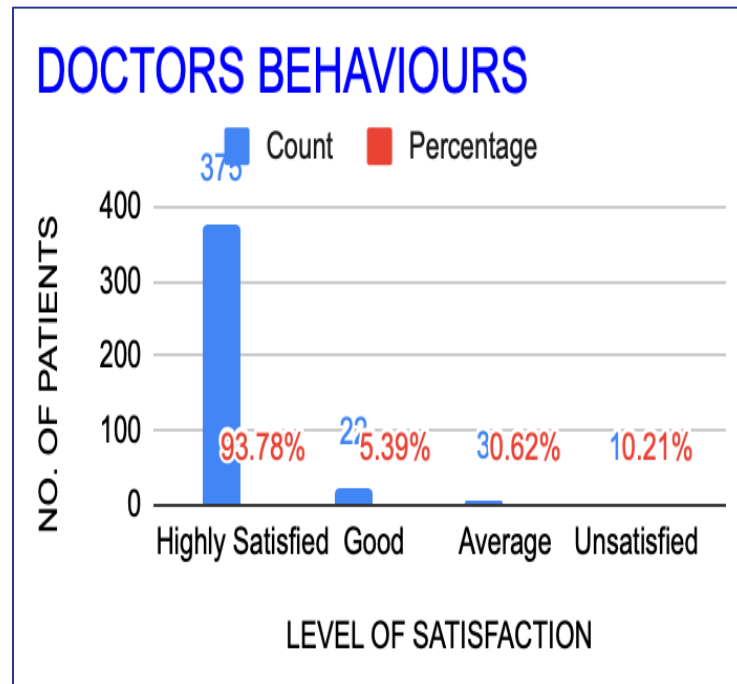
Out of 400 respondents, 93.79 % of patients were highly satisfied with the doctor's behaviour, whereas 0.21 % of patients were dissatisfied with the doctor's behaviour.
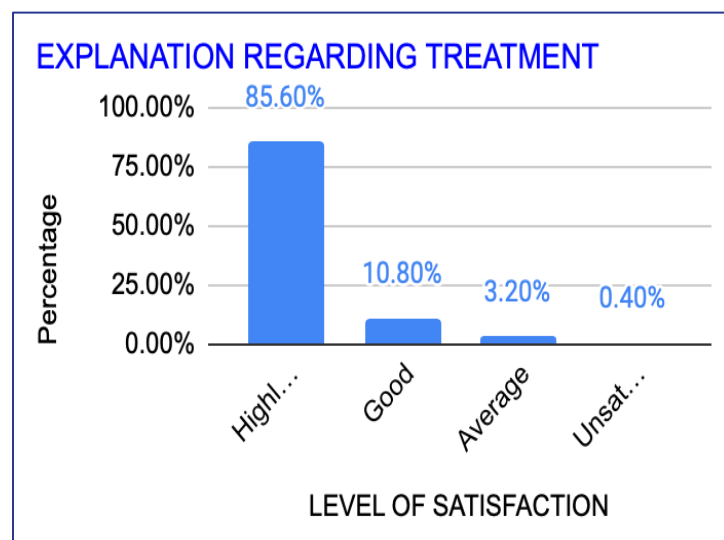
The majority of patients (85.60%) are highly satisfied with the treatment provided by doctors, with an average satisfaction rating of 3.20. However, a small percentage (0.40%) expressed dissatisfaction with their treatment.

REASON :
Not having sufficient time to listen to patients' complaints as they have either planned O.T. or have rounded on other floors.

RECOMMENDATION
1. Timely visits/rounds of doctors.
2. Empathize with the Patient.
3. Give the required time to patients, to describe their symptoms.
4. Provide culturally responsive patient care.

2. NURSING SERVICES
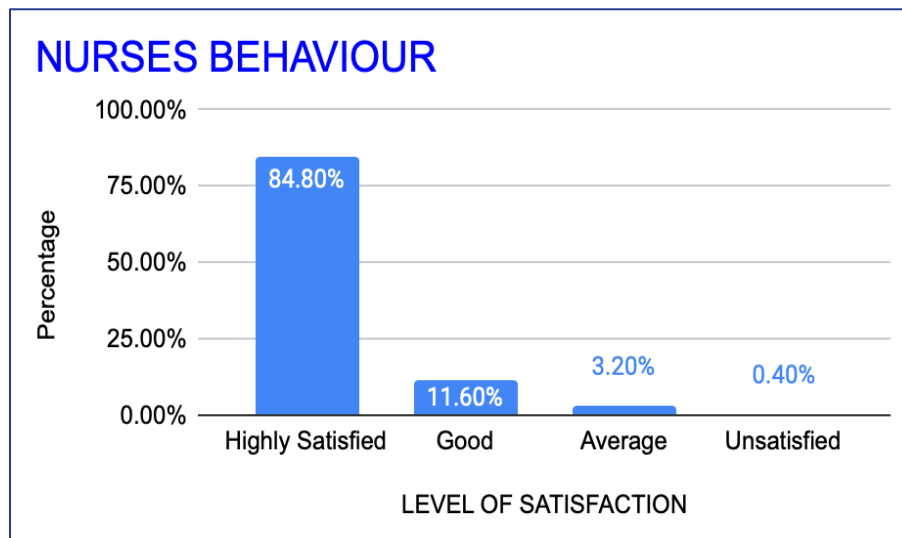
A significant majority of patients (84.80%) reported being highly satisfied with the behaviour of nurses, with an average satisfaction rating of 3.20. However, a small percentage (0.40%) expressed dissatisfaction with the behaviour of nurses.

RESPONSE TO CALL BELL
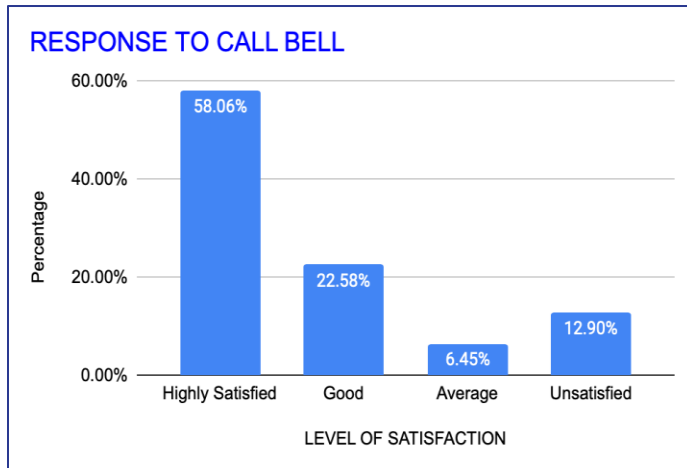
A moderate percentage of patients (58.06%) reported being highly satisfied with the response to call bells by nursing staff, indicating room for improvement. However, a notable percentage (12.90%) expressed dissatisfaction with the response time, suggesting a need for better responsiveness to patient needs.

RECOMMENDATIONS

1. Hiring more nursing staff to have a high nurse-to-bed ratio.
2. Staff should respond promptly on bed calls.
3. Nursing staff should continuously monitor the level of drip to avoid any injury.
4. Timely indent of necessary medicine without any delay.
5. Carefully attach the reports in the correct patient's file.
6. Nursing staff should have good command of Hindi as the majority patients are from rural background and they face difficulty in understanding English.

3. F&B SERVICES

F & B Services

A majority of patients (62.20%) expressed satisfaction with the hospital food, indicating that the quality or taste of the food was generally acceptable. However, a small percentage (4.20%) reported being unsatisfied, suggesting room for improvement in the quality and timely availability of food provided to meet patient preferences.

RECOMMENDATIONS:

1. Patient preference for food should be asked to save food wastage.
2. Diet chart to be explained at length.
3. Develop recipes so that younger patients at the hospital can enjoy healthy versions of their loved foods.
4. Update hospital food service policies.
5. Know your patient well, before preparing a diet chart.

4. HOUSEKEEPING SERVICES

CLEANLINESS & UP KEEP OF HOSPITAL
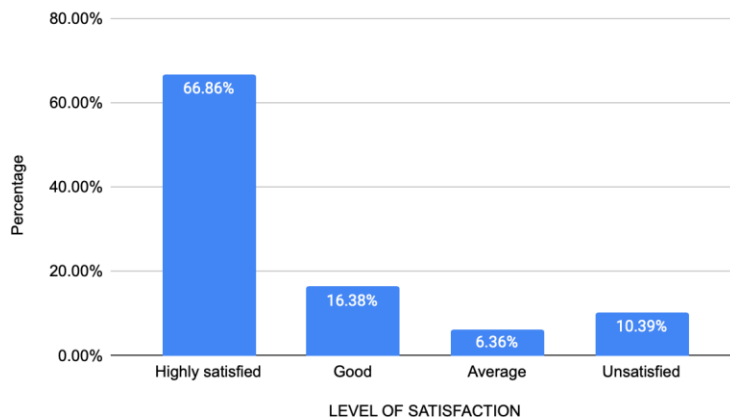
A significant proportion of patients (66.86%) reported being highly satisfied with the cleanliness and upkeep of the hospital, indicating a generally positive perception of the facility's hygiene standards. However, there is a notable percentage (10.39%) of patients who expressed dissatisfaction, suggesting the need for improvement in maintaining cleanliness and overall upkeep of the hospital environment.

RECOMMENDATIONS:

1. Soft, comfortable, and clean linen should be provided to patients.
2. Laundry services should improve.
3. Housekeeping staff should be more polite.
4. No strong cleaners to be used while cleaning rooms.
5. More housekeeping staff is required as the workload is high in IPD.

6. Promptness response to a service call.
7. The floor area is kept dry.
8. Signage for the wet floor to be used.
9. Rooms & toilets need to be cleaned regularly.

5. OVERALL DISCHARGE PROCESS
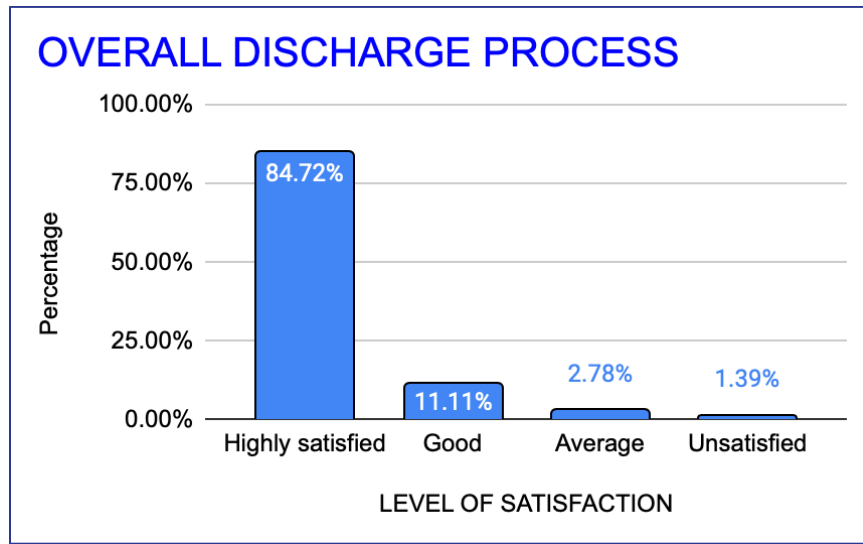
84.72% of patients were satisfied with the overall discharge process whereas 1.39% were not. Less than half of the patients (48.87%) reported being satisfied with the explanation of their bill by the billing department, suggesting a potential gap in effectively communicating and clarifying financial matters. A small percentage (4.92%) expressed dissatisfaction, highlighting the importance of improving transparency and clarity in the billing process to enhance patient satisfaction.

RECOMMENDATIONS:

1. Efficient billing system
2. Planned discharge.
3. Daily review of delayed patients.
4. Effective communication between doctors and nursing staff.
5. Timely summary preparation.
6. Timely medication return.
7. Cross-checking files before sending them to the bill.
8. Ensuring all the test reports of the patients have been collected.

6. PATIENT COORDINATION

TIMELY ADDRESAL OF COMPLAINTS
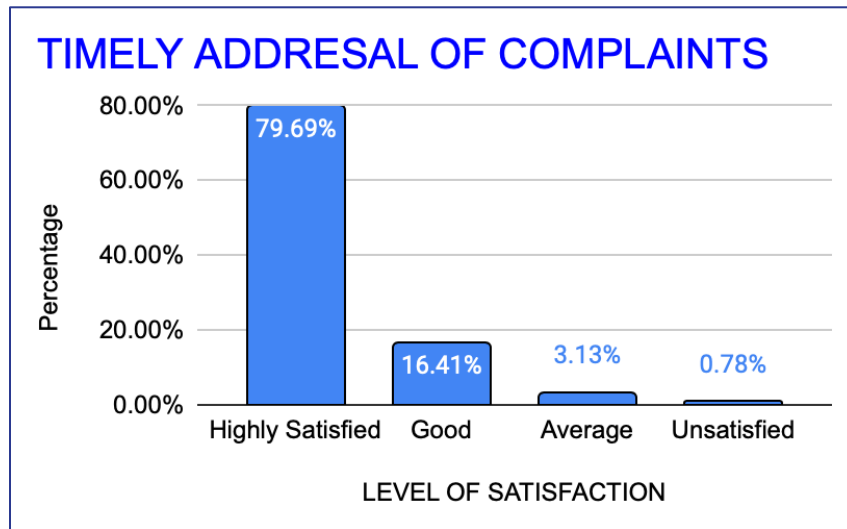
A significant proportion of patients (approximately 79.69%) expressed satisfaction with the prompt resolution of their complaints, whereas 0.78 % responded that their complaints are not addressed properly. Patients' complaints regarding the non-availability of Wi-Fi services, quality of food, and doctors' rounds were not addressed on time which leads to dissatisfaction in patients.

RECOMMENDATIONS:

1. Hospitals should develop processes for addressing complaints of patients and their grievances to comply with accreditation standards and federal regulations.
2. Implement procedures, policies and processes for the resolution and investigation of patients' complaints.
3. Effective communication skills to listen effectively.
4. Proactive approach to solving problems.
5. Track complaints and implement initiatives for improvement.
6. Empower the frontline staff so that they can act as the first line of defence against complaints.

7.OVERALL EXPERIENCE
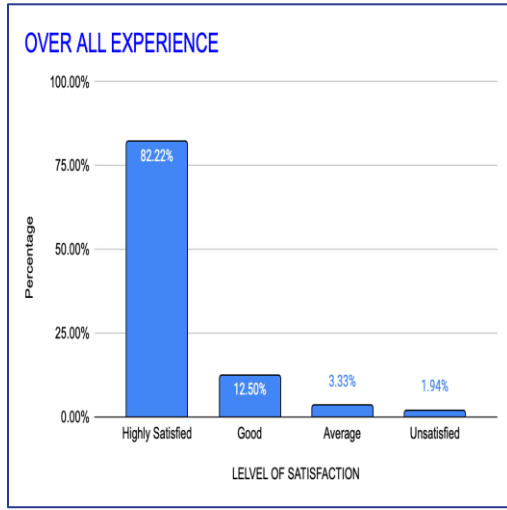
The Graph shows the satisfaction level of the patients for overall experience in their accommodation in the hospital, 82.2% said that their overall experience was excellent. There is high chance that a satisfied patient will choose the same healthcare services in future and will also suggest the hospital to his known ones and friends for any treatment.

Therefore, it is necessary to ensure patient satisfaction at the hospital and there are ways to ensure it by-

- Educating the staff
- Collecting patient feedback
- Take necessary action on feedback
- Follow up with the patients.
- Ensuring best practice by improving services.

CONCLUSION

This study shows that patients in IPD wards of hospitals were satisfied with medical services by doctors, and nursing staff. The inpatient department is considered an important part of the hospital. Patient satisfaction is important for any hospital whether it is Private, Government or Corporate.

Five major quality dimensions were-

- Ease of getting admission.
- Explanation about treatment by doctors
- Behavior of nurses
- Support extended by floor managers.
- Quality of food.

The hospital's services are largely satisfactory, which is encouraging. However, efforts should be made to enhance existing policies in order to achieve 100% patient satisfaction. It is worth noting that satisfied patients are more likely to refer others to the hospital. Evaluating patient satisfaction on a regular basis is vital as it serves as a gauge of the healthcare system's effectiveness and aids in pinpointing areas that need improvement in service delivery. Therefore, conducting frequent and consistent assessments of patient satisfaction is essential for continuously improving the quality of hospital services.

To address the concerns and queries of patients and their attendants, the establishment of a patient counselling and health education cell should be considered. This dedicated resource can provide support, guidance, and education to patients, helping them better understand their conditions and treatment options. By addressing patient queries and providing relevant health information, such a cell can contribute to improving overall patient experience and satisfaction.

The patients' perception of inpatient services revealed that 82.2% of them expressed satisfaction with the overall services provided by the hospital. However, the patients expressed the least satisfaction with the cleanliness of toilets and rooms, as well as the speed of the discharge process. The study identified various challenges in accessing services, including patient overload, inadequate staffing, longer waiting times for diagnostic services, and a lack of skilled staff. The study findings provide valuable insights for improving the quality of services offered by the hospital. The hospital must respond timely to significant complaints and take necessary actions without penalizing patients for complaining. Make use of feedback given by patients to improve and analyze the work of physicians, staff, and the system. The personal characteristic of the patient is found to be associated.

" Each Hospital should strive to provide good quality of healthcare services and soar above every and each patient's expectation." A satisfied and happy patient is a practice builder.

DISCUSSION

Patient satisfaction is one of the important domains of healthcare system research and involves process evaluation and analysis of cost. When there is concern extent to which the patients are happy and satisfied with the context, cost of treatment, and process, then the relevant measure of patient satisfaction can be viewed as a process measure. In our study, the overall IPD Patient satisfaction was 82.2%. According to previous studies, our study also suggests that not only diagnostic services but also interpersonal skills play a vital role in patient satisfaction. There is a correlation between the overall experience at the IPD department with respect to diagnostic services and nursing staff promptness. To achieve a high level of satisfaction the "perception gap" that is the gap between their perceptions of quality care and the patient's expectations. If the perception gap is non-existent and the performance level is at "delight", the patient will be happy and satisfied. Staff behaviour, courteous and polite staff has been considered a necessity for Hospital IPD services. Waiting time, despite the actual wait length, is an important area to consider for enhancing overall satisfaction ratings.

LIMITATIONS

- ❖ One limitation of the Likert scale is the potential clustering of results at each end of the scale, as respondents may lean towards selecting the most extreme options or choose the neutral option.
- ❖ Time constraints during data collection may have limited the depth and quality of responses from participants.
- ❖ A high level of satisfaction reported by patients may be influenced by a ceiling effect, where individuals fear providing negative evaluations, leading to an overestimation of satisfaction levels.
- ❖ The use of self-selection bias is a limitation as patients were interviewed based on their willingness to participate, which may affect the representativeness of the sample.
- ❖ Communication barriers could have affected the accuracy and comprehensiveness of the data collected, potentially resulting in misunderstandings or incomplete responses.

RECOMMENDATIONS

❖ Patient counselling and health education cells must be developed nearby the registration counters where the attendants and patients can solve their queries
❖ Charges should be reduced" was a very common suggestion given by most of the patients.
❖ Proper signages system for the use of drinking water and toilets should be there.
❖ Recruitment of more GDA staff is needed.
❖ Nursing staff should be educated through on-the-job training programs.
❖ More privacy can be provided to patients at the time of examination by putting curtailing and unnecessary staff movement in and outside the chamber.
❖ Behavior of the front office can be further improved by educating them towards a more polite attitude with patients and their attendants as the front office is the first point of contact the customers come into.
❖ Efforts are required to strengthen the hospital infrastructure and resources.
❖ Waiting areas should be less crowded with proper sitting arrangements.
❖ The hospital manager should conduct frequent evaluations of patient satisfaction and offer on-the-job assessments.
❖ Providing training to healthcare professionals within the hospital setting to enhance their skills and enhance patient satisfaction.
❖ Periodic assessment should be conducted to assess the quality of healthcare services, and further research should explore different aspects of patient satisfaction, such as the dimension of facility design. This is suggested as a crucial step in enhancing the performance of the healthcare delivery system.
❖ Improvement in basic amenities like the cleanliness of toilets and quality of gowns.
❖ Hospital should develop a process for addressing complaints of patients and their grievances to comply with accreditation standards and federal regulations.
❖ Implement procedures, policies and processes for the resolution and investigation of patients complain.
❖ Improve employee engagement and adopt the latest innovative technology.
❖ Extend the time with the IPD Patients, can improve the satisfaction of patients and helps in building physician Patient relationship.

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