

# **Summer Internship Report**

**At**

**Surbhi Hospital (April 22<sup>nd</sup> to June 21<sup>st</sup>, 2024)**

**A Report**

**By**

**ABHISHEK SINGH**

**PGDM (Hospital and Health Management)**

**(2023-2025)**



**International Institute of Health Management Research,  
New Delhi**

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**CERTIFICATE OF APPROVAL**

**Certificate of Approval**

The Summer Internship Project of titled "Optimizing turnaround time for chemotherapy: **Patient Satisfaction with Out Patient Department Service.**" at "**Surbhi Hospital**" 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 **Post Graduate Diploma in Health and Hospital 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 report only for the purpose it is submitted.

**Dr. Punit Yadav**  
**Professor**  
**IHMR, Delhi**

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# FEEDBACK FORM

FEEDBACK FORM

(HHMR MENTOR)

Name of the Student: Abhishek Singh

Summer Internship Institution: Sushil Hospital

Area of Summer Internship: Out Patient department

Attendance:

Objectives met:

Deliverables:

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date:

Place:

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# CERTIFICATE



# SURBHI HOSPITAL

GOLF COURSE ROAD, MORNA, SECTOR-35, NOIDA, U.P- 201301

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Date **22/06/2024**

## TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. Abhishek singh S/O Mr. Satish Singh has done his summer training in our hospital from 22/04/2024 to 21/06/2024. During this Period he was posted as trainee in various departments. He is hard working and quick learner, during the training period his work was excellent.

We wish him all the best for his future endeavors.

excellent

  
Dr. Om Prakash 22/06/24

Dr. OM PRAKASH  
(Medical superintendent)  
SURBHI HOSPITAL PVT. LTD.  
SECTOR-35, NOIDA-201301

A UNIT OF SURBHI HOSPITAL PVT. LTD.

REGD. OFFICE : HOUSE NO.81,POCKET-B,SECTOR-G,GROUND FLOOR,MAYUR VIHAR,PHASE-3,NEWDELHI-96  
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## ACKNOWLEDGEMENT

I want to thank Surbhi Hospital, for providing me an exposure through the course of my report. I would like to express my sincere gratitude towards Medical Superintendent Dr. Omprakash sir for providing me great insights

at this Hospital and for guiding me throughout and for being a great support. I am grateful to the OPD Department for helping me to get the information and valuable experience.

I would like to thank Dr. Punit Yadva sir, my faculty guide for instructing me and giving me his valuable advice on my project.

Last but not the least all my friends and family for their support and co-operation.

## **Executive Summary**

Patient satisfaction is a critical issue for healthcare providers, patients, and various third-party players in the medical sector. For healthcare professionals, guaranteeing consumer happiness is a continuous endeavor. Therefore, it is essential for businesses to determine the true extent of consumer satisfaction. Health care practitioners do research to assess patient perceptions and determine strategies for enhancing service delivery.

However, identifying the suitable tool and methodology to effectively evaluate customer satisfaction levels is a considerable challenge for healthcare practitioners and scholars consistently. This article aims to clarify the factors that determine consumer pleasure and the methods that healthcare practitioners and researchers may utilize to ascertain the elements affecting patient satisfaction. This study clarifies the importance of patient experience at the hospital over multiple pages. This poll captures the patient's viewpoint regarding the quality of care provided.

This report will likely be the only document an expected investor sees initially; therefore, clarity and conciseness are essential. This study seeks to offer recommendations on effective and efficient strategies for improving the patient experience. Patient satisfaction is linked to improved communication between hospital personnel and

patients, as well as the mitigation of further complications. This study seeks to discover essential areas for quality enhancement by analysing patients' expectations, perceptions, and discrepancies. This report intends to analyse compliance and evaluate patient experience and associated factors during hospital visits or admissions, as well as assess satisfaction using the Patient Feedback Form to highlight areas for enhancement. The following objectives were accomplished with this effective audit:

- To determine the total proportion of patient admissions and respond to the feedback within one month.
- To evaluate compliance with the Feedback form.
- To evaluate the patient's feedback concerning the quality of care delivered by the hospital in the previous month versus the current month.
- To evaluate the experiences of patients in the outpatient department.
- To improve the quality of care provided by the hospital. A crucial outcome statistic for ongoing improvement.
- Essential for assessing consultations and communication dynamics.
- Systematic use of feedback aids in the selection of options.
- Coordinating or providing superior healthcare services.

## **ABOUT THE ORGANISATION**

**Surbhi Hospital** aims to be a reliable partner in our community by providing healthcare services, acknowledging quality assurance as a fundamental component of our development strategy. To deliver compassionate patient care grounded in evidence-based practice through our exemplary medical and support services.

### **Our Objective**

To give compassionate patient care grounded in evidence-based practice through our exemplary medical and support personnel, resulting in satisfactory service delivery.

### **Our Aspirations**

Surbhi Hospital aims to be a reliable partner in our community for healthcare services, acknowledging quality assurance as a fundamental component of our development strategy.

### **Quality Policy**

The hospital delivers medical care via technology to ensure ongoing enhancement in meeting the evolving demands of patients from economically disadvantaged backgrounds at a reasonable cost.

Our hospital's departments are organised by care, medical, or surgical specialities, led by recognised consultants. -

# **INTRODUCTION**

## **PATIENT SATISFACTION**

It can be described as the fulfilment or satisfaction of an individual's or consumer's (patient's) expectations regarding a service or product offered by healthcare providers. Upon arriving at a hospital, a patient possesses preconceived notions regarding numerous facets of the institution, shaped by its reputation and associated costs. Their primary expectation is to be treated and return to work; however, other elements also influence their satisfaction. Occasionally, individuals may assign a hospital a negative rating based on information obtained from several external sources, although they may ultimately find it exceeds their expectations and feel satisfied.

Likewise, if individuals possess elevated expectations of a hospital based on external information, but subsequently discover it falls short of those expectations, they will experience dissatisfaction. Hospitals have broadened their range of specialities, enhanced technologies, upgraded buildings, and faced heightened rivalry, resulting in significantly elevated expectations from patients and their families. Consumer expectations in medical experiences affect the timeliness and frequency of their healthcare-seeking behaviour and the choice of medical facility. Elevated expectations of a medical organisation signify a favourable societal reputation, which is crucial for patient attraction; conversely, diminished expectations discourage patients from seeking prompt medical assistance, adversely impacting both the individual and the healthcare provider. Nevertheless, too high and unrealistic expectations may result in unhappiness, even in the presence of adequately competent medical standards.

Historically, there were limited government hospitals that required no fees from patients. Consequently, the patients' expectations were exceedingly low. However, the situation has evolved. All hospitals, including government facilities, have been imposing fees on patients under the designation of user charges. The expense of private hospital care has significantly increased. The introduction of the Consumer Protection Act (1986) has significantly elevated patient expectations. Hospitals must exercise caution on patient dissatisfaction to prevent unwanted litigation.

Hospitals have transformed from isolated sanatoria to luxurious five-star establishments. Patients and their families visiting the hospital anticipate not just exemplary medical care but also amenities that enhance their

comfort during their stay. This shift in expectation has arisen from significant media growth and enhanced facilities.

Understanding of expectations and the influencing factors derived from the contemporary digital landscape, coupled with insights into the actual and perceived quality of healthcare provided by the referring hospital, collectively furnish the essential information for the design and execution of programs aimed at patient satisfaction.

Human contentment is a multifaceted concept influenced by various aspects, including lifestyle, past experiences, future expectations, and the ethical and economic ideals of individuals and society. In 1954, Maslow presented the hierarchy of needs pertaining to individual fulfilment and motivation. He asserts that human needs typically take precedence in the following sequence:

- Physiological
- Safety and security
- Sense of affiliation
- Esteem
- Self-actualization.

### **PATIENT EXPECTATION AND SATISFACTION**

Patient happiness in hospitals is contingent upon the organisation and efficacy of the healthcare system. The operation of the medical care system relies on diverse social, technical, and physical factors. The framework of the medical care system is influenced by governmental policies and the prevailing governmental structure, while its operation primarily relies on the individuals overseeing the system.

In a welfare state such as India, the government assumes the obligation of delivering free medical care to individuals who cannot pay it, necessitating the provision of complimentary consultations, medications, and treatment facilities. Individuals availing themselves of these services may express satisfaction with the hospital provisions due to their complimentary nature. However, once individuals recognise their entitlement to these services and the government's obligation to ensure their welfare when they are unable to buy them, their expectations escalate uncontrollably.

### **BARRIERS OF PATIENT SATISFACTION**

The primary obstacles to patient satisfaction include insufficient doctor-patient interpersonal interactions, the conduct of medical and nursing staff, disagreements, financial considerations, insufficiently equipped facilities, and the unavailability of sufficient services and products. The primary obstacle to improved health care for individuals in underdeveloped nations is the lack of access to fundamental health care services and facilities. Additional factors include prolonged waiting periods, prohibitive medical expenses, and laboratory investigations. Additionally, patient personality influences satisfaction; older patients and those with lower levels of education tend to exhibit greater satisfaction. Furthermore, psychological status influences the discrepancy between patients' reported happiness and their actual experiences, as they harbour concerns about receiving inadequate treatment during future visits to the same healthcare facility.

Numerous factors influence patient satisfaction, including the type and quantity of diagnostic tests conducted, effective communication with healthcare professionals, their compassion and empathy, service accessibility, and duration of the engagement. Patients anticipate high-quality healthcare services; nevertheless, inadequate equipment, disorganisation, and the absence of dedicated staff result in patient dissatisfaction. A comfortable waiting area, appropriate room temperature, purpose-designed hospital architecture, well-maintained restrooms, and clearly legible signage are essential. This study aims to assess the socio-demographic profile of OPD patients and their overall satisfaction levels, considering the current scenario surrounding OPD satisfaction

!

### **OPD PATIENT FEEDBACK**

The outpatient department (OPD) acts as the initial point of interaction between the hospital and patients, functioning as the showcase for healthcare services offered to the community. The care in the outpatient department is said to signify the quality of services offered by a hospital, as evidenced by patient satisfaction with those treatments.

The Outpatient Department (OPD) Services is a critical component of Hospital Administration. The patient will receive treatment without hospital admission and will return home immediately after the procedure is completed. Outpatient Department (OPD) services may also be referred to as Ambulatory Care Services. The clinic serves as the mirror of the hospital, reflecting its operations as the initial point of interaction between the patient and the hospital personnel.

Satisfaction is fundamentally influenced by the interplay between patient expectations and the delivery of services. If healthcare does not meet expectations, the patient is dissatisfied; conversely, if it aligns with their hopes, satisfaction ensues. Patient satisfaction is a comparison between the patient's expectations and the actual experiences encountered throughout the delivery of healthcare services.

### **FEEDBACK**

1. What is your opinion regarding the medical care provided by the physicians?

2. How clearly did the doctor elucidate the patient's problems and treatment plan?
3. How would you evaluate the communication and technical competencies of the nurses?
4. Did the nurses attentively listen to and comprehend the patients' concerns?
5. Was the patient informed about the discharge procedure?
6. Information exchange between hospital reception personnel and patients?
7. Timely execution of the discharge process?

## **REVIEW OF LITERATURE**

An exhaustive literature evaluation has been undertaken to attain a deeper knowledge of research concerning Patient Satisfaction.

Definition of patient satisfaction: -

Patient satisfaction is an individual's positive or negative emotional response derived from evaluating the perceived performance or outcome of a product or service against their expectations. It may be defined as a consumer's emotional response to a particular consumption experience. It is the assessment that a product or service's attributes, as well as the product or service itself, deliver a gratifying level of consumption-related satisfaction.

Fitzpatrick (1991) asserts that happy patients are more inclined to adhere to prescribed therapy and utilise health services more effectively. Consequently, patient happiness was regarded as a proxy measure legitimising and substantiating healthcare policies. Patient satisfaction and service quality are multifaceted facets. To enhance the quality of health services, it is imperative to gather input from consumers, whether they are patients or their representatives. Satisfaction in all facets primarily hinges on expectations. To assess the quality of services in a hospital, it is essential to examine the expectations and perceptions of patients or their representatives, as well as their knowledge, in order to determine service quality.

Quality in healthcare has two dimensions: technical quality (outcome quality) and functional quality (process quality). Technical quality pertains to the precision of medical diagnoses and procedures, while functional quality relates to the manner in which healthcare services are provided to patients. Due to the majority of patients lacking the necessary expertise to assess the technical quality of services, their appraisal of quality relies on the medical care process. 1 Measuring patient satisfaction or service quality comprehensively is challenging due to the multidimensional nature of service quality.

The SERVQUAL model, developed by Parasuraman, is one of the various ways for assessing patient expectations and service quality. It is an exemplary paradigm for evaluating patients' expectations, perceptions, and service quality. SERVQUAL posits that quality is a subjective assessment by the client, as service constitutes an experience rather than a tangible product. 1 Previously, service quality was assessed by the disparity between consumer perception and expectation across 10 dimensions, which include reliability, tangibility, communication, security, credibility, competence, understanding, access, customer knowledge, and responsiveness. This model was further modified by Parasuraman, Berry, and service quality may be evaluated based on five dimensions: reliability, tangibility, responsiveness, assurance, and empathy, which were subsequently examined using 22 items. 2 In India, limited research has been conducted on the quality of healthcare services and patient satisfaction; nonetheless, there is a significant lack of understanding concerning patient satisfaction and the quality of health services in rural hospitals in West Bengal. Three, four, six The government health sector in West Bengal is the primary provider of health services for the populace. This survey was undertaken to assess patient satisfaction and perceptions, as well as the disparity between expectations and perceptions about critical components of hospital services, in order to find areas for improvement within health facilities. The notion of patient pleasure is crucial to comprehend, and it is widely acknowledged that patients frequent each hospital. It is responsible for promoting the hospital's positive image and ensuring patient satisfaction, both of which are equally crucial for hospital management. Moreover, patient satisfaction is of paramount importance as an indicator of care quality, as it reflects the provider's (hospital's) efficacy in fulfilling the values and expectations of clients or customers (patients), who are the ultimate authority in these matters. Consequently, the assessment of satisfaction serves as a crucial instrument for research, management, and strategic planning for the provider. The matter of patient

happiness has garnered heightened focus from executives within the healthcare sector. The assessment of patient satisfaction via surveys or feedback has enabled organisational leaders to integrate patient viewpoints, fostering a culture that prioritises service as a critical strategic objective for healthcare institutions. Nevertheless, despite numerous efforts and achievements in satisfaction measurement, data indicates that further work in this domain is necessary to achieve complete patient satisfaction in the near future.e.

### **Measurement of patient satisfaction**

The assessment of patient satisfaction is anticipated to assume a progressively significant part in the escalating demand for accountability among healthcare professionals, which has been predominantly focused on clinical processes and results under the quality-of-care framework. Patient satisfaction concerning outpatient and ambulatory care significantly influences hospitals' plans and tactics in providing patient services. Patient satisfaction is assessed across various dimensions of health services, including availability, accessibility, convenience, provider technical competence, interpersonal skills, and the physical environment of service delivery.

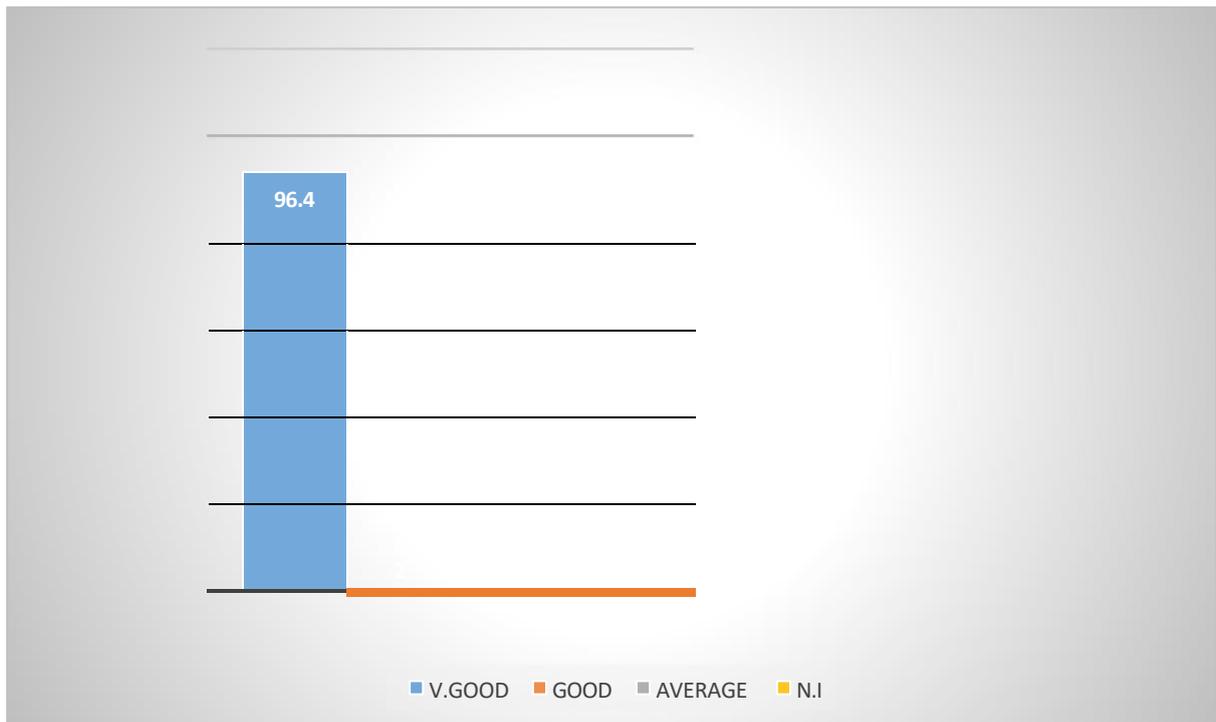
Hospital measurements can be conducted by surveys, feedback, internet reviews, ratings, patient scoring, or in-person discussions with patients. Subsequent analysis is conducted based on data gathered from surveys, feedback, reviews, ratings, and scores provided by patients consistently, with further enhancements implemented according to patient needs to increase service quality.

## **DATA ANALYSIS**

### **DOCTOR**

1. What do you think about the care you received from the doctors?

Month (2023)	V.GOOD	GOOD	AVERAGE	NEEDS IMPROVEMENT
JUNE	96.4%	2%	1%	0.4%



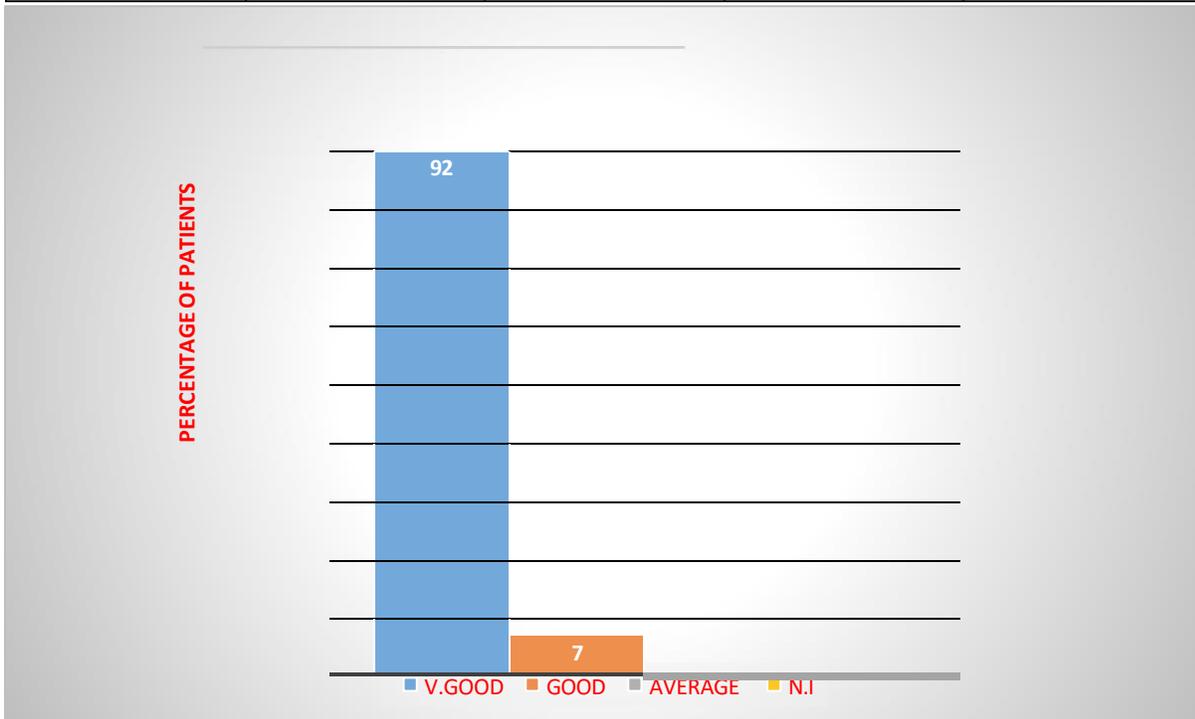
**INTERPRETATION:**

The above chart has shown: -

About 96.4% of the patients believe that doctors always treated them with courtesy and respect. Whereas, 2% of the patients felt that doctors treat them with courtesy and respect usually, while 1% feels it sometimes and 0.4% patient believe that doctors do not treat them with courtesy and respect.

2. How understandably the doctor explained the patient's conditions and course treatment?

Month (2024)	V.GOOD	GOOD	AVERAGE	NEEDS IMPROVEMENT
JUNE	92%	7%	1%	0%



**INTERPRETATION:**

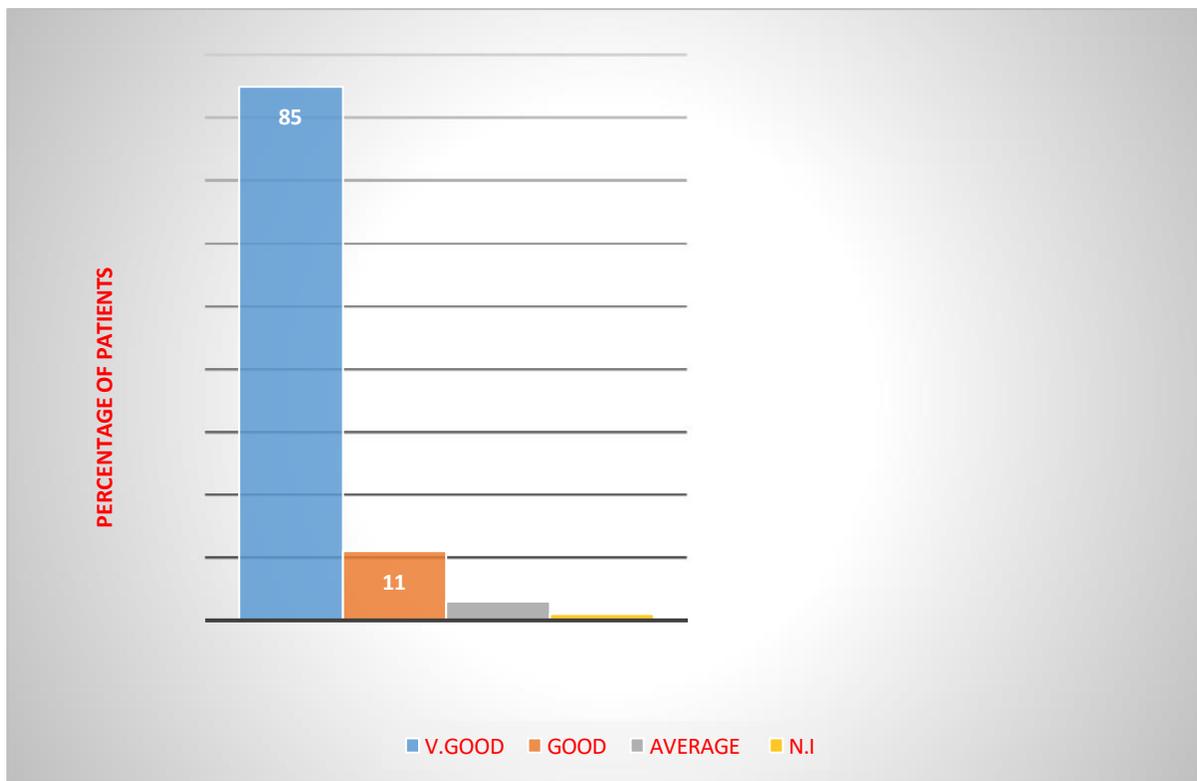
The above chart has shown: -

About 92% of the patients believe that doctors explained about the condition and treatment well whereas, 7% of the patients feels most of the time doctors explained about the condition and treatment and only 1% believe somewhat condition and treatment explained by the doctors in detail.

## NURSING

3. Nurses' contribution in maintaining cordial environment in the ward?

Month (2024)	V.GOOD	GOOD	AVERAGE	NEED IMPROVEMENT
JUNE	85%	11%	3%	1%



### INTERPRETATION:

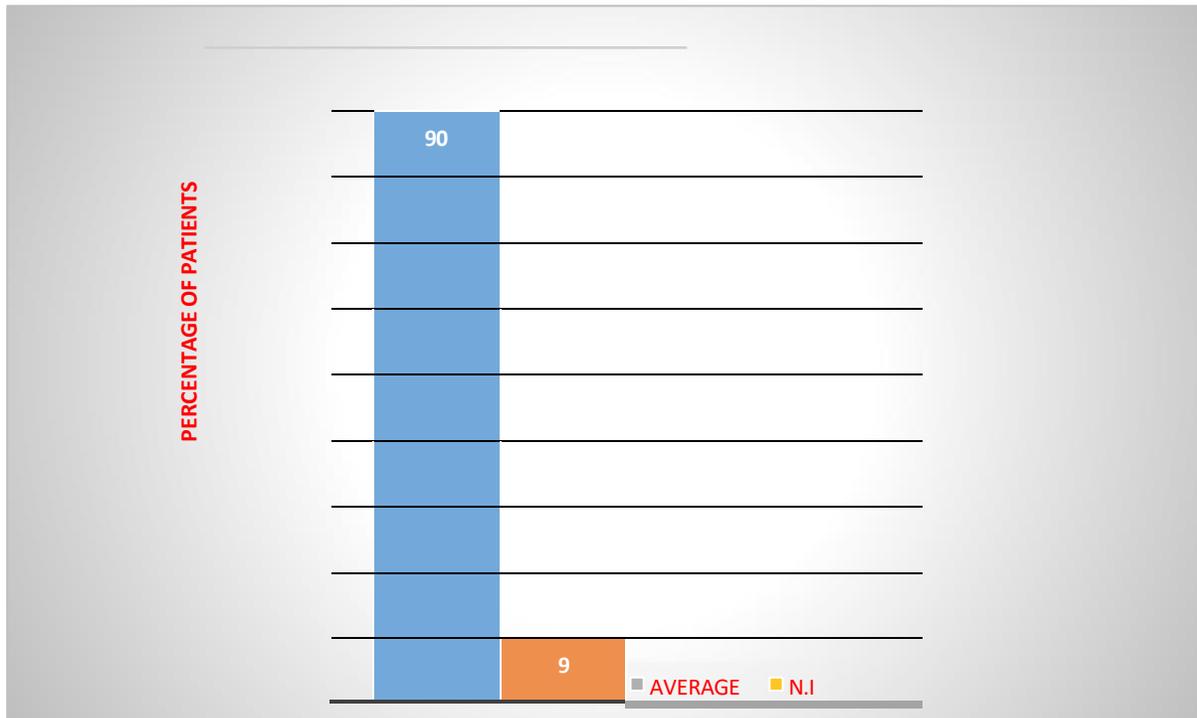
The above chart has shown: -

About 85% of patients felt completely satisfied with the instructions given by the

nursing staff about the physical facilities in the room and their usage, 11% patients felt that most of the instructions are provided, 3% patients felt that somewhat instructions were provided whereas only 1% patients were not at all satisfied.

4. How would you rate communication/technical skills of the nurses?

Month (2024)	V.GOOD	GOOD	AVERAGE	NEED IMPROVEMENT
JUNE	90%	9%	1%	0%



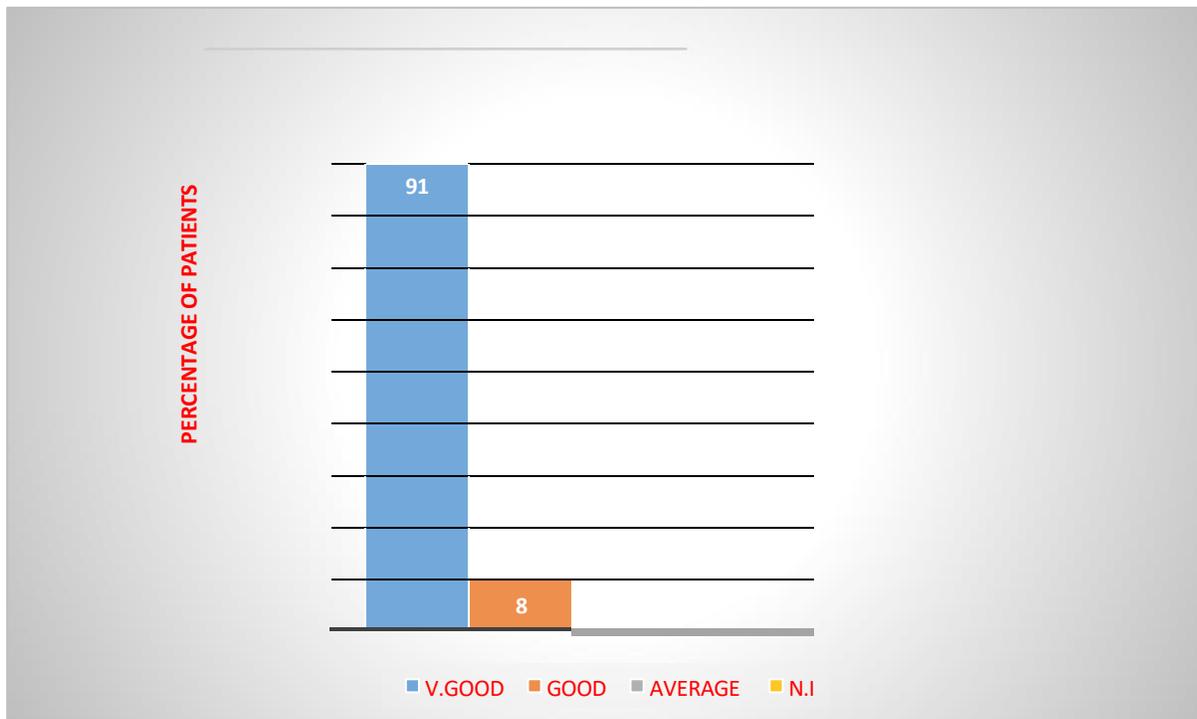
INTERPRETATION:

The above chart has shown: -

About 90% of the patients were completely satisfied with the communication of nursing staff, 9% of patients were mostly satisfied and only 1% of the patients were somewhat satisfied.

5. Did the nurses listen and understand patient's problems patiently?

Month (2024)	V.GOOD	GOOD	AVERAGE	NEED IMPROVEMENT
JUNE	91%	8%	1%	0%



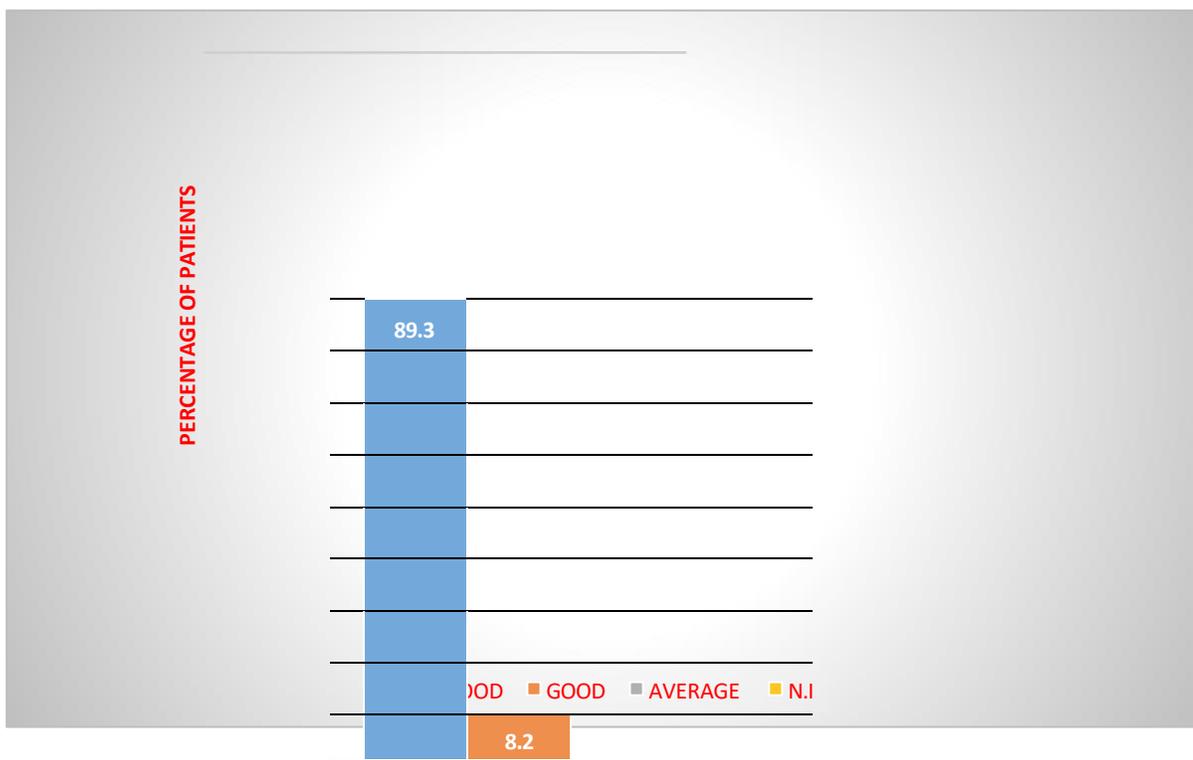
INTERPRETATION:

The above chart has shown: -

About 91% of patients felt nurses listen and understand their problems patiently, 8% patients felt nurses usually deals patiently and only 1% patients felt some times deals patiently with them.

6. Was patient briefed about the Discharge Process?

Month (2024)	V.GOOD	GOOD	AVERAGE	NEED IMPROVEMENT
JUNE	89.3%	8.2%	2%	0.4%



INTERPRETATION:

The above chart has shown: -

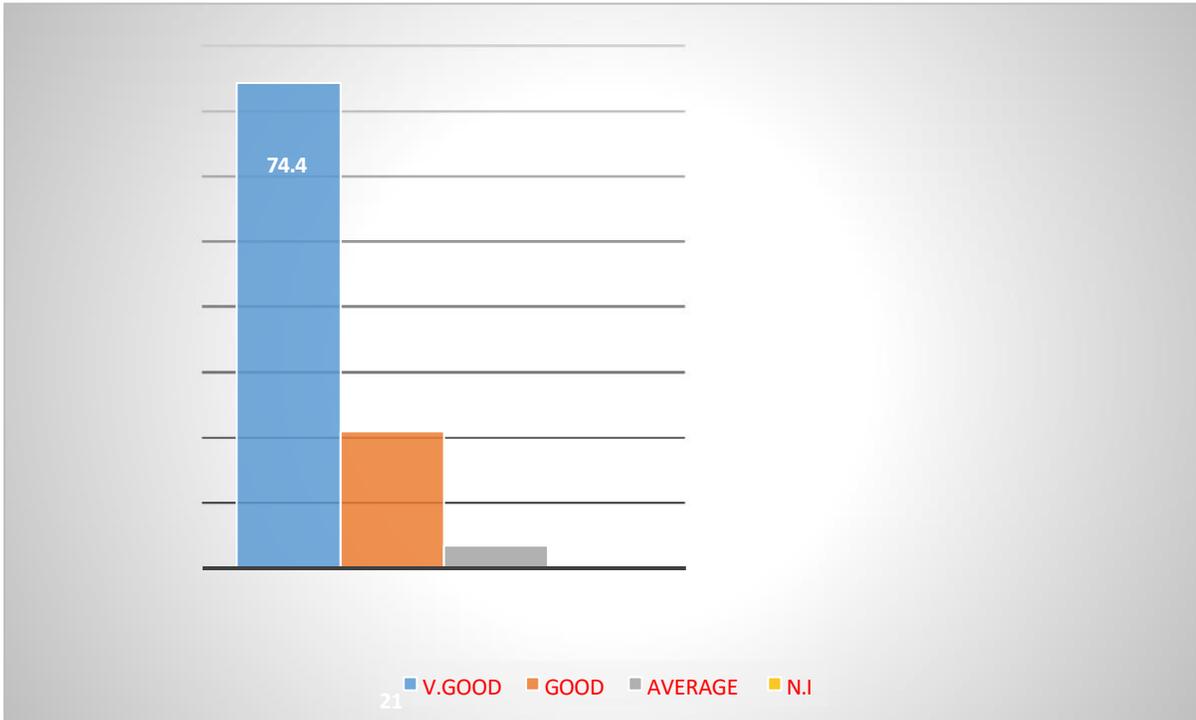
About 89.3% of patients felt that they were briefed completely with discharge

process, 8.2% felt most of the times whereas 2% felt somewhat briefed and only 0.4% felt not at all briefed.

## ADMISSION

### 1. Hospital reception staff information exchange with patient at the time of admission.

Month (2024)	V.GOOD	GOOD	AVERAGE	NEED IMPROVEMENT
JUNE	74.4%	21%	3.5%	0.4%



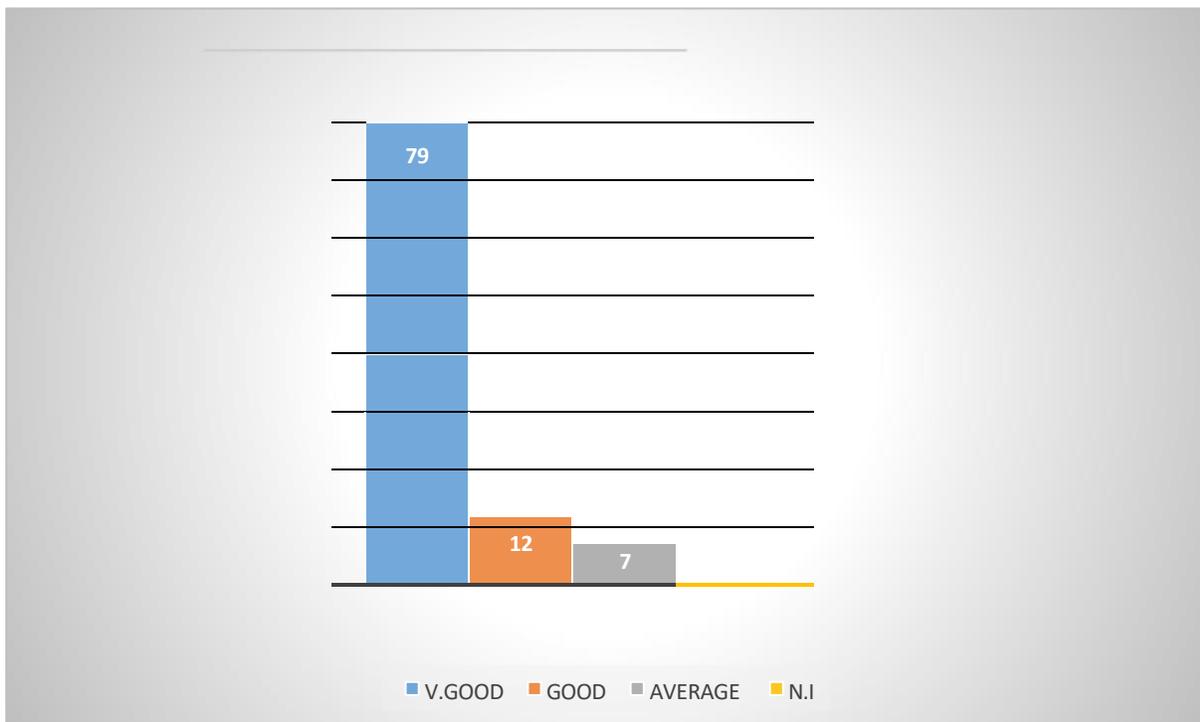
The above chart has shown: -

About 74.4% of the patients were completely satisfied with the information exchanged with patient at the time of admission by the Hospital reception staff, 21% of patients felt it most of the times and only 3.5% of the patients were not at all satisfied.

## DISCHARGE

Q. Timely completion of Discharge Process?

Month (2024)	V.GOOD	GOOD	AVERAGE	NEED IMPROVEMENT
JUNE	79%	12%	7%	2%



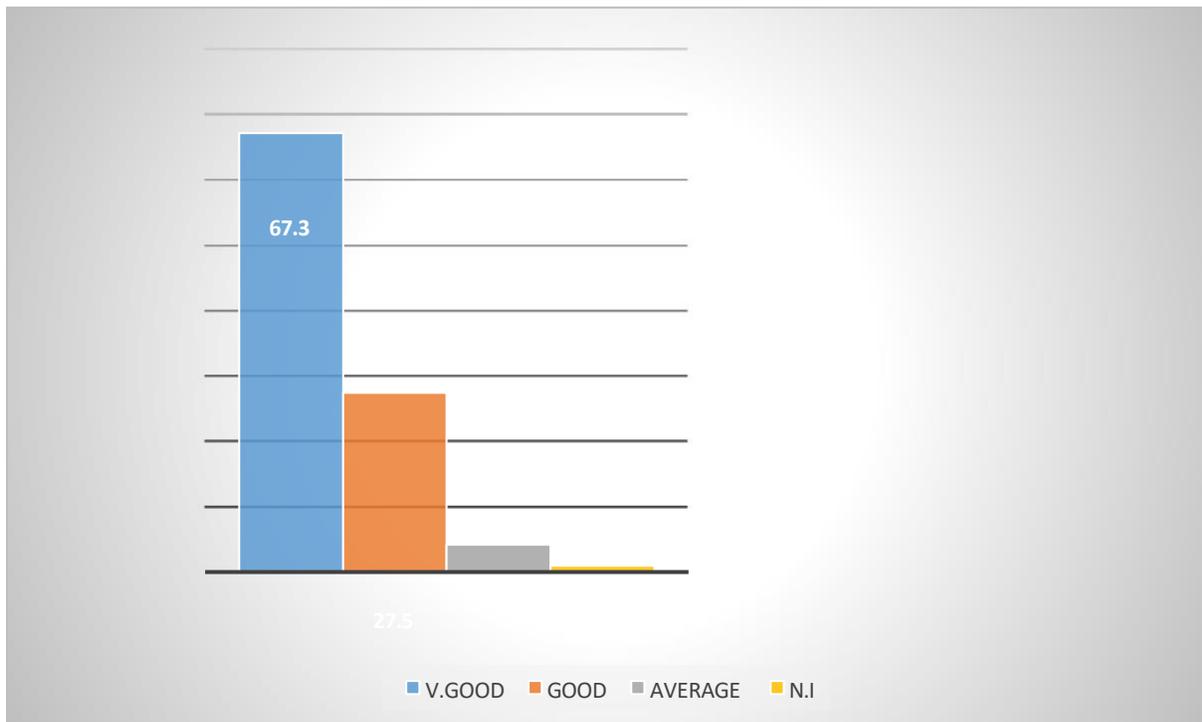
### INTERPRETATION:

About 79% of the patients believe that completion of Discharge Process is on time, whereas 12% felt that completion of discharge process was most of the times on time, 7% felt somewhat completion of discharge process on time and 2% patients felt not at all completion of discharge process on time.

## HOUSEKEEPING

1. How clean was the hospital Wards/ Toilets / Linen?

Month (2024)	V.GOOD	GOOD	AVERAGE	N.I
JUNE	67.3%	27.5%	4.2%	1%



INTERPRETATION:

The above chart has shown: -

About 67.3% of the patients believe that cleanliness standard of the hospital is excellent, whereas 27.5% of the patients feel it's good while 4.2% patients believe it's average and only 1% feels it is poor.

## **RECOMMENDATIONS**

During interactions with patients and their carers, the following recommendations for enhancement emerged: Admission: The procedure permits the issuance of only one attendant's pass. However, if a patient is unwell or the attendant is female and must leave to procure medications, complications may arise. The policy of granting two passes may require reevaluation. Room preparation: The pest control department must conduct frequent insecticide applications and implement effective strategies for managing cockroaches and rodents. Room preparation necessitates enhancement through increased cleaning and regular implementation of insect and rodent control techniques. Nurses' Conduct: The persistent scarcity of nurses is attributable to high demand, limited supply, and inadequate compensation. Consequently, the operational number of staff nurses has diminished, resulting in inadequate administration of patient care. This leads to a significant decline in their efficiency and conduct. A greater number of staff nurses should be assigned for patient care. Management should establish strategies and enhance compensation to attract and retain proficient nurses.

Toilets: The sanitation of the restrooms need enhancement. It can be performed bi-daily. Regular and unannounced inspections by sanitary inspectors and administrators will cultivate a sense of accountability and vigilance among sanitary attendants. The briefing regarding the hospital's rules and regulations had an average rating of 4.2%, with 1% indicating a bad response. It constituted a significant source of dissatisfaction. Despite the stringent prohibition of smoking within the hospital, certain individuals, including staff members, are observed smoking openly on the premises. Patients and their family must be explicitly informed in writing of the norms and regulations. This should also be offered in the local language of the location.

Doctors did not provide a comprehensive explanation on the disease, treatment alternatives, necessary tests, and associated fees at the time of admission, resulting in repeated delays in treatment, procedures, and payment. Patients necessitate further information regarding their condition and treatment. The patient should receive a comprehensive explanation on the tests and procedures to be conducted, which should be prearranged and, if feasible, performed in the outpatient department (OPD). Insufficient guidance was provided to attendants about the treatment of postoperative patients. Food services exhibit an average response rate of 3.1% and a poor response rate of 2%. It constituted the second significant discontent. The quality and quantity of food, particularly the quality of dishes and their presentation, must be enhanced. Complaints were reported regarding the provision of standard diets to diabetic patients and the presence of insects in food. This requires meticulous oversight. The behaviour of nurses has been influenced by a decline in their numbers over the years, attributed to high demand, inadequate salaries, and consequently, a reduced supply of working staff nurses. This is resulting in heightened tension among them, leading to a decline in their services and conduct in patient care.

Conduct of Physicians: While 95% of respondents indicated that the physicians at SURBHI performed at a level exceeding good, 5% expressed concerns over a perceived decline in the sensitivity and empathy of the doctors towards their issues. The new generation of physicians should get training that emphasises the need of empathetic treatment and soft skills.

Conduct of Orderlies/Sweepers: Patients are bothered by the frequency of visits from various staff members at irregular or inconvenient times. Activities like as nursing, cleaning, and ward rounds should have a predetermined schedule to ensure that the patient is mentally prepared and can rest during other periods. Several individuals expressed dissatisfaction with the misconduct of sanitary attendants in hospitals. There is diminished sensitivity about the prevention of cross-infection among staff, such as handwashing practices. They must receive training on the significance of hand hygiene and other universal measures prior to and following any patient contact. Monthly training should be implemented to facilitate the learning of newly recruited workers. Personnel should undergo regular training and awareness programs to enhance their image and conduct.

The implementation of consumer fees has rendered healthcare services too expensive for impoverished individuals. As a not-for-profit hospital, there are expectations for it to offer affordable services. The cost of treatment must be clearly communicated to the patient prior to hospital admission. This policy of adjusting treatment rates may be examined. Package costs should be implemented for certain treatments to prevent patients' attendants from having to make many trips for minor necessities.

## **CONCLUSION**

It was found in the present study that most of the patients are satisfied with most of the services in the HAHC Hospital.

### **Four major satisfactions were:**

- Behavior of the doctors
- Explanation about disease and treatment
- Behavior of nurses
- Discharge summary and follow up

### **Four major dissatisfactions were:**

- Cleanliness of the toilet

- Quality of the food and dietary services
- Explanation about rules and regulations
- Information provided at the time of admission
- Lack of space in waiting area for the attendant